CHAPTER III : AVAILABILITY OF PHYSICAL INFRASTRUCTURE

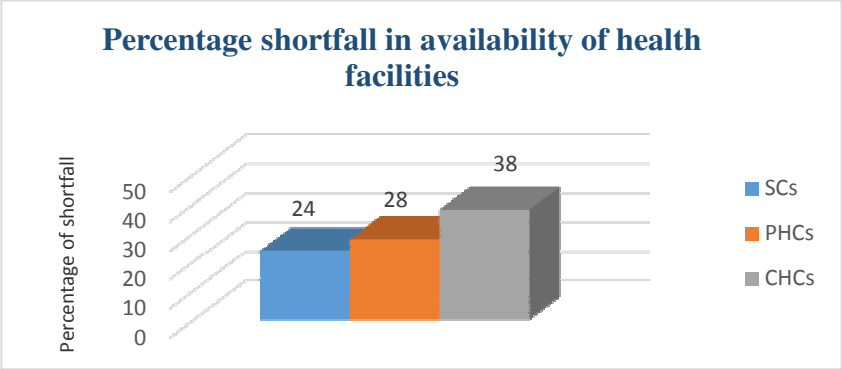
NRHM envisages establishing functional health facilities through revitalization of existing infrastructure and fresh construction or renovation wherever required. The Mission developed comprehensive Indian Public Health Standards (IPHS) defining infrastructural standards for different levels of health facilities.

3.1 Availability of health facilities against the requirement

As per IPHS, one Community Health Centre (CHC), one Primary Health Centre (PHC) and one Sub Centre (SC) was to be established for population[1] of 1,20,000, 30,000 and 5,000 respectively.

The position of availability of health facilities against the requirement for all the 28 States (State-wise details in **Annexure-3.1**) is shown in the **Chart-3.1** given below:

Chart-3.1



However, the percentage of shortfall in availability of SCs, PHCs and CHCs was more than 50 *per cent* in the five States of **Bihar** (SC-53, PHC-85, CHC-92), **Jharkhand** (SC-55, PHC-76), **Sikkim** (CHC-71), **Uttarakhand** (CHC-53) and **West Bengal** (PHC-70, CHC-63).

In five States of **Chhattisgarh, Haryana, Manipur, Tamil Nadu** and **West Bengal**, shortfall in availability of health facilities resulted in coverage of

[1] For hilly/tribal areas, the norm of population was 80,000 for CHC, 20,000 for PHC and 3,000 for SC.

more population than the prescribed norms as noticed in 155 out of 237 selected health facilities.

Case Study: Shortage of health facilities in tribal areas

In Rajasthan, the availability of facilities was in excess of IPHS norms in non-tribal areas but deficient in tribal areas. The excess of medical facilities in non-tribal areas was 130 CHCs (34.03 *per cent*), 369 PHCs (24.12 *per cent*) and 3,787 SCs (41.23 *per cent*) whereas the shortage in tribal areas was 9 (13.24 *per cent*), 89 (32.96 *per cent*) and 374 (20.65 *per cent*). In the selected districts, shortage of SCs and PHCs in all the five tribal districts ranged between 13.62 and 32.25 *per cent* and 15.38 to 71.43 *per cent* respectively. Shortage of CHCs in three tribal districts ranged between 6.25 to 33.33 *per cent* against the prescribed requirement.

During the exit conference, the Ministry attributed the shortfall of health facilities largely to shortage of funds as in the 12th Five Year Plan, against the requirement of ₹ 1,93,405/- crore, only ₹ 91,022/- crore was made available. However, the reply is not acceptable as there were substantial unspent funds with the States, indicating less utilisation of resources, as pointed out in paragraph no. 2.2. Further, the reply does not explain why despite shortage of funds, facilities were provided in excess of IPHS norms in non-tribal areas while depriving tribal areas.

3.2 Location of health facilities

As per IPHS norms, SCs are to be located within the village for providing easy access to the people and Auxiliary Nurse and Midwife (ANM). Further, it should be so located that a person is required to travel not more than 3 kilometres to reach there. SCs should also have some communication network (road communication/public transport/telephone). Similarly, PHCs and CHCs should be centrally located in an easily accessible area. Every health facility should be away from areas of garbage collection, cattle shed, etc.

