

Healthcare Infrastructure

5.1 Introduction

Public Sector Hospitals play a crucial role in promoting and maintaining the health and well-being of the population. The adequate availability of Public Sector Hospitals is extremely important in ensuring universal health coverage, which is a fundamental goal of public health. These hospitals are essential for providing accessible and affordable medical services to everyone, regardless of their socio-economic status. They are particularly vital for vulnerable population who may lack access to private healthcare facilities. By ensuring universal health coverage, Public Sector Hospitals contribute significantly to the overall well-being of the population. In addition to accessibility and affordability, Public Sector Hospitals also fulfil critical roles in community health promotion, disease prevention and control, emergency care and disaster response. Furthermore, they facilitate Medical Education and Research, extending their impact beyond individual patient care to benefit the entire population they serve.

Indian Public Health Standards (IPHS) are a set of guidelines established by the Ministry of Health and Family Welfare in India. These standards aim to enhance the quality of public health services across the country by ensuring standardised and uniform healthcare services in public health facilities. The implementation of IPHS plays a crucial role in improving the overall healthcare system in India and promoting better health outcomes for the population. This chapter addresses the status of availability of Public Sector Hospitals and other related institutions in the State.

5.2 Availability of CHCs, PHCs and SCs vis-à-vis prescribed norms

5.2.1 Availability of healthcare facilities

Primary-level healthcare service delivery is provided through various healthcare facilities, namely Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs). The Indian Public Health Standards (IPHS) Guidelines outline the required availability of these hospitals based on the population, as indicated below:

Table 5.1 - Norms regarding health facility with reference to population

Name of the Health Facility	Population Requirement	
	Plain area	Tribal areas
Community Health Centre	1,20,000	80,000
Primary Health Centre	30,000	20,000
Sub Centre	5,000	3,000

Source: IPHS norms

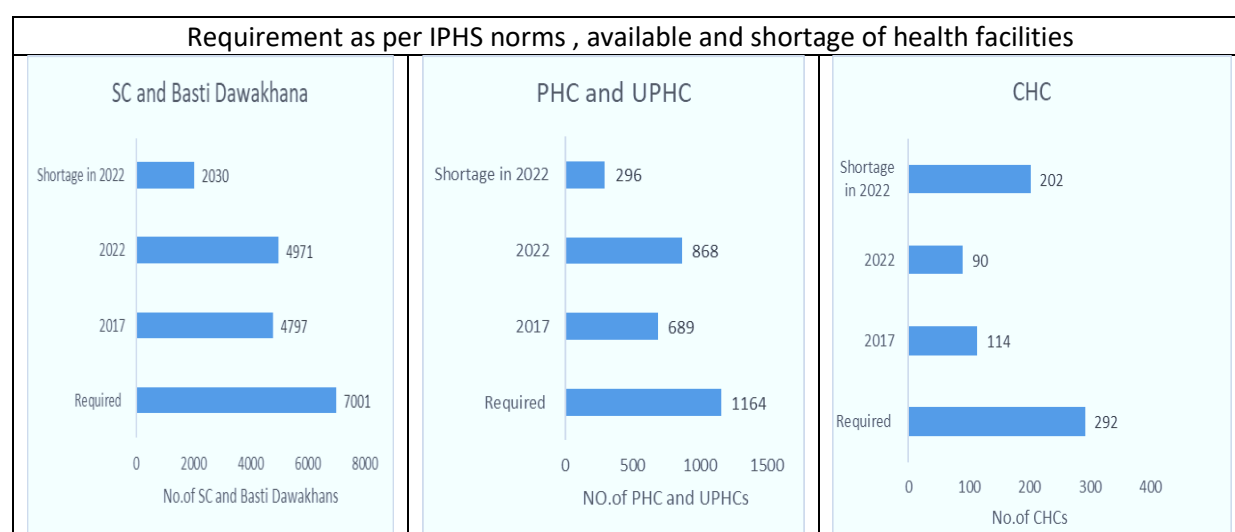
The requirement has been calculated based on the census 2011 and the projected population for 2021. Shortage of health facilities compared with the population of 350.03 lakh of Telangana is as follows:

Table 5.2 – Status of availability of Health Facilities as per norms

S. No.	Type	Required	Available 2017	Available 2022	Shortage	Shortage (percentage)
1	CHC	292	114	90	202	69
2	PHC and UPHC	1,164	689	868	296	25
3	SC and Basti Dawakhana ¹	7,001	4,797	4,971	2,030	29

Source: Rural Health Statistics 2016-17 and Telangana State Statistical Abstract 2021

Chart 5.1 – Details of Required, Available and Shortage of Health Facilities



Source: Information furnished by the Department.

As seen from the table, the number of available CHCs falls significantly short of the required number of 292, with only 90 CHCs actually being available. This shortage amounts to nearly 69 per cent. Similarly, the number of available PHCs and UPHCs was far below the required norm of 1164, with only 868 actually available. This represents a shortage of approximately 25 per cent. Furthermore, in the case of Sub Centres and Basti Dawakhana, the available number of facilities falls short of the required 7001, with only 4,971 being available, resulting in a shortage of 29 per cent.

Table 5.3 - District-wise number of persons per CHC/PHC/SC

Name of the District	Population as per 2011	CHC	Average No. of persons per CHC	PHC	Average No. of persons per PHC	SC	Average No. of persons per SC
Adilabad	708972	1	708972	27	26258	126	5627
Bhadradri Kothagudem	1069261	4	267315	33	32402	267	4005

¹ “Basti Dawakhana” means hospital of a small area. Each “Basti Dawakhana” caters to a population of 10,000. Basti Dawakhana provide a defined package of services as close to home as possible for urban population and will act as the first point of contact between the community and the health system

Hyderabad	3943323	10	394332	86	45853	134	29428
Jagtial	985417	3	328472	23	42844	151	6526
Jangaon	534991	0	0	17	31470	112	4777
Jayashankar Bhupalpally	416763	2	208382	16	26048	90	4631
Jogulamba Gadwal	609990	1	609990	13	46922	91	6703
Kamareddy	972625	6	162104	23	42288	170	5721
Karimnagar	1005711	3	335237	27	37249	139	7235
Khammam	1401639	3	467213	30	46721	226	6202
Kumuram Bheem Asifabad	515812	1	515812	22	23446	108	4776
Mahabubabad	774549	2	387275	21	36883	173	4477
Mahabubnagar	905660	2	452830	20	45283	129	7021
Mancherial	807037	3	269012	21	38430	121	6670
Medak	767428	2	383714	19	40391	156	4919
Medchal Malkajgiri	2460095	2	1230048	27	91115	155	15872
Mulugu	294671	2	147336	12	24556	89	3311
Nagarkurnool	861766	4	215442	27	31917	178	4841
Nalgonda	1618416	1	1618416	39	41498	257	6297
Narayanpet	566874	2	283437	13	43606	88	6442
Nirmal	709418	2	354709	20	35471	102	6955
Nizamabad	1571022	8	196378	37	42460	225	6982
Peddapalli	795332	2	397666	24	33139	104	7647
Rajanna Sircilla	552037	0	0	17	32473	89	6203
Rangareddy	2426243	7	346606	52	46659	269	9019
Sangareddy	1527628	2	763814	35	43647	249	6135
Siddipet	1012065	2	506033	34	29767	193	5244
Suryapet	1099560	2	549780	27	40724	171	6430
Vikarabad	941383	4	235346	25	37655	154	6113
Wanaparthy	577758	2	288879	15	38517	102	5664
Warangal Rural	737148	2	368574	17	43362	143	5155
Warangal Urban (Hanumakonda)	1062247	0	0	28	37937	81	13114
Yadadri Bhuvanagiri	770833	3	256944	21	36706	129	5975
Total	35003674	90		868		4971	

