सत्यमेव जयते

Performance Audit Report of the Comptroller and Auditor General of India on Public Health Infrastructure & Management of Health Services for the year ended 31 March 2022

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

उत्तराखण्ड शासन

GOVERNMENT OF UTTARAKHAND

Report No. 3 of the year 2024

Performance Audit Report of the Comptroller and Auditor General of India on Public Health Infrastructure and Management of Health Services

for the year ended 31 March 2022

Government of Uttarakhand

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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 the State of Uttarakhand under Article 151(2) of the Constitution of India.

The Report contains the results of the Performance Audit on 'Public Health Infrastructure & Management of Health Services', covering the period 2016-22.

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

Audit wishes to acknowledge the co-operation received from Government of Uttarakhand at each stage of the audit process.

Executive Summary

Executive Summary

Why did we take up this audit?

New National Health Policy (NHP) 2017 was adopted to inform, clarify, strengthen, and prioritize the role of the Government in shaping health systems in all its dimensions. Considering National Health Policy 2017 and experience in COVID-19 pandemic, Performance Audit on "Public Health Infrastructure and Management of Health Services" was conducted to assess the adequacy of financial resources allocated, availability of health infrastructure, manpower, machinery, and equipment in the health institutions as well as efficacy in the management of health services in the State.

The performance audit also covers the efficacy of the regulatory framework being enforced by the government to regulate private health sector, schemes being implemented by Government of India through State Government and overall linkage with the Sustainable Development Goal – 3. The audit was conducted for the period 2016-21 but wherever feasible, the data has been updated up to 2021-22 or later.

Against which benchmarks, performance has been assessed?

Ministry of Health and Family Welfare, Government of India, has issued a set of uniform standards called the Indian Public Health Standards (IPHS) to improve the quality of healthcare delivery in the country and serve as a benchmark for assessing the performance of the healthcare delivery system. The Indian Public Health Standards (IPHS) for District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs) prescribe standards for the services, manpower, equipment, drug, building and other facilities. These include the standards to bring the health institutions to a minimum acceptable functional grade (indicated as Essential) with scope for further improvement (indicated as Desired).

In addition to Indian Public Health Standards, various standards and guidelines on healthcare services issued by Government of India such as the Maternal and Newborn Health toolkit; Assessor's Guidebook for Quality Assurance; National Quality Assurance Standards for Public Health Facilities; Kayakalp guidelines; Bio-Medical Waste Management Rules; and Drugs and Cosmetic Rules were used to evaluate the healthcare facilities in test checked hospitals**.**

What have we found and what do we recommend?

Human Resources

In Uttarakhand's health sector, out of a total of 21,670 sanctioned posts, 41 *per cent* were vacant. The Department of Medical Health & Family Welfare and Medical Education hold the largest portion of sanctioned positions, accounting for 81 *per cent* of the total sanctioned posts. Medical Health & Family Welfare Department alone contributes 63 *per cent* of the sanctioned workforce. There were vacancies of 54 *per cent*, 45 *per cent*, and 40 *per cent* in Food and Drugs Administrator, Medical Health & Family Welfare, and Medical Education Departments respectively.

Since 2014, the State Government has framed a recruitment policy for General Duty Medical Officers (GDMOs) requiring MBBS qualifications. However, there's no policy for specialist doctors' recruitment, leading to shortage of 94 *per cent* in Community Health Centres and shortages of 45 *per cent* and 30 *per cent* in Sub-District Hospitals and District Hospitals respectively, as per Indian Public Health Standards norms.

In four plains districts, there was a 50 *per cent* shortage of specialist doctors against sanctioned posts, while in nine hilly districts, the shortage reaches 70 *per cent*. Additionally, the availability of doctors varied between hilly and plain districts. The shortage of Staff Nurses against sanctioned strength in hilly districts varied from 57 *per cent* in Pithoragarh district to 75 *per cent* in Chamoli district while in four plain districts this shortage varied from 35 *per cent* in Dehradun to 63 *per cent* in Nainital. The shortage of X-ray Technicians against sanctioned strength in hilly districts varied from 50 *per cent* in Champawat district to 75 *per cent* in Rudraprayag district while in four plain districts this shortage varied from zero *per cent* in Dehradun to 49 *per cent* in Nainital.

In the Medical Education Department, 64 *per cent* posts of Doctors, 81 *per cent* posts of Nurses, 79 *per cent* posts of Paramedical staff were vacant. There was a shortage of 79 *per cent* to 100 *per cent* of Superspecialist Doctors in the three Government Medical Colleges of the state. No Nurses and Paramedical staff for Superspeciality wing was available in any of the Government Medical College (GMC) of the state. Three Government Paramedical Colleges (GPMCs) were established in the state (March 2018) without having its own building and teaching faculties. Further, there was shortage of 37 *per cent* Doctors, 20 *per cent* Nurses, 17 *per cent* Paramedical staff in AYUSH department.

Recommendations

1. ***The Government may focus on expediting recruitment process in order to fill vacancies in the health sector.***
2. ***The Government may formulate a new recruitment policy for the fulfilment of the posts of specialist doctors by taking proper cognizance and adoption of good practices suggested by the Ministry of Health & Family Welfare, GoI in June 2016. Besides this, policy/rules should also be framed at State level for recruitment of super specialty cadre in Medical Education Department.***
3. ***The Government may consider to rationalised the existing staff across districts and health institutions for short term. While rationalising, it should be ensured that the postings are done in such a way that complementary healthcare professionals i.e., doctors, nurses, paramedical staff are posted in each health institution.***
4. ***The Government needs to take urgent action to equip existing Government Medical Colleges and Government Paramedical Colleges with required infrastructure and human resources.***

Healthcare Services

The services that a health institution is expected to provide can be broadly classified as out-patient department (OPD), indoor patient department (IPD), emergency services, maternity, support and auxiliary services. OPD services were available in the test checked Government Medical Colleges and District Hospitals. However, ENT OPD service was not available in Sub-District Hospital, Rishikesh while Dermatology & venereology was not available in Sub-District Hospital Prem Nagar. Also, Psychiatry service was not available in Sub-District Hospital Prem Nagar and Sub-District Hospital Rishikesh.

Out of nine Community Health Centres, six and seven Community Health Centres had no Surgery services and Paediatrics services respectively. General Medicine and Obstetrics & Gynaecology services were not available in Community Health Centre, Kotabag. Further, Dental service was not available in Community Health Centre Betalghat whereas AYUSH services were not available in three out of nine test checked Community Health Centres and two out of eight test checked Primary Health Centres.

The availability of doctors was not ensured as per the patient load in the test checked District Hospitals/Sub-District Hospitals/Community Health Centres. An adequate number of beds were not available for General Medicine and General Surgery in both test checked District Hospitals. Further, Accident and trauma beds were not available in District Hospital, Nainital. Out of three test checked Sub-District Hospitals, ICU facility was not available in Sub-District Hospital, Premnagar while ICU facility was available in Sub-District Hospital, Rishikesh and Haldwani but was non-functional due to unavailability of specialised manpower.

In Maternity services, institutional births have increased from 68.60 *per cent* during the period 2015-16 to 83.20 *per cent* during the period 2019-21. However, institutional births in public health facility remained at 53.30 *per cent* during the period 2019-21.

Though, diagnostic services were being provided in the test checked District Hospitals/ Sub-District Hospitals but no District Hospital/ Sub-District Hospital was providing all the diagnostic services as prescribed under Indian Public Health Standards norms.

Recommendations

1. ***The Government may consider mapping the availability of infrastructure, services, and human resources against identified benchmark and create a centralised database of infrastructure and services available across government health institutions.***
2. ***The Government may ensure that all OPD, IPD, Emergency and Diagnostic services as prescribed under Indian Public Health Standards norms for different healthcare facilities are made available to the public.***
3. ***The Government may ensure to take steps to improve and strengthen auxiliary and support services so that overall services of healthcare facilities may be improved.***

Availability of Drugs, Equipment and Other Consumables

Audit assessed the availability of drugs and equipment against essential drugs and equipment listed in Indian Public Health Standards and National Medical Commission norms for Medical Colleges. There was a shortage of essential drugs and equipment in all test-checked health institutions and there was wide variation in availability across the same types of institutions. One of the reasons for the shortage was, the lack of procurement of an adequate number of essential drugs, distribution of medicine without consideration of patient load and failure in timely and full procurement of medical equipment. Five drugs in the test checked hospitals were reported substandard but were distributed to patients by the hospitals before receiving the quality test-reports, further two drugs out of these five were issued to patients even after receiving the quality test-reports. The capacity of Rishikul State Ayurvedic Pharmacy was underutilized, as it produced only three out of 34 medicines, despite its capability to manufacture 141 drugs. Further, the implementation of the comprehensive Bio medical equipment management and maintenance program (BEMMP) was also delayed despite the availability of funds.

Recommendations

1. ***The Government may ensure the availability of essential drugs and equipment at all health institutions. Distribution of drugs may be based on patient load to avoid stock-out and excess stock situations in different places.***
2. ***The Government may consider to involve Bio Medical Engineer/ Expert in the procurement & testing of high-end medical devices.***
3. ***The Government may consider to implement an online prescription system.***
4. ***The Government may get done gap Analysis for equipment as per Indian Public Health Standards & National Medical Commission Norms.***

Healthcare Infrastructure

Estimation, planning and creation of requisite infrastructure facilities are essential for ensuring the provision of optimum level of healthcare facilities. There was inadequate availability of health institutions as compared to the prescribed norms. Three out of nine test checked Community Health Centers did not had required number of beds. The selected healthcare facilities had many shortcomings in building infrastructure. Residential accommodation of selected healthcare facilities were not maintained and were in dilapidated condition. There were planning deficiencies due to which inordinate delay in the completion of construction work of AYUSH Hospital and Government Unani College. Instances of lack of proper upkeep and maintenance of the already constructed/available infrastructure were also noticed in test checked healthcare facilities.

Recommendation

1. ***The Government may consider developing a proper mechanism for proper upkeep and maintenance of the already constructed/available infrastructure.***

Financial Management

The State Government could spend 4.65 *per cent* of its total expenditure and 1.19 *per cent* of Gross State Domestic Product on health services during 2021-22. This was below eight *per cent* of the budget and 2.5 *per cent* of Gross State Domestic Product targeted under National Health Policy 2017.

Recommendations

1. ***The Government may enhance the institutional capacity to utilise allocated fund along with increasing the budget provision on healthcare services as required under National Health Policy, 2017.***
2. ***The Government may enhance expenditure particularly to meet deficiencies in providing adequate supply of medicine and equipment across healthcare facilities in the State and to create the lacking infrastructure like Trauma Centres, mortuary, blood bank and construction of buildings for Sub Centers.***

Implementation of Centrally Sponsored Schemes

The State has shown notable improvement in its healthcare infrastructure, with the number of healthcare facilities receiving Kayakalp awards rising from 65 to 94 between 2019 and 2022. However, to sustain this progress, further efforts are required. There was room for improvement in Hepatitis B vaccination rates for children. The department needs to do more for smoother implementation of programs like National Tuberculosis Control Programme, National Programme for Control of Blindness, and National Mental Health Programme in the State. In test-checked healthcare facilities, the availability of drugs under the National Mental Health Program needs improvement. Four out of five Societies/NGOs, with which agreements were executed for operation and maintenance of Urban Primary Health Centres in the State, did not get the required insurance done for the equipment supplied by the Societies/NGOs.

Recommendations

1. ***The Government needs to pay more attention for efficient implementation of programmes like National Tuberculosis Control Programme, National Programme for Control of Blindness, and National Mental Health Programme in the State.***
2. ***The Government may ensure the availability of drugs under the National Mental Health Programme.***

Adequacy and effectiveness of the regulatory mechanisms

While the Legislature has developed a statutory framework for regulation of the medical sector, the department was unable to implement and enforce it effectively. It is found that 3,868 healthcare facilities were registered under Clinical Establishment Act as against 4,282 healthcare facilities registered with Uttarakhand Pollution Control Board in the year 2021. Test checked District Registering Authorities could not ensure compliance as per the notification issued by GoI, as a result 166 out of 189 labs and diagnostics had not

been registered permanently by them even after the passage of more than four years from the date of notification of the prescribed minimum standard for labs. The majority of healthcare facilities that have applied for NOC, were operating without valid NOC from the fire department. Limited Thermoluminescent dosimeters badges were provided to radiation workers in the government healthcare facilities of the State.

Moreover, Nursing and State Pharmacy also had issues like the absence of requisite councils, infrequent meetings, inspections and insufficient monitoring.

Recommendations

1. ***The government may ensure that all requisite regulatory bodies are constituted as per the respective statutory norms.***
2. ***The Government may ensure that the various regulatory bodies may adopt an adequate and effective monitoring mechanism to guarantee conformity with the necessary minimum standards.***
3. ***The Government may ensure that all utilities generating bio-medical waste comply with the provisions with regard to authorisation, bar coding, annual returns along with third party inspection to regulate the generation and disposal of bio-medical waste.***
4. ***The Government may ensure to get all the hospital buildings independently assessed for fire safety and ensures that these are fully equipped with firefighting equipment.***

Sustainable Development Goal-3

Out of 45, the data of only nine indicators were available at district level, therefore, the rest of the indicators were not being monitored. Further, The Sustainable Development Goal (SDG) Index Dashboard captures only nine indicators in place of 45. Rate of institutional deliveries, full immunization, utilization of antenatal care services, and screening for children have witnessed considerable improvement over the years.

Recommendation

1. ***The Government may consider capturing more required indicators for monitoring goals and indicators under SDG-3.***

Management's response to audit recommendations

During the 'Exit conference' (November 22) the draft report and recommendations made there in were discussed with concerned Secretaries in detail. An updated and revised draft performance report was again issued to the State Government Departments in September 2023 to seek their views/input. The reply was awaited (April 2024).

Chapter-1
Introduction

Chapter-1: Introduction

Health is a vital indicator of human development which is a basic ingredient of economic and social development. In India, the right to health care and protection has been recognized and considered a priority.

The main objective of Uttarakhand Medical Health and Family Welfare (MH&FW) Department is to improve the health status and quality of life of its people, by focusing on health issues with the objective of reducing disease burden.

1.1 Health services

Health services provided by the hospitals can broadly be divided in the categories *viz.,* Line services, support services and Auxiliary services as shown below:

Line services

i. Outdoor patient department
ii. Indoor patient department
iii. Emergency Services
iv. Super specialty (OT, ICU)
v. Maternity
vi. Blood bank
vii. Diagnostic services

Support services

i. Oxygen Services
ii. Dietary service
iii. Laundry service
iv. Biomedical waste management
v. Ambulance service
vi. Mortuary service

Auxiliary services

i. Patient safety facilities
ii. Patient registration
iii. Grievance / complaint redressal
iv. Stores

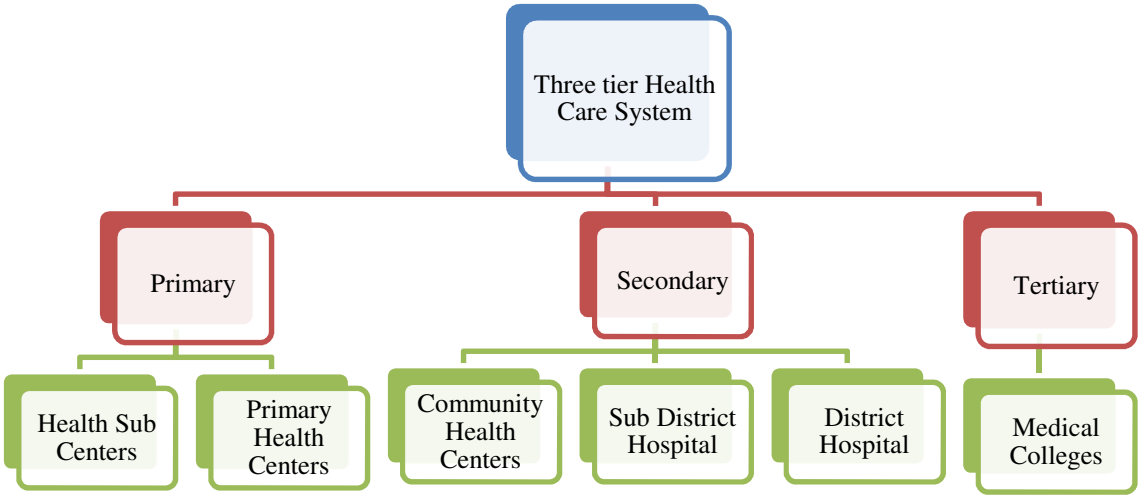
Resource Management

i. Building Infrastructure
ii. Human Resource
iii. Drugs and Consumables
iv. Equipment

All public health services depend on the presence of basic infrastructure including availability of human resources. As per National Health Policy, 2017, the primary objective of it is to improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public sector. The policy also recognises the pivotal importance of Sustainable Development Goals (SDG) to ensure healthy lives and promote wellbeing for all at all ages. At the global level, the Sustainable Development Agenda aims to ensure healthy lives and promote well-being for all at all ages by 2030 as per Sustainable Development Goal (SDG) 3. Further, Indian Public Health Standards (IPHS) are a set of uniform standards envisaged to improve the quality of health care delivery in the country. Further, IPHS norms were revised in 2012 and 2022 keeping in view the changing protocols of the existing programmes and introduction of new programmes especially for Non-Communicable Diseases.

1.2 Overview of healthcare facilities in the State

In the State, public health care is structured into three levels for providing primary care, secondary care and tertiary care as indicated below:



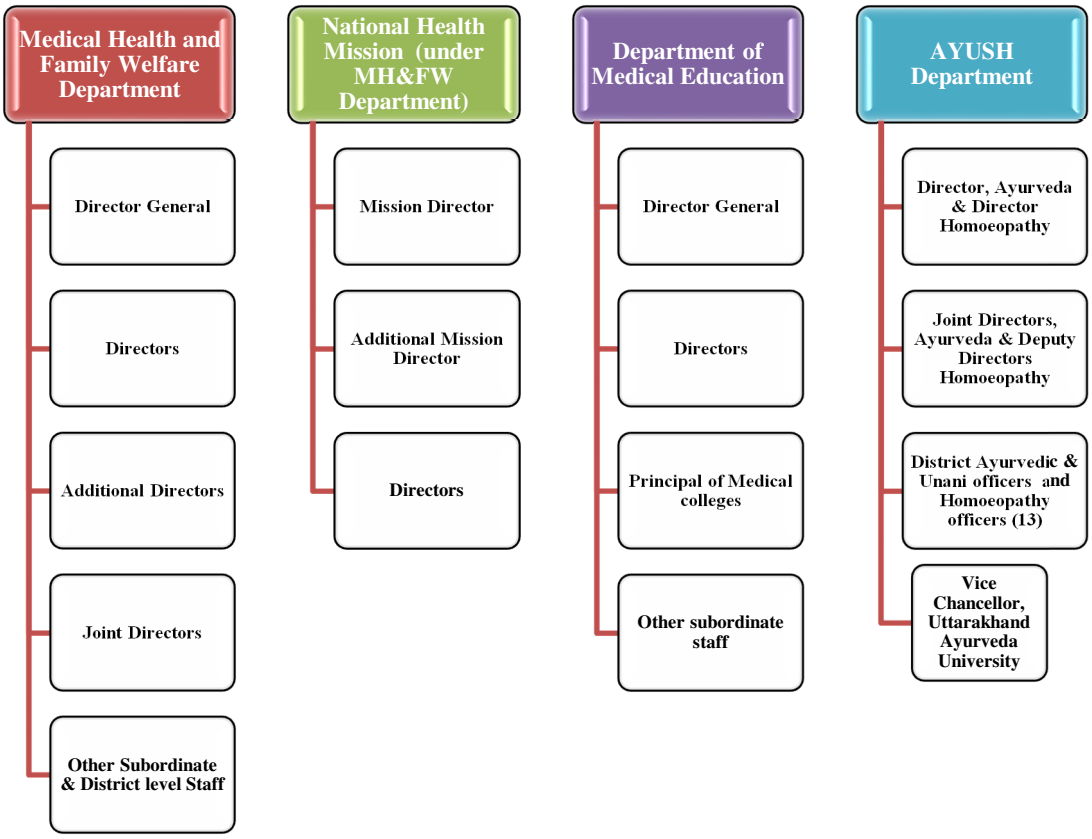
Health Sub-Centres (HSCs) and Primary Health Centres (PHCs) are primary level healthcare units which provide initial healthcare services to the people. Patients requiring more serious health care attention are referred to the second tier of the health care system consisting of Community Health Centres (CHCs), Sub-District Hospitals[1] and District Hospitals, established in each district for providing preventive, promotive and curative healthcare services to the population. A tertiary referral hospital is a hospital that provides tertiary care, which is health care from specialists in a large hospital after referral from primary care and secondary care. Tertiary health care is provided by the hospitals associated with the Government Medical Colleges (GMCs).

State Government Health Institutes in Uttarakhand include 13 district Hospitals, 20 sub-district Hospitals, 79 CHCs, 578 PHCs, 1,904 sub centres, four Medical Colleges, seven Nursing Colleges, two General Nursing and Midwifery (GNM) Training Schools and five Auxiliary Nurse Midwife (ANM) Training School. One All India Institute of Medical Sciences is also operational in the State.

1.3 Organisational Set Up

The organisational set up of Medical Health and Family Welfare Department (MH&FW), National Health Mision, Medical Education and Ayush Department is given in the organogram.

[1] Not established in Uttarkashi, Rudraprayag and Bageshwar.



The head of health services at the district level is Chief Medical Officers (CMOs), while the District Hospitals are headed by Principal Medical Officers (PMOs)/ Medical Superintendents (MSs) / Senior Medical Officers (SMOs). Community Health Centres (CHCs) and Primary Health Centres (PHCs) are headed by SMOs and MOs in-charge respectively.

Department of Medical Education Uttarakhand, under its jurisdiction, has four Medical Colleges, seven Nursing Colleges, two General Nursing and Midwifery (GNM) Training Schools and five Auxiliary Nurse Midwife (ANM) Training Schools. There are two Food/ Drug/ Chemical laboratories under the control of the Food Safety and Drug Administration, Uttarakhand.

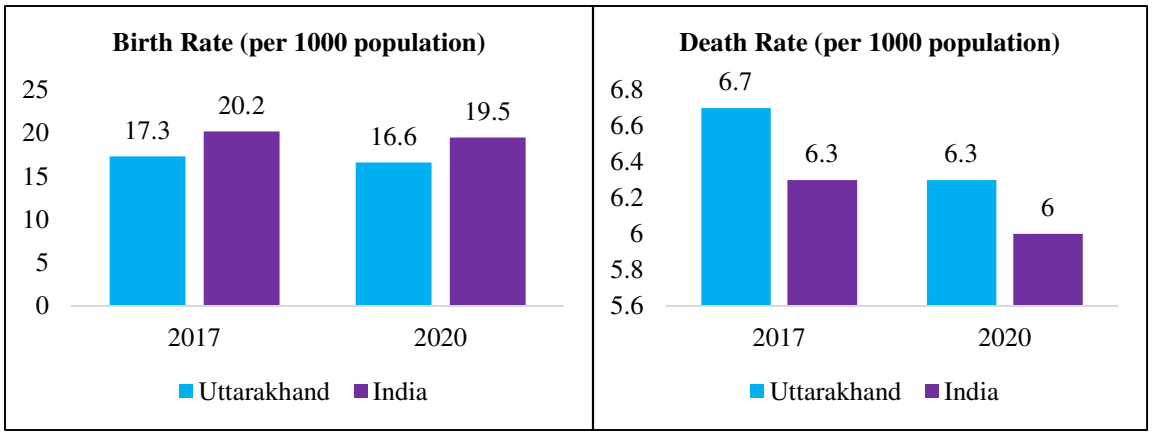
In regard to AYUSH Department, there are 551 Ayurveda & Unani and 111 Homoeopathy Government Dispensaries/Hospitals, 14 Ayurveda and seven Homoeopathy Wings in Community Health Centres (CHCs), 66 Ayurveda and 21 Homoeopathy Wings in Primary Health Centres (PHCs), 22 Ayurveda and 13 Homoeopathy Wings in District Hospitals (Male & Female), 160 AYUSH wings in State Allopathic Dispensaries including APHC and Nine Dermatology/Reproductive and Child Health (RCH) Centres of Homoeopathy.

The National Health Mission is headed by the Mission Director, which has 13 District Health Societies (DHS) one in each district of the State. The Mission implements Centrally Sponsored Schemes through DHs, CHCs and PHCs.

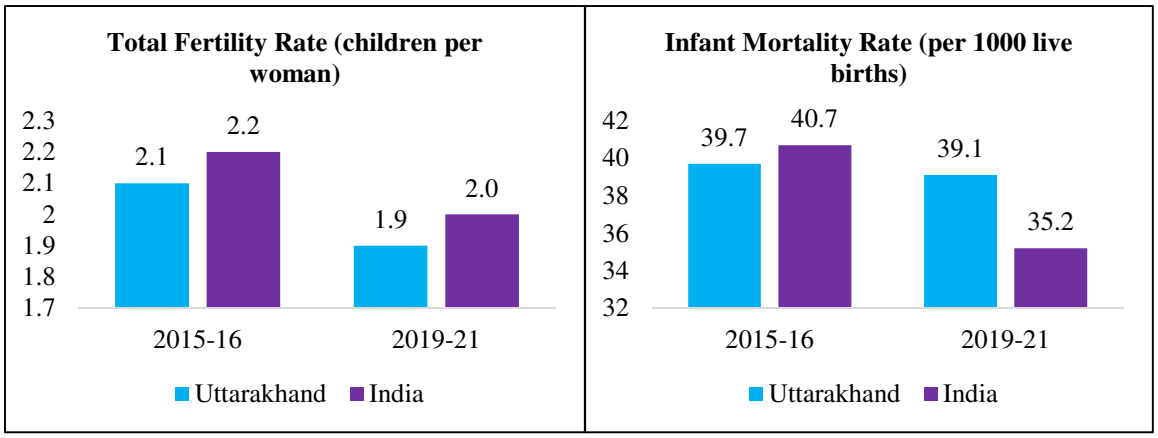
1.4 Status of Health Indicators in the State

The healthcare services in a state can be evaluated on the basis of the achievement against benchmark of health indicators. The status of a few important health indicators of Uttarakhand vis-*a-vis* National average are given below:

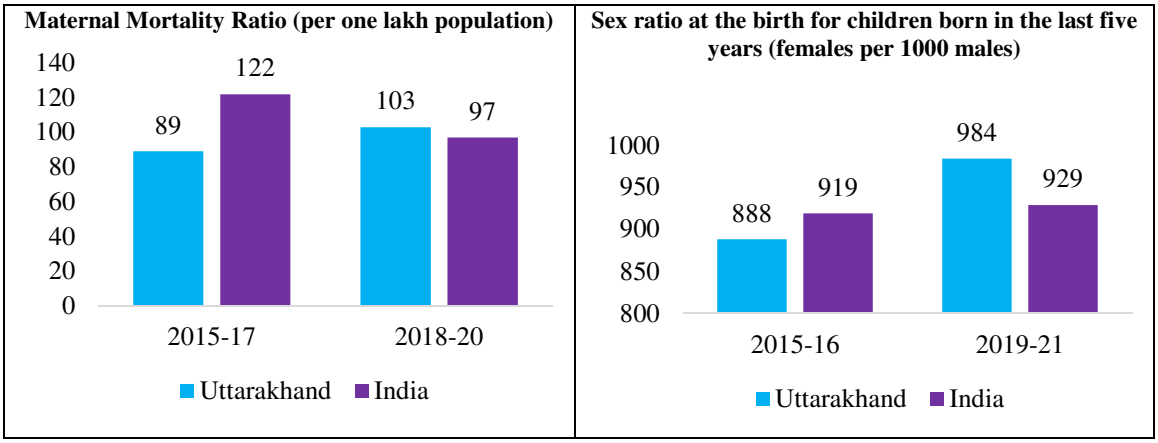
Chart-1.1: Health Indicators in the State



Source: ***Health and Family Welfare Statistics in India (for 2017 figures) and Sample Registration System bulletin May 2022 (for 2020 figures)***



Source: NFHS-4 (2015-16) and NFHS-5 (2019-21)



Source: ***Sample Registration System bulletin for MMR (2015-17 & 2018-20) and NFHS-4 (2015-16) NFHS-5 (2019-21) for child sex ratio.***

It is observed that the birth rate (in per 1,000) in the State has decreased from 17.3 (2017) to 16.6 (2020), which is less than the national figures. Death rate in the State also decreased from 6.7 (2017) to 6.3 (2020) which is above the national figures. In case of total fertility rate, it has decreased from 2.1 (2015-16) to 1.9 (children per woman) in 2019-21, which is lower than the national figures. Infant mortality rate also decreased from 39.7 (2015-16) to 39.1 (2019-21) but still more than the national Infant mortality rate.

The Maternal Mortality Rate of the State has increased from 89 (2015-17) to 103 (2018-20) and exceeds the national figure in 2018-20. Sex Ratio at the birth for children born in last five years (Females per 1,000 Males) in the State increased from 888 (2015-16) to 984 (2019-20) which is above the national average.

1.5 Uttarakhand Health indicators compared with National Health Indicators as per National Family Health Survey-5 (NFHS-5)

The National Family Health Survey – 4 (NFHS) conducted in 2015-16 and NFHS-5 conducted in 2019-21, provides information on population, health, and nutrition for India and each state/union territory (UT). Some of the important health indicators of State of Uttarakhand are given below:

Table-1.1: Uttarakhand Health Indicators as per NFHS-5

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	U'khand	India	U'khand	India
Sex ratio of the total population (females per 1,000 males)	1,015	991	1,016	1,020
Sex ratio at birth for children born in the last five years (females per 1,000 males)	888	919	984	929
Total fertility rate (children per woman)	2.1	2.2	1.9	2.0
Neonatal mortality rate (NNMR)	27.9	29.5	32.4	24.9
Infant mortality rate (IMR)	39.7	40.7	39.1	35.2
Under-five mortality rate (U5MR)	46.5	49.7	45.6	41.9
Mothers who had an antenatal check-up in the first trimester *(per cent)*	53.5	58.6	68.8	70.0
Mothers who had at least four antenatal care visits *(per cent)*	30.9	51.2	61.8	58.1
Mothers whose last birth was protected against neonatal tetanus[2] *(per cent)*	91.4	89.0	93.6	92.0
Mothers who consumed iron folic acid for 100 days or more when they were pregnant *(per cent)*	24.9	30.3	46.6	44.1
Mothers who consumed iron folic acid for 180 days or more when they were pregnant *(per cent)*	7.2	14.4	25.0	26.0
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card *(per cent)*	93.4	89.3	97.1	95.9

[2] Includes mothers with two injections during the pregnancy for their last birth, or two or more at any time prior to the last birth.

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	U'khand	India	U'khand	India
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within two days of delivery *(per cent)*	54.8	62.4	78	78.0
Average out-of-pocket expenditure per delivery in a public health facility (₹)	2,618	3,197	3,343	2,916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth *(per cent)*	2.4	2.5	3.1	4.2
Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within two days of delivery *(per cent)*	NA	NA	78.9	79.1
Institutional births *(per cent)*	68.6	78.9	83.2	88.6
Institutional births in public facility *(per cent)*	43.8	52.1	53.3	61.9
Home births that were conducted by skilled health personnel[3] *(per cent)*	4.6	4.3	3.4	3.2
Births attended by skilled health personnel *(per cent)*	71.2	81.4	83.7	89.4
Births delivered by caesarean section *(per cent)*	13.1	17.2	20.4	21.5
Births in a private health facility that were delivered by caesarean section *(per cent)*	36.4	40.9	43.3	47.4
Births in a public health facility that were delivered by caesarean section *(per cent)*	9.3	11.9	14	14.3

Source: NFHS; *Note State health indicators, which have been shaded green above have improved.

Health indicators in NFHS-5 (2019-21) of the State have mostly improved from NFHS-4, while some are better than national indicators. Sex ratio of total population has improved from 1,015 to 1,016 but it remains below national average of 1,020. Sex ratio at birth for children born in the last five years had improved (984) in the state as compared to National average (929).

There has been improvement in - Under-five mortality rate (U5MR), infant mortality rate, antenatal check-ups, use of iron and folic acid by pregnant women, registered pregnancies for which the mother received a mother and Child Protection (MCP) card, postnatal care and institutional births in public facility in Uttarakhand. On the other hand, Neonatal mortality rate (NNMR) has increased.

There has been a decline in mothers whose last birth was protected against neonatal tetanus and increase in average out-of-pocket expenditure per delivery in a public health facility in the State.

1.6 Audit Objectives

National Health Policy (NHP) 2017, builds on the progress made in 15 years since the last NHP came in 2002. The context had changed in four major ways. First, although maternal and child mortality have rapidly declined, there is a growing burden on account of

[3] Doctor/nurse/LHV/ANM/midwife/other health personnel.

non communicable diseases and some infectious diseases. The second important change is the emergence of a robust healthcare industry estimated to be growing at double digit. The third change is the growing incidences of catastrophic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty. Fourth, rising economic growth enables enhanced fiscal capacity. Therefore, the new health policy was adopted to respond to these contextual changes. The primary aim of the NHP 2017 is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions.

Considering the goals laid down in the NHP 2017 and experience in COVID-19 pandemic, it has become crucial to assess the adequacy of financial resources, availability of health infrastructure, manpower, machinery and equipment in the health institutions as well as efficacy in the management of health services in the State through existing policy interventions and scope for further improvement. Thus, to ensure timely and systematic corrections, performance audit on Public Health Infrastructure and Management of Health Services in the state of Uttarakhand was taken up with the following objectives. The objective of the Performance Audit (PA) is to provide a holistic view of the Health Care Sector in the State i.e., a macro picture using State level information and data and a micro picture arising from detailed audit analysis/ findings on maintenance of infrastructure and delivery of health care services.

The objectives of the Performance Audit (PA) are to :

- ***assess the adequacy of the funding for Health care;***
- ***assess the availability and management of health care infrastructure;***
- ***assess the availability of drugs, medicines, equipment and other consumables;***
- ***assess the availability of the necessary human resource at all levels e.g. doctors, nursing, para medics etc.***
- ***examine the adequacy and effectiveness of the regulatory mechanisms for ensuring that quality health care services are provided in the public/ private health care institutions/ practitioners;***
- ***assess whether State spending on health has improved the health and wellbeing conditions of the people as per SDG3; and***
- ***examine the funding and spending of various schemes of the Government of India.***

1.7 Audit Scope and Methodology

The audit has been conducted for the period 2016-21. Wherever feasible, the data has been updated up to the years 2021-22. The audit sample is described below.

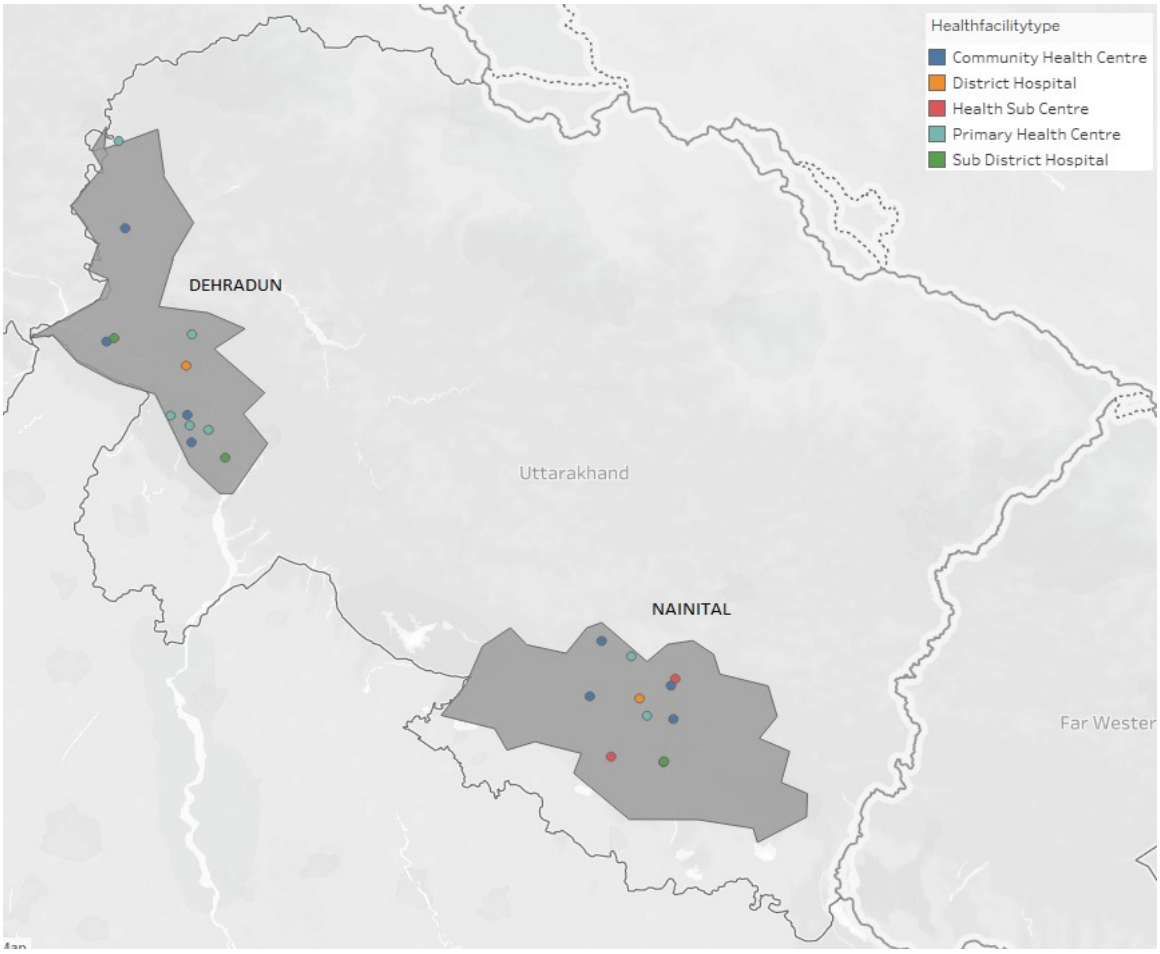
Directorates	• ***Director General, Medical Health and Family Welfare*** • ***Director, Medical Education and Research Department*** • ***Mission Director, National Health Mission*** • ***Director, Ayurveda & Unani Services, Uttarakhand;*** • ***Director, Homoeopathy Services, Uttarakhand;*** • ***Uttarakhand Ayurvedic University;*** • ***Indian Medicine Board, Dehradun;*** • ***Homoeopathic Board of Medicine, Dehradun; and*** • ***Commissioner, Food and Drug Administration***
To cover both Kumaon and Garhwal Region Two districts (Dehradun and Nainital) having all types of Health care facilities available were taken for the field study	• ***Two Medical Colleges i.e. GMC Doon and GMC Haldwani of selected districts*** • ***Two District Hospitals*** • ***Two District Ayurvedic and Unani officer*** • ***Two District Homeopathic officers*** • ***All three Sub District Hospitals including Government Female Hospital Haldwani*** • ***Nine Community Health Centres (CHCs) at block level, eight Primary Health Centres (PHCs) and eight sub centres of the test checked districts.*** • ***13 out of 88 Ayurvedic dispensaries***

The details of selected Health Institutions of Kumaon and Gharwal districts are given in ***(Appendix-1.1)***. Besides, some of the information in the report are data based. The information in respect of Manpower, Line services, Equipments and Drugs for all districts were collected from the office of the Director General Health, Uttarakhand and respective District Hospitals. Further, a survey of 170 Out-patient department (OPD) patients (20 patients per Government Medical College; 15 patients per DH; 10 patients per SDH; 10 patients per CHC, five patients per PHC), selected on random basis, was conducted during performance audit to get feedback from patients' satisfaction. The result of the survey is given in Chapters 3 (Para no 3.1.9).

An Entry Conference was held on 26 November 2021 with Additional Secretary, Medical Health and Medical Education department; Director General, Medical Health and Family Welfare (MH&FW), Director, Ayurveda; Dy. Director, Homeopathy; and Joint Director, Government Medical College, Dehradun wherein audit objectives, audit criteria, audit scope and methodology were discussed. The Exit conference to discuss the draft audit observations was held on 03 November 2022 with Secretary- In -Charge, MH&FW and Medical Education Department and Secretary, AYUSH and AYUSH Education, Government of Uttarakhand.

The draft report was issued to the concerned departments on 24 August 2022 and replies were received on 03 November 2022 which have been incorporated at appropriate places in this report. The views expressed by the concerned officials during the exit conference have also been included wherever necessary. An updated and revised draft performance report was again issued to the State Government Departments in September 2023 to seek their views/inputs. However, no response had been received till December 2023 despite the reminder given in October 2023.

Districts for selection of field units in Uttarakhand are depicted on the map below:



1.8 Audit Criteria

Criteria adopted for audit include:

- National Health Policy 2017;
- Sustainable Development Goals;
- MCI Act, 1956 replaced by National Medical Commission in 2019;
- Indian Public Health Standards 2012;
- Professional Conduct, Etiquette and Ethics Regulation 2002;
- Clinical Establishment Act, 2010;
- Drugs & Cosmetics Act, 1940;

- Pharmacy Act, 1948 & Pharmacy Practice Regulations, 2015;
- Regulatory Mechanism for AYUSH;
- The National Commission for Indian System of Medicine Act, 2020;
- The National Commission for Homeopathy Act, 2020;
- The Indian Nursing Council Act, 1947;
- Bio Medical Waste Management Rules, 2016;
- National Accreditation Board for Hospitals and Healthcare Providers accreditation programmes for various Health care providers such as Allopathic Hospitals;
- Atomic Energy (Radiation Protection) Rules, 2004;
- WHO Norms;
- Assessor's Guidebook for Quality Assurance in Government Healthcare Centres published by MoH&FW in 2013 and 2014;
- Uttarakhand Procurement Act, 2008 & 2017;
- Manual, Orders, Circulars and Guidelines issued by GoI and GoU from time to time;
- Framework for Implementation of Schemes issued by GoI; and NITI Aayog Reports;
- The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA);
- The Maintenance and Welfare of Parents and Senior Citizens Act, 2007;
- Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994;
- Maternal and New Born Health toolkit;
- Operational guidelines of NMHP, NPHCE, NTCP, NPCB, RNTCP, NUHM, Community Process (ASHA), Kayakalp, Immunization, Family Planning/Family Welfare scheme and Health & Wellness Centre programmes/Schemes;
- Ayush Policy, 2018;
- Uttarakhand Drugs Procurement Policy, 2015, revised in 2019;
- Uttarakhand Fire & Emergency Service, Fire Prevention and Fire Safety Act, 2016;
- Indian Medicine Council (MCI) Regulations, 2016;
- Compulsory Aboration Care Training and Service Delivery Guidelines;
- Comprehensive Primary Health Care Guidelines.

1.9 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, which are:

Health and Wellness Centres (HWCs)

- Creation of 1,50,000 HWCs by transforming the existing Sub Centres and Primary Health Centres in February 2018.
- 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.

Pradhan Mantri Jan Arogya Yojana (PMJAY)

- 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.
- Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.
- 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 approximately 1,393 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT, and ICU charges etc.
- Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

An all-India Performance Audit of PMJAY was conducted for the period up to March 2021 and the findings of the said audit have been presented as CAG's Performance Audit Report on Ayushman Bharat- PMJAY for the year ended March 2021 (Union Report No 11 of 2023). In the current report, we have included findings related to Health & Wellness Centres in a separate chapter and a sampling of CHCs has been done based on the highest number of Ayushman Bharat card holders.

Further, as per the information provided by the State Health Authority, a total of 45.73 lakh beneficiaries are registered till March 2023 and 6.59 lakh beneficiaries have been treated/benefitted under this scheme during the period 2018-19 to 2022-23.

1.10 Audit Findings

Information/records for the PA for the period 2016-17 to 2020-21 was sought from October 2021 to March 2022. The audit observations noticed are given in succeeding chapters:

Chapter-2	**Human Resource**
Chapter-3	**Healthcare services**
Chapter-4	**Availability of Drugs, Equipment and other Consumables**
Chapter-5	**Healthcare Infrastructure**
Chapter-6	**Financial Management**
Chapter-7	**Implementation of Centrally Sponsored Schemes**
Chapter-8	**Adequacy and effectiveness of the regulatory mechanisms**
Chapter-9	**Sustainable Development Goal – 3**

Chapter-2
Human Resource

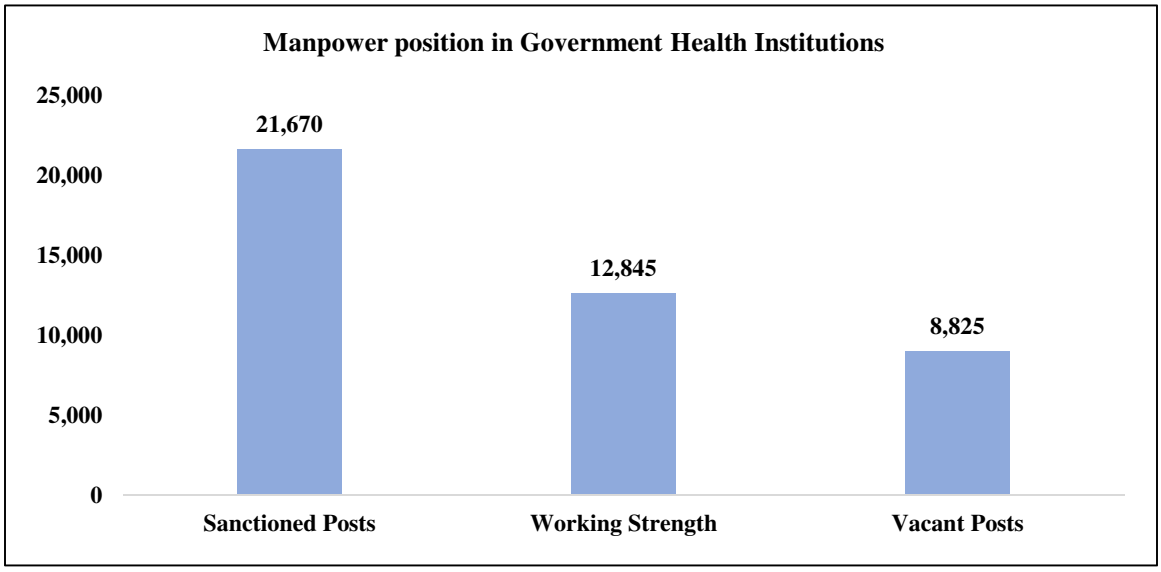
Chapter-2: Human Resource

For an effective and efficient functioning of a health institution, an adequate number of motivated, empowered, trained and skilled human resource is essential. Human resource planning is a must before investing in other components like infrastructure, equipment, drugs etc. The number and type of staff in terms of General Duty Medical Officers (GDMOs), Specialists, nurses, allied health professionals, administrative and support staff etc., has to be ascertained taking into consideration health facility requirements of the people to which the health institution caters to. Availability of manpower and related issues has been discussed in the succeeding paragraphs.

2.1 Human resource availability against sanctioned strength

We analyzed the data provided by the Medical Health & Family Welfare Department (MH&FW), Medical Education Department (ME), AYUSH Department, Food and Drugs Administration (FDA) and Employees State Insurance Healthcare (ESIH) related to human resource for all the offices related to Health Sectors[1]. The position of sanctioned strength and person-in-position[2] in departments in the State taken together is given in the ***Chart-2.1*** below:

Chart-2.1: Manpower position in Government Health Institutions (as on 31 October 2022)



Source: Data provided by the MH&FW, Medical Education, AYUSH, ESIH and FDA Department.

There was 41 *per cent* vacancies across the departments as is evident from the graph above.

The details of manpower in different health departments/institutions is shown in the **Table-2.1** below:

[1] Directorates, Medical Colleges, District Hospitals (DHs), Community Health Centres (CHCs), Public Health Centres (PHCs), Sub Centres (SCs), Field staff, etc.

[2] Working strength includes Contractual staff also.

Table-2.1: Manpower Position across the different Health Departments (As on 31.10.2022)

Name of the Department/Institution	Sanctioned strength	Share in Total Workforce *(in percent)*	Working Strength	Vacant Posts	vacancy *(in percent)*
Department of MH&FW	13,543	63	7,500	6,043	**45**
Department of Medical Education	3,910	18	2,356	1,554	**40**
Department of AYUSH	3,808	17	2,745	1,063	**28**
Employees State Insurance Healthcare	193	01	145	48	**25**
Food and Drugs Administration Uttarakhand	216	01	99	117	**54**
Total	**21,670**	**100**	**12,845**	**8,825**	**41**

Source: Data provided by the MH&FW, Medical Education, AYUSH, ESIH and FDA Department.

Colour code: ***Poor (1-50)*** ***Very Poor (51-100)***

Department of MH&FW and Medical Education have major share in the total sanctioned strength. Altogether they contribute 81 *per cent* of the total sanctioned workforce of Health sector and MH&FW Department alone contributes 63 *per cent* of the total sanctioned workforce. In terms of percentage of vacant posts, in FDA, MH&FW and Medical Education Departments, there is shortage of 54 *per cent*, 45 *per cent* and 40 *per cent* respectively.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.2 Availability of Staff in various posts under Medical health & Family Welfare Department (MH&FW)

In the Department of MH&FW, 6,043 posts, i.e., 45 *per cent* of total sanctioned strength of 13,543 were vacant. Category wise vacancy position is shown in the **Table-2.2** below:

Table-2.2: Availability of Staff in various Posts under MH&FW (As on 31.10.2022)

Category	Sanctioned Post	Working Strength	Vacant Posts	Vacancy Percentage
Doctor	2,856	1,918	938	32.84
Nurse	2,652	1,072	1,580	59.58
Paramedics	2,334	1,862	472	20.22
Other	5,701	2,648	3,053	53.55
Total	**13,543**	**7,500**	**6,043**	**44.62**

Source: Data provided by the MH&FW Department.

Vacant posts under above mentioned four categories ranges from 20 *per cent* to 60 *per cent*. MH&FW Department has 135 different types of posts. Shortage in 17 posts which contribute 80 *per cent* workforce of total sanctioned strength of MH&FW is shown in the **Table-2.3** below:

Table-2.3: Post wise vacancy under MH&FW (As on 31.10.2022)

Sl. No.	Post Name	Sanctioned Post	Working Strength	Vacant Posts	Vacancy Percentage
1	Senior Medical Officer	426	289	137	32
2	Medical Officer Gr. I	643	178	465	72
3	Medical Officer	1,583	1,265	318	20
4	Chief Pharmacist	208	170	38	18
5	Staff Nurse	2,268	704	1,564	69
6	Additional Statistical Officer	50	06	44	88
7	Health Education Officer	85	00	85	100
8	Pharmacist	1,562	1,174	388	25
9	X-ray Technician	162	79	83	51
10	Lab Technician	333	154	179	54
11	Health Supervisor (F)	340	274	66	19
12	ANM (Health Worker Female)	2,297	1,159	1,138	50
13	Junior Assistant	210	53	157	75
14	NMA	293	03	290	99
15	Lab Attendant	79	10	69	87
16	Driver	302	163	139	46
17	Malaria Inspector	10	02	08	80
Total		**10,851**	**5,683**	**5,168**	**48**

Source: Data provided by the MH&FW Department.

Colour code: ***Poor (1-50)*** ***Very Poor (51-100)***

Shortage of manpower in terms of percentage for Health Education Officer, NMA, Additional Statistical Officer, Lab Attendant, Junior Assistant, Malaria Inspector, Medical Officer Gr. I, Staff Nurse, X-ray Technician, Lab Technician and ANM (Health Worker Female) and Driver is more than the average shortage of whole MH&FW Department i.e., 45 *per cent*.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

Apart from the above, the break-up related to the availability of doctors, nurses and paramedics in all the 13 DHs, 79 CHCs and 578 PHCs in the state has been given in ***Appendix-2.1 (i), 2.1 (ii) and 2.1 (iii)*** and impact of shortage of manpower in healthcare services has been discussed in Chapter-3.

2.2.1 Absence of Recruitment Policy for Specialized Doctors in MH&FW Department

The State Government has framed its own policy in the year 2014 for recruitment of Medical Officers in the state. The said policy merely envisages the process for recruitment of only General Duty Medical Officers (GDMOs) with minimum qualification of MBBS. No rules/ recruitment policy has been made by the State Government till date to recruit specialist doctors in the state.

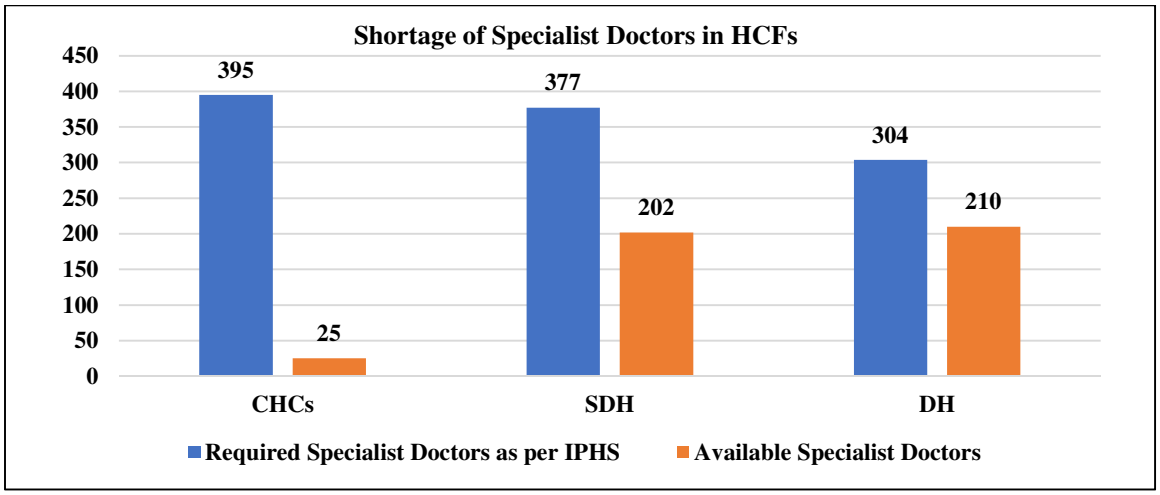
Further, a Draft Health Policy-2020 has been prepared by the State Government specifying challenges and solutions regarding upgradation of healthcare facilities but is silent regarding ensuring the availability of specialist doctors in the state for secondary level HCFs. Consequently, due to non/short availability of specialist doctors as discussed in succeeding paragraphs, population residing in the hilly region and relying mainly on the primary and secondary level HCFs remain deprived of critical care treatment and are bound to approach private HCFs.

The Government while accepting the facts intimated (November 2022) that a committee has been constituted under the chairmanship of Additional Secretary, MH and Medical Education, and DG, MH&FW and the Principal, GDMC, Dehradun to formulate the Specialist Cadre, Public Health Cadre, Public Management Cadre and teaching cadre in the state.

2.2.2 Shortage of Specialist Doctors against IPHS norms

The State Government has adopted Indian Public Health Standards (IPHS) in October 2019. The availability of Specialist doctors against IPHS norms in Secondary level HCFs is being given in the **Chart-2.2** below:

Chart-2.2: Details of specialist doctors in the healthcare facilities of the State



Source: Information provided by the MH&FW Department.

It is evident from the above table that the CHCs are having an acute shortage of 94 *per cent* doctors in the specialized cadre. Although, the vacancies against specialist doctors in CHCs have been filled by postings the GDMOs yet the specialized treatment could not be provided to the patients and the CHCs are merely functioning as referral centres. This leads to over burdening of SDHs/DHs. Further, during the test check it was found that not even a single caesarean delivery could be conducted during the audit period due to non-deployment of Obstetrics and Gynaecologist doctor at CHC, Doiwala, Dehradun and CHC, Kotabagh, Nainital.

Similarly, in SDHs and DHs there is shortage of specialist doctors by 45 *per cent* and 30 *per cent* respectively against IPHS norms.

The Government while accepting the facts intimated (November 2022) that a committee has been constituted under the chairmanship of Additional Secretary, MH and Medical Education, and DG, MH&FW and the Principal, GDMC, Dehradun to formulate the Specialist Cadre, Public Health Cadre, Public Management Cadre and teaching cadre in the state.

2.2.3 Skewed postings of specialist doctors

Despite an acute shortage of specialist doctors at secondary level, skewed postings of specialists doctors in plain and hilly districts of the state were noticed during performance audit. The detail related to deployment of specialist doctors in four[3] plain and nine[4] hilly districts of the state is given in **Table-2.4** below:

Table-2.4: Deployment of specialist doctors in the state

(As of March 2022)

Terrain	Plain	Hilly	Total
No. of Districts	4	9	**13**
No. of DHs/ SDHs/ CHCs	43	69	**112**
Other HCFs[5]	15	10	**25**
Sanctioned Posts	549	704	**1,253**
Availability	274	213	**487**
Shortage *(percent)*	275 *(50)*	491 *(70)*	**766** ***(61)***

Source: Information provided by the MH&FW Department.

Note: Apart from the 487 specialist doctors posted in various HCFs of the state, 50 specialist doctors are posted for administrative/other duties.

Skewed postings are evident from the table above. In plains, shortage of 275 (50 *per cent*) against sanctioned posts of 549 specialist doctors was noticed in four districts. In the remaining nine districts (treated as hilly districts), there was shortage of 491 (70 *per cent*) against sanctioned posts of 704 specialist doctors.

The Government accepted the facts and stated (November 2022) that the efforts are being carried out to meet out the requirements of specialist doctors. A committee has also been constituted to formulate a separate specialist cadre of doctors.

Thus, due to skewed postings of specialist doctors in the state, the public residing in hilly districts could not be provided with critical care at secondary level.in a desired manner.

2.2.4 Alternate options for filling the vacant posts of specialist doctors in secondary & tertiary level not adopted

In absence of recruitment policy for specialist doctors there is an acute shortage of specialist doctors at secondary level as has been discussed under ***Para 2.2.1***. The 'Report of High-Level Group on Health Sector, 2019 submitted to XVth Finance Commission of India' recommended alternate measures to improve availability of specialist doctors by utilizing public health facilities including DHs by starting specialists Diplomate of National Board (DNB) courses. After completing DNB course, they can provide specialist services

[3] Haridwar, Dehradun, U S Nagar, Nainital. Parts of Nainital and Dehradun districts are also hilly areas.
[4] Almora, Bageshwar, Chamoli, Champawat, Pauri, Pithoragarh, Tehri, Uttarkashi and Rudraprayag.
[5] T B sanitorium, State Mental Health Institute, ICU units of DHs ICU units of SDHs.

and the state can make over the shortage of specialist doctors in an alternate way. It was noticed that no such initiatives in this regard had been taken by the Department of MH&FW as well as by the Department of Medical Education during the period of audit.

The Government accepted the facts and replied (November 2022) that presently the process of starting DNB courses in two[6] District Hospitals of the State is under progress. Further, to ensure the availability of Specialist doctors in the state in Difficult/remote area (Durgam), the process to enhance the P.G. allowance by 50 *per cent* of the pay is under consideration.

2.2.5 GoI suggestions for specialist cadre recruitment & incentive schemes for hilly and remote areas not given cognizance

The GoI suggested (June-2017) several measures[7] to all the states to ensure the availability of human resources for health, especially the availability of specialist doctors in difficult terrain/area at state level. It was also suggested that at the places where there is limited availability of specialists in public health facilities, private doctors may be empaneled for 'on-call service' at an appropriate per case or per day basis rate to ensure assured Emergency Obstetric Care (EmOC) and other services. The specialists/super-specialists could also be invited on a fixed day basis. It was also suggested that some of the steps or initiatives enumerated may require policy reforms, need a change in existing recruitment and promotion rules.

On review, Audit noticed that MH&FW, Department, Uttarakhand took no cognizance of the good practices advised by the GoI, during the year 2017.

The Government while accepting the facts intimated (November 2022) that the process to provide 50 *per cent* PG allowance to the specialist doctors is under consideration. Further, the scheme 'You Propose-We pay' for providing specialists doctors in the state (as adopted by Uttar Pradesh) was approved during 22nd meeting of NHM committee in May 2018.

While appreciating the recent initiatives of the Government, it is hoped that the Government will continue to make sustained efforts to ensure the availability of adequate human resources.

2.2.6 Vacancy position of doctors

In MH&FW Department, doctors have several designations like Medical Officer, Medical Officer Grade-1, Chief Medical Superintendent, Principal Medical Superintendent, Dental Surgeon, Senior Dental Surgeon, etc. Overall, MH&FW Department has a total of 1,918 public doctors (Allopathic) available against their total sanctioned strength of 2,856. Thus,

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6 District Hospital, Dehradun & Soban Singh Jeena Base Hospital, Haldwani.

7 To provide lucrative salaries to the specialist doctors by topping up their salaries from the NHM, fixed tenure of posting for difficult areas and choice transfer on completion of the tenure, performance-based incentives, states must create specialist cadre based on identification of facilities and specialty-wise posts, and recruit PGMO on a higher salary slab, start DNB and CPS courses to supplement the pool of specialists and improve quality of services in our district hospitals and four months quality EmOC and LSAS training skills for MBBS doctors be conducted to operationalize FRUs etc.

33 *per cent* posts of doctors are lying vacant in the state. District wise position along with population of districts is shown in the **Table-2.5** below:

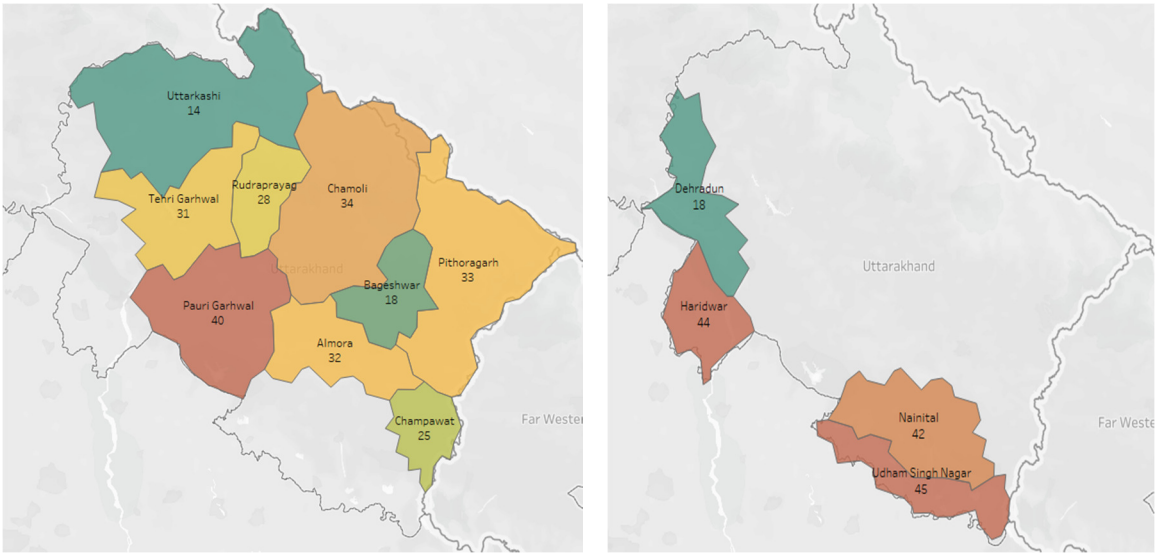
Table-2.5: District wise Vacant posts of Doctors (As on 31.10.2022)

District	Population as of 2020 (Estimated)[8]	Sanctioned Post	Working Strength	Vacant Posts	Vacancy Percentage
Almora	7,09,657	290	198	92	**32**
Bageshwar	2,96,284	107	88	19	**18**
Champawat	2,95,999	111	83	28	**25**
Nainital	10,88,250	343	198	145	**42**
Pithoragarh	5,51,120	173	116	57	**33**
U S Nagar	18,79,748	232	128	104	**45**
Dehradun	19,34,231	347	285	62	**18**
Haridwar	21,55,081	231	129	102	**44**
Tehri	7,05,581	234	162	72	**31**
Pauri	7,83,489	368	221	147	**40**
Chamoli	4,46,430	181	119	62	**34**
Rudraprayag	2,76,205	105	76	29	**28**
Uttarkashi	3,76,298	134	115	19	**14**
Total	**1,14,98,373**	**2,856**	**1,918**	**938**	**33**

Source: Information provided by the MH&FW Department.

Color code: ***Poor (1-50)*** ***Very Poor (51-100)***

Chart-2.3: District wise Vacancy Percentage of Doctors in Hilly and Plain Districts



Source: Information provided by the MH&FW Department.

Poor **Extremely Poor**

Posts of doctors are lying vacant in all the districts of the state. In term of percentage, out of nine hilly districts, 14 *per cent* posts of doctors are vacant in Uttarkashi while 40 *per cent* posts of doctors are vacant in Pauri Garhwal district. Out of the four plain

[8] Estimated population data provided by the MH&FW Department.

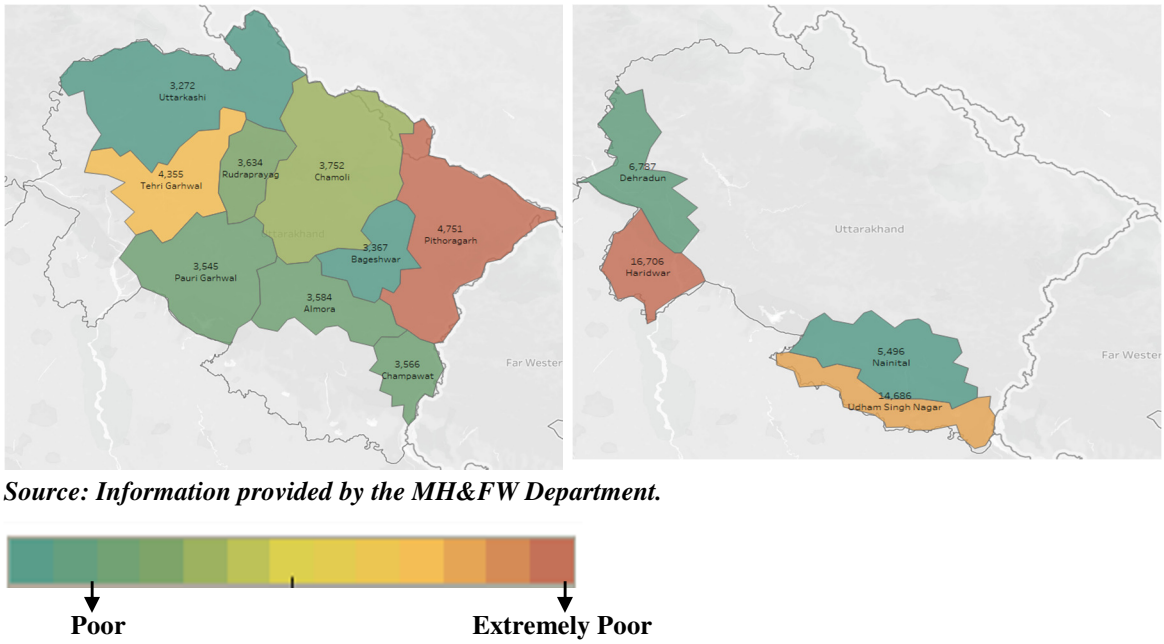
districts, 18 *per cent* posts are vacant in Dehradun district while 45 *per cent* post of doctors are vacant in Udham Singh Nagar.

