

5 Healthcare Infrastructure

5.1 Planning

The State Government formulated the Twelfth Five Year Plan (2012-17) with the main thrust being strengthening the Primary Health Care units, in line with objectives of the National Rural Health Mission (NRHM), as per Indian Public Health Standards (IPHS), in order to enable them to deliver maximum benefits to rural areas. In the Annual Action Plan of 2017-18, the State Government proposed establishment of new medical colleges, construction and strengthening of hospitals and recruitment of doctors and paramedics. Thereafter, the State Government formulated (March 2018) a Vision Document and a three years' Action Plan (2018-21), with the aim of laying the foundation for accelerating sustainable growth in the next decade, *i.e.* by 2030.

The three years' Action Plan emphasised opening of new medical colleges, increasing MBBS seats in the existing medical colleges, establishment of nine five-hundred bedded hospitals, upgradation of the existing health care infrastructure, setting up of a Medico City for developing various health and related facilities in the PPP mode, improving Ambulance Services, increasing the numbers of paramedics and mid-level public health personnel and improving maternal health components of the National Health Mission (NHM). These activities were linked with expected outcomes of improvement in the Infant Mortality Rate (IMR)/ Maternal Mortality rate (MMR), increase in Bed-Population ratio and Doctor-Population ratio, comprehensive ante/post natal care and free of cost institutional delivery to all pregnant women.

Audit noticed shortcomings in the implementation of the Plans, as discussed in the succeeding paragraphs.

5.2 Medical Colleges

The Government of Jharkhand (GoJ) had planned (FY 2016-17) to increase the capacity of the existing medical colleges. Further, the Government of India (GoI) had decided (between February 2014 and February 2018) to open five¹⁷⁸ new medical colleges under the Government Sector. At present, there are six

¹⁷⁸ Phase-I: Dumka, Hazaribag and Palamu, in 2014; Phase-II: Chaibasa and Koderma, in 2018.

State Government Medical Colleges (three old and three newly established during FY 2019-20) in the State. Further, an All India Institute of Medical Sciences (AIIMS) has been established by GoI in Deoghar, under Centrally Sponsored Scheme.

As of March 2022, Six State Medical colleges and one AIIMS (Deoghar) are functional in the State. The list of medical colleges is as under:

Table 5.1: Government Medical colleges in Jharkhand

Sl. No.	Medical College	Governed by State/ GoI	Year of establishment	Intake capacity in UG course as of March 2022	Intake capacity in PG course as of March 2022
1.	RIMS, Ranchi	State Govt.	1960	180	182
2.	SNMMCH, Dhanbad	State Govt.	1977	50	00
3.	MGMMCH, Jamshedpur	State Govt.	1979	100	24
4.	PJMCH, Dumka	State Govt.	2019	100	00
5.	SBMCH, Hazaribag	State Govt.	2019	100	00
6.	MRMCH, Palamu	State Govt.	2019	100	00
7.	AIIMS, Deoghar	GoI	September 2019	125	11

Audit further observed that:

- Rajendra Institute of Medical Sciences (RIMS), Ranchi, has an intake capacity of 180 UG seats and 182 PG seats, under 20 disciplines. It has a teaching hospital with 2,171 sanctioned beds.
- Mahatma Gandhi Memorial Medical College and Hospital (MGMMCH), Jamshedpur and Shaheed Nirmal Mahto Medical College and Hospital (SNMMCH), Dhanbad, each has an intake capacity of 100 and 50 UG seats, respectively, and having teaching hospitals of 500 sanctioned beds each.
- In addition, there are three newly established MCHs, viz. Phulo Jhano Medical College and Hospital (PJMCH), Dumka; Sheikh Bhikhari Medical College and Hospital (SBMCH), Hazaribag and Medinirai Medical College and Hospital (MRMCH), Palamu, with an intake capacity of 100 UG seats each and teaching hospitals of 300 beds each.
- AIIMS, Deoghar has been established by GoI in September 2019 with an intake capacity of 50 UG seats. Subsequently, the UG seats was increased to 125 seats. OPD services in 14 departments were started in August 2021 and increased to 18 departments in 2022-23.

5.2.1 Opening of new Medical Colleges

The three years' Action Plan had envisaged the establishment of three new medical colleges at Dumka, Hazaribag and Medininagar, through upgradation of the existing District Hospitals.

Audit noticed that the State Government had earlier planned setting up of three medical colleges at Dumka, Palamu and Chaibasa, in its Annual Plans for 2010-11 and 2011-12. Subsequently, GoI had approved (between February 2014 and February 2018) the setting up of five medical colleges, at Dumka, Hazaribag, Palamu (now Medininagar), Koderma and Chaibasa, with an annual intake capacity of 100 seats in each college, under Centrally Sponsored Scheme (Establishment of new Medical Colleges attached with existing district/referral hospitals). The total plan outlay was ₹ 1,067 crore¹⁷⁹, which was to be shared in the ratio of 60:40 by GoI and the State. GoI had released (between September 2016 and September 2020) its share of ₹ 640.20 crore to the State. In turn, the State Government had released ₹ 1,203.21 crore, including ₹ 563.01 crore¹⁸⁰, which was payable by the State.

As of August 2022, the State had been able to establish only three medical colleges (Dumka, Hazaribag and Palamu), by upgrading the existing district hospitals. It was, however, seen that though the construction of these three colleges and allied buildings (hospital, hostel, laboratory *etc.*) had started in September 2016, it was still in progress, as of November 2022. The remaining two colleges at Koderma and Chaibasa had not been established, as of October 2022 and construction work for these colleges was in progress, as discussed in the succeeding paragraphs.

Despite receiving approval in February 2018 and GoI releasing its full share of funds, the State Government has not been able to establish two medical colleges (at Koderma and Chaibasa), as of November 2022. The Department while accepting the facts stated (March 2023) that action will be taken for completion and operationalization of the medical colleges.

The findings of Audit, on the availability of infrastructure facilities along with the operational activities of the three test-checked MCHs, *i.e.* RIMS, Ranchi; SNMMCH, Dhanbad and PJMCH, Dumka, are discussed in the following paragraphs.

¹⁷⁹ ₹ 189 crore each for three colleges (Dumka, Hazaribag and Palamu) and ₹ 250 crore each for two colleges (Koderma and Chaibasa).

¹⁸⁰ State share of ₹ 426.80 crore and additional cost of ₹ 136.21 crore. The additional cost arose on account of the revised Schedule of Rates (SoR) and was to be borne by the State Government, in terms of the agreement between GoI and the State Government.

5.2.2 Medical seats

5.2.2.1 Under Graduate (UG) seats

The State Government, in its Annual Plan of 2016-17, had planned addition of 200 UG seats¹⁸¹, to the existing 350 UG seats, through strengthening of the existing medical colleges. Further, it had fixed targets, in its three years' Action Plan (2018-21), to add another 300 MBBS (UG) seats during 2018-20, through establishment of three new medical colleges. The Annual Action Plan for 2021-22 also envisaged that the total number of MBBS seats would be 830, with the establishment of two new medical colleges, at Koderma and Chaibasa.

As discussed above, the State Government had planned to enhance the total number of UG seats to 830, by March 2022. However, it was noticed that:

- In the Patliputra Medical College and Hospital (PMCH)¹⁸², Dhanbad, 50 UG seats were reduced (June 2017), from the existing 100 seats, due to lack of faculty, residents and nursing staff and absence of infrastructural facilities. These constraints and the reduced number of seats had continued till the 2021-22 session.
- In the Mahatma Gandhi Memorial Medical College and Hospital (MGMMCH), Jamshedpur, 50 UG seats were reduced, from the existing 100 seats for the academic year 2019-20, due to shortage of faculty, residents and clinical material.
- In the Rajendra Institute of Medical Sciences (RIMS), Ranchi, 30 UG seats were approved (June 2019) by GoI, for the Economically Weaker Section (EWS).
- Only 300 UG seats could be added through the establishment (August 2019) of three out of the planned five new medical colleges.

Thus, the State Government had been able to enhance the number of UG seats to only 630, instead of the planned 830, by March 2022. This has been discussed in detail in the succeeding paragraphs. The Department accepted (March 2023) the facts and stated that the targets will be achieved after operationalisation of Koderma and Chaibasa MCH.

5.2.2.2 Increase of UG seats

The Government of Jharkhand had approved a plan (FY 2016-17) to strengthen the existing MCHs and make efforts to increase the UG seats to 150 each at MGMMCH, Jamshedpur and SNMMCH, Dhanbad, along with 250 seats at RIMS, Ranchi, by creating the required infrastructure & recruiting Faculty,

¹⁸¹ RIMS, Ranchi: 250 from existing 150, PMCH, Dhanbad: 150 from 100 and MGMCH, Jamshedpur: 150 from 100.

¹⁸² The PMCH was renamed as the Shaheed Nirmal Mahto Medical College and Hospital *w.e.f.* September 2020.

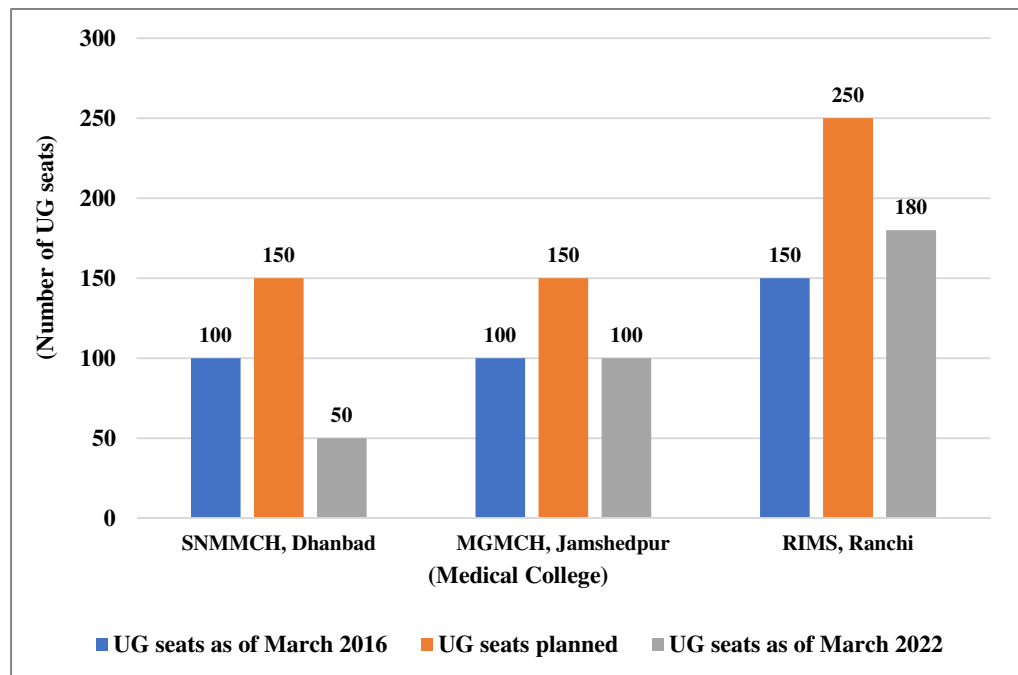
Nursing Staff, Paramedical & other support staff. The position of UG seats in these colleges is given in **Table 5.2** and **Chart 5.1**:

Table 5.2: Shortfall of UG seats

MCH	UG seats (as of March 2016)	UG seats planned	UG seats (as of March 2022)
SNMMCH, Dhanbad	100	150	50
MGMMCH, Jamshedpur	100	150	100
RIMS, Ranchi	150	250	180
Total	350	550	330

(Source: Data/information provided by the test-checked units)

Chart 5.1: Status of UG seats



As can be seen from **Table 5.2** and **Chart 5.1**, the intake capacity of the colleges could not be increased, as per the approved plan.

Audit further noticed that, in RIMS, Ranchi, a plan had been prepared (March 2016) for increasing the UG seats from 150 to 250. This plan was to be implemented on 60:40 cost sharing basis, between GoI and GoJ. For this purpose, ₹ 90.95 crore (Central share: ₹ 54.57 crore and State share: ₹ 36.38 crore) had been made available to the Management of RIMS, during January 2019 to January 2021.