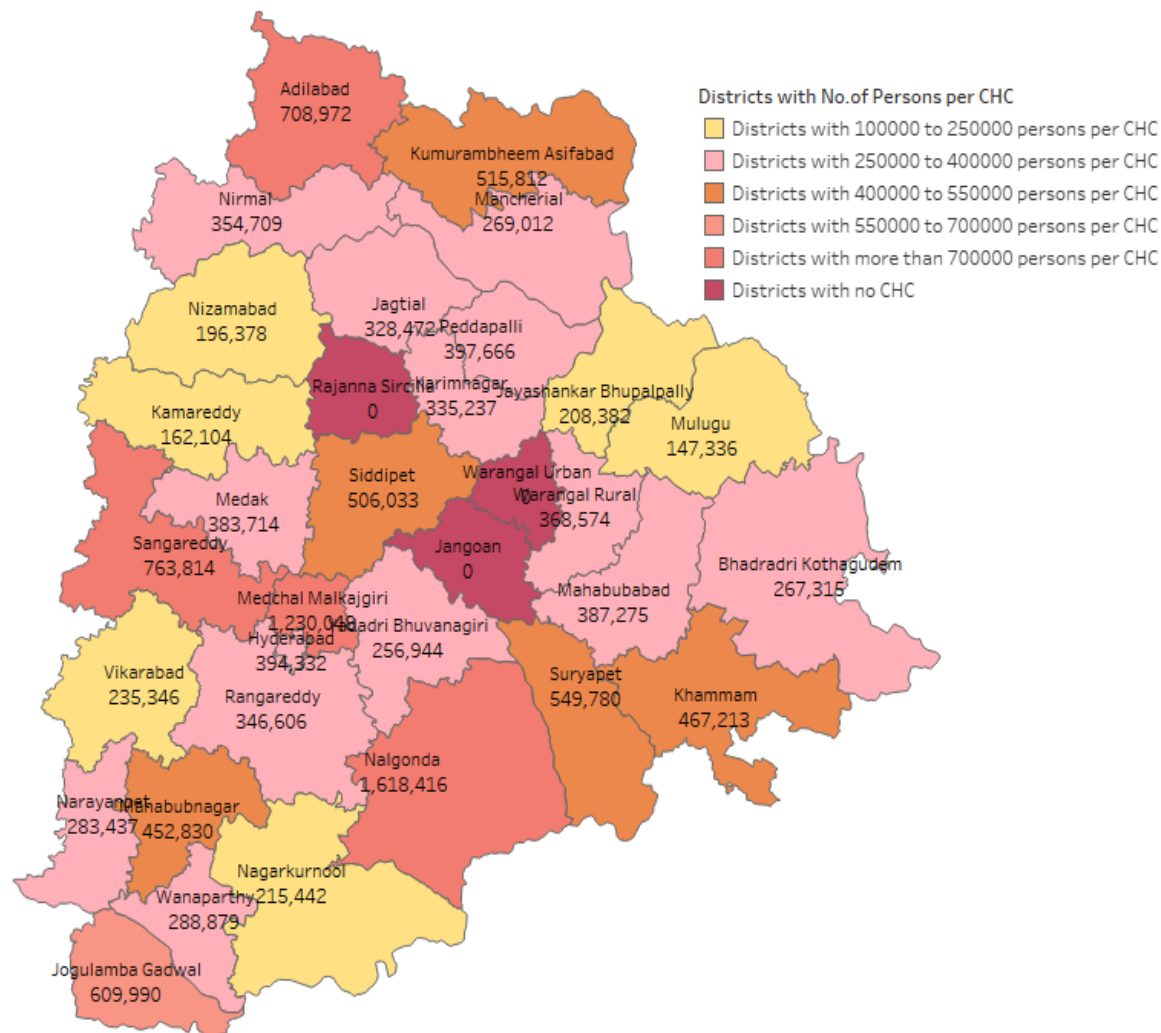
Source : Telangana State Statistical Abstract 2021

Note: Red colour denotes average number of people above the actual norm. Green colour denotes average number of people below the actual norm. Light orange indicates non-availability of CHC in the District

As seen from the above, out of 33 districts, no CHCs were available in three Districts viz., Jangaon, Rajanna Sircilla and Hanumakonda. Average population being catered to by each CHC is more than the norm of 1.2 lakh. In five Districts, viz., Adilabad, Jayashankar Bhupalpally, Kumuram Bheem Asifabad, Mulugu and Siddipet, average persons per PHC was less than 30 thousand and in the remaining 28 Districts the average population being catered to by each PHC was more than the norm of 30 thousand per PHC. In eight Districts, viz., Bhadrachalam, Jangaon, Jayashankar Bhupalpally, Kumuram Bheem

Asifabad, Mahabubabad, Medak, Mulugu and Nagarkurnool average population per SC was less than five thousand and in the remaining 25 Districts the average population being catered to by each SC was more than the norm of five thousand per SC.