2.2.7 Doctor to Population Ratio in Uttarakhand

In 2020, the estimated population of Uttarakhand state was 1.15 crore. The World Health Organization (WHO) has recommended 1 doctor for every 1,000. Accordingly, the state should have 11,498 doctors. But as per the record of Uttarakhand Medical Council the state has a total of 11,675 registered doctors (Public & private) as of March 2022. It makes availability of one doctor for 985 people which is around WHO recommendation.

Further, Uttarakhand state has a total of 1,918 public doctors (Allopathic) as discussed before. It makes availability of one public doctor for 5,995 people (As per population 2020 estimated) in the state. The district wise variation in availability of public doctors (Doctor to population ratio) is shown in chart 2.4 below:

Chart-2.4: Doctor to Population Ratio in Uttarakhand



Source: Information provided by the MH&FW Department.

The maps clearly show that doctor to population ratio in hilly/plain districts is less than the WHO norms.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.2.8 Availability of Staff Nurses and X-ray Technicians

The skewness in availability of manpower becomes even more prominent when we analyze the vacancy position against particular posts. For instance,

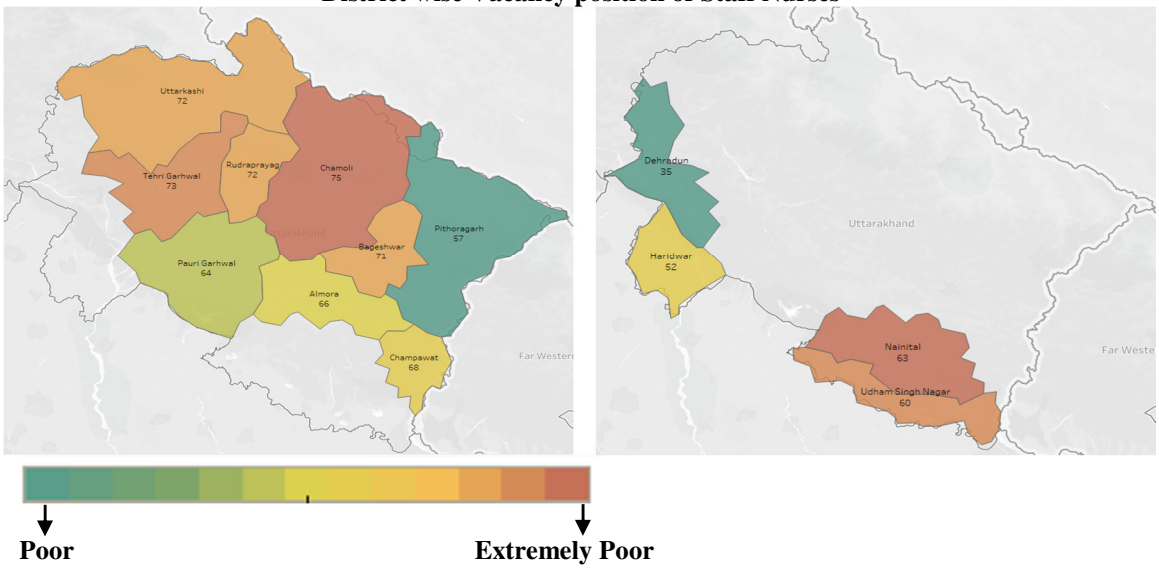
i. The shortage of Staff Nurses against sanctioned strength in hilly districts varied from 57 *per cent* in Pithoragarh district to 75 *per cent* in Chamoli district. In four plain districts this shortage varied from 35 *per cent* in Dehradun to 63 *per cent* in Nainital.

ii. The shortage of X-ray Technicians against sanctioned strength in hilly districts varied from 50 *per cent* in Champawat district to 75 *per cent* in Rudraprayag district. In four plain districts this shortage varied from zero *per cent* in Dehradun to 49 *per cent* in Nainital.

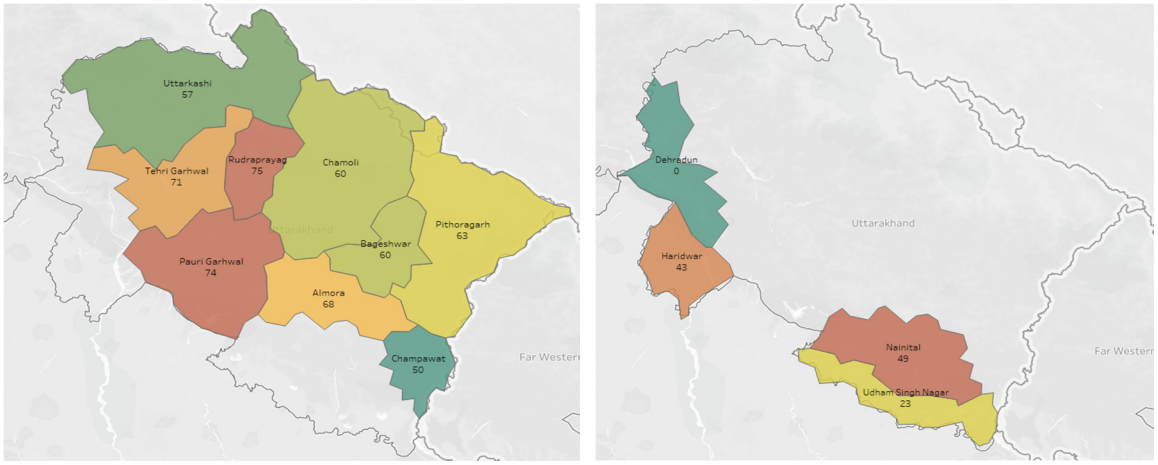
The shortage in the above two posts across all the hilly/plain districts is shown in the maps below:

Chart-2.5: District wise Vacancy position of Staff Nurses and X-ray Technicians

District wise Vacancy position of Staff Nurses



District wise Vacancy position of X-ray Technicians



Source: Information provided by the MH&FW Department.

Similar skewed distribution was observed in other posts and in other departments including Medical Education and AYUSH departments.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.2.9 Transfer policy not adhered to

According to the Transfer Policy for the officials/staff of the state (2018), The State had been classified in areas of easy excess (Sugam) and areas of tough terrain (Durgam) areas. Transfer from Sugam to Durgam had to be implemented after four years while from Durgam to Sugam transfer had to be done after three years.

During scrutiny of records related to transfer-postings of doctors it was noticed that doctors posted at district level were not transferred even after providing services from five to 20 years in the same district ***(Appendix-2.2)***.

The Government while accepting the facts intimated (November 2022) that in view of the geographical conditions of the state, transfer policy has been relaxed for transfer of doctors.

2.2.10 Shortage of class IV staff in primary and secondary level HCFs

Adequacy of class IV staff is also an integral component to ensure proper hygiene and infection control and cleanliness in providing health care to the patients, attendants and hospital staff. It was noticed that there were 2,511 class-IV employees (1,910 regular and 601 outsourced) against 3,023 sanctioned posts as of November 2022.

It was further noticed that after adoption of IPHS norms, the requirement of class-IV staff was reviewed at state level. During review it was observed that 2,111 additional class-IV posts were required for all the primary and secondary HCFs. Against 5,134 class-IV posts required in various HCFs of the state, only 2,511 posts (49 *per cent*) are filled.

The Government while accepting the facts intimated (November 2022) that the approval has been given to fill up the vacant 3,023 sanctioned posts through outsourcing.

2.3 Human Resource under Department of Medical Education (DME)

DME has the second highest sanctioned strength of 3,910 after Department of MH&FW, which includes sanctioned strength of three Government Medical Colleges (GMCs). There was 40 *per cent* vacancy in DME as detailed in the **Table-2.6** below:

Table-2.6: Manpower position under DME (As on 31.10.2022)

Government Medical College/Office Name	Sanctioned Posts	Working Strength	Vacant Posts	Vacancy percentage
GMC, Srinagar, Pauri	1,132	613	519	**46**
GMC, Haldwani, Nainital	1,251	1,194	57	**5**
GMC, Dehradun	1,311	491	820	**63**
Nursing Colleges	188	46	142	**76**
Directorate of Medical Education	28	12	16	**57**
Total	**3,910**	**2,356**	**1,554**	**40**

Source: Information provided by the Medical Education Department.

Color code: ***Poor (1-50)*** ***Very Poor (51-100)***

As shown in the table above, shortage of manpower in the Medical Colleges lies between five and 63 *per cent* . GMC, Dehradun has the highest 63 *per cent* posts vacant among three GMCs, while nine Nursing Colleges and the Directorate office of DME has 76 *per cent* and 57 *per cent* vacant posts respectively. Category wise position of manpower in the three medical colleges under DME as detailed in the **Table-2.7** below:

Table-2.7: Overall Category wise position of Manpower in three GMCs under DME

Category	Sanctioned Posts	Working Strength	Vacant/Excess (-) Posts	Vacancy percentage
Doctor	1,264	459	805	**64**
Nurse	1,234	232	1,002	**81**
Paramedics	474	101	373	**79**
Others[9]	722	1,506	(-) 784	**(-) 108**
Total	**3,694**	**2,298**		

Source: Information provided by the Medical Education Department.

Color code: ***Poor (1-50)*** ***Very Poor (51-100)***

As evident, 64 *per cent* posts of Doctors, 81 *per cent* posts of Nurses and 79 *per cent* posts of Paramedical staff are vacant in DME while 108 *per cent* posts of other office staff are in excess against sanctioned strength. Shortage of Manpower for some of the specific posts in these three GMCs has been given in the **Table-2.8** below:

Table-2.8: Manpower position of some specific posts in three GMCs under DME (As on 31 October 2022)

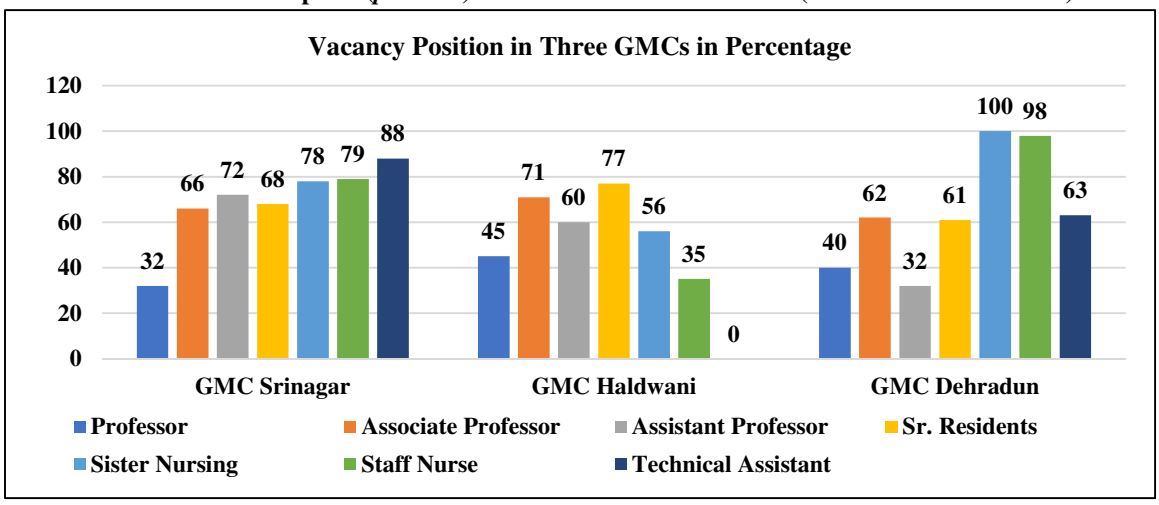
Post Name	Sanctioned Post	Working Strength	Vacant Posts	Vacancy percentage
Associate Professor	207	67	140	**68**
Assistant Professor	351	156	195	**56**
Demonstrator	188	55	133	**71**
Staff Nurse	923	270	653	**71**
Nursing Sister	137	25	112	**82**
Technical Assistant	48	05	43	**90**
Radiographic Tech.	31	28	03	**10**
E.C.G. Technician	03	02	01	**33**

Source: Information provided by the Medical Education Department.

Color code: ***Poor (1-50)*** ***Very Poor (51-100)***

Post wise manpower position in GMCs is given in the chart below:

Chart-2.6: Vacant posts (*per cent*) in three GMCs under DME (As on 31 October 2022)



Source: Information provided by the Medical Education Department.

[9] Posts of clerical cadre, ward boy, attendant and other group D posts are excess than the sanctioned strength.

As seen from the chart:

i. In GMC, Srinagar, 72 *per cent* Assistant Professors, 78 *per cent* Sister Nursing, 79 *per cent* Staff Nurses and 88 *per cent* Technical Assistant posts are vacant.
ii. In GMC, Haldwani, 56 *per cent* Sister Nursing, 60 *per cent* Assistant Professors, 71 *per cent* Associate Professors and 77 *per cent* Sr. Resident posts are vacant.
iii. In GMC, Dehradun, 61 *per cent* Sr. Residents, 62 *per cent* Associate Professors, 63 *per cent* Technical Assistants, 98 *per cent* Staff Nurses and 100 *per cent* Sister Nursing posts are vacant.

Further, the post of Principal in GMC, Dehradun and GMC, Haldwani was vacant. Besides, no regular Medical Superintendents were appointed in any of the Medical Colleges under DME. These categories have a major role in providing public health infrastructure and management of health services in the state.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.3.1 Shortage of Doctors against the increased annual intake of MBBS seats

The Government of Uttarakhand has increased[10] (August 2021) the posts for teaching faculty of the three GMCs of the state, to enable greater intake of MBBS students. The detail of available doctors against increased sanctioned strength is being given in the **Table-2.9** below:

Table-2.9: Details of available manpower against increased MBBS seats

(As of March 2022)

Name of Medical College	Doctors (Teaching Faculty)	Sanctioned		Available		Increase in no. of posts	Shortage of Doctors/ *(per cent)*
		As on 31.03.21	As on 31.03.22	As on 31.03.21	As on 31.03.22		
(a)	(b)	(c)	(d)	(e)	(f)	(d)-(c)	(d)-(f)
GMC, Dehradun	Clinical	170	357	147	163	187	**194** ***(54)***
	Non-Clinical	78	141	63	76	63	**65** ***(46)***
GMC, Haldwani	Clinical	271	367	115	106	96	**261*(74)***
	Non-Clinical	71	111	49	46	40	**65** ***(59)***
GMC, Srinagar	Clinical	113	193	32	37	80	**156** ***(81)***
	Non-Clinical	40	95	31	31	55	**64** ***(67)***
Total		**743 (554+189)**	**1,264 (917+347)**	**437 (294+143)**	**459 (306+153)**		**805** ***(64)*** **(611+194)**

It can be seen from the above table that:

- There was shortage of 54 *per cent*, 71 *per cent,* and 81 *per cent* clinical doctors against increased sanctioned strength due to increased annual intake in GMCs of Dehradun, Haldwani and Srinagar respectively.

[10] GMC Haldwani- GO No. 646 dated 09 August 2021, GMC Dehradun- GO No. 647 dated 09 August 2021 and GMC Srinagar- GO No 644 dated 12 August 2021.

- Similarly, there was shortage of 46 *per cent*, 59 *per cent,* and 67 *per cent* non-clinical doctors against increased sanctioned strength due to increased annual intake in GMCs of Dehradun, Haldwani and Srinagar respectively. Consequently, hampering of quality education to medical students cannot be ruled out.

  The Government while accepting the facts intimated (November 2022) that a committee under the chairmanship of Vice Chancellor of HNB Uttarakhand medical education university (HNBUMU) has been constituted for contractual appointment. The State also mentioned that the recruitment process for 339 Assistant Professors will be carried out in the near future.

While the Government has taken some initiative to fill the vacant posts in Medical Colleges, The Governments needs to make sustained efforts to ensure availability of staff in Medical Colleges.

2.3.2 Unavailability of Doctors, Nurses and Paramedical staff in Superspeciality wing

The Government of Uttarakhand had created super specialist post for doctors in GMCs of Dehradun, Haldwani, and Srinagar in February 2019, January 2021, and August 2021 respectively. The detail of availability of Doctors, Nurses, and Paramedical staff in Superspeciality[11] wing against sanctioned strength is being given in the **Table-2.10** below:

Table-2.10: Details of Doctors, Nurses and Paramedical Staff in Super Specialty Wing

(As of March 22)

Name of Medical College	Name of Post	Sanctioned Posts	Working Strength	Vacant Posts / *(per cent)*
GMC, Dehradun	Doctors	23	02	21 *(92)*
	Nurses	15	00	15 *(100)*
	Paramedical	6	00	06 *(100)*
Total		**44**	**02**	**42 *(95)***
GMC, Haldwani	Doctors	24	05	19 *(79)*
	Nurses	15	00	15 *(100)*
	Paramedical	7	00	7 *(100)*
Total		**46**	**05**	**41 *(89)***
GMC, Srinagar	Doctors	23	0	23 *(100)*
	Nurses	15	0	15 *(100)*
	Paramedical	6	0	06 *(100)*
Total		**44**	**00**	**44 *(100)***

- It is clearly evident from the above table that there is a shortage of 79 *per cent* to 100 *per cent* of Superspecialist Doctors in the three GMCs of the state. No Nurses and Paramedical staff for Superspeciality wing is available in any of the GMCs of the state, which clearly indicates that the people are being deprived of the Superspecialist healthcare services from the tertiary level Government healthcare institutions.

[11] Superspeciality wings- Neurosurgery, Nephrology, Urology, Plastic Surgery.

The Government accepted the facts and stated (November 2022) that service rules are being prepared.

2.3.3 Failure to Appoint /Retain Radiologists in GMCs

Radiology provides benefits to patients through advanced tools, techniques, and multiple options to detect and treat the diseases. On review, Audit noticed that all the three GMC[12]s are facing the problem of unavailability of regular Radiologists. There has not even been a single full-time regular Radiologist against sanctioned posts in any of the GMCs in the state for the last six years. Only temporary contractual arrangements have been made to comply with the NMC norms.

Besides, due to lack of proper planning to appoint/retain the regular doctors especially Radiologists at state level, NMC has cancelled two seats of MD Radiology course (year 2019) in GMC Haldwani.

The State Government while accepting the facts intimated (November 2022) that a committee under chairmanship of Vice Chancellor Hemwati Nandan Bahuguna Uttarakhand Medical Education University (HNBUMU) has been constituted for contractual appointment.

2.3.4 Government Paramedical Colleges running without manpower and infrastructure

As per the Paramedical Council Act, 2009 a Paramedical College should have a building with a minimum area of 11000 sqft. In which Laboratories, Lecture rooms, Library, staff room and office should be provided. Besides this, for Graduate and PG Paramedical courses the required faculties as per the approved courses by the University should also be provided. In addition to this a separate hostel building should also be provided in Paramedical College. However, during Performance Audit it was found that three Government Paramedical Colleges[13] (GPMC) were established in the state (March 2018) without having its own building and teaching faculties. It was further noticed that the teaching schedules of the GPMCs are being conducted by the teaching faculties of GMCs in their campus.

The Secretary-In-Charge Medical Education accepted the facts in exit conference (3rd November 2022) and stated that the proposals for the same is under progress.

2.3.5 Preference of Private Tertiary level HCFs over Government Tertiary level HCFs

Tertiary level Government hospitals are supposed to provide multispecialty/ super specialist/critical care at low cost as majority of the population of the state is dependent on these Government Tertiary level HCFs. A comparison between two Government Tertiary level HCFs and two Private Tertiary level HCFs for treating the various patients under PM - JAY has been given in the **Table-2.11** given below:

[12] Sanctioned posts in GMCs-22 (GMC Haldwani-07, GMC, Dehradun-09 and GMC, Srinagar-06).
[13] Government Paramedical College Haldwani, Dehradun, Srinagar.

Table-2.11: Details of patients treated under Ayushman Bharat Yojana

Name of Medical Colleges	Type of MCs	No. of services provided	Patient treated under Ayushman Bharat Scheme during the year				Total Treated
			2019	2020	2021	2022 (up to April 2021)	
Sri Mahant Indresh Hospital, Dehradun	Charitable	25	2,059	15,700	20,535	1,218	39,512
Swami Ram, Himalayan University, Dehradun	Private	28	4,034	23,945	31,098	1,472	60,549
Total			**6,093**	**39,645**	**51,633**	**2,690**	**1,00,061**
AIIMS, Rishikesh	Govt.	28	2,104	19,089	10,850	653	32,696
GDMC, Dehradun	Govt.	12	594	5,562	702	124	6,982
Total			**2,698**	**24,651**	**11,552**	**777**	**39,678**

Source: PMJAY Data.

It is evident from the above table that number of services available in Private tertiary level healthcare institutes ranged between 25 and 28 while in the two Government Tertiary Level Healthcare Institutes of Dehradun district, services available ranged between 12 and 28. Consequently, two Private tertiary level healthcare institutes were able to treat almost two and a half times more patients under Ayushman Bharat (PM – JAY) scheme as compared to two Government Tertiary level healthcare institutes.

It was further noticed that under seven common services[14] both the Private Tertiary level healthcare institutes treated more than three and a half times patients as compared to two Government Tertiary level healthcare institutes in Dehradun district.

Thus, due to not providing required specialised services by Government Tertiary level healthcare institutes majority of the population relied upon private tertiary level HCFs during the period of audit.

The matter was reported to the Government in September 2023 and October 2023, but no comments were provided in response.

2.4 Human Resource under AYUSH

Sanctioned strength for AYUSH Department is 3,808 which is 17 *per cent* of the total sanctioned strength of Health Institutions under Government of Uttarakhand. It has been observed that 1,063 (28 *per cent*) posts were vacant in this department. Category wise position of manpower is shown below:

[14] 1. General Medicine 2. General Surgery 3. Obstetrics & Gynaecology 4. Orthopedics 5. Paediatrics 6. Cardiology 7. Opthalmology.

Table-2.12: Manpower position under AYUSH (As of February 2023)

Category	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of vacant posts
Doctor	994	628	366	***37***
Nurse	61	49	12	***20***
Paramedics	1,086	899	187	***17***
Other	1,667	1,169	498	***30***
Total	**3,808**	**2,745**	**1,063**	***28***

Source: Information provided by the AYUSH Department.

Table-2.13: Details of Men-in position of Ayurveda & Homoeopathy Departments (As of February 2023)

Designation	Ayurveda				Homoeopathy			
	SS	MIP	Vacancy	Vacancy (*in per cent*)	SS	MIP	Vacancy	Vacancy (*in per cent*)
Doctor	825	523	302	*37*	124	100	24	***19***
Nurse	19	19	0	*00*	00	00	00	***00***
Paramedics	876	767	109	*12*	112	108	04	***04***
Other	1,031	913	118	*11*	197	52	145	***74***
Total	**2,751**	**2,222**	**529**	***19***	**433**	**260**	**173**	***40***

Source: Information provided by the department.

Table-2.14: Details of Men-in position of Ayurveda University (Ayurvedic Colleges) (As of February 2023)

Designation	Ayurvedic University			
	SS	MIP	Vacancy	Vacancy (*in per cent*)
Doctor	45	5	40	***88.88***
Nurse	42	30	12	***28.57***
Paramedics	98	24	74	***75.51***
Other	439	204	235	***53.53***
Total	**624**	**263**	**361**	***57.85***

Source: Information provided by the department.

Shortage of manpower in AYUSH department ranges from 17 *per cent* to 37 *per cent* under four categories as shown in **table 2.12** above. The department has shortage of 37 *per cent* Doctors, 20 *per cent* Nurses, 17 *per cent* Paramedical staff and 30 *per cent* other office related staff.

Shortage of manpower for some of the specific posts in AYUSH department is as follows.

Table-2.15: Shortage of manpower in some specific posts under AYUSH Department (As of February 2023)

Post Name	Sanctioned Posts	Working strength	Vacant Posts	Vacancy Percentage
Pharmacist Ayurvedic	784	693	91	***12***
Ayurvedic Medical Officer	825	523	302	***37***
Principal	02	01	01	***50***
Professor	43	16	27	***63***
Associate Professor	66	46	20	***30***
Assistant Professor	90	35	55	***61***
Homeopathic Medical Officer	124	100	24	***19***
Pharmacist Homoeopathic	112	108	04	***04***
Yoga & Naturopathy assistant	13	0	13	***100***

Source: Information provided by the department.

As shown in the table above, four *per cent* to 100 *per cent* posts are vacant under different categories.

Table-2.16: Distribution of posts in Ayurveda Department at District Level:

District Name	Population as of 2020 (estimated)	Total posts			Ayurvedic Medical Officer		
		Sanctioned Post	Working Strength	Vacant	Sanctioned Post	Working Strength	Vacant
Dehradun	19,34,231	255	240	15	72	70	02
Nainital	10,88,250	176	163	13	51	51	00
Pauri	7,83,489	281	237	44	89	61	28
Pithoragarh	5,51,120	259	195	64	83	44	39
Champawat	2,95,999	90	64	26	25	22	03
Bageshwar	2,96,284	111	86	25	30	10	20
Chamoli	4,46,430	260	186	74	82	24	58
Udham Singh Nagar	18,79,748	81	72	09	21	21	00
Tehri	7,05,581	333	280	53	92	62	30
Rudraprayag	2,76,205	167	120	47	46	14	32
Almora	7,09,657	241	200	41	70	55	15
Haridwar	21,55,081	121	107	14	32	29	03
Uttarkashi	3,76,298	256	204	52	70	34	36
Total District level		**2,631**	**2,154**	**477**	**763**	**497**	**266**
Directorate, State Pharmacy & SDTL		120	68	52	62[15]	26	36
Total		**2,751**	**2,222**	**529**	**825**	**523**	**302**

Source: Information provided by the department.

The table above shows that the distribution of doctors posted in hilly/plain or semi hilly districts was uneven. Audit observed that vacancies in Ayurveda doctor cadre were not equitably shared by hilly and plain regions of the district. Accordingly, Audit found that 98 *per cent* of 266 vacant posts were in nine [16]hilly districts.

The Government replied (November 2022) that the recruitment of Medical Officers is referred to the Medical Selection Commission, process of appointment to the post of vacant pharmacists has been carried out in Ayurveda Department and is being done in Homoeopathy Department, the process of appointment of Class-IV employees from outsourcing is in process. Walk in interview for the vacant post is to be initiated in Ayurveda University.

2.5 Human Resource under Food and Drugs Administration Department (FDA)

Total sanctioned strength of FDA, Uttarakhand is 216. It has been observed that 54 *per cent* posts, i.e., 117 posts are lying vacant in FDA (Refer **Table-2.1**).

Shortage of manpower for some specific posts in FDA are as follows:

[15] Additional Director, Joint Directors, District Ayurvedic & Unani Officers, Additional District Ayurvedic & Unani Officers & Superintendent Pharmacy.

[16] Pauri, Pithoragarh, Champawat, Bageshwar, Chamoli, Tehri, Rudraprayag, Almora & Uttarkashi.

Table 2.17: Manpower position under FDA (As on 31 October 2022)

Post Name	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of vacant posts
Joint Food Safety Commissioner	01	00	01	100
Drug Controller	01	00	01	100
Deputy Commissioner Food Safety	06	00	06	100
Government Analyst	01	00	01	100
Senior Analyst (Food)	03	01	02	67
Senior Analyst (Drug)	04	01	03	75
Microbiologist	01	00	01	100
Drug Inspector (Gr.-I)	11	00	11	100
Drug Inspector (Gr.-II)	22	03	19	86
Food Safety Officer	36	09	27	75

Source: Information provided by the FDA Department.

Color code: ***Poor (1-50)*** ***Very Poor (51-100)***

The percentage of shortage for the above-mentioned posts ranges from 67 *per cent* to 100 *per cent*.

The matter was reported to the Government on September 2023 and October 2023 but no comments were provided in lieu of that.

2.6 Shortage of staff and its impact on delivery of health services in test-checked districts

The number of sanctioned/ filled posts of Medical Officers/ Nursing Sister/Officers/ Paramedical Staff in the test-checked districts is given in the **Table-2.18** below:

Table-2.18: Impact of shortage of Staff on delivery of health services in test checked Districts

Name of District	Name of Institution	Medical Officers			Nursing Sister/ Officers			Paramedical Staff		
		Sanctioned	Filled	Shortfall *(per cent)*	Sanctioned	Filled	Shortfall *(per cent)*	Sanctioned	Filled	Shortfall *(per cent)*
Dehradun	DH	61	54	18	91	39	57	20	18	10
	SDH	59	42	29	49	34	31	17	15	12
	CHCs	45	35	22	21	17	19	24	21	13
	PHCs[17]	04	06	(-)50	02	00	100	04	04	0
Nainital	DH	40	31	23	62	16	74	20	13	35
	SDH	86	38	56	79	36	54	33	29	12
	CHCs	36	32	11	18	11	39	19	16	16
	PHCs	04	03	25	02	00	100	04	02	50

Source: Information furnished by test checked districts.

Colour code: ***Poor (1-50)*** ***Very Poor (51-100)***

[17] Prior to adoption of IPHS in 2019, out of the 8 selected PHCs, 6 PHCs were functioning as a state allopathic dispensary, and no restructuring of nursing and paramedical cadre has been carried out till Nov 2022. Hence no posts of nursing staff were sanctioned in these 6 test checked PHCs.

It is evident from the above table that:

- The shortage of Medical Officers was more in district Nainital as compared to district Dehradun.
- The shortage of Nursing staff was alarming in test checked DH and PHCs of district Dehradun while the same was alarming in test checked DH, SDH and PHCs in district Nainital.
- The shortage of Paramedical staff was more in test checked PHCs and DH of district Nainital as compared to district Dehradun.

Due to shortage of staff, the delivery of health services in the test-checked health institutions was hampered as several such cases have been highlighted in this report as detailed in the **Table-2.19** below:

Table-2.19: Details of services hampered due to shortage of Staff

Sl. No.	Impacted Service	Para reference
1.	Non-availability of specialist OPD services in test-checked health institutions due non-availability of specialists	2.2.1, 2.2.2 & 2.2.3
2	Non-availability of Major/Minor surgeries in test-checked health institutions due to shortage of surgeons	3.2.4
3	Number of OPD cases per doctor were uneven in selected health institutions	3.1.6
4	All Emergency Services were not available in some of the test-checked health institutions	3.3.1, 3.3.2
5	Ventilators supplied in health institutions were not put to use due to shortage of skilled manpower	3.3.3
6	Imaging (Radiology) services were not available in some of the test checked HCFs.	3.5.1 & 3.5.3
7	Infrastructure not put to use appropriately in test checked health institutes	5.6
8	Proper management of AYUSH healthcare facility was not being done due to shortage of doctors.	2.4

2.7 Availability of manpower in upgraded AYUSH Health and Wellness Centres

As per the AYUSH HWCs operational guidelines, there should be an appropriately trained primary health care team, comprising of multi-purpose workers, ASHAs, auxiliary nurse midwife (ANM) led by a community health officer (a qualified AYUSH physician). A qualified/certified Yoga instructor would be deployed at all HWCs on a part time basis to provide continuous and customized Yoga training to the community at HWC and various other identified public places.

The availability of manpower against requirement in 70 upgraded AYUSH HWCs in the State is as depicted in the **Table-2.20** below:

Table-2.20: Availability of manpower against requirement in upgraded AHWCs in the State (As on February 2023)

Name of the Department	No. of HWCs upgraded March 2022	No. of HWCs having Yoga Instructor	No of ASHAs to be deployed @5 per HWCs	No of ASHAs deployed in actual in HWCs
Ayurveda & Unani Services	60	0	300	254
Homoeopathy Services	10	0	50	45
Total	**70**	**00**	**350**	**299**

Source: Information furnished by the department.

As can be seen from the above table, out of 70 AHWCs upgraded, no yoga instructors were posted in any of the upgraded HWCs. The above table also shows shortage of ASHAs in the upgraded AHWCs, against the sanctioned posts of 350 ASHAs, 299 posts (85 *per cent*) were filled. Further, out of these upgraded AHWCs, in 13 HWCs of Dehradun and Nainital districts, 50 ASHAs were deployed against 65.

The Government replied (November 2022) that the proposal to appoint Yoga instructors have been received through a district - level committee which is under consideration.

2.8 Recruitment of manpower

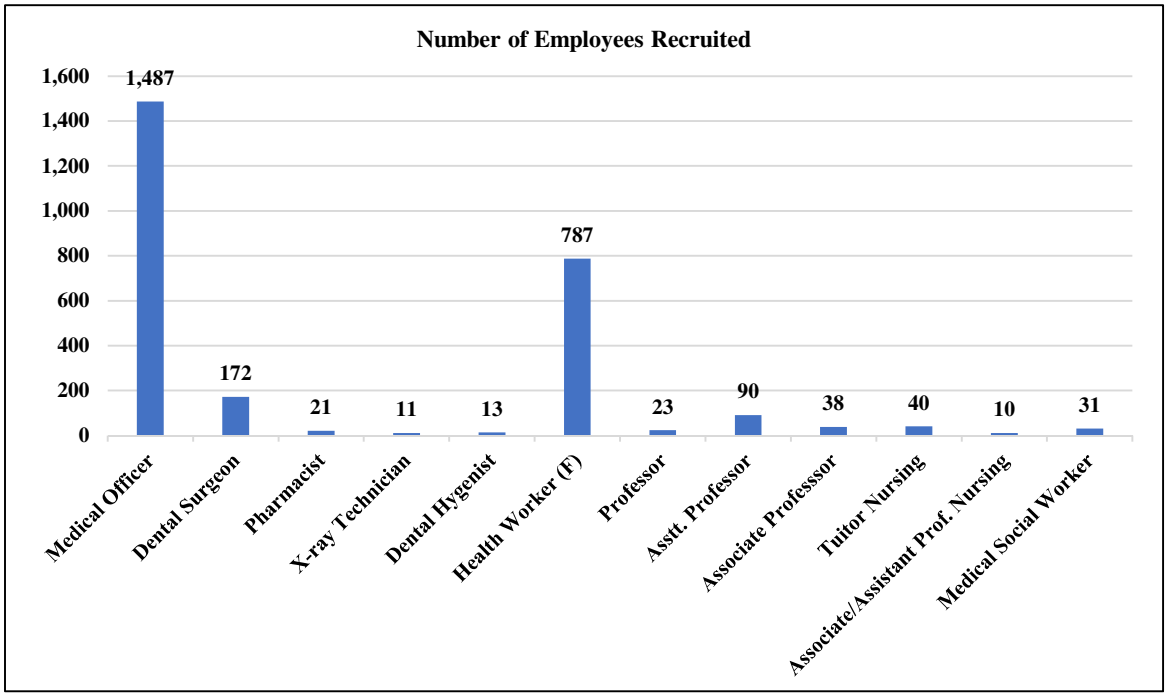
As per data provided by the Uttarakhand Medical Service Selection Board[18] (UKMSSB) a total number of 2,723 employees have been recruited during the period April 2016 to December 2022. Detail of year wise recruitment has been given in the **Table-2.21** below:

Table-2.21: Manpower Recruited during the period 2016-23

Financial year	Number of Employees recruited
2016-17	00
2017-18	654
2018-19	126
2019-20	227
2020-21	742
2021-22	187
2022-23	787
Grand Total	**2,723**

Source: Information provided by the UKMSSB.

Chart-2.7: Category wise number of Employees Recruited



Source: Information provided by the UKMSSB.

[18] The Uttarakhand Medical Service Selection Board was established at Dehradun, by an Act enacted by the Uttarakhand Legislative Assembly and assented by the Governor on 06 April 2015.

This constitutes almost 27 *per cent* of the present available manpower which means 27 *per cent* of the current workforce has been recruited during the last six years. It shows the proactive approach of the Government in recruiting new workforce thereby filling vacancies in the sector.

2.9 Conclusion

There is shortage in available manpower against the sanctioned strength which is adversely affecting health services. This shortage is quite high in several key posts such as doctors, staff nurses, paramedical staff, which play a very important role in delivering comprehensive healthcare to the beneficiaries. Further, due to the absence of existence of recruitment policy for specialist doctors and non-cognizance of GoI suggestions at department level there was significant shortage of specialist doctors. Consequently, improper critical care at secondary level cannot be denied.

Moreover, available manpower has not been distributed uniformly across the districts and this trend has been witnessed across all the departments and in most of the crucial posts as well.

Further, unavailability of human resource in Superspeciality wing, failure to appoint/retain Radiologists in GMCs was also noticed which can put adverse impact on better specialist services at tertiary level and quality education to the medical students.

The impact of shortage of manpower in delivery of health services has been discussed in other chapters of the Report.

2.10 Recommendations

The State Government may consider the following recommendations on priority to ensure required human resources for the health sector.

1. ***The Government may focus on expediting recruitment process in order to fill vacancies in the health sector;***
2. ***The Government may formulate a new recruitment policy for the fulfilment of the posts of specialist doctors by taking proper cognizance and adoption of good practices suggested by the Ministry of Health & Family Welfare, GoI in June 2016. Besides this, policy/rules should also be framed at State level for recruitment of super specialty cadre in Medical Education Department;***
3. ***The Government may consider to rationalised the existing staff across districts and health institutions for short term. While rationalising, it should be ensured that the postings are done in such a way that complementary healthcare professionals i.e., doctors, nurses, paramedical staff are posted in each health institution;***
4. ***The Government needs to take urgent action to equip existing Government Medical Colleges and Government Paramedical Colleges with required infrastructure and human resources.***

Chapter-3
Healthcare Services

Chapter-3: Healthcare Services

Services that a health institution is expected to provide can be grouped as Essential (Minimum Assured Services) and Desirable (which we should aspire to achieve). The services include Out-Patient Department (OPD), Indoor and Emergency Services. Audit findings related to OPD services have been described in the succeeding paragraphs.

3.1 OPD Services

3.1.1 Availability of OPD services in GMCs/DHs/SDHs

As per IPHS norms, the OPD services like ENT, General Medicine, Paediatrics, General Surgery, Ophthalmology, Dental, Obstetrics and Gynaecology, Orthopaedic are essential for DHs and SDHs. Psychiatry is essential for DHs while it is desirable for SDHs. Dermatology & Venereology is desirable for both DHs and SDH.

As per minimum standards requirements for Medical College (NMC/MCI), every Medical College should also have all the above mentioned departments.

Details of availability/non-availability of OPD services in test checked Government Medical Colleges (GMCs), DHs and SDHs are as given below in **Table-3.1**:

Table-3.1: Availability of OPD services in test checked GMCs/DHs/SDHs (As of January 2022)

Speciality Services (OPD)	Dehradun				Nainital		
	GMC, Dehradun	DH, Dehradun	SDH, Premnagar	SDH, Rishikesh	GMC, Haldwani	DH, Nainital	SDH, Haldwani
ENT	A	A	A	NA	A	A	A
General Medicine	A	A	A	A	A	A	A
Paediatrics	A	A	A	A	A	A	A
General Surgery	A	A	A	A	A	A	A
Ophthalmology	A	A	A	A	A	A	A
Dental	A	A	A	A	A	A	A
Obstetrics	A	A	A	A	A	A*	A**
Gynaecology	A	A	A	A	A	A*	A**
Psychiatry	A	A	NA	NA	A	A	A
Orthopaedic	A	A	A	A	A	A	A
Dermatology & venereology	A	A	NA	A	A	A	A

Source: Information furnished by test checked GMCs/DHs/SDHs.

****Available in District Female hospital Nainital **Available in Government Female Hospital, Haldwani.***

Colour code — ***Available*** / ***Not available***

It is evident from the above table that all the above OPD services are available in the test checked GMCs and DHs. However, ENT OPD service was not available in SDH, Rishikesh while Dermatology & venereology was not available in SDH, Prem Nagar. Also, Psychiatry service was not available in SDH, Prem Nagar and SDH, Rishikesh.

On reverification of specialist doctors posted in various DHs of the state, it revealed that certain OPD services were not being provided due to unavailability/ postings of the specialist doctors (***Appendix-3.1)***. Details of such OPD services which were not available in following DHs are as under:

- ENT services in DH, Udham Singh Nagar, and Dental Services in DH, Chamoli & DH, Uttarkashi are not available.
- Psychiatry services are not available in any of the DHs except DH, Almora, DH, Nainital and DH, Uttarkashi.
- Dermatology &Venereology services are not available in any of the DHs except DH, Champawat, DH, Dehradun, and DH, Nainital.

3.1.2 Availability of OPD services in CHCs

As per IPHS norms, General Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, Dental and AYUSH Services, Emergency Services, Laboratory Services, and National Health Programmes should be available in CHCs.

The availability of OPD services in the test checked CHCs is given below:

Table-3.2: Availability of OPD services in CHCs

Sl. No.	Name of Health Facility	General Medicine	Surgery	Obstetrics & Gynaecology	Paediatrics	Dental	AYUSH	Emergency	Laboratory
1	CHC, Chakrata	A	A	A	NA	A	NA	A	A
2	CHC, Doiwala	A	A	A	A	A	A	A	A
3	CHC, Raipur	A	A	A	A	A	NA	A	A
4	CHC, Sahaspur	A	NA	A	NA	A	NA	A	A
5	CHC, Sahiya	A	NA	NA	NA	A	A	A	A
6	CHC, Betalghat	A	NA	A	NA	NA	A	A	A
7	CHC, Bhimtal	A	NA	A	NA	A	A	A	A
8	CHC, Kotabag	NA	NA	NA	NA	A	A	A	A
9	CHC, Ramgarh	A	NA	A	NA	A	A	A	A

Source: Information furnished by test checked CHCs.

	Available	*Not available*
Colour code		

Out of nine CHCs, six and seven CHCs had not surgery and paediatrics services respectively, General medicine and Obsterics & Gynaecology services were not available in CHC, Kotabag due to non-posting of specialist doctors. Further, dental service was not available in CHC, Betalghat whereas AYUSH services were not available in CHC, Chakrata, CHC, Raipur and CHC, Sahaspur.

3.1.3 Availability of OPD services in PHCs

As per IPHS norms, six hours of OPD services out of which four hours in the morning and two hours in the afternoon for six days in a week is required. No specific OPD services are prescribed in IPHS for PHCs. OPD services[1] were available in all the test checked PHCs. However, during physical inspection of PHC, Simlakha and PHC, Jolikot in Nainital

[1] In Summer 8 a.m. to 2 p.m. and in Winter 9 a.m. to 3 p.m.

district, it was found that doctors posted at PHC, Simlakha had proceeded for PG course while Doctor at PHC, Jolikot was attached to the CMO camp office.

3.1.4 Non-availability of infrastructure for AYUSH services in CHCs and PHCs

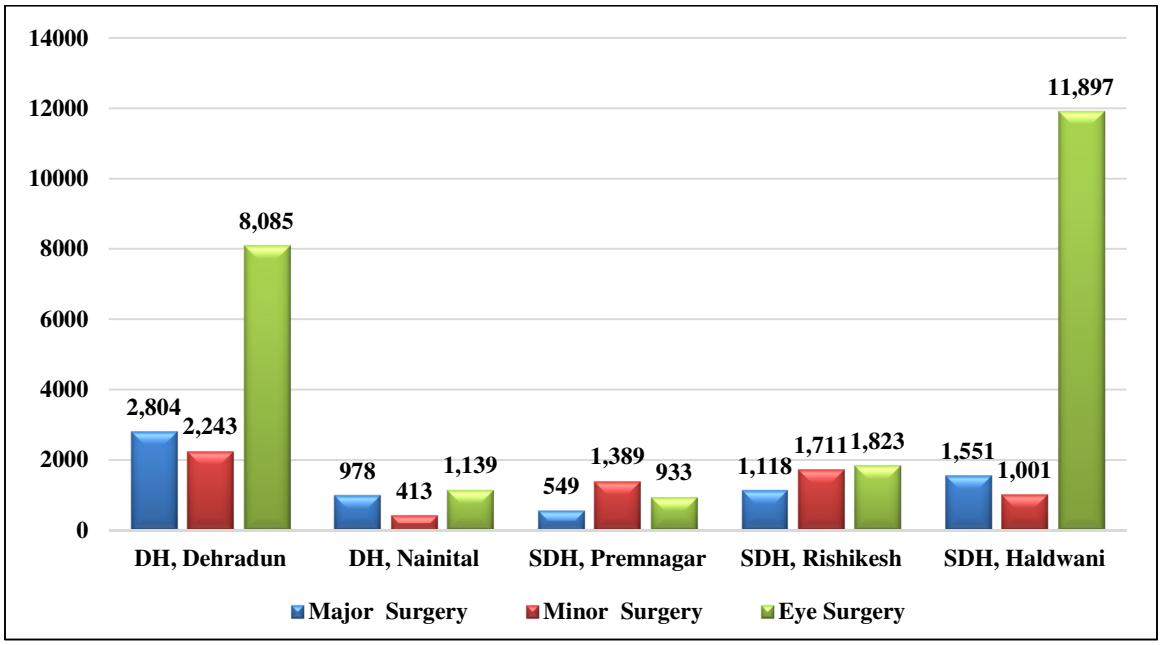
As per IPHS norms, CHCs and PHCs should have AYUSH doctor, necessary infrastructure such as consultation room for AYUSH Doctor and AYUSH Drug dispensing area should be made available.

AYUSH services were not available in three[2] out of nine test checked CHCs and two[3] out of eight test checked PHCs.

3.1.5 Availability of Major, Minor & Eye surgeries

As per NHM assessor's guidebook, 2013, surgeries related to General surgery, Obstetrics & Gynaecology, Paediatrics, Ophtalmology, ENT services and Orthopaedics should be available at District Hospital. In CHCs, surgeries related to General surgery services, Obstetrics and Gynaecology services and accident & emergency services should be available.

Chart-3.1: Major, Minor and Eye surgeries performed in DHs/SDHs during 2016-22



Source: Information furnished by selected DHs/SDHs.

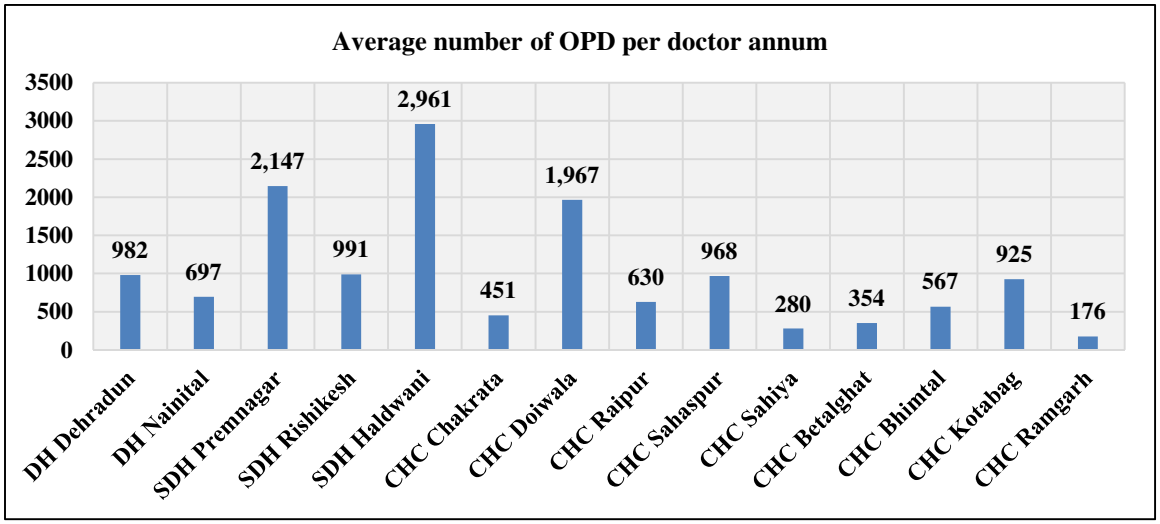
Major & Minor General Surgery and Eye surgeries were available in all selected DHs/SDHs.

3.1.6 Average OPD cases per doctor per annum against available OPD services

The average OPD cases per doctor in test checked DHs/SDHs/CHCs is given in the chart below:

[2] CHC, Chakrata; CHC, Raipur and CHC, Sahaspur.
[3] PHC, Simlakha and PHC, Talla Ramgarh.

Chart-3.2: Average OPD cases per doctor per annum during 2016-22



Source: Information furnished by test checked HCFs.

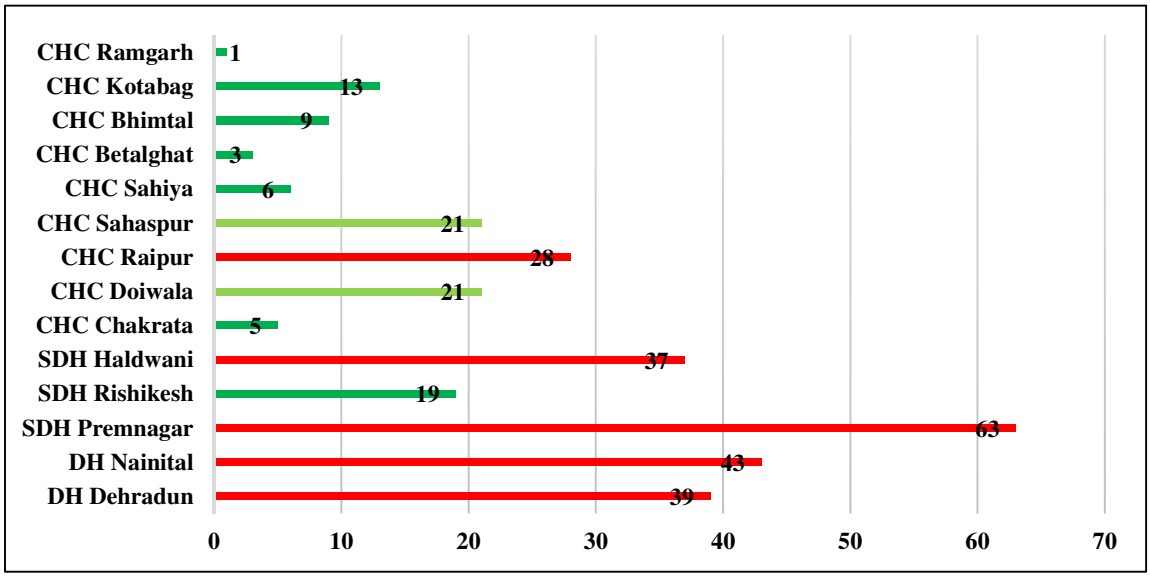
As can be seen in the chart above, the average OPD cases per doctor per annum[4] was highest (2,961) in SDH, Haldwani and lowest (176) in CHC, Ramgarh.

3.1.7 Availability of registration counter and average daily patient load per counter

As per NHM assessor's guidebook for quality assurance in HCFs, number of counters should be such that there are 12-20 patients/ hour per counter. A total of 310 working days and six hours per day OPD have been considered during 2021-22.

Average number of patients per hour per counter in test checked DHs, SDHs and CHCs during 2021-22 is depicted in the given chart:

Chart-3.3: Average number of patients per hour per counter during 2021-22



Source: Information furnished by test checked HCFs.

[4] Total no. of OPD during the period/Total no. of clinical doctors available* Total Period.

As can be seen from above, DH, Dehradun, DH, Nainital, SDH, Haldwani, SDH, Prem Nagar and CHC, Raipur had more average number of patients per hour per counter than the norms during 2021-22. Thus, the HCFs having higher patient load against the norms should increase the number of counters.

3.1.8 Availability of seating arrangement, toilet facility and patient calling system (Digitalisation)

As per IPHS norms, a waiting area with adequate seating arrangement shall be provided. Main entrance, general waiting and subsidiary waiting spaces are required adjacent to each consultation and treatment room in all the clinics. Florescent Fire Exit plan shall be displayed at each floor, safety, hazard and caution signs should be displayed prominently at relevant places. HCFs should have patient calling system with electronic display. To avoid overcrowding, hospital shall have patient calling systems (Manual/Digital). The status of provision of the above features in test checked DHs/SDHs/CHCs/PHCs is given below:

Table-3.3: Availability of seating arrangement, toilet facility, etc

Name of service	DHs	SDHs	CHCs	PHCs
Total test Checked	**02**	**03**	**09**	**08**
Display of florescent fire exit sign	2	2	5	0
Enquiry/ May I Help Desk with staff fluent in local language	2	3	7	5
Directional signage for Emergency, Departments and Utilities	2	3	9	3
Display of safety, hazard and caution signs were displayed prominently at relevant places	2	3	6	4
Important contacts like higher medical centres, blood banks, and fire department, police and ambulance services were displayed	2	2	5	4
Mandatory information (under RTI Act, PNDT Act, etc.) was displayed	2	3	7	2
Adequate seating facility	2	3	9	7
Patient Calling System (Digitalisation)	2	1	3	1
Separate toilets for male and female	2	3	8	6

Source: Joint Physical verification of test checked HCFs.

Colour code ***Satisfactory*** ***Average*** ***Poor***

Audit noticed that:

- No display of florescent fire exit sign was available in all test checked PHCs.
- Hazard and caution signs to be displayed prominently at relevant places were not available in four out of eight test checked PHCs.
- Patient calling system (digitalization) was available in three out of nine CHCs and in one out of eight test checked PHCs. It was also not available in SDH, Premnagar and SDH, Haldwani.
- The mandatory information (under RTI Act, PNDT Act, etc.) was not displayed in CHC, Sahiaya, CHC, Betalghat and six[5] PHCs.

[5] PHC, Bhagwantpur, PHC, Thano, PHC, Similkha, PHC, Chakalua, PHC, Jolikot and PHC, Talla Ramgarh.

3.1.9 Patient satisfaction survey

During audit, joint physical survey was conducted and 170 patients[6] (for OPD services) were surveyed in selected HCFs (GMCs/DHs/SDHs/CHCs). The results are summarised below:

i. 59 *per cent* patients said that Enquiry/May I Help desk was not available with competent staff.

ii. 30 *per cent* patients stated that OPD hours for doctors was not displayed while 32 *per cent* patients stated that rate list was not displayed.

iii. 10 *per cent* patient said that number of registration counters were not adequate in HCFs.

iv. 45 *per cent* patients informed that patient calling system was not satisfactory.

v. 43 *per cent* patients said that all prescribed medicines were not made available by hospital pharmacy.

vi. 56 *per cent* patient stated that complaint box was not available in test checked HCFs.

The survey indicates that patient calling system, information display and availability of tests needs improvement across the hospitals.

3.2 IPD Services

Indoor Patients Department (IPD) refers to the areas of the hospital where patients are accommodated after being admitted, based on doctor's/specialist's assessment, from the Out-Patient Department, Emergency Services and Ambulatory Care. In-patients require a higher level of care through nursing services, availability of drugs/diagnostic facilities, observation by doctors, etc.

3.2.1 Availability of IPD wards in DHs

As per IPHS norms for District Hospitals (DHs), the IPD bed shall be categorised as General Medicine ward, Paediatrics ward, General Surgery ward, Ophthalmology ward, Accident and Trauma ward, etc. Availability of IPD beds in test checked DHs is given below:

Table-3.4: Availability of IPD wards and beds

Sr. No.	Name of Ward	Requirement of Beds in DH as per IPHS	DH, Dehradun	DH, Nainital
1	General Medicine	30	23	10
2	General Surgery	30	14	14
3	Ophthalmology	5	20	07
4	Accident & trauma	10	18	NA
5	Paediatrics	10	12	10
6	Others		124	13

Source: Data furnished by test checked HCFs.

Colour code ***Satisfactory*** ***Average*** ***Poor & Non availability***

[6] 20 patients per GMC;15 patients per DH; 10 patients per SDH and CHC; five patients per PHC.

As per IPHS norms, allocation of beds for different specialities may be done as per local needs. It was found that an inadequate number of beds were available for General Medicine and General Surgery in both test checked DHs. Further, Accident and Trauma beds were not available in DH, Nainital. Besides this, as per the information provided by the MH&FW Department, total availability of beds in all the 13 DHs is 2,082, out of which 609[7] beds were functional for Maternal and Childcare Services ***(Appendix-3.2)***.

Further, details related to IPD beds in test checked CHCs have been given in ***Appendix-3.2 (A)***.

3.2.2 Availability of Isolation wards

As per IPHS norms and NHM Assessor's guidelines, the clinics for infectious and communicable diseases should be located in isolation, preferably, in remote corner of the hospital, provided with independent access. An isolation room should be available in DHs, SDHs and CHCs. Ordinarily, negative air pressure isolation rooms are used as prevention rooms, while positive air pressure isolation rooms are used for protection. For patients who test positive for airborne illnesses, negative pressure isolation prevents contaminants from escaping from the room. Availability of Isolation rooms in test checked GMCs/DHs/SDHs is given below:

Table-3.5: Availability of positive and negative isolation rooms

Name of hospital	Positive isolation room	Negative isolation room
GMC, Dehradun	A	A
GMC, Haldwani	A	A
DH, Dehradun	A	A
DH, Nainital	A	A
SDH, Premnagar	NA	NA
SDH, Rishikesh	A	NA
SDH, Haldwani	NA	NA

Source: Information furnished by test checked GMCs/DHs/SDHs.
Colour code: Green colour/A= Available; Red colour/NA=Not available.

In three test checked SDHs, Positive isolation room was not available in two SDHs whereas Negative isolation was not available in any of the SDHs.

3.2.3 Availability of surgeries

As per NHM assessor's guidebook, 2013 and IPHS norms for DH/SDH surgeries related to General surgery, Obstetrics & Gynaecology, Paediatrics, Ophtalmology, ENT services and Orthopaedics should be available at District Hospital. Further, as per IPHS norms for CHCs, CHCs should be able to provide routine and emergency care in Surgery. This includes dressings, incision and drainage, surgery for Hernia, Hydrocele, Appendicitis, Haemorrhoids, Fistula, and stitching of injuries. It should also be able to handle

[7] Maternal and Childcare-527, Special Newborn Care Unit (SNCU)-62, Newborn Stabilisation Unit (NBSU)-20.

emergencies like Intestinal Obstruction, Haemorrhage, etc. and do fracture reduction and putting splints/plaster cast.

Availability of specific surgery procedures in test checked HCFs is given below:

Table-3.6: Availability of Surgical Procedures in test checked HCFs

Name of HCFs	Name of procedure (as per IPHS)											
	Hernia	Hydrocele	Appendicitis	Haemorrhoids	Fistula	Intestinal Obstruction	Haemorrhage	Nasal packing	Tracheostomy	Foreign body removal	Fracture reduction	Putting splints/ plaster cast
DH, Dehradun	A	A	A	A	A	A	NA	A	A	A	A	A
DH, Nainital	A	A	A	A	A	A	A	A	NA	A	A	A
SDH, Premnagar	A	A	A	NA	NA	NA	NA	A	NA	NA	A	A
SDH, Rishikesh	A	A	A	A	A	A	A	NA	NA	NA	A	A
SDH, Haldwani	A	A	A	A	A	A	NA	A	A	A	A	A
CHC, Chakrata	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CHC, Doiwala	NA	NA	NA	NA	NA	NA	NA	A	NA	NA	A	A
CHC, Raipur	A	A	A	A	A	NA	A	A	NA	NA	A	A
CHC, Sahaspur	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	A
CHC, Sahiya	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CHC, Betalghat	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CHC, Bhimtal	NA	NA	NA	NA	NA	NA	NA	A	NA	A	NA	A
CHC, Kotabag	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CHC, Ramgarh	NA	NA	NA	NA	NA	NA	NA	A	NA	NA	A	A

Source: Information furnished by test checked HCFs.
Colour code: Green colour/A= Available; Red colour/NA=Not available.

As can be seen from the above table, out of 14 test checked HCFs no facility for surgery related to above mentioned procedures were available in four CHCs.

3.2.4 Surgery load per surgeon

Audit analysed surgeries conducted per surgeon available in DHs and SDHs and observed huge variations across hospitals during 2016-17 to 2021-22 is as given below:

Table-3.7: Average number of surgeries per surgeon

Name of HCFs	Year	General		ENT		Ortho		EYE	
		No. of surgeons	Avg. No. of surgeries	No. of surgeons	Avg. No. of surgeries	No. of surgeons	Avg. No. of surgeries	No. of surgeons	Avg. No. of surgeries
DH, Dehradun	2016-17	03	88	2	28	1	128	5	110
	2017-18	03	169	2	52	1	284	5	143
	2018-19	03	336	2	118	1	272	5	284
	2019-20	04	403	3	280	2	136	5	377
	2020-21	04	258	3	201	2	235	6	320
	2021-22	04	156	3	397	3	122	6	215
DH. Nainital	2016-17	02	INP	1	INP	1	INP	2	159
	2017-18	02	73	1	586	1	95	2	105
	2018-19	02	98	1	606	1	109	2	52
	2019-20	02	164	1	323	1	145	1	165
	2020-21	02	94	1	260	2	47	1	168
	2021-22	02	150	1	350	2	80	1	275
SDH, Premnagar	2016-17	1	254	1	0	1	10	1	166
	2017-18	1	197	1	0	1	46	1	156

Name of HCFs	Year	General		ENT		Ortho		EYE	
		No. of surgeons	Avg. No. of surgeries	No. of surgeons	Avg. No. of surgeries	No. of surgeons	Avg. No. of surgeries	No. of surgeons	Avg. No. of surgeries
	2018-19	1	350	1	0	0	0	1	171
	2019-20	1	456	1	0	1	10	1	196
	2020-21	1	217	1	0	1	55	1	138
	2021-22	1	464	1	0	1	51	1	106
SDH, Rishikesh	**2016-17**	1	66	0	0	1	17	1	336
	2017-18	1	168	0	0	1	25	1	281
	2018-19	1	344	0	0	1	25	1	287
	2019-20	1	349	0	0	1	54	1	410
	2020-21	1	63	0	0	1	95	1	209
	2021-22	1	128	0	0	1	103	1	300
SDH, Haldwani	**2016-17**	1	396	1	202	1	570	3	1117
	2017-18	1	311	1	73	1	462	3	648
	2018-19	1	348	1	88	1	437	3	622
	2019-20	1	356	1	233	1	322	3	619
	2020-21	1	592	1	74	1	525	3	363
	2021-22	2	275	1	124	2	202	3	597

Source: Data furnished by HCFs.
INP- Information not provided

	Good	*Moderate*	*No surgeries or very less*
Colour code			

As can be seen from the above table, number of surgeries as well as surgeries per surgeon [8] were maximum in SDH, Haldwani. No ENT surgeon was posted in SDH, Rishikesh during the period 2016-22.

3.2.5 Operation Theatre

Operation theatre (OT) is an essential service that is to be provided to the patients. IPHS for DH and SDH prescribe OT for elective major surgery; Emergency services; and Ophthalmology/ENT for district hospitals. As per guidelines/ assessors' guidebook for quality assurance for hospitals, the OT should have convenient relationship with surgical ward, ICU, radiology, pathology, blood bank and Central Sterile Supply Department (CSSD). It should have access without any physical barrier. The availability of various elements of quality OT services are given in the **Table-3.8** below:

Table-3.8: Availability of OT services in test checked DHs/SDHs

Description	DH, Dehradun	SDH, Premnagar	SDH, Rishikesh	DH, Nainital	SDH, Haldwani
OT have convenient relationship with surgical ward, intensive care unit, radiology, pathology, blood bank and CSSD.	Yes	No	Yes	Yes	Yes
Access to facility is provided without any physical barrier & and friendly to people with disabilities.	Yes	Yes	Yes	Yes	No
OT have piped suction and medical gases, electric supply, heating, air-conditioning, ventilation.	Yes	Yes	Yes	Yes	Yes
Patient's records and clinical information is maintained.	Yes	Yes	Yes	Yes	Yes
Has defined and established grievance redressal system in place.	Yes	No	Yes	No	Yes

[8] Average surgeries per surgeon= Total no of surgeries performed during the year/No.of surgeons available during the year.

Description	DH, Dehradun	SDH, Premnagar	SDH, Rishikesh	DH, Nainital	SDH, Haldwani
Whether all equipment are covered under AMC including preventive maintenance?	Yes	No	Yes	No	No
Whether the facility has established procedure for internal and external calibration of measuring Equipment?	Yes	No	Yes	No	No

Source: Information furnished by test checked DHs/SDHs.
Colour code: Green colour/Yes= Available; Red colour//No=Not available.

From above, it was observed that:

Convenient relationship with surgical ward, intensive care unit, radiology, pathology, blood bank and CSSD did not exist in SDH, Premnagar. Disabled friendly access and maintenance of patient's records and clinical information was being ensured by the all test checked hospitals except SDH, Haldwani. OT had piped suction and medical gases, electric supply, heating, air-conditioning and ventilation in all the test checked hospitals. The procedure for internal and external calibration of measuring equipment was not available in all the test checked hospitals except SDH, Rishikesh and DH, Dehradun.

3.2.6 Evaluation of IPD services through Outcome Indicators

The IPD services can be evaluated through Outcome Indicators viz. Bed Occupancy Rate (BOR), Bed Turnover Rate (BTR), Discharge Rate (DR), Referral Out Rate (ROR), Average Length of Stay (ALoS), Left Against Medical Advice (LAMA) Rate and Absconding Rate. The performance of the IPD services through Outcome Indicators in test checked GMCs/DHs/SDHs is given in the **Table-3.9** below:

Table-3.9: Outcome indicators of IPD services

Name of District	Name of HCFs	Average Bed Occupancy Rate *(per cent)*	Average Bed Turnover rate (No. of Patient per bed in a year)	Discharge Rate *(per cent)*	Average Referral out rate *(per cent)*	Average length of stay (No. of Days)	LAMA rate *(per cent)*	Absconding rate *(per cent)*
Dehradun	GMC, Dehradun	98.83	68.22	71.65	3.13	5.35	16.67	2.74
	DH, Dehradun	57.12	90.46	84.64	8.11	2.32	6.64	0.10
	SDH, Rishikesh,	34.15	66.59	75.90	7.72	1.91	15.29	0.52
	SDH, Premnagar	**Data Not maintained at SDH Level**						
Nainital	GMC, Haldwani,	59.41	NA	88.30	NA	NA	6.39	0.58
	DH, Nainital	59.41	55.57	90.46	4.67	2.65	9.48	0.26
	SDH, Haldwani,	55.25	59.77	80.63	7.57	3.38	10.41	1.38

Source: Information furnished by test checked Healthcare Facilities.

