



PRESS BRIEF

Report of the

Comptroller and Auditor General of India

on

Public Health Infrastructure and Management of Health Services

in Uttar Pradesh



Government of Uttar Pradesh

Report No. 8 of 2024

(Performance Audit – Civil)

Press Brief

Audit Report No. 8 of 2024 of the Comptroller and Auditor General of India on Performance Audit of Public Health Infrastructure and Management of Health Services in Uttar Pradesh

Report of the Comptroller and Auditor General of India on Performance Audit of Public Health Infrastructure and Management of Health Services in Uttar Pradesh (Report No. 8 of 2004 – Government of Uttar Pradesh) has been laid before the State Legislature on 19.12.2024.

This Performance Audit was conducted for the period 2016-17 to 2021-22 to assess the adequacy of financial resources allocated, availability of health infrastructure as well as efficacy in the management of health services in the State. Significant points of the Report are:

State Government incurred expenditure of ₹ 1,11,929 crore on healthcare during the period 2016-17 to 2021-22, which also included expenditure out of fund received from GoI for various health sector schemes. The per capita spending of State Government on health in Uttar Pradesh consistently increased during 2016-17 to 2021-22 from ₹ 669 to ₹ 995. Uttar Pradesh has noticed improvement in estimates of various key health indicators measured under National Family Health Survey (NFHS)-5 (2019-21) as compared to NFHS-4 (2015-16).

(Paragraphs 6.2, 1.1.2 & 1.1.6)

The expenditure on health sector constituted 4.20 *per cent* to 5.41 *per cent* of total budgetary expenditure of State Government during 2016-17 to 2021-22 which was much below the target envisaged to increase health spending to more than eight *per cent* of State budget by 2020 (as per NHP, 2017) and by 2022 (as per Fifteenth Finance Commission).

(Paragraph 6.3.1)

Tertiary level hospitals (medical colleges) increased in the State by 94 *per cent* from 17 in 2016-17 to 33 in 2021-22. This included upgradation of 45 district hospitals (DHs), viz., district hospitals male (DHMs), district women hospitals (DWHs) and combined district hospitals (CDHs) to tertiary level hospitals. However, rural CHCs, PHCs and SCs, which are the cornerstone of rural health services, were in shortage ranging 50 *per cent*, 51 *per cent* and 44 *per cent* respectively as compared to Indian Public Health Standard (IPHS) Guidelines/State Government norms.

(Paragraphs 5.3 & 5.3.1)

In order to augment the healthcare in rural and urban areas, State Government had taken up the construction works for Primary Health Centers (PHCs) (122 works), Community Health Centres (CHCs) (35 works), District Hospitals (DHs) (20 works) and autonomous medical colleges (28 works) during 2016-22 and 160 maternity and child hospital wings during 2012-13 to 2018-19. However, the construction works were delayed ranging up to 1,789 days due to slow pace of construction, land dispute, delayed release of fund, delayed submission of detailed estimates, etc., besides delays due to Covid-19 pandemic.

(Paragraphs 5.4.1 to 5.4.8)

The infrastructure in test-checked hospitals lacked maintenance as dampness and seepages were noticed in 53 *per cent* of test-checked healthcare facilities. Most of the test-checked Sub-Centers (SCs) had dilapidated buildings. Shortage of Indoor Patient Department (IPD) wards/beds were noticed in DHs, CHCs and PHCs. Test-checked PHCs had unavailability of dressing/injection rooms (26 *per cent* PHCs), drinking water (29 *per cent* PHCs), separate toilets for male and female (21 *per cent* PHCs) and electricity (21 *per cent* PHCs).

(Paragraph 5.6.1)

Availability of line services, viz., OPD, IPD, Emergency, OT, Maternity, Imaging and Diagnostic and Pathology, in all 107 DHs in the State was ranging between 84 *per cent* (Imaging Diagnostics Services) and 100 *per cent* (OPD and IPD). Test-checked DHs lacked some essential facilities for providing maternity services, like eclampsia rooms and dirty utility rooms which were not available in one-third of test-checked nine DHs providing maternity services. Several type of diagnostic pathological services was not provided by these hospitals.

(Paragraph 3.2)

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

(Paragraph 3.3)

Out of 909 CHCs for which data was made available to audit, services of General Medicine were available in 729 CHCs (80 *per cent*) as on March 2022. However, Obstetrics and Gynaecology was available in 480 CHCs (53 *per cent*) followed by Pediatrics in 373 CHCs (41 *per cent*) and General Surgery in 287 CHCs (32 *per cent*) as of March 2022. In case of 38 test-checked PHCs, 45 *per cent* were not providing IPD services whereas in remaining 55 *per cent*, only day care services were being provided.

(Paragraphs 3.2 & 3.2.2.3)

Patient load in test-checked GMCs, DHs and CHCs during 2016-20 was higher than the national average of 27 OPD patients per doctor in a day in a district hospital. Further, average patient load on registration counter during 2016-22 was 587 patients per day per registration counter in DHMs followed by 238 in CDHs.