Out of the available funds, ₹ 40 crore was spent on construction of an academic block¹⁸³, while the remaining amount of ₹ 50.95 crore was lying unspent in the Personal Ledger Account of RIMS, as of October 2022. As per the gap analysis, carried out by the RIMS Administration, there was a shortage of 31 faculty

¹⁸³ Academic block, consisting of library, five lecture theatres, three examination halls and one 500-bedded girl's hostel.

members, 79 technical/ paramedical staff, 309 nursing staff, 19 administrative and 23 fourth grade officials, compared to the MCI norms, against which posts were to be created/sanctioned.

Audit observed that the proposal for creation of new posts had been approved by the RIMS Governing Body (January 2021) and sent to the Department in March 2021, for approval. However, the proposal had not been approved by the Department as of March 2022 and, therefore, appointments could not be made.

Thus, the UG seats of RIMS, Ranchi, could not be increased, which adversely affected the availability of doctors in Jharkhand. In reply (March 2023), the Department accepted the audit observation.

5.2.2.3 Post Graduate seats in existing colleges

In the Annual Plan of 2016-17, the State Government planned to create necessary infrastructure and appoint manpower to start Post Graduate (PG) courses in SNMMCH (erstwhile PMCH), Dhanbad and MGMMCH, Jamshedpur.

The Government had not been able to start PG courses at SNMMCH, Dhanbad till March 2022 as discussed below.

5.2.2.4 Creation of PG seats in SNMMCH (erstwhile PMCH)

Audit observed that, for strengthening and upgrading of State Government MCHs, GoI had approved (FY 2011-12) a plan of ₹ 18.15 crore¹⁸⁴ for starting new PG courses in SNMMCH, Dhanbad, with an intake of 49 seats, in 17 disciplines¹⁸⁵, of which ₹ 13.61 crore (75 per cent) was to be provided by GoI and ₹ 4.54 crore (25 per cent) by GoJ. Against the plan outlay of ₹ 18.15 crore¹⁸⁶, an amount of ₹ 14.34 crore¹⁸⁷ had been released (February 2012 to June 2017) to SNMMCH, Dhanbad, which had kept the amount in a savings bank account, on which interest of ₹ 3.57 crore had been earned (upto March 2022). Against the available funds of ₹ 17.91 crore, including interest, ₹ 6.31 crore¹⁸⁸ had been utilised on purchase of equipment, infrastructural development, payment of inspection fees to MCI etc., while the balance amount of ₹ 11.60 crore was lying in the bank account (as of March 2022).

However, MCI had, during inspection, noticed (January and May 2019) acute shortage of faculty, resident doctors, nursing staff and accommodation of nurses in SNMMCH. Further, acute shortage of equipment in the casualty and

¹⁸⁴ Central share: ₹ 13.61 crore and State share: ₹ 4.54 crore.

¹⁸⁵ Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Preventive and Social Medicine, Medicine, Skin, Pediatrics, Surgery, Orthopaedics, Anaesthesia, Obstetrics and Gynaecology, Ear, Nose and Throat, Ophthalmology and Forensic Medicine and Toxicology.

¹⁸⁶ Central share: ₹ 13.61 crore and State share: ₹ 4.54 crore.

¹⁸⁷ Central share: ₹ 9.80 crore and State share: ₹ 4.54 crore

¹⁸⁸ Central share: ₹ 5.23 crore and State share: ₹ 1.08 crore

radiology departments were also noticed. Thus, MCI had not accepted its proposal for starting PG courses in any discipline. Failure to achieve the intended objective of the plan had resulted in non-addition of even a single PG seat in SMNNCH, Dhanbad, during FYs 2016-17 to 2021-22.

The Department accepted the facts and stated (March 2023) that action is being taken to obtain approval from NMC.

5.2.2.5 Utilisation of UG and PG seats in medical colleges

The number of seats sanctioned by the National Medical Commission (NMC) (erstwhile Medical Council of India), in all the six MCHs, under UG and PG courses and their utilisation during FYs 2016-17 to 2021-22, is given in **Table 5.3**.

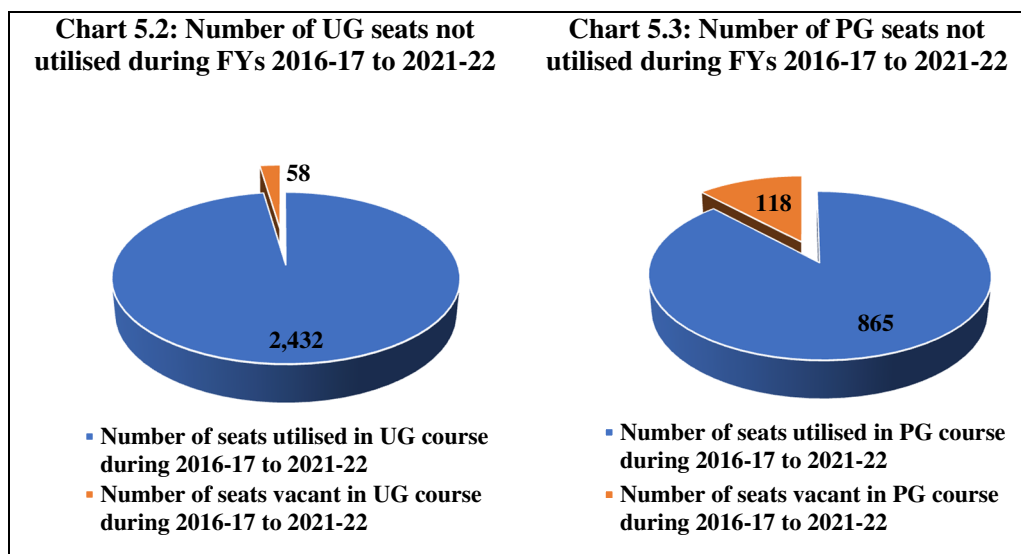
Table 5.3: Details of sanctioned UG and PG seats and their utilisation

Financial Year	Medical Institution	UG Courses			PG Courses		
		No. of seats sanctioned	No. of seats utilised	No. of seats vacant	No. of seats sanctioned	No. of seats utilised	No. of seats vacant
2016-17	SNMMCH, Dhanbad	100	78	22	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	82	18	11	07	04
	RIMS, Ranchi	150	150	Nil	119	98	21
2017-18	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	98	02	11	06	05
	RIMS, Ranchi	150	150	Nil	130	126	04
2018-19	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	100	Nil	11	11	Nil
	RIMS, Ranchi	150	150	Nil	129	109	20
2019-20	SNMMCH, Dhanbad	50	47	03	Nil	Nil	Nil
	MGMMCH, Jamshedpur	50	50	Nil	11	05	06
	RIMS, Ranchi	180	180	Nil	153	132	21
	PJMCH, Dumka	100	96	04	Nil	Nil	Nil
	SBMCH, Hazaribag	100	100	Nil	Nil	Nil	Nil
	MRMCH, Palamu	100	92	08	Nil	Nil	Nil
2020-21 ¹⁸⁹	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	100	Nil	11	09	02
	RIMS, Ranchi	180	180	Nil	182	167	15
2021-22	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	99	01	33	24	09
	RIMS, Ranchi	180	180	Nil	182	171	11
	PJMCH, Dumka	100	100	Nil	Nil	Nil	Nil
	SBMCH, Hazaribag	100	100	Nil	Nil	Nil	Nil
	MRMCH, Palamu	100	100	Nil	Nil	Nil	Nil
Total		2,490	2,432	58	983	865	118

(Source: Data/information provided by the test-checked units)

¹⁸⁹ NMC did not permit renewal of UG seats in the three newly established colleges, in the financial year 2020-21.

From **Table 5.3**, **Chart 5.2** & **Chart 5.3**, it can be seen that 58 UG seats (2 per cent) and 118 PG seats (12 per cent) could not be utilised during FYs 2016-17 to 2021-22.



5.2.2.6 Utilisation of intake capacity in functional AYUSH educational institutions

There were two AYUSH Educational Institutions (AEIs) in the State. Their annual sanctioned intake capacity and the actual utilisation of the sanctioned seats, during 2016 to 2021, is given in **Table 5.4**.

Table 5.4: Utilisation of intake capacity in AYUSH colleges

Year	State Homeopathic Medical College & Hospital, Godda (UG Course)			State Ayurvedic Pharmacy College, Sahibganj (D-Pharma Ayurvedic Course)		
	Sanctioned seats	Utilisation	Vacant (per cent)	Sanctioned seats	Utilisation	Vacant (per cent)
2016	50	45	05 (10)	30	00	30 (100)
2017	50	36	14 (28)	30	25	05 (17)
2018	50	39	11 (22)	30	00	30 (100)
2019	70	53	17 (24)	30	00	30 (100)
2020	63	58	05 (08)	30	19	11 (37)
2021	63	50	13 (21)	30	21	09 (30)
Total	346	281	65 (19)	180	65	115 (64)

(Source: Information furnished by the test-checked colleges)

Colour code: Red = Extremely Poor (utilisation ≤ 50%), Yellow = poor (utilization < 90 % but > 50 %), Green = Satisfactory (utilisation ≥ 90%)

It can be seen from **Table 5.4** that 65 seats (19 per cent) in the Homeopathic College and 115 seats (64 per cent) in the Ayurvedic Pharmacy College were not utilised, during 2016 to 2021.

Audit further noticed that the seats had remained vacant in the Ayurvedic Pharmacy College, as the District and State Level Admission Screening Committees had not been constituted in time. Non-utilisation of sanctioned seats

had an adverse effect on the availability of AYUSH personnel in the State. The Department accepted the facts and stated (March 2023) that action is being taken to recruit/engage human resources.

5.2.2.7 Rural and Urban health training centres

As per MCI/NMC norms, every medical college is to have three PHCs/Rural Health Training Centres (RHTCs) and an Urban Health Training Centre (UHTC), for training of students in community oriented primary health care and rural based health education, for the rural community attached to it. Further, as per revised NMC norms (October 2020), every medical college is to have one RHTC affiliated to it. This RHTC is either to be owned by the college or to be affiliated to a Government owned Health Center. If it is the latter, the academic control is to vest with the Dean/ Principal of the College, for training of students and interns.

Details of the RHTCs and UHTCs, under the three test-checked MCHs and Hospitals, along with their manpower, has been shown in **Table 5.5**.

Table 5.5: Manpower in RHTCs and UHTCs along with vacancies, as of March 2022

Name of MCH	Number of training centres		SS		PIP		Vacancy (in per cent)	
	RHTC	UHTC	RHTC	UHTC	RHTC	UHTC	RHTC	UHTC
SNMMCH, Dhanbad	1 ¹⁹⁰	1 ¹⁹¹	13	13	8	6	5 (38)	7 (54)
PJMCH, Dumka	1 ¹⁹²	1 ¹⁹³	13	16	0	0	13 (100)	16 (100)
RIMS, Ranchi	1 ¹⁹⁴	1 ¹⁹⁵	13	13	7	5	6 (46)	8 (62)

It can be seen from **Table 5.5** that, in SNMMCH, Dhanbad, one RHTC and UHTC each, had been attached under the Preventive and Social Medicine (PSM) Department. Similarly, in PJMCH, Dumka and RIMS, Ranchi, one RHTC and UHTC each, had been attached to the PSM Department. Further, the vacancy position ranged from 38 to 100 *per cent* in the RHTCs and 54 to 100 *per cent* in the UHTCs, in the test-checked MCHs. Thus, the large number of vacancies in the RHTCs and the UHTCs, adversely affected the training of students in community oriented primary health care.

Further, joint physical verification (October 2022) revealed that the building of RHTC, Ormanjhi, was in a dilapidated condition, as shown in **photographs 5.1** and **5.2**.

¹⁹⁰ PHC, Govindpur.