It could be observed that:

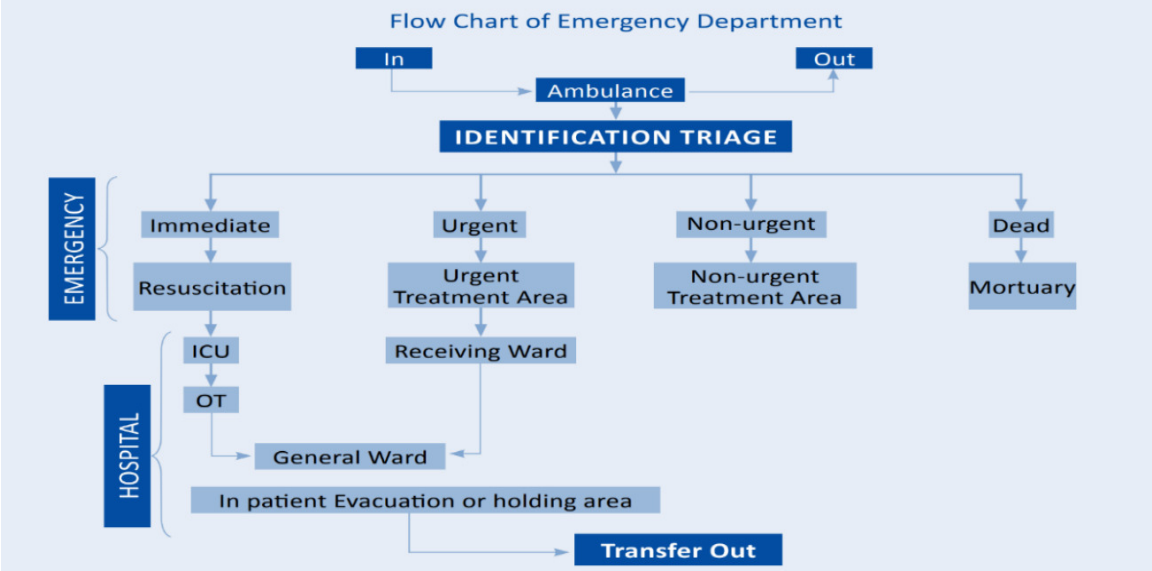
- As per IPHS guidelines for DH, it is expected that the hospital Bed Occupancy rate should be atleast 80 per cent. BOR of all of the test checked HCFs was well below 80 *per cent* except GMC, Dehradun. Low BOR of HCFs (except GMC, Dehradun) is a sign of poor productivity.

- Average Bed Turnover rate[9] of GMC, Dehradun, SDH, Rishikesh, DH, Nainital and SDH, Haldwani was quite low as compared to DH, Dehradun which shows low utilisation of IPD beds of the HCFs.
- Average Discharge rate of[10] GMC, Dehradun, DH, Dehradun, SDH, Rishikesh, and SDH, Haldwani remained low as compared to DH, Nainital which shows that rest of the HCFs are not providing health care facilities to the patients in a desired manner.
- Average LAMA rate of GMC, Dehradun, SDH, Rishikesh and SDH, Haldwani was substantially high as compared to DH, Dehradun, GMC, Haldwani and DH, Nainital which indicates that service quality of these HCFs remained lacking.
- Average Absconding rate in GMC, Dehradun and SDH, Haldwani was high as compared to DH, Dehradun, SDH, Rishikesh, GMC, Haldwani and DH, Nainital which shows that proper security services were not provided as per norms.
- Average Bed Turnover Rate, Referral Out Rate and Average Length of Stay was not maintained by the GMC, Haldwani.
- No data was maintained for outcome indicators by SDH, Premnagar.

3.3 Emergency services

The Emergency Department is the first point of contact for any critically ill patient, needing immediate medical attention. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. Flow chart of Emergency Department is given below:

Chart-3.4: Flow chart of Emergency Department



Source: IPHS Guidelines for DH.

[9] Average bed turnover rate=Total no of discharges from IPD/Total no of beds in IPD.
[10] Average Discharge rate= Total no of discharges *100/Total no of admissions.

3.3.1 Availability of Emergency Services

As per IPHS norms for DHs/SDHs, 24x7 operational emergency with dedicated emergency room shall be available with adequate manpower. Emergency shall have dedicated triage, resuscitation and observation area.

Emergency should have mobile X-ray/laboratory, side labs/plaster room/and minor OT facilities. Besides, separate emergency beds may be provided. Sufficient separate waiting areas and public amenities for patients and relatives should be located in such a way that it does not disturb functioning of emergency services.

One Emergency OT should be available. Separate emergency OT for Obstetrics, Minor OT by side of Gynaecology should be available. Further, procedures under Emergency Surgeries required for Assault injuries/Bowel injuries/Head injuries/Stab injuries/Multiple injuries/Perforation/ Intestinal obstruction should be available. Facility of emergency laboratory services should be available.

As per NHM Assessors' guidebook 2013, the hospital should provide Orthopaedics Services by ensuring availability of Emergency Orthopaedic procedures. Further, there should be an established procedure for admission of patients. Emergency department should be aware of admission criteria to critical care units like ICU, SNCU, Burn cases. Emergency protocols should be defined and implemented for head injury, snake bite, poisoning, drawing etc. The facility should have disaster management plan in place. The status of emergency services in test checked GMCs/DHs/SDHs is given in the **Table-3.10** below:

Table-3.10: Availability of emergency services in test checked GMCs/DHs/SDHs

Particulars	Dehradun				Nainital	
	GMC, Dehradun	DH, Dehradun	SDH, Premnagar	SDH, Rishikesh	GMC, Haldwani	SDH, Haldwani
Availability and functioning of Emergency OT	Yes	Yes	No	Yes	Yes	No
Availability of infrastructure hospital Emergency ward	Yes	Yes	No	Yes	Yes	Yes
Availability of infrastructure relating to trauma ward such as Bed capacity, machinery & equipment etc.	Yes	Yes	No	Yes	Yes	No
Availability of triage procedure to sort patients	Yes	Yes	No	No	Yes	Yes
Availability of surgical facilities for Emergency Appendectomy	Yes	Yes	No	Yes	Yes	Yes
Availability to diagnose and to treat for Hypoglycemia, Ketosis and Coma	Yes	Yes	No	No	Yes	Yes
Availability of assault injuries/Bowel injuries/Head injuries/Stab injuries /Multiple injuries/Perforation/Intestinal obstruction	Yes	Yes	No	No	Yes	No
Availability of emergency laboratory services	Yes	Yes	No	Yes	Yes	Yes

Availability of blood bank in close proximity to emergency department	Yes	No	No	Yes	Yes	Yes
Availability of mobile X-ray/ laboratory, side labs/plaster room in Accident and Emergency Service.	Yes	Yes	(Only plaster room available)	No	Yes	Yes
Availability of Emergency Operation Theatre for Maternity, Orthopaedic Emergency, Burns and plastic and Neurosurgery cases round the clock	Yes	Yes	No	No	Yes	No
Availability of facilities for Accidents and emergency services including treatment for poisoning and Trauma Care	Yes	Yes	Ante-Poisoning services available, Trauma care not available	Yes	Yes	Yes
Availability of sufficient separate waiting areas and public amenities in emergency ward for patients and relatives.	Yes	Yes	Yes	Yes	Yes	Yes
Availability of emergency protocols in emergency ward.	Yes	Yes	No	Yes	Yes	No
Availability of disaster management plan in emergency ward.	Yes	Yes	No	No	Yes	No

Source: Information furnished by test checked HCFs.

	Yes	*Partially*	*Not available*
Colour code			

Emergency Operation theatre was not available in SDH, Premnagar and SDH, Haldwani. Also, emergency laborataory services were not available in SDH, Premnagar.

Apart from the above, the availability of emergency services in DHs of the state is given in ***Appendix-3.3***.

3.3.2 Availability of routine and emergency care in CHCs

As per IPHS norms for CHCs, CHCs should provide care of Routine and Emergency cases in medicine. Specific mention is made of handling of emergencies like Dengue Hemorrhagic Fever, Cerebral Malaria and others like Dog & snake bite cases, Poisonings, Congestive Heart Failure, Left Ventricular Failure, Pneumonias, meningoencephalitis, acute respiratory conditions, status epilepticus, Burns, Shock, Acute dehydration etc. Further, essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions should be available. The availability of care of Routine and Emergency cases in Surgery in CHCs is given below:

Table-3.11: Availability of routine and emergency services in CHCs

Name of Routine and Emergency care service	Dehradun	Nainital
	Test checked CHCs (05)	Test checked CHCs (04)
Dengue Haemorrhagic Fever	3	1
Cerebral Malaria	2	0
Dog & snake bite cases	5	4
Poisonings	5	4
Congestive Heart Failure	1	0
Left Ventricular Failure	1	0
Pneumonia	5	3
Meningoencephalitis	0	0
Acute respiratory conditions	5	3

Name of Routine and Emergency care service	Dehradun	Nainital
	Test checked CHCs (05)	Test checked CHCs (04)
Status Epilepticus	2	2
Burns	5	2
Shock	3	1
Acute dehydration	5	4
Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions	2	0

Source: Information furnished by test checked CHCs.

Colour code: Green colour depicts performance by good number of CHCs and red colour depicts performance by less number or nil number of CHCs.

It was observed that:

- Routine and Emergency care services for Dog & snake bite, Poisonings, acute dehydration were available in all the test checked CHCs and services for Acute respiratory was available in all test checked CHCs except CHC, Betalghat.
- Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions was not available in any of the test checked CHCs except in CHC, Raipur and CHC, Sahaspur.
- Services related to treatment of Dengue Haemorrhagic Fever was available in four[11] out of nine test checked CHCs.
- Only two out of nine CHCs had routine and emergency care service for Cerebral Malaria.
- Only CHC, Raipur had routine and emergency care service for Congestive Heart Failure and Left Ventricular Failure.

3.3.3 Non availability of Intensive Care Unit

As per IPHS norms for District Hospitals, in ICU, critically ill patients requiring highly skilled lifesaving medical aid and nursing care are concentrated. These should include major surgical and medical cases, head injuries, severe haemorrhage, acute coronary occlusion, kidney, and respiratory catastrophe, poisoning etc. It should be the ultimate medical care the hospital can provide with highly specialised staff and equipment. The number of patients requiring intensive care may be about 5 to 10 *per cent* of total medical and surgical patients in a hospital. The unit shall not have less than four beds not more than 12 beds. Number of beds may be restricted to five *per cent* of the total bed strength initially but should be expanded to 10 *per cent* gradually. Out of these, they can be equally divided among ICU and High Dependency Wards (HDU). As per NHM Assessors' guidelines, the hospital should also provide intensive care service as part of curative services. The ICU facilities are desirable in SDH.

Availability of ICU services in test checked GMCs/DHs/SDHs are given in **Table-3.12** below:

[11] CHC, Doiwala, CHC, Raipur, CHC, Sahaspur and CHC, Kotabag.

Table-3.12: Availability of ICU services in test checked GMCs/DHs/SDHs

Particulars	Availability in						
	GMC		DH		SDH		
	Dehradun	Haldwani	Dehradun	Nainital	Premnagar	Rishikesh	Haldwani
Availability of various types of ICU services as prescribed by national standards	Yes	Yes	No (only Medicine ICU)	Yes	**ICU facility not available**	**ICU facility is available but not functional due to lack of specialized mampower**	**ICU facility is available but not functional due to lack of specialized mampower**
Functional in-patient beds in ICU	Yes	Yes	Yes	Yes			
Percentage of patients admitted in ICU who were monitored for fluid/electrolyte charting	100	100	100	100			
Percentage of patients admitted in ICU who were monitored for intake and output charting	100	100	100	100			
Percentage of patients admitted in ICU who were monitored for cardiac care monitoring	40	100	100	100			
Availability of ICU ventilators	Yes	Yes	Yes	Yes			
Facilities for curative services in ICU	Yes	Yes	Yes	Yes			
Facilities for diagnostic services in ICU	Yes	Yes	Yes	Yes			
User charges displayed in local and simple language and communicated to patients effectively	Yes	No	Yes	Yes			
Availability of adequate space and waiting area for ICU as per requirement	Yes	Yes	Yes	No			
Nutritional assessment of patient done was as required and directed by doctor	Yes	Yes	Yes	Yes			

Source: Information furnished by test checked GMCs/DHs/SDHs.

3.3.4 Emergency cases referred to other hospitals

Details of emergency cases referred to other hospitals from DHs/SDHs is given below:

Table-3.13: Emergency cases referred to other hospitals from test checked DHs/SDHs

(in per cent)

Year	DH		SDH		
	Dehradun	Nainital	Premnagar	Rishikesh	Haldwani
2016-17	0.51	21.93	1.80	8.64	4.52
2017-18	0.51	35.21	3.13	3.31	2.70
2018-19	0.44	70.82	11.76	1.17	2.09
2019-20	0.50	62.46	4.70	11.67	1.19
2020-21	0.78	22.35	5.37	3.15	1.94
2021-22	0.99	66.30	7.89	2.34	4.89

Source: Information furnished by test checked DHs/SDHs.

As can be seen from the above table that referral rate in all years was higher in DH, Nainital in comparison to other test checked HCFs for emergency cases.

3.4 Maternity services

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are important indicators of the quality of maternity services available. As per the Sample Registration System report by Registrar General of India, MMR for Uttarakhand was 103 during 2018-20, compared to 97 at National level. Further, as per National Family Health Survey-5, IMR was 39.1 for Uttarakhand, compared to 35.2 at National Level during the year 2019-21.

3.4.1 Achievement of required four Antenatal check-ups (ANC) and delivery of Iron folic Acids (IFA) tablets, Calcium tablets, Tetanus Toxoid to pregnant women

ANC involves general and abdominal examination and laboratory investigations to monitor pregnancies, management of complications, such as Reproductive Tract Infection (RTI)/Sexually Transmitted Infection (STI) and comprehensive abortion care. Antenatal Care and Skilled Attendance at Birth, 2010 Guidelines, stipulate that every pregnant woman should undergo general and abdominal examinations during each ANC visit.

Norms for provisioning of various maternal health services for different levels of hospitals and CHCs have been specified in Maternal and Neonatal Health Toolkit 2013 (MNH Toolkit), Guidelines for Antenatal Care and Skilled Attendance at Birth, 2010 and IPHS norms prescribed by the Government of India for delivery of quality maternal health services.

Ensure that every pregnant woman makes at least four visits for ANC, including the first visit/registration. It should be emphasised that this is only a minimum requirement and that more visits may be necessary, depending on the woman's condition and needs. Suggested schedule for antenatal visits is:

1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected, for registration of pregnancy and first antenatal check-up, 2nd visit: between 14 and 26 weeks, 3rd visit: between 28 and 34 weeks, 4th visit: between 36 weeks and term.

Further, all pregnant women need to be given one tablet of Iron Folic Acid (IFA: 100 mg elemental iron and 0.5 mg folic acid) every day for at least 100 days, starting after the first trimester, at 14-16 weeks of gestation. IFA dose is given to prevent anaemia (prophylactic dose) and this dosage regimen is to be repeated for three months post-partum.

Further, as per IPHS immunization programme, Tetanus Toxoid (TT), TT-1 should be provided to early in pregnancy and TT-2 after 4 weeks of TT-1.

Percentage of pregnant women registered, and ANC, TT, and IFA tablets provided in the State of Uttarakhand as per NFHS report is given below:

Table-3.14: Indicators of Antenatal Care, TT administration and IFA tablets in the State

(in per cent)

Indicators	2015-16	2019-21
ANC received in the first trimester	53.5	68.8
Pregnant women received at least four ANC	30.9	61.8
TT administration	91.4	93.6
IFA (100 days)	24.9	46.6

Source: NFHS-4 & NFHS-5 survey report.

Note: Colour grading has been done on colour scale with Green colour depicting satisfactory performance, while Red colour depicting poor performance.

It is evident from the above table that:

- There is a progress in all indicators during the period 2016-17 to 2020-21.
- Only 68.8 *per cent* of pregnant women received ANC during their first trimester during 2019-21, while 61.8 *per cent* of pregnant women received four required ANC during their pregnancy period.

3.4.2 Status of Institutional Deliveries

IPHS norms of CHCs/PHCs provide that each CHC/PHC should have a fully equipped and operational labour room. Percentage of institutional births in the State and in public health facilities as per NFHS reports is given below:

Table-3.15: Indicators of Institutional births and Home births by Skilled Health Personnel in the State

(In per cent)

Indicators	2015-16	2019-21
Institutional births	68.6	83.2
Institutional births in public health facility	43.8	53.3
Home births by Skilled health personnel	4.6	3.4

Source: NFHS-4 & NFHS-5 survey report.

Note: Colour grading has been done on colour scale with Green colour depicting satisfactory performance, while Red colour depicting poor performance.

Thus, institutional births have increased from 68.6 *per cent* during the period 2015-16 to 83.2 *per cent* during the period 2019-21. However, institutional births in public health facility increased from 43.8 during 2015-16 to 53.3 during the period 2019-21.

3.4.3 Labour room facilities in CHCs/PHCs

As per IPHS norms availability of labour room is essential in CHCs and PHCs. Availability of labour room facility in test checked CHCs/PHCs is given below:

Table-3.16: Availability of Labour Room in test checked CHCs/PHCs

Type of HCFs	Total Number of HCFs test checked	Availability of Labour Room in no. of HCFs
CHCs	09	08
PHCs	08	02

Source: Information furnished by test checked HCFs.

Note: Colour grading has been done on colour scale with Green colour depicting satisfactory performance, while Red colour depicting poor performance.

It is evident from the above table that Labour room was not available in CHC, Sahiya while out of eight test checked PHCs, labour room was available only in PHC, Jolikot and PHC, Tyuni.

3.4.4 Pathological investigations

ANC Guidelines 2010 prescribe conducting six[12] pathological investigations, depending upon the condition of pregnancy during ANC visits to identify pregnancy related complications. Availability of Pathological investigations for pregnant women in test checked HCFs is given below:

[12] Blood group including Rh factor, Venereal disease research laboratory (VDRL)/Rapid Plasma Reagin (RPR), HIV testing, Rapid Malaria test, Blood Sugar testing, Hepatitis B surface Antigen (HBsAg).

Table-3.17: Availability of Pathological investigations for pregnant women in test checked HCFs

Name of test	Test checked DHs (02)	Test checked SDHs (03)	Test checked CHCs (09)
Blood group including Rh factor	02	03	09
Venereal disease research laboratory (VDRL)/Rapid Plasma Reagin (RPR)	02	03	09
HIV testing	02	03	09
Rapid Malaria test	02	03	09
Blood Sugar testing	02	03	09
Hepatitis B surface Antigen (HBsAg)	02	03	09

Source: Information furnished by test checked HCFs.

Audit observed that all pathological investigations related to pregnancy were conducted in all test checked DHs/SDHs/CHCs of two test checked districts.

3.4.5 Caesarean deliveries (C-Section)

Meternal & Newborn Health Toolkit designated all CHCs/SDHs/DHs as Centre for providing surgical (C-Section) services with the provision of specialised human resources (a gynecologist/obstetrician and anesthetist) and equipped operation theatre to provide Emergency Obstetric Care (EmOC) to pregnant women. The Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant women to C-Section services with a provision for free drugs, consumables, diagnostics, etc. The statement showing C-section deliveries as per NFHS-5 in state of Uttarakhand is given below:

Table-3.18: Status of Caesarean deliveries (C-Section) in the State

(In per cent)

Indicators	2015-16	2019-21
C-section deliveries	13.10	20.40
Private health facility C-section deliveries	36.40	43.30
Public health facility C-section deliveries	9.30	14.00

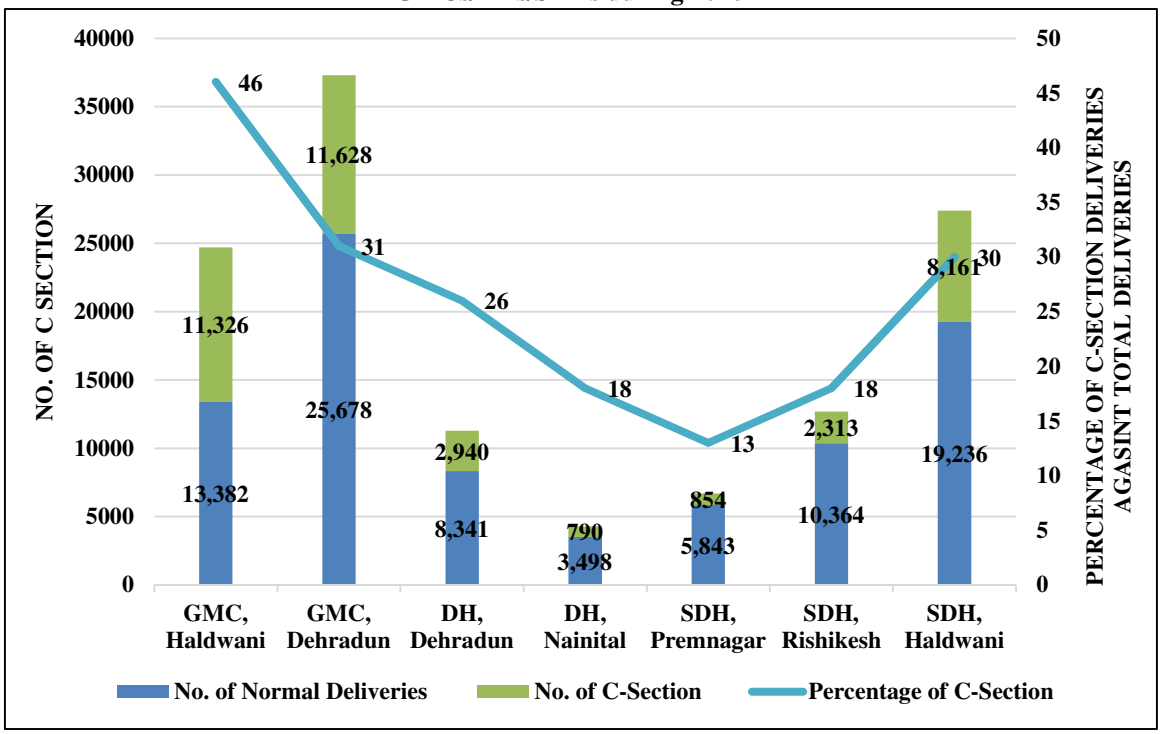
Source: NFHS-5 survey report.

Note: Colour grading has been done on colour scale with Green colour depicting satisfactory performance, while Red colour depicting poor performance.

It is evident from the above table that C-section deliveries have increased from 13.10 *per cent* in 2015-16 to 20.40 *per cent* in 2019-21 in the State of Uttarakhand. But the increase in rate of C-section deliveries was seen more at Private health facilities (43.30 *per cent*) as compared to public health facilities (14 *per cent*). Further, WHO also suggests that Caesarean sections are effective in saving maternal and infant lives, but only when they are required for medically indicated reasons. At population level, caesarean section rates higher than 10 *per cent* are not associated with reductions in maternal and newborn mortality rates.

C-section deliveries conducted in test checked two GMCs and five DHs and SDHs during 2016-17 to 2020-22 is given below:

Chart-3.5: Number and Percentage of C-Section deliveries conducted in test checked GMCs/DHs/SDHs during 2016-22



- It is evident that in all the above mentioned HCFs except SDH, Premnagar C-section deliveries conducted during the audit period were well above the WHO norms.
- No record of plotting of Partograph[13] was maintained by both the test checked GMCs and SDH, Haldwani for the period 2016 to 2022. The details of partographs plotted against the number of deliveries in test checked hospitals is given below:

Table-3.19: Number of Partographs plotted against the total deliveries in test checked GMCs/DHs/SDHs during 2016-22

Year	No. of Total Deliveries	No. of Partographs plotted
GMC, Dehradun	37,308	Information not provided.
GMC, Haldwani	24,708	Information not provided.
DH, Dehradun	11,281 (details not available for 2016-18)	6,014 (only during 2020-22)
DH, Nainital	4,288	505 (only in 2021-22)
SDH, Premnagar	6,697	494 (only in 2021-22)
SDH, Rishieskh	12,713	5,894 (after 2016-17)
SDH, Haldwani	27,397	Nil

Source: Information furnished by Test checked GMCs/DHs/SDHs.

3.4.6 Special Newborn Care Unit/ Newborn Stabilisation Unit

As per MNH Toolkit, 12 bedded Special Newborn Care Unit (SNCU) is essential to treat critically ill new-borns in a district hospital. During the test check of DHs and SDHs of both the selected Districts it was noticed that SNCU facility was not available in DH, Dehradun, and DH, Nainital. However, SNCU facility was provided in SDH, Rishikesh,

[13] A partograph or partogram is a composite graphical record of key data (maternal and fetal) during labour entered against time on a single sheet of paper.

Dehradun and such facility was provided in SDH, Haldwani from the year 2019-20. SNCU facility was not available in SDH, Premnagar.

Total admission, Referral rate, LAMA rate, and neonatal rate in SDH, Rishikesh, Dehradun and SDH, Haldwani, Nainital is given below:

Tabl-3.20: Evaluation of SNCU services in test checked SDHs through Outcome Indicators

Year	SDH, Rishikesh, Dehradun				SDH, Haldwani, Nainital			
	Total Admission	Referral Out Rate	LAMA Rate	Neonatal Death Rate	Total Admission	Referral Out Rate	LAMA Rate	Neonatal Death Rate
2016-17	344	25.29	0.87	1.16	SNCU Facility was not available up to 2018-19			
2017-18	81	14.81	1.23	1.23				
2018-19	169	19.53	0	1.18				
2019-20	250	19.60	2.40	0.80	26	23.08	0	0
2020-21	176	21.00	2.84	0.00	131	16.79	2.29	0
Total	**1,020**	**20.05**	**1.47**	**0.87**	**157**	**19.94**	**1.15**	**0**

Source: Information furnished by test checked SDHs.

It is evident from the above table:

- In SDH, Rishikesh, Dehradun total number of 1,020 cases were admitted in SNCU during the period 2016-21. The rate of Referral cases ranged between 14.81 *per cent* and 25.29 *per cent*, LAMA rate ranged between zero *per cent* and 2.84 *per cent* and Neonatal death rate ranged between zero *per cent* and 1.23 *per cent* in SDH, Rishikesh, Dehradun during the year 2016-21.
- In SDH, Haldwani, Nainital total number of 157 cases were admitted in SNCU during the period 2019-21. SNCU facility was not available up to 2019 in SDH, Haldwani, Nainital. The rate of Referral cases ranged between 16.79 *per cent* and 23.08 *per cent*, LAMA rate ranged between zero *per cent* and 2.29 *per cent* and Neonatal death rate was zero *per cent* during the period 2019-21.

3.4.7 Maternity care outcomes

With a view to gauge the quality of maternity care provided by the test checked HCFs, Audit ascertained the outcomes in terms of still birth, referral, LAMA, Absconding rate, and neonatal deaths pertaining to 2016-21.

3.4.7.1 Still Births

The still birth rate is a key indicator of quality of care during pregnancy and childbirth, which is defined by WHO as: 'the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care needs to be safe, effective, timely, efficient, equitable, and people centered. Still birth and/or intrauterine fetal death is an unfavorable pregnancy outcome and is defined as complete expulsion or extraction of the baby from its mother with no signs of life. Details of rate of still birth/ intrauterine death (IUD) in test checked two GMCs/two DHs/three SDHs is given below:

Table-3.21: Still birth rate in test checked GMCs/DHs/SDHs

(In per cent)

Year	GMC		DH		SDH		
	Dehradun	Haldwani	Dehradun	Nainital	Premnagar	Rishikesh	Haldwani
2016-17	3.44	5.03	Maternity Wing was not available	0.88	1.51	1.32	1.27
2017-18	2.88	3.98		1.11	0.67	1.06	0.52
2018-19	2.95	3.21	0.25	1.21	1.53	0.76	0.98
2019-20	2.74	3.03	0.78	1.18	0.82	1.05	0.78
2020-21	4.80	3.96	1.32	0.73	0.61	1.59	1.17

Source: Information furnished by test checked GMCs/DHs/SDHs.

Note: ***Colour grading has been done on colour scale with Green colour depicting satisfactory performance, Yellow colour depicting poor performance and Red colour depicting extremely poor performance.***

It was observed that:

- Still birth rate ranged between 2.74 *per cent* and 5.03 *per cent* in GMC, Dehradun and GMC, Haldwani during the year 2016-21.
- Still birth rate ranged between 0.25 *per cent* and 1.59 *per cent* in DHs and SDHs in these two districts during the year 2016-21.

3.4.7.2 Other indicators

Performance of the test checked DHs/SDHs on certain outcome indicators such as average Referral Out Rate (ROR), average Leave Against Medical Advice (LAMA) and average Absconding Rate (AR) for the period 2016-17 to 2020-21 given below:

Table-3.22: Average ROR/LAMA/AR in test checked DHs/SDHs

Name of Hospital	Total IPD in Maternity	Average ROR		Average LAMA		Average Absconding	
		Cases	Rate	Cases	Rate	Cases	Rate
DH, Dehradun	19,227	1,791	9.32	1,739	9.04	272	1.41
DH, Nainital	5,466	220	4.02	0	0	0	0
SDH, Premnagar	6,372	292	4.58	0	0	0	0
SDH, Rishikesh	12,270	1,353	11.03	196	1.60	0	0
SDH, Haldwani	29,477	6,379	21.64	0	0	0	0

Source: Information furnished by test checked DHs/SDHs.

Note: ***Colour grading has been done on colour scale with Green colour depicting satisfactory performance, Yellow colour depicting poor performance and Red colour depicting extremely poor performance.***

It is evident from the above table that the average ROR was lowest (4.02 *per cent*) in DH, Nainital and highest (21.64 *per cent*) in SDH, Haldwani, Nainital. There were no LAMA cases in DH, Nainital and SDH, Haldwani, SDH, Nainital but it was highest in (9.04 *per cent*) in DH, Dehradun. There was no absconding case in DH, Nainital, SDH, Rishikesh, SDH Premnagar and SDH, Haldwani while it was 1.41 *per cent* in DH Dehradun.

3.4.7.3 Death Review

As per IPHS norms, all the mortality that occurs in the hospital shall be reviewed on fortnightly basis. Further, as per Child death review guidelines (2014), detailed investigation should be conducted in all cases of child deaths taking place in a hospital. The Facility Based Neonatal & Post-Neonatal Death Review Forms (Forms 4a & 4b) should be filled for the child death (depending on the age category) by the DMO. The

Treating Medical Officer (Doctor under whose care the child was primarily admitted in the hospital) will assign the medical cause of death and add any other information that/he has regarding the social factors and delays associated with the death.

Details of maternal and neonatal death reviews conducted in test checked GMCs/DHs/ SDHs during 2016-22 are given below:

Table-3.23: Maternal Death Review/ Neonatal Death Review conducted in test checked GMCs/DHs/SDHs

Name of HCFs	Maternal Death			Neonatal Death		
	No. of Maternal deaths	No. of Maternal death review conducted	Shortfall *(per cent)*	No. of Neonatal deaths	No. of Neonatal death review conducted	Shortfall *(per cent)*
GMC, Dehradun	61	61	0	345	66	81
GMC, Haldwani	184	70	62	1,524	934	39
DH, Dehradun	Nil			4	4	0
DH, Nainital	Nil			23	Nil	100
SDH Haldwani	Nil			Nil		
SDH, Premnagar	Nil			05	Nil	100
SDH, Rishikesh	2	2	0	16	16	0

Source: Information furnished by test checked GMCs/DHs/SDHs.

Note: Colour grading has been done on colour scale with Green colour depicting satisfactory performance, while Red colour depicting poor performance.

It is evident from the above table that:

- GMC, Dehradun and SDH, Rishikesh reviewed all maternal deaths but there was shortfall of 62 *per cent* in conducting review of maternal deaths in GMC, Haldwani during 2016-17 to 2021-22.
- No neonatal death review was conducted by DH, Nainital and SDH, Premnagar during the period 2016-22.

3.4.7.4 Monthly Satisfaction Survey and Form III register in Maternity Wing

As per NHM Assessors guidelines, the facility should establish a system for patient and employee satisfaction and the survey should be done on a monthly basis.

As per CAC training and service delivery guidelines, it is mandatory to fill in and record information for abortion cases, performed by any technique, in the Form III – Admission Register for case records.

Out of the test checked three SDHs and two DHs it was found that DH, Nainital and SDH, Premnagar had neither conducted monthly satisfaction survey in maternity wing nor maintained register in 'Form III Admission Register' (for case records for recording therein the details of the admissions of women for the termination of their pregnancies) during the period 2016-22.

3.5 Diagnostic services

Efficient and effective diagnostic services, both radiological and pathological, are amongst the most essential health care facilities for delivering quality treatment to the public based on accurate diagnosis. Many of the significant radiology and pathology tests were not performed in the test checked HCFs due to lack of required equipment and skilled manpower. Significant audit findings are discussed in the succeeding paragraphs:

3.5.1 Availability of Imaging (Radiology) Diagnostic Services in DHs of the state

Radiology, also called diagnostic imaging, is a series of different tests that take pictures or images of various parts of the body. Radiology is essential to the diagnosis of many diseases. Adequate availability of functional radiology equipment, skilled human resource and consumables are the key requirements for the delivery of quality radiology services.

IPHS 2012 prescribe radiology services for the district hospitals (X-ray, Ultrasonography and CT scan etc.) and X-ray (Chest, Skull, Spine, Abdomen, bones, Dental). It also prescribes diagnostic services under cardiac investigation, ENT, Radiology, Endoscopy, Respiratory and Ophthalmology in DHs. The availability of diagnostic services under various categories in the DHs of the state is given below:

Table-3.24: Availability of Imaging (Radiology) services in the DHs (As on March 2023)

Name of Service	Name of Test/Diagnostic Service	Availability of Test/Diagnostic Service in all the DHs (A/NA)										
		Almora	Bageshwar	Chamoli	Champawat	Dehradun	Haridwar	Nainital	Pithoragarh	Rudraprayag	Udham Singh Nagar	Uttarkashi
Radiology	X-ray for chest, Skull, Spine, Abdomen, bones	A	A	A	A	A	A	A	A	A	A	A
	Dental X-ray	A	A	A	A	A	A	A	A	A	A	A
	Ultrasonography	A	A	A	A	A	A	A	A	A	A	A
	CT scan	NA	NA	NA	NA	A	NA	A	NA	NA	A	A
	Barium Swallow, Barium meal, Barium enema, IVP	A	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	MMR (Chest)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	HSG	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Cardiac Investigation	ECG	A	A	A	A	A	A	A	A	A	A	A
	Stress tests	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	A
	ECHO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
ENT	Audiometry	NA	NA	NA	NA	A	A	A	A	A	A	A
	Endoscopy for ENT	NA	NA	NA	A	A	NA	NA	NA	NA	NA	NA
Ophthal mology	Refraction by using Snellen's chart	A	A	A	A	A	A	A	A	A	A	A
	Retinoscopy	A	A	A	NA	A	A	A	A	A	A	A
	Ophthalmoscopy	A	A	A	A	A	A	A	A	A	A	A
Endoscopy	Laparoscopic (diagnostic)	NA	NA	NA	NA	A	NA	NA	NA	NA	A	NA
	Oesophagus	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Stomach	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Colonoscopy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Bronchoscopy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	A
	Arthroscopy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Hysteroscopy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Respiratory	Pulmonary function tests	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Source: Information furnished by MH&FW Department. **A= Available, NA= Not Available.**

It was observed that:

i. Facility of CT Scan is not available in DH, Almora; DH, Bageshwar; DH, Chamoli; DH, Champawat; DH, Haridwar; DH, Pithoragarh; DH, Rudraprayag.

ii. Barium Swallow, Barium meal, Barium enema, IVP tests were not available in any of the District Hospitals except DH, Almora.

iii. MMR (Chest), HSG, Echo and Pulmonary function tests were not available in any of the DHs in the state.

iv. Facility for Stress tests was not available in any of the DHs except in DH Uttarkashi.

v. Audiometry was not available in DH, Almora; DH, Bageshwar; DH, Chamoli and DH, Champawat.

vi. Endoscopy for ENT was not available in any of the DHs except DH, Champawat and DH, Dehradun.

vii. Retinoscopy was available in all DHs except DH, Champawat.

viii. All the Endoscopy related tests were not available in any of the DHs except DH, Champawat and DH, Dehradun while Laparoscopic (diagnostic) tests were available only in DH, Dehradun and DH, Udham Singh Nagar and Bronchoscopy test was available only in DH, Uttarkashi.

3.5.2 Availability of Imaging (Radiology) Diagnostic Services in test checked GMCs

Though there are no norms for GMCs under IPHS 2012 which has prescribed standards from Sub centres to 500 bedded district hospitals. Accordingly, the status of Radiology related diagnostic services in the test checked GMCs is as follows:

Table-3.25: Availability of Imaging (Radiology) services in test checked GMCs

Sl. No.	Type of Diagnostic Services	Availability in GMC	
		Dehradun	Haldwani
1	**Cardiac[14](3)**	Yes	Yes
2	**Ophthalmology[15](3)**	Yes	Yes
3	**ENT[16](2)**	Yes	Yes
4	**Radiology[17](7)**	Yes	Yes
5	**Endoscopy[18](7)**	Yes	Yes
6	**Respiratory[19](1)**	Yes	Yes

Source: Information furnished by test checked GMCs.

[14] ECG, Stress Test, ECHO.
[15] Refraction by using Snellen's chart, Retinoscopy, Ophthalmoscopy.
[16] Audiometry, Endoscopy for ENT.
[17] X ray for chest, skull, spine, abdomen, bones; Barium swallow, Barium meal, Barium enema, IVP; MMR(Chest); HSG; Dental X-ray; ultrasonography; CT scan.
[18] Oesophagus, stomach, colonoscopy, Bronchoscopy, Arthroscopy, Laparoscopy (Diagnostic), Hysteroscopy.
[19] Pulmonary function test.

As can be seen from the above table all image services were available in test checked GMCs.

3.5.3 Availability of Imaging (Radiology) Diagnostic Services in test checked CHCs

IPHS 2012 norms provide that X-ray for chest, skull, spine, abdomen, bones; Dental X-ray, and USG (desirable) facilities should be available in a CHC under imaging services. Further, ECG which is a cardiac investigation service should be provided in a CHC. Availability of these services was checked in test checked CHCs during the course of audit and the data of availability of these services is given below:

Table-3.26: Availability of services related to Radiology and Cardiac investigation in test checked CHCs

Name of District	Name of CHC	Radiology			Cardiac Investigation
		X-ray for chest, skull, spine, abdomen, bones	Dental X-ray	Ultrasono-graphy (desirable)	ECG
Dehradun	CHC, Chakrata	Yes	Yes	No	Yes
	CHC, Doiwala	Yes	Yes	Yes	Yes
	CHC, Raipur	Yes	Yes	Yes	Yes
	CHC, Sahaspur	Yes	Yes	No	Yes
	CHC, Sahiya	Yes	Yes	No	Yes
Nainital	CHC, Betalghat	Yes	No	No	Yes
	CHC, Bhimtal	Yes	Yes	No	No
	CHC, Kotabag	Yes	Yes	Yes	Yes
	CHC, Ramgarh	Yes	Yes	No	Yes

Source: Information furnished by test checked CHCs.

It was observed that X-Ray service for Dental X-ray was not available in CHC, Betalghat whereas Ultrasonography (desirable) was available only three out of nine test checked CHCs. Further, ECG services was not available in one out of nine test checked CHCs.

3.6 Availability of services in HWCs

As per IPHS 2012 and Comprehensive Primary Health Care guidelines of the Ministry of Health and Family Welfare, GoI the availability of diagnostic services, essential medicines, the medicines which can be indented by MLHP, clinical materials, tools and equipment, linens, consumables and miscellaneous supplies, furniture and fixtures and lab diagnostic materials & reagents for screening should be ensured in order to ensure the delivery of comprehensive primary health care services by converting existing SHCs and PHCs into HWCs.

Government of India had fixed a target of transformation of 1,396 HCFs into HWC up to March 2022. Information provided by the Mission Director showed that 1,462 HCFs have been transformed into HWCs (March 2022) with all facilities. However, in the test checked and physically inspected HWCs Audit noticed as under:

The availability of equipment, consumables, etc. in the test checked HWCs was as under:

Table-3.27: Availability of essential services in test checked HWCs.

(In per cent)

Name of District	Name of HWC	Diagnostic Services (PHC: 22/ SC: 08)	Essential Medicines (91)	Medicine indented by MLHP (43)	Clinical Material, Tools, and Equipment (66)	Linens, Consumables, and misc. items (37)	Furniture and Fixtures (7)	Lab -Diagnostic Materials and Reagents for Screening (19)
Nainital	Ranibagh	50	24	09	57	68	71	37
	Alchona	38	22	09	31	59	86	26
	Karanpur	38	15	05	22	49	71	21
	Himmatpur	38	16	09	30	59	71	26
	Mangoli	50	21	09	45	70	100	42
	Thapla	38	20	07	43	57	71	26
	Khurpatal	38	29	05	40	70	100	32
	Gethiya	25	10	07	22	51	71	16
	Shyamkhet	38	21	07	24	43	86	26
	Devidhura	50	29	09	48	59	86	16
Dehradun	Sewala Kala Raipur	50	21	12	32	38	71	16
	Sewala Khurd	25	11	09	28	35	71	11
	Soda Saroli	38	25	14	48	51	86	26
	Badowala	37	22	12	49	76	86	32
	Harrawala	37	19	09	17	30	86	11
	Kanharwala	50	31	09	35	54	86	42
	Rani pokhari	25	00	00	15	19	71	16

Source: Information furnished by test checked HWCs.

Note: Availability up to 30 per cent has been depicted in red, 31 to 49 per cent has been depicted in yellow, 50 and above has been depicted in green.

It is evident from the above table that there was a shortfall in the required number of equipment, consumables, miscellaneous supplies, Diagnostic Services, Essential Medicines, etc. The status was only satisfactory in case of Furniture and Fixtures. Although Mission Director has reported that 1,462 HCFs have been transformed into HWCs with all facilities but test checked HWCs showed that all required facilities were not fully available as required for operationalization of HWCs.

3.6.1 Database of family and individuals created by HWCs

As per operational guidelines Comprehensive Primary Health Care (2018) of Ministry of Health & Family Welfare, GOI, the objective of HWCs was to create and maintain the database of all families and individuals. Health Cards and Family Health Folders were to be made for all service users in an area served by an HWC. The family health folders are to be kept at the HWC or nearby PHC in paper and/or digital format. The objective was that every family knows their entitlement to healthcare through both HWC and the Pradhan Mantri Jan Arogya Yojana or equivalent health schemes of state and central government.

It was claimed by the test checked 17 HWCs that:

- Database of all families and individuals in the area have been created and being maintained.
- Family Health Folders for all service users were being kept at 16 HWCs.
- Health Cards were made at six HWCs.

3.7 Auxiliary and Support services

Auxiliary and support services which are provided by the personnel other than health professionals include services related to Ambulance, Dietary, Laundry, Waste management including Biomedical Waste, Security, Water supply, power supply, patient safety measures etc. These services are important for effective functioning of hospitals. Significant audit findings in the test checked health institutes for these services have been discussed in the succeeding paragraphs.

3.7.1 Ambulance services

As per IPHS 2012 norms, DHs are required to have three running ambulances with well-equipped Basic Life Support (BLS). It would be desirable to have one Advanced Life Support (ALS) ambulance. The SDHs are required to have one or two[20] running ambulances. There shall be a dedicated parking space separately for ambulances near emergency. Serviceability and availability of equipment and drugs in ambulance are required to be checked on a daily basis. Similarly, one Ambulance should be there for CHCs. Availability of ambulance services in test checked DHs/SDHs/CHCs is given below:

Table-3.28: Availability of Ambulance services in test checked DHs/SDHs/CHCs

Test checked HCFs	No. of ambulances required for each HCF as per norms	Total required ambulances	Availability of ambulance services 24X7	Availability of demarcated parking space
DHs (02)	03	2*3=6	08	Yes
SDHs (03)	1 or 2	3*2=6	08	Yes
CHCs (09)	01	9*1=9	10	Yes

Source: Information furnished by test checked health HCFs.

It was observed that out of the test checked hospitals, all the hospitals had ambulances as per norms. Demarcated area for parking of ambulances was available in all the test checked DHs/SDHs/CHCs.

Apart from the above, details related to availability of Ambulance services in all the DHs of the state have been given in ***Appendix-3.3***.

3.7.2 Oxygen services

As per IPHS norms, Double–outlet Oxygen Concentrator, one each for the labour room & OT should be available in a DH. Equipment for Eclampsia Room i.e., Oxygen Supply (Central) should be available. Special Newborn Care Unit (SNCU) should have oxygen reservoir & silicon round cushion masks – sizes 0 & 00 (1 set for each bed (essential)

[20] One ambulance for 31 to 50 bedded SDHs and two ambulances for 51 to 100 bedded SDHs.

+ 2). Further, Double Outlet Oxygen Concentrator one for every three beds (essential) should be available in SNCU. Oxygen cylinder with trolley and gas with one bed should be available in recovery room. The hospital should ensure the availability of Anaesthesia Equipment such as O_2 cylinder for Boyles, Pipeline supply of Oxygen, Nitrous Oxide, Compressed Air and suction (desirable).

Further, NHM Assessors guidelines provide that facility should ensure the availability of centralized /local piped Oxygen and vacuum supply (standard D5), ambulance/ transport vehicle have adequate arrangement for Oxygen (Standard E11.4). As per standard C5.1, the facility should ensure the availability of medical gases such as availability of oxygen cylinders / Piped Gas supply, Nitrogen. Standard D5.3 provides that there should be a procedure for prompt replacement of empty cylinders with filled cylinders and for periodic checking of all terminal units for malfunctioning. Instructions for operating different equipment should be clearly displayed. Availability of oxygen services in test checked HCFs is given below:

Table-3.29: Oxygen services in test checked DHs/SDHs

Name of service	Dehradun		Nainital	
	DH, Dehradun	SDH, Rishikesh	DH, Nainital	SDH, Haldwani
Whether the requirement of oxygen in the hospital was assessed and infrastructure created accordingly?	Yes	Yes	Yes	Yes
Whether the standard operating procedure for oxygen was available and was being followed?	Yes	Yes	Yes	Yes
Whether agreements were executed for the supply of uninterrupted oxygen?	Yes	No	Yes	Yes
Whether Centralised oxygen supply system was installed in the hospital?	Yes	No	Yes	Yes
If the Centralised oxygen supply system was not installed whether adequacy of required oxygen cylinders was assessed?	Yes	No	Yes	Yes
In all such cases, whether required buffer stock was assessed and maintained all the time?	Yes	Yes	Yes	Yes
Whether records of serviceability and availability of oxygen cylinders were maintained as per guidelines?	Yes	Yes	Yes	Yes
Whether required number Oxygen Supply (Central) are available in Eclampsia Room?	Yes	No	No	Yes
Whether oxygen reservoir is available for each bed at Special New-born Care Unit?	Yes	No	Yes	Yes
Whether the health institution have Double Outlet Oxygen Concentrator at Special New-born Care Unit?	Yes	Yes	No	Yes

Source: Information furnished by test checked DHs/SDHs.

Colour Code: ***Yes*** ***No***

It was observed that:

i. Assessment of required buffer stock and agreement for the supply of uninterrupted oxygen was executed by all test checked DHs and SDHs.

ii. Centralised oxygen supply system was installed in all the test checked DHs/SDHs except SDH, Rishikesh. In Eclampsia room oxygen supply (Central) was not available in DH, Nainital and SDH, Rishikesh.

iii. Records of serviceability and availability of oxygen cylinders were maintained as per guidelines by all test checked DHs/SDHs.

iv. Oxygen reservoir was not available for each bed at Special New-born Care Unit in SDH, Rishikesh.

v. Double Outlet Oxygen Concentrator at Special New-born Care Unit were not available in DH, Nainital.

3.7.3 Dietary services

As per IPHS 2012 norms for district and sub district hospitals, the dietary service of a hospital is an important therapeutic tool. It should be easily accessible from outside along with vehicular accessibility and separate room for dietician and special diet. The location should be such that the noise and cooking odours emanating from the department do not cause any inconvenience to the other departments. At the same time location should involve the shortest possible time in delivering food to the wards. Apart from normal diet, diabetic, semi-solid and liquid diets shall be available, and the food shall be distributed in a covered container. Quality and quantity of diet shall be checked by competent person on regular basis.

As per NHM Assessors' guidelines, standard D6 provides that "Dietary services are to be available as per service provision and nutritional requirement of the patients". Availability/non-availability of dietary services in test checked GMCs/DHs/SDHs is given below:

Table-3.30: Dietary services in test checked GMCs/DHs/SDHs

Particulars	Dehradun				Nainital		
	GMC, Dehradun	DH, Dehradun	SDH, Premnagar	SDH, Rishikesh	GMC, Haldwani	DH, Nainital	SDH, Haldwani
Availability of dietary service.	A	A	A	A	A	A	A
If available, in-house/ outsourced.	Outsourced	Outsourced	Outsourced	Outsourced	In-house	Outsourced	Outsourced
Availability of Kitchen	A	NA	A	NA	A	A	A
Availability of standard procedures for preparation, handling, storage and distribution of clean, hygienic and nutritious diet to the indoor patients as per their caloric requirement	A	A	NA	A	A	A	A

Particulars	Dehradun				Nainital		
	GMC, Dehradun	DH, Dehradun	SDH, Premnagar	SDH, Rishikesh	GMC, Haldwani	DH, Nainital	SDH, Haldwani
Availability of policy and procedure for regular quality checking of raw material, kitchen sanitation, cooked food etc.	A	NA	NA	A	A	A	A
Availability of Quality testing of diet supplied in health facilities	A	A	NA	A	NA	A	A
Evaluation of dietary services in health facilities	A	A	NA	A	A	A	A
Dietetic research on menu planning, preserving nutritional values, storage of food items, modern methods of cooking, etc. was conducted to improve the dietary services in the hospitals	A	A	NA	A	A	NA	A

Source: Information furnished by test checked HCFs.

A=Available, NA= Not Available.

It is evident from the above table that:

i. Dietary services were available in all test checked HCFs.

ii. Kitchen for dietary services was not available in DH, Dehradun and SDH, Risikesh.

Policy and procedure for regular quality checking of raw material, kitchen sanitation, cooked food etc. was not available in DH, Dehradun and SDH, Premnagar.

Apart from the above, details related to availability of Dietary services in all the DHs of the state have been given in ***Appendix-3.3***.

3.7.4 Blood Bank

As per IPHS 2012 norms, Blood bank shall be in close proximity to pathology department and at an accessible distance to operation theatre department, intensive care units and emergency and accident department. Blood Bank should follow all existing guidelines and fulfil all requirements as per the various Acts pertaining to setting up of the Blood Bank. Separate Reporting Room for doctors should be there.

In the test checked DHs the Blood Bank facility was available in DH, Nainital while it was not available in DH, Dehradun. Besides this, details related to availability of Blood Bank in all the DHs of the state have been given in ***Appendix-3.3***.

3.7.5 Laundry services

As per IPHS 2012 norms, the hospital laundry should be provided with necessary facilities for segregated collection, drying, pressing and storage of soiled and cleaned linens.

As per Kayakalp Guidelines, the provision of clean linen is a fundamental requirement for patient care. Incorrect procedures for handling or processing of linen can present an infection risk both to staff and patients who subsequently use it. Hence, correct linen management is important to prevent Hospital Acquired Infection (HAI) and ensure a better hygienic hospital environment. Kayakalp Guidelines also provides that hospitals need to ensure that they have at least four sets of linen per day, even though six sets are preferable.

Further, NHM assessors' guidelines, standard D5 includes availability of adequate quantity of clean and usable linen, process of providing and changing bed sheets in-patient care area and process of collection, washing, and distributing the linen.

The availability of laundry services in all the DHs of the state have been given in ***Appendix-3.3.*** Further availability of laundry service in test checked DHs/SDHs/CHCs is given below:

Table-3.31: Laundry services in test checked DHs/SDHs/CHCs

Particulars	Dehradun				Nainital		
	DH	SDH, Premnagar	SDH, Rishikesh	CHCs (5)	DH	SDH, Haldwani	CHCs (4)
Availability of required linen sets	A	A	A	5	A	A	4
Availability of system of changing the patient/OT linen at the prescribed intervals to maintain hygiene	A	A	A	4	A	A	4
Availability of system to check the quality of cleanliness of the linen received from laundry	A	A	A	4	A	A	3
Availability of date wise and patient wise records against each entry of linen issued from linen stock	A	NA	NA	2	A	A	1
Availability of system for periodic physical verification of linen inventory	A	NA	A	4	A	A	3
Follow up of procedure for sluicing of soiled and infected linen	A	A	A	4	A	A	2

Source: Information furnished by test checked DHs/SDHs/CHCs.
A=Available, NA= Not Available.

It was observed that:

- System of changing the patient/OT linen at the prescribed intervals to maintain hygiene was not maintained by CHC, Shaiya and system to check the quality of cleanliness of the linen received from laundry was not available in CHC, Chakrata and CHC, Ramgarh
- Date wise and patient wise records against each entry of linen issued from linen stock was not maintained in SDH, Premnagar, SDH, Rishikesh. While only three CHC, Raipur, CHC, Sahaspur and CHC, Kotabag had maintained date wise patient wise records against each entry of linen issued from linen stock.

- Norms for washing and drying of the linens was not followed as per Kayakalp guidelines. During the process of drying of the linen it is to be ensured that the linen is kept off the ground and away from dust exposure to avoid infection, but it was noticed the linen were being dried on the ground in GMC, Haldwani, Nainital as well as in SDH, Haldwani, Nainital as depicted in the photographs below:

Linen are being dried on the ground in GMC, Haldwani

Linen are being dried on the ground in SDH, Haldwani

3.7.6 Bio-medical waste management

Bio-Medical waste means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animal or in research activities pertaining thereto or in the production or testing of biological, including categories mentioned in the schedule of the Bio-Medical Waste rules.

As per rule 4 (r) of Bio-medical waste management rule, 2016, -It shall be the duty of every occupier[21] to establish a system to review and monitor the activities related to bio-medical waste management.

As per schedule IV under rule 8(3) and (5), bio-medical waste containers or bags should be labelled as biohazard or cytotoxic. As per rule 4 (m), occupier shall "conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio- medical waste." As per rule 5 (g), occupier shall "immunise all its health care workers and others, involved in handling of bio-medical waste for protection against diseases."

Availability of services as per BMW rule in test checked DHs/SDHs/CHCs/PHCs as on March 2022 is given below:

[21] occupier" means a person having administrative control over the institution and the premises generating bio- medical waste, which includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank, health care facility and clinical establishment, irrespective of their system of medicine and by whatever name they are called.

Table-3.32: Bio Medical Waste Management services in test checked DHs/SDHs/CHCs/PHCs

Name of Service	Dehradun				Nainital			
	Test checked DH (01)	Test checked SDH (02)	Test checked CHCs (05)	Test checked PHCs (04)	Test checked DH (01)	Test checked SDH (01)	Test checked CHCs (04)	Test checked PHCs (04)
Authorisation for generating bio-medical waste was obtained by the hospital from State Environment Protection and Pollution Control Board	Yes	2	5	4	Applied	Yes	3	1
Availability of Waste Management Committee under the Chairmanship of head of hospital	Yes	2	5	3	Yes	Yes	4	1
Waste Management Committee met regularly to review the performance of the hospital as regards waste disposal	Yes	2	5	3	Yes	Yes	4	1
Availability of proper system for disposal of bio-medical liquid waste	Yes	2	5	3	Yes	No	4	0
Plastics bags which contained bio-medical waste had been labelled as per guidelines i.e., symbols for biohazard and cytotoxic	Yes	2	5	4	Yes	Yes	3	1
The hospital and health care authorities had ensured that personal protective equipment was provided to waste handlers	Yes	1	5	4	Yes	No	3	0
Availability of barcode system, for bags or containers containing biomedical waste that were to be sent out of the premises, was ensured by the hospital	No	0	1	3	Yes	Yes	0	0
Periodic medical check-up and immunization of staff were carried out.	Yes	1	5	4	No	No	4	1
Effluent Treatment Plant (ETP) for treatment and disposal of liquid waste.	Yes	0	2	0	No	No	0	0

Source: Information furnished by test checked HCFs.

It is evident from the above table that:

i. Authorisation for generating bio-medical waste was obtained by all test checked hospitals, except DH, Nainital, and two PHCs[22].

[22] PHC, Simlakha and PHC, Chakulua.

ii. Waste management committee was available and met regularly to review the performance of the hospital as regards waste disposal in all test checked hospitals, except 4 PHCs[23].

iii. Periodic medical check-up and immunization of staff was carried out by all the test checked HCFs except DH, Nainital, SDH, Haldwani and three PHCs, PHC, Similkha, PHC, Chakulua and PHC, Talla Ramgarh.

Apart from the above, details related to availability of BMW services in all the DHs of the state have been given in ***Appendix-3.3***.

3.7.7 Effluent Treatment Plant (ETP) for treatment and disposal of liquid waste in HCFs

Bio Medical Waste Management Rules 2016 prescribes that every institution shall ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralisation prior to mixing with other effluent generated from health care institutions, ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974) and prescribes effluent treatment plant for liquid waste. Sludge from Effluent Treatment Plant shall be given to common bio-medical waste treatment facility for incineration or to hazardous waste treatment, storage and disposal facility for disposal.

Effluent treatment plant (ETP) for disposal of liquid waste was not available in any of the test checked DHs/SDHs/CHCs/PHCs except DH, Dehradun, CHC, Sahiya and CHC, Sahaspur.

3.7.8 Mortuary Services

As per IPHS norms, Mortuary provides facilities for keeping dead bodies and conducting autopsy. Post-mortem room shall have stainless steel autopsy table with sink, a sink with running water for specimenwashing and cleaning and cupboard for keeping instruments. A separate room for body storage shall be provided with at least two deep freezers for preserving the body etc. One mortuary van should be available. Further, as per NHM Assessors' guidelines, mortuary services such as 24x7 services (standard A1.14) facility for pathological postmortem (standard A5.8) should be available. As per standard E16, mortuary should have a system for categorizing the dead bodies before preservation. Mortuary has a system to provide identification tag/ wrist band for each stored dead body. Mortuary has a system for storage of unclaimed body for fixed duration as per state guideline. Standard F4 provides that the facility ensures standard practices and materials for disinfection and sterilization of instruments.

The availability of Mortuary services in all the DHs of the state have been given in ***Appendix-3.3***. Further, availability of health care infrastructure for mortuary services in test checked DHs is given below:

[23] PHC, Thano, PHC, Simlakha, PHC, Chakulua and PHC, Ramgarh.

Table-3.33: Mortuary Services in test checked DHs

Particular	DH, Dehradun	DH, Nainital
Availability of mortuary facility in the hospital 24x7	Yes	Yes
Stainless steel autopsy table with sink, a sink with running water for specimen washing and cleaning and cupboard for keeping instruments in post-mortem room	Yes	Yes
Availability of separate room for body storage provided with at least two deep freezers for preserving the body	Yes (Deep freezers not in working)	NA
Mortuary van	NA	NA
Availability of facility for pathological postmortem	NA	NA
System to categorize the dead bodies before preservation	NA	NA
System to provide identification tag/wrist band for each stored dead body	Yes	NA
System for storage of unclaimed body for fixed duration	NA	NA
Copy of death certificate accompanied with bodies sent to mortuary	Yes	NA
Facility of high-level disinfection by boiling or chemical done as per protocol at mortuary	Yes	Yes

Source: Information furnished by test checked DHs.
A- Available, NA- Not Available.

It was observed that:

(i) Both test checked DHs had 24x7 mortuary facility and Stainless-steel autopsy table with sink.

(ii) Facility of separate room for body storage provided with at least two deep freezers for preserving the body and facility for pathological post-mortem was available only in DH, Dehradun however deep freezer was out of order.

(iii) System to categorize the dead bodies before preservation was not available in any of the test checked DHs.

(iv) Mortuary van was not available in both DHs whereas death certificate did not accompany with dead bodies sent to mortuary in DH, Nainital. System for storage of unclaimed body for fixed duration was not available in both DHs.

3.7.9 Water supply

As per Kayakalp guidelines, availability of adequate water, sanitation and hygiene services are essential components of providing basic healthcare services in the healthcare institutions. Healthcare institutions need adequate supply of quality water. The water requirement in the hospital with bed strength not exceeding 100 is 340 liters/bed/day and for hospitals having more than 100 beds the requirement escalates to around 400 liters/ bed/day. Moreover, physical testing for hardness, TDS and other parameters (at least once in a year on samples obtained directly from the source e.g., well water and bore water) and microbiological testing (every three months and additionally when the source is changed/major repairs are done) are to be conducted.

All overhead tanks need to be cleaned manually at least at an interval of six months. The date of water tank cleaning needs to be written on the water tank for ready visibility and easy remembrance for the next schedule of cleaning. Adequacy of water supply at test checked GMCs/DHs/SDHs/CHCs is given below:

Table-3.34: Water Supply in test checked HCFs

Name of District	Name of health institute	Assessment of water requirement per bed per day after excluding requirements for firefighting, Horticulture and steam	Biological/ Physical testing of water samples and maintenance of record	Maintenance of record related to water consumption, purification, complaints on water supply disruption/ downtime	Regularly Cleaning of Overhead water tank at prescribed interval	AMC of water purifiers
Dehradun	GMC, Dehradun	Yes	Yes	Yes	Yes	Yes
	DH, Dehradun	Yes	Yes	Yes	Yes	No
	SDH, Premnagar	No	No	No	Yes	No
	SDH, Rishikesh	Yes	No	No	Yes	Yes
	CHC, Chakrata	No	Yes	No	Yes	Yes
	CHC, Doiwala	Yes	Yes	Yes	Yes	No
	CHC, Raipur	Yes	Yes	Yes	Yes	Yes
	CHC, Sahaspur	Yes	No	No	Yes	Yes
	CHC, Sahiya	Yes	Yes	No	Yes	No
	PHCs (04)	2	2	2	4	2
Nainital	GMC, Haldwani	Yes	Yes	Yes	Yes	Yes
	DH, Nainital	Yes	No	No	Yes	No
	SDH, Haldwani	No	No	Yes	Yes	No
	CHC, Betalghat	No	No	No	Yes	No
	CHC, Bhimtal	No	No	No	No	No
	CHC, Kotabag	Yes	Yes	Yes	Yes	No
	CHC, Ramgarh	Yes	No	No	Yes	Yes
	PHCs (04)	1	0	0	1	0

Source: Information furnished by test checked HCFs.

It was observed that:

i. Out of 24 selected HCFs**,** only 14 HCFs made the assessment of water requirement per bed per day.

ii. Ten out of 24 selected HCFs carried out Biological testing/ Physical testing of water samples.

iii. Water tanks were regularly cleaned by all test checked HCFs except CHC, Bhimtal and PHC, Similkha, PHC, Chakulua and PHC, Talla Ramgarh.

iv. Out of the test checked HCFs**,** AMC of water purifier was carried out in nine HCFs**.**

3.7.10 Power supply

As per IPHS 2012 norms, 24-hour uninterrupted power supply should be available in all HCFs. Back-up generator facility should also be available**.** Generator of 75 KV in Civil Hospital, 40/50 KV in subdivision/sub district hospital and generator of 5 KV in CHCs should be maintained. Further, AMC should be taken for all equipment which needs special care and preventive maintenance should be done to avoid break down and reduce down time of all essential and other equipment. Availability of power supply in test checked DHs/SDHs is given below:

Table-3.35: Power supply in test checked DHs/SDHs

Name of District	Name of health facility	Availability of 24-hour uninterrupted stabilised power supply	Installation of Generator back-up and inverters	AMC of backup facility like generators and inverters
Dehradun	DH, Dehradun	Available	Available	Available
	SDH, Premnagar	Available	Available	Not Available
	SDH, Rishikesh	Available	Available	Available
	CHC (05)	05	05	03
	PHC (04)	04	04	04
Nainital	DH, Nainital	Available	Available	Not Available
	SDH, Haldwani	Available	Available	Not Available
	CHC (04)	04	04	02
	PHC (04)	01	01	00

Source: Information furnished by test checked HCFs.

It was observed that 24-hour uninterrupted stabilised power supply with backup of Generator was available in all the test checked DHs but AMC of backup facility like generators and inverters was not available in three out of five test checked hospitals.

Availability of 24-hour uninterrupted stabilised power supply and installation of Generator back-up and inverters were available in all the test checked CHCs/PHCs except PHC, Simlakha, PHC, Chakalua and PHC, Talla Ramgarh. AMC of back-up facility was not available in four[24] out of nine test checked CHCs and four[25] out of eight test checked PHCs.

3.7.11 Citizen Charter and Grievance/ complaint redressal

As per IPHS 2012 norms, each HCF should display prominently a citizen's charter for the district hospital indicating the services available, user fees charged, if any, and a grievance redressal system. Citizen's Charter should be in the local language. There shall be provision of complaints/ suggestion box. There shall be a mechanism to redress the complaints.

Availability of citizen's charter and grievance/ complaint redressal facilities in test checked HCFs is as follows:

Table-3.36: Availability of services related to Citizen Charter and Grievance/Complaint Redressal

Particulars	Test checked DHs (02)	Test checked SDHs (03)	Test checked CHCs (09)	Test checked PHCs (08)
Availability of Citizen charter at OPD	2	3	8	4
Availability of Grievance Redressal Cell or Complaint cell to register patients' grievances regarding quality of supplied food to them	2	2	6	1
Availability of mechanism for receipt of complaints and whether suggestion boxes had been placed at appropriate places	2	3	8	3
Formation of Grievance Redressal Committee and redressal of complaints in a timely manner	2	3	7	2

Source: Information furnished by test checked HCFs.

[24] 1. CHC, Doiwala, 2. CHC, Sahiya, 3. CHC, Bhimtal, 4. CHC, Kotabagh.
[25] 1. PHC, Jolikot, 2. PHC, Chakalua, 3. PHC, Simlakha, PHC, Talla Ramgarh.

It was observed that:

- Citizen Charter was not available at OPD counter in CHC Sahiya and in four PHCs[26].
- Grievance Redressal committee was not formed in two CHCs[27] and six PHCs[28].

3.7.12 Infection Control Management

As per Kayakalp guidelines, hospitals need to designate personnel from the Infection Control Committee, to conduct the activities of monitoring of cleanliness. The person designated for monitoring will take daily rounds after each cleaning cycle and will also conduct surprise rounds of the hospital to ensure proper cleanliness and identify any areas for improvement in the current practices. He/She will also be responsible for supervision of housekeeping activities by counter signing the check lists used for monitoring. All the checklists should be displayed at relevant areas and should be customised to the particular area. Health institute needs to have an effective pest control plan for ensuring a pest and animal free environment in the institute. Availability of infection control services in test checked GMCs/DHs/SDHs is given below:

Table-3.37: Availability of services related to Infection control in test checked GMCs/DHs/SDHs

Particulars	Dehradun				Nainital		
	GMC, Dehradun	DH, Dehradun	SDH, Premnagar	SDH, Rishikesh	GMC, Haldwani	DH, Nainital	SDH, Haldwani
Checklist for Hygiene and infection control	Yes	Yes	Yes	Yes	Yes	Yes	No
Hospital Infection Control Committee (HICC)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conducting meeting of HICC	Yes	Yes	Yes	Yes	Yes	Yes	No
Pest control	Yes	Yes	Yes	No	Yes	Yes	No
Rodent control	Yes	Yes	Yes	No	Yes	No	No
Availability of anti-termite treatment	Yes	Yes	Yes	No	Yes	No	No
Installation of cattle trap	Yes	Yes	Yes	Yes	Yes	No	Yes
Procedures for disinfection and sterilization (Total four procedures)							
i. Boiling	Yes	Yes	Yes	No	Yes	Yes	Yes
ii. High level disinfection	Yes	Yes	No	No	Yes	Yes	Yes
iii. Chemical sterilization	Yes	Yes	Yes	Yes	Yes	No	Yes
iv. Autoclaving	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Source: Information furnished by test checked HCFs.

