

Chapter-5

Healthcare Infrastructure

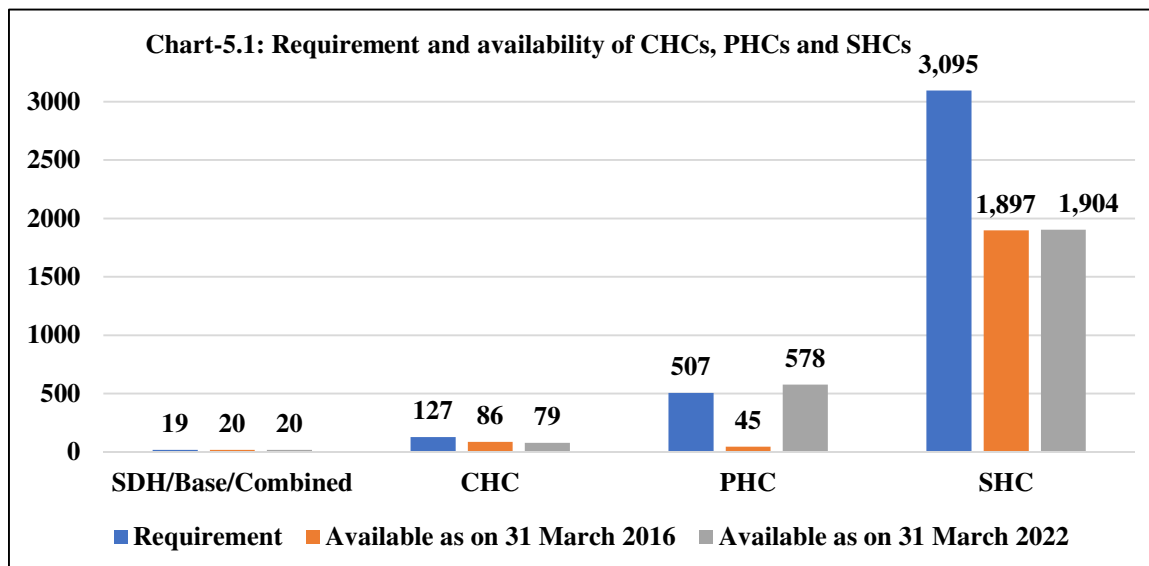
Chapter-5: Healthcare Infrastructure

To ensure the quality provision of close-to-client health services, an organized provider network is essential. For this, benchmarks are needed to ensure that expected standards are maintained. This purpose is being served by Indian Public Health Standards (IPHS) which are a set of uniform standards envisaged to improve the quality of health care delivery in the country. IPHS norms were first developed in 2007 and revised in 2012 keeping in view the changing protocols of the existing programmes and introduction of new programmes.

These standards cover Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub District Hospitals (SDHs) and District Hospitals (DHs). They provide guidance on the infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering health services at these facilities.

5.1 Availability of SDHs, CHCs, PHCs and SHCs vis-à-vis prescribed norms

In 2020, the estimated population of Uttarakhand state was 1.15 crore. As per IPHS 2012 norms, there should be a CHC for a population of 80,000 in tribal/hilly/desert areas and 1,20,000 population for plain areas, a PHC for a population of 20,000 in tribal/hilly/desert areas and 30,000 population for plain areas and a Sub-Centre for a population of 3,000 in tribal/hilly/desert areas and 5,000 population for plain areas. There was a shortage of CHCs and SHCs against IPHS norms in the State during the period 2016-17 to 2021-22 as shown below:



Source: Information furnished by MH&FW Department.

From **Chart-5.1**, it may be seen that as on 31 March 2016, there were 86 CHCs, 45 PHCs and 1,897 SHCs. Over a period of six years, 533 PHCs (After adoption of IPHS in 2019-20 Additional PHCs, State Allopathic Dispensaries upgraded to PHCs) and while the number

of CHCs decreased from 86 to 79 as some CHCs have been upgraded to SDHs. District wise details in respect of required and available CHCs/ PHCs are given in **Appendix-5.1**.