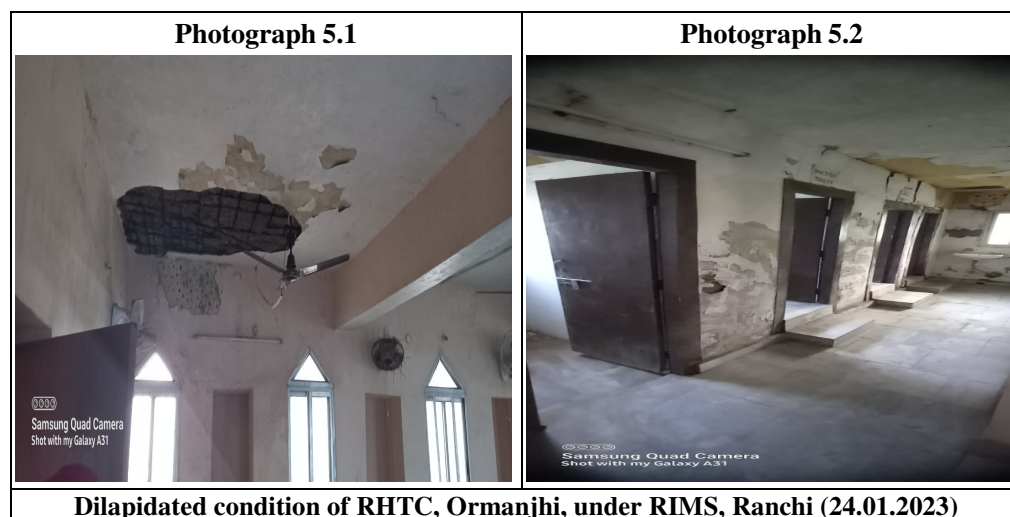
¹⁹¹ PHC, Dhanbad.

¹⁹² PHC, Gando.

¹⁹³ PHC, Rasikpur.

¹⁹⁴ RHTC, Ormanjhi.

¹⁹⁵ Urban CHC, Doranda.



Also, there was no security arrangement and the residential buildings were found to have been encroached. As such, UG Students could not stay at RHTC, Ormanjhi (RIMS, Ranchi), during their mandatory field posting.

Though the condition of RHTC, Ormanjhi, had been highlighted in Paragraph No. 1.2.8.4 of the Audit Report of the Comptroller and Auditor General of India for the year ended 31 March 2010-Government of Jharkhand, there has been no significant improvement in the infrastructure/functioning of RHTC, Ormanjhi, as of October 2022.

MCI/ NMC regulations prescribe teaching of 200 hours (including eight weeks' posting of three hours duration of each day) in Community Medicine, for the students of 5th to 7th semesters. Since the centres of PJMCH, Dumka, were defunct, due to 100 *per cent* vacancies, students of the 5th semester onwards were deprived of training in Community medicine, as envisaged. The Department did not furnish replies to the audit observation.

5.2.2.8 MCI inspections

As per the provisions of Article 26 (1) (b) & (c) of NMC Act, 2019, the medical assessment and rating board under NMC was to grant permission for establishment of new medical institutions, or to start any PG course or to increase the number of seats. It was also to carry out inspections of medical institutions for assessing and rating such institutions in accordance with the regulations made under this Act.

Audit noticed that a proposal for establishment of MCH, Dumka, with intake capacity of 100 UG seats, had been sent to MCI, in July 2018. Physical assessment of the institution was carried out by MCI in December 2018, in which deficiencies, in regard to the position of faculty and residents, bed occupancy, OPD attendance, physical infrastructure, blood bank, casualty, OT *etc.*, had been pointed out. On these grounds, MCI had refused to grant (May 2019) permission for setting up MCH, Dumka.

Against this, the State Government moved the Hon'ble Supreme Court of India (August 2019). Subsequently, on intervention by the Hon'ble Supreme Court, GoI permitted (August 2019) the establishment of MCH, Dumka, with the condition that deficiencies would be rectified within three months. NMC carried out a subsequent inspection in November 2019, to consider renewal of permission for the academic year 2020-21. Again, NMC pointed out 39 deficiencies, mainly regarding position of faculty, residents, nursing staff, bed occupancy and blood bank.

Due to non-removal of deficiencies, NMC decided (October 2020) not to grant permission for the second batch of admissions, for the academic year 2020-21. Subsequently, though the deficiencies had continued to persist, NMC granted approval for the second batch, with an intake capacity of 100 UG seats, for the academic year 2021-22, on the basis of an affidavit submitted by the Principal of the College. However, these deficiencies were still persisting in the institution, as of July 2022. Non-rectification of the deficiencies pointed out by NMC may further jeopardise approvals for subsequent batches. The Department did not furnish replies to the audit observation.

5.3 Doctor-Population Ratio

The World Health Organisation (WHO) recommends a Doctor-Population ratio of 1:1000. The three years' Action Plan envisaged improvement in the Doctor-Population ratio, with construction of new hospitals.

Audit noticed that 5,069 doctors (Allopathy stream) were registered with the Jharkhand Medical Council (JMC), as of March 2016. This number increased to 5,911 doctors, as of March 2022. Based on the district-wise decadal growth as per Census 2011, Audit worked out the population of Jharkhand to be 3.69 crore in 2016 and 4.22 crore in 2022. Based on this population, the Doctor-Population ratio of 1:7,280, in 2016, had slightly improved to 1:7,139, in 2022.

Thus, though the Doctor-Population ratio had improved in the State during 2016-22, it was still far below the norms recommended by WHO. The Department accepted the facts and stated (March 2023) that action has been initiated for opening new Medical Colleges.

5.4 Five hundred bedded hospitals

The three years' Action Plan had envisaged establishment of nine¹⁹⁶ 500-bedded hospitals, including six hospitals with existing¹⁹⁷ or proposed medical colleges.

Audit noticed that, out of the planned nine hospitals, although construction of the hospital building at Ranchi, had commenced in October 2007, it was still in

¹⁹⁶ Bokaro, Chaibasa, Dumka, Jamshedpur, Hazaribag, Saraikela Kharsawan, Koderma, Medininagar and Ranchi.

¹⁹⁷ Dumka, Hazaribag, Jamshedpur and Medininagar.

progress as of August 2022. Construction of seven¹⁹⁸ hospitals and allied buildings¹⁹⁹ had been sanctioned (between March 2011 and January 2019) at a cost of ₹ 2,701.03 crore. Thereafter, construction work had been started (between February 2012 and July 2019) at the agreed cost of ₹ 2,514.83 crore, with the stipulated dates of completion falling between February 2014 and January 2022. However, the progress of work was very slow, with physical achievement ranging between eight and 50 *per cent*, as of August 2022, with an expenditure of ₹ 620.48 crore. The building for the proposed hospital at Bokaro was yet to be sanctioned.

Thus, the State Government had not been able to set up any of the hospitals, as planned, due to abnormal delays in the construction of buildings. The Department accepted the facts and stated (March 2023) that the Sadar hospital building at Ranchi has now been completed and funds have been released for purchase of equipment and engagement of contractual personnel. It was further stated that instructions would be issued to JSBCCL for early completion of the other hospitals.

5.5 Dialysis Centre

The Pradhan Mantri National Dialysis Programme (PMNDP) was launched (April 2016) with the objective of providing free of cost dialysis services to all Below Poverty Line (BPL) patients at District Hospitals (DHs). Dialysis services were to be provided under the NHM, through the Public Private Partnership (PPP) mode. State Governments were responsible for providing space for the dialysis units in DHs, drugs, power and water supply. The service provider was to provide human resources, dialysis machine, RO water plant, dialyzer and consumables.

Audit noticed that:

- In the first phase, the State Government had approved (May 2016) the setting up of Dialysis Centres in eight²⁰⁰ districts, on the PPP mode. Five dialysis machines were to be set up in each Centre. An agreement was executed (June 2016) with the Agency²⁰¹, to set up the centres within six months of signing the contract, *i.e.* by December 2016. Dialysis facilities were to be provided at the rate of ₹1,047.70 per case. Further, the Director-in-Chief, Health Services, had approved (August 2018) increase in the

¹⁹⁸ Chaibasa, Dumka, Hazaribag, Jamshedpur, Koderma, Saraikela Kharsawan and Medininagar.

¹⁹⁹ College, hospital, hostel *etc.*

²⁰⁰ Bokaro, Chaibasa, Dhanbad, Dumka, Gumla (replaced with Simdega in May 2017 due to non-availability of space at Gumla), Hazaribag, Jamshedpur and Palamu.

²⁰¹ DCDC Health Services Private Limited, New Delhi.

number of installed dialysis machines/beds to 10 from five in four²⁰² out of the eight districts.

It was, however, seen that the first such Centre could be started only at MGM, Jamshedpur, from February 2017. In the other seven districts, the centres had been started (between November 2017 and July 2020) with delays ranging from 10 to 39 months, due to delays on the part of hospital authorities in providing space, three-phase electric connections and water connections.

- In the second phase, the State Government had sanctioned (June 2018) the establishment of Dialysis Centres in the remaining 16 districts, for which an agreement was executed (September 2019) with an Agency²⁰³. The facilities were to be provided at the rate of ₹ 1,206 per case. It was, however, seen that the agreement did not mention any timeline for setting up of the Centres.

The envisaged Dialysis Centres could be set up, within six months (up to March 2020), in only four²⁰⁴ out of 16 districts. In 10 districts, the process of setting up had taken (between August 2020 and June 2022) 11 to 33 months, whereas in the remaining two districts (Khunti and Sahibganj), the Centres could not be set up, despite the lapse of 37 months, as of October 2022. The delay was attributed mainly to the failure of the hospital authorities to provide space, three-phase electric connections and water connections, for setting up the centres.

Thus, due to delayed or non-setting up of Dialysis Centres in the districts, the objective of PMNDP *i.e.*, providing free of cost or low cost dialysis facilities to needy patients, was defeated. The Department, while accepting the facts stated (March 2023) that the Dialysis centre at Sahibganj has been started and the same will be operationalized in Khunti very soon.

5.6 Bed capacity in District Hospitals

The three years' Action Plan envisaged improvement in the Bed-Population ratio. IPHS prescribes that the total bed requirement of a District Hospital (DH) should be based on the population of the district and assesses the bed requirement on the assumption of the annual rate of admission as 1 per 50 population and the average length of stay in a hospital as five days. Audit noticed that there was shortage of 5,546 beds (60 *per cent*) in 23 DHs²⁰⁵ as shown in **Table 5.6** and **Chart 5.4**. District-wise shortage of beds are given in **Appendix 5.1**.

²⁰² Bokaro, Dumka, Hazaribag and Jamshedpur.

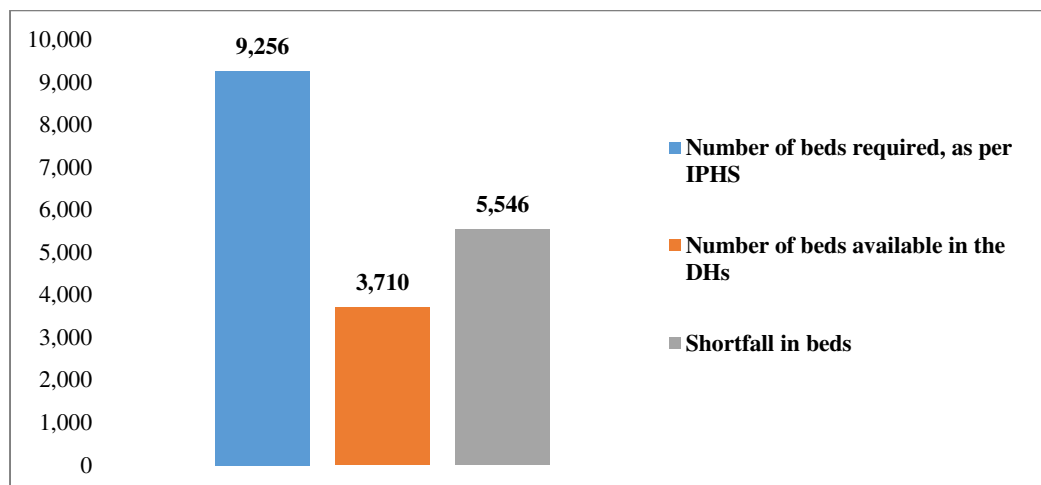
²⁰³ M/s ESKAG Sanjivani Private Limited.