Survey of 1,443 SCs, 514 PHCs, 300 CHCs, 134 District Hospitals (DHs) revealed that some of these were functioning in unhygienic environment, were inaccessible by public transport or were located at distances of more than three kilometre from the remotest village. The details are tabulated below in **Table-3.1**.

Table-3.1: State-wise details of location of health facilities

Sl. No.	Factors found deficient	SCs			PHCs			CHCs			DHs		
		Number	*Per cent*	States/ UTs involved	Number	*Per cent*	States/ UTs involved	Number	*Per cent*	States/ UTs involved	Number	*Per cent*	States/ UTs involved
1.	Distance of more than three kilometres from the remotest village	1031	73	29	NA	NA	NA	NA	NA	NA	NA	NA	NA
2.	Not accessible by public transport	404	28	28	104	20	24						
3.	Unhygienic surroundings	236	17	27	96	19	27	78	26	19	40	30	24

NA: Not applicable

3.3 Infrastructure in health facilities

For effective delivery of RCH services, IPHS lay down norms for infrastructure in SCs[2], PHCs[3] and CHCs[4], apart from basic necessities such as provision for own building, electricity, water supply, vehicles for referral services, etc.

Survey of 1,443 SCs (including 123 Type 'B' SCs), 514 PHCs, 300 CHCs, 134 DHs in 29 States/UT revealed the following infrastructural deficiencies as detailed below in **Table-3.2**.

Table-3.2: Infrastructural deficiencies in health facilities

Sl. No.	Infrastructural facility not available	Number of health facilities	Percentage of total health facilities surveyed	Number of States/ UT involved
	SC			
1.	Own designated Government building	401	28	27
2.	Cleanliness of premises	171	12	26
3.	Electricity supply	507	36	25
4.	Water supply	516	36	29
5.	Toilet	482	34	27
6.	Labour room for Type 'B' SC	24	20	8

[2] For Type 'B' SC (i.e SCs with delivery facilities), one labour room with one labour table and newborn corner.

[3] 4-6 beds, separate wards for males and females, separate clean toilets for men and women, labour room with a newborn care corner, etc.

[4] 30 beds with separate wards for males and females, should be operationalised as FRU with all facilities for emergency obstetric care, operation theatre, newborn care facilities such as separate resuscitation space and outlets for newborn, etc.

Sl. No.	Infrastructural facility not available	Number of health facilities	Percentage of total health facilities surveyed	Number of States/ UT involved
	PHC			
1.	Own designated Government building	43	8	18
2.	Condition of plaster on walls (plaster coming off/no plaster)	235	46	28
3.	Proper flooring	168	33	27
4.	Electricity supply	30	6	12
5.	Standby generator/Standby generator available but not functional	347	68	27
6.	Water supply	60	12	19
7.	Four beds	199	39	25
8.	Labour room/ Labour room available but not functional	174	34	23
9.	Newborn care corner	253	50	27
10.	Separate male and female wards	324	64	25
11.	Transport facility for referrals	219	43	23
	CHC			
1.	Condition of plaster on walls (plaster coming off/no plaster)	111	37	26
2.	Proper flooring	84	28	19
3.	Operation theatre /available but not in use	100	33	26
4.	Separate male and female wards	57	19	20
5.	Newborn care facilities/available but not in use	78	26	23
	DH			
1.	Condition of plaster on walls (plaster coming off/no plaster)	52	39	23
2.	Proper flooring	45	34	19

Some photographs of some of the SCs in poor condition are given below:

Condition of roof at SHC, Galonda, Jashpur, Chhattisgarh

Dilapidated condition of toilet at SC, Uttar Borbil, Karbi Anglong district, Assam

Some State-wise instances of non-availability of facilities essential for Reproductive and Child Care and their impact on the delivery of health services are discussed below:

In **Gujarat**, out of three selected General Hospitals[5] (GHs) where OTs were functional, pre-operative and post-operative rooms were not available in GH,

[5] Equivalent to a DH.

Nadiad. Due to lack of space, the laboratory was functioning in the waiting room at the entrance in GH, Nadiad (photograph given below). In General Hospital, Godhra, against the requirement of 440 beds, only 210 beds were available, due to which patients had to be accommodated on the floor.