5.2 Building and Infrastructure Availability

IPHS 2012 provides guidance on the infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering health services at these facilities. It has been more than 10 years since the IPHS norms were issued. However, the State Government has not mapped availability of the infrastructure, services, and human resource against IPHS norms and there was no centralised database of services available across government health institutions.

Two districts (Dehradun and Nainital) were selected for field study. Audit found wide variations across similar type of health institutions across districts as detailed in subsequent paragraphs without specific reason or planning to upgrade them in a phased manner. In this chapter general upkeep and availability of beds are discussed while other services, like availability of medicine, human and building infrastructure has been discussed in subsequent chapters.

5.2.1 Appearance and up-keep/planning and lay out of health institutions require upgrade

IPHS norms prescribe good appearance and up-keep of hospitals, environmentally friendly features, circulation areas and other Disaster Prevention Measures.

Table-5.1: Appearance and up-keep in selected Health Institutions

Particulars	Required (IPHS norms)	DH, Dehradun	SDH Rishikesh	SDH, Premnagar	DH, Nainital	SDH, Haldwani
Environmentally friendly features	Rainwater harvesting, solar energy use and use of energy-efficient bulbs/ equipment. Provision should be made for horticulture services including herbal garden.	Yes	Yes	No	No	Yes
Circulation areas	Circulation areas comprise corridors, lifts, ramps, staircase and other common spaces etc. The flooring should be anti-skid and non-slippery.	Yes	Yes	No	No	Yes
Disaster Prevention Measures	Earthquake proof measures – structural and non- structural should be built in to withstand quake as per geographical/state Govt. guidelines. (for seismic zone v)	Yes	No	No	No	No
	Firefighting equipment	Yes	Yes	Yes	Yes	Yes

Source: Information furnished by test-checked Health Institutions.

The general appearance and upkeep varied vastly across the test checked health institutions. Some of the contrasting images of the facilities are shown below:



Sub Centre-Kaulagarh, Dehradun used as storeroom



Non-functional water coolers in GFH, Haldwani, Nainital



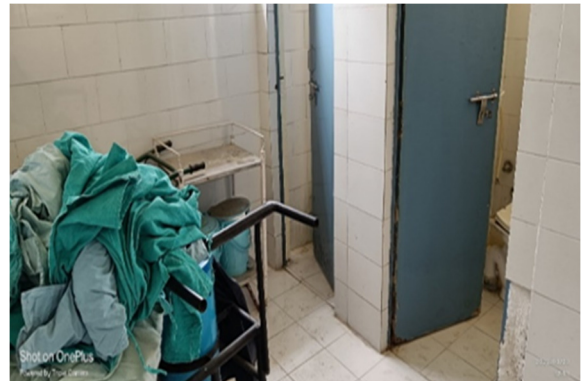
Unequipped OT was being used as clean linen storage at CHC, Kotabagh, Nainital