Chart 5.2 - District-wise number of persons per CHC as of August 2023

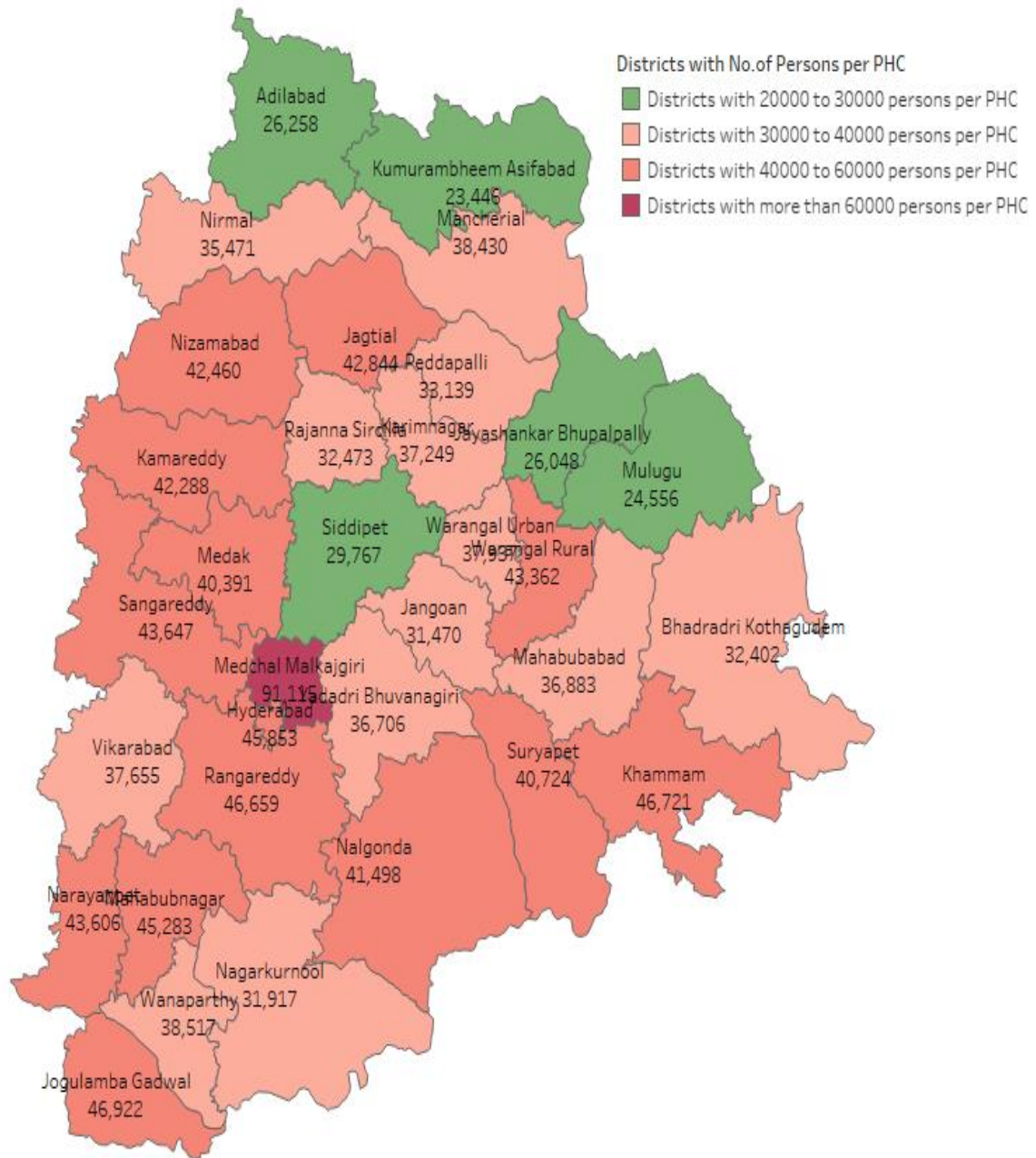


Source : Telangana State Statistical Abstract 2021

Government in its response (August 2023) while enumerating the various health facilities available in Telangana stated that these health facilities cater to population ranging from four to ten PHCs and that they were adequate to cater to the entire population of the State. Furthermore, the setting up of a Medical College in each District has taken tertiary care to the doorstep of people. It was stated that, healthcare of different levels was within easy access for people of the State considering the dense network of publicly run ambulances in excess of population norms.

Further, Government in its response stated that the Districts of Jangaon was served by three CHCs viz., CHC Station Ghanpur; Palakurthy and Jaffurgadh, Rajanna Sircilla was served by two CHCs viz., Gambiraopet; Yellareddypet and Hanumakonda had one CHC at Kamalapur. Thus all the Districts were covered by CHCs.

Chart 5.3 - District-wise number of persons per PHC as of August 2023

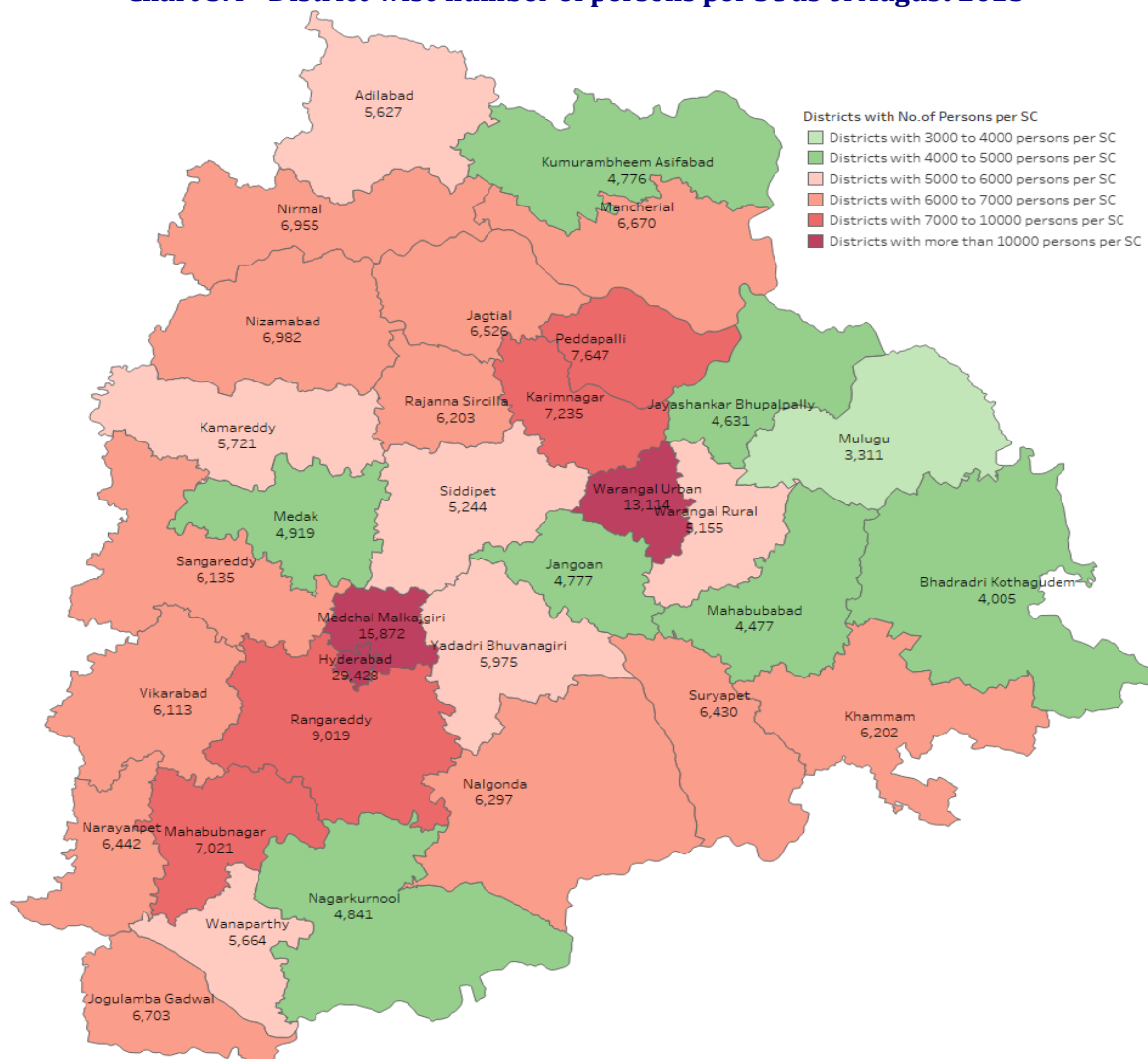


Source : Telangana State Statistical Abstract 2021

Government in its response (August 2023) stated that there were 706 rural PHCs for a population of 2.13 crore which is working out to an average of 30,000 population per PHC which was as per norms.

However, it was observed that, only five Districts, viz., Adilabad, Jayashankar Bhupalpally, Kumuram Bheem Asifabad, Mulugu and Siddipet were compliant with population norm of 30,000 per PHC and all the remaining Districts were catering to a population over and above the norm.

Chart 5.4 - District-wise number of persons per SC as of August 2023



Source : Telangana State Statistical Abstract 2021

Government in its response stated (August 2023) that there were 4,745 Sub Centres catering to a population of 2.13 crore in rural area.

5.2.2 Availability of Super Speciality, Government General and District Hospitals

According to IPHS Guidelines, Districts with a population of less than five lakh and a functional DH are not required to have a Sub District Hospital (SDH), which is designated as an Area Hospital in the State. However, Districts with population between 5 to 10 lakh can have one SDH in addition to the District Hospital. Furthermore, for every additional 10 lakh population, the provision of comprehensive secondary care health services may include one SDH.

At the time of the formation of the State of Telangana, out of the original 10 Districts, DHs were available in eight Districts, while the remaining two Districts of Adilabad and Medak, did not have a DH. However, the District of Adilabad was being served by Rajiv Gandhi Institute of Medical Sciences (RIMS), Adilabad. In the subsequent reorganisation of the State's Districts, wherein the number of Districts increased to 33 Districts, Government

proposed (May 2018) to establish DHs in remaining 25 Districts including Adilabad and Medak. This involved upgrading 17 AHs and eight CHCs into DHs.

Out of the proposed 25 DHs, one DH, which was to have been established by upgrading CHC Hasanparthy, was not established and the remaining 24 DHs were established which resulted in availability of 32 DHs in 32 Districts. Subsequently, during the period of 2017-23, 18 of these DHs were converted into Government General Hospitals (GGHs) (Teaching Hospitals) and were attached to the newly established Medical Colleges. As a result, the State of Telangana currently has 14 DHs and 18 GGHs available.

In some of the Districts, in addition to the DHs, there are Super Speciality Hospitals or GGHs viz., Osmania General Hospital, Nizam’s Institute of Medical Sciences, Gandhi Hospital in Hyderabad, RIMS in Adilabad, whereas in Siddipet where DH is functional at Gajwel and GGH is functional at Siddipet, Peddapalli District is being served by DH at Peddapalli and GGH at Godavarikhani, etc.