Laboratory functioning in waiting room at the entrance of GH, Nadiad, Gujarat

In **Jharkhand**, in 17 selected PHCs, due to non-availability/shortage of bed or non-existence of PHC buildings, essential services *viz.* Out-patient department (OPD) services, 24 hours emergency services, referral services and In-patient department (IPD) were not being provided to the patients. In five selected DHs, against recommended 32 categories of specialty treatment facilities as per IPHS, only 6 to 14 facilities were functional.

In **Kerala**, only 23 CHCs out of 1,158 health facilities (CHC -234 and PHC-924) provided delivery services. The remaining 1,135 facilities were not functioning as delivery points as they did not have the basic infrastructure, manpower, equipment, etc. During the entry meeting, Secretary, Health and Family Welfare Department stated that 75 *per cent* of pregnant women use antenatal care services at Government institutions, but when it comes to delivery, they prefer private hospitals. The main reasons he cited were general perception of the people that delivery at the private hospital was safer and painless and availability of better paediatric services at private institutions.

In CHC Barkhed, Multai Block, Betul District, **Madhya Pradesh**, a ward boy was seen performing the duty of medical and paramedical staff exposing the beneficiaries to grave risk.

In **Maharashtra,** during field visit to DH, Bhandara, it was observed that due to inadequate waiting area, OPD counter was crowded and the patients had no place to sit. The ramp was not fitted with railing. There was no proper security arrangement in the hospital premises and stray animals were roaming in the hospital corridor. Similarly, in DH, Buldhana, the compound wall at the back side of the hospital was in dilapidated condition as a result of which stray

animals (pigs) were roaming in this area with access to Special Neo-natal Care Unit Ward.

In **Meghalaya**, in CHC, Bhoirymbong, due to faulty drainage system, water would overflow from the drains during rains and flood almost all the rooms in the CHC. In DH, Nongpoh, leaking pipes and overflowing septic tank were located next to kitchen area and general waste was being disposed/dumped near the hospital (photograph given below):

Leaking pipes and overflowing septic tank – DH, Nongpoh, Meghalaya

In **Rajasthan**, several deficiencies (such as cracks in walls, leakage in roofs, blockage in water drains, seepage of water in underground fittings, broken kitchen platform and broken stairs railing, etc.) were observed in four newly constructed buildings[6] in seven selected districts, indicating that the quality of construction of these buildings was sub-standard.

In **Sikkim**, CHC, Jorethang was functioning from an old building which was in dilapidated condition. Against the requirement of 30 beds, only 12 beds were available.

In **Tripura**, labour rooms in three PHCs was not made operational due to non-availability of staff and lack of equipment viz., radiant warmer, suction machine, steriliser, normal delivery kit etc. Due to poor infrastructure, pregnant women did not get the facility of delivery in four PHCs and had to be referred to SDH/CHC. In the selected CHCs/SDHs, emergency services, surgery, obstetrics and gynaecology, safe abortion services, MTP[7] services, facility for tubectomy and vasectomy operation, etc. were not available.

In **West Bengal**, overcrowding was observed in the Rural Hospital, Krishnapur (photograph given below).

[6] These buildings were constructed between March 2012 and December 2013 at a cost of ₹ 1.44 crore.

[7] Medical Termination of Pregnancy.

Overcrowded Rural Hospital, Krishnapur, Murshidabad, West Bengal (August 2016)

3.4 Status of Civil works under NRHM

The Ministry allocates funds to States[8] for creation and upgradation of health facilities. Targets of construction of health facilities and achievement there against during 2011-16, are given in the **Table-3.3** below (State-wise details in **Annexure-3.2**).

Table-3.3: Targets of construction of health facilities and achievement

Sl. No.	Type of healthcare facility	Target	Achievement	Shortfall (*per cent*)
1.	SCs (25 States)	9,563	6,089	3,474 (36)
2.	PHCs (25 States)	1,830	1,024	806 (44)
3.	CHC (17 States)	733	495	238 (32)

The shortfalls were attributed to non-finalisation/allotment of land, administrative delays in tendering, approval of revised cost, etc.