It was observed that:

- All the test checked GMCs/DHs/SDHs had checklist for hygiene and infection control except SDH, Haldwani.

[26] PHC, Jolikot, PHC, Simlakha, PHC, Chakulwa and PHC, Talla Ramgarh.
[27] CHC, Bhimtal and CHC, Sahiya.
[28] PHC, Thano, PHC, Tyuni, PHC, Jolikot, PHC, Simlakha, PHC, Chakula and PHC, Talla Ramgarh.

- Pest control was done by all the test checked hospitals except SDH, Rishikesh and SDH, Haldwani.
- Rodent control and Anti-termite treatment was done by all test checked hospitals except DH, Nainital, SDH, Rishikesh and SDH, Haldwani.
- Cattle trap was not available in DH, Nainital.
- Out of the four[29] procedures for disinfection and sterilization boiling was not available in SDH, Rishikesh, high level disinfection was not available in SDH, Premnagar and SDH, Rishikesh, chemical sterlisation was not available in DH, Nainital.

3.7.13 Patient safety

3.7.13.1 Availability of patient safety services in test checked HCFs

IPHS 2012 norms for DHs provide that Hospital Management Policy should emphasize hospital buildings with earthquake proof, flood proof and fire protection features.

As per outcome 4.1 of National Disaster Management (NDM) Guidelines (Hospital Safety), 2016 "Once the detailed plans for preparedness, response and recovery have been developed, needs to be tested on ground and accordingly". Further, as per rule 8 (2), "Hospitals shall acquire No Objection Certificate from the Chief Fire officer". License for storing spirit should be available with the health facility.

Further, NHM assessor's guidelines provide that the facility should have a disaster management plan in place and the staff is aware of the disaster plan and their role and responsibilities in disaster is defined.

IPHS norms for CHCs provide that all health staff should be trained and well conversant with disaster prevention and management aspects. Surprise mock drills should be conducted at regular intervals.

Availability of patient safety services in test checked DHs/SDHs/CHCs is as follows:

Table-3.38: Availability of services related to Patient Safety

Name of service	DH		SDH			CHCs								
	Dehradun	Nainital	Premnagar	Rshikesh	Haldwani	Chakrata	Doiwala	Raipur	Sahaspur	Sahiya	Betalghat	Bhimtal	Kotabag	Ramgarh
SOP for patient safety is available in HCFs.	A	A	NA	A	A	A	A	A	A	NA	A	A	A	A
SOP is being followed in patient safety	A	A	NA	A	A	A	A	A	A	NA	A	A	A	A
Disaster management plan formulated for patient safety	A	NA	NA	NA	A	A	NA	A	A	NA	A	NA	NA	A
Formation disaster management committee	A	NA	NA	NA	NA	A	NA	A	A	A	A	NA	NA	A

[29] Boiling, High level disinfection, Chemical sterilization, Autoclaving.

Name of service	DH		SDH			CHCs								
	Dehradun	Nainital	Premnagar	Rshikesh	Haldwani	Chakrata	Doiwala	Raipur	Sahaspur	Sahiya	Betalghat	Bhimtal	Kotabag	Ramgarh
Facility assigned a space or ward to manage additional patient load in the event of a disaster	A	A	NA	A	A	A	A	NA	A	NA	A	NA	A	A
Follow a periodic plan to evaluate and manage disasters and mass casualty incidents	A	NA	NA	NA	NA	A	NA	NA	A	NA	A	NA	NA	A
Standard Operating Procedure for all concerned departments to act in an event of a disaster	A	A	NA	A	NA	A	A	A	A	NA	A	NA	A	A
Facility connected to network of referral facilities that will be necessary in a disaster	A	NA	A	A	A	A	A	A	A	NA	A	NA	NA	A
Provisions of detection, fire prevention, planning for isolation of fire and transfer of occupants to a place of comparative safety or evacuation of the occupants to achieve ultimate safety were in place	A	NA	NA	A	NA	A	NA	NA	A	NA	A	NA	NA	A
No Objection Certificates from the Fire Department	A	A	NA	A	A	NA	NA	NA	NA	A	A	NA	NA	A
Illuminated signage for fire exit was available	A	A	A	NA	NA	A	A	A	A	A	A	NA	NA	NA
Availability of underground static water tank which should remain full at all times to meet any contingency had been constructed and utilised for the said purpose	A	NA	NA	A	NA	NA	A	A	A	A	NA	NA	A	NA
Fire alarms and Hose reel had been installed to detect the fire and meet any contingency	A	NA	NA	A	NA	NA	NA	NA	NA	NA	A	NA	NA	NA
Excise permit to store spirit	A	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Source: Information furnished by test checked HCFs.
A= Available, NA= Not Available.

It is evident from the above table that:

- SOP for patient safety was not available in SDH, Premnagar and CHC, Sahiya.
- Disaster Management Plan for patient safety was not formulated in seven out of 14 test checked DHs/SDHs/CHCs.
- NOC from Fire Department was not obtained by seven out of 14 test checked DHs/SDHs/CHCs.
- Excise permit to store spirit was not obtained by seven out of 14 test checked DHs/SDHs/CHCs.

3.7.13.2 Availability of fire-fighting equipment

As per IPHS 2012 norms, fire-fighting equipment should be available, maintained and to be readily available when there is a problem. Availability of fire-fighting equipment in test checked GMCs/DHs/SDHs/CHCs is given below:

Table-3.39: Availability of Fire fighting equipment in test checked GMCs/DHs/SDHs/CHCs

Name of District	Name of health institution	Fire hydrant	Smoke detector	Fire extinguisher	Sand buckets
Dehradun	GMC, Dehradun	A	A	A	A
	DH, Dehradun	A	A	A	A
	SDH, Premnagar	NA	NA	A	NA
	SDH, Rishikesh	A	NA	A	NA
	CHC, Chakrata	NA	NA	A	A
	CHC, Doiwala	NA	NA	A	NA
	CHC, Raipur	NA	NA	A	A
	CHC, Sahaspur	NA	NA	A	NA
	CHC, Sahiya	NA	NA	A	NA
Nainital	GMC, Haldwani	A	A	A	A
	DH, Nainital	NA	NA	A	NA
	SDH, Haldwani	NA	NA	A	NA
	CHC, Betalghat	NA	NA	A	NA
	CHC, Bhimtal	NA	NA	A	NA
	CHC, Kotabag	NA	NA	A	NA
	CHC, Ramgarh	NA	NA	A	NA

Source: Information furnished by test checked HCFs. ***A= Available,*** ***NA= Not Available.***

As it can be seen from above that:

- Out of 16 test checked HCFs only four HCFs had installed fire hydrants.
- Smoke detectors were available in both the GMCs and DH, Dehradun.
- Fire extinguishers were available in all the test checked GMCs/DHs/SDHs/CHCs. Moreover, sand buckets were available only in five HCFs only.

3.8 Healthcare Services through AYUSH

3.8.1 Availability of services in AH&WCs of test checked districts

As per AYUSH Health and Wellness Centre's guidelines, essential requirements for strengthening a facility to serve as a AHWC are: Infrastructure Strengthening including civil work, repair, renovation, addition, alteration, equipment, laboratory services, IT networking, creating awareness among the masses through IEC activities and herbal garden.

The availability of services in AHWCs of test checked districts is depicted in **Table-3.40** below:

Table-3.40: The availability of services in AHWCs of test checked Districts

Name of the Department	Name of District	Selected for upgradation	Infrastructure Renovation	Herbal Garden	Equipment	Diagnostic Equipment	CHO training	Panchakarma assistant	IEC	Yoga instructor
Ayurveda	Dehradun	6	6	6	6	6	6	0	6	0
	Nainital	4	4	4	4	4	4	0	4	0
Homoeopathy	Dehradun	3	3	3	3	3	2	NA	3	0
	Nainital	*No HWC was selected*								

Source: Information provided by the Department

Colour code:	*Available*	*Not available*	*Partially*	*Not applicable/not selected*

Thus, out of total 13 AHWCs selected for up-gradation in test-checked districts, infrastructure/renovation has been up-graded in 13 AH&WCs, Herbal gardens have been developed in 13 AH&WCs, equipment and diagnostic equipment have been supplied and IEC activities were carried out in all the 13 AHWCs. However, the created facility was not utilised due to non posting of assistants for Panchakarma and yoga instructors for yoga as against the requirement of 13 for executing each activity.

3.8.2 Number of hospitals with no indoor patients and without beds as per norm

Audit observed that more than 74 *per cent* hospitals had no IPD patient during 2016-22 as detailed in **Table-3.41** below:

Table-3.41: Details of Number of Hospitals[30] with no IPD (in numbers)

Year	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Hospitals	434	434	434	434	434	434
Hospitals with no IPD Patient	323	344	357	353	396	389
in *per cent*	***74***	***79***	***81***	***84***	***91***	***90***

Source: Information provided by the department.

Further, it was noticed that 345 (79.49 *per cent*) out of 434 Ayurveda hospitals[31] had less than prescribed number of beds. In the test checked districts of Dehradun and Nainital, the said shortfall was found 77 and 86 *per cent* respectively. Further, during physical inspection[32] only two out of nine hospitals had prescribed number of beds available. This was mainly due to inadequate[33] doctors and para medical staff for running three shifts. As a result, only day care facilities were being provided in the name of IPD services.

The Government replied (November 2022) that after works of Health Wellness Centre is completed it will help in increasing the IPD patients in hospitals.

3.8.3 Case study: Management of AYUSH healthcare facility on donated property

Functioning of dispensaries operating in donated buildings

A philanthropist donated (2019) land and building on Roorkee-Delhi National Highway to enable AYUSH department to provide Unani & Homoeopathy treatment facility to the public. From June 2019 to March 2021, a total of 13,073 patients (5,525-Unani and 7,548-Homoeopathic) availed facilities. On physical verification of said health care facility and on enquiry, Audit observed following shortcomings:

i. Dispensary is being run in an adhoc manner by attachment of one doctor and one pharmacist on alternate basis from nearby dispensaries of Unani & Homoeopathy. The Government and Department had jointly failed to create regular posts to man the said dispensary.

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30 Having IPD facility.
31 429- 04 bedded, 04-15 bedded and 01-25 bedded.
32 Dehradun and Nainital districts.
33 Sanctioned/available/deputed.

ii. No doctor was available for consultation in Homoeopathic dispensary since 21 May 2022. However, pharmacist was running the dispensary.

iii. The department was not maintaining the health care facility properly. Physical inspection of the buildings revealed that these were not in good condition. No maintenance work was undertaken by the department since inauguration and taking over.

iv. No sitting arrangements i.e. furniture (chair, bench etc.) was available for patients in both the hospitals.

v. Electricity connection was available in Unani Dispensary only. However, no electricity connection was availble in Homoeopathy dispensary and it was running without electricity.

vi. No arrangements for drinking water for medical staff and patients was available in the hospitals.

vii. It was reported by the doctors present in the dispensaries that funds were not provided for the maintenance of the buildings. Further, Ayurveda Department had not allocated any budget for electricity bills for the Unani dispensary and an amount of ₹ 16,111/- being charges of electricity bill was paid by the Unani doctor from her own pocket and adjustment was pending till the date of audit.

Above audit observations are corroborated by the following photographs of HCFs:


Donated building of Unani dispensary, Roorkee, Haridwar Audit visited on 11 July 2022


Donated building of Homoeopathy dispensary, Roorkee, Haridwar Audit visited on 12 July 2022

The Government replied (November 2022) that sanctioning of post of doctors and pharmacist was under process.

The above Case Study demonstrates the failure of the senior functionaries to even run a health care facility professionally which is gifted and located on prime location.

3.8.4 Public Health Outreach activity

Under AYUSH Mission it was proposed to focus on increasing awareness about AYUSH's strength in solving community health problems resulting from nutritional deficiencies, epidemics and vector-borne diseases, Maternal and Child Health Care etc. Medical camps, either general health camps or medical camps for a particular purpose could be undertaken as a part of the project.

GoI released ₹ 1.82 crore to Ayurveda (2017-18 to 2018-19) & Homoeopathy (2019-20) Departments for above activity. Scrutiny of records revealed that the Ayurveda and Unani Departments could conduct only 84 *per cent* of targeted camps and surrendered ₹ 81.92 lakh. Further, the Homoeopathy department instead of holding camps surrendered the allotted funds received in 2019-20 due to Covid-19 pandemic.

The Government replied (November 2022) that efforts will be made to complete the future targets.

3.8.5 Panchkarma services

As per Vision Document 2030 of Department of Planning, Government of Uttarakhand, Panchkarma therapy envisages five-fold measures[34] for internal purification of body system. Out of the above five karmas: Vamana (Emesis), Virechan (purgation) and Rakthamoksha (blood purification) measures were not performed in AYUSH HCFs as no Specialist Doctor (MD Panchakarma) is posted in these Centers. The state had 46 units where panchakarma therapy were partially provided to 1,64,802 patients[35] during 2016-22 at a cost of ₹ 2/- per patient. In contrast, the private sector was providing the facilities of these therapies in packages which costs around ₹ 1,600/- to ₹ 15,000/- that indicates there is high demand of above services but the department is unable to provide due to lack of specialists doctors.

The Government replied (November 2022) that Panchkarma facility will be provided in the HWC and the creation of post of Panchkarma assistant was under progress.

3.9 COVID-19 Vaccination in Uttarakhand

The COVID-19 vaccine was to be introduced once training of all workers involved in the process of vaccination was completed in the district/block/planning unit. The COVID-19 Vaccine Intelligence Network (CoWIN) system, a digital platform was also to be used to track the enlisted beneficiaries for vaccination and COVID-19 vaccines on a real-time basis. The projected population[36] 2021 of the state was 1.14 crore as per the report of National commission on population.

Audit found that Government of India (GoI) released ₹ 2.83 crore towards operational cost pertaining to enumeration & micro planning, logistics requirement for session planning, cold chain & vaccine distribution, IEC activities, monitoring etc.; for Covid 19 Vaccination for HCWs and FLWs during 2020-21 against which ₹ 1.93 crore was utilised by the State till March 2022. In the State, the population that was fully vaccinated were shown in **Table-3.42** given below:

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[34] Vamana (Emesis), Virechan (purgation), Basti (enema), Nasya (nasal application) and Rakthamoksha (blood purification.

[35]

Year	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
Number of Patients	18,557	22,967	27,670	36,044	5,230	54,334	1,64,802

[36] Population- 0-14 Age group – 27.09 lakh; 15-59 Age group -74.82 lakh; Age above 60- 12.09 lakh.

Table-3.42: Age wise population vaccinated

Year	Front line workers	Health Care Workers	Age wise Vaccinated			
			60+	45-59	18 to 44	15-17
Age wise population			12,09,000	74,82,000		
2020-21	56,297	69,726	2,034	252	0	0
2021-22	1,31,416	49,549	11,43,825	15,94,025	46,42,258	3,20,985
Total	**1,87,713**	**1,19,275**	**11,45,859**	**15,94,277**	**46,82,258**	**3,20,985**
Precautionary dose	**1,39,202**	**64,872**	**2,26,191**			
Full vaccinated (*in per cent*)			**94.78**	**88.18**		

Source: DG, MH&FW.

- ***Vaccination for Health Care Worker and Front-Line Workers***

As per COVID-19 Operational Guidelines (updated as on 28th December 2020) of Ministry of MH&FW, GoI, the vaccine was to be offered first to Health Care Workers (HCWs), Front Line Workers (FLWs), population above 60 years of age and 50 to 60 years of age for the phasing of roll out based on pandemic situation and vaccine availability, followed by population below 50 years of age with associated comorbidities based on the evolving pandemic situation, and finally to the remaining population based on the disease epidemiology and vaccine availability.

Good Practices
89 per cent of total population of age 15 years and above had fully received inoculation under COVID-19 up to March 2022.

Audit noticed that although 1.19 lakh HCWs and 1.87 lakh FLWs were fully vaccinated (administrated 2nd dose of vaccine) till March 2022, only 74 *per cent (*1.39 lakh FLWs) and 54 *per cent* (0.65 lakh HCWs) out of fully vaccinated received precaution dose[37]. It was further noticed that 5.22 *per cent* projected population of age group of 60 years and above were yet to be fully inoculated and only 2.26 lakh (20 *per cent*) against 11.46 lakh populations of age 60-year & above were administrated precautionary dose (March 2022).

The Government replied (November 2022) that a total of 0.88 lakh (72.8 *per cent*) of HCW and 1.89 lakh (100 *per cent)* of FLW had received precaution dose now. It was further stated that 5.82 lakh (50.2 *percent)* of the population of age group of 60 years and above which had received second dose had been administered precaution dose.

3.10 Conclusion

OPD services were available in all the test checked HCFs. However, Dermatology & Venereology was not available in SDH, Prem Nagar while Psychiatry service was not available in SDH, Prem Nagar and SDH, Rishikesh. Further the information provided by the Department of MH&FW revealed that despite availability of all OPD services in the DHs of the state certain OPD services such as Psychiatry, Dermatology and Venereology were not being provided in most of the DHs due to unavailability/postings of the specialist doctors.

[37] The precaution dose *is* the third dose of the vaccines that were administered to protect the population against COVID-19.

In test checked CHCs all specialist OPD services were not available whereas Ayush services were not available in three out of nine test checked CHCs. OPD services were available in six out of eight test checked PHCs. Adequate beds were not available in IPD for General Medicine and General Surgery in both test checked DHs. Further, accident and trauma beds were not available in DH, Nainital. Positive isolation room was not available in two SDHs whereas negative isolation room was not available in any of the SDHs. All the required OT services were not available in test checked DHs and SDHs except DH, Dehradun and SDH, Rishikesh.

BOR of all the test checked HCFs was well below 80 *per cent* except GMC, Dehradun. Average LAMA rate of GMC, Dehradun, SDH, Rishikesh, and SDH, Haldwani, was substantially high as compared to DH, Dehradun, GMC, Haldwani, and DH, Nainital which indicates that service quality of these HCFs remained lacking. ICU facilities were not being provided in all the three test checked SDHs. Institutional births have increased from 68.60 *per cent* during the period 2015-16 to 83.20 *per cent* during the period 2019-21. However, institutional births in public health facility increased from 43.80 *per cent* to 53.30 *per cent* only during the period 2015-21. Out of eight test checked PHCs, labour room was available only in PHC, Jolikot and PHC, Tyuni. GMC, Dehradun and SDH, Rishikesh reviewed all maternal deaths but there was shortfall of 62 *per cent* in conducting review of maternal deaths in GMC, Haldwani during 2016-22 whereas, no neonatal death review was conducted by DH, Nainital and SDH, Premnagar during this period.

Several diagnostic services, as required under IPHS norms were being conducted by the health institutions. However, None of the DHs of the state were conducting all the diagnostic services prescribed under IPHS. Further, 89 per cent of total population of age 15 years and above had fully received inoculation up to March 2022.

3.11 Recommendations

1. ***The Government may consider mapping the availability of infrastructure, services, and human resources against identified benchmark and create a centralised database of infrastructure and services available across government health institutions;***
2. ***The Government may ensure that all OPD, IPD, Emergency and Diagnostic services as prescribed under IPHS norms for different HCFs are made available to the public;***
3. ***The Government may ensure to take steps to improve and strengthen auxiliary and support services so that overall services of healthcare facilities may be improved.***

Chapter-4
Availability of Drugs, Equipment, and other Consumables

Chapter-4: Availability of Drugs, Equipment and other Consumables

Doctors use diagnostic medical tools to measure and monitor distinct aspects of a patient's well-being. The accessibility, availability and affordability of good quality and safe drugs with minimum out of pocket expenditure by patients are the key functions of a good public health system. Audit findings on various components of drug management- availability of drugs, their storage, dispensation to patients and procurement in the health institutions are discussed in the succeeding paragraphs.

4.1 Procurement and availability of Essential drugs

The Government of Uttarakhand has notified Essential Drug List (EDL) from time to time through state's Drug Procurement Policy (DPP) 2015 which was revised in 2019. For the betterment of public well-being, the updated EDL incorporates a broader range of drugs compared to the earlier list. Further, the DG, Medical Health and Family Welfare through e-Aushadhi@Uttarakhand, a web based supply chain management application software solution, is managing Annual Demand, Purchase, Inventory & Distribution of various drugs, sutures and surgical items to various District Drug Warehouses (DWH) of State, District Hospitals (DHs) their sub stores like Community Health Centre (CHC) and Primary Health Centre (PHC) to distribute drugs to patient.

Audit noticed that only a small percentage of the drugs ranging from 9 to 19 *per cent* under the Essential Drug List (EDL) was procured during 2016-22. Further, sufficient quantity of drugs were not distributed to meet the requirements of the hospitals (***Appendix-4.1***). The details of the total number of drugs procured against EDL during the period 2016-22 are given in the **Table-4.1** below:

Table-4.1: Procurement of drugs as per EDL

(in numbers)

Year	2017-18	2018-19	2019-20	2020-21	2021-22
EDL (Drug & Consumables)	718	718	1,076	1,076	1,076
Procured during the year	134	118	99	106	154
In *per cent*	*19*	*16*	*9*	*10*	*15*

Source: Information provided by DG, MH&FW.

Further, even the vital drugs needed for IPD, OT and emergency services in test checked District Hospitals were not available in sampled months, to deliver the assured health services (***Appendix-4.2).***

In Exit Conference, the Secretary-In-Charge (November 2022) ensured to increase procurement of EDL drugs in 2022-23. It was further stated that for the speedy procurement of drugs under NHM and from State funds, a new mechanism is setup wherein both entities will procure drugs separately which was earlier procured only by DG, MH&FW.

4.1.1 Availability of drugs in sampled GMCs/DHs/SDHs

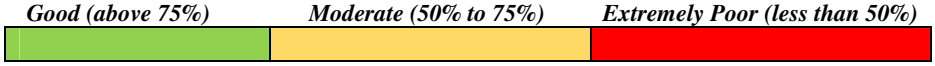
As per IPHS 2012 norms, 493 drugs, lab reagents, consumables and disposables under 20 different categories should be available in a District Hospital. Availability of drugs, lab reagents, consumables and disposables under 20 categories in the test checked DHs and GMCs is as under:

Table-4.2: Availability of Drugs, Lab Reagents, Consumables and Disposables in test-checked GMCs/ DHs

Drugs, Lab Reagents, Consumables & Disposables						
Sl. No.	**Categories**	**Number required as per IPHS 2012**	**Availability in test-checked DHs and GMCs**			
			DH, Nainital	**DH, Dehradun**	**GMC Dehradun**	**GMC Haldwani**
1	Analgesic/Antipyretics/Anti Inflammatory	11	6	7	7	5
2	Antibodies & Chemotherapeutics	76	21	30	23	22
3	Anti Diarrhoeal	6	0	1	1	1
4	Dressing Material/ Antiseptic Ointment Lotion	24	10	14	9	9
5	Infusion Fluids	14	7	11	10	10
6	Eye and ENT	25	2	1	4	0
7	Antihistaminic/ Anti-Allergic	12	5	6	6	4
8	Drugs acting on Digestive System	20	2	9	4	4
9	Drugs related to Haemopoietic system	4	0	3	3	0
10	Drugs acting on Cardiac vascular system	26	9	11	9	9
11	Drugs acting on Central/peripheral Nervous system	40	7	16	13	7
12	Drugs acting on Respiratory System	16	3	6	5	3
13	Skin Ointment/Lotion etc.	23	1	6	4	1
14	Drugs acting on Uro-Genital system	5	3	4	5	4
15	Drugs used in obstetrics and Gynaecology	35	4	12	6	12
16	Hormonal Preparation	14	4	4	5	1
17	Vitamins	24	3	7	4	6
18	Other Drugs and Material & Misc. Items	83	11	32	17	31
19	Emergency lifesaving drugs for SNCU	12	6	8	7	9
20	Other Essential Medicines & Supplies for SNCU	23	8	15	10	16
Total		**493**	**112**	**203**	**152**	**154**

Source: Information furnished by test-checked Health Institutions.

Colour Code: ***Good (above 75%)*** ***Moderate (50% to 75%)*** ***Extremely Poor (less than 50%)***



It is evident from the above table that the availability of drugs, consumables and disposables was poor in GMC, Haldwani (31 *per cent*), GMC Dehradun (31 *per cent*) and DH, Nainital (23 *per cent*). Similar trends were also found in other DHs and GMCs providing health care services in the state (***Refer Appendix-4.3)***.

As per IPHS 2012 norms, a total number of 430 drugs, consumables, and disposables under 19 categories should be available in a SDH. Availability of drugs, consumables, and disposables in the test-checked SDHs is as under:

Table-4.3: Availability of Drugs, Lab Reagents, Consumables and Disposables in test checked SDHs

Drugs, Lab Reagents, Consumables & Disposables in SDHs					
Sl. No.	**Category**	**Number required as per IPHS 2012**	**Availability in test checked SDHs**		
			Prem Nagar	**Rishikesh**	**Haldwani**
1	Analgesic/Antipyretics/Anti Inflammatory	8	6	5	6
2	Antibodies & Chemotherapeutics	71	30	19	18
3	Anti Diarrhoeal	5	3	1	1
4	Dressing Material/ Antiseptic Ointment Lotion	24	16	13	10
5	Infusion Fluids	14	10	11	10
6	Eye and ENT	23	2	1	1
7	Antihistaminic/ Anti- Allergic	10	4	4	5
8	Drugs acting on Digestive System	20	11	5	3
9	Drugs related to Haemopoietic system	4	3	3	0
10	Drugs acting on Cardiac vascular system	26	11	10	13
11	Drugs acting on Central/peripheral Nervous system	40	9	11	12
12	Drugs acting on Respiratory System	15	6	4	2
13	Skin Ointment/Lotion etc	18	3	4	3
14	Drugs acting on Uro Genital system	5	2	3	4
15	Drugs acting on Uterus and female genital tracts	14	8	8	4
16	Hormonal Preparation	14	7	3	4
17	Vitamins	21	10	7	2
18	Other Drugs and Material & Misc Items	73	26	17	10
19	Drug Kit for Sick Newborn & Child Care	25	5	5	7
Total		**430**	**172**	**134**	**115**

Source: Information furnished by test checked SDHs.

Colour Code: ***Good (above 75%)*** ***Moderate (50% to 75%)*** ***Extremely Poor (less than 50%)***

It is evident from the above table that the availability of drugs, consumables and disposables is poor in test-checked SDHs and availability was below or equal to 40 *per cent*.

The matter was reported to the Government (September 2023), but no reply was received.

4.1.2 Procurement and availability of Essential drugs under AYUSH

A review of procurement against the Government of India's Essential Drug List (EDL) for AYUSH revealed that the Ayurveda & Unani Department had procured 10 to 62 *per cent* and Homoeopathy Department procured 13 to 93 *per cent* of EDL drugs, as detailed in **Table-4.4** below, between 2016-17 and 2021-22. In 2021-22, the percentage procurement of Ayurveda & Unani and Homoeopathy drugs had fallen to 18 *per cent* and 13 *per cent* respectively.

Table-4.4: Procurement of drugs as per EDL

Year	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Number of Drugs as per EDL (Ayurveda & Unani)	565[1]	565	565	565	565	565
Number of drugs procured during the year	98	59	349	00[2]	55	102
***Per cent* of Ayurveda and Unani drugs procured**	*17*	*10*	*62*	*00*	*10*	*18*
Year	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**
Number of Drugs as per EDL (Homoeopathy)	257	257	257	257	257	257
Number of drugs procured during the year	125	121	226	239	00	33
***Per cent* of Homoeopathy drugs procured**	*49*	*47*	*88*	*93*	*00*	*13*

Source: Information provided by Directorate Ayurveda & Unani Services.

On being pointed out, the Government replied (November 2022) that medicines were procured as per the recommendation of the Medicine Assessment Committee. However, the Medicine Assessment Committee should have proactively implemented measures to enable the purchase of all essential drugs identified by the committee for procurement.

4.2 Availability of Equipment

Doctors use diagnostic medical tools to measure and monitor distinct aspects of a patient's well-being. Once the diagnosis is completed, the doctor refers to a proper treatment plan. The diagnostic medical instruments are required in various service points in the health care facilities (HCFs) e.g., IPD, OPD, OT, emergency rooms, casualty care centres, intensive care centres, etc.

4.2.1 Adequacy of Equipment in Primary, Secondary and Tertiary level HCFs

Adequate availability of functional essential equipment, reagents, infrastructure and human resources are the main drivers for the delivery of quality services.

Audit observed that full range of desired radiology and pathological equipment as per IPHS and NMC norms were not available in any of the test-checked hospitals. It was also noticed that Gap Analysis of the equipment in Primary and Secondary level of HCFs were not done even after the implementation of IPHS norms in 2019. The summarized position in terms of number of equipment provided under each category of Radiology & Pathology services are detailed below:

- **Tertiary Care**

NMC prescribes essential equipment for the main departments in the Medical College depending upon their allotted seats. The availability of equipment in the test checked Government Medical College (GMCs) and information provided by the GMC, Srinagar is given in **Table-4.5** below:

[1] Ayurveda=277, Unani=288.
[2] Due to Covid 19, no drugs were procured, only AYUSH Raksha Kits were procured.

Table-4.5: Availability of equipment

Department	Items	Availability of equipment in GMCs (Numbers)				
		Doon Medical College (150 Seats)		GMC (100 Seats)		
					Haldwani	Srinagar
		Required	Available	Required	Available	
Radiology	Conventional X-ray Unit for routine X ray 300 mA	02	02	02	00	02
	500 mA	02	02	02	01	00
	800 mA (with IITV) - 1 each	01	00	01	01	00
	Computed radiography system	02	03	02	01	01
	Digital Radiography System	00	02	00	01	00
	a) 60 mA	03	00	02	00	00
	b) 100 mA	3	09	02	06	02
	Ultrasonography equipment and colour Doppler	4	05	04	02	03
	CT (16 slice).	01	01	01	00	01
	Mammography (Preferably).	01	01	01	00	00
	MRI (Preferably).	01	01	01	01	01
	Multimedia Projector with Screen	01	00	01	01	01
Pathology		82	38	82	59	40
Obstetrics & Gynaecology		97	70	97	76	69
Anaesthesiology		54	19	54	34	36
Anatomy		38	34	38	37	34
Physiology		85	58	85	61	0
Biochemistry		32	27	32	28	29
Pharmacology		14	8	14	12	4
forensic Medicine		91	18	91	63	55
Community Medicine		76	22	76	52	33
Surgery		42	31	42	20	31
Orthopedic		25	20	25	14	22
Psychiatry		13	0	13	5	5
Dermatology		8	3	8	5	5
Microbiology		52	20	52	46	NA
Tuberculosis & Chest disease		13	3	13	10	8
Ophthalmology		39	13	39	24	34
Clinical Department (New List)		53	34	53	32	35
Audio-visual AIDS		48	4	48	3	NA
Pediatric		49	31	49	29	NA
SNCU		43	30	43	28	NA

Source: Information provided by GMCs. ****NA: information not available***

Colour Code: Good (above 75%) Moderate (50% to 75%) Extremely Poor (less than 50%)

As can be seen from above table deficiency of equipment persists in all GMCs that are operational in the State. It was further noticed that the Medical Council of India had repeatedly pointed out equipment deficiencies in Doon Medical College. In this regard, an affidavit was also submitted by the College ensuring to fill all shortages/gaps on time.

The matter was reported to the Government (September 2023), but no reply was received.

- **Secondary Care**

IPHS prescribes a number of radiology and pathology equipment for District and Sub District Hospitals depending upon their bed capacity.

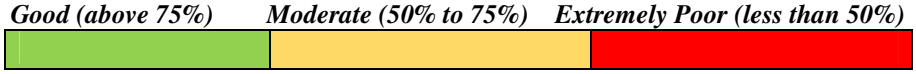
In sampled hospitals deficiency of equipment under Radiology and Pathology is given in the **Table-4.6** below:

Table-4.6: Availability of Radiology and Pathology equipment as per IPHS

S1. No.	Type	Number as per IPHS 2012 (Essential)	Availability in test-checked DHs	
			Nainital	Dehradun
1	Imaging equipment	12	2	4
2	X-ray room accessories	8	8	5
3	Cardiopulmonary equipment	13	7	2
4	Labour ward, Neo Natal and Special Newborn Care Unit (SNCU) Equipment	27	20	13
5	Special Newborn Care Unit equipment	11	8	8
6	Disinfection of Special Newborn Care Unit equipment	13	7	2
7	Immunisation Equipment	16	11	9
8	Ear Nose Throat Equipment	23	16	2
9	Eye Equipment	27	21	25
10	Dental Equipment	42	24	26
11	Laboratory Equipment	87	32	23
12	Endoscopy Equipment	8	0	0
13	Anaesthesia Equipment	25	15	15
14	Post Mortem Equipment	9	2	8
15	Operation Theatre Equipment	29	8	11
16	ICU Equipment	34	31	14
17	Emergency services Equipment	14	11	8
18	IPD Equipment	19	14	10
Total		417	237	185

Source: Information provided by test checked hospitals.

Colour Code: Good (above 75%) Moderate (50% to 75%) Extremely Poor (less than 50%)



It is evident from the above table that the availability of equipment is poor in test checked DHs and availability was below or equal to 57 *per cent*. Similar trends were seen in 11 remaining DHs that were providing health care services in the state ***(Refer Appendix-4.4)***.

The matter was reported to the Government (September 2023), but no reply was received.

Sub District/Divisional Hospitals (SDHs)

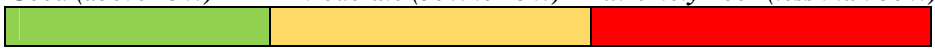
Similarly, IPHS 2012 norms recommends essential and desirable equipment for sub-divisional hospitals under different categories. Out of which, essential equipment under 14 different categories have been scrutinized in the test-checked districts. Number of essential equipment available in test checked three SDHs in the selected categories is as under:

Table-4.7: Availability of Equipment in test checked SDHs

Sl. No.	Type	Essential (as per IPHS 2012)	Availability in test checked SDHs		
			Prem Nagar	Base Hospital Haldwani	SPS Rishikesh
1	Imaging Equipment	3	3	3	3
2	X-ray room	6	6	5	6
3	Cardiopulmonary Equipment	9	8	9	9
4	Labour ward & Neo Natal Equipment	17	14	17	17
5	Immunisation Equipment	16	11	13	13
6	ENT Equipment	17	7	11	0
7	Eye Equipment	22	12	19	22
8	Dental Equipment	4	4	4	1
9	Operation Theatre Equipment	24	10	9	14
10	Laboratory Equipment	28	13	25	19
11	Surgical Equipment	34	20	20	34
12	Endoscopy Equipment	1	1	1	0
13	Anaesthesia Equipment	19	10	11	15
14	Postmortem Equipment	10	0	0	0
Total		211	119	147	153

Source: Information furnished by test checked SDHs.

Colour Code: Good (above 75%) Moderate (50% to 75%) Extremely Poor (less than 50%)



Availability of equipment in three test checked SDHs was 56 *per cent* in SDH Prem Nagar; 70 *per cent* in SDH Base hospital Haldwani and 73 *per cent* in SDH Rishikesh.

Community Health Centers (CHCs)

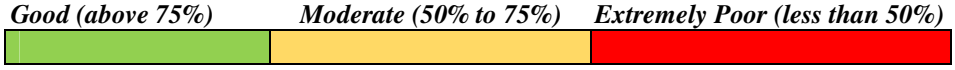
IPHS prescribes a number of radiology and pathology equipment for CHCs. In sampled CHCs the deficiency of equipment under Radiology and Pathology is given in the **Table-4.8** below:

Table-4.8: Availability of Equipment in test checked CHCs

Department	Availability of equipment in the CHCs as per IPHS									
	District	Dehradun					Nainital			
	Required Equipment	Raipur	Sahaspur	Chakrata	Sahiya	Diowala	Betalghat	Bhimtal	Kotabagh	Ramgarh
Radiology	09	09	05	08	08	09	02	08	07	08
Pathology (Lab)	10	08	09	08	08	09	09	06	07	00

Source: Information furnished by test checked CHCs.

Colour Code: Good (above 75%) Moderate (50% to 75%) Extremely Poor (less than 50%)



Primary Care

IPHS, 2012 prescribe essential pathology equipment for the PHCs. It was found that none of the test checked PHC were having required equipment. The availability with respect to requirement in each PHC is given in the **Table-4.9** below:

Table-4.9: Availability of equipment in Pathology

Department	Availability of equipment in the test checked PHCs								
	District	Dehradun			Nainital				
	Required Equipment	Bhagawantpur	Thano	Balawala	Tyuni	Simalkha	Talla Ramgarh	Jyolikot	Chakalua
Pathology (Lab)	**09**	01	01	01	02	00	00	00	00

In Exit Conference, the Secretary-In-Charge stated (November 2022) that the HCFs will be provided with the equipment as per IPHS rules, soon.

Ayurvedic hospitals and labs

Indian Medicine Central Council Regulations, 2016 prescribes equipment for Ayurvedic hospitals/ labs corresponding to different bed strengths.

Science lab equipment allows students to interact directly with the data gathered. They get a first-hand learning experience by performing various experiments on their own. Students are made to use the models and understand different scientific theories and concept.

On applying laid down norms, the Audit found that there was a shortage of 10 to 100 *per cent* of equipment as per requirement in Rishikul & Gurukul Ayurvedic Colleges and Main Campus Ayurvedic College. Details are given in the **Table-4.10** below:

Table-4.10: Shortage of Equipment in Ayurvedic hospitals/labs

Name of the Department	Total required equipment	Available equipment			Shortage *(in per cent)*		
		Rishikul	Gurukul	Main Campus	Rishikul	Gurukul	Main Campus
Kriya Sharir	616	191	314	93	425 *(69)*	302 *(49)*	523 *(85)*
Shav Vichedan	29	34	26	02	05 *(17)*	03 *(10)*	27 *(93)*
Ras Shastra	95	121	59	02	+26 *(27)*	36 *(38)*	93 *(98)*
Dravyagun	19	45	04	02	+26 *(137)*	15 *(79)*	17 *(89)*
Rog nidan	531	120	276	273	411 *(77)*	255 *(48)*	258 *(49)*
Prasav kaksh	139	103	43	27	36 *(26)*	96 *(69)*	112 *(81)*
Shalyakarm	207	220	97	76	+13 *(06)*	110 *(53)*	131 *(63)*
Bahirang ragun	63	35	32	31	28 *(44)*	31 *(49)*	32 *(51)*
Prasuti evam istri rog	22	29	12	08	+7 *(32)*	10 *(45)*	14 *(64)*
Bal rog	13	13	06	00	00	07 *(54)*	13 *(100)*

Source: Information provided by the department.

The Government replied (November 2022) that maximum required equipment had been delivered, process of delivery of remaining required equipment was under way. The Government's reply was silent on impact of lack of equipment on quality of medical education and on timeline to fulfil necessary requirement.

4.2.2 Availability and Management of Ventilators

Government of India (GoI) requested to all State/UTs to provide their projected requirement of Ventilators for the management of COVID-19 (June 2020). It was found that Government of Uttarakhand (GoU), in this regard submitted requirement/demand of 250 Ventilators in July 2020. Records of the department further revealed that 800 Ventilators were provided by GoI (up to July 2021) to the State.

Details related to Ventilators received under PM CARES and distributed to various HCFs under COVID-19 in the state of Uttarakhand are given below:

Table-4.11: Ventilators received in State under PM CARES in Hospitals

Make of Ventilator	No. of Ventilator received	No. of Ventilator distributed
BEL	620	620
AgvA Health Care	80	80
Zyna Medtech Private Limited	100	100
Total	**800**	**800**

Apart from the above, 295 additional ventilators were received by DG, MH&FW from other sources (CSR). These Ventilators were supplied to test checked DHs, SDHs, CHCs and PHCs in the state of Uttarakhand.

4.2.2.1 Management of Ventilators

The details and status of Ventilators issued to test checked DHs/SDHs is given in the table below.

Table-4.12: Availability and functionality of Ventilators in test checked Districts

Particulars	Dehradun				Nainital		
	GMC	DH	SDH		SDH, Haldwani	DH, Nainital	GMC Haldwani
	Dehradun		Premnagar	Rishikesh			
No. of Ventilator received	103	18	3	32	9	8	128
Installed	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Functional	Yes	Specialised manpower not available				Yes	Yes

Source: Information furnished by test checked HCFs.

In test checked CHCs, only three out of 10 ventilators were installed and were non-functional due to absence of technically qualified manpower and the required space, their proper utilization could not be ensured. It was further noticed that:

- The infrastructure of 10-bed Intensive Care Unit (ICU) and 10 neonatal ICU was ready in test checked DH, Dehradun (Coronation Hospital). However, the patients continued to be referred to other medical centers due to shortage of specialized staff/manpower and training needs. Similar situation was in SDH, Haldwani as is evident from the photograph-given alongside:

Photograph-: Non-functional ICU Ward in SDH Haldwani, Nainital

- In SDH, Rishikesh, out of 10 ICU beds, eight ICU beds were with Ventilators but due to acute shortage of specialized/ trained manpower for proper functioning of ICU wing a demand for specialized manpower was placed to the DG, MH&FW.

Photograph- CHC, Sahaspur was given two ICU beds with ventilators but were dumped in the post operative room of the HCF.

The Government replied (November 2022) that for providing specialized staff/ manpower is under submission. Further, directions were also issued to hospitals to follow the procedure (Good Practice box) adopted by the DH, Nainital for the operationalisation of ICU/Ventilators.

4.2.2.2 Unmet training needs for smooth functioning of ICU

The competencies required of intensive care (ICU) nurses and supportive staff in their healthcare environment increased with the acquisition of new responsibilities associated with new care and devices for critical patients. The nursing and supportive staff should have critical care experience/training as well. Audit found that human resources for supportive services were not provided any training in any test checked secondary hospitals[3] where ventilators had been issued. The facts were accepted by the CMOs of the test checked districts.

Good Practices

For building operational capabilities and creating a backup of human resources in the ICU, the Principal Medical Superintendent (PMS) of the District Hospital, Nainital approached GMC, Haldwani to provide training.

After the staff of the hospital were provided training by the GMC, Haldwani, the PMS in DH, Nainital also organised/ conducted In-house training sessions for other staff of the hospital.

4.2.2.3 Availability of Oxygen Concentrators (OCs) under COVID-19 in HCFs

When any patient gets severe COVID-19, the oxygen levels in the body can get low. To keep oxygen levels at the normal range, patient needs to be given medical oxygen. Medical oxygen can be made available through various devices like Oxygen Concentrators, PSA[4] Oxygen Plants, Compressed Gas Cylinders and Liquid Medical Oxygen etc.

To fast-track the availability of Medical Oxygen in HCFs, an IT-enabled Management Information System called OxyCare had been developed to track each oxygen device for providing better services to the patients. As of now, Oxygen Concentrators (OCs) and PSA Plants are being monitored using this system. A secure QR Code has been placed on each Oxygen Device, which is read by a mobile application to facilitate various tasks in a secure and fast manner. Details related to OCs received and distributed to HCFs under COVID-19 are as follows:

[3] DH, Dehradun & Nainital, CHC, Diowala, Bhimtal, Betalghat, Chakarata, Sahiya, Raipur & Sahaspur.
[4] Pressure Swing Adsorption.

Table-4.13: Availability of OCs in the State of Uttarakhand as of June 2022

Total available OCs in the State	No. of OCs available	9,913
	No. of OCs allocated to HCFs	8,218
	No. of OCs in State Central Medicine Store Depot (CMSD)	170
	No. of OCs in district CMSD	1,525
	No. of OCs received in HCFs	8,218
	No. of OCs installed	8,218
Received under PM Cares	No. of OC available	2,170
	No. of OCs issued	2,170
	No. of OCs connected to Mobile Application	2,154
	Number found faulty	16

Source: Information furnished by DGHS, Uttarakhand.

As can be seen from above table:

Only 8,218[5] out of available 9,913 OCs were allocated and delivered to various HCFs in the State. Further 2,170 OCs received under PM CARES were installed and connected with Mobile Application (Oxycare Application). Sixteen out of these 2,170 OCs received under PM care were found faulty for which complain has been uploaded in the application.

4.3 Procurement of medicines for non-functional AYUSH wings in allopathic dispensaries

Under the AYUSH mission, 180 AYUSH wings have been established in Allopathic hospitals and dispensaries in Uttarakhand. Audit scrutiny revealed 64 out of 180 said AYUSH wings remained non-functional during 2016-18 due to non-deployment of Ayurvedic doctors. However, the Department demanded[6] funds from GoI for medicines for all 180 AYUSH wings and utilized almost all funds[7] without considering non-functional AYUSH wings.

The Government responded (November 2022) that temporary measures were implemented, whereby a doctor or pharmacist from the nearest dispensary was dispatched for two to three days each week. However, it is important to note that no lasting solutions have been established to ensure the consistent operation of the facility on a permanent basis.

4.4 Non procurement of sanitary napkins

Menstrual Hygiene scheme was introduced by the GoI to increase awareness among adolescent girls of the age group of 10-19 years on Menstrual Hygiene, in rural areas.

4.4.1 Availability and procurement of sanitary napkins

It was decided by the GoI during the year 2016-17 that 25 *per cent* rural adolescent girls in all the districts of the State would be covered under the scheme. The sanitary napkins were to be sold to the rural adolescent girls through ASHAs under the scheme.

The details of the fund available and procurement of sanitary napkins under the scheme during the period 2016-22 in the State are shown in in the **Table-4.14** below:

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5 DH-986; SDH-1212; CHC-1840; PHC-2897, Dedicated Covid Care Centers-818 and test checked 465.

6 In 2016-17 demanded ₹ 1.80 crore (₹45.90 lakh in the main SSAP and ₹ 134.10 lakh in the Supplementary SAAP) and ₹ 90.00 lakh in the year 2017-18 (₹ 54.00 lakh in the main SAAP and ₹ 36.00 lakh in the Supplementary SAAP).

7 ₹ 2.56 crore against receipt of ₹ 2.70 crore.

Table-4.14: Details of funds available and procurement of sanitary napkins

(₹ in lakh)

Year	Proposed	Sanction in RoP	Procurement of Napkins (Expenditure)	Unspent
2016-17	95.84	95.84	116.5	--
2017-18	NIL	NIL	NIL	NIL
2018-19	124.36	105.64	NIL	105.64
2019-20	136.46	134.06	150.00	--
2020-21	800.51	261.57	NIL	261.57
2021-22	NIL	NIL	NIL	NIL

Source: Data from the SHS. (RoP stands for records of proceedings).

It may be seen from the above table that during the years 2017-18 & 2021-22, the SHS did not even propose any amount for purchasing sanitary napkins. Besides, during the years, 2018-19 and 2020-21, despite the availability of funds, no amount was spent to purchase sanitary napkins.

4.5 Free drug policy

Providing free medications reduces out of pocket expenditure of patients, increases adherence among patients and leads to improvement in both their health outcomes and their perceptions of the quality of their care. Government of Uttarakhand vide G.O. No. 1700 dated 19 December 2015 and subsequently revised in 2019 had directed Government Hospitals and Govt. Medical Colleges to supply free drugs, clinical items, consumables, and surgical items to the public under the Free Essential Drugs Initiative scheme. The policy thus framed was to provide free drugs to the patients.

Audit however observed that only a portion of the drugs under the Essential Drug List (EDL) were procured by the department. Consequently, it led to inadequate dispensing of prescribed drugs to both In-Patient Department (IPD) and Out-Patient Department (OPD) patients at the dispensing counters (Refer Paragraph 4.1).

4.5.1 Free drugs to the OPD patients not supplied

In test checked hospitals free drugs were provided to the OPD patients except in Government Medical College (GMC), Haldwani which deprived a total of 18.21 lakh OPD patients of free medicines during the period 2016-22. It was found that no provisions were kept for the procurement of drugs by the GMC, Haldwani for providing free of cost drugs to the OPD patients during the audit period.

In Exit Conference, the Secretary-In-Charge stated that Free drugs to OPD patients will be provided by GMC, Haldwani from second week of November 2022.

4.5.2 Prescribing branded medicines over Generic Medicines

The Government was committed to reducing Out-of-Pocket (OOP) medical expenditure for which many schemes[8] were floated in the State. In order to ensure that Generic medicines were prescribed to the patients that take medical opinion in the Government-run hospital was issued for compliance in March 2017.

[8] Opening of Jan Aushadhi Kendra in hospital, supplying free drug as per State drug policy and through NHM by Central Government.

Records revealed that instead of Generic drugs the doctors in the test checked District Hospitals were persistently prescribing branded medicines to the patients even after the department had issued instructions several times. It was further found that the CMOs of the test checked districts, being the District Head of the Medical Department, had not conducted[9] regular inspections to ensure compliance with these instructions except CMO, Nainital. Physical inspection of the dispensation counter revealed that all medicines prescribed by the doctors were not available in the test checked hospitals and were to be procured from the open market by the patient and some of the medicines were branded ones.

The Government replied (November 2022) that instructions have been issued to all CMOs to do surprise inspections to ensure that the doctors are prescribing Generic Medicines.

4.5.3 Accepting Drugs having shelf life less than prescribed norm

The term "shelf life" of a drug slightly differs from a drug's "expiration date." The shelf life relates to a drug's quality over a specified period, whereas the expiration date relates to both quality and safety of a medication at a specific point in time. Uttarakhand Drug Purchase Policy-2015 revised in 2019 had defined provisions for the procurement and shelf life of the drugs.

Shelf life of drugs

As per Drug Purchase Policy-2015.

- ***"The drug supplied by every firm should not be more than three months old from the date of its manufacture."***

As per Drug Purchase Policy- 2019

- ***"All drugs, surgical materials and chemicals supplied at the time of supply should not be older than one-sixth of the interval between the date of manufacture and the lapsed period.***

Drug Store Register of Directorate General, Medical Health and Family Welfare revealed that 439 out of 2,359 batches of drugs at the time of supply by various firms were more than three months old and some drugs were not having more than one-sixth of shelf life, as desired in the drug policy 2019.

4.5.4 Deficient Storage of drugs

Drugs and Cosmetic Rules, 1945 stipulate parameters for the storage of drugs in stores to maintain the efficacy of the procured drugs before issue to patients.

The norms and parameters prescribed in the said rules were, however, not adhered to.

Positive features

Controlled and Poisonous drugs were kept in locked Almirah by the test-checked hospitals.

The inspection of storage facilities in the 21 physically inspected test-checked hospitals and drug stores (***Refer Appendix-4.5)*** revealed that 38 *per cent* of facilities stored drugs on the floor; 90 *per cent* storage facilities were without air- conditioning; 43 *per cent* were without

[9] DG, MH&FW had called for information (2/2022) in respect any inspection conducted during 2020-21 for verifying that doctors were not prescribing drugs other than generic drugs but no response in lieu of that was available with the directorate.

having labelled shelves/racks; 14 *per cent* storage were found keeping drugs near water and heat; only 48 *per cent* were keeping drugs stored away from walls; 24-hour temperature recording of cold storage area was displayed by only 52 *per cent* of facilities; temperature monitoring device in freezers was only functional in 52 *per cent* and only 43 *per cent* maintained temperature chart of deep freezers.

Physical inspection outcome of the drug storage facilities indicated that the department had yet to act on all deficiencies as pointed out in CAGs Audit Report titled "District Hospital Outcome for the year 2019".

In Exit Conference, the Secretary-In-Charge stated that the deficiencies in the Storage of drugs will be looked into.

4.5.5 Quality assurance of drugs

Drug policy clearly state that no drug should be issued until it is got tested from the reputed laboratory. Norms of 20 *per cent* of each drug procured were provisioned for testing.

Audit observed that quality test-reports of drugs supplied by the DG, MH&FW were either not provided or furnished late to test checked hospitals during 2016-21. Resultantly, hospitals were unaware about quality of drugs supplied. It was further found that:

4.5.5.1 Supply and consumption of substandard drugs

Records revealed that:

- Five drugs[10] were reported substandard but were distributed to patients by the hospitals[11] before receiving the quality test-reports, further two drugs[12] out of these five were issued to patients even after receiving the quality test-reports.
- Inj. Pentazocine 1ml, Promethazine 2ml were procured (February 2022 & November 2021) by female hospital, Haldwani, however, these were found misbranded but were administered to patients (quantity 170 & 590 Amps) without waiting for test reports from the lab. It was further noticed that Amoxycillin & potassium clavulanate suspension received from Central Medicine Store Depot (CMSD) Dehradun was sub-standard, but hospital issued 100 out of received 500 susp to the patients without waiting for reports.

Thus, the drugs were not only issued against the drug policy but also drugs not meeting the appropriate quality standards were distributed by the test checked hospital which may be ineffective and potentially harmful to patients.

In Exit Conference, the Secretary-In-Charge stated that an enquiry will be set up in this regard.

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[10] Azithromycin 250 mg Batch number AZT-19002; Ciprofloxacin Tablets IP 500 batch No 2095; Amoxycillin Oral Suspension I.P Batch No TC-7518; Amoxycillin & potassium clavulanate suspension.

[11] SDH Rishikesh; Covid Care Centre by CMSD Nainital, DH Nainital, DH Haridwar, Female Hospital Haridwar, DH Chamoli and DH Udham Singh Nagar.

[12] Azithromycin 250 mg Batch number AZT-19002 (Declared Substandard 03/21 Issued upto 08/21): Amoxycillin Oral Suspension I.P Batch No TC-7518 (Declared Substandard 05/19 Issued upto 07/19).

4.5.5.2 Distribution of substandard and expired medicines under AYUSH

- ***Distribution of substandard Medicines:*** Audit observed that hospitals and dispensaries in Dehradun and Nainital districts did not stop use of two[13] substandard drugs for six and 19 months respectively in violation of advisory /instruction of higher authorities and report by licensing authority. The details of the medicines received, distributed, consumed, and received back are shown in **Table-4.15** below:

Table-4.15: Details of sample failed medicine

Name of the District	Name of medicine	Batch no	MFG	Qty received	Qty distributed to Hospital/ Dispensary	Qty consumed by Hospital/ Dispensary	Qty received back from Hospital/ Dispensary
Dehradun	Khadirarishta	A-11-008	04/2017	1958x200ml	336	124	212
Nainital				3114x200ml	1,577	166	1,411
Total				**5072x200ml**	**1,913**	**290**	**1,623**
Dehradun	Shweta Parpati	08	06/2017	656x100gm	218	60	158
Nainital				114x100gm	40	01	39
Total				**770x100gm**	**258**	**61**	**197**

Source: Information extracted from the records of the department.

The Government replied (November 2022) that a committee has been setup for enquiry.

- ***Distribution of expired medicines:*** During joint physical verification, three out of 13 dispensaries were found to have stock of 34 outdated/expired medicines. Eighteen out of 34 expired medicines were distributed from six days to 832 days after their expiry ***(Appendix-4.6)***.

The Government replied (November 2022) that a committee has been setup for enquiry.

4.5.6 Underutilization of Rishikul State Ayurvedic Pharmacy (RSAP)

RSAP was to manufacture medicine to supply to the Government hospitals and dispensaries of the State. Further, AYUSH Policy- 2018 envisaged strengthening of the existing RSAP in Haridwar in terms of infrastructure, equipment and manpower. The policy also stipulates that RSAP should adopt the self-sustaining model for in-house and market supply.

Scrutiny of records revealed that RSAP was manufacturing only three to 34 medicines against its capability to manufacture 141 drugs as detailed in **Table 4.16** below.

Table-4.16: Details of medicines produced by pharmacy

Particulars	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Number of medicines which could be produced by the pharmacy	141	141	141	141	141	141
Actual number of medicines produced by the pharmacy	26	30	16	20	03	34
Total amount released for production of medicines *(₹ in lakh)*	50	50	161	70	100	150
Amount of actual produced medicines[14] *(₹ in lakh)*	146.65	169.68	462.77	139.94	242.82	216.25

Source: Information provided by RSAP.

[13] Khadirarishta and Shweta Parpati medicines procured in July 2017.

[14] The pricing of medicine is determined by cost involving expenditure incurred on raw material, labour, machinery and packing charges and thereafter establishment overhead.

It was noticed that the Directorate was procuring those medicines from the open market which could have been manufactured by RSAP. Further, the functioning of RSAP was hampered due to the high level of vacant posts[15].

The Government replied (November 2022) that the medicines were manufactured as per budgetary allocation and demand. However, no response was provided for the drugs procured[16] by the Ayurveda department from the open market despite having the capacity to manufacture in the RSAP.

4.5.7 Partial implementation of Triple Prescription System

An order was issued in the year 2015 by the Government regarding use of triplicate prescription [17] in which the patient keeps one copy of the prescription, another is kept by the pharmacist and the third remains with doctor/records. The purpose and objective were to help in keeping track on availability of stock of medicine and to discourage doctors to prescribe branded drugs which in turn would have ensured substantial reduction of out-of-pocket expense of patients.

Audit found that triple prescription slips were not being used in test checked hospitals except DH, Nainital and SDH, Rishikesh. In test checked hospitals doctors were also prescribing branded medicines.

Thus, the purpose and objective to help in keeping track on the availability of stock of medicine and out-of-pocket expenses of patients could not be ensured.

The Government replied (November 2022) that instructions have been issued to all CMOs/PMS/CMS to ensure the use of a triple prescription system.

4.5.8 Partial use of e-Aushadhi Application

The main objective of e-Aushadhi is to identify the requirements of various district drug warehouses, so that the material or drugs are always available to be supplied to the needed district drug warehouses without any delay. It also classifies, categories, codifies, and put a quality check on these items and, eventually, issues drugs to the final consumer of the chain that is patient. The Dashboard of the portal works in real time management information system, visual presentation etc. It facilitates the procurement of medicines that meet prescribed safety and health standards.

e-Aushadhi@Uttarakhand is a web-based supply chain management application software solution for managing the Annual Demand, Purchase, Inventory & Distribution of various drugs, sutures and surgical items to various District Drug Warehouses (DWH) of State, District Hospitals (DH) their sub stores like Community Health Centre (CHC) and Primary Health Centre (PHC) to distribute drugs to patient, the final

[15] Out of Sanctioned Strength of 45 posts, 50 *per cent* posts were vacant. The post of Pharmacy Superintendent was vacant since June 2021 and the charge is looked after by District Ayurvedic Unani Officer, Haridwar. One Medical Officer post was vacant since January 2018, the Medical Officer being on study leave.

[16] The department procured drugs from open market worth ₹ four to five crore per year, on an average during 2016-17 to 2021-22.

[17] Triplicate prescription, also known as "Multiple Copy Prescriptions or "Trip (Triplicate) Scrips," require physicians to issue prescriptions for certain controlled substances using multiple copy forms, with the extra copies either retained for record-keeping purposes or submitted to pharmacies and/or monitoring agencies.

consumer of the supply chain. The application started in August 2017 and in its implementation, it was noticed that:

1. Posts of District Logistic officer[18] were not filled.
2. Trainings were not conducted for officials that were not uploading data regularly.
3. Coverage was only 49.74 *per cent* across all facilities in the State.
4. All users were not filling data in the DVDMS Central Dashboard in real time.

Thus, the objective of e-Aushadhi to identify the requirements of various district drug warehouses could not be achieved[19] in totality.

The Government accepted (November 2022) that e-Aushadhi portal is partially meeting the requirements for planning and managing supply chain because some registered facilities are not updating portal on daily basis.

4.5.9 Professionals not involved in the procurement of high-end equipment

Biomedical/clinical engineering plays a vital role and provides input in the acquisition, and selection process, its reliability, availability of parts/service, estimated maintenance costs, safety, warranty, maintainer training and test equipment needs, and guarantees the user that the equipment received possesses the same specification as agreed to.

It was noticed that DG, Health and Family Welfare as per Drug and equipment policy had engaged Bio Medical Engineer, but test checked Doon Medical College, Dehradun had not involved Bio Medical Engineer through regular hiring or contractual arrangement or consultants despite the number of high-end medical equipment such as MRI, CT scan, Ultrasound machine, colour Doppler system, Digital X-ray machine, ventilators costing ₹ 26.74 crore procured by them against the budgetary provision of ₹ 44.27 crore during the period 2016-17 to 2020-21. It was noticed that:

- No technical person to assess the specification of the equipment by using the scientific method (involving persons/ institutions who verify the purity and correctness of the specification) is being involved instead the authorities rely on item vouchers and labels of the equipment procured. The items were accepted on these documents by the in-charge of the Store.
- Bio Medical engineer was involved in GMC, Haldwani, till 2019.
- No system is in place with the department to counter-check the inbuild specification of the high-end equipment.
- No policy is available in the Government Medical College to hire expert person/Bio medical engineer/ Environmental Engineer who plays an important role and provides

[18] To access the logistics monitoring and evaluation of supply chain management system for the medicines and drugs in the districts, formulate the need of logistics at all levels give technical inputs as and when required, coordinate with PROMIS team at different levels and to check, coordinate with accounts departments in case of any financial/accounting related medicine.

[19] To ensure that the material or drugs are always available to be supplied to the needed district drug warehouses without any delay (real time).

input in the acquisition and selection process based on their knowledge of the maintenance history of a particular equipment type, its reliability, availability of parts/service, estimated maintenance costs, safety, warranty, maintainer training and test equipment needs, and their experience with vendors.

The Government in its reply stated (November 2022) that the proposal for sanctioning of post of Bio Medical engineer in all medical colleges is under process.

4.5.10 Maintenance of Equipment

To provide quality health services, all HCF should be well equipped with all necessary lifesaving equipment, diagnostics and therapeutic equipment, furniture and other hospital accessories. An audit of District Hospital Outcomes was conducted for the year ending March 2019 wherein, equipment without AMC/CMC was highlighted. Records of test-checked hospitals and the Directorate revealed that 3107 equipment[20] and other items costing ₹ 24.90 crores were not working or were put out of service by the various HCF operational in the State. No action either to bring them into use by way of repairs or get them auctioned and replaced with new ones was initiated and communicated by the Directorate.

In the test-checked hospitals, it was noticed that AMC/CMC was not done for old equipment whereas new equipment procured after the implementation of the revised Drugs and Equipment policy (2019) had a clause of annual maintenance with a pre-defined value charged for the period in the agreement after the lapse of warranty/guarantee period which was not in the earlier drug and equipment policy.

Directorate, MH& FW stated that centralized AMC of equipment is not done at this time and HCFs are verbally directed to auction old equipment which are unserviceable.

The department should have issued a Standard Operating Procedure (SOP) for either auctioning or conducting repairs instead of relying on verbal directions.

4.5.10.1 Implementation of comprehensive Bio Medical Equipment Management and Maintenance Programme (BEMMP)

For the implementation of the BEMMP program, a draft model document was shared (2015) with the State authorities by the Ministry of Health and Family Welfare, GoI. It was requested to the state that the following measures should be adopted:

Salient features of Program

- ***To provide 24X7, 365 days uptime of 95 per cent for all medical equipment in DHs, 90 per cent for CHCs & SDHs and 80 per cent for PHCs.***
- ***Breakdown not to be more than the delay threshold time (specified in the clause)***
- ***State Health Department may not renew any AMC/CMC contract on equipment under AMC/CMC, thereafter.***
- ***The maintenance service provider shall provide Maintenance Process Tracking Identification Number (MPT-IDs).***
- ***Maintenance provider shall establish and operate an exclusive 24X7 customer care Centre for accepting call and managing maintenance Services.***

[20] Details provided under World Association for Small & Medium Enterprises assessment report.

A. Use the model concept note and Request for proposal document (RFP document) for engaging services of equipment maintenance service providers (to be used as an indicative guideline and may be used in the context of the state, if required with appropriate modification).

B. For rolling out the program it was required to map the existing inventory in the State (facility wise-functional and non-functional equipment was required to be uploaded on State NHM by 15th March 2015).

Year wise budget expenditure and instructions given by GOI for the implementation of the BEMMP Programme is detailed in **Table-4.17** below:

Table-4.17: Year wise budget expenditure and instructions

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
ROP *(₹ in lakh)*	Nil	Nil	505	200	2.50	300
Expenditure	Nil	Nil	Nil	Nil	Nil	Not available
Committed *(₹ in lakh)*	Nil	Nil	Nil	Nil	200	Not available
Instructions issued by GoI	Nil	Nil	State is advised to merge all the equipment maintenance under this head	Nil	State is suggested to implement BEMMP program	The state is required to adhere to NHM guidelines

Source: Extracted from records.

The implementation of the program[21] was vital for the state but it was continuously deferred since 2015-16 due to the non-finalization of the RFP and the non-appointment of technical staff[22] despite the availability of budget provisions and repeated instructions issued by the GoI in lieu of that. However, SPMU, NHM requested again to DG, Medical Health and Family Welfare (2019-20) for the execution of the program/BEMMP which has yet to be executed/implemented (November 2022).

In Exit Conference, the Secretary-In-Charge stated that the work of implementation of the Comprehensive Bio-Medical Equipment Management and Maintenance Programme is under process.

4.5.11 Diagnostic facility not functional

Diagnostic medical equipment and supplies help clinicians to measure and observe various aspects of a patient's health so that they can form a diagnosis. Once a diagnosis is made, the clinician can then prescribe an appropriate treatment plan.

In the records, it was noticed that the following investigations were not done in the Hospital attached to the Government Medical College, Dehradun.

[21] Not all medical equipment at facility level remained or were kept in warranty period/maintenance contract period (AMC/ CMC, only a handful of expensive and complex equipment was preferred for an AMC or CMC, thereby excluding a substantial proportion of equipment from receiving any form of maintenance.

[22] Only one Bio Medical Engineer was available against required four.

- **MRI:** Non-Functional since November 2020 (Year wise Status-Non-functional during the period 11 September 2017 to 10 October 2017; 25 June 2018 to 9 July 2018; 26 July 2019 to 8 August 2019 & 24 August 2019 to 28 August 2019)
- **CT Scan:** Non-Functional March 2019 to June 2021 & February 2017
- **Mammography:** August 2017 to September 2018
- EEG October 2019 to March 2020

Further, the old MRI machine had completed its life and the process of procurement of a new machine was delayed. The new machine was installed in January 2022. Similarly, CT scans and other investigation facilities, as per the hospital patient load assessment report, were not available for considerable time in the hospital. Due to the above diagnostic facility being not functional for a substantial period, the patients were deprived of diagnostic facilities at subsidised rates.

4.6 Conclusion

Only a portion of the drugs under the Essential Drug List (EDL) were procured by the department. Availability of all essential drugs was not maintained in the test-checked health institutions. A similar deficiency pattern was noticed for AYUSH drugs as well. All prescribed essential equipment was also not available in test-checked institutions. Substandard drugs were distributed to patients before and even after receiving the quality test reports. It was also noticed that Gap Analysis of the equipment in the Primary and Secondary levels of HCF were not done even after the implementation of IPHS norms in 2019. The implementation of the comprehensive Bio medical equipment management and maintenance program was delayed despite the availability of funds.