²⁰⁴ Deoghar, Jamtara, Koderma and Saraikela Kharsawan.

²⁰⁵ Dhanbad has no DH. Further, the beds in the DHs at Dumka, Hazaribag and Palamu, now attached with newly established medical colleges, have been considered as available beds.

Table 5.6: Shortage of Beds in DHs, as of March 2022

Year	Population ²⁰⁶	Number of beds available in the DHs	Number of beds required, as per IPHS	Shortfall in beds (<i>per cent</i>)
2022	4,22,30,131	3,710	9,256	5,546 (60)

Chart 5.4: Status of availability of beds in DHs, as of March 2022


In the five test-checked DHs, there were 700 beds (47 *per cent*) against the requirement of 1,503 beds, as of March 2022, with shortages ranging between 19 and 74 *per cent*, as shown in **Table 5.7**.

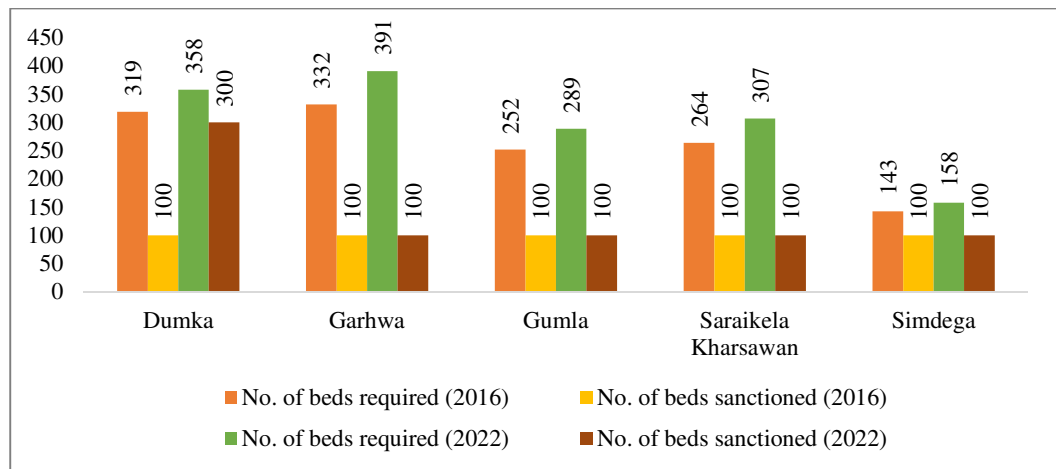
Table 5.7: Shortage of Beds in the test-checked DHs, as of March 2022

Sl. No.	District	2016				2022			
		Projected population	Number of beds sanctioned	Numbers of beds required	Shortage of beds (<i>per cent</i>)	Projected population	Number of beds sanctioned	Number of bed required	Shortage of beds (<i>per cent</i>)
1	Dumka	14,54,312	100	319	219 (69)	16,32,019	300	358	58 (16)
2	Garhwa	15,15,969	100	332	232 (70)	17,86,029	100	391	291 (74)
3	Gumla	11,50,282	100	252	152 (60)	13,19,981	100	289	189 (65)
4	Saraikela-Kharsawan	12,04,967	100	264	164 (62)	13,99,848	100	307	207 (67)
5	Simdega	6,51,278	100	143	43 (30)	7,18,898	100	158	58 (37)
Total		59,76,808	500	1310	810 (62)	68,56,775	700	1503	803 (53)

It can be seen from **Table 5.7** and **Chart 5.5** that shortage of beds, in the test-checked districts, ranged between 30 and 70 *per cent* and 16 and 74 *per cent*, respectively, during 2016-17 and 2021-22. The Department could increase the bed capacity, from 100 to 300, only in DH, Dumka.

²⁰⁶ Worked out by Audit, based on the State's decadal growth, as per Census 2011

Chart 5.5: Requirement of beds, as per population norms, during FY 2016 and FY 2022



Thus, the Department could not create adequate number of beds in DHs, commensurate with the increase in population, for providing access to quality secondary health care services, as per IPHS. The Department, while accepting the facts, stated (March 2023) that it had planned to construct 500 bedded hospital buildings at nine places in the first phase. Construction of Sadar Hospital building at Ranchi was almost completed and seven other buildings were under construction. After their completion, position of beds will improve.

5.7 Primary Healthcare facilities

The State Government, in its Twelfth Five Year Plan (2012-17), had focused on strengthening the primary healthcare facilities, *i.e.* Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs), in order to deliver maximum benefits to rural areas. The Vision Document had also envisaged narrowing the gaps in the required number of healthcare facilities in rural areas, by adding new PHCs and CHCs every year.

As per IPHS, HSCs being the most peripheral and first point of contact with the community, there was to be one HSC for every 5,000 population in plain areas and 3,000 population in tribal/ hilly areas. PHC, being the first port of call to a qualified doctor in rural areas, were to cover a population of 20,000 in hilly/tribal/difficult areas and a population of 30,000 in plain areas. PHC were to act as referral units for six HSCs and could refer out cases to CHCs and higher level public hospitals, located at the sub-district and district level.

Community Health Centres (CHCs)²⁰⁷, constituting the First Referral Units (FRUs), are designed to provide referral health care, for cases referred from PHCs, and for cases in need of specialist care, approaching the Centre directly.

²⁰⁷ A CHC is a 30-bedded hospital, providing specialist care in Medicine, Obstetrics and Gynaecology, Surgery, Paediatrics and AYUSH.

Four PHCs are included under each CHC and, thus, cater to a population of approximately 80,000 in tribal/hilly/desert areas and a population of 1,20,000 in plain areas.

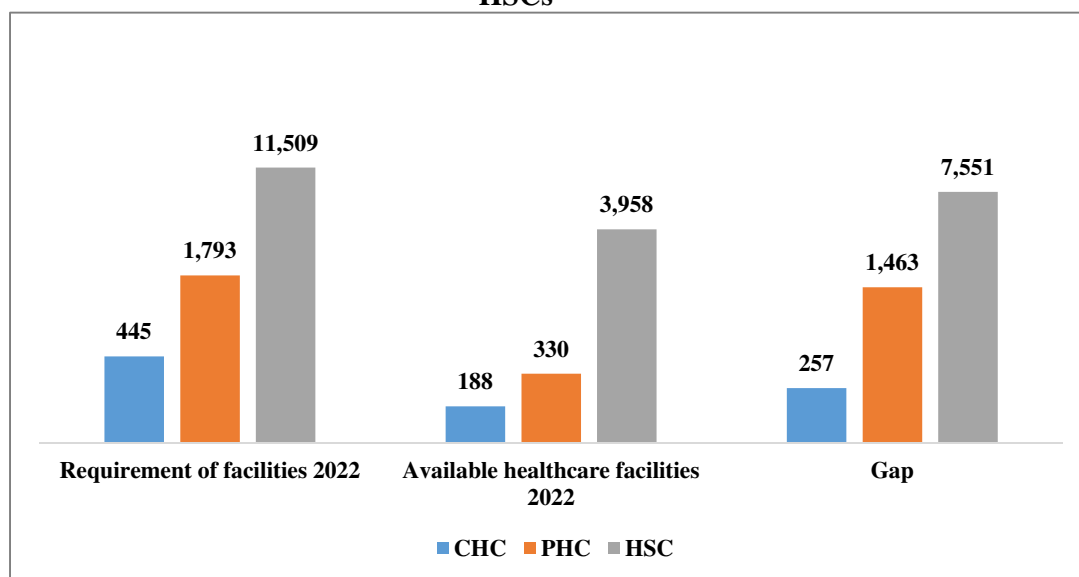
Considering the projected population of tribal²⁰⁸ and non-tribal districts in Jharkhand, gaps between requirement and availability of CHCs/PHCs/HSCs in the State, during 2016-22, are given in **Table 5.8**. District-wise shortage of primary healthcare facilities, as of March 2022, has been given in **Appendix 5.2**.

Table 5.8: Gap between the availability and requirement of primary healthcare facilities

Unit	2016				2022			
	Projected population	Requirement of facilities	Available healthcare facilities	Gap (per cent)	Projected population	Requirement of facilities	Available healthcare facilities	Gap (per cent)
1	2	3	4	5 (3-4)	6	7	8	9 (7-8)
CHC	3,68,76,857	391	188	203 (52)	4,22,30,131	445	188	257 (58)
PHC		1,563	330	1,233 (79)		1,793	330	1,463 (82)
HSC		10,048	3,958	6,090 (61)		11,509	3,958	7,551 (66)

It can be seen from **Table 5.8** that the gap between the requirement and availability of healthcare facilities in the State, such as CHCs, PHCs and HSCs, increased from 52, 79 and 61 *per cent*, respectively, in 2016 and to 58, 82 and 66 *per cent*, respectively, in 2022. Gap between the requirement and availability of CHCs, PHCs and HSCs, are shown in **Chart 5.6**.

Chart 5.6: Gap between requirement and availability of CHCs, PHCs and HSCs



The district-wise number of CHCs, PHCs and HSCs, available against the projected population (2022), is given in **Table 5.9**.

²⁰⁸ There are thirteen tribal districts in the State out of 24 districts which are covered under tribal sub-plan as per administrative guideline on Integrated Tribal Development Agency (ITDA) issued by the Department of Welfare, GoJ.

Table 5.9: District-wise number of people per CHC, PHC and HSC

District	Projected population (2022)	No. of CHCs	No. of people per CHC	No. of PHCs	No. of people per PHC	No. of HSCs	No. of people per HSC
Bokaro	24,55,287	7	3,50,755	16	1,53,455	116	21,166
Chatra	14,27,459	10	1,42,746	8	1,78,432	97	14,716
Deoghar	20,21,426	7	2,88,775	7	2,88,775	181	11,168
Dumka	16,32,019	9	1,81,335	34	48,001	258	6,326
Jamtara	9,93,171	3	3,31,057	15	66,211	132	7,524
Dhanbad	30,55,480	7	4,36,497	28	1,09,124	135	22,633
E Singhbhum	27,13,378	8	3,39,172	18	1,50,743	242	11,212
Garhwa	17,86,029	13	1,37,387	11	1,62,366	111	16,090
Giridih	33,23,786	11	3,02,162	15	2,21,586	180	18,465
Godda	17,22,494	6	2,87,082	15	1,14,833	195	8,833
Simdega	7,18,898	6	1,19,816	7	1,02,700	155	4,638
Gumla	13,19,981	10	1,31,998	13	1,01,537	242	5,454
Hazaribag	22,94,774	10	2,29,477	14	1,63,912	149	15,401
Ramgarh	10,95,253	3	3,65,084	5	2,19,051	54	20,282
Koderma	10,20,645	3	3,40,215	5	2,04,129	65	15,702
Lohardaga	6,16,985	4	1,54,246	10	61,699	73	8,452
Pakur	12,19,678	5	2,43,936	9	1,35,520	121	10,080
Palamu	25,65,265	11	2,33,206	21	1,22,155	172	14,914
Latehar	9,98,083	6	1,66,347	10	99,808	101	9,882
Ranchi	37,80,021	14	2,70,001	29	1,30,346	394	9,594
Khunti	6,73,722	5	1,34,744	3	2,24,574	108	6,238
Sahibganj	14,92,835	8	1,86,604	10	1,49,283	141	10,587
Saraikela-Kharsawan	13,99,848	7	1,99,978	12	1,16,654	194	7,216
W Singhbhum	19,01,591	15	1,26,773	15	1,26,773	342	5,560

(Source: Data provided by the Department)

Colour code: Green denotes–Poor, Yellow denotes–Very Poor and Red denotes–Extremely poor.

It can be seen from **Table 5.9** that while Dhanbad had the highest number of people dependent per CHC and HSC, Deoghar had the highest number of people dependent per PHC.

Audit further noticed that:

- Five CHCs, out of the 14 test-checked CHCs, had six to 11 beds, against the prescribed 30 beds.
- Six²⁰⁹ CHCs, out of 13 existing CHCs, were not functional in the test-checked Garhwa district.
- The building of one PHC (Bilingbera, Gumla), out of the 13 test-checked PHCs, had been completely damaged and the PHC had not been functional since the last 15 years. The manpower of the PHC had been attached with CHC, Palkot.
- Nine HSCs, out of 28 HSCs, under the test-checked CHC, Manjhiaon, of Garhwa district were also not functional.