3.4.1 Execution of works

All works to be carried out by the Government or Government agencies are governed by the General Financial Rules, guidelines issued by Central Vigilance Commission and PWD manual. Scrutiny of records revealed various instances of violation of rules in execution of works under NRHM as discussed in subsequent paragraphs:

a) Award of works on nomination basis

In four States, 400 works costing ₹ 2,207.67 crore were awarded on nomination basis in violation of the provisions of extant rules[9] as detailed below in **Table-3.4**:

[8] Under the sub heads 'Hospital Strengthening' and 'New Construction/Renovation and Setting up'

[9] As per circular dated 5 July 2007 of Central Vigilance Commission, tendering process is a basic requirement for the award of contract by any Government agency as any other method, especially award of contract on nomination basis would amount to a breach of Article 14 of the Constitution guaranteeing right to equality, which implies right to equality to all interested parties.

Table-3.4: Award of works on nomination basis

Sl. No.	State	Number of works awarded	Cost (₹ in crore)	Year	Agency whom work awarded
1.	Kerala	15	50.32	2014-16	HLL Life Care Limited, Bharat Sanchar Nigam Limited, Kerala State Nirmithi Kendra, etc.
2.	Manipur	158	72.92	2011-16	Manipur Development Society (16), Manipur Tribal Development Corporation (96), Manipur Industrial Development Corporation (46)
3.	Mizoram	7	1.06	2012-14	Various local contractors
4.	Uttar Pradesh	220	2083.37	2012-14 & 2015-16	10 construction agencies of State Government and Union Government
	Total	**400**	**2207.67**		

In **Uttar Pradesh**, works were allotted to the construction agencies in an arbitrary and non-transparent manner and without assessing the capacity of the agency to execute the work resulting in delays in execution of NRHM works. For instance, against 34 works costing ₹ 685 crore awarded to UPRNN[10] on nomination basis in 2012-13, the agency was able to complete only three works at a cost of ₹ 244.80 crore as of March 2016. Similarly, HSCC[11], Noida was awarded six works costing ₹ 120 crore in 2012-13 but the agency was not able to complete even a single work as of March 2016.

b) Cases of suspected misappropriation

Cases of suspected misappropriation of funds amounting to ₹ 32.98 lakh in construction of Neo-natal Intensive Care Unit in Chitradurga, Karnataka and renovation of Institutional Building at Kamjong, Manipur were observed. In **Karnataka**, the work of construction of a Neo-natal Intensive Care Unit (INCU) ward on the first floor of the MCH building in the premises of District Hospital, Chitradurga was sanctioned (February 2011) for an estimated amount of ₹ 31.60 lakh for the year 2010-11. An amount of ₹ 65.00 lakh[12] was released to the DH from March 2013 to March 2014 and the funds were kept in a common bank account along with other scheme funds under NRHM. The cash books, cheque issue registers, vouchers, bank statements, etc. were not maintained properly for the concerned accounts. It was observed that NRHM funds of ₹ 25.62 lakh were misappropriated out of this bank account (from April 13 to March 14) by the officials of the District Health Hospital by altering the cheques of the beneficiaries under Family Planning Scheme, JSY Scheme etc. In **Manipur**, against ₹ 10 lakh approved for Renovation of

[10] Uttar Pradesh Rajkiya Nirman Nigam Ltd.
[11] Hospitals Services Consultancy Corporation.
[12] For construction of the building and procurement of equipment and medicines.

Institutional Building at CHC, Kamjong, the SHS, Manipur paid ₹ 7.36 lakh to the contractor (October 2014). However, during joint physical verification, the Medical Officer-in charge stated that no renovation work had been carried out as of August 2016.

c) Miscellaneous observations

Discrepancies regarding execution of works were noticed in nine States as detailed below:

In six States, instances of unadjusted advances, excess payment, etc. with cost implication of ₹ 306.96 crore were noticed as tabulated below in **Table-3.5**:

Table-3.5: Instances of unadjusted advances, excess payment, etc.