Although Hanumakonda District is not served by a DH, it is being served by Mahatma Gandhi Memorial (MGM) Hospital situated in Warangal. Thus, every District of Telangana is either served by DH or GGH or Super Speciality Hospitals.

Details of the Super Speciality Hospitals, DHs and GGHs District-wise are given in the map below:

Chart 5.5 - District-wise availability of Health Institutions



Source : Information furnished by the Department

5.3 Availability of Beds in the Government health institutions

5.3.1 Availability of Beds against Norms

The National Health Policy (NHP) 2017 aims to ensure a minimum of two beds per thousand population. According to the Indian Public Health Standards (IPHS) Norms for Sub-District hospitals and District hospitals, it is crucial to have at least one bed per thousand population in each District.

The required number of beds deemed "Essential" in a District should be distributed across the public health system, including Tertiary care facilities such as Medical Colleges, Secondary Care facilities like District hospitals, Sub-District hospitals and selected CHCs, as well as Primary care facilities such as PHCs and the remaining CHCs.

5.3.1.1 Availability of Beds in Government Health Institutions

Audit observed that, against the requirement of 35,004 beds for the population as per Census 2011, available beds were only 27,996 beds which resulted in shortage of 7,008 beds. Further, it was also observed that against the requirement of one bed per 1,000 population, only 0.80 beds were available.

Scrutiny of the availability of beds in the Districts also revealed that, except three² Districts, there was a shortage of beds ranging from 7 per cent (Rangareddy) to 91 per cent (Medchal Malkajgiri).

Table 5.4: District-wise status of Beds in Government Hospitals

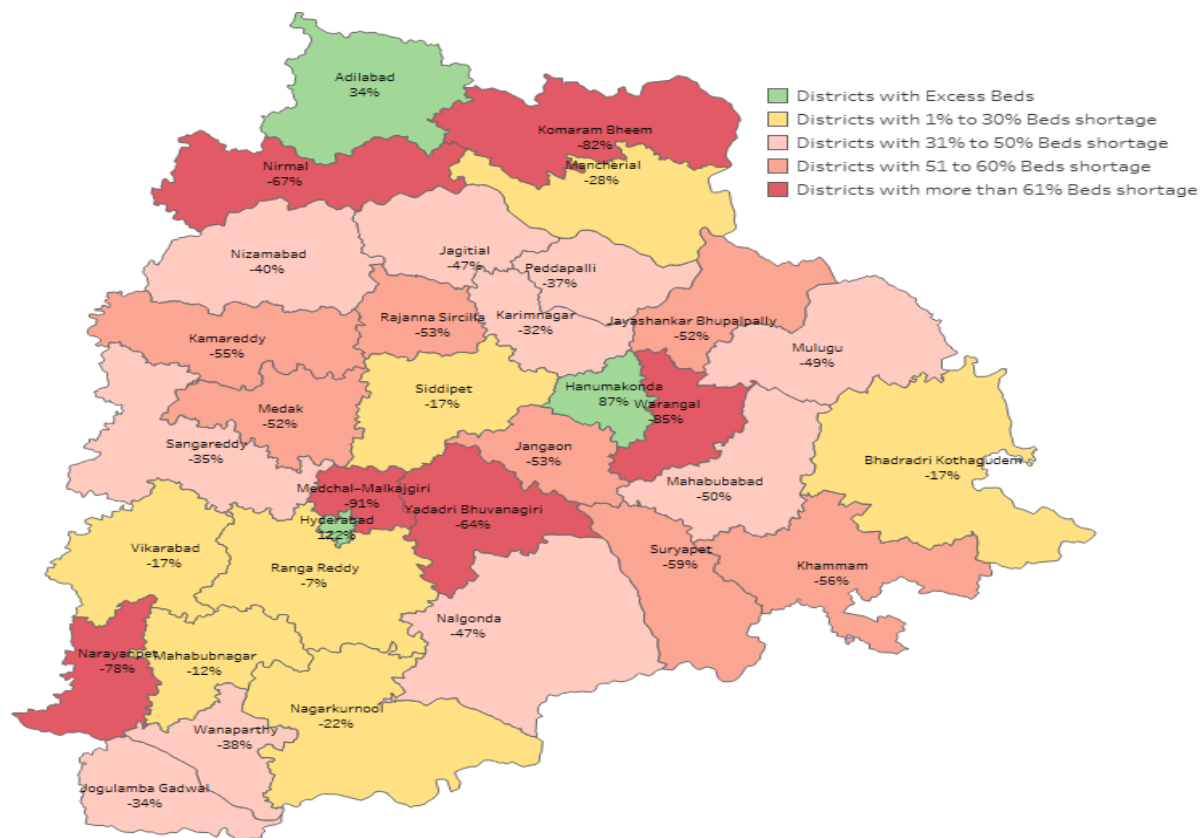
Sl. No	District Name	Population as per Census 2011	Required @ 1 bed per 1000	Available	(-) Shortage/ (+) Excess	% of shortage (-)/ Excess
1	Adilabad	708972	709	950	241	34
2	Bhadradi Kothagudem	1069261	1069	890	-179	-17
3	Hyderabad	3943323	3943	8773	4830	122
4	Jagtial	985417	985	525	-460	-47
5	Jangaon	534991	535	250	-285	-53
6	Jayashankar Bhupalpally	416763	417	201	-216	-52
7	Jogulamba Gadwal	609990	610	400	-210	-34
8	Kamareddy	972625	973	438	-535	-55
9	Karimnagar	1005711	1006	682	-324	-32
10	Khammam	1401639	1402	620	-782	-56

² Adilabad, Hanumakonda, Hyderabad

11	Kumuram Bheem Asifabad	515812	516	95	-421	-82
12	Mahabubabad	774549	775	391	-384	-50
13	Mahabubnagar	905660	906	800	-106	-12
14	Mancherial	807037	807	580	-227	-28
15	Medak	767428	767	368	-399	-52
16	Medchal Malkajgiri	2460095	2460	210	-2250	-91
17	Mulugu	294671	295	151	-144	-49
18	Nagarkurnool	861766	862	670	-192	-22
19	Nalgonda	1618416	1618	865	-753	-47
20	Narayanpet	566874	567	122	-445	-78
21	Nirmal	709418	709	233	-476	-67
22	Nizamabad	1571022	1571	950	-621	-40
23	Peddapalli	795332	795	505	-290	-37
24	Rajanna Sircilla	552037	552	260	-292	-53
25	Rangareddy	2426243	2426	2263	-163	-7
26	Sangareddy	1527628	1528	998	-530	-35
27	Siddipet	1012065	1012	835	-177	-17
28	Suryapet	1099560	1100	446	-654	-59
29	Vikarabad	941383	941	783	-158	-17
30	Wanaparthy	577758	578	360	-218	-38
31	Warangal Rural	737148	737	110	-627	-85
32	Warangal Urban (Hanumakonda)	1062247	1062	1991	929	87
33	Yadadri Bhuvanagiri	770833	771	281	-490	-64
	Total	35003674	35004	27996	-7008	-20

Source: Telangana State Health at a glance 2021

Chart 5.6 - District-wise status of Beds in Government Hospitals



5.4 Appearance and up-keep/planning

Table 5.5 - Appearance and up-keep in test checked Health Institutions

Selected Health Institutions	Environmentally friendly features			Circulation areas					Disaster Prevention Measures	
	Rain Water Harvesting (RW)	Solar Energy (SE)	Horticulture Services (HG)	Corridors	Lift	Ramps	Stair case	Floor-Antiskid	Earth quake Proof Measures (EQ)	Fire fighting Equipment
DH, King Koti, Hyderabad	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No (old building)	Yes
AH, Malakpet	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No (old building)	Yes
AH, Golconda	Yes	Yes (Not working)	Yes	Yes	No	Yes	Yes	Yes	No (old building)	Yes
OGH	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Niloufer Hospital	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
MNJ Institute of Oncology and Regional Cancer Centre	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Source:- Information furnished by the Health facilities

The following observations are made on issues relating to appearance and up-keep of test checked Health Institutions:

- Rainwater Harvesting facilities were not available in Niloufer Hospital and MNJ Institute of Oncology and Regional Cancer Centre.
- Devices for utilising Solar Energy were not available in AH Malakpet, Niloufer Hospital and MNJ Institute of Oncology and Regional Cancer Centre. Although available in AH Golconda, the same was not functional.
- Lifts were not available in AHs Malakpet and Golconda.
- Disaster Prevention Measures, viz., Earthquake proof measures were not available in any of the test checked Health institutions.