4.7 Recommendations

1. ***The Government may ensure the availability of essential drugs and equipment at all health institutions. Distribution of drugs may be based on patient load to avoid stock-out and excess stock situations in different places;***
2. ***The Government may consider to involve Bio Medical Engineer/ Expert in the procurement & testing of high-end medical devices;***
3. ***The Government may consider to implement an online prescription system;***
4. ***The Government may get done gap Analysis for equipment as per Indian Public Health Standards & National Medical Commission Norms.***

Chapter-5
Healthcare Infrastructure

Chapter-5: Healthcare Infrastructure

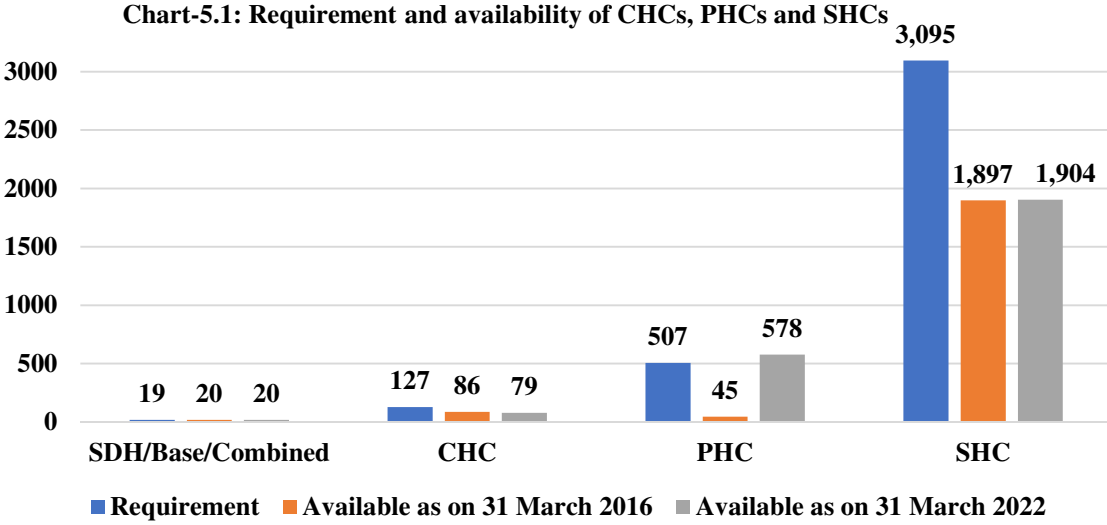
To ensure the quality provision of close-to-client health services, an organized provider network is essential. For this, benchmarks are needed to ensure that expected standards are maintained. This purpose is being served by Indian Public Health Standards (IPHS) which are a set of uniform standards envisaged to improve the quality of health care delivery in the country. IPHS norms were first developed in 2007 and revised in 2012 keeping in view the changing protocols of the existing programmes and introduction of new programmes.

These standards cover Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub District Hospitals (SDHs) and District Hospitals (DHs). They provide guidance on the infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering health services at these facilities.

5.1 Availability of SDHs, CHCs, PHCs and SHCs vis-à-vis prescribed norms

In 2020, the estimated population of Uttarakhand state was 1.15 crore. As per IPHS 2012 norms, there should be a CHC for a population of 80,000 in tribal/hilly/desert areas and 1,20,000 population for plain areas, a PHC for a population of 20,000 in tribal/hilly/desert areas and 30,000 population for plain areas and a Sub-Centre for a population of 3,000 in tribal/hilly/desert areas and 5,000 population for plain areas. There was a shortage of CHCs and SHCs against IPHS norms in the State during the period 2016-17 to 2021-22 as shown below:

Chart-5.1: Requirement and availability of CHCs, PHCs and SHCs



Source: Information furnished by MH&FW Department.

From **Chart-5.1**, it may be seen that as on 31 March 2016, there were 86 CHCs, 45 PHCs and 1,897 SHCs. Over a period of six years, 533 PHCs (After adoption of IPHS in 2019-20 Additional PHCs, State Allopathic Dispensaries upgraded to PHCs) and while the number

of CHCs decreased from 86 to 79 as some CHCs have been upgraded to SDHs. District wise details in respect of required and available CHCs/ PHCs are given in ***Appendix-5.1***.

5.2 Building and Infrastructure Availability

IPHS 2012 provides guidance on the infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering health services at these facilities. It has been more than 10 years since the IPHS norms were issued. However, the State Government has not mapped availability of the infrastructure, services, and human resource against IPHS norms and there was no centralised database of services available across government health institutions.

Two districts (Dehradun and Nainital) were selected for field study. Audit found wide variations across similar type of health institutions across districts as detailed in subsequent paragraphs without specific reason or planning to upgrade them in a phased manner. In this chapter general upkeep and availability of beds are discussed while other services, like availability of medicine, human and building infrastructure has been discussed in subsequent chapters.

5.2.1 Appearance and up-keep/planning and lay out of health institutions require upgrade

IPHS norms prescribe good appearance and up-keep of hospitals, environmentally friendly features, circulation areas and other Disaster Prevention Measures.

Table-5.1: Appearance and up-keep in selected Health Institutions

Particulars	Required (IPHS norms)	DH, Dehradun	SDH Rishikesh	SDH, Premnagar	DH, Nainital	SDH, Haldwani
Environmentally friendly features	Rainwater harvesting, solar energy use and use of energy-efficient bulbs/ equipment. Provision should be made for horticulture services including herbal garden.	Yes	Yes	No	No	Yes
Circulation areas	Circulation areas comprise corridors, lifts, ramps, staircase and other common spaces etc. The flooring should be anti-skid and non-slippery.	Yes	Yes	No	No	Yes
Disaster Prevention Measures	Earthquake proof measures – structural and non- structural should be built in to withstand quake as per geographical/state Govt. guidelines. (for seismic zone v)	Yes	No	No	No	No
	Firefighting equipment	Yes	Yes	Yes	Yes	Yes

Source: Information furnished by test-checked Health Institutions.

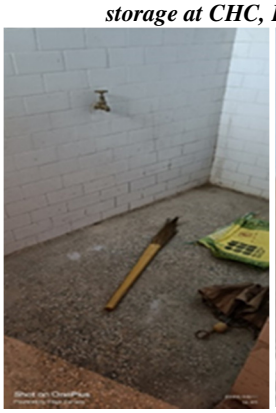
The general appearance and upkeep varied vastly across the test checked health institutions. Some of the contrasting images of the facilities are shown below:

Sub Centre-Kaulagarh, Dehradun used as storeroom

Non-functional water coolers in GFH, Haldwani, Nainital

Unequipped OT was being used as clean linen storage at CHC, Kotabagh, Nainital

Incomplete overhead water tank, in PHC, Chakalua, Nainital



Unusable washroom and toilet due to lack of water in PHC, Chakalua, Nainital

Dirty linen stored in female washroom in GFH, Haldwani, Nainital

Out of order burnt toxic gas exhaust in CBWTF Haldwani, Nainital

Dilapidated Tin Roof of CBWTF Haldwani, Nainital

Building structure of CHC, Doiwala, Dehradun was not maintained and was in dilapidated condition. Water coolers in GFH, Haldwani were not maintained while there was unavailability of drinking water in PHC, Chakalua, Nainital. Besides, Sub Centre-Kaulagarh, Dehradun was functioning in a rented room and was being used as storeroom.

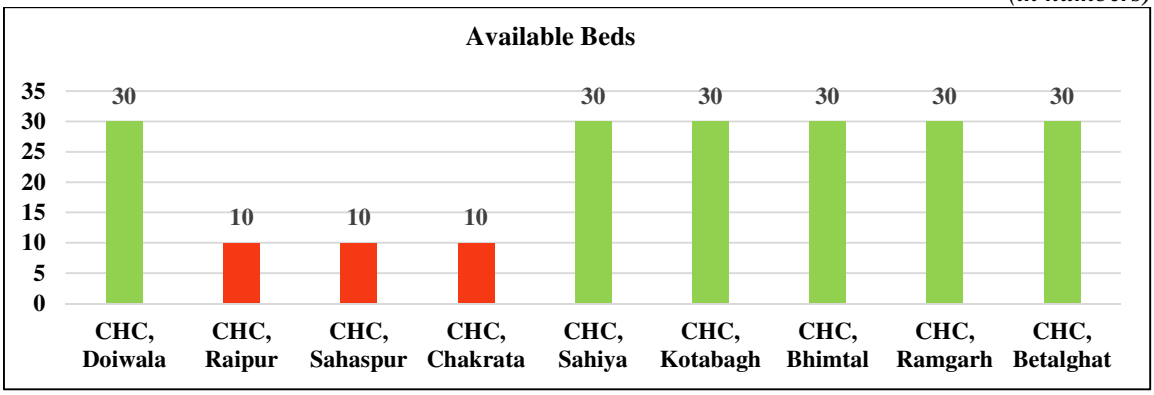
5.2.2 Availability of beds in CHCs was not adequate

As per IPHS 2012, the CHC should have 30 indoor beds with one Operation theatre, Labour room, X-ray, ECG and laboratory facility. Further, a CHC covers a population of 80,000 in hilly region and 1,20,000 in plain region with availability of 30 beds.

The details of availability of beds in test checked CHCs is given in the **Chart-5.2** below:

Chart-5.2: Availability of beds in test checked CHCs

(in numbers)



Source: Information furnished by test checked CHCs. Green colour reflects that beds are adequate, red reflects shortfall.

As can be seen in the above chart, three CHCs were not having beds as per norms.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

5.2.3 Lack of availability of required infrastructure in health care facilities

As per Rural Health Statistics 2020-21, the deficiencies in rural SHCs, PHCs and CHCs is given in the **Table-5.2** below:

Table-5.2: Detail of deficiencies in rural SHCs, PHCs and CHCs of the state

Sub Health Centres- 1823		
Sl. No.	**Criteria of deficiency**	**Percentage of HCF where this was found (%)**
1.	Operating within Rented Building	24
2.	Separate toilet for male and female	72
3.	Without ANM Quarters	34
4.	Without regular water supply	17
5.	Without electricity	28
Primary Health Centres- 245		
6.	Separate toilet for male and female	18
7.	Without regular water supply	21
8.	Without labour room	37
9.	Without operation theatre	53
Community Health Centres-53		
10.	Without all four specialist doctors	89

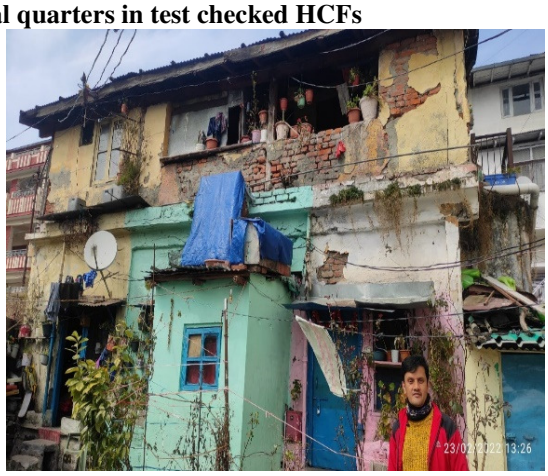
Source: Rural Health Statistics 2020-21.

5.2.4 Non-maintenance of building Infrastructure

The joint physical inspection of the HCFs of test checked districts revealed dilapidated condition of both residential and nonresidential buildings (photographs below refer). These cases point to systemic issues in maintenance of buildings.

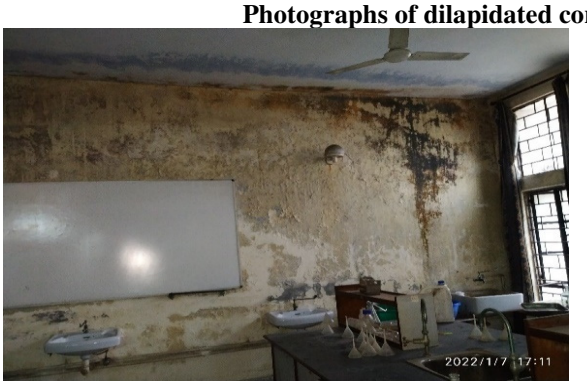
Photographs of dilapidated residential quarters in test checked HCFs

Broken washroom door in the residence of MOIC, CHC, Kotabagh, Nainital



Dilapidated condition of residential quarters of DH, Nainital

Photographs of dilapidated condition of test checked HCFs



Laboratory of Biochemistry Department of GMC Haldwani, Nainital in Dilapidated Condition

Chief Pharmacist's room in GFH, Haldwani, Nainital

X- ray room in dilapidated condition at CHC, Doiwala, Dehradun

Labour room of Sub Centre Harrawala, Dehradun was being used as store room

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

5.3 Health & Wellness Centres

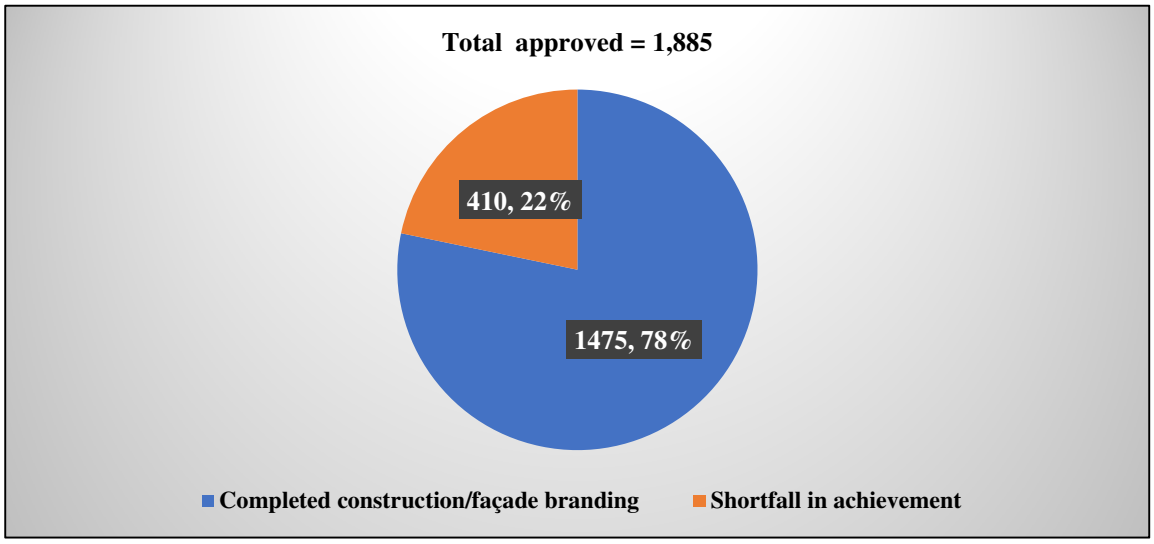
To deliver an expanded range of primary health care services, to reduce out of pocket expenditure on health and to provide a platform for all wellness activities including yoga in the community, Ministry of Health and Family Welfare, Government of India (MoH&FW, GoI) announced (May 2017) to transform the existing Sub Heath Centres (SHCs) and Primary Health Centres (PHCs) into Health and Wellness Centres (HWCs). Delivering Comprehensive Primary Health Care (CPHC) services through HWCs is a key component of Ayushman Bharat, a flagship scheme of GoI.

5.3.1 Non achievement of approved construction and facade branding of HWCs

In accordance with GoI decision in the year 2017-18, the NHM, Uttarakhand was to upgrade all existing SHCs/ PHCs into HWCs in phased manner up to December 2022. The GoI had approved 1,885 existing Health Care Facilities up to March 22 to be constructed/facade branded for the purpose of upgradation/transformation into HWCs.

As per information furnished by the NHM, the status/achievement of construction and facade branding of existing HCFs for the purpose of transformation into HWCs in the state of Uttarakhand during 2017-22 are shown in the **Chart-5.3** below:

Chart-5.3: Achievement of construction and facade branding against approved HWCs in the State

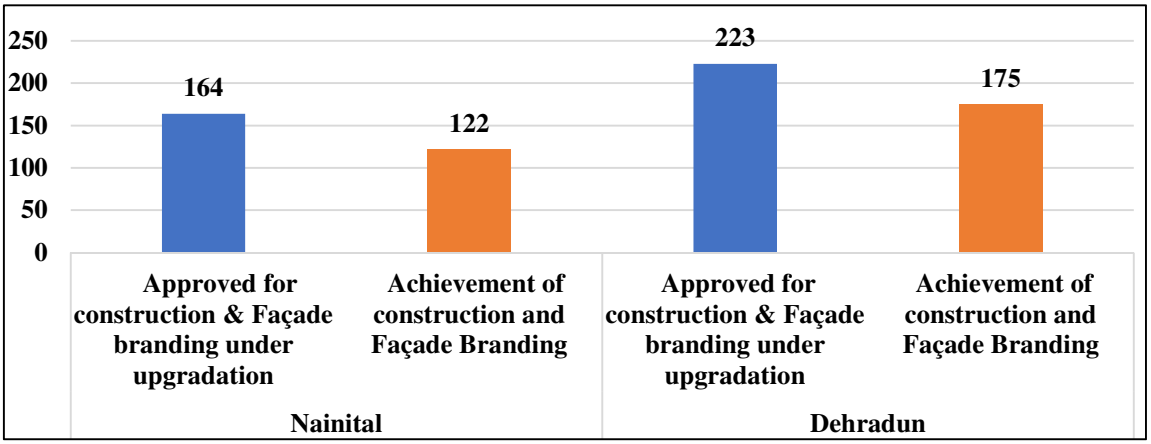


Source: Information provided by National Health Mission, Uttarakhand.

During the period from 2017-18 to 2020-22, GoI had approved budget of ₹ 156.26 crore for transformation/upgradation of 1,885 HCFs into HWCs in the State. However, the NHM, Uttarakhand could utilize only ₹ 93.73 crore and could complete construction/facade branding of 1,475 HCFs for transformation into HWCs up to March 2022.

Further, the status/achievement of construction and facade branding of HCFs for the purpose of upgradation/transformation into HWCs in two test checked districts is shown in the **Chart-5.4** below:

Chart-5.4: Status of construction/Facade branding of HWCs in test-checked districts:



Source: Information provided by selected District Health Societies/CMOs.

In the test checked districts of Dehradun and Nainital, 387 HCFs were approved to be upgraded into HWCs as shown in the chart above. 297 HWCs were constructed/facade branded for the purpose till March 2022.

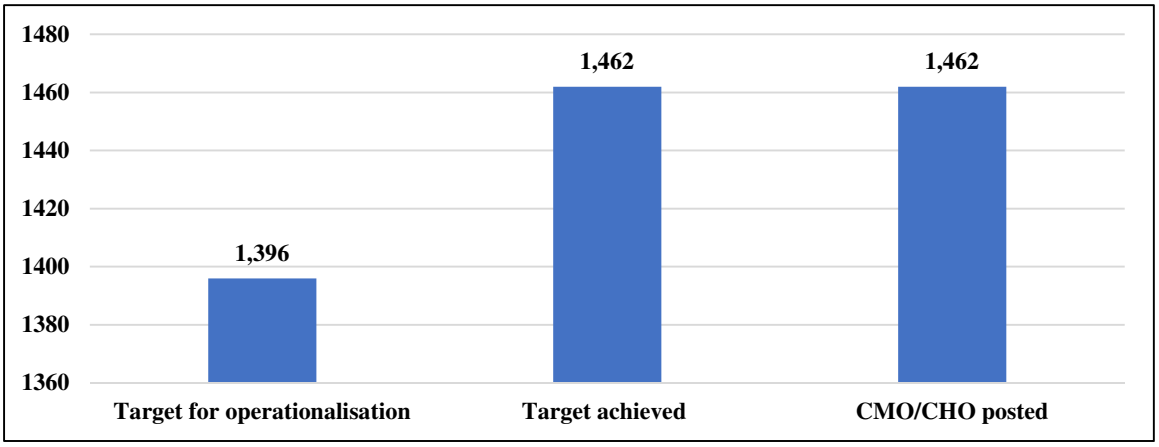
5.3.2 Operationalisation of HWCs

As per Comprehensive Primary Health Care (CPHC) guidelines for HWCs, a key addition to the primary health team at the SHC-HWC would be:

- The Mid-level Health Provider (MLHP) who would be a Community Health Officer (CHO).
- The CHO/Mid-level Health Provider (MLHP) would be a BSc. in Community Health or a Nurse (GNM or B.SC) or an Ayurveda practitioner, trained and certified through IGNOU/other State Public Health/Medical Universities for a set of competencies in delivering public health and primary health care services.

The number of operationalized HWCs in the State of Uttarakhand and test-checked districts as on March 2022 is given below in **Chart-5.5**:

Chart-5.5: Number of HWCs operationalized and posting of CHOs/MOs at HWCs in the State



Source: Information provided by National Health Mission, Uttarakhand.

As intimated by the NHM, Uttarakhand, the GoI had fixed a cumulative target (up to March 2022) for operationalization of 1,396 HWCs in the State. However, against the target, the NHM operationalized 1,462 HWCs till March 2022 which was more than the target fixed. Further, as per information received, CHOs/Medical Officers (MOs) were posted at all the operationalized HWCs.

5.3.3 Unsuitable Designs & Construction of HWCs

As per operational guidelines of Comprehensive Primary Health Care (CPHC) through HWCs, services like care in pregnancy and childbirth, neonatal and infant health care services, elderly and palliative health services, emergency medical services were included under the expended ranges of services to be delivered at HWCs.

It was observed in sampled districts that the SHS constructed 16 HWCs and 15 HWCs, in Dehradun and Nainital district respectively with steep iron staircase, at first floor of the existing SHCs.

HWC Badowala

HWC Devidhura

The Government replied (November 2022) that the construction on the first floor was done with the purpose that the first floor will be used for drug store, vaccines store, record keeping, paperwork, yoga and waiting etc. The reply was not satisfactory as the SHS under the transformation of existing SHCs/ PHCs, had constructed CHOs rooms and patient's waiting rooms at first floor of the existing SHCs.

5.3.4 HWCs without Approach Road

As per Indian Public Health Standard (IPHS) norms, health care facilities need to be located at the place easily accessible to the people so that no person has to travel more than three kms to reach HCF and no person could face difficulties to approach the same.

During joint physical inspection (March 2022) of HWCs situated in Nainital district, it was found that there was no approach road[1] to reach Devidhura and Alchona HWCs. Further,

[1] Both the HWCs were located downward to the trench from the main road head and had nearly half-foot wide steep pagdandi to be approached.

Hanol[2] HWC at Dehradun was also located at height from the main road for which stairs were constructed. All these HWCs were not suitably approachable, therefore, upgradation of these SHCs into HWCs was not justified.

HWC Devidhura

HWC Alchona

The Government replied (November 2022) that Uttarakhand occupies nearly 86 *per cent* hilly area due to which there has been a scarcity of availability of plain land at road head. As per directions of GoI, the existing sub health centres were to be upgraded into HWCs and as Devidhura and Alchona SHCs were already in existence, these were transformed into HWCs. In the case of Hanol HWC, it was stated that at the time of establishment of this centre, the stairs were constructed.

While the constraints pointed out by the Government are genuine, the Government needs to find solution for easy access to the patients/beneficiaries.

5.3.5 Construction of HWC on first floor

As per order (5/2018) of the Mission Director, NHM, Uttarakhand, Dehradun, the HWCs were to be constructed on the first floor only if there was no land available at ground floor in the SHCs. During joint physical inspection (March 2022) of HWCs in Dehradun, it was found that the SHS constructed the HWC on first floor of the existing SHC namely Soda Saroli despite availability of land in the premises of this centre. Thus, the SHS flouted its own order and constructed the HWC on first floor which was not suitable for providing some of CPHC services. ***(Refer Paragraph 5.4.3 of this Chapter)***

Vacant place in front of Soda Saroli HWC

Vacant place beside Soda Saroli HWC

[2] Physically inspected in Dec 2021.

The Government replied (November 2022) that after inspection of the Soda Saroli SHC, it was found that there was no sufficient land in its premises, which is why HWC was constructed on the first floor.

The Government may review its position as Audit found enough space during joint physical verification of the site.

5.3.6 Substandard construction of HWCs

During joint physical inspection (March 2022) of Soda Saroli HWC, block Raipur, Dehradun, it was found that tree roots crept inside the patient waiting room causing continuous seepage and moisture inside the room. Accordingly, the room was out of use since it was constructed (July 2019). Further, it was also found that the false ceiling of Bullawala, and Badowala HWCs were coming off. The doors of CHO room and patients waiting room at HWC Sewla Kalan, Dehradun were damaged. This indicated that the construction was of very poor quality and substandard.

HWC Soda Saroli

The Government accepted the facts and replied (November 2022) that the concerned Medical Officers In -charge have been directed to immediately take corrective measures.

5.3.7 Yoga facilities at HWCs not provided

As per guidelines, wellness activities including the practices of yoga and physical exercises were important components of CPHC services to be provided through HWCs. For practice of yoga activities, yoga instructors were to be appointed/engaged at all operational HWCs.

On review, Audit observed that only 61[3] out of 297 operational[4] HWCs in test checked districts had Yoga instructors. Thus, the Government/SHS failed to provide Yoga teachers even when the yoga/wellness activity is a key component of expanded services to be provided at HWCs. The Government accepted the facts and replied (November 2022) that the SHCs are located far away from the city in the hilly area of Uttarakhand and honorarium is too less to continually engage yoga instructors for the purpose. At the same time, the Government is considering performing yoga activities through digital screening. The Government should provide Yoga teachers at all the HWCs on priority basis as Yoga is one of the important activities under CPHC to be provided at HWCs.

5.3.8 Basic facilities at the HWCs not provided

During joint physical inspections (March 22) of HWCs in Nainital and Dehradun districts, it was found in Nainital district that at Mangoli HWC, no water and electricity facility was

[3] 26 in Nainital and 35 in Dehradun district.
[4] 122 in Nainital and 175 in Dehradun district.

available since long. At Himmatpur HWC, no electricity facility was available for nearly 12 years. No water supply at Devidhura, Alchona and Karanpur HWCs was available. Further, no water supply facility was available at Sewlan Kalan and Sewlan Khurd HWCs in Dehradun district. Thus, the SHS declared the above HWCs functional even without basic facilities at these HWCs.

The Government replied (November 2022) that the problem of the electricity has been resolved and the solution of the water problem at the HWCs under question is under process. The Government's reply is silent on providing basic facilities in all HWCs in a time bound manner.

5.4 AYUSH Health & Wellness Centres (HWCs)

Branding work, Homoeopathic Dispensary, Doiwala, Dehradun

With an objective to establish a holistic wellness model based on AYUSH principles and practices to empower masses for "self-care" and to reduce the disease burden and out of pocket expenditure and to provide informed choice to the needy public, the Government of India, under the broad umbrella of National AYUSH Mission (NAM) decided (March 2020) to operationalize AYUSH HWCs through Centrally Sponsored Scheme mode. A target of 200 AYUSH Health & Wellness centers[5] were fixed to be established in the state up to 2023-24. For establishment[6] of 70 HWCs, GoI released ₹ 7.29 crore during 2020-21.

The facility was partially operational/utilised due to not posting of Panchakarma assistants, Yoga instructors and training of 67 Chief Health officers as against the requirement of 70 for executing each activity. Although HWCs Renovation (70), Branding (70), Herbal Garden (69), Laboratory (62) and Yoga room (70) were completed.

The Government replied (November 2022) that renovation, branding, laboratory establishment, herbal garden establishment works of HWCs had been completed and instruments required for Primary Panchkarma facilities had been made available to all the HWCs. The sanction of posts of Panchkarma assistant is under progress.

5

Financial Year	2020-21	2021-22	2022-23	2023-24
Target	70	50	60	20

6 The amount was released for infrastructure (repair, renovation, equipment, furniture etc.), yoga instructors, laboratory services, herbal gardens activities, etc.

5.4.1 Infrastructure creation and maintenance issues

The creation of infrastructure and its maintenance is crucial to deliver services. On review, we noticed instances of insufficient creation of infrastructure, delay in completion/handing over of civil works, abandonment of a major project and inability to ensure essential services in the hospitals.

5.4.1.1 Health care infrastructure as per AYUSH norms

For establishment of new Ayurvedic and Homoeopathy Hospitals/Dispensaries, norms were framed by the State (March 2011). As per these norms, a new Hospital/dispensary can be established in the plain area of 10 km or 10,000 population, and five km motorable road or three km by foot road in hilly area, if there were no Allopathic, Ayurvedic and Homoeopathic facility available in the area. Further, AYUSH Policy 2018 also emphasizes to strive to upgrade the existing infrastructure facilities (Hospitals, Specialty Hospitals and Dispensaries) and develop new infrastructure.

Records revealed that to identify the actual requirement of infrastructure in the State no mapping was done by the department according to the above norms. However, 58 and 43 proposals for establishment of new Ayurvedic & Homoeopathic dispensaries respectively were submitted to the Government but were yet to be approved. Further, only one Homoeopathic dispensary was established during the period 2016-22. As no proposal was accepted, the number of Ayurveda healthcare facilities (551 number[7]) and Homoeopathic dispensaries (110) established in the State before 2016 remained stagnant.

The Government replied (November 2022) that at present strengthening work of Ayurvedic hospitals is under way and new hospitals will be established as per availability of funds.

5.4.1.2 Incomplete Civil Works

During the period 2016-22, the Government sanctioned construction & repair/maintenance of 215 existing hospitals/ dispensaries of Ayurveda and Homoeopathy respectively for estimated cost of ₹ 57.14 crore. Scrutiny of the records revealed that 75 out above 215 projects were yet to be put to use due to issues of handing over of completed buildings, lack of funds and ongoing construction. **Table-5.3 (a & b)** below has the details.

Table-5.3 (a): Details of sanctioned construction & repair/maintenance of Civil Works

(₹ in crore)

Particulars	Hospitals/ Dispensaries (Work in No.)		Sanctioned cost		Amount released to implementing agency	
	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy
Construction of building works	48	32	37.13	8.68	32.26	8.08
Repairing/Maintenance works	86	49	7.73	3.60	7.56	3.60
Total	**134**	**81**	**44.86**	**12.28**	**39.82**	**11.68**

Source: Information provided by the department.

[7] 117 OPD clinics and 434 hospitals (429 hospitals with four beds, four hospitals with 15 beds and one hospital with 25 beds).

Table-5.3 (b): Details of Incomplete construction & repair/maintenance Civil Works

(₹ in crore)

Particulars	Hospitals/ Dispensaries (Work in No.)		Sanctioned cost		Amount released to implementing agency	
	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy
Completed but not handed over to department	27	08	3.92	0.66	3.82	0.66
Construction was held up due to not releasing of balance funds	02	00	1.69	00	0.30	00
Construction was in progress at different level.	23	15	11.75	3.83	8.19	3.23
Total	**52**	**23**	**17.36**	**4.49**	**12.31**	**3.89**

Source: Information provided by the department.

The Government replied (November 2022) that 16 building works (14 Ayurveda and two Homoeopathy) were completed and handed over. The Government's reply was silent on any Action Plan to expedite remaining works.

5.4.1.3 Lack of basic amenities/ infrastructure

Basic amenities are essential for effective and safe service delivery of health services. These include inter alia potable drinking water, approach road, electricity and patient safety equipment. The status of these amenities in 551 Ayurveda health care facilities in the State was follows:

Table-5.4: Status of Basic Amenities in AYUSH Health Care Facilities

Sl. No.	Name of Basic Amenity	No of Dispensaries without facility	*In per cent*
1.	Water	211	*38*
2.	Electricity	196	*36*
3.	Road	90	*16*
4.	Fire equipment	530	*96*

Source: Information provided by the department.

The situation was equally bad even in two relatively developed districts of Dehradun and Nainital, as detailed in **Table-5.5** below.

Table-5.5: Status of Basic Amenities in AYUSH Health Care Facilities

Ayurvedic Hospitals/dispensaries running without basic amenities in the two test checked districts		
Items	**Name of the district**	
	Dehradun	**Nainital**
Number of Ayurvedic Dispensaries	**52**	**36**
Facility without basic Amenities (in per cent)		
Water	**08** ***(15)***	**14** ***(39)***
Electricity	**07** ***(13)***	**06** ***(17)***
Road	**00** ***(00)***	**04** ***(11)***
Fire equipment	**52** ***(100)***	**30** ***(83)***

Source: Information provided by the department.

The Government replied (November 2022) that District Ayurveda and Unani Officers had been directed to fulfil these facilities.

5.5 Status of new construction and upgradation works

During April 2016 to November 2022, 39[8] major construction works were sanctioned during 2016-21 under NHM. Out of these 26 constructions works (67 *per cent*) were completed whereas only 22 construction works could be handed over to the department. Eight construction works which had to be completed during October 2021 and March 2022 were yet to be completed while five construction works were yet to start.

The Government stated (November-2022) that out of 39 works 28 works have been completed and handed over to the department while due to unavailability and supply of construction material during Covid 19 period the remaining 11 works are under progress.

Latest position of remaining 11 works (June 2023) were as follows:

- Out of three completed works, one work has been completed within the stipulated time and two works have been completed with delay of one and a half year.
- Out of eight incomplete works, seven[9] works are still in progress while one work which has been sanctioned in 2020-21 is yet to start.

Thus, due to the delay in completion of the various construction works, intended purposes remained unachieved.

5.6 Infrastructure not put to use appropriately in test checked health institutions

5.6.1 Idle expenditure of ₹ 3.62 crore

To improve technical/managerial skills and commitment levels of the state's health personnel through training, research, and consultancy, the Department of MH&FW decided (2002-03) to upgrade its existing Regional Health and Family welfare Training Centre (RH&FWTC) at Haldwani, Nainital to State Institute of Health & Family Welfare (SIHFW). Accordingly, construction of various buildings [10]and creation of 29 additional posts was required to establish the SIHFW. The construction work was assigned (December 2006) to the executing agency UPRNN at the cost of ₹ 2.88 crore and the work was to be completed by December 2011.

However, it was noticed that despite spending of entire sanctioned fund of ₹ 3.62 crore[11] the UPRNN could complete only Administrative Block of the SIHFW. For the rest of the works, incomplete at various stages due to paucity of funds, the executing agency submitted (9/2013) a revised estimate of ₹ 5.02 crore to the DG, MH&FW but the same was not approved till date (March 2022). The rest of the works remained incomplete and

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[8] MO Transit Hostel-28, Residential Quarters-04, Hospital Buildings-07.

[9] Out of seven incomplete works the completion date of five works is between June 2023 and March 2024.

[10] Administrative Block (Office building, Auditorium, Training & Academic Blocks), Residential Buildings (Principal's Residence, 6 Nos. Type-4 Houses, 4 Nos. Type-1 Houses) and Approach Road.

[11] ₹ 2.87 crore plus ₹75 lakh, an additional fund from the Nation Health Mission was made available by the Department to the UPRNN, the executive agency.

the SIHFW could not be established. Besides, the department neither created any required post nor utilised the constructed/taken over Administrative building (July 2012) till February 2022.

It was apprised by the Government (November 2022) that departmental training programmes are being organized from time to time. Besides, the said training centre was also used as Covid Care Centre from March 2020. The Government neither replied with regard to incomplete works nor about the creation of required posts.

5.6.2 Establishment of 50 bedded integrated AYUSH Hospitals

In pursuance of AYUSH Mission, the Government of Uttarakhand proposed for setting up of three new 50 bedded integrated AYUSH Hospitals during 2016-19 as detailed in **Table-5.6** below.

Table-5.6: Details of AYUSH Hospitals

(₹ in lakhs)

Name of the Hospital	Date of sanction	Construction Agency	Estimated cost	Released Amount by GoI	Released Amount by State Government	Date of Start of work	Date of completion	Physical progress (in *per cent*)
Haldwani, Nainital	05 July 2016	UPRNN Ltd.	989.17	989.17	989.17	08/2016	10/2021	*97*
Jakhanidhar, Tehri	22 July 2019	Construction & Design Services, Jal Nigam (An enterprise of UP Govt.)	1,570.48	300.00	Nil	Yet to be started	Yet to be started	Nil
Tanakpur, Champawat	22 July 2019		1,382.36	300.00	Nil	Yet to be started	Yet to be started	Nil

Source: Information provided by the department.

On review, audit observed that none of the hospital had been completed till the date of audit (November 2021). Further, construction work of two hospitals[12] was not taken up despite availability of funds. This was due to pendency of proposals at Government level for construction of hospital in Champawat and for additional funds for hospital in Tehri.

The Government replied (November 2022) that 50 bedded AYUSH hospital in Haldwani is operational now. Further, the construction of 50 bedded hospital at Jakhanidhar, Tehri had started and for Champawat Hospital a fresh proposal was sent to Government of India. The Government's reply has not elaborated on any Action Plan to reduce/minimize delays in future and officials who are responsible for delays in these two projects.

5.6.3 Inability to establish Government Unani College

Under AYUSH Mission, the GoI supports setting up of new AYUSH educational Institutions with a grant[13] of ₹ 10.50 crore in the States. The excess requirement of funds is to be met by the concerned State Government.

[12] Jakhanidhar, Tehri & Tanakpur, Champawat.

[13] One Time grant up to ₹ 09 crore for undertaking construction of OPD/IPD/Teaching Departments/ Library/Laboratories/Girl's Hostel /Boy's Hostel, etc. and ₹ 1.5 crore for Equipment, Furniture, and Library books was to be provided. In excess of above, the balance amount, if any, had to be borne by the State Government.

Government of Uttarakhand proposed for setting up of a new Government Unani Medical College at an estimated cost of ₹ 33.66 crore to AYUSH Ministry during 2017-18 against GoI's commitment of ₹ 09 Crore. The GoI released its share in instalments to the tune of ₹ 4.48 crore during 2017-19. Scrutiny of records revealed that the Government of Uttarakhand was unable to fund the remaining requirement of ₹ 24.66 crore to finish the project and accordingly returned the funds received from GoI. These chain events show that due diligence required for new projects as per Budget Manual was not undertaken. Meanwhile, the Government had spent ₹ 46.28 lakh on preparation of DPR of the project which is likely to become wasteful due to abandoning of the project.

On being pointed out, the Government replied (November 2022) that under the new guidelines GoI would fund to the tune of ₹ 70 crores. Accordingly, new proposal is under process/ consideration by State level Expenditure Finance Committee.

5.6.4 Cost escalation due to inordinate delay in completion of Doon Medical College

For construction of new building of Government Doon Medical College administrative approval and financial sanction had been granted in December 2011 while the construction work was started in March 2012 by the executing agency Uttar Pradesh Rajkiya Nirman Nigam at a cost of ₹ 293.81 crore. The said work had to be completed by the end of August 2013. However, during audit, it was found that estimate was revised three times (October 2013, January 2015 and March 2021) and revised cost reached upto ₹ 417.80 crore in March 2021 and the work was still not completed even after lapse of 11 years despite expending ₹ 386.90 crore.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

5.7 Execution of AYUSH Policy 2018

With a vision to brand Uttarakhand as the preferred AYUSH destination state for health care and tourism, the Uttarakhand State Government framed a policy which is known as AYUSH Policy 2018.

The strategic framework for the development of AYUSH should be based on the identified thrust areas i.e.- Infrastructure Upgradation, AYUSH Programmes, AYUSH Education, Research, Drugs, Governance, Institutional Mechanism, Regulatory Framework and Investment in AYUSH & Wellness Tourism.

Records revealed that-

- Existing infrastructure facilities (Ayurveda and Homeopathy Dispensaries) had not been upgraded, neither the funds were earmarked, nor the strategic framework or guidelines were prepared for the development of the AYUSH Health programmes focusing on Public Health Care, Tribal Health Care, Palliative Care, Cancer Care, Maternity Care, Child Care, Geriatric Care, Sports Care, Communicable and Non-communicable Diseases and Lifestyle Management.

- Medicinal Plant nurseries was not established in all the AYUSH hospitals.
- Uttarakhand accreditation standards was not prepared yet.
- Key AYUSH investible 39 projects/activities had been proposed by the private investors for which an amount of ₹ 2,417.95 crore will be invested and through which 12,434 employments will be generated. These projects were categorized as AYUSH Gram, AYUSH Township, Yoga Centres, AYUSH Wellness Centres etc.

Actual execution by the department against each thrust area of AYUSH Policy is detailed in ***Appendix-5.2***.

5.8 Conclusion

Inadequate monitoring mechanism resulted in inordinate delay in completion of construction works/ idle expenditure on works. Instances of lack of proper upkeep and maintenance of the already constructed/available infrastructure were also noticed, which resulted in these not being fully utilised for the intended purposes. Further, existing infrastructure facilities had not been upgraded, neither the funds were earmarked, nor the strategic framework or guidelines were prepared for the development of the AYUSH Health programmes.

5.9 Recommendations

The State Government may consider the following recommendations on priority to ensure required health infrastructure and services for the MH&FW Department as well as Medical Education Department:

1. ***The Government may look into the issues of delays in start and/or completion of planned infrastructural works, with a view to remove the bottlenecks and ensure speedy completion;***
2. ***The Government may consider developing a proper mechanism for proper upkeep and maintenance of the already constructed/available infrastructure;***
3. ***The Government may get the Construction of HWCs done by keeping in mind the vulnerability of patients like pregnant women, children etc. to provide easy accessibility and availability of complete range of facilities as envisaged in the scheme.***

Chapter-6
Financial Management

Chapter-6: Financial Management

A key requirement for any health system is to ensure that the available public funds are utilised in line with health system objectives. Such funding seeks to give Governments and health authorities, both the financial capacity and the incentive to fulfil their objectives. Examination of records disclosed deficiencies in planning and adequacy of funds for the health care sector as discussed in the succeeding paragraphs.

6.1 Expenditure on Health Sector in the State

Details of spending on the health sector in the State by the Government of India (GoI) and the Government of Uttarakhand (GoU) during the period 2016-22 is given in the **Table-6.1** below:

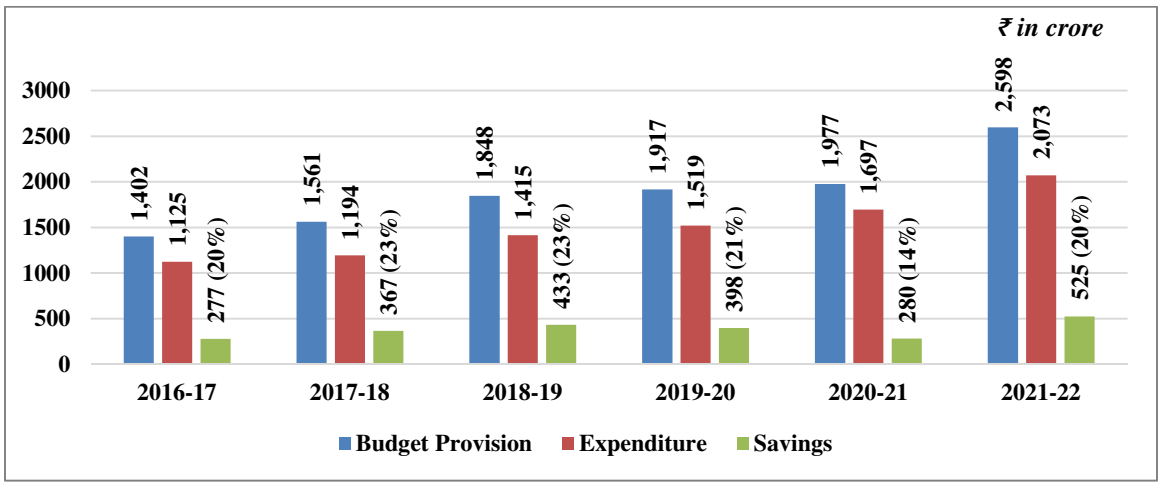
Table-6.1: Expenditure on Health Sector[1] (GoI and State Government)

(₹ in crore)

Year	Government of India[2]	Government of Uttarakhand
	Expenditure	Expenditure
2016-17	381.23	1,124.92
2017-18	424.96	1,194.37
2018-19	681.35	1,414.75
2019-20	582.25	1,518.66
2020-21	792.38	1,696.76
2021-22	947.00	2,072.59
Total	**3,809.17**	**9,022.05**

The saving (percentage) against the budget provisions of the State Government is given in the **Chart-6.1** below:

Chart-6.1: Saving against Budget Provision of the State (*per cent*)



Source: Appropriation Accounts.

[1] Under Grant No.12 & 30 (Major Head: 2210, 2211, 4210 and 4211), Grant No. 16 (Major Head: 2210), Grant No. 31 (Major Head: 2210, 2211 and 4210).

[2] GoI's expenditure has been calcaulated as expenditure classified under sub head 01 of Major Head 2210, 2211, 4210, 4211.

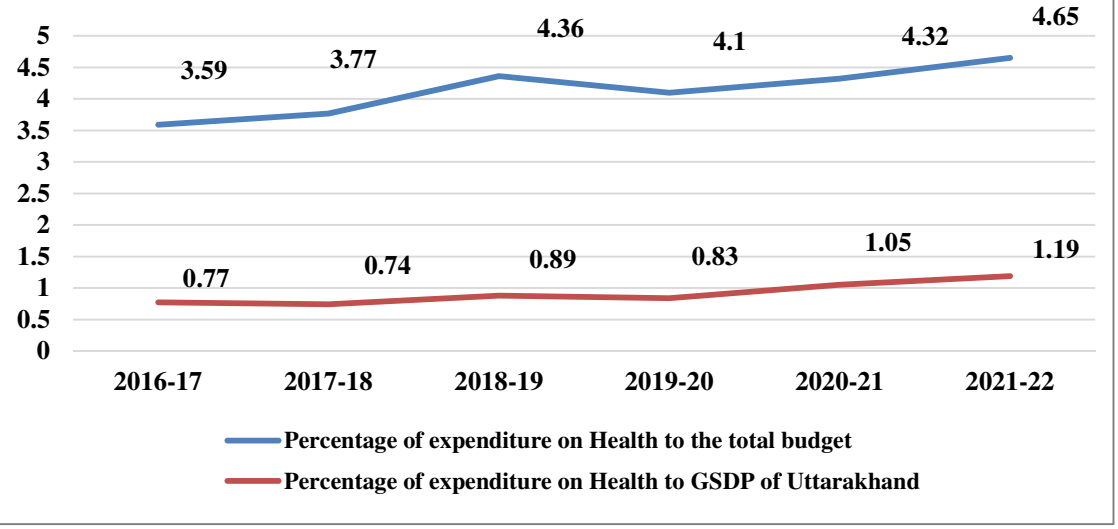
During 2016-22, there were savings ranged from 14 *per cent* to 23 *per cent* against the budget provisions made by the State Government on Health Sector.

6.2 Expenditure on Health Sector by the State vis-a-vis National Health Policy norms

NHP, 2017 advocates that the states should spend more than 8 *per cent* of their budget on health by 2020. In addition, the policy targeted increasing health expenditure by Government as a percentage of GDP from the existing 1.15 *per cent* to 2.5 *per cent* by 2025.

The details of percentage of the State expenditure on Health sector to GSDP[3] of Uttarakhand and against total budget of the State during 2016-22 is given in the **Chart-6.2** below:

Chart-6.2: Expenditure on Health by Uttarakhand Government to the Total Expenditure of State/GSDP



Source: CAG's State Finances Audit Report and Appropriation Accounts.

From above, it is seen that against the target of 8 *per cent*, the Government spending on health sector has increased from ₹ 1,506.15 crore (3.59 *per cent* of total budget of State) during 2016-17 to ₹ 3,019.59 crore (4.65 *per cent* of total budget of State) during 2021-22. Similarly, as against the target of 2.5 *per cent* (to be achieved by 2025), the expenditure on health by the State Government increased from 0.77 *per cent* to 1.19 *per cent* of GSDP during the same period.

6.3 Expenditure on Primary Health Care Services

NHP, 2017 envisaged that two third or more of total health budget should be allocated for Primary Health Care.

The Details of expenditure on primary health care[4] during 2016-22 is given in **Table-6.2** below:

[3] Assuming that the target of NHP 2017 for increasing health expenditure is provisioned for the state also.
[4] Primary Health Centre and below level health care facilities.

Table-6.2: Detail of Expenditure on Primary Health Care during 2016-22.

(₹ in crore)

Year	Government Health Expenditure (GHE[5])	Expenditure on Primary Health[6]	Expenditure on Primary Health over GHE (in *per cent*)
2016-17	1,506	606	40
2017-18	1,619	580	36
2018-19	2,096	715	34
2019-20	2,101	676	32
2020-21	2,489	836	34
2021-22	3,020	1,059	35

Source: Detailed Appropriation Accounts.

It can be seen from the above table that the State Government did not spend two-third of total Government health expenditure on primary health in any of the year during 2016-22. However, Primary Health Expenditure increased from ₹ 606 crore (in 2016-17) to ₹ 1,059 crore (in 2021-22).

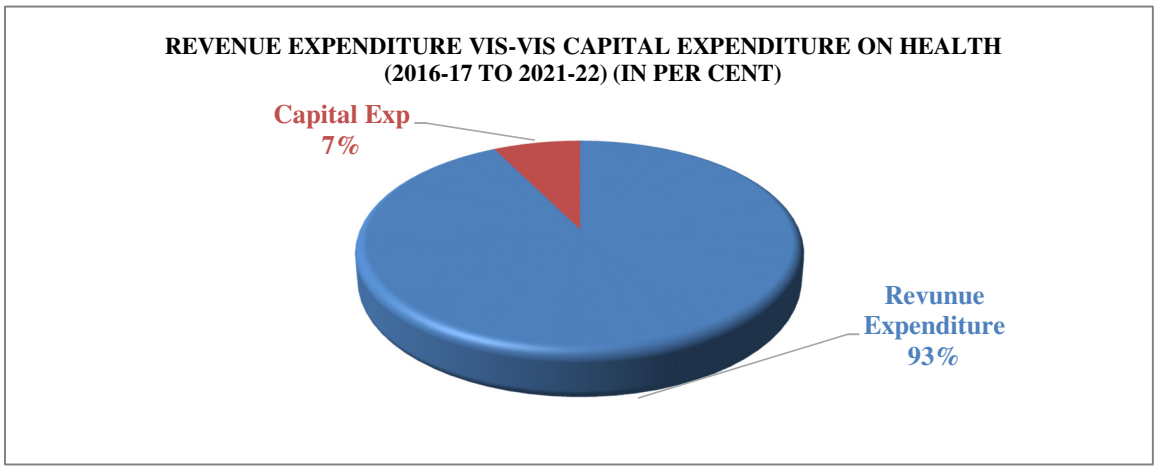
6.4 Revenue and Capital Expenditure

Revenue expenditure includes establishment expenses, Grant-in-aid to various Institutions, expenditure on purchase of drugs/medicines, equipments, maintenance, expenditure on training programmes, immunisation Programme, family planning programmes, Employees State Insurance Scheme, various schemes/programmes of State/Central Government, etc.

Capital Expenditure includes construction/major repair of buildings of health institutions, acquisition of land, etc.

Out of the total expenditure of ₹ 12,831 crore incurred on health during 2016-22, revenue expenditure was ₹ 11,880 crore (92.59 *per cent*) while capital expenditure was ₹ 951 crore (7.41 *per cent*) as indicated in the **Chart-6.3** below:

Chart-6.3: Capital Expenditure *vis-à-vis* Revenue Expenditure

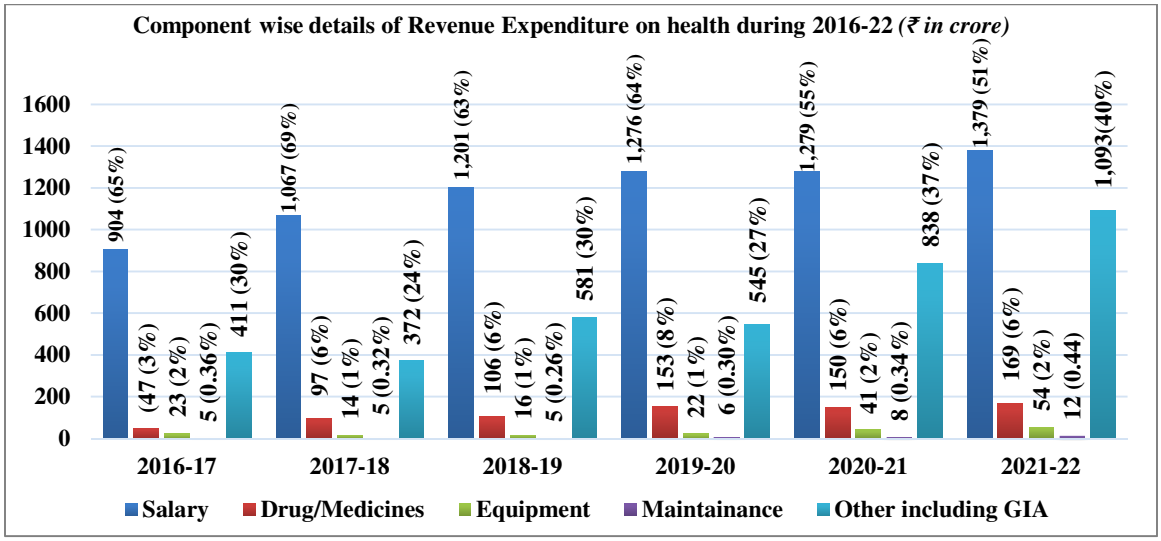


Source: Appropriation Accounts.

[5] GHE has been calculated as sum of expenditure under major head of account 2210, 2211, 4210 & 4211.
[6] Expenditure under the head: 2210-03, 2210-04, 2211-00, 4210-02, 4211-00.

6.4.1 Component wise Revenue Expenditure

The details of component wise revenue expenditure out of total Revenue Expenditure on health sector incurred during 2016-22 by the State Government is depicted in the **Chart-6.4** given below:



Source: Data of Voucher Level Computerisation (VLC) system maintained by the office of the Accountant General (A&E) Uttarakhand.

It was observed that:

- 51 *per cent* to 69 *per cent* of the revenue expenditure on health sector was incurred on Salary during 2016-22.
- Under drugs and medicine, the expenditure was only three *per cent* in 2016-17 to eight *per cent* in 2019-20 and further declined to six *per cent* in 2020-21 as well as in 2021-22. Expenditure under drug/medicines in other systems of medicines (AYUSH) was only ₹ 7.54 crore (one *per cent* of expenditure under drug/medicines) during 2016-22. However, it was three *per cent* in 2016-17. Consequently, the adequacy of drugs in the test checked hospital were not enough. (***refer para 4.1 & 4.1.2 of Chapter-4 of the Report***)
- Under machinery and equipment, Government spent only one to two *per cent* of revenue expenditure on health sector during 2016-22.
- Under maintenance head, expenditure was less than one *per cent* of revenue expenditure on health in each year during 2016-22. During Performance audit, it was noticed that due to lack of maintenance, buildings were in dilapidated conditions as discussed in ***Para 5.2.4 of Chapter-5*** of the report.
- Expenditure under 'Others including GIA' comprised mainly salary of contractual staffs, office expenses, wages, traveling allowance, honorarium, medical reimbursement, motor vehicles, utility bill payment, maintenance, minor work, etc. and was 30 *per cent* in 2016-17 to 40 *per cent* in 2021-22. Amount of GIA in other during 2016-17 to 2021-22 was ₹ 319 crore, ₹ 253 crore, ₹ 436 crore, ₹ 353 crore, ₹ 517 crore and ₹ 600 crore respectively.

6.4.2 Capital Expenditure on health

The details of capital expenditure for creation of infrastructure in health care facilities during 2016-22 is shown in **Table-6.3** given below:

Table-6.3: Details of Capital Expenditure

(₹ in crore)

Year	Capital Expenditure on health	Capital Expenditure					
		Tertiary care				Primary and Secondary care	
		Allopathy	Ayurdeva	Unani	Total capital expenditure under Medical Education	Urban Health	Rural Health
2016-17	116	92	1	1	94	10	12
2017-18	64	46	0	0	46	8	10
2018-19	187	148	0	0	148	26	13
2019-20	98	61	6	0	67	30	1
2020-21	173	109	0	0	109	51	13
2021-22	313	280	0	0	280	25	8
Total	**951**	**736**	**7**	**1**	**744**	**150**	**57**

Source: Detailed Appropriation Accounts.

Above table indicate that infrastructure creation in primary and secondary level was low priority of the State. Only ₹ 207 crore (22 *per cent*) against ₹ 951 crore was utilised for creation of infrastructure in primary and secondary health care.

Resultantly, Primary care significantly lacked infrastructure such as, SHCs were running on rented building, PHCs/SHCs were functioning without separate toilets for male and female, PHCs were running without labour room, construction works of hospital buildings (AYUSH) were not completed etc. as discussed in ***Para 5.2.1, 5.2.3. & 5.6.2 of Chapter-5*** of the report.

6.5 Out of pocket expenditure

Out-of-pocket expenditure (OOPE) is a payment made by households for obtaining the health care services. Currently, out-of-pocket expenditure constitutes more than 60 *per cent*[7] of all health expenses, a major challenge in a country like India where a large segment of the population is poor. It is estimated that approximately 63 million people fall into poverty every year due to lack of financial protection for their healthcare needs.

As per National Health Account of Estimates of India reports issued by Ministry of Health and Family Welfare, New Delhi, in Uttarakhand, out-of-pocket expenditure as a share of total health expenditure came down to 42 *per cent* in 2017-18 from 61 *per cent* in 2015-16. Further, it was noticed that per capita OOPE in Uttarakhand (₹ 1,237) stood at lower end when compared with per capita OOPE with India (₹ 2,097). However, following was noticed during audit of test checked GMCs.

[7] As per NITI Ayog report on "Investment Opportunity in India's Health Care Sector" published in March 2021.

Case study: Out of pocket Expenditure due to non-implementation of free drug policy

During test check of GMC Haldwani, it was noticed that during the period 2016-22, a total of 18.21 lakh Outpatient Department (OPD) were deprived from getting free drugs, as per state Government policy[8]. Audit also collected 82 prescription slips from OPD patients as a sample, and the average cost of prescribed drug was calculated, which was around ₹ 262, which was borne by patient. This is indicative of recurring Out of pocket expenditure in absence of implementation of free drug policy.

In Exit Conference, Secretary-In-Charge while accepting the facts and stated (November 2022) that free drugs to the OPD patients of GMC, Haldwani will be provided from the second week of November 2022.

6.6 Preparation of unrealistic budget

Para 19 of Uttarakhand Budget Manual (UBM) envisaged that the Head of Departments and other estimating officers should prepare the estimates for each head of account with which they are concerned on the basis of the material obtained by them from subordinate officers and forward estimates to Administrative Departments of Secretariate. The administrative departments will scrutinise these estimates and make available their comments to the Finance Department which examines them and is responsible for the preparation of the annual budget.

As per Para 28 of UBM, "The estimating should be as close and accurate as possible and the provision to be included in respect of each item should be based on what is expected to be actually paid or spent (under proper sanction) during the year, including arrears of past years, and not merely confined to the liabilities pertaining to the year. Further, Para 30 of the said Manual provides that, 'In preparing the estimates, the average of the actuals of the past three years, as also the revised estimates for the current year, should invariably be kept in sight. Lump provisions should not be made in the estimates.'

In preparation in budget estimates, following deficiencies were noticed:

- Provisions of Uttarakhand Budget Manual were not adhered to by the Medical Health & Family Welfare Department as the department had not obtained the inputs in time from subordinate offices.
- The administrative department of the secretariat had sent the budget estimate to the Finance Department without any changes/comments.

The Government replied (November 2022) that compiled information for budget estimate will be submitted to the Government after demands are obtained from all drawing and disbursing officers from next year.

[8] Government of Uttarakhand vide G.O. No. 1700 dated 19.12.2015 had directed Govt. hospitals and Govt. Medical Colleges to supply free drugs, clinical items, consumables, and surgical items to the public under Free Essential Drugs Initiative scheme.

6.7 Budget allocation and expenditure under National Health Mission

National Health Mission (NHM), Uttarakhand, received funds in 90:10 ratio from GoI and Government of Uttarakhand. Programme/Schemewise details are given in Chapter 7 of the report. The details of release and utilisation of fund under NHM are given in **Table-6.4** below:

Table-6.4: Detail of release and utilisation of funds under NHM during 2016-22.

(₹ in crore)

Year	As per Approved PIP[9]		Total Available Fund (TAF) at SHS level during the Year					Exp.	Closing Balance
	GoI Share	GoU Share	Opening Balance	Fund released by		Interest	TAF		
				GoI	GoU				
2016-17	375.87	29.62	121.19	207.40	28.37	28.50	385.46	245.68	139.78
2017-18	490.76	39.37	139.78	149.82	22.59	3.15	315.34	229.78	85.56
2018-19	449.28	36.92	85.56	318.11	46.45	4.62	454.74	332.24	122.50
2019-20	522.26	58.03	122.50	343.83	21.66	6.44	494.43	297.58	196.85
2020-21	411.25	45.69	196.85	414.90	57.27	9.65	678.67	431.90	246.77
2021-22	629.00	69.89	246.77	333.83	32.80	4.85	618.25	551.14	67.11
Total	**2,878.42**	**279.52**		**1,767.89**	**209.14**	**57.21**	**2,946.89**	**2,088.32**	

Source: Information provided by MD, NHM.

6.8 Expenditure of AYUSH in comparison to Total Health expenditure

The expenditure of AYUSH department in comparison to total health expenditure during 2016-22 was as shown in the **Table-6.5** below:

Table-6.5: Expenditure on AYUSH

(₹ in crore)

Composition of Health Expenditure	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Total Health Expenditure	1,506	1,619	2,096	2,101	2,489	3,020
Expenditure on AYUSH	186	225	250	270	268	257
***Per cent* of AYUSH w.r.t Total Health Exp in the State**	**12**	**14**	**12**	**13**	**11**	**09**

Source: Extracted from Detailed Appropriation Account of the respective years.

It can be seen from the above table that expenditure of AYUSH department in comparison to total health expenditure of the state ranged between 09 *per cent* to 14 *per cent* during 2016-22.

6.9 Fund utilisation under COVID 19 in the State

The Government announced a financial support package in March 2020 to deal with the health crisis and its socio-economic consequences.

Further, the Government of India provided funds under Emergency Response and Health System Preparedness Package (ER&HSPP) during 2020-22 to the state in order to support the activities such as strengthening of public health facilities for screening, testing, undertaking community surveillance, strengthening /establishing dedicated COVID treatment and isolation facilities, creating infrastructure and provision of supplies for

[9] Project Implementation Plan.

infection control, engaging additional HR, and capacity building etc. The receipt and expenditure for fund provide under NHM for management of COVID 19 and under ER&HSPP is given in **Table-6.6** below:

Table-6.6: Utilisation of funds under COVID-19

(₹ in crore)

Name of Scheme/package	Year	Total Receipt	Total Exp.	Closing Balance
NHM (for Covid-19)	2019-20	20.61	11.01	9.60
ER&HSPP	2020-21	72.25	69.80	5.67
	2021-22	3.22		

Source: Information furnished by MD, NHM.

As per para 4.1.4 (2) of guidance note issued (April 2020) by GoI, additional Human Resource (HR) was to be engaged[10] to meet the needs for increased services in view of COVID-19.

It was noticed that released funds under ER&HSPP were to be fully utilised till March 2022. On review, the Audit observed that the Department had substantially utilized funds in critical components of ERHSPP viz, diagnostics, equipment and temporary HR as detailed in **Table-6.7** below.

Table-6.7: Category wise expenditure incurred under ER&HSPP

(₹ in lakh)

Sl. No.	Financial Management Report Code	Type of expenditure	Approved fund	Expenditure till March 2021 (%)	Expenditure till March 2022 (%)
1	B 31.1	Diagnostics including sample transport	1,080.80	1,019.43 (94)	1,019.43 (94)
2	B 31.2	Drugs and supplies including PPE and masks	100.00	41.54 (42)	58.82 (59)
3	B 31.3	Equipment/facilities for patient care including support for ventilators etc.	1,487.19	984.18 (66)	1,344.74 (90)
4	B 31.4	Temporary HR including incentives for Community Health volunteers	4,363.00	2,017.02 (50)	4,187.02 (96)
5	B 31.5	Mobility Support	27.00	11.63 (43)	11.93 (44)
6	B 31.6	IT systems including Hardware and Software etc.	140.25	21.23 (15)	102.64 (73)
7	B 31.7	Information, Education and Communication/Behavioral Change Communication	250.78	130.50 (52)	200.78 (80)
8	B 31.8	Training	16.00	5.62 (35)	11.76 (73)
9	B 31.9	Miscellaneous (which could not be accounted for above items of expenditure)	81.98	38.00 (46)	43.18 (53)
Total			**7,547.00**	**4,269.15 (57)**	**6,980.30 (92)**

Source: Information furnished by NHM, Uttarakhand.

It was noticed that:

- Under ER&HSPP, ₹ 8.09 crore was approved for the appointment of specialist doctors, medical officers and non-teaching staff in medical colleges against which State utilised

[10] Specialists, Doctors, Nurses, Pharmacists, ANMs, sanitation staff, data entry operators and other health workers.

only ₹ 2.81 crore (35 *per cent*) and ₹ 6.53 crore (81 *per cent*) at the end of March 2021 and March 2022 respectively. In test checked Medical Colleges it was noticed that a total of 775 staff[11] in different cadres were hired for meeting Covid 19 requirements but both colleges had not hired specialists and doctors to cater to additional[12] facilities created through ventilators provided to these hospitals.

- GoI approved ₹ 11.51 crore in 2020-21 for deployment of additional human resources at district levels and an additional grant of ₹ 3.22 crore was also released in February 2022. It was noticed that State utilised only ₹ 4.80 crore (42 *per cent*) till March 2021. However, entire funds earmarked for deployment of additional human resources at district levels were utilised at the end of March 2022. It was further found that State had hired only 1,017 against the identified requirement of 1,559 staff under different cadres but no specialist/doctor were hired despite requirement of 73 to meet additional burden.

The Government replied (November 2022) that the fund earmarked under ER&HSPP for hiring specialist doctors could not be utilised due to unavailability of these doctors.

6.10 Conclusion

The State was slowly moving towards achievement of targets of health sector spending under National Health Policy 2017. State Government did not spend two-third of total Government health expenditure on primary health care in any of the year during 2016-22. On an average 30 *per cent* of total available fund under NHM remained unutilised at the end of the financial year during 2016-22.

6.11 Recommendations

1. ***The Government may enhance the institutional capacity to utilise allocated fund along with increasing the budget provision on healthcare services as required under National Health Policy, 2017;***
2. ***The Government may enhance expenditure particularly to meet deficiencies in providing adequate supply of medicine and equipment across healthcare facilities in the State and to create the lacking infrastructure like Trauma Centres, mortuary, blood bank and construction of buildings for Sub Centers.***

[11] Including 308 nurses.
[12] 100-GMC Haldwani & 65-GMC Dehradun.

Chapter-7
Implementation of Centrally Sponsored Schemes

Chapter-7: 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.