(Paragraphs 3.2.1.2 & 3.2.1.5)

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

(Paragraph 3.3.3)

Standard operating procedure for cleaning services was not available in four (25 *per cent*) out of 16 test-checked DHs and both the test-checked GMCs. Only 46 *per cent* test-checked hospitals maintained the pest and rodent control records.

(Paragraphs 3.4.1 & 3.4.2)

Seventy-one *per cent* test-checked healthcare facilities were without mandatory authorisation from the State Pollution Control Board for handling bio-medical waste under the Bio-Medical Waste Management Rules, 2016. None of the test-checked hospitals were registered under Clinical Establishments (Registration and Regulation) Act, 2010.

(Paragraphs 8.1.1, 8.4)

Out of 16 test-checked DHs, four DHs and both test-checked GMCs did not have Atomic Energy Regulatory Board (AERB) license for operation of X-ray machines. Further, only two DHs out of 75 test-checked DHs, CHCs, PHCs and GMCs had 'no objection certificate' from Chief Fire Officer.

(Paragraph 8.3 & 8.6)

State Government established (October 2017) Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) for centralised procurements and supplies of drugs, consumables and equipment in the State. However, UPMSCL could not procure demanded drugs adequately. In case of 16 test-checked DHs, only three DWHs (19 per cent) at Jalaun, Kanpur Nagar and Saharanpur had all the selected drugs in different spells. Further, drugs valuing ₹ 27.06 crore got expired in the warehouses of UPMSCL during 2019-22 mainly due to low shelf life of drugs, refusal of drugs by consignee warehouses due to lack of space, no demand, less consumption of drugs due to decrease in general patients during Covid-19 lockdown, etc.

(Paragraphs 4.1, 4.3.1, 4.4.3 & 4.9)

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

(Paragraphs 4.15.1.1, 4.15.2.1, 4.15.2.2, 4.15.2.6 & 4.15.3)

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

(Paragraphs 2.2, 2.5 to 2.5.5 & 2.7.1)

The payment of cash assistance to pregnant women under *Janani Suraksha Yojana* in test-checked districts ranged between 51 per cent and 89 per cent of institutional deliveries along with instances of double payments to the same beneficiaries. In violation of the instructions, up to 88 per cent pregnant women were discharged from the hospitals within stipulated 48 hours of deliveries.

(Paragraphs 7.1, 7.1.1 & 7.1.2)

Out of 131 cities in 75 districts of Uttar Pradesh covered under National Urban Health Mission, GIS mapping of 91 cities had been done leaving 40 cities (31 per cent) without mapping till February 2023.

(Paragraph 7.3.1)

State Government had set a target to achieve Maternal Mortality Rate (MMR) to 140 per lakh live births by 2020 as per Vision 2030. However, as per SRS 2018-20 (published by Registrar General of India in November 2022), MMR was 167 per lakh live births in Uttar Pradesh against the national average of 97 per lakh live births. There was improvement from NFHS 4 (2015-16) to NFHS 5 (2019-21) under indicators, viz., institutional deliveries, neo-natal mortality rate, infant mortality rate and under 5 mortality rate, however, the State was behind all-India average of these indicators.

(Paragraphs 9.3 & 9.3.1 to 9.3.5)

We have also given 33 Recommendations to the State Government. Some of these are as detailed below:

The State Government should:

- **prepare the list of Essential Equipment and implement online monitoring of demand and supply of equipment in various healthcare facilities;**

- *ensure training of manpower for operation and maintenance of equipment installed in hospitals;*
- *make completed hospitals/ buildings operational by providing infrastructure and human resources;*
- *apart from new constructions, focus on the maintenance of hospital and residential buildings;*
- *ensure availability of infrastructure, such as doctor's chamber, drug distribution counter, staff quarters and maintenance of hospital building and its premises as per IPHS norms;*
- *follow the recommendations of the National Health Policy, 2017 to increase healthcare spending to more than eight per cent of the budget and 2.5 per cent of the GSDP;*
- *monitor effectively implementation of Centrally Sponsored health schemes to achieve the targeted objectives and utilize the available fund optimally;*
- *ensure availability of adequate fire safety measures in case of short circuits and fire hazards especially in ICUs;*
- *ensure adherence of various regulations, viz., Clinical Establishments Act, radiation safety, etc., by the State Government hospitals;*
- *ensure adherence to the roadmap framed in 'Uttar Pradesh Sustainable Development Goals-Vision 2030' to achieve the envisaged SDG targets.*



Principal Accountant General

For any further information on these subjects, please contact us at following address:

Spokesperson : Sr Dy. Accountant General
O/o the Principal Accountant General (Audit-I),
Uttar Pradesh, Prayagraj-211001

Email : dagadm.n.up2.au@cag.gov.in **Website** : <https://cag.gov.in/ag1/uttar-pradesh/en>

Phone : 0532-2624757 **Fax No.** : 05322424102