5.5 Health and Wellness Centres

Ministry of Health and Family Welfare (MoHFW) decided in 2017-18, to transform the existing SCs, PHCs and UPHCs across the country into Ayushman Bharat - Health and Wellness Centres (AB-HWCs) by December 2022. The primary healthcare team at the Sub Centre level HWCs is headed by a Community Health Officer (CHO) - who is a B.Sc./ General Nursing Midwifery (GNM) Nurse or an Ayurveda Practitioner trained and accredited in an approved certificate programme in Community Health. The HWCs were to deliver comprehensive healthcare services namely, maternal, child health services, free essential medicines and diagnostic services to address communicable and non-communicable diseases, etc.

In accordance with the decision made by the MoHFW, GoI, the following health facilities in Telangana have been converted into HWCs as of March 2022.

Out of the total 4,745 SCs in Telangana, a significant number of 3,206 SCs have been successfully converted into HWCs.

Table 5.6 – Health facilities converted as Health Wellness Centres

	SCs	PHCs	UPHCs	Total
Existing	4,745 ³	636	232	5,613
HWCs	3,206	636	232	4,074

Source: Telangana State Statistical Abstract 2021 and Information furnished by Department

5.5.1 Operationalisation of HWCs

District-wise Sub Centres converted as HWC as of March 2022 was as follows.

Table 5.7 - District-wise conversion of SCs into HWCs

Name of the District	Existing SCs	Converted as HWC	Not converted as HWC	% not converted
Adilabad	126	69	57	45
Bhadradi Kothagudem	249	153	96	39
Hanumakonda	106	63	43	41

³ Does not include Basti Dawakhanas in Hyderabad District

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Jagtial	151	102	49	32
Jangaon	107	62	45	42
Jayashankar Bhupalpally	91	65	26	29
Jogulamba Gadwal	91	67	24	26
Kamareddy	172	106	66	38
Karimnagar	139	97	42	30
Kumuram Bheem Asifabad	108	74	34	31
Khammam	225	161	64	28
Mahabubabad	177	139	38	21
Mahabubnagar	129	87	42	33
Mancherial	127	100	27	21
Medak	153	98	55	36
Medchal Malkajgiri	103	70	33	32
Mulugu	89	51	38	43
Nagarkurnool	179	124	55	31
Nalgonda	257	195	62	24
Narayanpet	87	59	28	32
Nirmal	106	73	33	31
Nizamabad	225	141	84	37
Peddapalli	104	66	38	37
Rajanna Sircilla	89	61	28	31
Rangareddy	236	158	78	33
Sangareddy	246	183	63	26
Siddipet	194	108	86	44
Suryapet	171	122	49	29
Vikarabad	155	112	43	28
Wanaparthy	98	59	39	40
Warangal	118	82	36	31
Yadadri Bhuvanagiri	137	99	38	28
Total	4,745	3,206	1,539	32

Source: Information furnished by the Department

Government in its response stated (August 2023), that 3,206 HWCs were sanctioned and currently 3,084 MLHPs were in position.

5.5.1.1 Upgraded HWCs and Non-operational HWCs in test checked Districts

Mahabubnagar District

In Mahabubnagar District, all six test checked Sub Centres were converted into Health Wellness Centres. Except, SC Addakal all the other five Health Wellness Centres were provided with the services of Medical Officer (MO).

Warangal District

In Warangal District, out of six test checked Sub centres, only one Sub Centre was converted into Health Wellness Centre. Medical Officer was not posted to the converted HWC.

5.6 AYUSH Health & Wellness Centres

Ministry of AYUSH is establishing AYUSH Health & Wellness Centres as part of the Ayushman Bharat Scheme, in collaboration with State/UT Governments. This initiative falls under the Centrally Sponsored Scheme of the National AYUSH Mission (NAM), which is modelled on the National Health Mission (NHM). The AYUSH Health & Wellness Centres are being developed by upgrading existing AYUSH dispensaries and Sub Centres.

5.6.1 Upgradation of AYUSH Health & Wellness Centres

Details of the upgradation of AYUSH Health & Wellness Centres under Ayushman Bharat Scheme are as follows:

Table 5.8 - Upgradation of AYUSH HWCs under the Ayushman Bharat Scheme

Year	Total	No. proposed for upgradation	No. approved for upgradation	No. upgraded	Funds due to be released (₹ in lakh)		Funds released (₹ in lakh)		Funds utilised (₹ in lakh)	
					Central	State	Central	State	Central	State
2021-22	440	421	421	421	3036.25	2024.17	3036.25	0	3036.25	0

Source: Information furnished by Department

Based on the information above, it has been observed that the State Government has not released its share for the upgradation of AYUSH Health & Wellness Centres. Additionally, according to the proposal approved by the GoI, the upgraded AYUSH HWCs were supposed to be provided with the services of both male and female Yoga Instructors, which has not been done. Furthermore, IT Networking facilities have not been provided to any of the 421 upgraded AYUSH HWCs. In relation to the provision of diagnostic equipment, an MOU was signed with the Commissioner of Family Welfare to provide diagnostic services through T-Diagnostic hubs and the process is currently underway. The upgraded HWCs had not been provided the full complement of ASHA workers. Infact, in 18 out of 421 HWCs upgraded, no ASHA workers were provided against the norm of five ASHA workers to be provided to each of the upgraded AYUSH HWC.

However, due to the non-release of the State's share and the failure to provide these necessary requirements in the upgraded AYUSH HWCs, the claim of upgradation of the 421 AYUSH HWCs is questionable.

5.7 New Construction and Upgradation Works

State Government is involved in various projects concerning the construction of new buildings, upgrading old buildings and carrying out civil works to enhance health facilities.

The Telangana State Medical Services and Infrastructure Development Corporation (TSMSIDC) serves as the nodal agency responsible for overseeing all construction and upgradation activities. However, TSMSIDC has not maintained a Comprehensive Database related to construction activities since 2019.

Instead of having a Comprehensive Database system, TSMSIDC relies solely on a Work Monitoring System Dashboard. Unfortunately, even this dashboard fails to provide crucial details such as the start and end dates of projects, the handover date of the designated location to the contractor, any delays encountered during the completion process, the amount of liquidated damages to be imposed and the handover date after completion. As a result, the Audit was unable to conduct a thorough analysis of the construction activities carried out by the Department and determine specific reasons for non-completion, delays, deviations from approved conditions, cost and time overruns and other related factors.

The observations made regarding these works are based on the review of files provided by TSMSIDC during the field audit. Furthermore, the progress report submitted by the TSMSIDC only provides details of ongoing projects as of January 2022, excluding any information on completed works.

Table 5.9 - Details of works taken up, completed and in progress for the period 2016-22

Details of works taken up , completed and in progress for the period 2016-17 to 2021-22		
No. of works taken up	1544	Percentage (%)
No. of Works completed	372	24
No. of works under progress	756	49
No. of works under Tender Stage	258	17
No. of works not Started/Site problem	158	10

Source: Information furnished by TSMSIDC

Government in its response stated (August 2023) that a Comprehensive Database Application was not mandatory and that TSMSIDC had necessary systems in place to regularly monitor the status of all the works. It was also stated that the data was being effectively maintained in the form of excel sheet which was updated from time to time.