National Health Mission (NHM) is the flagship scheme of Government of India (GoI) to improve the overall health status of the country by providing universal access to equitable, affordable, and quality health care services that are accountable and responsive to people's needs. During the period 2016-22, NHM, Uttarakhand received ₹ 1,977.03[1] crore for implementation of various schemes/interventions. The details of funds approved, and expenditure done under certain CSS programmes that are taken for review in this chapter is given in the **Table-7.1** below:

Table-7.1: Details of funds approved and expenditure done under CSS during 2016-22

(₹ in crore)

Name of Programme/Scheme	Approved Fund	Expenditure
ASHA	236.45	182.60
Health & Wellness Centre	156.26	93.73
Revised National TB Control Programme	92.38	54.92
National Tobacco Control Programme	9.24	5.42
National Urban Health Mission	84.57	61.11
Janani Suraksha Yojna	87.79	84.85
Rashtriya Bal Suraksha Karyakram	88.90	48.85
Immunization	86.40	75.18
National Programme for Control of Blindness	27.42	11.91
National Programme for Health Care of the Elderly	4.80	3.86
National Mental Health Programme	3.69	2.05
Family Welfare Scheme/Family Planning	35.61	17.95
Total	**913.51**	**642.43**

Source: NHM, Uttarakhand.

Observations based on examination of implementation of selected centrally sponsored schemes in the State are discussed in succeeding paragraphs.

7.1 Accredited Social Health Activist (ASHA)

From the time of the launch of the National Rural Health Mission in 2005, the ASHA programme has emerged as the largest community health worker programme in the world and is considered a critical contributor to enabling people's participation in health.

7.1.1 Overburdened Accredited Social Health Activists (ASHA workers)

Initially in 2005, when the ASHA programme was started, ASHA workers were merely assigned the duty of inspiring pregnant women for institutional delivery, keeping in view the infant mortality rate, maternal mortality rate etc. With the passage of time, an ASHA worker is supposed to perform nearly 60 types of

Good Practice:
To regulate and timely payment of incentives of ASHA workers, the State Government has launched ASHA Sangini App in November 2021, which is under implementation phase in the districts.

[1] Central share ₹ 1,767.89 crore and State share ₹ 209.14 crore.

diverse duties which mainly include door to door survey, immunization to children, to provide health education, to accompany the pregnant women to the health care facility, to hold village level meeting, to maintain records to organize and prioritize her work, to prepare village health plans, help desk duty at health care facility. Besides, an ASHA worker has also been assigned the duties under covid vaccination campaign. Details of duties/activities performed by ASHA workers, and incentives paid to them are given in ***Appendix-7.1***.

Further, though the ASHA worker is not a permanent employee[2], but only a health activist with basic educational qualification[3] she is expected to be a health planner, health worker, educationist, and a record keeper. In addition, ASHA workers have played a pivotal role during COVID-19 outbreak in the State. ASHA workers surveyed in their prescribed respective areas for tracing COVID-19 patients, helped in taking samples for diagnosis of COVID-19, looked after the patients during quarantine facilities, distributed Home Isolation Medicine Kits to the patients isolated at homes.

Thus, due to diverse and large number of assigned duties ASHA workers were overburdened.

The Government accepted the facts and replied (November 2022) that ASHA workers were engaged in working with front line workers and Government machinery during COVID-19 due to which ASHA workers were overburdened and now the COVID-19 pandemic is over.

7.1.2 Improper implementation of ASHA Certification Programme

To enhance the competency and professional credibility of ASHA workers in providing quality health care services in the community, the ASHA Certification programme was launched (May 2015) by GoI.

It was observed that the certification programme started in the State in 2017-18. Since then, at State level, only 1,526, that is less than 13 *per cent* of total available 12,018 ASHA workers in the State, were provided training for their certification till March 2022.

The Government accepted the facts and replied (November 2022) that the rest of the ASHA workers will be certified in the next financial year.

7.1.3 Smart mobile phones to ASHA workers not provided

In order to eliminate the burden of converting the manual records into digital records, smart mobile phones were to be provided to ASHA workers and ASHA Facilitators (AFs) in all the districts of the State. To serve the purpose, mobile phones were to be provided to ASHA workers and AFs in the state till March 2022. Amount of ₹ 14.19[4] crore was sanctioned under NHM.

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2 The engagement of ASHA workers is on temporary and no work no pay basis.

3 Eighth class pass.

4 ₹ 4.74 crore, ₹ 3.09 crore and ₹ 6.36 crore sanctioned in the ROPs for the years 2019-20, 2020-21 and 2021-22 respectively.

However, only 6,269[5] out of 12,624[6] ASHA workers and AFs were provided mobile phones till March 2022 despite availability of funds.

The Government accepted the facts and replied (November 2022) that at present mobile phones have been provided to the rest of the ASHA workers.

7.2 Revised National Tuberculosis Control Programme (RNTCP)

The Revised National Tuberculosis Control Programme (RNTCP) rolled out in 1997. In December 2019, the programme was renamed as National Tuberculosis Elimination Programme (NTEP) in line with the vision of GoI to end Tuberculosis (TB) by 2025. In the State, the Government also envisioned to eliminate TB from the State by 2024.

7.2.1 Financial Position

To implement the RNTCP in the State, GoI, under NHM, provides the budget for various aspects including nutrition support for TB patients, diagnosis and treatment, awareness campaigns, research and support for laboratories facilities. It also includes funding for healthcare professionals involved in managing tuberculosis.

7.2.1.1 Short utilization of funds

The **Table-7.2** below shows the expenditure incurred by the SHS under the RNTCP/NTEP during the period from 2016-22:

Table-7.2: Year wise details of funds approved, and expenditure incurred

(***₹ in crore***)

FY	Fund approved	Expenditure	Unspent balance	Committed Amount	Expenditure in percentage
2016-17	10.38	6.32	4.07	-	61
2017-18	8.50	6.53	1.98	0.25	77
2018-19	14.66	8.86	5.80	0.43	60
2019-20	18.89	11.12	7.77	0.80	59
2020-21	18.36	11.81	6.55	3.00	64
2021-22	21.60	10.28	11.32	0.00	48
Total	**92.38**	**54.92**	**37.49**	**4.48**	**59**

Source: Data provided by the SHS.

It may be seen from the above table that SHS could utilize only 59 *per cent* of the total approved funds during the last six years.

The Government accepted the facts and replied (November 2022) that short utilization was due to, funds sanctioned for the State level Lab and Nikshay Poshan Yojna could not be spent. Now the sanctions against the said Lab have been obtained and process for further action has been initiated.

7.2.2 Detection of TB cases

The main objectives of RNTCP/NTEP were to achieve 90 *per cent* notification of all TB cases as well as to achieve 90 *per cent* success rate of cure of all notified TB patients in the State.

[5] 5,938 ASHA workers and 331 AF.

[6] 12,018 ASHA workers and 606 AF.

The year wise details of target of detection of TB cases, achievement against the target, achievement of cured / treatment completed of detected TB patients during 2017 to 2022 are given in the **Table-7.3** below:

Table-7.3: Details of target of detection of TB cases, achievement, and success rate

Year	Target of detection of TB patients	Achievement of Detection (*in per cent*)	Cured against Detected (*in per cent*)
2017	22,255	17,442 (78)	15,170 (87)
2018	28,520	20,836 (73)	17,834 (86)
2019	33,791	25,131 (74)	20,887 (83)
2020	32,000	20,272 (63)	16,317 (80)
2021	32,000	23,753 (74)	12,008 (51)
2022 (Sept.)	21,000	21,819 (104)	19,608 (90)

Source: Data provided by the SHS, (Success rate =patient cured / treatment completed).

It may be seen from the above table that during the year 2017 to 2021, the target of detection of TB patients was not achieved. Further, the success rate of cure of all notified TB cases was 51 to 87 *per cent* from 2017 to 2021 against desirable success rate of 90 *per cent*. The State, however, has done well during 2022.

The Government replied (November 2022) that in Uttarakhand the average rate of TB notification is 71 *per cent* and the average success rate of cure is 83 *per cent* in 2021, which is at par to National average level. While appreciating the Government's success in 2022, the need for sustaining the said success can not be overemphasized.

7.2.3 Functioning of TB Hospital in the State

Case Study: Dedicated TB Hospital

TB Sanitorium, Bhowali, Nainital was established in 1912. It was noticed as under:

- Against 378 beds sanctioned for the Sanitorium only 72 beds were available.
- Availability of doctors, nursing and paramedical staff as of February 2023 were deficient as can be seen in the table alongside.

	Sanctioned Strength	Availability
Doctors	11	05 (Regular) plus 04 (Contractual)
Nursing	32	13
Para Medical	09	06

- Number of monthly average indoor and outdoor patients receiving treatment during the year 2022 from the dedicated hospital were 592 and 3,444 respectively out of 21,819 TB patients in the State.

Further, Audit conducted joint physical inspection (February 2023) of the said Sanitorium and observed as under:

- **Hospital Management**

  Since TB is a communicable disease so the hospital needs to follow high level disinfection procedure. Audit did not find any effective infection control system. Further, no Hospital Infection Control Committee was in existence.

- **Dignostics:**
- One X-ray machine was available which was functional**.** Further, C T Scan Machine was not functional in the absence of technician since 2010.

- **Medicines:**

  All TB medicines are provided by central TB Division free of cost. No shortage of TB medicines was seen in the hospital.

- **BMW Management**

  No colour coded bins for segregation of bio medical waste at the point of generation, as required, were available in the hospital. It was found that old bins were used by the hospital for BMW.

- **Infrastructure:**

  Building of the hospital is very old, that is, more than 100 years old and is not well maintained.

- **Facilities/Services:**

  There was no wheelchair or ramp facility for the TB patients who are physically challenged. No ambulance service was available in the hospital. No lab facility for blood sample or blood test was available in the hospital.

  - **Dietary Services and cleanliness**

    There was no mechanism to check the quantity and quality of food being provided to the TB patients. Further, no clean and sufficient linen was being provided to the patients.

The matter was reported to the Government (September 2023), but no reply was received.

7.3 Delayed implementation of ANMOL software

MoH&FW, GoI developed (January 2018) a tablet-based application called ANMOL (ANM online) for Auxiliary Nurse Midwifery (ANMs), aiming to enter and update the service records of beneficiaries promptly and on real/near real time basis. ANMOL helps ANMs in carrying out their day-to-day work efficiently and effectively.

GoI approved ₹ 2.37 crore for purchase of tablets for ANMs during the year 2018-19. However, the state Government purchased 1,282 tablets only in March 2021 with a delay of more than two year. Further, the purchase was short of 437 tablets as there were 1,719 ANMs in the State till March 2021. Delayed purchase caused the ANMOL software was not being implemented in the State in time.

The Government replied (November 2022) that up to the end of the August 2022 tablets have been provided to the total ANMs.

7.4 National Urban Health Mission (NUHM)

To address healthcare needs of urban population, particularly urban poor, the Ministry of Health & Family Welfare has formulated NUHM as a Sub-Mission under an over-arching NHM to provide equitable and quality primary health care services to the urban population with special focus on slum and vulnerable sections of the Society.

Observations based on examination of implementation of the scheme in the State are discussed in succeeding paragraphs.

7.4.1 Outreach services of NUHM

As per operational guidelines for conducting Outreach Sessions in Urban Areas, the outreach services can be categorized in two types- Monthly outreach sessions/Urban Health and Nutrition Days (UHNDs) and Special Outreach Sessions to be held periodically as per the local requirements of the specific population subgroups. Detail of Outreach Session held in test checked districts Dehradun and Nainital during the period 2017-22 is as follows:

Table-7.4: Status of Outreach Sessions held in Dehradun and Nainital districts.

Name of District	Target	Achievement	Shortfall	Shortfall (%)
Outreach session				
Dehradun	584	454	130	22
Nainital	210	143	67	32

Source: Information furnished by NHM/SHS and District Health Society/CMOs.

It is evident from the above table that Outreach camps were organized with a shortfall of 22 *per cent* in Dehradun and 32 *per cent* in Nainital during the year 2017-22. Information provided by NHM also revealed that no outreach session was organized in the districts during 2018-19.

The matter was reported to the Government (September 2023) but no reply was received.

7.4.2 Insurance of the equipment and services not done

It was noticed that agreements for operation and maintenance of Urban Primary Health Centres (UPHCs) under Public Private Partnership (PPP) mode under NUHM in the State, were entered into (June 2019) between the Uttarakhand Health and Family Welfare Society (UKHFWS) and various[7] Societies/NGOs. As per conditions of the agreements "the equipment and services supplied under the agreements by the societies/NGOs shall be fully insured by the Societies/NGOs, against loss, theft or damage incidental to the manufacturer or acquisition transportation storage delivery and installation and operations. The period of insurance would be for the entire assignment period as per agreement."

It was noticed that four[8] out of five Societies/NGOs, with which agreements were executed for operation and maintenance of UPHCs in the State, did not get the insurance done for the above purpose.

The Government accepted the facts and replied (November 2022) that necessary action is being taken to get the provision of insurance of all services and equipment done from UPHC operating agencies.

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[7] 4 Societies/NGOs.

[8] M/s Bombay Hospital & Research Centre (BHRC), M/s Dharam Gramin Utthan Sansthan (DGUS), M/s Forum for Rural Infrastructural Environmental & National Development Society (FRIENDS), M/s Society of People for Development (SPD).

7.4.3 Conditions of Agreement not complied

An agreement was entered into (June 2019) between UKHFWS, and M/s Society for Health Research & Development (SAMARPAN), for operation and maintenance of UPHC at Majra in Dehradun. During joint physical inspection (June 2022) of the UPHC Majra, it was found that many conditions of the agreements were not being complied by the SAMARPAN/Grantee as discussed in the succeeding paragraphs:

- The SAMAPRAN was to collect[9] user charges at UPHC on behalf of District Health Family Welfare Society (DHFWS) and was to deposit the same to DHFWS on monthly basis. However, the amount of user charges collected from June 2021 to June 22 was not deposited to DHFWS. The Government accepted the facts and replied (November 2022) that user charges, at the level of DHFWS, has been deposited into the concerned bank account.
- Records of stock and supply of drugs /stock of medicines, IUCD, Medical Instrument, and equipment, were to be maintained[10] at the UPHC. However, the same was not being maintained as found during joint physical inspection. The Government replied (November 2022) that UKHFWS/ DHFWS will ensure that the data is updated on the portal regularly.
- During joint physical inspection, it was found that the Medical Officer (MO) and the General Nursing and Midwifery (GNM) were not present at UPHC for the last nine and six days respectively. It was the responsibility of the SAMARPAN to make sure the availability of alternate MO and GNM if the MO and GNM were on leave, absent or otherwise, to provide the medical facilities to the people of the area. The Government accepted the facts and replied (November 2022) that this was already mentioned in the agreement and if the partner does not make alternative of staff, the deductions will be made from the HR component as per MoU.
- As per provisions[11] of agreement, the SAMARPAN was to do the facade branding[12] of the UPHC at its own cost. However, it did not get the facade branding done which was against the agreement. The Government accepted the facts and replied (November 2022) that at present as per instructions of GoI, facade branding has been done.

7.5 National Tobacco Control Programme (NTCP)

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

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9 As per clause 5.3.7.3 of the agreement.
10 As per clause 3B (3) & 3B (1) & 3(B)2(J) of the agreement.
11 clause- 5.2.2 (1.1) of the agreement.
12 Facade Branding means to disseminate services optimally. The centres must be accessible and appealing, providing a sense of comfort.

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 .

To implement the NTCP in the State, GoI provides the budget, under NHM, for expenditure on Awareness and Education campaigns, facilitating efforts to inform the public about the health hazards of tobacco use which includes creating advertisements, organizing events, and distributing educational materials to increase awareness. It also includes funding for healthcare professionals involved in implementation of the programme.

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on NTCP by the NHM during 2016-17 to 2021-22 is as under:

Table-7.5: Budget provision and expenditure under NTCP in the State

(₹ in lakh)

Year	Budget Provision in ROP	Expenditure incurred	Expenditure *(per cent)*
2016-17	197.30	104.93	*53.18*
2017-18	284.93	134.76	*47.30*
2018-19	93.96	71.28	*75.86*
2019-20	98.45	55.59	*56.47*
2020-21	108.30	43.91	*40.54*
2021-22	140.57	131.71	*93.70*
Total	**923.51**	**542.18**	***58.71***

Source: Information provided by NHM, Uttarakhand.

Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; orange colour depicting average performance while red colour depicting poor performance.

It can be seen from the above table, that the SHS could use 40-56 *per cent* of budget provisions during 2016-22 except in 2017-18 and 2021-22. The State had considerably improved its performance in 2021-22 and utilized more than 90 *per cent* of budgetary provision.

The matter was reported to the Government (September 2023) but no reply was received.

7.5.1 School Awareness Programmes under NTCP

As per sub clause 2 of 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 per year in one district should be adopted and included in the school awareness programme'.

As per information provided by the CMOs/DHS concerned, the target and achievement under school awareness programme in test checked Nainital and Dehradun districts were as follows:

Table-7.6: 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	70	00	00	101	00	00	*144*	*0*	*0*
2017-18	110	30	00	130	35	00	*118*	*116*	*0*
2018-19	140	50	01	133	22	01	*95*	*44*	*100*
2019-20	150	60	02	132	63	02	*88*	*105*	*100*
2020-21	150	60	02	123	36	02	*82*	*60*	*100*
2021-22	150	60	03	180	38	03	*120*	*63*	*100*

Source: Information provided by NTCP unit under CMOs/DHS.
Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance, orange colour depicting average, while red colour depicting poor performance.

It can be seen from above table that the implementation of the programme seems satisfactory. However, the data of awareness programmes organised in coaching institutions in district Dehradun was not available and in District Nainital almost negligible camps were organized for awareness programmes in coaching institutes. It can also be observed that achievement in school awareness programmes ranged between 144 *per cent* and 82 *per cent* for public schools, zero to 116 *per cent* for private schools during the year 2016-17 to 2020-22.

The matter was reported to the Government (September 2023) but no reply was received.

7.6 National Programme for Control of Blindness

The National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100 *per cent* centrally sponsored programme with the goal of achieving a prevalence rate of 0.3 *per cent* of the population. 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.

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on NPCB by the NHM during the period 2016-17 to 2021-22 is as under:

Table-7.7: Budget provision and expenditure under NPCB in the State

(₹ in lakh)

Year	Budget Provision in ROP	Expenditure incurred	Expenditure *(per cent)*
2016-17	213.44	172.62	*80.88*
2017-18	289.69	146.59	*50.60*
2018-19	541.96	212.47	*39.20*
2019-20	487.62	167.79	*34.41*
2020-21	567.82	240.02	*42.27*
2021-22	641.72	251.69	*39.22*
Total	**2,742.25**	**1,191.18**	***43.44***

Source: Information provided by NHM, Uttarakhand.
Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance, orange colour depicting average, while red colour depicting poor performance.

From the above table, it is clear that the SHS's ability to utilize funds is consistently falling from 80 *per cent* in 2016-17 to 39 *per cent* in 2021-22.

The matter was reported to the Government (September 2023) but no reply was received.

7.7 National Programme for Health Care of the Elderly (NPHCE)

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 Vision of the NPHCE is to provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population and to promote the concept of Active and Healthy Ageing. To provide accessible, affordable, care services to the elderly people, provision of various equipment[13] have been made at public health care facilities.

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on National Programme for Health Care of the Elderly (NPHCE) by the NHM, during the period 2016-17 to 2021-22 is as under:

Table-7.8: Budget provision and expenditure under NPHCE in the State

(₹ in lakh)

Year	Budget Provision	Expenditure	Expenditure *(per cent)*
2016-17	240.90	68.52	*28*
2017-18	88.30	88.04	*99.7*
2018-19	29.40	44.46	*151*
2019-20	8.50	15.82	*186*
2020-21	47.53	27.11	*57*
2021-22	65.01	141.93	*218*
Total	**479.64**	**385.88**	***80.45***

Source: Information provided by NHM, Uttarakhand.

It is evident from the above table, that during the year 2016-17 to 2021-22, both funding and spending has been inconsistent /fluctuating. Expenditure during the year 2021-22 is appreciable, however, to improve the progress consistency is required.

The matter was reported to the Government (September 2023) but no reply was received.

7.8 National Mental Health Programme

The objective of National Mental Health Programme (NMHP) is to provide mental health services including preventive, promotion, and long-term continuing care at different levels of district level health care system. The audit findings observed in the implementation of Mental Health Programme are discussed in the succeeding paragraphs.

7.8.1 Uneven utilization of funds under National Mental Health Programme

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on the programme by the NHM during the period 2016-22 is shown in the table below:

[13] Nebulizer • Glucometer • Shoulder Wheel • Walker (ordinary) • Cervical traction (manual) • Exercise Bicycle • Lumber Traction • Gait Training Apparatus • Infrared Lamp etc.

Table-7.9: Budget provision and expenditure under National Mental Health Programme in the State

Year	Budget Provision (lakh)	Expenditure (lakh)	Percentage
2016-17	133.20	25.92	*19.46*
2017-18	53.20	38.37	*72.12*
2018-19	31.25	40.11	*128.35*
2019-20	36.70	32.80	*89.37*
2020-21	64.62	12.37	*19.14*
2021-22	50.14	55.08	*109.85*
Total	**369.11**	**204.65**	***55.44***

Source: Information provided by NHM, Uttarakhand.

It can be seen from the above table that during the year 2016-17 to 2021-22 the National Health Mission incurred only 55.44 *per cent* of total provisioned budget under the programme which shows lacking in implementation of the programme. Further, during the year 2016-17 and 2020-21, the expenditure remained 19.46 and 19.14 *per cent* respectively, however, the NHM spent 128.35 and 109.*85 per cent* during the year 2018-19 and 2021-22 respectively.

Increase in utilization of the funds during the year 2021-22 indicates the progress in implementation of the scheme.

The matter was reported to the Government (September 2023) but no reply was received.

7.8.2 Availability of Mental Health Programme drugs in selected health care facilities

According to GoI, 19 types of Psychotherapeutic drugs/ medicines for various types of mental health conditions should be available at DHs and 14 types of drugs should be available at SDHs/CHCs/PHCs. As per data provided by test checked HCFs (DHs: 02, DFH: 1, SDHs: 03, CHCs: 09 and PHCs: 07), the shortfall *(per cent)* in availability of mental health drugs is as follows:

Table-7.10: Shortfall *(per cent)* of mental health drugs in test checked HCFs.

Name of HCF	Total No of drugs required	Shortfall of drugs	Shortfall of drugs *(in per cent)*
PHC, Balawala	14	14	*100*
PHC, Thano	14	14	*100*
PHC, Similkha	14	14	*100*
CHC, Sahiya	14	14	*100*
CHC, Betalghat	14	14	*100*
CHC, Bhimtal	14	14	*100*
CHC, Ramgarh	14	14	*100*
SDH, Haldwani	14	14	*100*
DH, Nainital	19	19	*100*
PHC, Chakalua	14	14	*100*
PHC, Jollykot	14	14	*100*
PHC, Talla Ramgarh	14	14	*100*
SDH, Rishikesh	14	13	*93*
CHC, Doiwala	14	13	*93*
CHC, Kotabagh	14	13	*93*

Name of HCF	Total No of drugs required	Shortfall of drugs	Shortfall of drugs *(in per cent)*
CHC, Raipur	14	13	*93*
CHC, Chakrata	14	13	*93*
PHC, Bhagwantpur	14	13	*93*
SDH, Premnagar	14	12	*86*
CHC, Sahaspur	14	11	*79*
DH, Dehradun	19	10	*53*

Source: Information furnished by test checked HCFs.

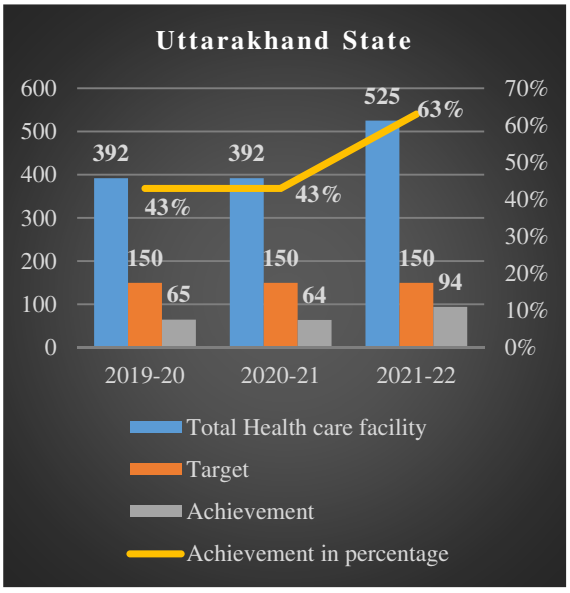
The matter was reported to the Government (September 2023) but no reply was received.

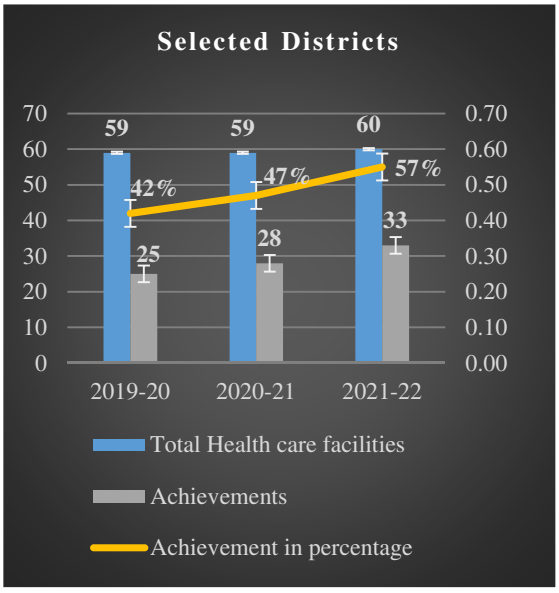
7.9 Kayakalp Programme

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 to 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; inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation; create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Table /Chart below shows the performance of the State and test checked districts under the Kayakalp programme.

Chart-7.1 &7.2: Status of achievers under Kayakalp programme in the State and the selected districts





Source: Information provided by State Health Society/NHM.

It can be seen from the above charts that the State has improved its performance in absolute terms as number of health facilities getting Kayakalp awards has increased from 65 to 94 during 2019-22. However, it needs more efforts to be done to sustain the progress.

The matter was reported to the Government (September 2023) but no reply was received.

7.10 Implementation of Rashtriya Bal Swasthya Karyakram

The GoI launched (February 2013) the Rashtriya Bal Swasthya Karyakram (RBSK) with the aim of screening over 27 crore children from 0 to 18 years for 4 'D's i.e. Defects at birth, Diseases, Deficiencies and Development delays including disability. Dedicated Mobile Health Teams (MHT) were to be constituted to conduct outreach screening of children between six weeks and six years at Anganwadi Centres and of children aged between six and 18 years at schools. The scheme also envisaged setting up of District Early Intervention Centres (DEIC) at the District Hospital level across the country.

Audit observed laxity in implementation of the scheme, as discussed below.

- Out of 285 mobile health teams required for 95 blocks in the State, only 148 teams (52 *per cent*) were in position during 2021-22. Only 28 per cent to 61 *per cent* children of age group of six weeks to six years and six years to 18 years respectively were screened by the MHTs in the State during 2021-22.
- Department did not purchase the medicines required under RBSK programme in 2018-19 and 2020-21 despite funds to the tune of ₹ 88.80 lakh being approved by the GoI in the respective years.
- Establishment of nine DEICs had been approved in nine districts (one in each district) of the State by the GoI in 2013-14. Of this, only five DEICs were established whereas four (except Udham Singh Nagar) were operational as on November 2021. On being pointed out, Mission Director, National Health Mission stated that due to unavailability of spare land in other districts, DEIC could not be established.
- Essential equipment, as required under the programme guidelines, were not available in DEICs of selected districts (Detail given in ***Appendix-7.2***).

Thus, due to not formulating required MHTs, not procuring required medicines/equipments and not setting up of required DEICs, screening of school children and Anganwadi Centres could not be carried out in the desired manner.

The Government accepted the facts (November 2022) and apprised that in the future, medicine kits will be provided to MHTs so that required treatment of children may be ensured. Moreover, due to the unavailability of land required DEICs could not be established.

7.11 Immunization of children

Maternal and Child Health Care essential services require full immunization of all infants and children against vaccine preventable diseases. A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis B and Measles before one year of age.

7.11.1 Implementation of immunization programme in State of Uttarakhand

As per the Universal Immunisation Programme (UIP), the vaccination schedule of various vaccines administered to the infants is given below:

Name of vaccine	Immunization schedule
Bacillus Calmette Guerin (BCG)	At birth (for institutional deliveries) or along with DPT-1 (upto one year if not given earlier).
Hepatitis B-0	At birth for institutional delivery, preferably within 24 hours of delivery.
Oral Polio Vaccine- 0 Dose (OPV-0)	At birth for institutional deliveries within 15 days.
OPV 1, 2 and 3	At 6 weeks, 10 weeks & 14 weeks.
Diphtheria Pertussis Tetanus (DPT 1, 2 and 3)	At 6 weeks, 10 weeks & 14 weeks.
Hepatitis B-1, B-2 and B-3	At 6 weeks, 10 weeks & 14 weeks,
Measles 1 & 2	At 9-12 months and 16-24 months.
Vitamin-A (Ist dose)	At 9 months with measles.

The details of target and achievement against birth doses are tabulated below:

Table-7.11: Details of Immunisation of birth doses to the children during 2016-21

(Figures in number)

Year	Target (T) and Achievement (A)								
	BCG			OPV 0 dose			Hepatitis B		
	T	A	A in *(per cent)*	T	A	A in *(per cent)*	T	A	A in *(per cent)*
2016-17	1,91,000	1,76,702	*92*	1,21,178	1,11,261	*92*	1,21,178	76,444	*63*
2017-18	1,91,000	1,88,789	*99*	1,22,305	1,34,207	*110*	1,22,305	91,239	*75*
2018-19	1,83,008	1,85,690	*101*	1,29,173	1,31,832	*102*	1,29,173	94,948	*74*
2019-20	1,83,008	1,79,177	*98*	1,35,606	1,35,959	*100*	1,35,606	98,926	*73*
2020-21	1,83,008	1,73,001	*94*	1,35,606	1,23,518	*91*	1,35,606	1,04,952	*77*
2021-22	1,83,008	1,75,965	*96*	1,83,008	1,67,016	*91*	1,39,592	1,28,823	*92*

T-Target, A- Achievement, Source: Information provided by MD, NHM.

It can be seen from the above table that 23 *per cent* to 37 *per cent* children were not vaccinated with Hepatitis B during 2016-21, however, it was only eight *per cent* in 2021-22. The achievement of target against BCG and OPV 0 dose ranged between 92 and 101 *per cent* and 91 and 110 *per cent* respectively during 2016-22 which was appreciable.

The target/achievement for immunization of DPT Booster II up-to five years of age children, Tetanus Toxoid 10 (TT10) for 10 years of age children and Tetanus Toxoid 16 (TT16) for 16 years of age children is given in the table below:

Table-7.12: Target/achievement in immunization of 5 years to 16 years of age children

Year	DPT		TT10		TT16		Achievement *(per cent)*		
	T	A	T	A	T	A	DPT	TT10	TT16
2016-17	1,91,000	1,17,672	1,91,000	1,07,250	1,91,000	91,520	*62*	*56*	*48*
2017-18	1,91,000	97,074	1,91,000	97,451	1,91,000	83,755	*51*	*51*	*44*
2018-19	1,83,008	1,17,778	1,83,008	99,676	1,83,008	84,063	*64*	*54*	*46*
2019-20	1,83,008	1,16,472	1,83,008	99,619	1,83,008	80,853	*64*	*54*	*44*
2020-21	1,83,008	1,23,283	1,83,008	96,832	1,83,008	78,804	*67*	*53*	*43*
2021-22	1,83,008	1,15,079	1,83,008	94,877	1,83,008	75,466	*63*	*52*	*41*

Source: Information provided by MD, NHM. T- Target, A- Achievement.

It can be seen from the above table that, achievements against the targets of TT10 and TT16 declined from 56 *per cent* in 2016-17 to 52 *per cent* in 2021-22 and from 48 *per cent* in 2016-17 to 41 *per cent* in 2021-22 respectively. Achievement of Diphtheria Pertussis Tetanus (DPT) Booster II slightly increased from 62 *per cent* in 2016-17 to 63 *per cent* in 2021-22.

The matter was reported to the Government (September 2023) but no reply was received.

7.12 Family Planning/Family Welfare Scheme

The objective of the Family Planning Programme was to reduce and sustain Total Fertility Rate[14] (TFR). The Mission aimed to reduce the TFR by encouraging adoption of appropriate family planning methods and increasing the Contraceptive Prevalence Rate. According to NFHS-5, the state has already achieved the TFR below replacement rate of 2.1. The rural TFR is 1.9 and Urban TFR is 1.8, which is below Replacement rate. This shows the positive achievement towards population stabilization.

7.12.1 Excess reporting of sterilization cases

Compensation scheme for sterilization acceptors provides compensation[15] for loss of wages to the beneficiary and also to the service provider team for conducting sterilization. The main objective of the compensation scheme is to boost the participation of man and woman in family planning. Under this scheme, the Government of India releases compensation for sterilization acceptors to both female and male. Woman who undergoes sterilization operation (Tubectomy) in the Government Hospital gets ₹ 1,400 and man who undergoes sterilization operation (Vasectomy) gets ₹ 2,000.

Audit noticed that for the period 2016-22, the reported cases of tubectomy and vasectomy were 71,601 and 2,014 respectively. However, the number of cases (tubectomy and vasectomy) against which compensation paid was 72,140 and 3,698 respectively. It is evident that the total 2,223 (539-females; 1,684-male) excess cases were reported under female/male sterilisation against which compensation was paid[16] ***(Appendix-7.3)***.

The Government stated (November 2022), that the information is still not received from districts which will be sought.

7.12.2 Delay in settlement of claims under Family Planning Indemnity Scheme

There has been growing concern about the quality of sterilization services being offered, particularly at the camp facilities. The continuing high number of complications, failures and deaths following sterilizations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilization services. To address this issue, Government of India had introduced the "Family Planning Indemnity Scheme". The available financial benefits under the Family Planning Indemnity Scheme are up to maximum ₹ two lakh in case of death, failure and complication following sterilization. The stipulated time limit for settlement of claims under Section-I of the scheme is 15 days in cases of failure, after submission of all required documents. Claim limit is ₹ 30,000 in failure of sterilization (Section IC).

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[14] TFR is a standard demographic indicator used internationally to estimate the average number the children that a woman has over her childbearing years based on the current birth trends.

[15] GO No. 312/XXVIII-4-2015-75/2013 Dated 21-02-2015.

[16] 2223*2000= ₹ 44.46 lakh approx.

There were 71 cases related to failure of sterilization received in the State during the period 2021-23 (December 2022). Out of these 71 cases, only 19 cases were settled, and the rest 52 cases were not settled till date. In Dehradun district, the actual time taken in settlement of claims ranged from 650 days to 1,297 days as found in 55 test checked cases[17]. It cannot be denied that delay in settlement of cases may lead to further disenchantment of the public towards these family planning measures ***(Appendix-7.4)***.

7.12.3 Performance of various Family Planning Methods

7.12.3.1 Limiting Methods

Limiting methods of family planning consist of vasectomy for male and tubectomy for female. Audit noticed that average rate of sterilization during last six year was 59 *per cent* of the targets in the state. The shortfall against set target ranged between 33 to 53 *per cent* even though the state reduced the targets from 28,000 in 2016-17 to 21,500 in 2017-18 and further to 19,000 for the period 2018-21 & later 17,000 in 2021-22. ***(Appendix-7.5)***

(a) Vasectomy

With the aim of increasing participation of males population in stabilisation efforts, the GoI developed a scheme to promote No-Scalpel Vasectomy (NSV). Audit noticed that only 2014 males had undergone vasectomy operation during 2016-22. However, during the same period 71,601 females underwent tubectomy operation. The ratio between vasectomy and tubectomy was 1:35. The average percentage of vasectomy for the period 2016-22 in the State was around three *per cent* of total sterilisation ***(Appendix-7.6)***.

(b) Tubectomy

Tubectomy through laparoscopic procedure had the advantages of ease of operation and quick recovery. However, despite being the easiest method, Laparoscopic sterilisations against total female sterilisations ranged between 55 *per cent* to 61 *per cent* during 2016-22 in the state ***(Appendix-7.7)***. Further, only 21 trained doctors[18] to operate with laparoscopes were available in the State.

It is clear from the above that there was short achievement of sterilisation under Limiting Method during 2016-22 even though targets were reduced intermittently.

The Government while accepting (November 2022) the facts further stated that due to shortage of Surgeons the targets of sterilisation could not be achieved.

7.12.3.2 Spacing methods

Oral pills, condoms, and Intra Uterine Contraceptive Device (IUCD) insertions were the three prevailing spacing methods of family planning to regulate fertility rate. A target of 19,200 cases per year was fixed for Post-Partum Intra Uterine Contraceptive Devices

[17] Days between recommended date of claims and payment order issued from CMO office.
[18] As per information provided by SHS, (As of June 2022)

insertions (PP-IUCD) (within 48 hours of delivery) in the State during 2016-22. The shortfall in PP-IUCD insertions in the State ranged from 36 *per cent* to 56 *per cent* during the above said period (***Appendix-7.8***). Further, an average usage of oral pills constituted around 80 *per cent* of set target during 2016-22. Number of Oral Pill users reduced from 100 *per cent* (2016-17) to 49 *per cent* (2020-21), however it increased up to 80 *per cent* in 2021-22 (***Appendix-7.9***).

The Government while accepting (November 2022) the facts further stated that directions were issued from time to time to the CMOs in this regard.

7.13 Conclusion

State has improved its performance in absolute terms as number of health facilities getting Kayakalp awards has increased from 65 to 94 during 2019-22. However, it needs more efforts to sustain the progress. Under Immunisation Programme, there was room for improvement in Hepatitis B vaccination rates for children. Government needs to do more for smoother implementation of programmes like NTCP, NPCB, and NMHP in the State. In test checked health care facilities, availability of drugs under the NMHP programme, indicating possibility for improvement. The ANMOL software not being implemented in the State in time. However later, the SHS provided the tablets to the total ANMs and managed the ANMOL software well. State could not achieve the set targets of detection of TB cases, cured / treatment completed of detected TB patients during 2017-21, however it performed well in 2022. ASHA workers were overburdened and have to perform large number of duties, the Government needs to take up the issue. Operating agencies did not insure the equipment and services in the UPHCs, this is also an area to improve. Under Family Planning scheme, the state has already achieved the TFR below replacement rate of 2.1. This shows the positive achievement towards population stabilization.

7.14 Recommendations

1. ***The Government may ensure the availability of drugs under the National Mental Health Programme;***
2. ***The Government needs to pay more attention for efficient implementation of programmes like NTCP, NPCB, and NMHP in the State***.

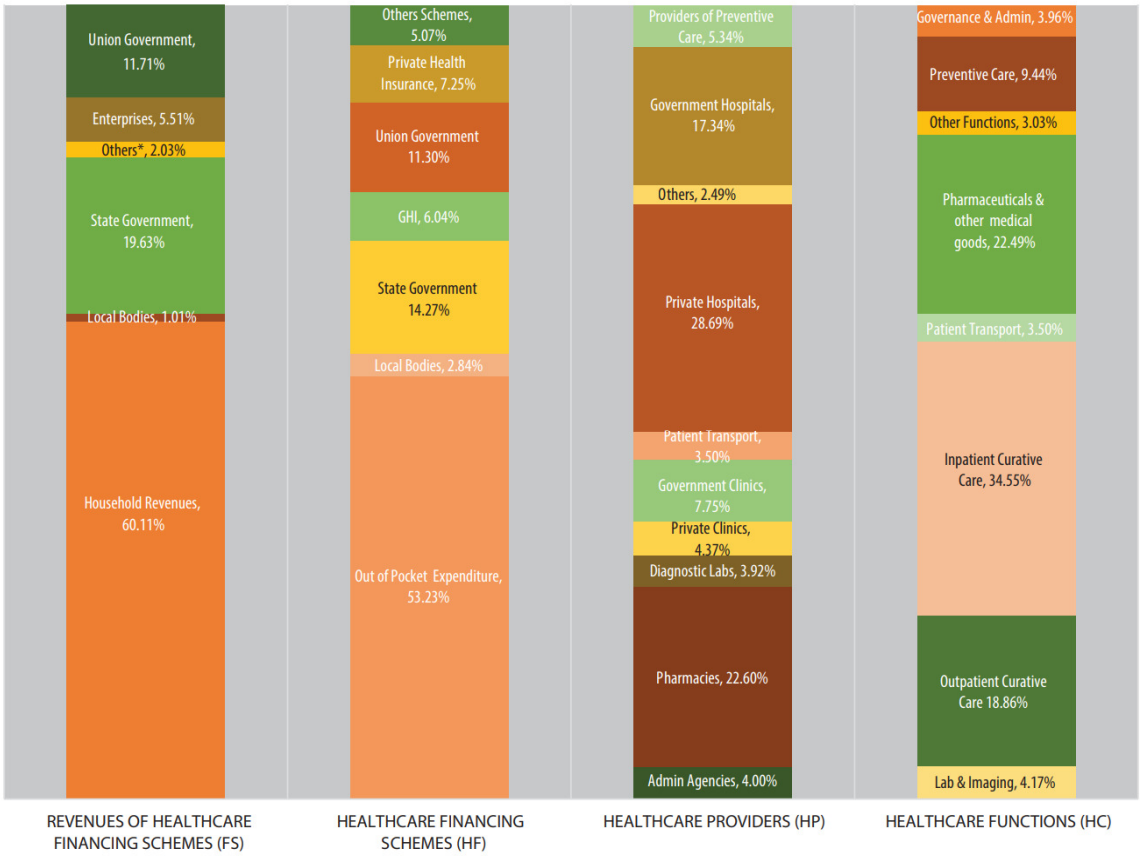
Chapter-8
Adequacy and effectiveness of the regulatory mechanisms

Chapter-8: Adequacy and effectiveness of the regulatory mechanisms

8.1 Introduction

Regulation is an important function in the healthcare sector. Regulations are necessary to standardize and supervise healthcare, ensuring that healthcare bodies and facilities comply with public health policies and that they provide safe care to all patients and visitors to the healthcare system. The role of regulatory bodies is to protect healthcare consumers from health risks, provide a safe working environment for healthcare professionals, and ensure that public health and welfare are served by health programs. Regulatory agencies thus monitor individual and corporate healthcare practitioners and facilities, inform the Government about changes in the way the healthcare industry operates, ensure higher safety standards, and attempt to improve healthcare quality and follow local, state, and national guidelines.

National Health Accounts (NHA) estimates for India for the Financial Year 2018-19 released in year 2022 describe health expenditures and the flow of funds in both Government and private sectors in the country. As per NHA 2018-19, the distribution of Current Health Expenditure (2018-19) according to Healthcare Financing Schemes, Revenues of Healthcare Financing Schemes, Healthcare Providers and Healthcare Functions *(per cent)* is given below:



As can be seen from above, Government Hospitals account for only 17.34 *per cent* of the Current Health Expenditure. However, role of Government is not limited to Government Hospitals, it is also responsible for regulation of private sector hospitals, clinics, pharmacies, etc. in healthcare sector. To assess whether higher safety standards are being adhered to the implementation of following Acts have been covered in this audit:

Clinical Establishment Act 2010, Fire Protection and Fire Safety rules, Atomic Energy (Radiation Protection) Rules, 2004, Standards prescribed under National Medical Commission Act 2019, Uttarakhand Nurse and Nurse Midwives Act 2004, Drugs and Cosmetics Act 1940 and Rules 1945, Pre-Conception & Pre-Natal Diagnostic Techniques Act (PC-PNDT Act) and Bio-Medical Waste Management Rules, 2016.

8.2 The Laws governing the Commissioning of the hospital

These laws make sure that the hospital facilities are created after due process of registration and are safe for the public.

8.2.1 Clinical Establishments Act

'**Clinical Establishments Act**[1]**'** aims to provide for registration and regulation of all clinical establishments in the country with a view to prescribing minimum standards of facilities and services which may be provided by them, so that mandate of article 47 of the Constitution of India[2] for improvement in public health may be achieved. For implementation of Act *ibid*, State Government had notified (2015) the Uttarakhand Clinical Establishments (Registration and Regulation) Rules, 2015. The Act is applicable to all kinds of clinical establishments from public and private sectors, of all recognized systems of medicine including single doctor clinics. The only exception is establishments run by the Armed forces, which will not be regulated under this Act. In the implementation of Act and rules, it was observed as under:

i. Implementation of rules

Health being a State subject, and the respective state Governments are empowered to make their own rules regarding the subject. Accordingly, the Government of Uttarakhand adopted and notified the Uttarakhand Clinical Establishments (Registration and Regulations) Rules, Act 2015, under clinical establishment Act for standardization of health care facilities in the state. On review, audit observed as under

The State Council, being decision making body for Clinical Establishment, was formed after a lapse of 4 years of notification of rules i.e., on 01 August 2019. After expiry of its tenure (July 2020), no notification thereafter was issued by the State Government for the extension or for formation of the State Council.

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1 Adopted by Uttarakhand in March 2011.

2 Article 47 of The Constitution of India is one of the Directive Principles which directs the State to raise the level of nutrition and the standard of living and to improve public health as among its primary duties and, in particular, the State shall endeavor to bring about prohibition of intoxicating drinks and drugs which are injurious to health.

- For the smooth implementation of CEA, only one meeting (July 2020) against the required quarterly meetings was held by the State council. The District Registering Authorities (DRAs) were also not holding meetings as per norms.
- Provision of posts of coordinators and data entry operators at State and district level for implementation of the Act was required to be done. No dedicated staff was provided for data compilation and implementation of the Act either at state level or at DRA level. It was found that proposal[3] for providing staff for State Council was only submitted in September 2021 to Government for approval. As no dedicated staff was provided for the compilation of Clinical Establishment data it adversely affected the preparation, submission of reports & returns and other activities as detailed below:

Functions of State Council

Rule 4

(*e*) *Publication of a report on annual basis on the State of implementation of standards within Uttarakhand.*

(*f*) *Monitor the implementation of the provisions of the Act and rules in the Uttarakhand.*

(g) *Recommend to the Government for any modifications required in the rules in accordance with changes in technology or social conditions.*

Functions of District Registering Authority

Rule 10

(b) *To enforce compliance of the provisions and rules of the Clinical Establishments (Registration and Regulation) Act, 2010.*

(*e*) *To report the State Council on a quarterly basis of action taken against non-registered clinical establishments operation in violation' of the Act.*

Rule 11

(2) The meetings of the District Registering Authority (DRA) shall be held at least once in a month at a stipulated date and time.

  - Monthly returns were forwarded by State council to National Council only from January 2020. As a result, details/data with respect to yearly increase of clinical establishment, especially private ones prior to that, was not compiled/available with the State Council. Thus, the incremental growth of private clinical establishments over the years could not be ascertained either by Government or in audit.
  - The State Council as well as DRA was unaware about the actual number of HCFs running in the districts. It was noticed that DRA was restricted to issuance of provisional registrations that too those who approached to the DRA. The mechanism to identify that no clinic is operational in the district without permission or against rules was not in place [Refer para 8.2.1 (vi)]. The DRAs were passive recipients and acting only on the complaints received. The facts were admitted by the authorities. The below Case study also proves the facts regarding working of DRAs.

[3] One state coordinator and one administrative assistant cum data entry operator for state level office and 13 district coordinators and 13 administrative assistants cum data entry operators.

Case Study

Writ Petition (PIL) No. 120 of 2016

The Petitioner has filed a complaint to the effect that two hospitals namely B.D. Hospital Doraha Bazpur and Public Hospital Sarkari Road Kela Khera, District Udham Singh Nagar were being run by persons without having any medical degree and without any registration under the Clinical Establishments (Registration and Regulations) Act, 2010 (hereinafter referred to as the Act, 2010). The operations were being conducted by the persons having no medical degree in surgery.

The writ petition was disposed of by Honourable High Court of Uttarakhand after issuing following mandatory directions:-

a. The State of Uttarakhand is directed to seal all the clinical establishments which are not registered under the Clinical Establishments (Registration and Regulation) Act, 2010 forthwith.
b. The State Government is directed to ensure that all the clinical establishments registered under the Act, 2010 follow the Operational Guidelines for Clinical Establishments Act as well as Clinical Establishment Act Standard for Hospitals (Level 1A & 1B).
c. All the Clinical Establishments throughout the State of Uttarakhand are directed that the patients are not unnecessarily put to diagnostic tests. Only necessary diagnostic tests are ordered to be undertaken to access the clinical condition of the patient.
d. All the doctors throughout the State of Uttarakhand including government doctors and doctors serving in Clinical Establishments are ordered to prescribe only generic medicines which are readily available. No patient shall be forced to buy branded medicines.
e. The State Government is directed to prescribe the rates for various diagnostic tests or procedures or surgeries or treatments extended by clinical establishments, within one month from today.
f. The outer wall of the Intensive Care Unit (one of its sides) shall be fitted with transparent glass, closed with cloth curtains to enable the attendants of the patient to see the patient. The attendants of the patient shall be informed about the health/condition of the patient after every 12 hours and the same is ordered to be video graphed.

- State Council for Clinical Establishments (SCE) as well as the District Registering Authorities (DRA) were to compile a State/ District Register for Clinical Establishments in the prescribed format. It was however, observed that neither SCE nor test checked DRAs[4] had compiled/ maintained the information regarding doctors, nurses, paramedical staff available and types of services actually provided by the private HCFs in the State.

[4] Dehradun & Nainital.

The fact that information about non-registered clinics operating in the state and unavailability of data in regard to doctors, nurses and other staff in the HCF registered under CEA was not available either at State council level or at DRA level was accepted by the state council. The authorities further stated that the matter relating to preparation of district and State level register will be discussed in the State Council meeting. The reply is self-explanatory about the partial implementation of the provisions of the Rules.

In Exit Conference, the Secretary-In-Charge stated that notification for the establishment of Clinical Establishment (CE) Council will be issued soon.

ii. Revision of rules and Patient Rights

Chapter 2 rule 4 of the Uttarakhand Clinical Establishment Rules provides following functions of the State Council:

- Monitor the implementation of the provisions of the Act and rules in the Uttarakhand.
- Recommend to the Government for any modifications required in the rules in accordance with changes in technology or social conditions.
- Perform any other function as may be outlined by the National council.

It was noticed that in 8th meeting held in 2016 by National Council a commitment was given to revise the Clinical Establishment Rules (CER) of the State. However, no action or initiative was taken by the State Council after its formation. Further, National Council[5] for Clinical Establishments approved for inclusion of the additional patient rights (August 2021) but directions for its implementation were also not issued due to the defunct Council.

The State Council asserted that the revision of rules had not been initiated yet. The non-fulfillment of the quorum prevented the finalization of additional patients' rights adoption. However, the fact remains that the State Council had not taken any action or provided recommendations to the Government for rule revision, despite its formation in August 2019. Moreover, the Council was convened only once, which deviates from the prescribed meeting frequency according to the rules.

Thus, the State Council's reluctance to initiate the revision of rules following its formation and the Government's decision not to extend the tenure of the State Council beyond July 2020 indicate a concerning lack of commitment on the part of both the State Council and the Government to effectively implement the act and regulations.

iii. Registration of HCFs

The Clinical Establishments Act was enacted to provide for registration and regulation of all clinical organizations with a view to prescribe the minimum standards of facilities and services[6] provided by them.

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5 Recommended by National Advisory for Human Rights.

6 Under the Act, standard treatment guidelines are specified for certain diseases, including dengue, chikungunya and malaria. The hospitals are supposed to abide by minimum standards in terms of infrastructure, services, staff, equipment and lighting arrangements.

Audit noticed that the online registration facility for clinical establishments is available through the dedicated website[7] of the Government of India. However, registration was also done in offline mode as well as by the respective DRAs. On cross verification of HCFs registered under the Clinical Establishment Act with those under Bio Medical Waste Management Rules by Uttarakhand Pollution Control Board revealed discrepancy in the number of registered HCFs operational and registered in the State. It was found that 3,868 HCFs were registered under CEA as against 4,282 HCFs registered with the Uttarakhand Pollution Control Board in the year 2021. This indicates monitoring and registration process by the DRAs needs attention.

iv. Registration of Medical Diagnostic Laboratories or Pathological Laboratories

Minimum standards in respect of Medical Diagnostic Laboratories (or Pathological Laboratories) were notified in May 2018. The main amendment in the said notification was the definition for minimum standards of facilities and services for the diagnostic labs and a schedule detailing the basic requirements for the various types of laboratories along with requirement of infrastructure, human resources etc. Further, Rule 18(1) of Uttarakhand Clinical (Registration and Renewal) Rules, 2015, implies that the clinical establishments shall apply for permanent registration before 30 days of the expiry of the validity of the provisional registration, which is 12 months from the date of issue of a provisional certificate with fees. In case the renewal application is not submitted within the stipulated period the authority shall allow for renewal on payment of double the amount of the renewal fee with a penalty of ₹ 100 per day till the date of renewal application is accepted.

It was noticed that checked DRAs were not taking the initiative to ensure compliance as per the notification issued by GoI. Consequently, 166 out of 189 laboratories and diagnostic facilities failed to secure permanent registration[8], even though more than four years have elapsed since the prescribed minimum standards for labs were notified. Additionally, it was observed that DRAs did not adhere to the instructions issued by the Director General of Medical Health & Family Welfare in December 2019, as provisional registrations for clinical establishments were not renewed within the stipulated timeframe. Due to this non-compliance, a recoverable amount of ₹ 2.71 crore for the renewal of expired registrations from 430 Healthcare Facilities (HCFs) could not be ensured by the DRA, Dehradun.

The department stated that gazette notification for minimum standards was not notified by the Government of India as a result it was not mandatory for the clinical establishment viz. hospitals/clinics/day care centers to apply for permanent registration. The response is inadequate, especially given that provisional registrations for clinical establishments were

[7] www.clinicalestablishments.gov.in.

[8] Against provisionally registered 87 pathology labs and 44 diagnosis centers only 6 & 2 respectively have applied and received permanent registration from DRA Dehradun. In Nainital, against provisionally registered 58 pathology and diagnosis centers only 15 were permanently registered.

not renewed within the specified timeframe by DRAs, despite explicit instructions issued by the Director General of Medical Health & Family Welfare in December 2019. In addition, despite the notification of minimum standards for labs and diagnostic centers, compliance continued to be lacking.

v. Reporting standards not followed

As per para 21 of the Clinical Establishment Rules, it is obligatory for Health Care facilities registered under CEA to provide health information and statistics[9] in respect of national programs and furnish it in the prescribed format to District Authority in three monthly reports.

It was found that none of the test checked DRAs were collecting the information/statistics as required under the rules. No initiative was taken at State Level or by District level authorities to enforce the Act and make the Health Care facilities bound to submit returns and reports according to Act. As a result, Government could not get statistics/ information for public health interventions including outbreak and disaster management. Facts were accepted by the test checked DRAs and state level authorities.

Thus, the objective of planning improvement in public health quality by eliminating quacks could not materialize due to unavailability of data relating to the Health Care Infrastructure, Manpower, Clinical Diagnosis.

In Exit Conference, the Secretary-In-Charge stated that the DRAs will be directed to ensure that all Health Care facilities submit reports and returns as per rule and get all the Pathological and Diagnostic Labs permanently registered as early as possible.

vi. Fraudulent and frivolous Clinical Establishment

The aim of the Act was to discourage and disallow the fraudulent and frivolous clinical establishment operating in the State.

One pathologist can only work in not more than two labs in the state of Uttarakhand. It was found that Uttarakhand Medical Council had pointed out that technician run labs have got their labs registered under Clinical Establishment Act by using the names of erring Registered Medical Practitioners involving each of them in several labs. The council had requested the competent authorities to take necessary action based on following observations:

a) No pathologist can represent for more than two labs
b) Digital signatures of the pathologist under the report are not allowed
c) Technician run labs are an act of contempt of apex court.
d) The Registered Medical Practitioner representing these labs are violating the professional conduct, Etiquettes and Ethics Regulations, 2002, of the IMC Act, 1956 which have been in to adopted by the NMC Act, 2019.

[9] Information of Government programs such as Mother and child health, Immunisation, Family Planning, RNTCP, IDSP, NRHM initiative- Asha and JSY etc.

In respect of above, no action as on date was taken by the regulatory authority (DRA). In the meantime, Uttarakhand Medical Council had summoned laboratory owners and Pathologists that were operating labs against the medical code of ethics. It was noticed that doctors had accepted the concerns in front of the Ethics & Disciplinary Committee of UKMC and agreed to change the name of pathology lab into collection centre.

In Exit Conference, the Secretary-In-Charge stated that the DRAs will be instructed to act against the fraudulent and frivolous Clinical Establishment communicated by Indian Medical Association.

8.2.2 Regulatory issues of AYUSH

The Board of Indian Medicine (for Registration of Ayurvedic and Unani practitioners), Uttarakhand was established in the year 2004 and registration of practitioners was started in February 2005. As per Schedule II of Central Council of Indian Medicine (CCIM) Act 1970, practitioners of Indian Medicine have to get registration with the State Register of Indian Medicine. CCIM norms also stipulated that, registrations should be renewed every five years by Board of Indian Medicine in every State.

8.2.2.1 Registrations of medical practitioners (Ayurveda and Unani) not renewed

Scrutiny of records revealed that renewal of registration of 1,320 out of 4,715 registered practitioners was pending as detailed in **Table-8.1** below. This also resulted in loss of revenue of ₹ 49.60 lakh to the said Board.

Table-8.1: Pendency of Renewals

Particulars	Pendency < 5 years	Pendency >5 <10 years	Pendency >10 <15 years	Pendency >15 years	Total
Bachelor of Ayurvedic, Medicine and Surgery	664	214	248	142	1,268
Bachelor of Unani Medicine and Surgery	36	10	4	02	52
Total	**700**	**224**	**252**	**144**	**1,320**
Amount due if charged timely (in the interval of Five years)	₹ 2,000/- per	₹ 4,000/- per	₹ 6,000/- per	₹ 8,000/- per	
Loss of amount as not charged timely	₹14,00,000/-	₹ 8,96,000/-	₹ 15,12,000/-	₹ 11,52,000/-	₹ 49,60,000/-

Source: Information provided by the department.

The Government replied (November 2022) that registrations of these practitioners were cancelled after issuing notices. Now, these practitioners are applying afresh for registration.

In contravention to the CCIM directions (March 2007), the Board of Indian Medicine, Uttarakhand (March 2021) decided that the re-registration/renewal will be done in 15 years instead of five years. The decision on the one hand dented self-generating financial resources of the State board but also allowed patients being put in danger though unregistered medical practitioners practicing illegally.

The Government replied (November 2022) that constitution of new board is under way and after constitution the proposal will be put up for ensuring earlier procedure to be followed.

8.2.2.2 Registrations of medical practitioners (Homoeopathic Medicine Board) not renewed

In case of Homoeopathic Medicine Board, Uttarakhand which was established in the year 2005 and registration of the practitioners were started in 2009. It was noticed that registration of 161 Homoeopathic practitioners out of 1,168 was due for renewal (November 2021).

The Government replied (November 2022) that 70 registrations were renewed, 28 registrations were cancelled and remaining 63 process of renewal was under way.

8.2.3 Directorate of Medical Education

The Department of Medical Education was bifurcated in the year January 2013 from the Department of Medical Health Services. The separate directorate of Medical Education was established in 2013. It controls Medical Colleges and attached teaching hospitals as well as Nursing and Paramedical colleges in the state of Uttarakhand.

8.2.3.1 Establishment and infrastructure of Medical Education Institutes

The National Medical Commission Act (NMC), 2019 provides for a medical education system that improves access to quality and affordable medical education, ensures the availability of adequate and high-quality medical professionals and enforces high-quality and ethical standards in all aspects of medical services. In the exercise of the power conferred by section 57 of the NMC Act 2019 (30 of 2019), the "Minimum requirements for annual M.B.B.S Admissions Regulations, 2020" were notified on 28th October 2020.

It was noted that four medical colleges were operational in the state. Further, three new medical colleges[10] under the Centrally Sponsored Scheme of "Establishment of New Medical Colleges attached with District/Referral hospitals' were approved by GoI and are still under construction.

8.2.3.2 Establishment of medical colleges under Uttarakhand Ayurveda University

Uttarakhand Ayurveda University was established by the Government of Uttarakhand vide Uttarakhand Ayurveda University Act, 2009 for the purpose of ensuring, effective and systematic instructions, teaching, training, research and development in Ayurveda. Review of documents provided by the Ayurveda University revealed as under:

8.2.3.2 a Affiliation fee from Private AYUSH Medical Colleges

Affiliation fee for the courses conducted under Uttarakhand Ayurveda University Dehradun is to be deposited by both Government and Private educational institutions at applicable rates/fee[11].

[10] MC Rudrapur, Udham Singh Nagar; MC Pithoragarh and MC Haridwar.

[11] Processing fee was to be deposited each year, Affiliation fee and Security Deposit was to be deposited one time by these Medical Colleges.

Scrutiny of records revealed that Private AYUSH Medical Colleges had neither paid processing fee nor security deposits. Audit calculated that an amount of ₹ 8.10 crore[12] was due to be collected from these Private AYUSH Medical Colleges since 2014.

The Government replied (November 2022) that instructions were issued to Private Medical Colleges to deposit the aforesaid amount.

8.2.3.2 b Extension of affiliation granted to the Private AYUSH Medical Colleges

Uttarakhand Ayurvedic University grants extension of affiliation to the Private AYUSH Medical Colleges before commencement of the academic year. Inspection teams were constituted by the University to inspect these AYUSH Medical Colleges in the given format prepared by the University. The extension of the affiliation of the Private AYUSH Medical Colleges is granted after the inspection team provides a certificate that all formalities have been completed.

It was noticed that while inspecting the entity, an undertaking/certificate was given by each member of the team that they will be fully responsible in case any deficiency is found. However, scrutiny of inspection reports (2021-22) revealed that essential documents as required in the format were not attached/not found correct as per the **Table-8.2** given below-

Table-8.2: Details of Essential Documents

Number of Private Medical College	Required Essential Documents			
	Valid Society Registration	Ownership of Land	Certificate/ NOC of Fire Department	Certificate of Earthquake structure
16	Yes-10 No- 06	Yes-05 No- 09 Partial-02[13]	Yes-03 No- 09 Partial-04[14]	Yes-01 No- 15

Source: Information extracted from the records of the department.

The Government replied (November 2022) that a letter had been issued to the institutes to fulfil the shortcomings. The reply is self-explanatory that the certificates were issued without ensuring the required formalities.

8.3 Fire Protection and Fire Safety Requirements

As per Uttarakhand Fire & Emergency Service, Fire Prevention and Fire Safety Act, 2016, it is mandatory for all hospitals to obtain "**No Objection Certificate"** from the concerned Fire Department to ensure a minimum requirement for a reasonable degree of safety from fire emergencies in hospitals.

Procedure to be adopted for obtaining NOC from fire Department

- The Chief Fire Officer issue the "**No Objection Certificate"** from fire safety and means of escape point of view after satisfying himself that the entire fire protection measures are implemented and functional as per approved plans.
- Any deficiencies observed during inspection is communicated to the Authority for rectification.
- Based on undertaking given by the Fire Consultant / Architect, the Chief Fire Officer shall renew the fire clearance in respect of the hospital buildings on annual basis.

[12] ₹ 2.94 crore of affiliation fees, ₹ 1.20 crore of processing fees and ₹ 3.96 crore of security deposit.
[13] The ownership papers were on the name of the Management or on the name of the owner.
[14] Fee deposit but certificate not available, Conditional certificate issued, conditions fulfilled or not, not verified.

It was found that majority of HCFs that have applied for NOC were operating without valid NOC from fire department as can be seen in the **Table-8.3** given below:

Table-8.3: Status of NOC

District	Registered as per CEA	HCFs as per Fire Department.	
		Total applied	Running With valid NOC
Almora	155	23	8
Bageshwar	44	35	5
Chamoli	150	8	2
Champawat	38	23	2
Dehradun	1,407	132	83
Haridwar	570	117	62
Nainital	425	59	37
Pauri	331	12	9
Pithoragarh	53	16	11
Rudraprayag	68	8	4
Tehri	76	19	6
Udham Singh Nagar	508	120	23
Uttarkashi	43	14	5
Total	**3,868**	**586**	**249**

Source: Fire Department & DG, MH&FW Department.

If compared with HCFs registered under CEA and that who are running with valid[15] fire NOC, the percentage was negligible (6.44 ***per cent).***

It was further noticed that the test checked hospitals were flouting fire safety norms. Most of them were functioning without obtaining NOC (***Refer Chapter-3 para-3.7.13.2)*** from Chief Fire Officer thus putting occupants of the health care facility at risk. Occupiers did not also bother to conduct regular maintenance of the fire prevention systems installed in their buildings and were having inadequate equipment installed (***Refer Chapter-3 para 3.7.13.2)***.

Case Study: Fire incident due to inaction towards ensuring fire safety

It came to the notice of audit through news/media that fire had broken in the trauma centre of Laxman Datt Bhatt Government Hospital (February 2021) which resulted in the complete destruction of equipment worth ₹ 12 lakh and threat to patient's life. Information obtained from the hospital further revealed that prior to the fire incident, the hospital was inspected (January 2021) by the fire department and it was instructed to the PMS to equip the hospital with firefighting equipment such as Hose reel, terrace tank (10 thousand litres), Static tank 50 thousand litres, fire hydrants and install fire alarms within a week for obtaining NOC. But no action had been taken by the occupant of the HCF.

In Exit Conference, the Secretary-In-Charge stated that all CMOs will be directed to ensure that all Government HCFs get installed fire equipment and obtain NOC from the Fire Department as early as possible.

[15] Issued by Fire Department.

8.4 Compliance of Atomic Energy Act

Atomic Energy Regulatory Board (AERB) enforces regulatory requirements to ensure safe operation of X-ray equipment such as Cath Lab equipment, Computed Tomography machines, C-Arm, Mammography machines, General purpose medical radiography machines etc. Hence, a regulatory consent[16] from AERB is essential to ensure radiation safety in operating the X-ray equipment.

- ***Consent for operating of X-ray equipment***

In the State 148 number[17] of X-Ray Machines, Computed Tomography machines, C-Arm, Mammography machines, General purpose medical radiography machines etc. are installed in Government HCFs (DHs, SDHs, CHCs and PHCs) as per survey conducted by the Department. Analysis of the survey report revealed that 81 machines were commissioned and operationalized without obtaining prior approval of competent authority as per AERB Rules 2004. It was noticed that the process of Compliance, Infrastructure Development for Safety Regulations and Issuance of License for operation was taken up only after Government of India organized workshop (October 2017) wherein directions[18] were issued to place demand in PIP 2018-19 for meeting the expenses on such activity. Despite funds released[19] under NHM, the intervention was yet to be implemented. Thus, the process of Compliance, infrastructure development for Safety Regulations and Issuance of License for operation was delayed. The department stated that the AERB implementation program is under process. After hiring the AERB Authorised Service Agency, the said Agency will provide the necessary license to operational X-ray facilities.