²⁰⁹ Chiniyan, Dandai, Kandi, Kharoundee, Ramkanda and Ramna.

Thus, not all HSCs, PHCs and CHCs, reported as being functional, as per departmental records, were actually functional. The Department accepted (March 2023) the facts.

5.8 Establishment of Medico City

The State Government had planned to set up a Medico City at Itki, Ranchi, in its Annual Action Plan of 2016-17 and, subsequently, in the three years' Action Plan (2018-21). Under the Medico City, a Medical College, a Super Speciality Hospital, Nursing and Paramedical Teaching Institutes, were to be established under the PPP mode.

Audit noticed that the State Government had made budget provisions totaling ₹ 21.05 crore, during the FYs 2016-17 to 2020-21. Against this amount, only ₹ 1.10 crore could be spent, as of March 2021. Audit could not assess the present status of the proposed Medico City, as the required information was not provided to Audit by the Department, despite requisition. The Department accepted the facts and stated (March 2023) that, as the proposed project at Itki was not viable, it is now proposed to be set up in the Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke campus. It was further stated that process for approval is in progress at the Department level.

5.9 District Mental Health Programme

The District Mental Health Programme (DMHP) was launched under the National Mental Health Programme in 1996. The main objective of the DMHP was to provide Community Mental Health Services and integration of mental health services with general health services, at different levels of the district healthcare delivery system, through decentralisation of specialised Mental Hospital based care. Under the Programme, District Mental Health Centres (DMHCs) were to be established.

GoI had sanctioned DMHCs in three districts²¹⁰, during 2004-05 to 2007-08. Subsequently, the State Government had planned to establish DMHCs in the remaining 21 districts, during FYs 2016-17 to 2019-20. However, only six²¹¹ posts were sanctioned for each district, against the required eight posts, as per the DMHP guidelines issued (June 2015) by GoI. Further, DMHCs were functional only in four²¹² out of 24 districts, as of March 2022. In the remaining 20 districts, DMHCs were not functional, due to non-recruitment of the required human resources. The Department stated (July 2022) that recruitment could not be done, in view of finalisation of domicile issues and reservation policy in the State.

²¹⁰ Palamu, Dumka and Gumla.

²¹¹ Psychiatrist-1, Clinical Psychologist-1, Psychiatric Nurse -1, Psychiatric Social Worker-1, Case Registry Assistant-1, Nursing Orderly-1.

²¹² Dumka, East Singhbhum, Gumla and Palamu.

Thus, the intended objective of providing mental health services, at the district level, as also specialised Mental Hospital based care, could not be achieved in 20 districts of the State.

Recommendation: State Government may take steps to establish new medical colleges and increase UG/PG seats in existing medical colleges. State Government may also enhance bed capacity in the DHs and minimize gaps in primary health care facilities.

5.10 Healthcare Infrastructure

Health-infrastructure is an essential pillar of the healthcare system. To deliver quality healthcare services in the public healthcare facilities, adequate and properly maintained building infrastructure is of critical importance.

The State had 4,514 public healthcare facilities, comprising of Health Sub-Centres (HSCs); Primary Health Centres (PHCs); Community Health Centres (CHCs), Sub-Divisional Hospitals (SDHs); District Hospital (DHs) and Medical Colleges and Hospitals (MCHs), as of April 2016. The status of the buildings of these healthcare facilities, as of April 2016 and March 2022, is given in **Table 5.10**.

Table 5.10: Status of building infrastructure of healthcare facilities in Jharkhand

(In numbers)

Description of Hospital	Sanctioned healthcare facilities as of April 2016				Sanctioned healthcare facilities as of March 2022			
	Position as on April 2016	Number of facilities running in			Position as of March 2022	Number of facilities running in		
		Own Building (Govt.)	Rent free	Rented Building		Own Building (Govt.)	Rent free	Rented Building
HSC	3,958	2,170	735	1,053	3,958	2,422	691	845
PHC	330	185	124	21	330	234	87	9
CHC	188	188	0	0	188	188	0	0
SDH	12	12	0	0	12	12	0	0
DH	23	23	0	0	21	21	0	0
MCH	3	3	0	0	6	6	0	0
Total	4,514	2,581	859	1,074	4,515	2,883	778	854

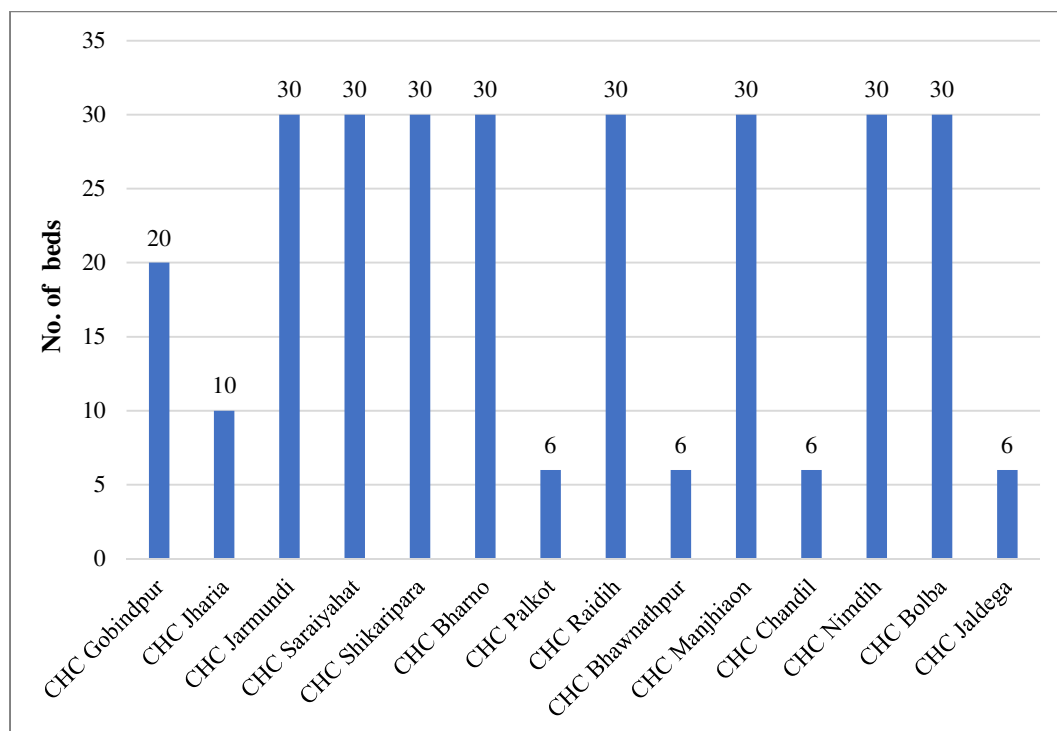
(Source: Data provided by Mission Director, National Health Mission, Jharkhand)

It can be seen from **Table 5.10** that CHCs, SDHs, DHs and MCHs, were functioning in Government buildings. However, 1,788 HSCs and 145 PHCs, were housed in non-Government buildings, as of March 2016. Of these, 252 HSCs (14 per cent) and 49 PHCs (34 per cent) could be shifted to Government buildings during FYs 2016-17 to 2021-22. The remaining 1,536 HSCs and 96 PHCs were still running in non-Government buildings, as of March 2022. This included 263 out of 1,085 HSCs and 17 out of 86 PHCs, running in non-Government buildings, in the six test-checked districts.

Audit further noticed that:

- Six²¹³ (43 per cent) out of the 14 test-checked CHCs were running in old PHC buildings, with bed capacities ranging between six and 20 (Chart 5.7), though CHCs were required to have a bed capacity of 30, as per IPHS norms.

Chart 5.7: Availability of beds in test-checked CHCs, as of March 2022



- As per IPHS norms, PHCs were required to have a bed capacity of six. It was seen that three²¹⁴ (23 per cent) out of the 13 test-checked PHCs did not have beds whereas three²¹⁵ PHCs were running with five beds.
- The District Rural Health Society (DRHS), Garhwa, had received (between June 2019 and May 2020) ₹ 4.19 crore, under NHM, for construction of 10 HSC buildings and was required to transfer the funds to the Building Construction Division, Garhwa, for construction work. However, DRHS, Garhwa, diverted (May and June 2021) the funds to eight CHCs and DH, Garhwa, for implementing the NHM programme. The CS-cum-CMO accepted (June 2022) the diversion and stated that funds for construction of the Health Sub-Centre would be made available to the Building Construction Division, Garhwa, after receipt of funds for the NHM programme.

²¹³ (1) Bhawnathpur: 6 beds (2) Chandil: 6 beds (3) Govindpur: 20 beds (4) Jaldega: 6 beds (5) Jharia: 10 beds and (6) Palkot: 06 beds.

²¹⁴ Chutiyaro, Bhaga and Bilingbera.

²¹⁵ Kandi, Arangi and Raikinari.

5.10.1 Creation of infrastructure

The Jharkhand State Building Construction Corporation Limited (JSBCCL) has been entrusted (November 2015) with the responsibility of construction of buildings costing more than ₹ three crore. JSBCCL had taken up 137 building works, related to healthcare facilities, at a cost of ₹ 4,509.95 crore, during FYs 2016-17 to 2021-22. The sanctioned costs and physical progress of these works, as of August 2022, are given in **Table 5.11**.

Table 5.11: Works undertaken during FYs 2016-17 to 2021-22

Financial Year	Number of works taken up	Sanctioned cost (₹ in crore)	Complete		Incomplete/ under progress	
			No.	Expenditure (₹ in crore)	No.	Expenditure (₹ in crore)
Prior to 2016-17	237	1,133.46	218	646.95	19	262.93
2016-17	14	914.01	9	24.05	5	736.61
2017-18	75	669.39	65	286.68	10	201.30
2018-19	18	162.58	12	82.94	6	56.10
2019-20	20	2,678.42	4	36.47	16	556.23
2020-21	5	57.52	3	27.95	2	0
2021-22	5	28.03	0	0	5	5.03
Total	374	5,643.41	311	1,105.04	63	1,818.20

It can be seen from **Table 5.11** that, out of 374 works, 311 works (83 per cent) had been completed and 63 works, including seven works, with stipulated dates of completion beyond August 2022, had remained incomplete. These works had remained incomplete either due to non-commencement of construction works, due to non-availability of land, or due to delays in complying with construction formalities, as was seen in the test-check of 28 works, sanctioned at a cost of ₹ 1,691 crore, as discussed in the succeeding paragraphs.

5.10.2 Construction of Medical Colleges at Koderma and Chaibasa

Construction of buildings for Medical Colleges and Hospitals, at Koderma and Chaibasa, were administratively approved (January 2019) for ₹ 642.78 crore²¹⁶, by the Department. The projects were approved for ₹ 500 crore (₹ 250 crore each), as a Centrally Sponsored Scheme (Establishment of new Medical Colleges attached with existing district/referral hospitals) with GoI share of ₹ 300 crore and State share of ₹ 200 crore. The works were awarded (July 2019) to a contractor, at an agreed cost of ₹ 653.61 crore²¹⁷, with the stipulated date of completion being January 2022.

The contractor could not complete the works by January 2022 and it was seen that the physical progress of works, as of August 2022, was eight per cent

²¹⁶ Koderma: ₹ 328.42 crore and Chaibasa: ₹ 314.36 crore.

²¹⁷ Koderma: ₹ 319.47 crore and Chaibasa: ₹ 334.14 crore.