Detailed observations regarding the status of works in test checked Districts are commented upon at appropriate places of the Report

5.7.1 Sub Centres sanctioned in the State during 2016-22

Status of the construction of SCs building works sanctioned during the period 2016-22:

Table 5.10 - Status of construction of sanctioned SCs

Year of sanction	Funds sanctioned under	No. sanctioned	Completed	In progress	Not taken up	Site problems	Tendering
2016-17	Tribal Sub Plan (TSP) & NHM	224	184	11	27	-	2
2019-20	NHM	889	147	443	76	77	146
Total		1,113	331	454	103	77	148

Source: Information furnished by TSMSIDC

Under the Tribal Sub Plan (TSP) & NHM, the State Government granted an Administrative sanction of ₹21 crore in May 2016 for the construction of 99 Sub-centres. Additionally, an Administrative sanction of ₹17.50 crore was granted in August 2016 for the construction of 125 Sub-centres in Tribal Areas under the NHM scheme in Integrated Tribal Development Agency (ITDA). These projects were assigned to various executive agencies, including the ITDA, Panchayat Raj Engineering (PR) Department, Roads & Buildings (R&B) Department and TSMSIDC.

Similarly, the Government of India approved the construction of buildings for 889 SCs (HWCs) in all Districts under the NHM during 2019-20. The State Government granted Administrative sanction of ₹142.24 crore in July 2020. Out of these projects, the TSMSIDC undertook 433 works, while the remaining 456 works were assigned to various executive agencies between January 2021 and January 2022.

Of the 1,113 SC works sanctioned, 331 (30 per cent) have been completed, 454 (41 per cent) are in various stages of completion, 148 (13 per cent) are in the tendering stage and 180 (16 per cent) have not been taken up.

Government in its response (August 2023) stated that out of 1,113 Sub Centre works, 738 works were taken up by other Departments and that TSMSIDC had taken up 375 works only. Government attributed the delay in execution of works to increase of GST rate from 12 per cent to 18 per cent, delay in allotment of site, increase in unit cost from sanctioned year (2016) to 2020-21 and lack of response to tenders. It was also stated that Government had sanctioned an additional amount of ₹four lakh/centre which would help in expediting these works and that the works would be completed by December 2023.

Government response that 375 works were taken up by TSMSIDC is factually not correct as Audit has information about taking up of 433 works by TSMSIDC provided by NHM authorities.

5.8 Infrastructure created not put to use in test checked Districts

5.8.1 Completed PHCs not put to use

Analysis of the construction and upgradation of PHCs that were undertaken but not yet completed until the end of March 2022 in the Districts under review revealed the following findings:

Government had granted administrative sanction for the construction of five PHC buildings and the upgradation of existing 6-bedded PHCs into 30-bedded hospitals in Mahabubnagar between May 2015 and May 2018. These projects commenced between February 2016 and September 2018, with a stipulated completion timeline of 12 months. The details of the works undertaken are as follows:

Table 5.11 - Completed PHCs not put to use

Sl. No	Name of the work	Due date for completion	Actual date of completion	Delay in completion	Date of handing over	Delay in handing over	Remarks
1	PHC Veepangandla	August 2017	February 2018	5 months	June 2020	27 months	Delay occurred due to want of inauguration

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Sl. No	Name of the work	Due date for completion	Actual date of completion	Delay in completion	Date of handing over	Delay in handing over	Remarks
2	PHC Maddur	October 2017	December 2019	25 months	June 2022	29 months	-do-
3	PHC Avancha	September 2017	August 2018	10 months	February 2020	17 months	-do-
4	PHC Veltoor	October 2019	April 2021	17 months	October 2021	5 months	-do-
5	PHC Magnoor	September 2019	February 2020	4 months	Not handed over	NA	Not handed over as of July 2022 even after 30 months for want of inauguration.

Source: Information furnished by TSMSIDC

Out of the five completed PHCs, there were delays in handing over of PHCs ranging from 5 months (PHC Veltoor) to 29 months (PHC Maddur). Due to delays in the inauguration of the completed facilities, the completed facilities could not be put to use. The fifth PHC at Magnoor had not been handed over to the Department.

Government in its response stated (August 2023) that, the PHC building at Magnoor had been handed over to the user Department on 1 November 2022.

5.8.2 Delay in completion/handling over of CHCs sanctioned in the State

With a view to provide new buildings for the CHCs which were in dilapidated condition, the Government accorded administrative sanction (November 2015) for the construction of 10⁴ CHCs for ₹50.00 crore⁵ under the scheme NABARD – RIDF XXI (2015-16). Agreements were entered into with the contractors between April 2016 and January 2017 with a condition to complete the works within a period of 18 months from the date of the agreement.

Out of the ten CHCs, the construction of nine CHCs was completed between January 2018 and October 2018 with delays ranging from two to six months. Further, the completed buildings were handed over to the Department between March 2019 and November 2020 with delays ranging from 5 months (Ramayampet) to 21 months (Narnoor).

In respect of the construction of CHC, Kagaznagar, work was entrusted (May 2016) to the contractor for ₹3.03 crore. The work was not completed within the stipulated time due to non-availability of funds, site problem, COVID-19, etc.

The contract was finally terminated in January 2022 due to lack of response from the contractor after incurring an expenditure of ₹2.70 crore.



Figure 5.1 - CHC, Kagaznagar (6 August 2022)

⁴ **Adilabad:** - Sultanabad, Kagaznagar, Narnoor; **Karimnagar:** - Jammikunta; **Khammam:** - Garla; **Medak:** - Ramayampet; **Mahabubnagar:** - Koilkonda; **Nalgonda:** - Marriguda **Nizamabad:** - Bichkunda **Rangareddy:** - Parigi

⁵ Loan component of ₹42.50 crore (under NABARD RIDF XXI) and matching share of State Government (₹7.50 crore)

Government in its response stated (August 2023) that, during COVID period the partially completed building was used as an isolation centre and subsequently the agency had not commenced balance work. The contract was terminated duly forfeiting the value of work done and deposits. The balance work entrusted to another agency had been completed and handed over to the user Department on 4 February 2023 and that the hospital building was functional.

5.8.3 Delay in Upgradation of Government Civil Hospitals

The administrative sanction was accorded (September 2015) by the Government for the upgradation of Government Civil Hospitals at Kosgi (10 bedded to 50 bedded) and Kodangal (30 bedded to 50 bedded) for ₹5.50 crore and ₹4.70 crore respectively. Details of the works are as given below.

Table 5.12 – Details of non-upgraded Government Civil Hospitals

Sl. No	Name of the work/ (Date of Agreement)	Agreement Amount (₹ in crore)	Due date of completion	Actual date of completion	Delay in completion	Expenditure incurred (₹ in crore)
1	Government Civil Hospital, Kosgi (20.01.2017)	3.22	20.07.2018 (18 months)	30.06.2021	35 months	1.57
2	Government Civil Hospital, Kodangal (16.09.2016)	3.39	16.03.2018 (18 months)	31.03.2021	36 months	2.92

Source: Information furnished by TSMSIDC

As seen above, it was observed that there was approximately three years delay in the completion of the buildings. Further, the upgraded Government Civil Hospital, Kodangal was handed over to the concerned authorities only in June 2022 with a delay of 15 months. Government Civil Hospital, Kosgi was not handed over to the concerned authority till July 2022. Thus, although an expenditure of ₹1.57 crore was incurred on the construction of building, non-handing over of the building rendered the expenditure unfruitful besides also resulting in non-achievement of the objective of provision of upgraded facilities to the patients.