Sl. No.	State	Nature of observation	Amount (₹ in crore)
1.	Assam	Non-imposition of liquidated damages and other charges	0.99
2.	Himachal Pradesh	Blockage of funds	19.97
3.	Jammu and Kashmir	Unfruitful expenditure	0.91
4.	Karnataka	Excess payment	0.54
5.	Manipur	Unadjusted advances	30.56
6.	Uttar Pradesh	Unadjusted advances and non-refund of interest income	250.34
		Non-imposition of liquidated damages	3.65
		Total	**306.96**

In **Kerala**, agreements for works did not contain mandatory clauses for timely completion of work, inspection for quality check, etc.

In **Manipur**, an amount of ₹ 4.94 lakh (out of approved cost of ₹ 9.88 lakh) was released for construction of Compound Wall of PHC, Maram, District Senapati, Manipur during 2009-10. However, during joint physical verification (May 2016), it was found that no compound wall had been constructed around the PHC. The State Mission Society replied (November 2016) that the work could not be started due to boundary issue and it was targeted for completion by March 2017.

In **Uttar Pradesh**, instances of improper cost estimation and approvals by the Department and implementing agencies, undue favour to contractors due to non-adoption of norms of PWD of the State Government in preparing detailed estimates, lack of quality assurance in 28 works having financial implication of ₹ 247.20 crore, were observed.

3.4.2 Non-commencement of work

In nine States (**Assam, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Odisha, Rajasthan, Sikkim** and **Tripura**), 1514 works were not commenced/cancelled due to non-availability of land, non-completion of codal formalities, delay on the part of construction agencies, etc. Out of nine States, in five States of **Himachal Pradesh, Kerala, Odisha, Sikkim** and **Tripura**, an amount of ₹ 134.91 crore was released for 538 works which, though unutilised, was not refunded by the executing agencies/contractors.

In **Haryana**, administrative approval of ₹ 171.18 lakh for the construction of CHC, Mulana by adding a new floor to the existing building was accorded in November 2009. Subsequently, the department realised that there was no provision of adding floor to the existing building and accorded administrative approval and revised sanction of ₹ 657.81 lakh for construction of new building in March 2015. The work had not commenced as of April 2016 and was at the tendering stage. Thus poor planning led to inordinate delays.

Similarly, in the case of construction of PHC Barna (Kurukshetra), PHC Gudiyana (Rewari) and PHC Pakshma (Rohtak), administrative approvals were accorded in 2008-09 and 2009-10, but the construction could not commence due to dispute/non-availability of land.

Administrative approval for construction of 37 Sub-centres costing ₹ 782.92 lakh accorded between 2007-09, was withdrawn between May 2013 and September 2014, due to non-availability of land in 32 cases and in five cases, SCs were already functioning in Government buildings. The department realized its fault in planning after a lapse of four years. It was also observed that construction of these facilities had not been completed till July 2016.

3.4.3 Delay in completion of works

In nine States **(Chhattisgarh, Haryana, Himachal Pradesh, Karnataka, Kerala, Manipur, Rajasthan, Telangana and West Bengal)**, 199 works costing ₹ 186.55 crore were delayed for periods ranging from one year to more than three years beyond the scheduled date of completion, as shown below in **Table-3.6**:

Table-3.6: State-wise details of works delayed

(₹ in crore)

Sl. No.	Name of State	Total number of works delayed and their cost	Number of works with		
			Delay of more than 1-2 years and their cost	Delay of more than 2-3 years and their cost	Delay of more than three years and their cost
1.	Chhattisgarh	74 (22.37)	7 (0.76)	20 (4.24)	47 (17.37)
2.	Haryana	10 (2.11)	1 (0.21)	3 (0.63)	1 (0.21)
3.	Himachal Pradesh	48 (18.25)	23 (5.30)*	3 (0.48)	22 (12.47)
4.	Karnataka	76 (47.75)	4 (0.83)	Nil	1 (0.21)
5.	Kerala	23 (75.33)	8 (43.27)	5 (24.72)	1 (0.39)
6.	Manipur	1 (0.35)	1 (0.35)	Nil	Nil
7.	Rajasthan	34 (52.44)	6 (3.78)	1 (2.06)	Nil
8.	Telangana	3 (35.45)	Nil	1 (16.23)	2 (19.22)
9.	West Bengal	42 (33.82)	Nil	9 (6.87)	33 (26.95)
	Total	**311 (287.87)**	**50 (54.50)**	**42 (55.23)**	**107 (76.82)**

** Delay of more than nine months to two years*

The delays were attributed to site and land disputes, paucity of funds, delay in obtaining site clearances, etc.