(Chaibasa) and 12 *per cent* (Koderma), with the expenditure incurred thereon being ₹ 47 crore²¹⁸. The contractor had received (between August 2019 and December 2019) interest-bearing Mobilisation Advance (MA) of ₹ 53.01 crore²¹⁹, against Bank Guarantees (BGs) of ₹ 65.36 crore²²⁰. MA of ₹ 6.64 crore²²¹ had been recovered from RA bills of the contractor (April 2022) and ₹ 49.02 crore²²² was recovered (June 2022) by forfeiting the BGs. Thus, a total of ₹ 55.66 crore was recovered which included ₹ 53.01 crore of MA and ₹ 2.65 crore²²³ towards interest. Meanwhile, the work at Chaibasa was terminated in August 2022. Audit, however, noticed that:

- JSBCCL did not raise any demand with the contractor, for the remaining dues of ₹ 89.15 crore²²⁴, in regard to the contract of Chaibasa, after termination, as per the terms and conditions of the contract. As calculated by Audit, the outstanding dues included ₹ 5.35 crore as interest on MA, liquidated damages (LD) of ₹ 33.41 crore and additional cost of ₹ 64.09 crore, for completing the remaining work, as per the terms of the contract.
- Further, against the contract of Koderma, JSBCCL had also not realised ₹ 7.05 crore as interest on MA and LD of ₹ 31.95 crore from the contractor, on account of slow progress of work.

Thus, JSBCCL had not realised ₹ 128.15 crore from the defaulting contractor, as of August 2022.

On being pointed out (August 2022), the Executive Director, JSBCCL, stated (September 2022) that LD would be realised if extension of time is not granted to the contractor, in regard to the work at Koderma. The reply is not convincing, as it was seen that the Contractor had not applied for extension of time, as of August 2022, though any such request was to be made within the stipulated date of completion (January 2022), along with the revised work programme. The Department accepted the facts and stated (March 2023) that action will be taken for completion and operationalization of the medical colleges.

²¹⁸ Koderma: ₹ 33.22 crore and Chaibasa: ₹ 13.78 crore.

²¹⁹ Koderma: ₹ 27.95 crore and Chaibasa: ₹ 25.06 crore.

²²⁰ Koderma: ₹ 31.95 crore and Chaibasa: ₹ 33.41 crore.

²²¹ Koderma: ₹ 4.72 crore and Chaibasa: ₹ 1.92 crore

²²² Koderma: ₹ 23.96 crore and Chaibasa: ₹ 25.06 crore

²²³ Koderma: ₹ 0.73 crore and Chaibasa: ₹ 1.92 crore

²²⁴ Recoverable amount from the contractor as per clause 60.1 of SBD, on termination of agreement:

Value of work completed: ₹ 13.70 crore

Less: MA due : NIL

Less: Interest on MA: ₹ 5.35 crore

Less: Liquidated damage: ₹ 33.41 crore

Less: 20 *per cent* of work not completed: ₹ 64.09 crore

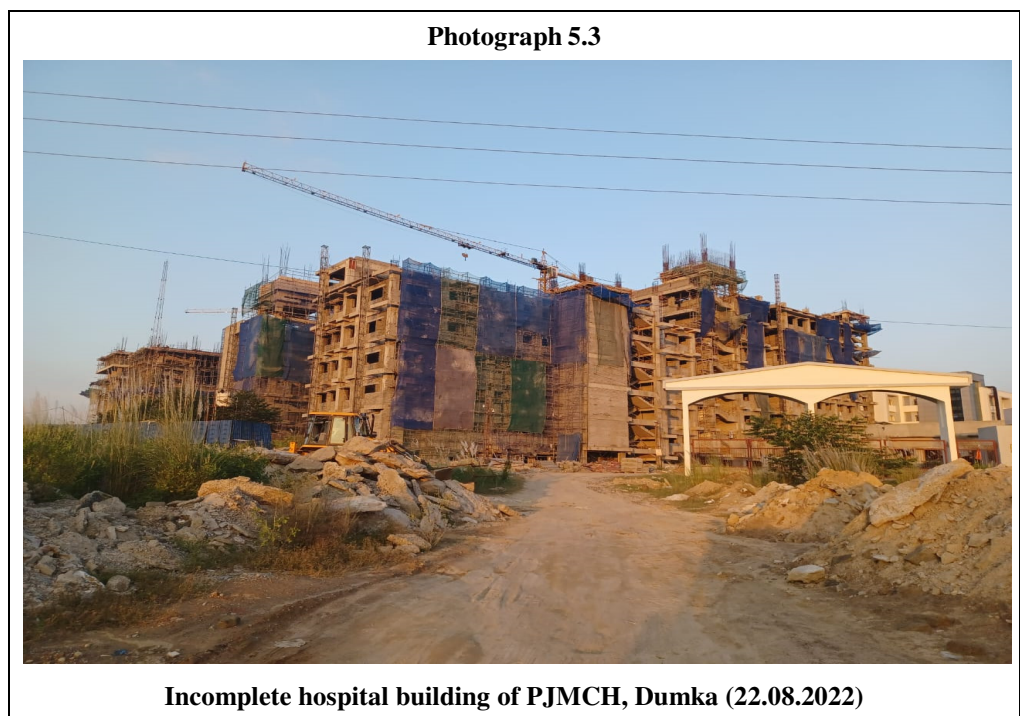
Total: (-) ₹ 89.15 crore

(Work not completed = agreed cost of ₹ 334.14 crore less completed work of ₹ 13.70 crore = ₹ 320.44 crore)

5.10.3 Construction of Phulo Jhano Medical College and Hospital, Dumka

The Phulo Jhano Medical College and Hospital (PJMCH), Dumka, was a newly established (August 2019) institution, with the district hospital being upgraded to a 300-bedded hospital and temporarily declared as a teaching hospital, to which end, it required a new infrastructure setup. For this purpose, two projects, viz. ‘Construction of medical college building’ and ‘Construction of 500-bedded hospital building’, were sanctioned at a cost of ₹ 293.89 crore and ₹ 484.58 crore, in September 2016 and December 2017, respectively.

Work for construction of the College building was awarded (January 2017) to an agency at a cost of ₹ 215.07 crore, with the stipulated date of completion being July 2019. The work was almost complete at a cost of ₹ 245.53 crore (as of August 2022) and the building so constructed was being used for academic purposes. Construction of the 500-bedded hospital building was awarded (March 2019) to another agency, at a cost of ₹ 442.45 crore, with the stipulated date of completion being November 2021. However, the physical progress of work was only around 35 *per cent*, with the expenditure being ₹ 125.95 crore, as of August 2022. The incomplete hospital building is shown in the **photograph 5.3**.



Due to non-completion of hospital building in time, the district hospital was still being utilised as the teaching hospital of the MCH. The Department, while confirming the facts, stated (March 2023) that action will be taken for early completion of PJMCH, Dumka.

5.10.4 Saheed Nirmal Mahto Medical College and Hospital, Dhanbad

For strengthening and upgrading of SNMMCH, Dhanbad, for the PG programme, construction of five buildings²²⁵ was sanctioned for an amount of ₹ 35.36 crore, as detailed in *Appendix 5.3*. The buildings were completed at a cost of ₹ 41.19 crore and were handed over (between September 2018 and December 2021) to the Hospital. However, MCI/ NMC did not sanction the seats as other deficiencies, such as, shortage of faculty and Resident doctors, as well as absence of equipment and nurses accommodation within the campus, persisted, as pointed out (January 2019) by the NMC.

5.10.5 Construction of 500-bedded hospital building at Saraikela Kharsawan

Construction of a 500-bedded hospital building, at Saraikela Kharsawan, was technically sanctioned (November 2010), for an amount of ₹ 184.30 crore, by the Chief Engineer (Engineering Cell) of the Department. The Department had accorded (March 2011) Administrative Approval (AA) of ₹ 153.96 crore, excluding the cost of equipment, which was valued at ₹ 30.34 crore. The hospital was to be constructed, based on the design and drawings of the 500-bedded Sadar Hospital, Ranchi.

An agreement for ₹142.88 crore was executed (February 2012) with the agency²²⁶, by the Executive Engineer, Kolhan Division, Chaibasa, with the scheduled date of completion being February 2014, which was subsequently extended upto December 2017. The work was later on transferred to JSBCCL, after its formation in November 2015. The work had, however, not been completed, as of August 2022, and the Department directed (June 2022) JSBCCL to close the agreement. The contractor, *i.e.* National Building Construction Corporation Limited (NBCC Ltd.), had been paid ₹103.74 crore, till June 2019.

Audit noticed that the Department had proposed (March 2011) to convert the proposed hospital at Saraikela Kharsawan, into a Medical College, in view of the scarcity of medical colleges and hospitals in Jharkhand. Construction of the Hospital at Saraikela Kharsawan was taken up as per the design and drawing of the 500-bedded Sadar Hospital, Ranchi, as per the direction given in the AA. However, the estimates of Sadar Hospital, Ranchi, had been framed for a normal Hospital. Further, the site condition of Ranchi and Saraikela Kharsawan was different. The site at Saraikela Kharsawan was on a hillock, with very steep

²²⁵ (1) Extension of General Medicine & Paediatrics Part A for PG programme, (2) Extension of General Medicine & Paediatrics Part B for PG programme, (3) Extension of Gynaecology Department for PG programme, (4) Extension of Surgery, Anaesthesia, ENT & Eye Department for PG programme and (5) Construction of PG boys & girls hostel.

²²⁶ NBCC Ltd.

topography. Hence, a specific DPR for the Saraikela Kharsawan hospital was required, after award of work to the contractor. As such, a consultant (M/s Arch-en Design) was engaged by the Department (August 2012), for preparation of the revised DPR of the project.

The Consultant submitted (between September 2013 and May 2017) revised drawings and DPR for the work, valued at ₹ 383.06 crore, adding new works²²⁷ and with changes in the scope of ongoing works. The NBCC Ltd. repeatedly requested (between May 2017 and February 2020) JSBCCL and the Department, to revise the agreed scope of work, as per the revised DPR, submitted by the Consultant. However, the Department did not approve the changes and constituted a Committee (December 2019), under DIC, Health Services for review of the revised DPR. The committee did not submit any report in this regard.

Subsequently, the Department constituted (February 2021) a new committee under the Chairmanship of Principal (Mahatma Gandhi Memorial Medical College, Jamshedpur), and requested (December 2021) JSBCCL to prepare the DPR, based on the report furnished by the new committee. For the purpose, JSBCCL engaged (March 2022) a new consultant, to prepare the DPR of the remaining work, after cancellation (March 2022) of the agreement with the existing consultant. Meanwhile, the Department ordered (June 2022) closure of the agreement of work. Audit, however, noticed that final measurement had not been taken, as of October 2022, despite receipt of DPR from the new consultant (September 2022).

Thus, commencement of work at Saraikela Kharsawan, on the basis of the site conditions of Ranchi and further abnormal delays in finalisation of changes in the scope of work, led to non-completion of the hospital building for more than 10 years after its sanction, in addition to unfruitful expenditure of ₹ 103.74 crore on the incomplete hospital building. This also defeated the objective of the Government to augment teaching facilities for medical education in the State of Jharkhand. The Department confirmed the facts and stated (March 2023) that the contract for construction of the 500 bedded hospital building at Saraikela Kharsawan had been rescinded and action is being taken to invite fresh tender.

5.10.6 Unfruitful expenditure of ₹ 5.48 crore on Construction of CHC, Lalpania

The Department administratively approved (February 2014) construction of a 30-bedded CHC at Lalpania (Tenughat), Bokaro, at a cost of ₹ 5.74 crore. The Executive Engineer, North Chotanagpur Division, Hazaribag, executed

²²⁷ Horticulture and landscaping, low voltage system work, solar system work, equipment (Central Sterile Supply Department, laundry, kitchen and mortuary), modular OT, medical gas pipeline system, pneumatic tube system.

(October 2014) an agreement for ₹ 6.27 crore with a contractor, for completion of work by February 2016, which was later extended up to March 2017. The work was later on transferred (November 2015) to JSBCCL. The work was incomplete, as of July 2022, after payment of ₹ 5.48 crore (till March 2022) to the contractor.