Government in its response stated (August 2023) that, work of the Government Civil Hospital, Kosgi was nearing completion and that the hospital building would be handed over by the end of July 2023. Regarding Government Civil Hospital, Kodangal it was stated that the work was hampered due to paucity of funds and that, although the work was completed in March 2021, the building could not be taken over by the user Department due to delay in inauguration. Minister for Medical & Health had since inaugurated the building in March 2022 and the building had been taken over by the user Department.

5.8.4 Construction of Mother and Child Health (MCH) Buildings

With a view to provide integrated facilities for providing quality Obstetric and Neonatal care, Government sanctioned construction of buildings for MCH at 26 different locations (details vide *Appendix 5.1*) of the State under NRHM in different phases⁶.

Scrutiny of the information revealed that, though the construction of the MCH building at GGH, Nizamabad was completed in October 2017, the same was not put to use since October 2017 due to non-completion of additional works.



Figure 5.2 - MCH, Nizamabad 5 September 2023

Government in its response (August 2023) stated that, originally the MCH was planned suitable for a DH, but as per the request of the user Department, it was later revised to suit the requirements of Medical College with a provision for G+7 floors which led to increase in foundation cost. As a result, the building could not be completed in full shape with the allocated budget. It was also stated that in November 2021, Administrative Sanction had been issued for the construction of 2nd floor for a Critical Care Block. The pending MCH works were integrated with this work and will be completed by November 2023.

The intended purpose of constructing the MCH building was not achieved, depriving patients of essential healthcare facilities and rendering an amount of ₹11.48 crore unfruitful.

5.9 Failure in setting up of 50 bedded Integrated AYUSH Hospitals

Department of AYUSH Telangana proposed to establish three 50 bedded Integrated AYUSH Hospitals under the National AYUSH Mission during 2016-18 in the State Annual Action plans. Details of the proposals and the approvals accorded by GoI were as follows:

⁶ Phase 1: - 9 (October 2015), Phase 2: - 4 (July 2017), Phase 3: - 6 (February 2018), Phase 4: - 2 (July 2020), Others: - 5

Table 5.13 - Details of 50 bedded Integrated AYUSH Hospitals proposed under NAM during 2016-18

(₹ in lakh)

Proposed at	Proposed in SAAP	Funding pattern	Funds approved by GoI	Funds released by GoI	Expenditure incurred	Whether completed	Remarks
Vikarabad	2016-17	60:40	600	360	0	Not completed	State share not released and land not allocated
Siddipet	2017-18	60:40	300	180	0	Not completed	Alienated land not transferred to Dept of AYUSH
Jayashankar Bhupalpally	2017-18	60:40	300	180	0	Not completed	Construction not taken up as land was not alienated

Source: Information furnished by TSMSIDC

Scrutiny revealed that the State Government had not released its share of funding for the 50 bedded Integrated AYUSH Hospitals. Although the Department had released the amounts received from GoI to the extent of ₹7.20 crore to the TSMSIDC towards these construction activities, the same could not be completed as land identified in respect of 50 bedded Integrated AYUSH Hospital at Vikarabad was not handed over to the Department as the identified land was found to be unsuitable. Similarly land was not alienated in respect of 50 bedded Integrated AYUSH Hospitals of Siddipet and Jayashankar Bhupalpally. As a result, none of the three sanctioned 50 bedded Integrated AYUSH Hospitals had been established in the State.

Since the construction activity could not be completed, GoI instructed the State Government to return the amount of ₹7.20 crore released towards Central share during the period from 2016-17 to 2017-18. The entire amount was returned to Government of India in the month of April 2023 without utilisation.

The envisaged 50 bedded Integrated AYUSH Hospitals had not materialised in any of the three Districts and also resulted in the loss of central funding to the extent of ₹7.20 crore.

5.10 Establishment of Medical Colleges

During the period 2017-22, construction of four new Government Medical Colleges (GMCs) were taken up. Of these, the construction of three GMCs, viz., GMC Mahabubnagar, GMC Siddipet and GMC Suryapet were completed. Although construction of GMC Suryapet was completed, the same could not be put to use as inauguration of the completed building was not yet done. The construction of GMC Nalgonda was under progress.

Government in its response stated (August 2023) that construction of GMC Suryapet was completed in all respects within the stipulated time and that Hostels and part of the main block were being utilised.

In addition to the above, construction of building works in respect of eight New Government Medical Colleges was taken up through R&B Department during 2022-23.

Due to non-provision of complete data such as details of agreement, timeline for completion, sanctioned cost, actual expenditure incurred, deviations to the original sanctioned work, actual date of completion and handing over, etc, Audit was constrained in holistically analysing the construction activities of these sanctioned Medical College buildings.

5.10.1 Observations on Osmania Medical College (OMC)

5.10.1.1 Central Library of OMC

As per the Minimum Standard Requirement Regulations for Medical Colleges, 1999, there should be an air-conditioned Central Library (4,000 Sq.mt) with seating arrangement for at least 500 students for reading with good lighting, ventilation and space for stocking and display of books and journals. There should be one room inside for 250 students and one room outside for 250 students. The Central Library should have not less than 20,000 text and reference books.

Scrutiny revealed the following:

- Against the required area of 4,000 Sq.mt, the available library space was only 1,393 Sq.mt (35 *per cent*). Though the Academic Block was constructed, due to non - availability of required infrastructure like racks for storing books, tables and chairs, etc. the Library was not shifted to the Academic Block even after five years.
- Against the requirement of 20,000 books only 7,138 books (36 *per cent*) were available.

Government in its response (August 2023) stated that, the Academic block was being used by the Students which provides adequate space for reading rooms and library. E-library facility with access to online journals and 12,438 books were available in the library. However, supporting documents were not furnished.

5.10.1.2 Shortage of Hostel facility to the students of OMC

As per the provisions of Minimum Standard Requirement Regulations for Medical Colleges, 1999, each college/institution should have the provision of a student hostel for at least 60 *per cent* of the total intake of students at a given time. Each hostel room shall not have more than three occupants. The size of the room shall be 9 Sq.mt./student. Each student shall be provided with independent and separate furniture which shall include a chair, table, bed and full-size cupboard. Each hostel shall have a Visitors' room and a Study room with Computer & Internet facilities. Both these rooms shall be air-conditioned. There shall be a recreational room having TV, Music, Indoor games and messing facilities.

- Out of the four blocks available to accommodate 312 girl students as per the norms, one block of the hostel is in dilapidated condition.
- As against the norm of accommodating three students in a room specified in Minimum Standards Requirement Regulations for Medical Colleges, 1999, 511 students were accommodated in the hostels of OMC which resulted in accommodating four to five students in a room.



Figure 5.3 - Inadequate space and furniture in Girls Hostel of OMC (29 March 2022)

- Four students are accommodated in one room with the provision of only one study table and one chair was provided.
- No study rooms are available in any of the Girl's hostels. Though two study rooms were available in the Boy's hostels, they do not have any Computers, Internet and Air conditioning facilities.

On this being pointed out, it was replied by the Principal, OMC that, a request would be sent to the Government for sanctioning new hostel buildings, furniture and study rooms.

Government in its response (August 2023) while furnishing the details of the rooms available and its allocation to students stated that study rooms were available in the Academic block which was adjacent to the Hostel Buildings.

Government response is against the provisions of Minimum Standard Requirements Regulations for the Medical College circulated by Medical Council of India which stipulates that each hostel should have a study room.

5.10.1.3 Non-utilisation of Academic buildings at OMC

In view of the enhancement of MBBS seats and based on the proposals submitted by the DME for the creation of infrastructure facilities, Administrative sanction was accorded (November 2012) for ₹23.20 crore by the erstwhile Government of Andhra Pradesh for the construction of an Academic Block. After the finalisation of tenders by the TSMSIDC (erstwhile APMSIDC), the work was entrusted to the contractor and an agreement was entered (July 2013) into, with a condition to complete the building in 18 months i.e., January 2016. The work was completed in August 2016 after incurring an expenditure of ₹17.35 crore and handed over to the College authorities in October 2016. Though the building was handed over in October 2016, equipment, furniture for the Library and for Lecture Halls was procured in November 2020, i.e., after four years. The Academic Block was not put to use as of April 2022.