Thermoluminescent dosimeters (TLD) for Radiation Protection

As per Atomic Energy (Radiation Protection) Rules, 2004 and AERB Safety Codes, monitoring equipment such as TLD badges[20] shall be provided to radiation workers and dose records shall be maintained. In case of any institution violating the prescribed

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16 The operational safety of X-ray equipment is ensured by issuance of License/Registration to the utility after review of all aspects related to radiation safety and after ensuring that patient, staff, and public are adequately protected.

17 In DHs (43 numbers of machines), SDHs (46 numbers of machines), CHCs (58 numbers of machines) and PHCs (one numbers of machines).

18 Neither budgetary provisions nor any directions were issued to HCFs by the Directorate/CMOs to obtain license from the regulatory body (AERB) during the period 2004-2016.

19 A demand of ₹ 2.55 crore was raised under NHM and approved in 2019- 20 instead of 2018-19. Nothing out of the released funds were utilised for meeting the requisite compliance. No funds were planned in 2020-21 for executing the said activity while ₹ Three crore for such activity was planned in the PIP of 2021-22 out of which ₹ 1.50 crore was released and an expenditure of ₹ 46 thousand were done (till October 2021) for advertisement /tendering process.

20. Thermoluminescent dosimeters or TLDs are made from materials that measure cumulative exposure to ionizing radiation. They are worn for periods of approximately three months and are then processed to determine the dosage of radiation detected. TLD badges are logged to maintain cumulative records of an individual's exposure to radiation over an extended period. TLD badges include several types of Thermoluminescent dosimeters, devices that can measure doses as low as millirem.

regulatory requirements, AERB is empowered to suspend/ modify/ withdraw the licence/ registration issued to the X-ray installation or seal the X-ray installation(s) in accordance with Rules 10 and 31 of the Atomic Energy (Radiation Protection) Rules, 2004 respectively.

Survey report made available by the department revealed that TLD badges were not provided to all radiation workers in the government HCFs of the State. However, the number of workers who did not receive TLD badges was not available in the survey report. Further, to determine the dosage of radiation for occupational workers, it was found in DH Nainital that TLD badges were not got processed from Bhabha Atomic Research Centre (BARC), since 2019. Thus, the safety aspects were compromised at the hospitals[21] where X-ray services were available.

In Exit Conference, the Secretary-In-Charge stated that compliance of AERB rules will be ensured, and all radiation workers will be provided with TLD badges.

8.5 Implementation of PC-PNDT Act

The PC-PNDT Act was enacted with the intent to prohibit prenatal diagnostic techniques for the determination of the sex of the foetus leading to female feticide. The Act is legislated in a manner that it should be a deterrent for those indulging in sex determination. There is a suspension of registration, filing of criminal cases and sealing of machines. Besides, criminal prosecution brings suspension and cancellation of registration granted by the State Medical Council.

It was noticed as under:

- Silent observers/ trackers are very important surveillance tool and for cross examination of records. In the State, 524 (Government 75 + Private 449) Ultrasound Clinics/image centers were registered up to March 2021 wherein 899 number of machines were installed. However, silent observers were not installed in all machines.
- Under the PC-PNDT Act, it is mandatory to maintain records and submit a quarterly progress report to the concerned State authority. During COVID-19, some provisions of the Act were deferred/suspended till June 2020 thereafter all reports were to be submitted. Joint Director, PC-PNDT Uttarakhand had made it clear (April 2020) that on completion of lockdown, all concerned ultrasound operators will submit their report to CHOs in hard Copy. However, it was noticed that the directions were not followed, and no quarterly report was submitted (September 2021) to the authority concerned.
- The number of premises inspected by the appropriate authorities during the period July 2019 to November 2021 was not available with the Department.

[21] CHCs- Chakrata, Doiwala, Sahaspur, Betalghat, Bhimtal, Kotabagh and Ramgarh had not been provided TLD Badges and no pocket dosimeters were provided SDH Prem Nagar and Haldwani.

- In test check hospitals it was noticed that the ultrasound machines including new ones that were installed and used were operated either with expired NOC or without obtaining authorization from the competent authority.

The Government replied (November 2022) that trackers are being installed in all USG machines in the state. Further, new machines will not be registered without tracker.

8.6 Laws governing the qualifications/practice and conduct of professionals

These laws make sure that the employees employed in the hospital are qualified and authorised to perform their jobs.

8.6.1 Functioning of State Medical Council

The State Medical Council was established (December 2002) under the Uttaranchal Medical Council Act, 2002 for fulfilment of the aims and the objectives as laid down in the Act. The main functions of the Council were to register the qualified medical persons who are possessing the qualifications recognized by the Medical Council of India. It keeps a register of bio-data of the qualified doctors. The council keeps a strict watch on the conduct and ethics practiced by medical professionals. The Council conducts enquiry on receipt of complaints against the registered medical practitioners and if found guilty, may award such punishment, as per applicable Rules. Records of the council revealed that:

- Prescribed[22] number of meetings as required were not held by the Governing Body and Executive Body. This would negatively impact on: timely[23] decisions on misconduct by medical practitioners resulting in reprimand/suspension/removal from list of registered practitioners; lack of timely action on complaints from the public (including patients and their relatives) against misconduct or negligence by a medical practitioners; Delay in finalising amendments and to prescribe a code of ethics for regulating the professional Conduct of practitioners.
- The medical council had intimated the Government to act against 34 Path Laboratory operating against the medical ethics in the state. However, action at the DRA level was still pending.
- Lack of coordination between the Medical College, DG, MH&FW and State Medical Council allowed 248 bonded doctors to obtain NOC from the State Medical Council without fulfilling the conditions of the bond.

The fact was accepted by the State Council who stated further that the issuance of NOC to the bonded candidates cannot be restricted by the State Medical Council without the coordination of all departments.

The Government replied (November 2022) that no information regarding bonded doctors was received earlier in Uttarakhand Medical Council.

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[22] Four & Six in a year by Governing body and Executive Body respectively.

[23] 86 out of 145 complaints were pending for action. The delay ranged from 1 to 6 years.

8.6.2 Nursing Council Act

Uttarakhand Nursing Council was established under notification no 1016/M-2-2004-220/2002 dated 17th April 2004 for the fulfilment of the aims and the objectives as laid down in the Nursing, Midwives, Health Visitors and Auxiliary Nurse Midwives Registration Act 1934. In the implementation of rules, it was noticed as under:

The functions of council included

- *Granting recognition to the nursing institutions and its periodical inspection.*
- *Registration and granting certificate to qualified persons to practice their profession.*
- *Local supervision over nurses, Midwives, Health Visitors and Auxiliary Nurse Midwives.*

- ***Defunct Nursing Council***

Records revealed that Nursing Council was defunct since 2017, the reason being Government not extending tenure or issuing fresh notification for its establishment. It was stated that proposal for issuing fresh notification was submitted several times but was pending with Government.

- ***Registers of registered nurses, midwives, registered health visitors and auxiliary nurse midwives in accordance with the Act not maintained.***

As per section 18(1) of the Uttarakhand Nursing Council Act 2002, the Registrar of the State Nursing Council is responsible for the maintenance of registers[24] in the State. He shall from time to time make all necessary alterations in the registered addresses of appointments of such Nurses, Midwives, Assistant Midwives and erase the names of any registered Nurses, Midwives, Assistant Midwives who may have died or ceased to live and practice in India. To enable the registrar to fulfil the duties imposed upon him by sub-section (1) he may send through the post a letter to any person registered as Nurses, Midwives, Assistant Midwives, addressed according to the registered address or appointment of such person to inquire whether he has ceased to practice or whether his appointment has been changed; and, if no answer to any such letter within a period of six months from the dispatch, the Registrar may erase the name of such person from the register in which it is entered.

Records of the state council revealed as under:

- No records were maintained by council in relation to Nurses/Midwives that have already registered in the State but not renewed their registration after expiry of five years.
- The State council had never sent any letter/reminder for knowing status and details of Nurses/ANM whether they are still practicing or not. The council was also unaware about how many had died or ceased to practice.

[24] Register of Nurses, Midwives, Assistant Midwives (Auxiliary Nurse-Midwives).

- The register was required to print and publish correct list of the names for every year on or before a date fixed by the Council as per clause 23 of the Act, which was also not done.
- Unregistered nurses, midwives, health visitors and auxiliary nurse midwives were not prohibited from practicing.

Based on available records, it was noticed that a total of 8,685 Nurses were registered since 2006 to 2015 against which only 6,910 Nurses got their registrations renewed during the period 2015 to 2021. The council was, therefore, unaware about how many out of 1,775 have died or ceased to live or practice after expiry of five years of original registration. In the test checked hospitals Nurses were performing their duties without renewing the registration. It was stated that due to shortage of staff the activities required to be carried out under the Act could not be performed in totality. The council was, therefore, unaware of nurses practicing unauthorizedly and could not also collect due fee from renewal of registrations[25]. Thus, in the absence of an apex body and shortage of staff the monitoring mechanism was not in place.

In Exit Conference, the Secretary-In-Charge stated that the notification for the establishment of Nursing Council will be issued soon.

8.6.3 State Pharmacy Council

Uttarakhand State Pharmacy Council is a statutory body constituted under the Pharmacy Act 1948 (Central Act). It regulates the profession and practice of pharmacy in the state. The State Pharmacy Council was constituted in the year 2006. However, the following was observed:

i. The honourable Government, by notification (January 2014) cancelled the election of the Council for not complying with the provisions of Clause 23[26] and 24[27] of the Act. It was further noticed that the new council has not been constituted since July 2014 due to non-holding of elections. The DG, MH&FW is discharging the duty as an interim measure.

Duties of Inspector

(a) inspect any premises where drugs are compounded or dispensed and submit a written report to the Registrar;

(b) enquire whether a person who is engaged in compounding or dispensing of drugs is a registered pharmacist;

(c) investigate any complaint made in writing in respect of any contravention of this Act and report to the Registrar;

(d) institute prosecution under the order of the Executive Committee of the State Council;

(e) exercise such other powers as may be necessary for carrying out the purposes of Chapters III, IV and V of this Act or any rules made thereunder.

(f) every Inspector shall be deemed to be a public servant within the meaning of section 21 of the Indian Penal Code (45 of 1860).

[25] To be utilised or applied for the purposes of this Act in such manner as prescribed in section 27 of the Act.

[26] **President and Vice-President of State Council**.—(*1*) The President and Vice-President of the State Council shall be elected by the members from amongst themselves.

[27] **Mode of elections**.—Elections under this Chapter shall be conducted in the prescribed manner, and where any dispute arises regarding any such election, it shall be referred to the State Government whose decision shall be final.

ii. Section 26A of the Pharmacy Act 1948, State Council may appoint Inspectors having the prescribed qualifications for the purposes of Chapters[28] III, IV and V of this Act. However, it was noticed that no appointment of Inspector was made by the Pharmacy Council in the State. The facts were accepted by the department.

In the absence of State Council and Inspectors, the inspection of premises where drugs are compounded and dispensed, investigation of complaints, etc. were not being carried out and reported to the Registrar.

In Exit Conference, the Secretary-In-Charge stated that the notification for the establishment of Pharmacy Council will be issued soon.

8.7 Law governing storage/sale of drugs and safe medication

The Drug and Cosmetic Act control the usage of medication, chemicals, prevent their misuse and regulate their sale.

8.7.1 Implementation of Drug and Cosmetic regulations

The Drugs and Cosmetics Act, 1940 regulates the import, manufacture, and distribution of drugs in India through licensing. The primary objective of the act is to ensure that the drugs and cosmetics sold in India are safe, effective[29] and conform to state quality standards. Following are the salient features of the Act.

- Manufacture, distribution and sale of drugs and cosmetics by qualified persons only.
- To prevent substandard in drugs, presumably for maintaining high standards of medical treatment.

Under the Act, the Drug controllers are responsible for regulating the manufacturing, distribution, sale, and use of pharmaceutical products within their jurisdiction. Evaluate applications for the approval or licensing of new drugs, as well as for changes to existing drug products. Conduct inspections of pharmaceutical manufacturing facilities to ensure compliance with good manufacturing practices (GMP) and other regulatory requirements. It also ensures that only safe, effective, and high-quality drugs are available to patients.

8.7.1.1 Testing of drugs

Scrutiny of records of the Drug Controller revealed that a total of 270 tests were conducted during 2019-21. It was further noticed that test reports were being provided late, due to which the process of stopping or recalling the sale of substandard drugs in the open market was not being ensured in time. The details of submission of their test reports are given in **Table-8.4** given below.

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[28] Chapter-III-Education Regulations, Chapter IV- Registration & preparation of register; Chapter-V Penalty for falsely claiming to be registered etc.

[29] Maximum penalty life imprisonment and fine of ₹ 10 lakhs or 3 times the value of the confiscated goods, whichever is more. Besides officers from the Drug Controller's Office, other gazetted officers also authorized to launch prosecution under the Act.

Table-8.4: Testing of drugs

Days taken for submission of reports						
Days	01-15	16-30	31-60	61-120	120 days to above	No records
Total Test 270	**07**	**40**	**79**	**99**	**21**	**24**

8.7.1.2 Registration and renewal of license

The Drugs and Cosmetics Act, 1940 regulates the manufacture, sale and distribution of drugs and cosmetics. According to this, no person or firm can stock, sell or distribute drugs without a suitable license issued by the State Government. Further, as per the provision of the Act, the drug dealers must be inspected once in three years.

It was found that no manual record/register[30] were being maintained by the department of the registered licensed businessmen. However, information related to the drug business operating in the state was made available by the department on the Government of India portal https://xlnindia.gov.in. Scrutiny of the information available on the portal revealed that the licenses of 155 drug dealers have expired as per the detail given in ***Appendix-8.1***. There was no record/information available either in the office or on the portal whether dealers had applied for renewal and action taken to those dealers to whom license had expired and are still doing business in the state. Apart from this, the drug dealers are to be inspected once in every three years but it was found that only 11 out of 155 drug dealers, whose license had expired, were inspected.

The department stated that the licenses of the firms are considered valid till 6 months after the expiry of their validity with late fee, as per the provisions of the Drugs and Cosmetics Act, 1940 and Rules 1945 and after the expiry of this period, the license of the firm is automatically deemed to be canceled. The response lacks justification due to the inadequate adherence to the inspection mechanism, which is essential for ensuring that no unregistered or unlicensed drug dealers can engage in drug-related activities within the state.

8.7.1.3 Strengthening of State Drug Regulatory System

Under the Strengthening of State Drug Regulatory System Scheme (DRSS), a new drug testing laboratory was to be established/constructed. The state Government submitted a revised (January 2019) proposal of ₹ 29.35 crore for the said purpose was subsequently approved by the GoI. The following works were to be done.

- Construction of a new drug testing laboratory in the Dehradun district with an annual testing capacity of 3,000 samples and the existing laboratory to be upgraded.
- Strengthening of drug control organization for effective implementation of prescribed standards with the development of information technology infrastructure at the district level.

[30] Which could provide information about how many businessmen were registered, when license was issued to them and what was its validity date?

- Construction of two zonal headquarters offices at Nainital and Pauri and a new building of the State Drug Controller's office in Dehradun.

For taking up of above works[31], ₹ 8.75 crore in the year 2018-19 and ₹ 5.25 crore (total ₹ 14 crore) in the year 2019-20 was released by the Government of India to the state. It was found that only 84 *per cent* physical progress of construction work[32] was done with ₹ 2.97 crore (December 2020). The building was finally handed over but could not be utilised for the purpose due to the unavailability of manpower (July 2022). Further, the Gap Analysis report of the existing laboratory at Rudrapur had recommended that:

- Most of the machines available in the laboratory were non-functional, which required repairs for which about ₹ 10 lakh was required.
- Some equipment in the laboratory like Dissolution apparatus, Disintegration test apparatus, Auto titrator, Water purification system etc. were not available for which about ₹ 70 lakh was required.
- Against the sanctioned 14 technical posts in the laboratory, only five posts of human resources were deployed, which urgently needed to be filled.

Audit scrutiny revealed that neither any amount was spent for the strengthening of State Food and Drug Analysis School, Uttarakhand, Rudrapur nor appointments were made on vacant posts despite the availability of Central funds of ₹ 10 crore under the scheme. It was stated by the department that the purchase of new machines and repair of old machines for the State Food and Drug Analysis Centre, Rudrapur is under process. The requisition for filling up the technical posts has been submitted for the approval of the Government.

In Exit Conference, the Secretary-In-Charge stated that all construction activities of strengthening of State Drug Regulatory System had been completed except construction of the Zonal Headquarters at Pauri and Nainital. Similarly, manpower for operating the lab at Dehradun was yet to be provided. However, action on pending items is underway.

8.7.1.4 Achievement of Targets fixed for inspection

Department of Food and Drug Administration was carved out as an independent department from the Health Department in the Uttarakhand in 23rd September 2019 for regulations of Food Standard and Safety Act 2006 and Drugs & Cosmetics Act 1940 and Rules 1945 more effectively. These statutes are aimed at ensuring supply of quality medicines, cosmetics & food stuffs to the public at large at affordable prices and also safeguarding the unwary public from misleading advertisement of drug/food articles & drug abuse. Prior to this, food and drugs control programme in the state was functioning under Director General of Health Services.

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[31] The Memorandum of Understanding was signed between the Government of India and the State Government in the month of January 2019 for the construction of new drug testing laboratory, State Drug Controller's office and for the construction of divisional offices.

[32] Drug control office building and drug testing laboratory

As per provisions contained in Drugs and Cosmetics Act 1940, District Drug Control Officer (DCO) must conduct inspection of retail and wholesale firms for further quality analysis. The achievement against total number of firms in the state is shown in the **Table-8.5** below.

Table-8.5: Shortfall in achievement of inspection against total number of firms

Year	Total number of firms	Annual target	Achievement	Pending inspection
2016-17	1,011	No annual targets were set	864	147
2017-18	1,961		1,619	342
2018-19	4,582		3,473	1,109
2019-20	7,694		5,468	2,226
2020-21	11,717		6,789	4,928
2021-22	16,310		5,649	10,661

Source: Departmental information.

It is evident from the table that there has been shortfall in achievement for inspection conducted by DCO's. As per D&C Act, 1940 it is provisioned that every license premises shall be inspected once in three years. No annual targets were set for inspection but regular and complaint based/surprise inspections/raids are carried out. In regard to pending inspections it was stated due to lack of manpower all the firms are not inspected as per scheduled timeline.

8.7.1.5 Licenses and Good Manufacturing Practices (GMPs) Certificates not renewed

As per Drugs & Cosmetics Rules 1945, the license of a Pharmacy shall be deemed to have expired if the application for its renewal was not made within three months of its expiry.

Scrutiny of records of Directorate, Ayurveda revealed that 45 licenses and 16 Good Manufacturing Practice (GMP) certificates out of 323 pharmacy licenses issued were due for renewal. This indicated lax enforcement of the statutory provisions by licencing authority[33].

The Government replied (November 2022) that delay in renewal was mainly due to time taken by pharmacies in the removal of objections raised during inspections. The Government's reply, however, is silent on strict enforcement through awareness and punitive actions.

8.8 Law governing environmental protection

These laws are for the protection of the environment through the prevention of air, water and surface pollution.

8.8.1 Implementation of Bio-Medical Waste Management Rules, 2016

Bio-Medical Waste Management Rules, 2016 stipulates that all person shall apply for authorisation who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form. It includes hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, AYUSH hospitals and clinical establishments.

[33] Licensing officer of Directorate, Ayurveda.

8.8.2 Health Care Facilities generating Bio Medical Wastes without obtaining authorisation

Bio-Medical Waste Management Rules, 2016 provide that every occupier or operator of common bio-medical waste treatment facility shall submit an annual report to the prescribed authority on or before the 30th of June of every year, giving the details of the respective treatment facility including location, waste quantities generated etc. This information is to be compiled, reviewed and analysed for the whole State and sent to the Central Pollution Control Board.

During scrutiny of records, it was noted that there were many HCFs which were in operation without applying for the authorisation from Uttarakhand Pollution Control Board (UPCB). It was further noted that all the authorized HCFs were not submitting the annual reports. As per annual reports available on the site of UPCB, year-wise detail of such HCFs are shown in the **Table-8.6** given below:

Table-8.6: Operation of unauthorised HCFs during calendar years 2017 to 2021

Year	Total Number of HCFs in operation	Number of HCFs operating without authorization	Percentage of HCFs operating without authorization	Number of Occupiers who did not submit annual report	Percentage of non-submission of annual report
2017	849	533	*63%*	317	*37%*
2018	2,312	1,730	*75%*	1,539	*67%*
2019	3,185	933	*29%*	404	*13%*
2020	4,442	521	*12%*	1,012	*23%*
2021	5,355	749	*14%*	1,540	*29%*

Source: Information taken from annual reports uploaded on portal of board, UPCB.

As can be seen from above table, between 2017 and 2021, unauthorized operation of Healthcare Facilities (HCFs) ranged from 12 *per cent* to 75 *per cent* while non-compliance with annual report submissions ranged from 13 *per cent* to 67 *per cent*. Thus, indicating the insufficient regulatory oversight of Bio-Medical Waste Management in the State.

Records of Uttarakhand Pollution Control Board (UPCB) further revealed as under:

- Bar code facilities were not installed in 48 out of applicable 82 HCFs[34]. This includes government hospitals of two sampled districts (B D Pandey Male and Female Hospital, Coronation Hospital and Doon Women Hospital etc.) to whom notices were also issued by the Uttarakhand Pollution Control Board.
- 2,582 HCFs had captive treatment[35].

[34] Having more than or equal to 50 beds across all districts.

[35] Means a facility developed within the premises of an occupier for treatment, storage, and disposal and disposal facilities storage and disposal facility.

- Only 118 HCFs had installed liquid waste treatment plants in the state.
- UPCB had no information as to how many occupiers have constituted Bio Medical Waste Committees as per bio medical rules.
- No report was submitted by the CMOs of the respective districts to the DG, Medical Health and Family Welfare indicating the status of number of HCFs (both Government and Private) that have not received authorisation for disposal of BMW or yet not applied for the same to UPCB. On audit observation, the DG, Medical Health and Family Welfare issued several reminders to the district authorities, but no response was received. It was stated by the Directorate that information of total HCFs authorized by the UPCB is being sought from the CMO's and utmost thrust is given to meet all the requirements under BMW rules.
- Centralised records of authorisation, types and methods used for disposal of BMW and of defaulters were not maintained at the directorate despite a separate wing established in the directorate office for the said purpose.
- ETP/STPs in Government Facilities were not installed yet. While admitting the facts the DG, MH&FW stated that efforts to get ETP/STPs installed in Government HCFs are underway.
- Other deficiencies in the implementation of BMW rules, such as unavailability of a proper storage/collection system, not collecting of generated waste on daily basis, etc. were also noticed in the test checked hospital (***Refer Chapter 3 para 3.7.6 & 3.7.7***). For non-compliance of Bio Medical rules notices and penalty of fifty thousand were also imposed on various HCFs including test-checked hospitals[36] by the Uttarakhand Pollution Control Board.

In Exit Conference, the Secretary-In-Charge stated that most of the HCFs had received authorisation from the Uttarakhand Pollution Control Board and those who have applied or are running without authorisation will be instructed to obtain authorisation as early as possible. Further, the department is working on providing barcode facilities to HCFs.

8.9 Conclusion

The DRAs were primarily focused on managing provisional registration/renewals for nursing homes, private and Government hospitals. Most of the Health care facilities were running without obtaining authorisations from Uttarakhand Pollution Control Board, indicating inadequate oversight of Bio-Medical Waste Management. Laxity in the enforcement of the statutory provisions by drug licencing authority were found. The Nursing council was unaware of Nurses practicing unauthorizedly and could also not collect due fee from renewal of registrations. Test checked hospitals were found disregarding fire safety norms, operating without obtaining necessary NOCs as well.

[36] Medical Superintendent BD Pandey, Male & Female Hospital, Nainital, Coronation hospital, Doon Women Hospital.

8.10 Recommendations

1. ***The Government may ensure that the targeted number of inspections of firms engaged in retail and wholesale selling/supplying of drugs are carried out to ensure the quality of the drugs sold;***
2. ***The Government may ensure that all utilities generating bio-medical waste comply with the provisions with regard to authorisation, bar coding, annual returns along with third party inspection to regulate the generation and disposal of bio-medical waste;***
3. ***The Government may ensure that all requisite regulatory bodies are constituted as per the respective statutory norms;***
4. ***The Government may ensure that the various regulatory bodies may adopt an adequate and effective monitoring mechanism to guarantee conformity with the necessary minimum standards;***
5. ***The Government may ensure to get all the hospital buildings independently assessed for fire safety and ensures that these are fully equipped with firefighting equipment.***

Chapter-9
Sustainable Development Goal- 3

Chapter-9: Sustainable Development Goal - 3

9.1 Introduction

Sustainable Development Goals (***SDG-3), "Good Health and Well-Being,"*** seeks to ensure health and well-being for all, at every stage of life. The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access to safe, effective, quality and affordable medicines and vaccines.

The Government of Uttarakhand (GoU) set up (August 2017) a State Level society "Uttarakhand State Centre for Public Policy and Good Governance (USCPPGG)", to help the various departments for policy planning works, for preparation of policy and operational research papers to effectively determine the planning and policy framework for SDGs.

9.2 Formulation of State Indicator Framework (SIF) & District Indicator Framework (DIF)

To monitor and measure the progress of SDGs, the State Government had to formulate State Indicator Framework (SIF) and District Indicator Framework (DIF) in consultation with line departments in which National Indicator Framework (NIF) will serve as a basis. Accordingly, the State Government published State Indicator Framework (SIF) and District Indicator Framework (DIF) in the year 2020 and 2019 respectively. State has framed State Indicator Framework (SIF) consisting of 45 Indicators (33 adopted from National Indicator Framework and remaining 12 have been formulated by the state itself for better monitoring of the targets 3.1, 3.2 and 3.3). District Indicator Framework (DIF) consists of nine indicators (four from NIF, five from SIF in a district) ***(Appendix-9.1)***.

9.3 Status of Uttarakhand SDG Index Reports (data collection and dissemination)

SDG India Index, Baseline Report 2018 issued by NITI Aayog provides that the SDG Index can be useful to States/UTs in assessing their progress towards SDGs. Audit findings are given below:

A. The State Government published State Indicator Framework (SIF) and District Indicator Framework (DIF) in the year 2020 and 2019 respectively.

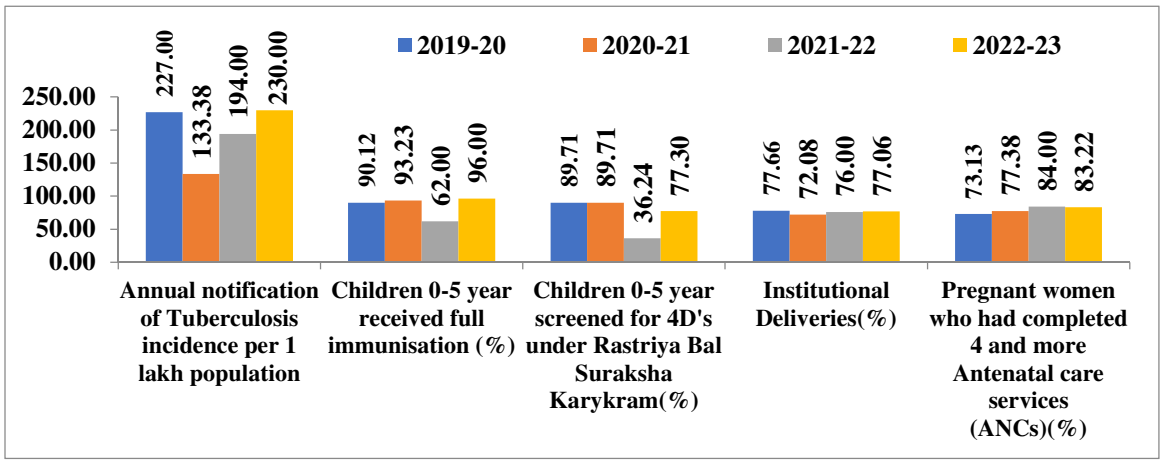
B. In the State, 45 State Indicators were developed. However, Uttarakhand SDG Index dashboard is based only on nine indicators which shows that monitoring of SDG Goals and Targets was partial /incomplete.

C. District Indicator Framework (DIF) has nine indicators for SDG-3 and Uttarakhand SDG Index Dashboard is showing performance against all nine Indicators.

9.4 Improvement in Health Indicators

In the chart no. 9.1 below, the rates of institutional deliveries, full immunization, utilization of antenatal care services, and screening for children over the years have witnessed considerable growth, a progress that could be attributed to the effective implementation of schemes under the National Health Mission (NHM) and carefully mapped initiatives.

Chart - 9.1: Health Indicators



Source: Uttarakhand SDG dashboard.

The variation in Indicators can be appreciated based on performance against mapped schemes which have been discussed separately in this report.

9.5 Intervention and co-ordination

On the basis of analysis of information provided by CPPGG the efforts made for localization of SDGs, achievement thereof and shortcomings noticed in the State are mentioned below:

- **Sensitization i.e. SDGs related awareness generation of leadership:** State had to devise its own strategies for sensitizing officials at the State/district/local levels, Civil Society Organizations and communities. Analysis of Data in public domain and information made available by CPPGG revealed that awareness among various stake holders through meetings and workshops ***(Appendix- 9.2)*** was done during the period 2019-22. The CPPGG also created various IEC materials like Vision 2030, SIF & DIF, SDG District profiles, SDG dashboards & Holograms during that period. Further, various activities at the CPPGG level were organized to encourage various stakeholders like NGOs, Educational institutions, etc. to take part in the SDGs mission of Uttarakhand. In addition to above sensitisation of functionaries at district, block and village level of State Government was also done.
- **State and District Indicator Frameworks (SIF and DIF)**: State Government formulated State Indicator Framework (SIF) & District Indicator Framework (DIF) in consultation with line department.
- **Operationalise Dashboard:** State Government had to activate dashboard and utilise it for any time SDG reviews. Dashboard was activated for SDG review as of October 2021.
- **Ranking of districts:** The State Government will undertake periodic, preferably annual, ranking of districts on SDG performance. The CPPGG formulated Uttarakhand SDG District Index and is regularly updating ranking/performance of districts in the state on online platform/ portal SDG Monitoring Tool. The State has formulated its district ranking on the state dashboard ***(Refer para 9.3*** for district ranking in the picture), since 2015-16.

- **Building partnerships:** The State had to enter into partnership with knowledge partner/ technical agency for developing dashboard. In September 2019, Uttarakhand collaborated with the UNDP to align the state's development plan with Vision 2030. Besides UNDP the state has collaborated with multiple organisations as detailed in ***Appendix-9.3***.
- **Step-Review mechanisms**: State Government was to set up SDG review mechanism at the Chief Secretary/ Chief Minister, preferably bi-annually. It was proposed during the establishment of CPPGG and Six State Working Groups (SWGs) were constituted (April 2018) by the State Government for SDG related works.

9.6 Conclusion

The data of only nine indicators were available at district level, therefore, the rest of the indicators were not being monitored. Further, The SDG Index Dashboard captures only nine indicators in place of 45. However, awareness among various stake holders through meetings and workshops were done during the period 2019-22.

9.7 Recommendation

The Government may consider capturing more indicators for monitoring goals and indicators under SDG-3.

Dehradun
The 17 August 2024

(PRAVINDRA YADAV)
Principal Accountant General (Audit),
Uttarakhand

Countersigned

New Delhi
The 17 September 2024

(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India

Appendices

Appendix-1.1
(Reference: Paragraph-1.7; Page 8)

Details of Departments/Units covered under Performance Audit

District Level:	CMO, Dehradun	
	CMO, Nainital	
Primary Health Care Facilities		
PHC/UPHC	Dehradun	Tyuni, Balawala, Bhangwant Pur, Thano, Majra,
	Nainital	Talla Ramgarh, Similkha, Chakalwa, Jyolikot
Sub Centre/HWC	Dehradun	Rani Pokhari, Hanol, Kaulagarh, Bullawala, Harrawala, Badowala, Kanharwala, Soda Saroli, Sewlan Kalan, Sewlan Khurd,
	Nainital	Shyam Khet, Similkha, Chakalwa, Ranibagh, Himmatpur, Karanpur, Mangoli, Thapla, Khurpatal, Devidhura, Gethia, Alchona
Secondary Health Care Facilities		
CHC	Dehradun	Raipur, Doiwala, Sahaspur, Sahiya, Chakrata
	Nainital	Ramgarh, Kotabagh, Betalghat, Bhemtal
District Hospital	Dehradun	District Hospital (Coronation), Dehradun
	Nainital	District Hospital (BD Pandey, Male and Female), Nainital
Sub District Hospital	Dehradun	SDH, Prem Nagar, SDH (SPS), Rishikesh
	Nainital	SDH, Haldwani
Tertiary Health Care Facilities		
Medical Colleges	Dehradun	Government Doon Medical College, Teaching Hospital, Dehradun
	Nainital	Government Medical College, Teaching Hospital, Haldwani
Administrative Heads	Director General, MH&FW, Mission Director, NHM, Director General, Medical Education	
AYUSH		
District Level	District Ayurvedic & Unani Officer, Dehradun & Nainital	
	District Homoeopathic Officer, Dehradun & Nainital	
Dispensaries/Hospitals		
Dehradun	Govt. Ayurvedic Hospital Lakhamandal, Nagthat, Jhajra, Majra, Mothrowala, Govt. Homeopathy Hospital Raiwala, Nehrugram, Homeopathy Wing District Hospital DDN	
Nainital	Govt. Ayurvedic Hospital Patlot, Chorlekh, Sawaldey, Nayeli, Halduchod, Nagar Nainital and Haldwani, Government Homeopathy Wing Base Hospital Haldwani and Government Homeopathy Hospital Betalghat	
Government Ayurvedic College	Main Campus College, Ayurveda University, Dehradun	
Administrative Heads	Director, Ayurveda & Unani Services, Director, Homoeopathy Services, Vice Chancellor, Ayurveda University	

Appendix-2.1 (i)
(Reference: Paragraph-2.2; Page 15)

Details of availability of Doctors, Nurses & Paramedics in all the DHs as on March 2022

Sl. No.	District	Cadre	SS	MIP	Shortage/ Excess
1	Almora	Doctors	27	22	5
		Nurses	72	20	52
		Paramedics	16	8	8
		Others	6	4	2
2	Bageshwar	Doctors	24	17	7
		Nurses	45	15	30
		Paramedics	16	10	6
		Others	5	2	3
3	Chamoli	Doctors	24	8	16
		Nurses	52	20	32
		Paramedics	16	6	10
		Others	6	4	2
4	Champawat	Doctors	24	14	10
		Nurses	43	15	28
		Paramedics	14	5	9
		Others	5	4	1
5	Dehradun	Doctors	42	37	5
		Nurses	99	46	53
		Paramedics	23	20	3
		Others	12	9	3
6	Haridwar	Doctors	25	20	5
		Nurses	45	25	20
		Paramedics	16	15	1
		Others	6	4	2
7	Nainital	Doctors	27	22	5
		Nurses	69	23	46
		Paramedics	24	10	14
		Others	8	6	2
8	Pauri	PPP Mode			
9	Pithoragarh	Doctors	28	20	8
		Nurses	76	34	42
		Paramedics	19	11	8
		Others	8	7	1
10	Rudraprayag	Doctors	24	16	8
		Nurses	43	13	30
		Paramedics	9	8	1
		Others	5	4	1
11	Tehri	PPP Mode			
12	Udham Singh Nagar	Doctors	32	16	16
		Nurses	85	25	60
		Paramedics	22	17	5
		Others	7	4	3
13	Uttarkashi	Doctors	30	19	11
		Nurses	83	25	58
		Paramedics	24	14	10
		Others	8	6	2

Appendix- 2.1 (ii)
(Reference: Paragraph-2.2; Page 15)

Details of availability of Doctors, Nurses & Paramedics in all the CHCs of the State as on March 2022

District	Name of CHC	General Medicine Serivices	General Medicine			Pediatrics Serivices	Pediatrics			General Surgery Serivices	General Surgery			Dental Serivices	Dental			Obstetrics and Gynaecology Serivices	Obstetrics and Gynaecology			Emergency Serivices	Laboratory Services/Pathologist	Miso/ Emergency		Anesthesia Serivices	Anesthesia			Para Medic			Nurse		
		1				2				3				4				5				6	7			8				9			10		
		Availability(Y/N)	Sanction	Doctor GDMO	Specialist	Availability(Y/N)	Sanction	Doctor GDMO	Specialist	Availability(Y/N)	Sanction	Doctor GDMO	Specialist	Availability(Y/N)	Sanction	Doctor GDMO	Specialist	Availability(Y/N)	Sanction	Doctor GDMO	Specialist	Availability(Y/N)	Availability(Y/N)	Sanction	Available	Availability(Y/N)	Sanction	Doctor GDMO	Specialist	Sanction		Vacant	Sanction		Vacant
Nainital	CHC Bhimtal	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	0		Y	1	1	0	Y	Y	2	3	Y	1	0	1	5	6	-1	5	3	2
	CHC Betalghat	Y	1	0	0	Y	1	0	0	Y	1	1	0	Y	1	0		Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	3	2	5	2	3
	CHC Kotabag	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	0		Y	1	1	0	Y	Y	2	2	Y	1	1	0	4	4	0	5	3	2
	CHC Bhawali	Y	1	1	0	Y	1	0	1	Y	1	0	1	Y	1	1		Y	1	0	0	Y	Y	2	2	Y	1	1	0	4	4	0	5	2	3
	CHC Garampani	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	1	0	Y	Y	2	2	Y	1	0	0	4	3	1	5	0	5
	CHC Maldhanchaud	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0		Y	Y	2	0	Y	1	0	0	4	2	2	5	0	5
	CHC Padampuri	Y	1	1	0	Y	1	1	0	Y	1	0	0	Y	0	0	0	Y	1	1	0	Y	Y	2	0	Y	1	1	0	1	0	1	0	0	0

Nainital	**CHC Kaladhungi**	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	5	0	3	2	1
	CHC Suyalbaadi	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	0	0	5	2	3	3	3	0
	CHC Ramgarh	**Y**	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	3	2	3	3	0
Bageshwar	**CHC Baijnath**	**Y**	1	1	0	Y	1	0	1	Y	1	0	1	Y	1	1		Y	1	1		Y	Y	2	3	Y	1	1	0	5	2	3	5	2	3
	CHC Kapkot	**Y**	1	0	0	Y	1	0	0	Y	1	1	0	Y	1	0	0	Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	2	3	5	2	3
	CHC Kanda	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	0	0	0	Y	1	1	0	Y	Y	2	3	Y	1	1	0	4	1	3	3	2	1
Pithoragarh	**CHC Didihat**	**Y**	1	1	0	Y	1	0	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	2	3	5	2	3
	CHC Gangolihat	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	1		Y	1	1	0	Y	Y	2	0	Y	1	1	0	5	2	3	5	0	5
	CHC munsyari	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	0	0	Y	1	1	0	Y	Y	2	2	Y	1	0	0	4	2	2	3	1	2
	CHC Berinag	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	0	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	1	4	3	1	2
Almora	**CHC Dwarahat**	**Y**	1	1	0	Y	1	0		Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	0	0	6	3	3	5	3	2
	CHC Chaukhutiya	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	0	0	5	4	1	5	3	2
	CHC Bhikiyasain	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	Y	2	0	Y	1	0	0	5	0	5	5	0	5
	CHC Dhauladevi	**Y**	1	1	0	Y	1	1	0	Y	1	0		Y	1	1	0	Y	1	0	0	Y	Y	2	2	Y	1	1	0	4	0	4	0	0	0
	CHC lamgadha	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	Y	2	1	Y	1	0	0	4	1	3	0	0	0
Almora	**CHC Devayal Salt**	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	2	Y	1	0	1	5	4	1	3	1	2
	CHC Deghat	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	Y	2	2	Y	1	0	1	5	2	3	3	1	2
	CHC Jainti	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	Y	2	1	Y	1	0	1	4	1	3	3	0	3
	CHC Shalangi	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	Y	2	1	Y	1	1	0	3	2	1	4	0	4
	CHC Kichchha	**Y**	1	1	0	Y	1	0	1	Y	1	0	1	Y	1	1		Y	1	0	1	Y	Y	2	2	Y	1	0	2	5	4	1	5	3	2
US Nagar	**CHC Jaspur**	**Y**	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	5	0	5	2	3
	CHC sitarganj	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	0	0	Y	1	0	0	Y	Y	2	2	Y	1	1	0	5	3	2	5	2	3

	CHC Gadarpur	**Y**	1	0	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	0	Y	1	0	0	5	3	2	5	3	2
	CHC Nanakmatta	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	0	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	3	1	2	3	0	3
	CHC Chakarata	**Y**	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	3	Y	1	0	0	4	3	1	5	3	2
Dehradun	**CHC Doiwala**	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	1	0	Y	1	0	0	Y	Y	2	0	Y	1	0	0	7	7	0	5	5	0
	CHC Sahiya	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	0	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	4	3	1	5	5	0
	CHC Raipur	**Y**	1	0	1	Y	1	0	1	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	4	Y	1	0	1	4	4	0	3	3	0
	CHC Sahaspur	**Y**	1	0	1	Y	1	0	1	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	0	Y	1	1	0	5	5	0	3	3	0
	CHC Pabo Pauri	**Y**	1	0	0	Y	1	1	0	Y	1	0	1	Y	1	0		Y	1	0	1	Y	Y	2	0	Y	1	1	0	5	2	3	5	0	5
Pauri	**CHC Ghandiyaal**	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	Y	2	0	Y	1	0	0	5	2	3	5	0	5
	CHC Nainidanda	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	2	3	5	1	4
	CHC Beeronkhal	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	1		Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	1	4	5	1	4
	CHC Thalisaind	**Y**	1	1	0	Y	1	0	0	Y	1	0	1	Y	1	0		Y	1	0	1	Y	Y	2	5	Y	1	0	1	5	4	1	5	0	5
	CHC Rikhanikhal	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	2	3	3	1	2
	CHC Yamkeshwar	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	4	6	-2	3	2	1
	CHC Kot	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	0	0	Y	Y	2	1	Y	1	1	0	5	5	0	3	3	0
	CHC Chailusaind	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	2	Y	1	1	0	4	1	3	3	1	2
	CHC Khirsu	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	1	0	5	3	2	5	0	5
	CHC Naugavkhal	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	0	Y	1	0	0	1	0	1	4	1	3
	CHC Paithani	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	0	0	2	0	2	3	0	3
	CHC Satpuli	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1	0	Y	Y	2	1	Y	1	0	0	3	3	0	5	1	4
Uttarkashi	**CHC naugav, Uttarkashi**	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	0	0	Y	Y	2	1	Y	1	1	0	7	2	5	5	3	2
	CHC Purola	**Y**	1	0	1	Y	1	1	0	Y	1	0	1	Y	1	1		Y	1	0	1	Y	Y	2	6	Y	1	0	1	6	2	4	5	2	3
	CHC Chinyalisaund	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	3	2	5	3	2

	CHC Badkot	**Y**	1	1	0	Y	1	0	1	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	1	4	5	0	5
Tehri	**CHC Hindolakhal**	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	0		Y	1	1	0	Y	Y	2	0	Y	1	1	0	5	2	3	5	1	4
	CHC Thatyud	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	7	2	5	5	2	3
	CHC Devprayag (PPP Mode)	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0		Y	1	0	0	Y	Y	2	0	Y	1	1	0	4	1	3	5	1	4
	CHC Baleshwar	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0	0	Y	Y	2	1	Y	1	1	0	4	2	2	5	0	5
Tehri	**CHC Kirtinagar**	**Y**	1	1	0	Y	1	0	0	Y	1	1	0	Y	1	1		Y	1	0	0	Y	Y	2	0	Y	1	1	0	4	2	2	3	3	0
	CHC Chham	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	3	2	3	3	0
	CHC Madannegi	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	1	Y	1	0	0	4	2	2	3	0	3
	CHC Chamba	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	4	1	3	3	0
	CHC Pratapnagar	**Y**	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	0	Y	1	1	0	6	2	4	3	2	1
	CHC Khadi	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	0	0		Y	1	0	0	Y	Y	2	1	Y	1	1	0	4	2	2	3	3	0
	CHC Lambgaw	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	1		Y	1	0	0	Y	Y	2	2	Y	1	0	0	4	2	2	3	0	3
Rudra Prayag	**CHC Agastmuni**	**Y**	1	1	0	Y	1	1	0	Y	1	0	1	Y	1	0		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	3	2	5	3	2
	CHC Jakholi	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0		Y	1	0	0	Y	Y	2	1	Y	1	1	0	5	1	4	5	1	4
Chamoli	**CHC Joshimath**	**Y**	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	7	3	4	8	2	6
	CHC Tharali	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	4	1	5	0	5
	CHC Gairsain	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	0		Y	1	1	0	Y	Y	2	2	Y	1	1	0	5	1	4	5	1	4
	CHC Pokhari	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	5	Y	1	0	1	5	2	3	5	1	4

	CHC Ghat	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	0	0	Y	Y	2	1	Y	1	1	0	5	1	4	3	1	2
Haridwar	**CHC Narsan, Haridwar**	**Y**	1	1	0	Y	1	1	0	Y	1	0	0	Y	1	0		Y	1	1	0	Y	Y	2	1	Y	1	0	0	5	5	0	5	3	2
	CHC Laksar	**Y**	1	1	0	Y	1	0	1	Y	1	1	0	Y	1	0		Y	1	0	0	Y	Y	2	0	Y	1	0	0	5	4	1	5	2	3
	CHC Bhagwaanpur	**Y**	1	0	0	Y	1	1	0	Y	1	0	0	Y	1	1		Y	1	0	0	Y	Y	2	0	Y	1	1	0	5	4	1	5	2	3
	CHC Bahadarabaad	**Y**	1	0	0	Y	1	1	0	Y	1	0	0	Y	1	1		Y	1	1	0	Y	Y	2	1	Y	1	1	0	6	4	2	9	7	2
	CHC Jwalapur	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	0		Y	1	1	0	Y	Y	2	2	Y	1	1	0	4	2	2	5	0	5
	CHC Khanpur	**Y**	1	0	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	0	0	Y	Y	2	1	Y	1	0	0	5	3	2	3	1	2
	CHC manglaur	**Y**	1	1	0	Y	1	1	0	Y	1	1	0	Y	1	1		Y	1	1	0	Y	Y	2	2	Y	1	0	0	4	2	2	3	2	1
	CHC Landhaura	**Y**	1	0	0	Y	1	0	0	Y	1	0	0	Y	1	0		Y	1	0	0	Y	Y	2	1	Y	1	0	0	4	3	1	3	2	1

Note: 1. Due to shortage of specialist doctors General Duty Medical Officers have been deployed against the sanctioned posts of Specialist Doctors.

Appendix-2.1 (iii)
(Reference: Paragraph-2.2; Page 15)

Details of availability of Doctors/ Nurses & Paramedics in all the PHCs of the State

Total Number of PHCs in the State 578	**Operational Type A ** PHC-525 Type B -PHC-51**			
Staff Type	**Doctors**	**Nurses**	**Paramedics**	**Others**
Sanctioned strength	627	342	628	NA
Men in position	557	20	489	NA
Vacant	70	322	139	NA

Source- DG Medical Health and Family welfare.
****As per IPHS norms one GDMO has been sanctioned for type A PHC and two GDMOs for type B PHCs.***

Appendix-2.2
(Reference: Paragraph-2.2.9; Page 22)

Details of doctors posted for more than 5 to 20 years

Sl. No.	Name of Office/Hospitals/Districts	No. of Doctors	
		(5-10 Years)	(More than 10 to 20 Years)
1.	**DG Health Office, Dehradun**	7	2
2.	**Almora**	41	25
3.	**Bageshwar**	09	09
4.	**Chamoli**	13	05
5.	**Champawat**	10	07
6.	**Dehradun**	41	28
7.	**Haridwar**	07	07
8.	**Nainital**	42	27
9.	**Pauri**	31	19
10.	**Pithoragarh**	21	11
11.	**Rudraprayag**	15	03
12.	**Tehri**	21	03
13.	**Udham Singh Nagar**	12	09
14.	**Uttarkashi**	15	09
Total		**285**	**164**

Appendix-3.1
(Reference: Paragraph-3.1.1; Page 35)

Details related to availability of OPD Services in DHs of the State

Services	Name of the Districts										
	Almora	Bageshwar	Chamoli	Champawat	Dehradun	Haridwar	Nainital	Pithoragarh	Rudraprayag	Udham Singh Nagar	Uttarkashi
ENT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
General Medicine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Paediatrics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Surgery	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Opthalmology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Obs. & Gynae	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psychiatry	Yes	No	No	No	No	No	Yes	No	No	No	Yes
Orthopaedics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dermatology & Venereology	No	No	No	Yes	Yes	No	Yes	No	No	No	No

- ***The District Hospitals in two districts, namely Pauri and Tehri are being run on PPP mode and the services are being provided by the Private partners.***

Appendix-3.2
(Reference: Paragraph-3.2.1; Page 41)

Details of Availability of beds for Maternal & Childcare in DHs

Name of District Hospital	Total Beds	Beds for Maternal & Childcare	SNCU	NBSU
DH, Almora	200	121	-	04
DH, Bageshwar	100	12	-	04
DH, Champawat	100	18	-	-
DH, Chamoli	100	17	10	04
DH, Dehradun	300	72	10	-
DH, Haridwar	100	42	06	-
DH, Nainital	200	49	-	04
DH, Pithoragarh	182	60	12	--
DH, Pauri	200	20	-	-
DH, Rudraprayag	100	16	-	-
DH, Tehri	100	12	12	-
DH, U S Nagar	200	54	12	-
DH, Uttarkashi	200	34	-	04

Appendix-3.2 (A)
(Reference: Paragraph-3.2.1; Page 41)

Details related to availability of beds in test checked CHCs

CHC Name	IPD Details of District Dehradun		
CHC, Chakrata	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	Not Available	Not Available
	2017-18	382	30
	2018-19	238	30
	2019-20	330	30
	2020-21	261	30
	2021-22	355	30
CHIC, Doiwala	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	4549	30
	2017-18	3460	30
	2018-19	2776	30
	2019-20	3192	30
	2020-21	1096	30
	2021-22	2182	30
CHC, Saiya	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	Not Available	Not Available
	2017-18	58	30
	2018-19	243	30
	2019-20	638	30
	2020-21	838	30
	2021-22	555	30
CHC, Raipur	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	Not Available	Not Available
	2017-18	4	10
	2018-19	1569	10
	2019-20	2843	10
	2020-21	2508	10
	2021-22	2477	10
CHC, Sahaspur	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	Not Available	Not Available
	2017-18	2466	10
	2018-19	1767	10
	2019-20	2545	10
	2020-21	1832	10

CHC Name	IPD Details of District Dehradun		
	2021-22	1712	10
CHC, Betalghaat	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	Not available	Not available
	2017-18	223	30
	2018-19	157	30
	2019-20	179	30
	2020-21	142	30
	2021-22	171	30
CHC, Kotabag	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	Not available	Not available
	2017-18	552	30
	2018-19	698	30
	2019-20	887	30
	2020-21	644	30
	2021-22	751	30
CHC, Bhimtal	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	361	30
	2017-18	897	30
	2018-19	722	30
	2019-20	1015	30
	2020-21	188	30
	2021-22	92	30
CHC, Ramgarh	**Year**	**No. of IPD Patients**	**No. of Beds**
	2016-17	Not available	Not available
	2017-18	250	10
	2018-19	236	10
	2019-20	185	10
	2020-21	122	10
	2021-22	99	10

Appendix-3.3
(Reference: Paragraph-3.3.1, 3.7.1, 3.7.3, 3.7.4, 3.7.5, 3.7.6, & 3.7.8, Page (47,61,64,64,65,68&68)

Details related to the availability of other Services in DHs of the State

Services	Name of the District										
	Almora	Bageshwar	Chamoli	Champawat	Dehradun	Haridwar	Nainital	Pithoragarh	Rudraprayag	Udham Singh Nagar	Uttarkashi
Emergency	A	A	A	A	A	A	A	A	A	A	A
Ambulance	A	A	A	A	A	A	A	A	A	A	A
Blood Bank	A	A	A	A	NA	A	A	A	A	A	A
Dietary	A	A	A	A	A	A	A	A	A	A	A
Laundry	A	A	A	A	A	A	A	A	A	A	A
BMW Management	A	A	A	A	A	A	A	A	A	A	A
Mortuary	A	A	A	A	A	A	A	A	A	A	A

- ***The District Hospitals in two districts namely Pauri and Tehri are being run on PPP mode and the services are being provided by the Private partners.***

Appendix-4.1
(Reference: Paragraph-4.1; Page 81)

Month wise Stock out of EDL and coverage across all facilities in the State as per e-Aushadhi portal

Total States 21 in the Portal	Comparative State Rank for Last 12 months											
	Nov-20	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**	**May-21**	**Jun-21**	**Jul-21**	**Aug-21**	**Sep-21**	**Oct-21**
STATE RANK*	**17**	**17**	**14**	**15**	**18**	**18**	**18**	**16**	**15**	**15**	**17**	**16**
COVERAGE	23.2	25.61	82.78	46.07	40.15	39.1	44.34	57.13	54.59	54.9	49.77	49.74
STOCKOUT OF EDL IN RWH	96.6	96.69	96.68	96.67	96.87	96.47	96.03	96.11	96.08	96.31	96.4	96.53
STOCKOUT OF EDL IN DH	88.77	89.01	88.67	88.51	88.45	88.54	88.38	87.93	87.83	87.35	86.4	86.29
STOCKOUT OF EDL IN CHC	94.51	94.52	94.66	94.81	94.82	94.41	94.17	93.91	93.52	93.61	93.56	93.63
VALUE OF DRUGS (EXPIRE IN 30 DAYS) *₹ in lakh*	0.01	0.16	0.12	0.03	0.53	0.02	0.11	0.52	1.52	1.08	2.12	0.55
PERCENTAGE OF EXP QTY PROP. (BREAKAGE/LOSS/WASTAGE)	50.39	53.76	52.36	49.95	53.79	49.61	51.88	47.61	50.41	53.31	54.64	56.11
AVG DELAY IN DRUG SUPPLY	6.97	6.87	6.87	6.86	6.86	6.75	6.93	7.05	7.04	6.95	6.76	6.67

Source: Information provided by the Department from e-Aushadhi portal.

Appendix-4.2
(Reference: Paragraph-4.1; Page 81)

Availability of vital drugs in IPD, OT and emergency services in test checked district hospitals

Sampled Month-
November-2016, Feb-2018, May-2018, May-2019, November-2020.

Name of the Department- Emergency Department.
Number of Sampled Drugs- 25
Name of Sampled Drugs-
Inj Oxytocin, Inj. Ampillicin, Inj. Metronizazole, Gentamycin, Inj. Diclofenac Sodium, IV fluids (DNS), Ringer lactate, Plasma expander, Normal saline, Inj Magsulf, Inj Calcium gluconate, Inj Dexamethasone/Betameathazon, Inj Hydrocortisone Succinate, Diazepam, Pheneramine maleate, Inj Corboprost, Fortwin, Inj Phenergen, Inj Hydrazaline, Methyldopa, Nefidepin, Ceftriaxone, Polyvalent Anti Snake Venom, Anti tetanus human immunoglobin, Inj. Atropine Sulphate

	Full Available (*per cent*)	**Partial Available (*per cent*)**	**Not Available (*per cent*)**
DH Dehradun	11 *(44)*	08 *(32)*	06 (*24*)
DH Nainital	12 *(48)*	00	13 (*52*)

Name of the Department- IPD Department.
Number of Sampled Drugs- 14
Name of Sampled Drugs-
Activated Charcoal, Adrenaline, Salbutamol, Aminophylline, Atropine sulphate, Dextrose, Dextrose with normal saline, Diclofenac Sodium, Ringer lactate, Digoxin, Metoclopramide, Vitamin K, (Phytonadione), Antiserum Polyvalent Snake Venom, Sodium Chloride.

	Full Available (*per cent*)	**Partial Available (*per cent*)**	**Not Available (*per cent*)**
DH Dehradun	03 (*21.43*)	09 (*64.29*)	02 (*14.29*)
DH Nainital	00	08 *(57.14)*	06 (*42.86*)

Name of the Department- OT Department.
Number of Sampled Drugs- 23
Name of Sampled Drugs-
Inj Oxytocin, Inj. Ampillicin, Inj. Metronizazole, Gentamycin, Inj. Diclofenac Sodium, IV fluids, Ringer lactate, Plasma expander, Normal saline, Inj Magsulf, Inj Calcium gluconate, Inj Dexamethasone, Inj Hydrocortisone Succinate, Diazepam, Pheneramine maleate, Inj Corboprost, Fortwin, Inj Phenergen, Betameathazon, Inj Hydrazaline, Methyldopa, Nefidepin, Ceftriaxone

	Full Available (*per cent*)	**Partial Available (*per cent*)**	**Not Available (*per cent*)**
DH Dehradun	12 *(52.17)*	04 *(17.39)*	07 *(30.43)*
DH Nainital	01 *(4.34)*	08 *(34.78)*	14 *(60.87)*

Appendix-4.3
(Reference: Paragraph-4.1.1; Page 82)

Availability of Drugs, Lab Reagents, Consumables & Disposables

Drugs, Lab Reagents, Consumables & Disposables														
Sl. No.	**Categories**	**Number required as per IPHS 2012**	**Availability of Drugs in other GMCs and DHs in the State**											
			GMC, Srinagar	**DH, Haridwar**	**DH, Tehri**	**DH, Champawat**	**DH, Chamoli**	**DH, Uttarkashi**	**DH, Almora**	**DH, Bageshwar**	**DH, Rudraprayag**	**DH, Pithoragarh**	**DH, U.S. Nagar**	**DH, Pauri**
1	Analgesic/Antipyretics/Anti Inflammatory	11	7	7	8	6	6	7	8	5	7	7	9	7
2	Antibodies & Chemotherapeutics	76	21	21	28	18	33	18	25	10	21	21	33	21
3	Anti Diarrhoeal	6	2	3	2	2	3	2	3	0	1	2	2	1
4	Dressing Material/ Antiseptic Ointment Lotion	24	14	13	16	14	14	13	17	11	14	15	15	7
5	Infusion Fluids	14	9	9	8	11	11	9	11	9	9	9	13	9
6	Eye and ENT	25	6	1	12	1	2	0	1	1	2	2	15	8
7	Antihistaminic/ Anti- Allergic	12	6	8	7	6	6	6	6	5	6	5	6	6
8	Drugs acting on Digestive System	20	10	9	9	6	9	3	6	4	5	6	6	8
9	Drugs related to Hoemopoetic system	4	1	2	1	2	2	0	0	0	1	0	4	2
10	Drugs acting on Cardiac vascular system	26	9	13	17	10	12	11	11	9	17	8	22	9
11	Drugs acting on Central/peripheral Nervous system	40	16	18	17	11	17	10	12	8	18	6	16	16
12	Drugs acting on Respiratory System	16	4	9	5	1	9	3	5	4	7	3	15	4
13	Skin Ointment/Lotion etc.	23	2	6	5	6	14	4	4	2	5	0	13	4
14	Drugs acting on Uro-Genital system	5	3	3	5	3	4	4	3	2	5	1	4	4
15	Drugs used in obstetrics and Gynecology	35	9	2	19	9	10	2	0	3	14	2	16	15
16	Hormonal Preparation	14	4	2	4	5	4	3	2	0	2	2	2	1
17	Vitamins	24	7	5	10	6	9	5	5	2	8	3	23	8
18	Other Drugs and Material & Misc. Items	83	30	28	47	35	34	21	33	20	22	19	36	22
19	Emergency lifesaving drugs for SNCU	12	11	9	10	3	11	6	8	9	10	7	11	10
20	Other Essential Medicines & Supplies for SNCU	23	60	13	18	15	1	6	9	8	8	8	18	13
	Total	**493**	**231**	**181**	**248**	**170**	**211**	**133**	**169**	**112**	**182**	**126**	**279**	**175**

Appendix-4.4
(Reference: Paragraph-4.2.1; Page 86)

Availability of Equipment in remaining DHs in the State

Sl. No.	Type	Essential & Desirable	Availability of Equipment in other DHs										
			DH, Haridwar	DH, Tehri	DH, Chamoli	DH, Almora	DH, Bageshwar	DH, Rudraprayag	DH, Pithoragarh	DH, Champawat	DH, U.S. Nagar	DH, Uttarkashi	DH, Pauri
1	Imaging equipment	12	2	7	8	2	6	7	10	6	8	6	5
2	X-ray room accessories	8	2	5	8	6	6	1	7	6	8	3	1
3	Cardiopulmonary equipment	13	7	10	4	9	12	10	10	11	13	11	10
4	Labour ward, Neo Natal and Special New-born Care Unit (SNCU) Equipment	27	20	23	21	0	15	17	21	17	15	18	14
5	Special SNCU equipment	11	6	9	7	0	8	0	6	0	6	7	9
6	Disinfection of SNCU Equipment	13	3	7	6	0	10	0	4	0	4	8	5
7	Immunisation Equipment	16	15	15	10	8	7	13	0	3	15	9	9
8	Ear Nose Throat Equipment	23	19	21	16	5	1	4	4	0	8	19	14
9	Eye Equipment	27	17	22	14	10	14	16	21	20	4	24	16
10	Dental Equipment	42	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
11	Laboratory Equipment	87	20	22	22	36	27	35	33	41	36	28	36
12	Endoscopy Equipment	8	0	0	0	0	0	0	0	3	5	0	1
13	Anaesthesia Equipment	25	13	20	8	14	13	15	9	20	17	7	5
14	Post-Mortem Equipment	9	2	8	9	2	6	7	4	9	8	9	0
15	OT Equipment	29	8	17	11	13	11	17	9	21	9	14	8
16	ICU Equipment	34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
17	Emergency services Equipment	14	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
18	IPD Equipment	19	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total		**417**	**134**	**186**	**144**	**105**	**136**	**142**	**138**	**157**	**156**	**163**	**133**

Source: Information provided by DHs. **** NA: Information not available.***

Appendix-4.5
(Reference: Paragraph-4.5.4; Page 93)

Deficient Storage of drugs

Sl. No.	Name of the HCF	Air Condition Pharmacy	Levelled shelves/ racks	Storage away from water and Heat	Drug Stored above the floor	Drug Stored away from walls	24 Hour temperature recording of cold storage area	Display Instructions for storage of vaccines	Functional tempreture monitoring device in freezers	Maintenance of temperature chart of deep freezers
1	PHC Bhagawantpur	No	No	No	No	No	No	No	No	No
2	PHC Thano	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
3	PHC Jyolikot	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
4	PHC Talla Ramgarh	No	Yes	Yes	Yes	Yes	No	No	No	No
5	CHC Ramgarh	No	Yes	Yes	Yes	Yes	No	No	No	No
6	CHC Bhimtal	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7	DH Dehradun	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	PHC Balawala	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	PHC Tyuni	No	Yes	Yes	Yes	No	No	No	No	No
10	Doon Hospital	Yes	No	Yes	Yes	No	Yes	No	Yes	No
11	Medical College Haldwani	No	No	No	No	Yes	Yes	No	Yes	No
12	CHC Kotabag	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes
13	PHC Chakalua	No	Yes	Yes	Yes	Yes	No	No	No	No
14	SDH Haldwani	No	No	Yes	Yes	No	No	Yes	No	No
15	SDH Prem Nagar	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
16	DH Nainital	No	No	Yes	No	No	No	No	No	No
17	PHC Simalkha	No	No	Yes	Yes	Yes	No	No	No	No
18	CHC Doiwala	No	No	Yes	No	No	Yes	No	Yes	Yes
19	CMSD Dehradun	No	No	Yes	No	No	Yes	No	Yes	Yes
20	CHC Raipur	No	No	No	No	No	No	No	No	No
21	CHC Sahaspur	No	Yes	Yes	No	No	Yes	No	No	No
	Not Available	**19**	**9**	**3**	**8**	**11**	**11**	**14**	**10**	**12**

Appendix-4.6
(Reference: Paragraph-4.5.5.2; Page 95)

Distribution of expired medicines

Sl. No.	Name of the medicine	Qty. received (Date of expiry)	Qty. distributed after expiry and date till distributed	No. of Days	Qty. still lying in the stores after expiry
1.	Panchnimb churn	02 (March 2017)	01 (06.04.17)	06	--
2.	Betadin lotion	01 (June 2016)	01 (25.11.16)	148	--
3.	Johnson Vakhlet	03 (June 2016)	02 (22.12.16)	175	1
4.	Chandrmrit Ras	04 (Dec 2017)	04 (23.08.18)	235	--
5.	Panchkol Churn	01 (April 2017)	01 (17.03.18)	321	--
6.	Shatskar churn	01 (June 2017)	01 (24.03.18)	267	--
7.	Talisadi churn	01 (June 2017)	01 (19.12.17)	172	--
8.	Nimbadi churn	01 (Jan 2021)	--	--	1
9.	Chandramitr ras	03 (Dec 2016)	03 (21.12 18)	720	--
10.	Kashtkaryadi kvath	02 (March 2017)	02 (21.12.18)	630	--
11.	Darimashtak churn	02 (March 2017)	02 (11.07.19)	832	--
		03 (June 2019)	03 (12.02.20)	227	--
12.	Arjun Churn	05 (March 2017)	05 (26.04.17)	26	--
13.	Yashti madhu churn	02 (March 2017)	02 (21.12.18)	630	--
14.	Haritaki churn	03 (May 2017)	--	--	3
15.	Shankh Bhasm	07 (March 2018)	01 (21.12.18)	265	6
16.	Vasvleh	05 (March 2018)	--	--	5
		02 (June 2020)	--	--	2
17.	Arshkuthar Ras	02 (March 2018)	--	--	1
18.	Veshvanar churn	01 (August 2017)	01 (21.12.18)	477	--
19.	Barsol Tab	03 (Nov 2018)	03 (21.12.18)	21	--
20.	Panchskar churn	02 (Nov 2021)	--	--	2
21.	Triygyadi churn	02 (Jul 2019)	--	--	2
22.	Sarpgandha churn	02 (May 2019)	--	--	1
23.	Arshodhan vati	03 (May 2019)	--	--	3
24.	Gutduchayadi kvath	03 (May 2019)	--	--	3
		02 (June 2021)	--	--	2
25.	Som Churn	02 (April 2019)	--	--	2
		02 (July 2021)	--	--	2
26.	Kalmeghadhi Kvath	20 (March 2019)	--	--	10
		17 (July 2021)	--	--	17
		17 (Jan 2021)	--	--	17
27.	Haridra khand	1 (Dec 2020)	--	--	1
28.	Kaflet	04 (Dec 2021)	--	--	4
29.	Sanjeevani Vati	04 (Aug 2021)	--	--	4
30.	Ashvgandha churn	11 (Feb 2021)	03 (17.09.21)	201	--
31.	Kutja leham	02 (Dec 2021)	--	--	2
32.	Lavanbhaskar churn	02 (July 2021)	--	--	2
33.	Panchskar churn	02 (April 2021)	--	--	1
34.	Amalkyadi churn	01 (April 2017)	01 (17.12 18)	596	--