Audit observed that the site could not be handed over to the contractor till October 2015. Further, only the location of quarters for doctors, paramedics and fourth grade staff and common hall, had been shown in the approved drawings/map and the site for the main CHC building itself had not been earmarked. Audit noticed that the EE had intimated (November 2016) JSBCCL that the construction of the main CHC building had been objected to by the local people, as it was on the banks of an existing pond and the district administration had also instructed preservation of the pond during construction work. The EE had requested the Managing Director, JSBCCL, to prepare a revised Detailed Project Report (DPR), on the basis of the available land, for construction of the main CHC building. A revised DPR was submitted (February 2019) by the consultant²²⁸, for construction of the CHC building, without affecting the pond. On the basis of the building plan submitted by the consultant and approved by the JSBCCL, the contractor was directed to re-start the work in October 2020. On completion of work upto roof slab of ground floor of the CHC building, JSBCCL directed (November 2021) the EE to take final measurement of the partially completed building and close the agreement. Expenditure of ₹ 5.48 crore had been incurred on construction of the incomplete CHC, till the time of closure of work. JSBCCL prepared and technically sanctioned (June 2022) another revised DPR of ₹ 13.40 crore for the project, in regard to which the revised AA had not been provided by the Department (as of June 2022). The deficiencies in the original estimate and changes in the structural drawing of the CHC building, from 'load bearing' to 'frame structure', were cited as the main reasons for the revised DPR. The work had not been started (as of August 2022).

Thus, award/commencement of construction work, without earmarking the site for the main CHC building and failure to resolve the issues, raised by the local people, in time, deficiencies in the original estimates and changes in the structural design of the CHC building after its completion upto ground level led to non-completion of the CHC, in addition to unfruitful expenditure of ₹ 5.48 crore. The Department while confirming the facts stated (March 2023) that action is being taken to complete the CHC building at Lalpania.

²²⁸ The Creator

5.10.7 Idle expenditure of ₹ 30.18 crore on construction of 100-bedded Hospital at Hansdiha, Dumka

The Department had administratively approved (January 2017) construction of a 100-bedded hospital at Hansdiha, under Dumka district, for ₹ 31.59 crore. An agreement for work, valued at ₹ 25.11 crore, was executed (May 2017) by the EE, JSBCCL, Santhal Pargana Division, Dumka, with a contractor. The work was to be completed by May 2019 (later extended up to April 2020). The work was completed in April 2020, at a cost of ₹ 30.18 crore and handed over (November 2020) to the Civil Surgeon, Dumka. Audit noticed that expenditure of ₹ 35.04 lakh had been incurred on purchase and installation of DG set, electrification *etc.* for the hospital. However, during joint physical verification (22 August 2022), the hospital building (**Photograph 5.4**) was found to be non-functional as shown in **photograph 5.5**.

Photograph 5.4



Completed Hospital building at Hansdiha, Dumka (22.08.2022)

Photograph 5.5



Idle equipment in the Hospital building at Hansdiha, Dumka (22.08.2022)

It was stated that the hospital had not started functioning, as manpower has not been sanctioned by the Department.

Thus, the completed hospital building, with beds and other medical equipment, remained idle, after expenditure of ₹ 30.53 crore had been incurred. The Department accepted the facts and stated (March 2023) that action is being taken to operate Hansdiha hospital as a satellite hospital of AIIMS, Deoghar. For this, a report has been requested (March 2023) from Director, AIIMS, Deoghar.

5.10.8 Unfruitful expenditure of ₹ 99.73 lakh, due to construction of PHC at an ineligible site

Construction of PHC, Phularitand, Baghmara, in Dhanbad district, was administratively approved (May 2015) for ₹ 2.36 crore, by the Department. An agreement for work, valued at ₹ 2.12 crore, was executed (March 2018) by the EE, JSBCCL, North Chotanagpur Division, Hazaribag, with a contractor, with the stipulation that the work be completed by May 2019.

Audit noticed that the site for construction of the PHC had been changed (August 2018) to Targa, instead of Phularitand, by the Department, on the recommendation (June 2018) of JSBCCL. However, the construction work was stopped (January 2019), on the directions of the Department, after incurring expenditure of ₹ 99.73 lakh (till final measurement in October 2020), as the site was not found eligible²²⁹ by the Department, for establishment of a PHC, as per IPHS norms. Thereafter, the Department directed (September 2020) JSBCCL to convert the incomplete building into a trauma centre. An architect was also engaged (October 2020), for preparing the DPR for the trauma centre. However, construction of the trauma centre had not been started, as of August 2022, due to delay in preparation of the DPR.

Thus, award of work/commencement of construction, without adhering to IPHS norms, led to unfruitful expenditure of ₹ 99.73 lakh. The Department confirmed the facts and stated (March 2023) that JSBCCL has been instructed to submit revised estimates as per current SOR.

5.10.9 Irregular retention of Government money, for 2.5 years to 5.5 years

The Department transferred ₹ 33.66 crore, to JSBCCL, during FYs 2016-17 to 2019-20, for construction of 11 PHC buildings, one CHC building and three residential quarters (girls hostel, doctor's residence and nurses/ paramedics residence), at the *Rajkiye* Ayurvedic Medical College & Hospital at Chaibasa. These works were sanctioned for a total amount of ₹ 40.39 crore, during January 2013 to March 2017 (*Appendix 5.4*).

²²⁹ Reasons for not finding the site eligible were not stated by the Department, in its order.

However, the works had not been started, as of August 2022, due to non-availability of land. Thus, release of funds, without ensuring availability of land for construction, led to blocking of ₹ 33.66 crore, with JSBCCL, for 2.5 years to 5.5 years.

5.11 Health care infrastructure for COVID-19

5.11.1 Establishment of Special Labs in newly created medical colleges

Keeping in view the COVID-19 pandemic, and considering the fact that the tendering process would take time, the Health, Medical Education and Family Welfare Department (the Department), GoJ, relaxed the Financial Rules and nominated (May 2020) the PanIIT Alumni Reach for Jharkhand (PReJHA) Foundation, to set-up PCR based testing laboratories, at three²³⁰ new Medical Colleges and Hospitals (MCHs), at the rate of ₹ 2.50 crore per laboratory, excluding GST. PReJHA was required to set up laboratories, within three to four weeks from the date of the MoU (May 2020), with the Jharkhand Medical Health Infrastructure Development and Procurement Corporation Limited (JMHDPCCL). As per the MoU, PReJHA was also to select an Indian Council of Medical Research (ICMR) approved Diagnostic partner, for carrying out COVID-19 tests. The Department further nominated (April 2021) PReJHA, for setting up similar laboratories, in seven districts²³¹.

Audit observed that PReJHA had set up laboratories in the three MCHs and had started conducting RT-PCR tests between July 2020 and October 2020.

Further, as of September 2022, district laboratories were ready at five districts²³² but could not be made functional, due to non-empanelment of any Diagnostic partner, for which PReJHA had demanded funds from JMHDPCCL. In the remaining two districts (Gumla and Deoghar), though PReJHA had procured all lab equipment, setting up of labs was delayed, as the district administration had not handed over (September 2022) the buildings.

Thus, district laboratories could not be started during the COVID period and the district authorities were forced to send the collected samples to other districts wherein such labs were already in existence. This resulted in delays in getting test results. Thus, the purposes for which the expenditure had been incurred, were not achieved, due to delay in establishment of the labs. The Department, while confirming the facts, stated (March 2023) that action will be taken to ensure that the labs are functional and labs at Gumla and Deoghar would be set up.

²³⁰ Sheikh Bhikhari Medical College and Hospital, Hazaribag; Phulo Jhano Medical College and Hospital, Dumka and Medinirai Medical College and Hospital, Palamu.

²³¹ Bokaro, Chaibasa, Deoghar, Godda, Gumla, Jamshedpur and Ranchi.

²³² Bokaro, Chaibasa, Godda, Jamshedpur and Ranchi.

5.11.2 Establishment/ strengthening of RT-PCR Labs

For establishment/strengthening of the existing RT-PCR labs in the 24 districts, ₹ 7.20 crore (₹ 30 lakh for each district) was released (August 2021), by GoI, under ECRP-II. Out of this, ₹ 5.10 crore (₹ 30 lakh each) was released (February 2022) by JRHMS, to 13 districts, for establishment of RT-PCR labs, as well as to four MCHs (₹ 30 lakh each), for strengthening of their existing RT-PCR labs.

Audit noticed that the CS-cum-CMOs of three²³³ of the test-checked districts, had invited (between March and July 2022) tenders after more than four months of the receipt of funds. The tenders had not been finalised, as of October 2022. Further, MCH, Dhanbad, had utilised (July 2021 to February 2022) funds amounting to ₹ 24.51 lakh, for clearing past liabilities related to consumables purchased by the Microbiology Department.

Thus, the RT-PCR laboratories could not be set up when they were most required, *i.e.* during the COVID pandemic, even though more than 12 months had lapsed since the release of funds by GoI. The Department, while confirming the facts, stated (March 2023) that action will be taken to make the labs functional.

5.11.3 Augmentation of PICU beds

As per the Guidance Note of Emergency COVID Response Package (ECRP)-II, States were to augment the ICU beds at Medical Colleges, DHs, SDHs, CHCs *etc.*, duly reserving 20 *per cent* for Paediatric Intensive Care Unit (PICU) beds. The indicative cost per PICU bed was ₹ 16.85 lakh.

Audit observed that GoJ had submitted (July and August 2021) proposal for augmentation of 480 PICU beds, in DHs, to GoI. GoI had approved (August 2021) ₹ 80.88 crore for the purpose. No proposal had been submitted for medical colleges, SDHs and CHCs. Audit further observed that ₹ 79.34 crore had been released (February 2022) to the JMHPCL, for PICU Beds, but no expenditure had been incurred, as of September 2022. Thus, despite the availability of funds, PICU beds had not been augmented in DHs.

Further, in four out of the six test-checked districts, 188 ICU beds²³⁴, specifically for COVID-19 ICU Wards, had been set up from funds provided under Corporate Social Responsibility (CSR), District Mineral Foundation Trust (DMFT) and NHM, during FY 2021-22. However, during joint physical verification (May 2022), oxygen pipelines in the COVID-19 ICU Ward at DH, Garhwa, were found damaged. It was also seen that ICU beds had not been put

²³³ Garhwa, Saraikela Kharsawan and Simdega.

²³⁴ Dhanbad (122), Garhwa (06), Gumla (10), and Simdega (50).

to use at DH, Simdega, due to shortage of doctors, staff nurses and trained personnel.

5.11.4 Augmentation of additional beds by provision of Pre-fabricated Units

As per the Guidance Note of ECRP-II, support was provided to increase the non-ICU beds at HSCs, PHCs and CHCs, through setting up of Pre-fabricated structures. These beds were to be Oxygen supported, using either Oxygen Concentrators, Oxygen Cylinders or other Oxygen sources. At HSCs and PHCs, six-bedded units were to be established, at the maximum cost of ₹ 9.83 lakh per unit. At CHCs, 20-bedded units were to be established, at the maximum cost of ₹ 35 lakh per unit. GoI had approved (August 2021) ₹ 96.08 crore for establishment of 852 (HSC: 682, PHC: 121 and CHCs: 49) Pre-fabricated units, with the condition that the facilities be made functional, within three months.

Audit observed that JRHMS had released (February 2022) ₹ 114.29 crore (for prefab unit and 50/100 bedded field hospital), to JMHIDPCL, for establishment of the Pre-fabricated units at HSCs, PHCs and CHCs. However, no action in this regard, had been taken, as of September 2022, and the funds had remained unutilised. Thus, augmentation of beds, as envisaged, could not be achieved at the primary level, despite the availability of funds.

5.11.5 Liquid Medical Oxygen with Medical Gas Pipeline System

As per the Guidance Notes of ECRP-II, the State may provide Liquid Medical Oxygen Plant (LMO), with Medical Gas Pipeline System (MGPS), to public healthcare facilities, where the oxygen source is tied-up or available through Pressure Swing Adsorption (PSA) plants.

Audit observed that ₹ 30.40 crore had been released (February 2022), by the Department, to JMHIDPCL, for establishment of the said System in 38 hospitals (CHCs, SDHs, DHs and MCHs) in the State. However, the systems had not been installed as of September 2022, and these funds were lying unutilised.