Figures 5.4 & 5.5 - Academic Building at Osmania Medical College (6 April 2022)

Government in its response stated (August 2023) that the Academic block at OMC, Library and Lecture halls had been occupied and put to use from August 2022.

Thus, the expenditure of ₹17.35 crore incurred on the construction of the Academic Block remained unfruitful till August 2022, as the concerned User Department could not use it for long period.

5.10.2 Availability of Infrastructure in Medical Colleges in test checked Districts

As per the provisions of Minimum Standard Requirement Regulations for Medical colleges, 1999, each college/institution should have the provision of a student hostel for at least 60 *per cent* of the total intake of students at a given time. Each hostel room shall not have more than three occupants. The size of the room shall be 9 Sq.mt. /Student. Each student shall be provided with independent and separate furniture which shall include a chair, table, bed and full-size cupboard. Each hostel shall have a Visitors' room and a Study room with Computer & Internet. Both these rooms shall be air-conditioned. There shall be a recreational room having TV, Music, Indoor games and Mess facilities.

Table 5.14 - Availability/ non-availability of facilities in test checked Medical Colleges

Name of facilities	Osmania Medical College	Kakatiya Medical College	Mahabubnagar Medical College
Hostel room	Inadequate	Available	Available
Toilet and bathroom	Available	Available	Available
Recreation	Available	Available	Available
Visitor's Room	Available	Partially available	Available
Kitchen & Dining hall	Available	Available	Available
Pantry	Available	Available	Available
Washing & Ironing Room	Available	Partially available	Available

Source: Information furnished by Medical Colleges

Note: Facilities which are available are shaded in Green, facilities not available or available but not as per norms are shaded in Red colour and where the requisite facility was partially available is shaded in Yellow.

5.11 Construction of Nursing School, Nizamabad and Nursing College, Jagtial

5.11.1 Non-utilisation of the New Nursing School at Nizamabad

For “Construction of New Nursing School at Nizamabad (intake capacity of 240 students), Administrative sanction was accorded (April 2015) for ₹17.85 crore and the work was entrusted and agreement entered (February 2016) into with the contractor for ₹13.06 crore with a condition to complete the work by August 2017. A supplementary agreement was also concluded (June 2017) with the same contractor for ₹1.55 crore for additional quantities and new items of work. The work remained incomplete as of February 2022 in respect of additional items entrusted through supplementary agreement even though an amount of ₹14.44 crore was incurred. The completed Nursing School building (other than the additional items) was not handed over to the user Department till April 2022.



Figure 5.6 - Nursing School, Nizamabad (13 April 2022)

Government in its response (August 2023) stated that the work was completed and the building was taken over by the user Department on 14 June 2022.

Thus, non-utilisation of the buildings till June 2022 resulted in an unfruitful expenditure of ₹14.44 crore besides the intended objective of providing hostel facilities to about 240 Nursing students could not be achieved till June 2022.

5.11.2 Functioning of Nursing College, Jagtial in incomplete building

For the construction of buildings for College, Hostels for B.Sc. (Nursing) College in Area Hospital, Jagtial in erstwhile Karimnagar District, Administrative sanction was accorded (December 2013) by the Government for ₹17.85 crore. The work was entrusted to the contractor for ₹12.21 crore and an agreement was entered into in April 2015 with a condition to complete the work by October 2016. Further, a Supplementary Agreement was entered into (June 2021) with the same contractor for the excess quantities and variations in the agreement for an amount of ₹2.23 crore. However, the work was not completed within the time schedule due to delays in payments, non-availability of sand and due to non-payment of an amount of ₹2.61 crore since July 2019, the contractor stopped the work for more than two years.

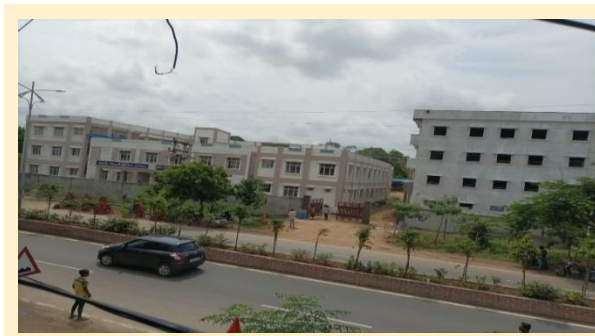


Figure 5.7 - Nursing College, Jagtial (19 September 2022)

Nursing College is functioning since July 2019 in an incomplete building without any provision of hostel facilities for students. Government in its response stated (August 2023), that on allocation of budget, work of hostel building has been restarted and will be completed by August 2023.

5.12 Non-availability and non-maintenance of residential accommodation

As per the desirable conditions relating to residential quarters, all the essential medical and paramedical staff were to be provided with residential accommodation so that they are available to attend to emergencies. Scrutiny of the availability of residential accommodation in the Speciality, DHs revealed that accommodation were not available in any of the Hospitals except DH King Koti, Hyderabad. Even the available quarters in DH King Koti, Hyderabad were not occupied by staff due to pendency of some civil works which were currently in progress.

Government in its response stated (August 2023) that with rise in HRA, functionaries have been showing preference for own/rented accommodation within vicinity of healthcare facilities. Furthermore, the officers on night duty are available in hospital premises itself for catering to emergency services.

5.13 Conclusion

Shortage in the number of Community Health Centres (CHCs), Primary Health Centres (PHCs/UPHCs) and Sub-centres/Basti Dawakhana (SCs) available in the State, as against the prescribed population norms was nearly 69 per cent, 25 per cent and 29 per cent respectively. There were no CHCs in the Districts of Jangaon, Rajanna Sircilla and Hanumakonda. In majority of the Districts, the number of persons who are being served by PHCs and SCs were not as per norms.

Against the requirement of 35,004 beds for the population as per Census 2011, available beds in Government hospitals were only 27,996 beds which resulted in shortage of 7,008 beds. Except for the Districts of Adilabad, Hyderabad and Hanumakonda, shortage of beds was noticed in all the other Districts.

Of the 1,113 Sub-Centre works sanctioned during 2016-22, 331 (30 per cent) have been completed, 454 (41 per cent) are in various stages of completion, 148 (13 per cent) are in the tendering stage and 180 (16 per cent) have not been taken up. TSMSIDC has not maintained a Comprehensive Database of the construction activities since 2019 and as a result, it could not ensure effective monitoring.

The envisaged 50 bedded Integrated AYUSH Hospitals had not materialised in any of the three Districts, viz., Vikarabad, Siddipet and Jayashankar Bhupalpally and the State also lost central funding of ₹7.20 crore.

The Academic building at Osmania Medical College (OMC) constructed and handed over in October 2016 was not put to use as of April 2022, for want of required equipment and furniture. Thus, the expenditure of ₹17.35 crore incurred on the construction remains unfruitful.

The completed Nursing School building at Nizamabad (other than the additional items) was not handed over to the user Department till June 2022, resulting in unfruitful expenditure of ₹14.44 crore. Due to non-completion of the work of Nursing College,

Jagtial, Nursing College is functioning in an incomplete building, since July 2019 and also without providing hostel facilities to the students.

5.14 Recommendations

- Government may take necessary steps for establishment of CHCs, PHCs and SCs as per norms.
- Government may take necessary measures to increase beds in Government hospitals and provide necessary equipment in accordance with IPHS norms in all the health facilities.
- Government may take steps to maintain a holistic realtime database to monitor all construction related activities.
- Government may ensure availability of land, funds and Human Resources while sanctioning new or upgrading existing health facilities.
- Government may take measures to upgrade all PHCs/SCs as HWCs by providing necessary Human Resources and infrastructure as per norms.