Appendix-5.1
(Reference: Paragraph-5.1; Page 102)

District wise requirement and availability of CHCs and PHCs in the State

Sl. No.	District	CHCs as per IPHS		PHCs as per IPHS	
		Required	Available	Required	Available
1.	Almora	9	9	35	66
2.	Bageshwar	4	3	15	29
3.	Chamoli	5	5	22	39
4.	Champawat	4	0	15	18
5.	Dehradun	24	5	97	47
6.	Haridwar	18	8	72	29
7.	Nainital	14	10	54	45
8.	Pauri	10	13	39	93
9.	Pithoragarh	7	4	27	53
10.	Rudraprayag	3	2	14	38
11.	Tehri	9	11	35	54
12.	Udham Singh Nagar	16	5	63	34
13.	Uttarkashi	4	4	19	33
Total		**127**	**79**	**507**	**578**

Appendix-5.2
(Reference: Paragraph-5.7; Page 117)

Execution of AYUSH Policy

Thrust Areas	To be executed as per AYUSH Policy	Actual Execution done/execution not done by the Department
		Not Executed / **Executed** / **Partially executed**
1. Infrastructure upgradation		
A. Upgrade the existing infrastructure facilities and develop new infrastructures.	1. Govt of Uttarakhand to strive to upgrade the existing infrastructure facilities (Hospitals, Specialty Hospitals and Dispensaries) and develop new infrastructures.	1.No existing infrastructure facilities had been upgraded since 2018.
		2. No framework/guidelines prepared/ issued and no Budget allotted in this regard.
B. Accreditation	1. The infrastructure facilities in existing Government Ayurveda Hospitals and Government and Government aided dispensaries to be upgraded to National Accreditation Board for Hospitals & Healthcare Providers (NABH) standards to improve the quality services and augment the patient load.	No efforts had been made to introduce the Uttarakhand Accreditation Standards for Health Care (UASH) for AYUSH systems. Thus, no existing infrastructure facilities was upgraded to improve the quality services and augment the patient load.
	2.The Govt of Uttarakhand to make efforts to introduce the Uttarakhand Accreditation Standards for Health Care (UASH) for AYUSH systems.	
C. New services	1. To assess the feasibility of starting Siddha and Naturopathy Hospital in the State in a phase manner. Based on the patient load, the dispensaries and hospitals would be upgraded to the next higher level.	1.No feasibility study had been conducted for establishment of Siddha and Naturopathy Hospital in the State.
D. **Components of the AYUSH Services under National AYUSH Mission envisaged that financial assistance will be provided to the States/ UT Governments**	**AYUSH Wellness Centres including Yoga & Naturopathy-**	
	Naturopathy hospitals 20-30 beds are eligible for ₹ 15 lakhs (₹12 Lakhs as recurring assistance p.a. including Manpower and ₹.3 Lakhs for nonrecurring one-time assistance for treatment equipment's	No Proposal had been sent in the State Annual Action Plan regarding Naturopathy hospitals and Yoga wellness centers.
	The Yoga wellness Centres are eligible for ₹ 0.6 Lakhs as one time assistance for initial furnishing and recurring assistance of ₹ 5.4 Lakhs p.a. for Manpower, maintenance.	
E. Wellness Centres	1. The Wellness Centres to be identified, under the Ayushman Bharat Yojana.	1.In AYUSH Department 70 (60 in Ayurveda and 10 in Homoeopathy) Health and Wellness Centres identified and are partially operational.
F. Disease Surveillance in the particular local body (IDSP)	1. Special Outpatient Department OPD to be introduced based on the study conducted on the disease surveillance in the particular local body. (IDSP)	1. No study had been conducted on the disease surveillance. There is no provision in Ayurveda in this regard.
G. AYUSH health care centers in places of public interest.	1. AYUSH health care centers would be introduced under government and public sector institutions in places of public interest.	1.One new AYUSH health care centre (one homoeopathic dispensary) had been established.
2. AYUSH Programmes		
A. **Public Health Care**	1.Services of AYUSH doctors utilized in various aspects of Public Health Service Delivery and various National Disease Control Programmes	1.In National Disease Programmes AYUSH doctors/Paramedical staff provided services along with Allopathy Department.
	2.Interventions considered as community based AYUSH	2.Outreach Camp & ASHA/ANM programmes are run as community based.
	3.Initiated for preventive and curative healthcare and had linked with the local self-help groups	3.Community based, AYUSH interventions initiated for preventive health care but not linked with self-help groups.
B. **Tribal Health Care**	1.To provide AYUSH health care to the tribal population, medical kits were to be distributed through local self-help groups and tribal promoters	1. Under the programme, no-. initiative /plan was prepared to procure and distribution AYUSH Kits for tribal population as a result the

		population was deprived from the envisaged benefits under the programme.
C. **Palliative Care**	1. Palliative care programme to be extended across the state by ensuring the participation of the local bodies.	1. No framework/guidelines were prepared by the department. As programme structure was not available therefore its implementation/t could not be accomplished.
D. **Cancer Care**	1. To conduct State level propagation programme for cancer awareness, early detection, prevention and treatment based on the strengths of each system of AYUSH	1.No such programme was conducted.
E. **Maternity Care**	1. To conduct AYUSH Maternity Awareness Program to provide holistic care to the expectant mothers	1. Assisted in Maternity programs conducted by Allopathy department, no records maintained in this regard,
F. **Child Care**	1.To introduce Paediatric Healthcare Programmes and to distribute child health care kit.	1.Neither Pediatric Healthcare Program was introduced, nor child health care kits were distributed. Further, no strategy was framed by the department for executing the intervention.
G. **Geriatric Care**	1. To introduce Special programs for the management of old age problems based on the strengths of each AYUSH systems through dispensaries and hospitals	1.No special programs of old age problems was initiated. Further, no strategy was framed by the department for executing the intervention.
H. **Sports Care**	1. To introduce Siddha Therapy for treating sports injuries considering the Siddha treatment scope in healing injuries to the energy points in the body	1. Siddha Therapy had not been introduced so far in the state.
	2. To explore the modalities of Yoga & Naturopathy in National Sports Institutes	2. Yoga & Naturopathy had not been initiated in Sports College/institute so far. No framework/ guidelines were prepared for initiating this intervention.
I. **Communicable Diseases**	1. To launch an integrated AYUSH programme for the effective control, prevention and management of communicable diseases by introducing AYUSH regional communicable disease prevention programme.	1. No region wise programme for communicable diseases was framed.
J. **Non-Communicable Diseases**	1. To conduct separate program for prevention of lifestyle diseases by integrating the role of each system of AYUSH in all districts	1. Yoga centres (11) are operational in Dehradun, Tehri, Uttarkashi, Pauri and Pithoragarh districts.
	2. Yoga & Naturopathy clinics integrated with the existing AYUSH hospitals and clinics for management of non-communicable diseases	2. Yoga clinics/centres are operational with AYUSH hospitals
K. Lifestyle Management	1. The state government facilitate in conducting an integrated programme on lifestyle diseases management and prevention though public health activities.	1.In Ayurveda hospitals the treatment is given to the patients after consultation of food intake and as of reason, the patients are also made aware regarding it.
	2.Programmes like the '***Ayushmabhava***' the state-level programme to treat the lifestyle diseases introduced to all AYUSH Hospitals and the knowledge of '***Science of Healthy Living'*** propagated to the public domain	2. '***Ayushmabhava***' programme is not introduced as a sole program in the State level hospitals as envisaged in the policy.
	3.To introduce de-addiction specialty clinic by leveraging strengths of Ayurveda	3. No de-addiction specialty clinic were established.
3. AYUSH Education		
A. Medical Education	Government of Uttarakhand shall establish AYUSH University by upgrading the existing Faculty Uttarakhand Ayurveda University (UAU) in Dehradun to enhance the quality of AYUSH education in the state.	No initiative was taken up by the department to fulfil the policy intervention.
B. School Education	AYUSH subjects including yoga to be incorporated in various levels of school syllabus.	Department was unaware about this policy intervention.
C. Paramedical Education	The diploma and degree programme in pharmacy, Panchkarma therapy, AYUSH nursing and other specialized courses in AYUSH to be strengthened.	Pharmacy, Panchkarma Education in AYUSH were running as per NCISM norms. AYUSH Nursing courses which were running in Rishikul Ayurvedic College, Haridwar was closed in the year 2016.
D. Capacity Building	Efforts would be taken to update the practitioners and paramedics on new research and scientific method of treatment and medicinal plants in all systems of medicine	• In University campuses department wise at department level Continuous Medical Education (CME) programme were organized.

	through Continuous Medical Education (CME) programmes and reorientation programmes. Key institutions with national and international collaboration would be developed for giving proper training to practitioners, educationalist, researchers and students from different systems of medicines.	• Regular Seminar and training programs were conducted by Ayurveda Department
4. Research		
A. **Academic Research**	1. To set up Charak International Research Institute of AYUSH in Kotdwar *(District – Pauri, Garhwal)* which will act as meaningful interface between the research institution, academy and industry to translate research outcomes for public use and to bridge the knowledge gaps.	1. Not setup yet. However, for preparation of DPR, Government of Uttarakhand sanctioned ₹ 10 crore from the University Development Fund.
B. **Clinical Research**	1. Grant to be provided for research projects focusing on the efficacy of AYUSH system in public health care programme	1.Clinical/Experimental research topics allotted by the departmental research committee sent to the AYUSH Ministry, Government of India for sanctioning of grant, but it had not been passed by the Government, yet.
C. **Drug Research**	1. To establish an inter-disciplinary research centre with international standards to scientifically revalidate the classical products and development of new products. The **Charak International Research Institute of AYUSH** shall include the Drug Research.	1.Establishment of International Ayurveda Research Institute is at initial stage. Formation of DPR is in process. Establishment of Drug Research will be constructed as per the prevailing norms.
D. Extra Mural Research	1. To develop Extra Mural Research Projects on AYUSH aimed at developing the opportunity for scientific scrutiny of AYUSH system for the benefit of users, researchers, practitioners, industries & common people at large	1. No Extra Mural Research Projects were funded by AYUSH Ministry, Government of India or State Government.
5. Drugs		
A. Raw Materials	1. To establish Medicinal Plant nurseries in all AYUSH educational institutions & hospitals with necessary assistance.	1 & 2. Medicinal Plant nurseries was not established in all the AYUSH hospitals; however, Medicinal Plant nurseries had been established in 17 hospitals of 08 districts.
	2. To take up steps to grow herbal garden and to cultivate sufficient medicinal plants in public premises.	
	3. Govt of Uttarakhand would initiate activities with the assistance from Herbal Research and Development Institute (HRDI), Local Bodies, Forest and Wildlife Department and State and Central Medicinal Plant Boards to protect the endangered medicinal flora and fauna.	3. No activities in this regard had been initiated by the Goverrurnment of Uttarakhand.
	4. Subsidies to be provided for the cultivation of rare medicinal plants and herbs as per the guidelines of National AYUSH Mission. Forward linkages shall be adopted to motivate the farmers to cultivate the medicinal crops.	4. Department failed to adopt/ create linkage therefore, no subsidies were distributed among the farmers to cultivate the medicinal Crops.
B. Drug Manufacturing	1. To strengthen the existing Rishikul State Ayurvedic Pharmacy in Haridwar in terms of infrastructure, equipment and manpower.	1. No change in Status even after introduction of AYUSH Policy.
	2. To adopt the self-sustaining model of the Rishikul State Ayurvedic Pharmacy for inhouse and market supply.	2.At present Rishikul State Ayurvedic Pharmacy not able to supply fully inhouse.
	3.Measures would be taken to include more GMP certified Ayurveda & Unani drug manufacturing unit to ensure uninterrupted supply of drugs with the aim of providing high quality medicaments to the public health initiatives in the State.	3. One proposal for establishment of new Ayurveda & Unani drug manufacturing unit is under consideration.
C. Quality Assurances & Control	1.Govt of Uttarakhand would strengthen the existing **Govt Drug Testing Laboratory** with necessary manpower and testing facilities.	1.The drug test lab was yet to be strengthen with manpower. However, a proposal for required manpower is under consideration of Government.

6. Governance		
Governance	1.Government of Uttarakhand would make efforts to provide the public with right of choice of treatment through its efforts in co-location of AYUSH infrastructure and manpower in public health facilities.	1.No new AYUSH wings were made operational under co-location in CHCs/PHCs/DHs after introduction of AYUSH Policy. However, to operationalize AYUSH wings in all the Allopathic Hospitals proposal were initiated.
	2.The state government would implement equal status and parity among doctors of different systems in the state.	2.Not done yet.
	3.Uttarakhand Accreditation Standards for Health Care (UASH) shall be introduced for AYUSH systems	3. Not introduced.
	4. To establish Uttarakhand Govt AYUSH holistic treatment centers throughout the state to ensure maximum utilization of the uniqueness of each of the treatment system by healthy cross-referral systems.	4.Not established.
	5.Budgetary Allocations for AYUSH Department to be enhanced to 2% of the total state budget.	5.The budgetary allocations ranged between 0.57 to 0.70 *per cent* during the years 2016-17 to 2020-21. Efforts were being done to increase budgetary allocation.
	6.Steps to be taken to support setting up of clusters through convergence of cultivation, warehousing, value addition and marketing and development of infrastructure for entrepreneurs.	6. No initiative at the department level.
	7.The government had to take efforts to cover the secondary and tertiary care of AYUSH under the National Healthcare Protection Scheme (NHPS) as announced recently by the Govt of India. AYUSH treatment to be included in Rashtriya Swasthya Bima Yojna (RSBY)schemes and in all future health related schemes.	7. No efforts were visible for the implementation of scheme
7. Institutional Mechanism		
A. To enhance institutional capacity	1.To enhance institutional capacity by strengthening the Department of AYUSH, Uttarakhand National AYUSH Mission, Directorate of Ayurveda and Unani, Uttarakhand Ayurveda University and Govt Drug Testing Laboratory.	1.No change in the status either in infrastructure or in manpower since the implementation of the policy.
B. Compulsory Rural posting and preparation of norms for the doctors serving in the Ayurveda & Homoeopathy institutions.	1.It is to be ensured that one-year rural compulsory posting would be for internees to get effective exposure in primary health care.	1. Not ensured yet. ***Irrational posting refer para 1.4.2***
	2. Norms to be introduced for compulsory serving in the Ayurveda & Homoeopathy institutions for the doctors who have completed MBBS & PG program through Ayurveda and Homoeopathy quota.	2. No norms had been introduced in this regard.
C. Formation of AYUSH Task Force	1. AYUSH Task Force and Surveillance team for the management of Epidemic diseases affecting the community to be formed.	1. Not formed.
D. To institutionalize the successful departmental programmes	1. Steps to be taken to institutionalize the successful departmental programmes by strengthening the required manpower and infrastructure.	The working of the department remained unchanged as neither new recruitment was done nor new infrastructure was created during the period 2016-21.
8. Regulatory Framework		
A. Single - window clearance	1. Single - window clearance to be provided for approvals to commission hospitals, tax breaks and annuity - based financing for setting up hospitals / dispensaries and for start-ups and running of AYUSH manufacturing firms.	1. Yes, all new applications are being channeled through Department of Industries.
B. Educational practices	1. Educational practices and institutions in AYUSH would be sufficiently controlled and regulated to ensure quality in education and research.	1.Proposal send to NCISM to increase post-Graduation seats. MoUs with other Universities/Institutes had been done.

C. Introduce bills to prevent quackery in the AYUSH system of medicines	1 Steps to be taken to introduce bills to prevent quackery in the AYUSH system of medicines and to regulate private practitioners and treatment centers.	1. No such bill had been introduced.
D. Implementation of Medical Practitioners Act (Bill) for AYUSH practitioners in Uttarakhand	1. To Implement Medical Practitioners Act (Bill) for AYUSH practitioners in Uttarakhand	Not prepared and implemented.
9. Investment in AYUSH & Wellness Tourism *(Key AYUSH investible projects / activities)*		
A) Wellness-based AYUSH Projects		
1) AYUSH Township	1. It is to be planned for the development of Uttarakhand Health Tourism and Organic Cultivation related activities. The project shall be proposed as international level Herbal and AYUSH Tourist Hub in the State. The township shall have features like Yoga, Ayurveda and Naturopathy Centre, eco-friendly environment for tourism activities, physiotherapy centre and gymnasium, goshala for indigenous and Himalayan breed cattles, herbal garden, nursery for medicinal and aromatic plants, organic food facility, agriculture, horticulture, floriculture and organic farming zones, studio apartments and villas, space for establishment of wellness / treatment centres, landscaping and other infrastructure amenities such as parking, helipads and retail outlets.	**Two proposals for AYUSH Township -1.Company Name:** Midas Investments Consulting PTE Ltd **Project Details:** Development of Wellness City **Prop. Inv. (INR Cr.)**:150.00 **Prop. Emp.:**2000 **Required 50 Acres land near Dehradun/ Narendra Nagar** ***As per information provided by the Department-*** Investor is interested in Madan Negi land of SIIDCUL. However, is not satisfied with the RFP terms of SIIDCUL as they are asking for ₹ 20 Crores of deposit along with lease money. Investor is also interested in running GMVN and KMVN properties on PPP mode. **2. Company Name:** Patanjali Ayurved Limited **Project Details:** Ayush Gram and Health Center **Prop. Inv. (INR Cr.):**1000.00 **Prop. Emp.:**2000 **Required 1163 Acres of Land in Yamkeshwar Block, Pauri District** ***As per information provided by the Department-*** Investor is in touch with CM office and has assurance for land allotment from CM Office. Doesn't need AYUSH department facilitation right now.
2) AYUSH Gram	1. To be focused on establishing a centre for wellness where consultation and treatment by AYUSH system shall be available along with Yoga with indoor facility. Private investors will be invited to establish AYUSH gram in the state, primarily AYUSH gram are proposed under PPP Mode at Uttarkashi, Champawat, Pithoragarh, Tehri and Chamoli where lands are available with the department.	**Three proposals for AYUSH Grams –** 1. **Company Name:** Arogya Formulations Pvt Ltd **Project Details:** Ayurveda Village -R&D, Yoga Centre, Botanical Garden, Herb Pool Centre, Residential Wellness Retreat **Prop. Inv. (INR Cr.):**50.00 **Prop. Emp.:**3500 **Aneki-hetampur, Near SIIDCUL, Haridwar** ***As per information provided by the Department-*** Investor has received in-principal approval from all the concerned departments. Currently seeking permissions for land use conversions 2.**Company Name:** Saukhyam Himalaya Wellness **Project Details:** 1. Academic Institution imparting knowledge in Ayurveda and Yoga 2. Clinical and Drug Research In the field of Ayurveda & Yoga 3. Ayurveda & Yoga Treatment Centre 4. Wellness Retreat 5. Herbs Cultivation 6. Ayurvedic Pharmacy

		Prop. Inv. (INR Cr.):10.00 **Prop. Emp.:**100 **Bidhauli Village, Dehradun** ***As per information provided by the Department-*** Investor doesn't respond to phone calls. **3. Company Name:** Nector Factor Foundation **Project Details:** Want to develop Spiritual Eco Zone to promote wellness, Mental and Physical **Prop. Inv. (INR Cr.):**80.00 **Prop. Emp.:200** **Require 80 Acre land anywhere in state. Want to adopt a ghost village for his project.** ***As per information provided by the Department-***Investor is seeking around 80 Acres of land on subsidized rate from the Government. Investor want to develop Spiritual Eco Zone to promote wellness, Mental and Physical Health. Investor has sent a detail project report in the department for the same. DPR and request for land allotment has been forwarded to the secretary.
3) Yoga Gram / Centre	1. To be focused on developing the state of art, Yoga and meditation centre added with herbal gardens at various suitable places in the state. Primarily Yoga Gram are proposed under PPP Mode in Almora, Tehri, Jageshwar, Uttarkashi, Champawat and Pithoragarh where lands are available with the department.	**Three proposals for Yoga Centres –** **1. Company Name:** Asset Infotech Limited **Project Details:** Development of state of Art Yoga & Meditation centre **Prop. Inv. (INR Cr.):**7.00 **Prop. Emp.:**2 **54, Chandreshwar Nagar, Mayakund, Rishikesh, Dehradun** ***As per information provided by the Department-***Construction under process. **2.Company Name: International Wellness & Yoga Research Centre** **Project Details:** Establish Yoga Skill Training and Research Centre **Prop. Inv. (INR Cr.):**5.00 **Prop. Emp.:**25 **Three Acres land required. Interested in Departmental land in Naugaon, Uttarkashi** ***As per information provided by the Department-***Investor informed that he wants the land on very economical rates and he would be running the project on Nonprofit model. Interested in Departmental land in Uttarkashi. **3.Company Name:** SMAY PY EDUCATION FOUNDATION **Project Details:** Yoga Teacher's Training Institute **Prop. Inv. (INR Cr.):**7.95 **Prop. Emp.:**100 ***As per information provided by the Department-***Approved / MDDA is not acknowledging CAF (Common Application Form), therefore has not received approval for initiating construction.

4) AYUSH Wellness Resort	1. To be proposed at the select locations where Panchkarma, Yoga and Naturopathy based treatment provided. Besides Haridwar and Rishikesh the main focus area will be in Kumaon and Garhwal Mandal near hill stations, religious places and on the Char Dham Yatra Route.	**Five proposals for AYUSH Wellness Resort and 17 proposals for AYUSH Wellness Centres –1.Company Name:** International Marketing Corporation Pvt Ltd **Project Details:** Wellness Resort **Prop. Inv. (INR Cr.):**200.00 **Prop. Emp.:**1000 **Bahadarabad, Haridwar** ***As per information provided by the Department-*** Construction work has been completed. Investor has filed the CAF previously. (CAF No. 5804). Need some facilitation in Land transfer. **2.Company Name:** Superior Carbonates & Chemicals Limited **Project Details:** Ayush Health Resort **Prop. Inv. (INR Cr.):**15.00 **Prop. Emp.:110** ***As per information provided by the Department-*** Inventor is having industrial land in Dehradun. Facing issues with MDDA, as they have denied permission to develop wellness resort in industrial land. Investor is requested to file CAF as an expansion project after consulting with MDDA. **3. Company Name:** Kumar Group of Industries **Project Details:** Health Resort **Prop. Inv. (INR Cr.):**60.00 **Jeolikot, Nainital** ***As per information provided by the Department-***Investor is working on the feasibility study for this project. Investor will soon meet with Secretary for project initiation. **4.Company Name:** Raam Eco Resort **Project Details:** Eco Resort with 25 rooms and facilities for ayurvedic wellness powered partly with solar energy **Prop. Inv. (INR Cr.):**10.00 **Prop. Emp.:**15 **Two Acres of Land Required in Dehradun** ***As per information provided by the Department-***Investor is seeking land. **5. Company Name:** Cottage Nirvana **Project Details:** Expansion of Wellness services in resort **Prop. Inv. (INR Cr.):**7.95 **Prop. Emp.:**100 **Mukteshwar, Nainital** ***As per information provided by the Department-***Investors are running a resort in Mukteshwar. Want to establish the resort as wellness centre. Are requested to initiate the process of CAF filling. ***Apart from above 17 AYUSH Wellness Centres proposals were also received which are in pipeline.***

Others (AYUSH Hospital, AYUSH University, Cultivation/Pharmacy & Wellness Institute	***Two proposals for AYUSH Hospitals, One for AYUSH University, five proposals for Cultivation/Pharmacy & One proposal for Wellness Institute received were also under process.***	
B. Healthcare-based AYUSH Projects		
1) Disease Based Hospitals	1.To explore letting out its available Hospitals in Dehradun, Tehri, Pauri, Uttarkashi and Pithoragarh to be developed into disease-based hospitals on PPP mode, catering to requirements of specific diseases.	1.No steps had been initiated regarding development of disease-based hospital on PPP mode. 2. There is no proposal in pipeline regarding it.
2) 50-Bedded Hospitals	1. An integrated 50 bedded AYUSH hospital is under construction at Haldwani (in Nainital district) which will cater to larger society of nearby districts.	1. Not operational yet.
	2. Department to explore its O&M through PPP mode	2. Department had not explored it's O&M through PPP mode, yet.
	3. Department had to initiate plans to develop similar capacity hospitals in other districts of Uttarakhand on PPP mode	3. Two 50 bedded hospitals sanctioned (Tanakpur & Jakhnidhar) by GoI, budget yet to be sanctioned by State Government. But no hospital was proposed on PPP mode.
C. Manufacturing-based AYUSH Projects		
Projects for the development of AYUSH Drug Manufacturing Units and Pharmacies.	1. Department of AYUSH to maintain the list of investible projects and shall be updated in this policy for incentives and subsidy benefits.	1. No list of investible projects had prepared by the department.
Uttarakhand AYUSH Policy – Incentives		
Key AYUSH investible projects / activities for private investment including through PPP-	To set up an Investment Facilitation Desk (IFD) by the Department of AYUSH.	1.Nodal Officers at Directorate & DAUOs level been nominated for investment facilitation.
	To conduct regular summit / conference and also ensure AYUSH participation in the Global Investment Summit.	2.AYUSH Investment Desk was operationalized during AYUSH Melas organized by the Department. Director, participated in the 'Global Wellness Summit' held in Singapore in September 2019. Representatives of AYUSH Department took part in "Invest North Summit, Bangalore".
	A Help Desk will be set up at the office of the Department of AYUSH.	3.Help Desk had been set up.

Appendix-7.1
(Reference: Paragraph-.7.1.1; Page 130)

Details of Duties/Activities performed by ASHAs and Incentives paid against the Activities/Duties

Sl. No.	Duties/Activities	Incentive (in ₹)
1	Four ANC check-ups before delivery under Janani Suraksha Yojana.	Rural ₹ 300, Urban ₹ 200 per case
2	To help pregnant women to open bank account and linked with Aadhaar.	₹ 5 per bank account opening and Aadhaar linking to the account.
3	To arrange Doli-Palki to transport women for Delivery	₹ 400 per case
4	To get conducted institutional delivery under Janani Suraksha Yojana.	Rural 300, Urban 200 per case
5	To give first and correct information about maternal death in the community to 104 helpline and medical officer	₹ 1,000 per Information
6	To identify HRP women on PMSMA site for healthy outcome of mother and new-born, 45 days after delivery.	₹ 500 per case
7	To accompany the woman to the hospital for safe abortion.	₹ 150 per case
8	To collect beneficiaries on PMSMA site for 10 months per session.	₹ 100 per month
9	To get the HRP pregnant women examined by the medical officer or Gynaecologist and Obstetrician on the PMSMA site (maximum 03 examination)	₹ 300 per beneficiary
10	To give IFA red pill to women of reproductive age group (non-pregnant & non lactating)	₹ 50 per month
11	To give first information of infant deaths at the Community level.	In Bageshwar, Chamoli, Champawat and Tehri only ₹ 200 per information and in other district ₹ 50 information.
12	To follow-up of children discharged from NRC (03 follow-up visits in next 06 months)	₹ 250 per child
13	For number of children received HBNC visit.	₹ 250 per case
14	Maa meeting (Awareness on Breastfeeding / Low Birth weight babies)	₹ 100 once in three months
15	For number of children received HBYC visit.	₹ 250 per case
16	To distribute ORS to children up to 05 years	₹ 1 per packet for intensive diarrhoea fortnight
17	To mobilize out of school children in the age group of 1-19 years, for NDD once in a year.	₹ 100 once in year
18	To distribute IFA Syrup to children up to 05 years of age.	₹ 100 per child (08 dose per month)
19	To motivate Adolescents (Boys and Girls) to participate in AHD.	₹ 200 per AHD
20	Selection of peer educator	₹ 100 per peer educator
21	To immunize children fully up to 1 year of age (Measles)	₹ 100 per case
22	To immunize children fully up to one and a half years of age (Booster)	₹ 75 per case
23	To mobilize children for outreach Immunization session.	₹ 150 per session.
24	To give DPT Booster at the age of 5 years	₹ 50 per case
25	To give 2nd dose of DPT Booster	₹ 50 per case
26	To motivate for female sterilization	₹ 200 per case
27	To motivate for male sterilization	₹ 300 per case
28	To motivate to undergo operation after delivery or within 7 days	₹ 300 per case
29	To motivate for PPIUCD	₹ 150 per case
30	To motivate for PAIUCD	₹ 150 per case
31	To motivate to have a gap of 2 years between marriage and birth of the first child	₹ 500 per case
32	To motivate for 03-year gap between the birth of 1st and 2nd child	₹ 500 per case
33	To motivate to adopt permanent family planning measures after the birth of children	₹ 1,000 per case
34	Injectable Contraceptive DMPA (ANTRA Programme)	₹ 100 per dose.
35	To give a new initiative to the new couple	₹ 100 per kit
36	To motivate the mother-in-law and daughter in-law in the Saas-Bahu - Pati Sammelan	₹ 100 per Sammelan

Sl. No.	Duties/Activities	Incentive (in ₹)
37	To maintain record of births and deaths every month	₹ 300
38	To make a due list of pregnant women every month	₹ 300
39	To make a due list of children for immunisation every month	₹ 300
40	To make a list of the target couples every month	₹ 300
41	To survey the houses in every 06 months	₹ 300
42	To participate in monthly meeting of PHC every month	₹ 150
43	Mobilization for VHND	₹ 200
44	Mobilization for VHSNC	₹ 150
45	To work as ASHA Help Desk	₹ 150 per Help Desk
46	To organize a PLA Meeting	₹ 100 per meeting
47	To make malarial blood slides	₹ 15 per slide
48	Treatment of malaria patients (PVF &PF)	₹ 75 per case
49	Door to door larval preventive (source reduction) and protection action for dengue prevention	₹ 1 per household up to a maximum of ₹ 1,000 transition period from July to November or up to 05 months
50	To identify leprosy cases	₹ 250 per case (if confirmed later)
51	To provide PB facility	₹ 400 per case
52	To provide MB facility	₹ 600 per case
53	To conduct regular survey in the campaign of active cases of leprosy	₹ 1,000 concerned ASHA workers of 1,000 population of identified area on spring.
54	To inform suspected TB cases, referred on the basis of first informer	₹ 500 per case (for confirmed case)
55	Cases completed treatment for tuberculosis	₹ 1,000 per case
56	Cases completed treatment for drug resistant tuberculosis	₹ 5,000 per case
57	Duties at Health and Wellness Centre	₹ 1,000 per ASHA per month
58	For universal screening of Common community-based check list number of CBAC forms filled	₹ 10 per screened person
59	For patients who got health check-up done from time to time in the health centre	₹ 100 per person per year ₹ 50 per person per 06 month
60	State Government incentive	₹ 3000 per month and 10% activity linked incentive.

Source: SHS.

Appendix-7.2
(Reference: Paragraph-7.10.; Page 141)

Detail of unavailability of essential equipment as required under the programme guidelines in DEICs of selected districts

Name of Equipment		To be available	Available at DEICs	
			Dehradun	Nainital
Diagnostic Equipment/Tools for Vision, Hearing & Speech, Intellectual, Emotional & Behavioral Assessment.	Hearing Impairment	06	01	06
	Vision Impairment	10	08	04
	Retinopathy of prematurity	11	04	02
	Speech and language disorder	02	01	02
	Cognition, Intellectual disability and mental disorder	09	01	09
	ASD/Autism: Autism Spectrum disorder	01	Nil	01
	ADHD: Attention Deficit Hyperactivity	01	Nil	01
	Learning Disability	01	Nil	Nil
	LD- Dyslexia	01	Nil	01
	Behavioral Learning	01	01	01
	Cerebral Palsy and Neuromotor impairment	01	Nil	01
Dental Equipment's & Consumables	Equipment	40	03	Nil
	Consumables	46	05	Nil
Medical Equipment		13	10	06
Lab Equipment		04	03	02
Sensory Integration Equipment		20	02	03

(Source: Information provided by DEICs).

Appendix-7.3
(Reference: Paragraph-7.12.1; Page 143)

Details of payments of compensation against Sterilisation

Compensation for female sterilization						
Year	**Fund Approved (in lakh)**	**Actual Expenditure**	**Compensation per case**	**Number of cases against which compensation paid**	**Achievement against sterilization**	**Difference**
A	B	C	D	E	F	G=F-E
2016-17	385.05	3,41,44,000	2,000	17,072	17,107	(-)35
2017-18	400	1,64,05,000	2,000	8,203	12,529	4,327
2018-19	360	3,19,33,000	2,000	15,967	12,479	3,488
2019-20	360	3,18,47,000	2,000	15,924	10,057	5,867
2020-21	360	1,37,46,889	2,000	6,873	8,690	1,817
2021-22	320	1,62,01,414	2,000	8,101	10,739	2,638
Total	**2,185.05**	**14,42,77,303**	**-**	**72,140**	**71,601**	**539**
Compensation for male sterilization						
2016-17	46.36	14,55,000	2,700	539	690	151
2017-18	40.5	27,17,000	2,700	1,006	362	644
2018-19	27	20,38,000	2,700	755	338	417
2019-20	27	23,06,000	2,700	854	244	610
2020-21	27	11,00,460	2,700	408	154	254
2021-22	27	3,66,805	2,700	136	226	90
Total	**194.86**	**99,83,265**	**-**	**3,698**	**2,014**	**1,684**

Source: Data provided by SHS/NHM.

Appendix-7.4
(Reference: Paragraph-7.12.2; Page 144)

Details of sterilization failure cases settled with delay

Case study No.	District- Dehradun				
	Date of Filling Claim Form	Claim settlement date	Date of issue of payment order	Number of days	Number of days
A	B	C	D	E=C-D	F=D-B
1	08-09-2015	07-06-2016	25-07-2019	1143	1416
2	29-09-2015	07-06-2016	25-07-2019	1143	1395
3	16-12-2015	07-06-2016	25-07-2019	1143	1317
4	16-12-2015	07-06-2016	25-07-2019	1143	1317
5	16-12-2015	07-06-2016	25-07-2019	1143	1317
6	25-01-2016	07-06-2016	25-07-2019	1143	1277
7	12-02-2016	07-06-2016	25-07-2019	1143	1259
8	23-02-2016	07-06-2016	25-07-2019	1143	1248
9	09-04-2015	07-06-2016	19-12-2018	925	1350
10	10-04-2015	07-06-2016	19-12-2018	925	1349
11	10-04-2015	07-06-2016	19-12-2018	925	1349
12	10-04-2015	07-06-2016	19-12-2018	925	1349
13	24-04-2015	07-06-2016	19-12-2018	925	1335
14	24-04-2015	07-06-2016	19-12-2018	925	1335
15	28-04-2015	07-06-2016	19-12-2018	925	1331
16	12-06-2015	07-06-2016	19-12-2018	925	1286
17	15-07-2015	07-06-2016	19-12-2018	925	1253
18	16-07-2015	07-06-2016	19-12-2018	925	1252
19	22-07-2015	07-06-2016	19-12-2018	925	1246
20	19-08-2015	07-06-2016	19-12-2018	925	1218
21	23-08-2015	07-06-2016	19-12-2018	925	1214
22	01-05-2017	03-11-2017	18-01-2021	1172	1358
23	11-05-2017	03-11-2017	18-01-2021	1172	1348
24	22-05-2017	03-11-2017	18-01-2021	1172	1337
25	01-07-2017	03-11-2017	18-01-2021	1172	1297
26	18-07-2017	29-07-2018	18-01-2021	904	1280
27	09-09-2017	29-07-2018	18-01-2021	904	1227
28	10-03-2017	29-07-2018	18-01-2021	904	1410
29	27-09-2016	09-04-2019	18-01-2021	650	1574
30	27-03-2018	09-04-2019	18-01-2021	650	1028
31	20-04-2018	09-04-2019	18-01-2021	650	1004
32	19-05-2018	09-04-2019	18-01-2021	650	975
33	31-05-2018	09-04-2019	18-01-2021	650	963
34	06-11-2018	09-04-2019	18-01-2021	650	804
35	15-06-2018	09-04-2019	18-01-2021	650	948
36	16-06-2018	09-04-2019	18-01-2021	650	947
37	16-06-2018	09-04-2019	18-01-2021	650	947
38	07-06-2018	09-04-2019	18-01-2021	650	956
39	13-08-2018	09-04-2019	18-01-2021	650	889
40	29-06-2016	01-07-2017	18-01-2021	1297	1664
41	13-09-2016	01-07-2017	18-01-2021	1297	1588
42	24-10-2016	01-07-2017	18-01-2021	1297	1547
43	15-11-2016	01-07-2017	18-01-2021	1297	1525

Case study No.	District- Dehradun				
	Date of Filling Claim Form	Claim settlement date	Date of issue of payment order	Number of days	Number of days
A	B	C	D	E=C-D	F=D-B
44	18-11-2016	01-07-2017	18-01-2021	1297	1522
45	29-11-2016	01-07-2017	18-01-2021	1297	1511
46	23-12-2016	01-07-2017	18-01-2021	1297	1487
47	01-11-2017	01-07-2017	18-01-2021	1297	1174
48	30-01-2016	NA	18-01-2021		1815
49	29-03-2016	NA	18-01-2021		1756
50	16-05-2016	NA	18-01-2021		1708
51	26-05-2016	NA	18-01-2021		1698
52	31-05-2016	NA	18-01-2021		1693
53	13-06-2016	NA	18-01-2021		1680
54	22-06-2016	NA	18-01-2021		1671
55	26-06-2016	NA	18-01-2021		1667

Information fetched by CMO Office, Dehradun (NA=Not Available).

Appendix-7.5
(Reference: Paragraph-7.12.3.1; Page 144)

Achievements of targets Sterilisation in the State under Limiting Method

Year	Target	Achievement (*per cent)*	Shortfall (*per cent)*
2016-17	28000	17,797 *(64)*	10,203 *(36)*
2017-18	21500	12,891 *(60)*	8,609 *(40)*
2018-19	19000	12,817 *(67)*	6,183 *(33)*
2019-20	19000	10,301 *(54)*	8,699 *(46)*
2020-21	19000	8,844 *(47)*	10,156 *(53)*
2021-22	17000	10,976 *(64)*	8,024 *(36)*
Total	**123500**	**73,626** ***(59)***	**51,874** ***(41)***

Source: HMIS.

Appendix-7.6
(Reference: Paragraph-7.12.3.1(a); Page 144)

Details of Vasectomy against total Sterilisation in the State

Particulars	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
Total Sterilisation Conducted	17,797	12,891	12,817	10,301	8,844	10,965	73,615
Number of Tubectomies Conducted	17,107	12,529	12,479	10,057	8,690	10,739	71,601
Number of Vasectomies Conducted	690	362	338	244	154	226	2014
Percentage Female Sterilisation (Tubectomies) to Total Sterilisation	96.12	97.19	97.36	97.63	98.26	97.94	97.26
Percentage Male Sterilisation (Vasectomies) to Total Sterilisation	3.88	2.81	2.64	2.37	1.74	2.06	2.74

Source: HMIS.

Appendix-7.7
(Reference: Paragraph-7.12.3.1(b); Page 144)

Details of laparoscopic sterilization in the State (Tubectomy)

Particulars	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Number of Tubectomies Conducted	17,107	12,529	12,479	10,057	8,690	10,739
Laparoscopic Sterilisations (Female Sterilisations)	10,435	7,643	7,612	6,135	4,813	6,422
Percentage of Laparoscopic Sterilisations to Total Female Sterilisations	61.00	61.00	61.00	61.00	55.39	59.80

Source: HMIS.

Appendix-7.8
(Reference: Paragraph-7.12.3.2; Page 145)

Status of Target & Achievement under PP-IUCD in the State

Year	Target	Achievement *(percentage)*	Shortfall (*percentage)*
2016-17	19,200	12,249 *(64)*	6,951 *(36)*
2017-18	19,200	11,372 *(59)*	7,828 *(41)*
2018-19	19,200	10,703 *(56)*	8,497 *(44)*
2019-20	19,200	8,372 *(44)*	10,828 *(56)*
2020-21	19,200	8,508 *(44)*	10,692 *(56)*
2021-22	19,200	9,330 *(49)*	9,870 *(51)*
Total	**1,15,200**	**60,534** ***(53)***	**54,666** ***(47)***

Source-HMIS

Appendix-7.9
(Reference: Paragraph-7.12.3.2; Page 145)

Status of Target & achievement in the state (Oral Pills cycle)

Year	Target	Achievement *(percentage)*	Shortfall *(percentage)*
2016-17	31,080	30,980 *(100)*	100 *(0)*
2017-18	31,080	29,332 *(94)*	1,748 *(6)*
2018-19	31,080	26,544 *(85)*	4,536 *(15)*
2019-20	31,080	21,933 *(71)*	9,147 *(29)*
2020-21	31,080	15,328 *(49)*	15,752 *(51)*
2021-22	31,080	24,959 *(80)*	6,121 *(20)*
Total	**186,480**	**1,49,076** ***(80)***	**37,404** ***(20)***

Source: HMIS.

Appendix-8.1
(Reference: Paragraph-8.7.1.2; Page 164)

Details of Retailers/Wholesalers of the State, Uttarakhand with validity of registration

Sl. No.	License/Register	Issue Date	Renewal Date[1]	Inspection Date	Valid up to
District-Almora					
1	12/W/10117	29-08-2017	29-08-2012	28-08-2017	28-08-2017
2	13/R/12551	NA	15-09-2014	NA	14-09-2019
3	17/R/10958	NA	NA	NA	02-12-2017
4	48/R/12552	NA	12-01-2016	NA	11-01-2021
5	77/W/16884	NA	NA	NA	03-03-2020
6	108/R/15157	23-01-2016	NA	NA	22-01-2021
7	119/W/19504	02-02-2011	NA	NA	01-02-2021
8	152/R/12950	26-06-2014	NA	NA	25-06-2019
9	158/R/13726	02-02-2011	NA	NA	01-02-2021
10	168/R/15788	23-01-2016	23-01-2016	NA	22-01-2021
11	171/R/13811	16-09-2014	NA	NA	15-09-2019
District-Pithoragarh					
12	30/R/18193	NA	NA	NA	27-05-2020
13	50/R/13019	NA	NA	NA	01-01-2021
14	55/R/12399	NA	10-03-2013	NA	09-03-2018
15	62/R/17084	NA	05-05-2015	NA	04-05-2020
16	85/R/17226	30-03-2015	NA	NA	29-03-2020
17	120/W/19786	NA	NA	NA	03-09-2020
18	154/R/13236	31-05-2013	NA	NA	14-12-2019
19	157/RX/18238	20-05-2005	NA	NA	19-05-2020
District- Chamoli					
20	20/R/19606	NA	NA	NA	28-07-2020
21	35/R/10203	NA	09-10-2012	NA	08-10-2017
22	112/R/16363	27-10-2014	NA	NA	16-10-2019
23	119/R/20127	NA	NA	NA	15-11-2020
24	143/R/12349	NA	07-08-2010	NA	06-08-2015
District-Bageshwar					
25	4/S/15064	05-02-2009	05-02-2014	NA	04-02-2019
26	26/R/11754	28-03-2013	28-03-2013	NA	27-03-2018
27	30/R/16145	03-07-2014	03-07-2014	NA	02-07-2019
District-Rudraprayag					
28	31/S/15160	NA	NA	NA	30-06-2019
District-Champawat					
29	13/R/19857	25-02-2016	NA	NA	24-02-2021
30	33/R/16808	NA	NA	NA	17-04-2020
31	48/R/13565	NA	22-08-2013	NA	21-08-2018
District-Nainital					
32	15/W/15078	NA	NA	NA	30-07-2019
33	71/W/18470	NA	NA	NA	27-09-2020
34	111/R/16430	14-08-2014	NA	NA	13-08-2019
35	124/R/19856	01-02-2011	NA	NA	31-01-2021
36	139/W/10786	NA	13-03-2015	NA	12-03-2020
37	155/W/15266	NA	NA	NA	05-05-2019
38	212/W/16053	NA	NA	NA	01-12-2019
39	249/R/13227	NA	NA	NA	23-09-2018
40	300/W/10778	NA	31-12-2013	NA	30-12-2017
41	325/R/17685	19-12-2014	NA	NA	27-11-2020
42	384/W/19925	NA	NA	NA	16-10-2020
43	476/R/17901	NA	NA	NA	29-07-2020
44	520/R/18854	24-06-2015	NA	NA	23-06-2020
45	536/R/12255	NA	30-09-2014	05-01-2019	29-09-2019

[1] NA-Renewal date not available in the documents.

Sl. No.	License/Register	Issue Date	Renewal Date[1]	Inspection Date	Valid up to
46	618/W/12484	NA	NA	NA	31-12-2017
47	706/R/16437	NA	NA	NA	23-07-2019
48	852/R/15507	NA	NA	NA	13-10-2020
49	853/R/13550	NA	NA	NA	11-12-2018
District- Udham Singh Nagar					
50	5/W/13896	NA	NA	NA	21-04-2018
51	95/R/18253	16-04-2015	16-04-2015	NA	15-04-2020
52	99/R/14859	28-01-2016	28-01-2016	NA	27-01-2021
53	216/W/20006	15-01-2016	15-01-2016	NA	14-01-2021
54	227/W/18256	20-08-2015	20-08-2015	NA	19-08-2020
55	262/W/20146	NA	NA	NA	12-01-2021
56	264/W/12955	NA	26-02-2013	NA	25-02-2018
57	279/R/11559	16-03-2001	01-01-2013	NA	31-12-2017
58	293/R/19606	NA	NA	NA	20-04-2021
59	343/R/14097	NA	18-10-2013	NA	17-10-2018
60	350/R/18003	05-01-2016	05-01-2016	NA	04-01-2021
61	366/R/10313	NA	NA	NA	16-02-2017
62	411/W/15607	17-04-2017	17-04-2017	NA	16-04-2019
63	425/R/20012	NA	NA	NA	04-08-2020
64	490/R/10515	NA	NA	NA	26-04-2017
65	524/R/15879	NA	NA	NA	11-07-2021
66	571/W/20038	NA	NA	NA	30-07-2020
67	636/W/19655	NA	10-02-2016	NA	09-02-2021
68	639/W/20132	NA	NA	NA	25-12-2020
69	712/R/18625	03-07-2010	03-07-2015	NA	07-07-2020
70	828/R/14029	09-02-2009	09-02-2014	18-07-2020	08-02-2019
71	834/R/14437	NA	17-04-2014	NA	16-04-2019
72	842/R/19604	NA	NA	NA	06-01-2021
73	888/R/19487	13-10-2005	13-10-2005	NA	12-10-2020
74	891/W/19967	NA	NA	NA	27-01-2021
75	913/R/18261	20-08-2015	20-08-2015	09-02-2021	19-08-2020
76	917/R/16307	NA	NA	NA	17-12-2019
77	931/R/18001	16-06-2015	16-06-2015	NA	15-06-2020
78	936/W/15597	17-04-2014	17-04-2014	NA	16-04-2019
79	969/W/15184	NA	18-08-2004	NA	17-08-2009
80	1009/W/13648	NA	16-12-2013	NA	15-12-2018
81	1054/R/17999	NA	02-02-2016	NA	01-02-2021
82	1064/R/19611	NA	NA	NA	09-02-2021
83	1114/RW/19481	04-11-2015	NA	NA	03-11-2020
84	1120/W//19962	NA	27-11-2015	09-02-2021	26-01-2020
85	1138/R/13171	20-08-2013	20-08-2013	NA	19-08-2018
86	1154/R/14438	NA	19-11-2013	NA	18-11-2018
87	1167/R/10361	29-10-2010	NA	NA	28-10-2020
88	1174/W/18645	13-10-2015	13-10-2015	NA	12-10-2020
89	1189/W/17106	NA	05-11-2014	NA	04-11-2019
90	1208/R/20144	NA	NA	NA	12-10-2020
91	1265/R/13902	NA	05-01-2016	NA	04-01-2021
92	1281/R/12227	NA	14-12-2012	NA	13-12-2017
93	1289/R/18015	07-05-2015	NA	NA	06-05-2020
94	1311/R/14732	18-11-2008	18-11-2013	NA	
95	1323/R/13932	17-04-2014	17-04-2019	07-11-2019	16-04-2019
96	1348/R/11746	05-11-2014	05-11-2014	NA	04-11-2019
97	1377/W/12326	22-04-2013	22-04-2013	NA	21-04-2018
98	1394/R/20036	NA	NA	NA	27-01-2021
99	1445/R/15905	NA	NA	NA	27-01-2021
100	1466/R/19971	NA	NA	NA	27-01-2021
101	1481/W/20032	NA	NA	NA	15-02-2021
102	1485/W/19552	13-10-2015	13-10-2015	09-02-2021	12-10-2020

Sl. No.	License/Register	Issue Date	Renewal Date[1]	Inspection Date	Valid up to
District- Dehradun					
103	56 / R/13127	13-07-2015	NA	NA	12-07-2020
104	237 / R/14972	27-01-2016	27-01-2016	NA	26-01-2021
105	284/R/10990	NA	NA	NA	26-11-2017
106	289 / R/13413	30-07-2009	NA	14-01-2019	15-01-2019
107	298 / R/19580	NA	NA	NA	11-12-2020
108	323 / W/13706	04-01-2014	NA	NA	03-01-2019
109	344 / R/14337	NA	19-01-2016	11-02-2021	28-01-2021
110	357 / R/10986	NA	NA	NA	18-12-2017
111	368 / W/12274	NA	NA	NA	25-07-2018
112	497 / W/12092	25-06-2008	NA	NA	24-06-2018
113	541 / R/10547	14-09-2012	NA	05-02-2018	13-09-2017
114	1010 / W/13665	NA	NA	NA	29-12-2018
115	1622 / R/10983	NA	NA	NA	31-12-2017
116	1629 / R/13128	16-06-2015	NA	NA	15-06-2020
117	1666 / W/11059	23-11-2007	NA	NA	22-11-2017
118	1676 / R/10180	NA	NA	NA	13-08-2017
119	1686 / RW/10591	28-02-2004	NA	NA	31-12-2017
120	2098 / R/17874	05-08-2015	NA	NA	04-08-2020
121	2101 / R/11357	NA	NA	NA	08-02-2021
122	2107 / W/10985	NA	01-01-2013	-	31-12-2017
123	2912 / R/10968	30-08-2012	NA	NA	29-08-2017
District- Uttarkashi					
124	8 / R/11469	27-04-2001	18-06-2013	NA	17-06-2017
125	72 / R/11470	27-04-2001	06-09-2012	NA	05-09-2017
126	75 / R/17099	NA	24-05-2015	NA	23-05-2020
127	91 / R/17098	NA	24-05-2015	NA	23-05-2020
128	113 / R/12628	06-09-2003	06-09-2003	NA	05-09-2018
129	125 / R/11990	NA	NA	NA	31-12-2017
District- Tehri					
130	12 / R/18172	NA	NA	NA	25-08-2020
131	37 / R/16582	NA	NA	NA	08-02-2016
132	47 / R/13588	30-12-2009	NA	NA	29-12-2019
133	60 / R/11084	02-08-2004	NA	NA	10-05-2017
134	66 / R/13222	11-11-2009	NA	NA	10-11-2019
135	67 / R/13224	NA	NA	NA	10-11-2019
136	74 / R/16848	NA	NA	NA	19-02-2021
137	101 / S/10436	NA	30-05-2014	NA	01-06-2016
138	206 / R/19620	NA	NA	NA	10-01-2021
District- Haridwar					
139	75 / R/12578	26-10-2015	26-10-2015	NA	25-10-2020
140	97 / W/16230	NA	06-05-2015	NA	05-05-2020
141	289 / W/10539	NA	NA	NA	21-11-2017
142	305 / W/19347	15-10-2015	NA	NA	14-10-2020
143	722 / R/10501	09-07-2002	NA	NA	08-07-2017
144	30/RW/15105	NA	01-01-2013	NA	31-12-2017
Name of the District- Pauri					
145	30/RW/15105	NA	01-01-2013	NA	31-12-2017
146	50/R/19914	NA	NA	NA	05-01-2021
147	99/W/15928	NA	02-07-2014	NA	01-07-2019
148	108/R/17331	NA	NA	04-06-2020	-
149	113/R/16571	NA	25-02-2015	NA	24-02-2020
150	154/R/17655	07-10-2005	07-10-2015	NA	06-10-2020
151	165/R/13974	29-11-2008	29-11-2013	NA	28-11-2018
152	171/R/19817	15-10-2015	NA	NA	14-10-2020
153	189/R/11343	NA	01-01-2013	NA	31-12-2017
154	216/W/10793	25-10-2012	25-10-2012	NA	24-10-2017
155	221/R/19912	NA	NA	NA	18-01-2021

Appendix-9.1
(Reference: Paragraph-9.2; Page 171)

Formulation of State Indicator Framework (SIF) & District Indicator Framework (DIF)

Global Target No.	Targets of SDG-3	Indicators	NI/SI
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births	3.1.1 Maternal mortality ratio (per 1,00,000 live births)	NI
		3.1.2 Percentage of births attended by skilled health personnel. (Period five years)	NI
		3.1.3 Percentage of births attended by skilled health personnel. (Period one year)	NI
		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. (Period five years/one year)	NI
		3.1.5 Percentage of women receiving post Natal care from skilled health professional within two days of birth.	SI
		3.1.6 Percentage of pregnant women received complete vaccination	SI
3.2	By 2030, end preventable deaths of newborns and children under five 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-five mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate (per 1,000 live births)	NI
		3.2.2 Neonatal mortality rate (per 1,000 live births)	NI
		3.2.3 Percentage of children aged 12-23 months fully immunized (BCG, Measles and three doses of Pentavalent vaccine)	SI
		3.2.4 Infant mortality rate per 1,000 live births	SI
		3.2.5 Percentage of Low Birth Weight (LBW in institutions)	SI
		3.2.6 Percentage of children aged 0-5 year received full immunization.	SI
		3.2.7 Percentage of children 0-5 year screened for 4D's under Rastriya Bal Suraksha Karykram.	SI
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	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	NI
		3.3.2 Tuberculosis incidence per 1,00,000 population	NI
		3.3.3 Malaria incidence per 1,000 population	NI
		3.3.4 Prevalence of viral Hepatitis “B” per 1,00,000 population	NI
		3.3.5 Dengue: Case Fatality Ratio (CFR)	NI
		3.3.6 Number of Chikunguniya cases	NI
		3.3.7 Percentage of grade-2 cases amongst new cases of Leprosy (per million people)	NI
		3.3.8 Notification of T.B as per govt of India	SI
		3.3.9 Success rate of T.B. care cases	SI
		3.3.10 No. of non-communicable disease cases per one lakh population	SI
		3.3.11 No. of communicable disease cases per one lakh population	SI
		3.3.12 No. of outbreaks/Epidemic replated/Typhoid	SI
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	3.4.1 Number of deaths due to cancer	NI
		3.4.2 Suicide mortality rate per 1,00,000 population	NI
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Number of persons treated in de-addiction centre.	NI

Global Target No.	Targets of SDG-3	Indicators	NI/SI
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 People killed/injured in road accidents (per 1,00,000 population)	NI
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	3.7.1 Percentage of currently married women who use any modern family planning methods	NI
		3.7.2 Adolescent birth rate (15–19 years) per 1,000 women in that age group	NI
		3.7.3 Percentage of Institutional Births	NI
		3.7.4 Percentage of currently married women (15-49 years) who use any modern method of family planning (Similar to indicator 5.6.1)	NI
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	3.8.1 Monthly per capita out-of-pocket expenditure on health as a share of Monthly Per capita Consumption Expenditure (MPCE)	SDG INDEX 2020-21 NITI Aayog
		3.8.2 Percentage of people living with HIV currently receiving ART among the detected number of adults and children living with HIV	NI
		3.8.3 Percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified.	NI
		3.8.4 Prevalence of hypertension among men and women aged 15-49 years (in percentage).	NI
		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.	NI
		3.8.6 Percentage of women aged 15-49 who have ever undergone Cervix examination.	NI
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Proportion of men and women reported Asthma in the age group of 15-49 years	NI
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Percentage of men and women aged 15 years and above with use of any kind of tobacco	NI
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, 23 in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use the full 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	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	NI
		3.b.2 Budgetary allocation for department of Health Research	NI
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries,	3.c.1 Total physicians, nurses and midwives per 10,000 population	NI
		3.c.2 Percentage of government spending (including current and Capital expenditure) in health sector to GDP.	NI

Global Target No.	Targets of SDG-3	Indicators	NI/SI
	especially in least developed countries and small island developing States		
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	National indicators are under development.	
Total	**13**	**Total=45 (NI=33, SI=12)**	

Sl. No.	Indicators adopted by Uttarakhand
1.	Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within two days of delivery (unit: *Per cent*)
2.	Percentage of currently married women (15-49) who use any method of family planning (unit : *Per cent*)
3.	Annual notification of Tuberculosis incidence per one lakh population (unit: Number per 1,00,000 population)
4.	Percentage of children aged 0-5 year received full immunization.
5.	Percentage of children 0-5 year screened for 4D's under Rastriya Bal Suraksha Karykram (unit : *Per cent*)
6.	Percentage of children aged 12-23 months fully immunized (BCG, Measles and three doses of Pentavalent vaccine) (unit : *Per cent*)
7.	Percentage of Institutional Deliveries (unit: *Per cent*)
8.	Percentage of pregnant women who had completed four and more Antenatal care services (ANCs) (unit: *Per cent*)
9.	Percentage of pregnant women received complete vaccination (unit: *Per cent*)

Appendix-9.2
(Reference: Paragraph-9.5, Page 172)

Steps taken by CPPGG and awareness among various stake holders through meetings and workshops

Sl. No.	Subject	Date	Objective
1	Workshop: Strengthening outcome budgeting	16 November 2019	Shri Amit Singh Negi, CEO – CPPGG and Principal Secretary Dept. of Planning, Govt. of Uttarakhand laid down the importance of outcome budgeting and encouraged all participants to further strengthen the outcome-output framework of their respective departments. Dr. Manoj Pant, ACEO, CPPGG spoke about the importance of extending the budget allocation to the outcome level and discussed the SDG framework in detail. He also stressed on the need to develop a robust data ecosystem for effective planning and monitoring of the various development activities in the state.
2	Workshop: SDG Orientation workshop	16 December 2019	An SDG orientation workshop was conducted for the Finance Controllers of the various departments, agencies and corporations on 16 December 2019. Keynote address was delivered by Sh. Amit Singh Negi, Secretary, Finance and Planning, Govt. of Uttarakhand. Dr. Manoj Pant, ACEO-CPPGG, led a session on SDGs where he spoke about the inception of SDGs. ***The program included a detailed presentation on SDGs and its alignment with Outcome budget***
3	Visit by Delegation from Bangladesh	19 December 2019	A delegation of senior members from PMO Bangladesh, Bangladesh Planning Commission and UNDP Bangladesh arrived in Dehradun on 19 December ***for one day exposure visit to study localization and integration of the Sustainable Development Goals (SDGs) into the state planning and functioning process.*** Delegates highlighted the identical nature of problems faced by Bangladesh and Uttarakhand, particularly due to Climate Change & also enthusiastic for further collaboration with Uttarakhand on knowledge sharing, identical problems and relevant solutions and practices.
4	Workshop: District Level SDG Stakeholder Consultation – Haridwar	24 December 2019	The workshop aimed to foster discussion and ***strengthen connection between experts and district level SDG stakeholders***. Identifying the key issues faced on ground level and their probable solutions. Develop district level macro road map for achieving State Vision 2030 and discussing the constraints and availability of required resources for solutions
5	Workshop: Aligning SDGs with GPDP	09 January 2020	State level ***workshop on aligning the SDGs with GPDP was conducted on 09 January 2020. Officials of Panchayati Raj, Rural Development, Planning, and elected representatives of 13 Zila Panchayats and 95 Block Panchayats were oriented on the importance of SDGs framework and on integrating SDGs with GPDP.***
6	Workshop: District Level SDG Sensitization Workshop	January 28, 2020	District Level SDGs sensitization workshops were organized in Champawat, Pithoragarh, Almora and Bhimtal districts during the month of January & shared information on all government schemes mapped as per their relevant SDGs.
7	Training of Trainers: Integrating SDGs with Gram Panchayat Development Plans	January 30, 2020	It focused on ***integrating SDGs in the planning of District plan (DP) and Gram Panchayat Development Plans (GPDP).***
8	Webinar: Role of Statistics in Achieving Good Health and Gender Equality	June 29, 2020	CPPGG hosted a webinar on the occasion of 'National Statistics Day', 29 June 2020 on 'Role of Statistics in achieving Good Health and Gender Equality'
9	ToT on Institutionalisation of SDGs through Panchayats	September 4, 2020	A virtual ToT (Training of Trainers) was organised on Institutionalisation of Sustainable Development Goals (SDGs) by National Institute of Rural Development Panchayati Raj (NIRDPR) Hyderabad. The

Sl. No.	Subject	Date	Objective
			ToT comprised of presentations, case studies, short videos to train participants in integrating SDGs with Gram Panchayat Development Plan (GPDP).
10	Meeting on Finalizing SDG State level Indicator Framework	September 18, 2020	CPPGG commenced a series of meetings from 10th -18th September 2020 with various State Departments to finalize SDG State level Indicator Framework (SIF). The meetings chaired by Ms. Manisha Panwar, ACS Planning/CEO CPPGG was attended by 46 officials of state departments. Following this departments are supposed to collect data based on the final SDG state level indicators. This data will be used by CPPGG to prepare an analytical report on State's performance on different goals and targets.
11	Webinar on Outcome Budgeting	September 30, 2020	Webinar was oriented about the ***concepts of outcomes, outputs, inputs, indicators, targets and activities in relation to public budgeting.***
12	SDG Localisation at District level	October 7, 2020	Localization of SDGs is of key importance for the achievement of Sustainable Development Goals by the State. To ensure SDG localization and integration State considers that it is pertinent to develop district level vision and action plan in line with State vision plan. the aim of the exercise is to contextualize the global agenda and make it locally relevant.
13	Uttarakhand District SDG Index report	October 8, 2020	The Institute of Applied Statistics and Development Studies (IASDS), Lucknow has prepared a District wise SDG index for the state based on the targets and data collected from various state departments.
14	Ensuring Policy in Practice	January 29, 2021	develop 'Adarsh Gram Panchayat Development Plans (GPDP)'. CPPGG provided its technical expertise
15	Launch of SDG Dashboard tool	December 1, 2020	Hon. CM requested district level officials to update district level data and information on the dashboard from time to time. He also requested them to identify low performing areas in the district as per the SDG indicators and prioritize and channelize efforts in order to help the state achieve its SDG Vision by 2030.
16	District level stakeholder consultation workshops	December 15, 2020	The events were organized ***to support the districts in developing District vision and action plan in line with the State vision plan 2030 for the achievement of Sustainable Development Goals.*** The workshops included a SWOT analysis of the district with reference to SDGs divided under four thematic areas of Sustainable livelihood, Human Development, Social Development and Environmental Sustainability.
17	MOU with Panchayati Raj Department	January 4, 2021	CPPGG signed an MOU with Panchayati Raj Department (PR), Government of Uttarakhand to support the department in SDG Integration and Localization. The MoU entails providing technical support for Gram Panchayat Development Plan, Capacity Building of government officials and elected representatives, Integration of appropriate technologies and best practice research and evaluation of new developments.
18	Ensuring Policy in Practice	January 29, 2021	The objective of the meeting was to support the stakeholders develop a GPDP covering all the 29 subjects under the 11th Schedule of the Constitution related to Panchayati Raj.
19	Webinar on Restoring our Ecosystem for Sustainable living	June 5, 2021	CPPGG in collaboration with ENVIS Resource centre Wildlife Institute of India (WII) organized a webinar on 5th June to commemorate the World Environment Day 2021. The theme for this year was Ecosystem Restoration.
20	Facilitating Model Panchayat Development Plans	July 23, 2021	The events jointly organized by the Department of Panchayati Raj and CPPGG aim to develop model panchayat development plans for the district, block and village level covering the 29 subjects and Sustainable Development Goals.
21	International Youth Day	August 12, 2021	The event aimed to sensitize the ***youth about the 17 global goals and aware them of their role as equal stakeholders in the path towards sustainable development***.
22	Uttarakhand SDGs State & District Indicator Framework & SDG	October 10, 2021	NITI Aayog's Vice Chairperson Dr. Rajiv Kumar today ***launched Uttarakhand SDGs State & District Indicator Framework & SDG monthly monitoring dashboard. A 3-Tier Panchayat model plan developed for holistic gram, block and district panchayat planning was also released.***

Sl. No.	Subject	Date	Objective
	monthly monitoring dashboard		
23	District SDG Action plan, data ecosystem, and monitoring workshop	October 25, 2021	The goal of the workshop is to localize and integrate SDGs in district level planning, implementation, and monitoring. SDG Action plan at local level has significant implications in achieving the global goals at State and country level, it will act as a guideline for district level officials responsible for implementation of the global goals in the state, to devise or align programs/activities need to be undertaken to attain Uttarakhand Vision 2030.
24	SDG awareness event in schools and inter colleges at Block level	October 26, 2021	The event aims to create ***awareness about the 17 Sustainable Development Goals among the future torch bearers of the Global goals.***
25	Uttarakhand @25 Bodhisattva	November 22, 2021	CPPGG & UNDP has organized Uttarakhand @ 25 Bodhisattva on 22 November 2021.
26	Uttarakhand @25 Bodhisattva	November 27, 2021	Special attention is being paid to the good use of this natural property. Everyone has to come forward to save Himalayas and balance with nature
27	Celebrating 7th Anniversary of SDGs	September 23, 2022	Signature campaign urging people to pledge to work towards a sustainable Uttarakhand. He said that departments follow their roadmap to achieve 17 SDGs by 2030.
28	Sashakt Uttarakhand @ 25 Chintin Shivir	November 25, 2022	The objective of the Chintan Shivar was to build a roadmap for the development of Uttarakhand.

Source: CPPGG website

Appendix-9.3
(Reference: Paragraph-9.5; Page 173)

Details of collaboration with multiple organisations

Indian Institute of Technology – Roorkee	For consultation of infrastructure and technical works
Indian Institute of Management – Kashipur	For consultation of Business / Marketing / Enterprise development / Skill Development / Private-Public Participation and Policy Planning
G.B. Pant University of Agriculture & Technology – Pantnagar	For consultation of Agriculture / Horticulture / Livestock / Fisheries and Farm sector
G.B. Pant National Institute of Himalayan Environment – Kosi-Katarmal, Almora	For GIS based planning and resource mapping
Swami Rama Himalayan University – Jolly Grant	For consultation of public medical services
University of Petroleum and Energy Studies (UPES), Dehradun	For consultation of Conventional and non-conventional topics
Centre for Public Policy – Doon University	For consultation of Education sector
Uttarakhand Academy of Administration – Nainital	For consultation of Capacity development of the employees and policy planning
United Nations Development Programme (UNDP)	Technical partners

Source-CPPGG website.

https://cag.gov.in/ag/uttarakhand/en