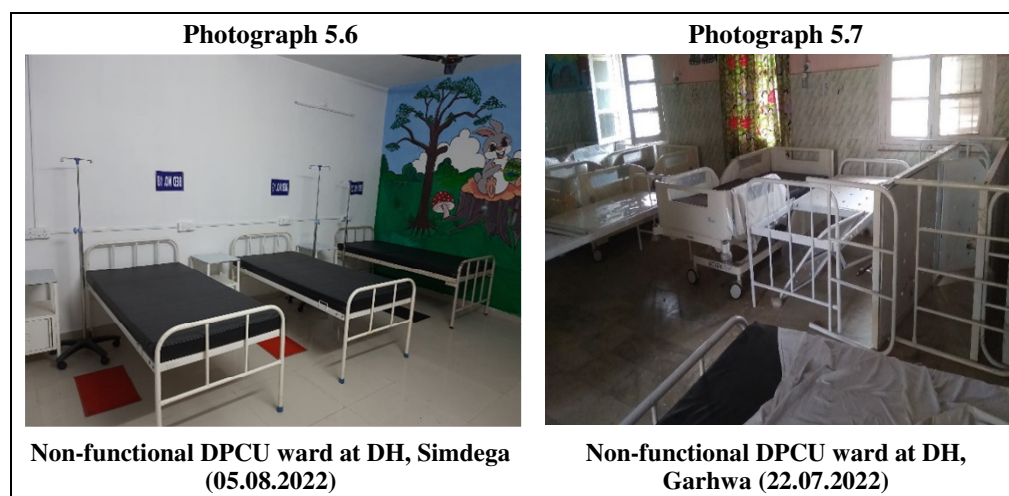
5.11.6 Establishment of Paediatric Centre of Excellence

A Centre of Excellence (CoE) for Paediatric Care was to be established at the State level, at any MCH, for providing Tele-ICU, mentoring and technical hand-holding, to district paediatric units. GoI approved (August 2021) and released ₹ 2.73 crore for establishment of the CoE at the Rajendra Institute of Medical Science (RIMS), Ranchi.

Audit, however, observed that the envisaged CoE for Paediatric care had not been established, despite availability of funds with JRHMS.

5.11.7 Establishment of dedicated Paediatric care units

As per the ECRP-II Guidance Note, each district should have at least one Dedicated Paediatric Care Unit (DPCU), with 42 oxygen supported beds, drugs and equipment. Audit noticed that a 27-bedded DPCU ward, had been established, (December 2021) at the cost of ₹ 34.02 lakh, in DH, Simdega, from DMFT funds. In DH, Garhwa, a DPCU had been established (July 2021), at the cost of ₹ 5.53 lakh, but remained non-functional, as of September 2022, due to non-availability of doctors, nurses and paramedics and power back-up. The non-functional DPCUs at DHs, Simdega and Garhwa, are shown in the photographs below:



5.11.8 Establishment of Pressure Swing Adsorption (PSA) Oxygen Plant

Pressure Swing Adsorption²³⁵ (PSA) oxygen generating plants are a source of medical-grade oxygen. For distribution of oxygen produced from PSA plants, oxygen can either be piped directly from the oxygen tank to wards, or further compressed to fill oxygen cylinders via a supplemental booster compressor and a cylinder filling ramp/manifold. The staff, needed to operate and maintain PSA plants, require specialised training. Strict maintenance schedules are also needed, to prevent malfunctions in the PSA plants.

In the State, 72 PSA (PM CARES: 38 and CSR: 34) plants were to be installed. The PSA plants, received under PM CARES, had been installed, during FY 2021-22, by the Defence Research and Development Organisation (DRDO), in the State.

Audit observed that, in the six test-checked districts, 16 PSA plants (PM CARES: 8, CSR: 4, DMFT: 3 and NITI Aayog: 1) had been installed (between

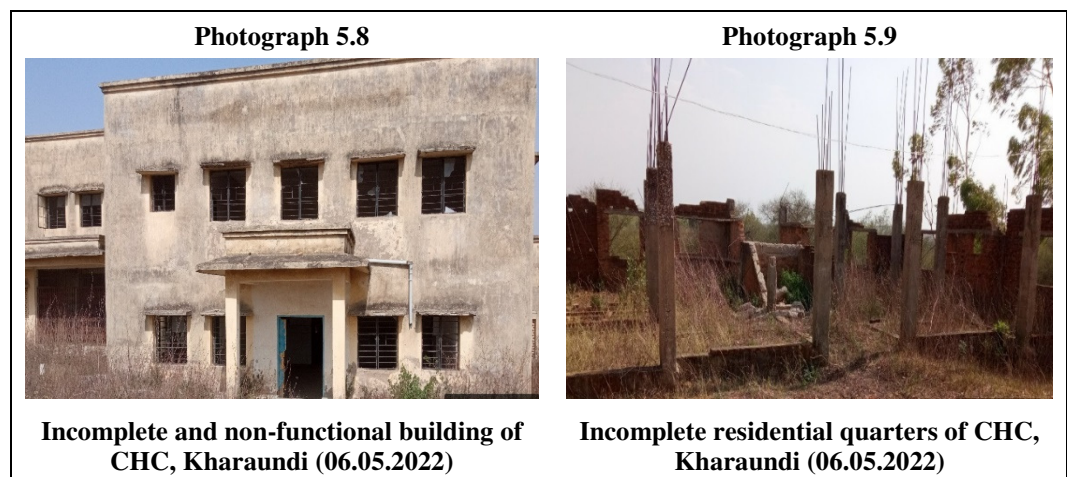
²³⁵ PSA is the process by which ambient air passes through an internal filtration system, which has a large enough total surface area, to separate nitrogen (N₂) from the air, concentrating the remaining oxygen (O₂) to a known purity. It typically consists of an air compressor, dryer, filters, dual separation chambers, a reservoir and controls.

January 2021 and June 2022). However, eight out of the 16 PSA plants, installed from January 2021 to June 2022, were non-functional, as they were not interconnected with the Medical Gas Pipeline System (MGPS), supply pipe lines were broken, there was lack of dedicated and trained manpower *etc.* Due to non-functioning of the PSA plants, the requirements of medical oxygen were being met by oxygen concentrators and cylinders, in the respective MCHs/DHs. The Department did not furnish replies to the audit observation.

5.12 Other points of interest

5.12.1 Idle building of CHC, Kharaundi

Construction of CHC, Kharaundi, was completed at a cost of ₹ 2.25 crore and handed over (January 2016) to MO, CHC, Bhawnathpur. The CS-cum-CMO, Garhwa, reported (January 2022) to the Department that CHC, Kharaundi, had been made functional from the new building. However, during joint physical verification (May 2022), the buildings were found to be incomplete, vacant and in a dilapidated condition, as shown in the photographs below:



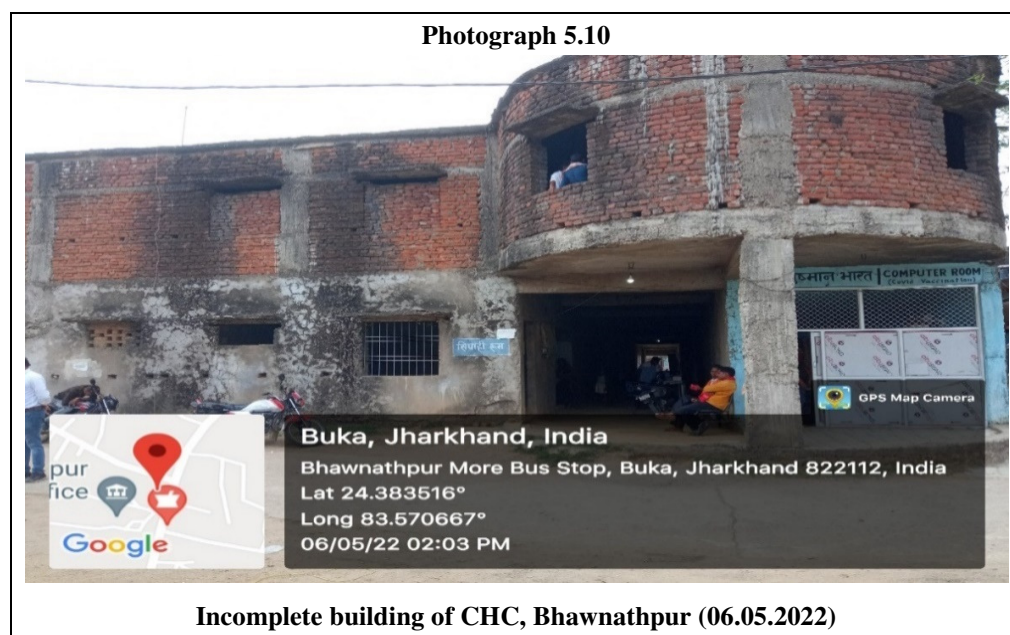
Further, CHC, Kharaundi had not been made functional, as of October 2022, due to non-posting of doctors and other staff, as intimated (November 2022) by MO, CHC, Bhawnathpur.

Thus, CHC, Kharaundi, could not be started till October 2022, despite expenditure of ₹ 2.25 crore (January 2016) on construction of building. Further, the Department had been given misleading information that it was functional. The Department while confirming the facts stated (March 2023) that action is being taken to complete the CHC building at Kharaundi.

5.12.2 Unfruitful expenditure on construction of CHC, Bhawnathpur

An agreement was executed (November 2008) for ₹ 2.48 crore, by the Executive Engineer (EE), Rural Works Division (RWD), Garhwa, with a contractor, for construction of a building for CHC, Bhawnathpur, Garhwa. The work was to be completed by November 2009. The contractor, however, stopped

(February 2012) the work, without completing it and, ultimately, the agreement was rescinded (August 2017) by the EE, RWD, Garhwa. The contractor had been paid (January 2018) ₹ 1.34 crore till the final bill. Further, though the Chief Engineer had submitted (September 2021) a revised estimate of ₹ 7.35 crore, to the Department, for administrative approval, the same was awaited, as of March 2022. Due to non-completion of the building, CHC, Bhawnathpur, was functioning in an old building, without proper facilities. A photograph of the incomplete CHC building is given below:



Thus, expenditure of ₹1.34 crore, incurred on construction of the incomplete CHC, Bhawnathpur, building, proved unfruitful. The Department while confirming the facts stated (March 2023) that action is being taken to complete the CHC building at Bhawnathpur.

Recommendation: State Government may review all incomplete healthcare facility buildings and address the bottlenecks that are causing delays. Idle buildings may be operationalised by deploying manpower and equipment.

5.12.3 Non-strengthening of the State Drug Regulatory System.

Based on a MoU signed (October 2015) between the Ministry of Health and Family Welfare, GoI, and the Department, GoJ approved strengthening of the State Drug Regulatory System, at a cost of ₹ 10.59 crore and released (April 2017 to June 2019) the central share of ₹ 6.35 crore. The funds were meant for strengthening of the State level drug testing laboratories, with adequate IT infrastructure, furniture, lab equipment, civil works and manpower.

The Department released (December 2017 to November 2019) ₹ 10.58 crore (Central share: ₹ 6.35 crore and State share: ₹ 4.23 crore), to the Director (Drugs), State Drugs Control (SDC) Directorate, Jharkhand, with directions to

transfer the funds to JMHPCL. Accordingly, the Director deposited (March 2018 and March 2020) ₹ 10.58 crore, in the Personal Ledger Account (PLA) of JMHPCL.

Audit noticed that JMHPCL had intimated (December 2020) the Director, SDC that it is mandated to procure only drugs and medical equipment, and, as such, it could not spend the transferred amount. However, later on, JMHPCL procured (between December 2018 and February 2019) furniture, valued at ₹ 1.01 crore and distributed it to the State Laboratory and offices of Drug Inspectors in the districts. The remaining amount of ₹ 9.57 crore was lying unspent in the PLA of JMHPCL, as of March 2022. It was further seen that the State Government, in a review meeting (February 2021) of GoI, made the misleading claim that upgradation of the existing State Drug Laboratory was in its final stage and that utilisation certificate of ₹ 5 crore had already been submitted in 2019.

Thus, the Department could not utilise the funds made available by GoI, for strengthening its drug regulatory system, despite a lapse of over three to five years since their receipt. The Department did not furnish replies to the audit observation.