3.4.4 Works abandoned/dropped

In five States (**Assam, Gujarat, Jammu and Kashmir, Karnataka** and **Manipur**), 22 works were dropped/abandoned (State-wise details in **Annexure-3.3**) due to various reasons such as absence of clear title of land, site issues, etc. Of these, 19 works costing ₹ 5.23 crore were abandoned/ dropped after spending ₹ 1.37 crore.

3.4.5 Works completed but not commissioned/made functional/handed over

In 20 States (**Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jammu and Kashmir, Jharkhand, Kerala, Madhya Pradesh, Manipur, Maharashtra, Mizoram, Odisha, Rajasthan, Tamil Nadu, Telangana, Tripura, Uttar Pradesh, Uttarakhand** and **West Bengal**), 1,285 works, though completed, were not commissioned or made functional. This was attributed to shortage of human resources, improper location of building, poor road connectivity, etc. Out of 1,285 works in 20 States, expenditure of ₹ 81.96 crore was incurred on the construction of 165 works in 15 States.

In three States (**Bihar, Kerala** and **Rajasthan**), expenditure of ₹ 1.21 crore towards electricity bill of vacant premises, procurement of equipment and rent was incurred due to non-commissioning of 36 completed buildings. Out of

three States, the period of non-commissioning of three works in **Bihar** and **Rajasthan**, ranged between 12 to 18 months. The reasons were shortage of manpower and improper location of constructed buildings.

Photographs of some of the unutilized buildings in **Bihar, Chhattisgarh, Gujarat, Jharkhand, Manipur, Rajasthan, Telangana** and **Uttarakhand** are given below:

Unutilised building of SDH, Nirmali in Supaul district, Bihar

10 bedded MCH wing at PHC Komakhan, Chhattisgarh not being utilised despite its completion

SHC, Bodsara under construction in the vicinity of PHC, Bodsara lying incomplete in Chhattisgarh

Building of SC, Mohalel-2, Gujarat not being utilised

Photograph showing non-utilization of CHC, Bharno in Gumla district, Jharkhand handed over in August 2014

Unutilised institutional building, PHSC, Sadim, Manipur

Unutilised building of PHSC, Makui, Manipur

Unutilized ANM trainees hostel building at district Rajsamand, Rajasthan

Unutilised building of PHC, Velvarthy, Telangana

Unutilized building of PHC, Chandrapuri, Haridwar district, Uttarakhand

In six States (**Assam, Maharashtra, Odisha, Rajasthan, Tripura** and **West Bengal**), 14 instances of misuse of the completed health facilities *viz.* unauthorized occupation by Gram Panchayats, anti-social elements, private persons, etc. were also observed.

3.4.6 Upgradation of infrastructure

NRHM framework envisaged upgradation of existing health infrastructure at par with IPHS. The targets for upgradation of facilities and the achievement in selected districts of the following States, was as given in the **Table-3.7** below:

Table-3.7: Targets for upgradation of facilities and the achievement

Sl. No.	Target	Achievement
1.	Upgradation of health facilities to IPHS by 2010.	In 79 selected districts of 15 States (**Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Madhya Pradesh, Maharashtra, Meghalaya, Odisha, Rajasthan, Sikkim, Tamil Nadu, Tripura, Uttar Pradesh** and **Uttarakhand**), only 1,096 (23 *per cent*), 607 (53 *per cent*) and 204 (50 *per cent*) out of 4,868 SCs, 1,150 PHCs and 404 CHCs, were upgraded to IPHS respectively.
2.	The SCs where the delivery load was high, to be upgraded to Type 'B' SC.	In 60 selected districts of nine States (**Arunachal Pradesh, Assam, Bihar, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan, Tripura** and **Uttar Pradesh**), only 1,933 SCs (39 *per cent*) out of 4,970 SCs targeted for upgradation from Type 'A' to Type 'B' during 2011-16, could be converted to Type 'B'. Further, 785 out of 1,933 upgraded Type 'B' SCs, could not conduct any deliveries due to lack of manpower, equipment, etc.
3.	PHC where CHC is away and has more than one hour of journey should be upgraded to 24 x 7 service.	In 67 districts of 15 States (**Andhra Pradesh, Arunachal Pradesh, Assam, Chhattisgarh, Haryana, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Tamil Nadu, Tripura, Uttar Pradesh, Uttarakhand** and **West Bengal**), only 1,537 (61 *per cent*) out of 2,512 PHCs targeted for upgradation to 24 x 7 delivery facility during 2011-16, were upgraded.

Sl. No.	Target	Achievement
4.	CHCs to be upgraded as FRU[13].	In 77 selected districts of 14 States (**Arunachal Pradesh, Assam, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh** and **West Bengal**), only 249 (40 *per cent*) out of 618 CHCs targeted for upgradation to FRU during 2011-16, were upgraded to FRU.

In **Kerala**, during 2011-16, 175 PHCs were identified for upgradation in the State to provide 24x7 hours emergency service but none of the PHCs was upgraded.

In six States, out of 345 health facilities upgraded, 301 did not provide the required services due to shortage of manpower, lack of infrastructure, etc. as detailed below in **Table-3.8**.

Table-3.8: Details of Health Facilities upgraded but not functional

Sl. No.	State	Number of health facilities and type of upgradation	Number of upgraded Health facilities not functional	Reasons for non-functionality
1.	**Assam**	40 PHCs upgraded to 24 x 7 facility	12	Lack of manpower, equipment, etc.
2.	**Himachal Pradesh**	6 CHCs declared FRU	3	Lack of infrastructure and shortage of required manpower.
3.	**Jammu and Kashmir**	46 SCs upgraded as NTPHCs[14]	46	Lack of human resources and infrastructural facilities.
4.	**Maharashtra**	55 PHCs upgraded to 24 x 7 facility	55	Lack of manpower, equipment, etc.
5.	**Manipur**	15 PHCs upgraded to 24 x 7 facility	2	Shortage of required manpower, lack of emergency services and facility open for only five hours daily.
6.	**Odisha**	183 PHCs upgraded to 24 x 7 facility	183	Shortage of manpower, equipment, etc.
		Total	**301**	

3.5 Position of staff quarters at health facilities

IPHS prescribe that staff quarters be provided at the health facilities. At SCs (Type 'B'), residential facility for a minimum of two Health Workers should be provided. At PHCs, accommodation should be provided for Medical Officer, nursing staff, pharmacist, laboratory technician and other staff. At CHCs, minimum eight quarters for doctors, minimum eight quarters for staff

[13] An existing facility (DH, Sub-divisional Hospital, CHC, etc.) can be declared a fully operational First Referral Unit (FRU) only if it is equipped to provide round-the-clock services for emergency obstetric and new born care, in addition to all emergencies that any hospital is required to provide.

[14] New Type Primary Health Centres.

nurses/ paramedical staff, minimum two quarters for ward boys and minimum one quarter for driver. The shortages of staff quarters in health facilities in the selected districts in some States as of March 2016 are given in **Annexure-3.4**.

The reasons for low/non-occupancy of staff quarters were attributed by States[15] to non-availability of basic amenities like toilets, electricity, and water supply in the quarters, dilapidated condition of quarters, unwillingness of staff to occupy the quarters due to their inconvenient location and non-posting of doctors, etc. The dilapidated condition of staff quarters are depicted in the following photographs:

Staff quarters in dilapidated condition in PHC, Baravhi, District Betul, Madhya Pradesh

Conclusion

Deficiency and non-availability of infrastructural facilities continue to hamper the delivery of health care services. Instances of unhygienic and inaccessible health care facilities are a cause for concern. Civil works were plagued by delays and instances of delayed works, non-commencement of works, abandoned works, were common. The occupancy of staff quarters continued to be poor due to dilapidated condition of the buildings and inadequate amenities.

Recommendations:

- Ministry may ensure that all civil works are reviewed by concerned authorities in all States in the light of extant rules for removing the delays/impediments and ensure faster completion of the same and commissioning of the completed buildings.
- Ministry may ensure that steps are taken by States to address the shortage of staff quarters and provide all the required amenities.

[15] Andaman and Nicobar Islands, Assam, Bihar, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Sikkim, Tripura and West Bengal.