Incomplete overhead water tank, in PHC, Chakalua, Nainital



Unusable washroom and toilet due to lack of water in PHC, Chakalua, Nainital



Dirty linen stored in female washroom in GFH, Haldwani, Nainital



Out of order burnt toxic gas exhaust in CBWTF Haldwani, Nainital



Dilapidated Tin Roof of CBWTF Haldwani, Nainital

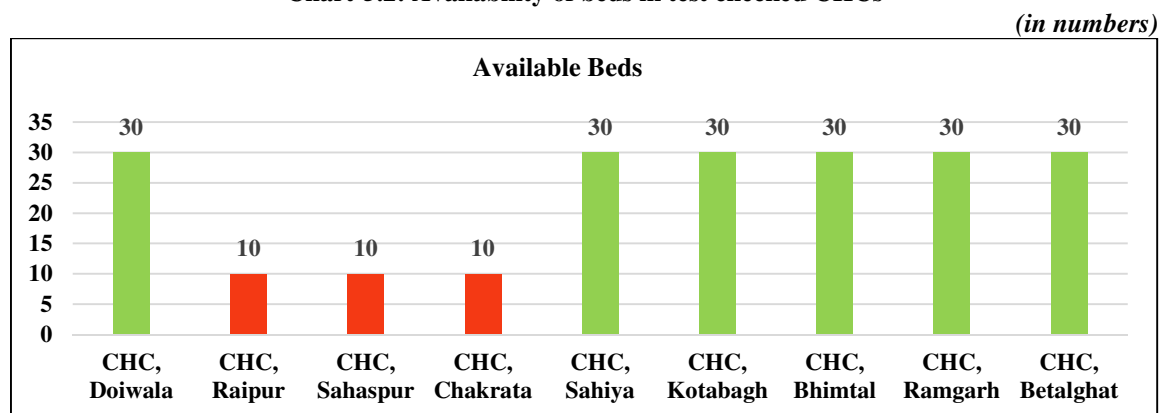
Building structure of CHC, Doiwala, Dehradun was not maintained and was in dilapidated condition. Water coolers in GFH, Haldwani were not maintained while there was unavailability of drinking water in PHC, Chakalua, Nainital. Besides, Sub Centre-Kaulagarh, Dehradun was functioning in a rented room and was being used as storeroom.

5.2.2 Availability of beds in CHCs was not adequate

As per IPHS 2012, the CHC should have 30 indoor beds with one Operation theatre, Labour room, X-ray, ECG and laboratory facility. Further, a CHC covers a population of 80,000 in hilly region and 1,20,000 in plain region with availability of 30 beds.

The details of availability of beds in test checked CHCs is given in the **Chart-5.2** below:

Chart-5.2: Availability of beds in test checked CHCs



Source: Information furnished by test checked CHCs. Green colour reflects that beds are adequate, red reflects shortfall.

As can be seen in the above chart, three CHCs were not having beds as per norms.

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

5.2.3 Lack of availability of required infrastructure in health care facilities

As per Rural Health Statistics 2020-21, the deficiencies in rural SHCs, PHCs and CHCs is given in the **Table-5.2** below:

Table-5.2: Detail of deficiencies in rural SHCs, PHCs and CHCs of the state

Sub Health Centres- 1823		
Sl. No.	Criteria of deficiency	Percentage of HCF where this was found (%)
1.	Operating within Rented Building	24
2.	Separate toilet for male and female	72
3.	Without ANM Quarters	34
4.	Without regular water supply	17
5.	Without electricity	28
Primary Health Centres- 245		
6.	Separate toilet for male and female	18
7.	Without regular water supply	21
8.	Without labour room	37
9.	Without operation theatre	53
Community Health Centres-53		
10.	Without all four specialist doctors	89

Source: Rural Health Statistics 2020-21.

5.2.4 Non-maintenance of building Infrastructure

The joint physical inspection of the HCFs of test checked districts revealed dilapidated condition of both residential and nonresidential buildings (photographs below refer). These cases point to systemic issues in maintenance of buildings.

Photographs of dilapidated residential quarters in test checked HCFs

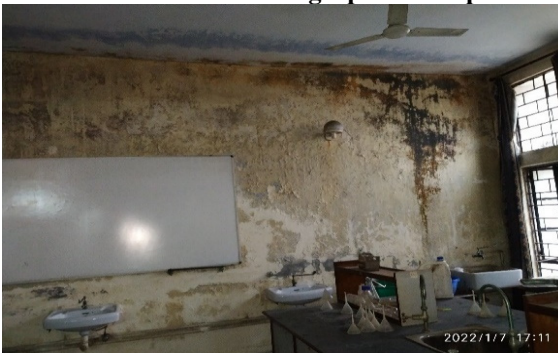


Broken washroom door in the residence of MOIC, CHC, Kotabagh, Nainital



Dilapidated condition of residential quarters of DH, Nainital

Photographs of dilapidated condition of test checked HCFs



Laboratory of Biochemistry Department of GMC Haldwani, Nainital in Dilapidated Condition



Chief Pharmacist's room in GFH, Haldwani, Nainital



X-ray room in dilapidated condition at CHC, Doiwala, Dehradun



Labour room of Sub Centre Harrayala, Dehradun was being used as store room

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

5.3 Health & Wellness Centres

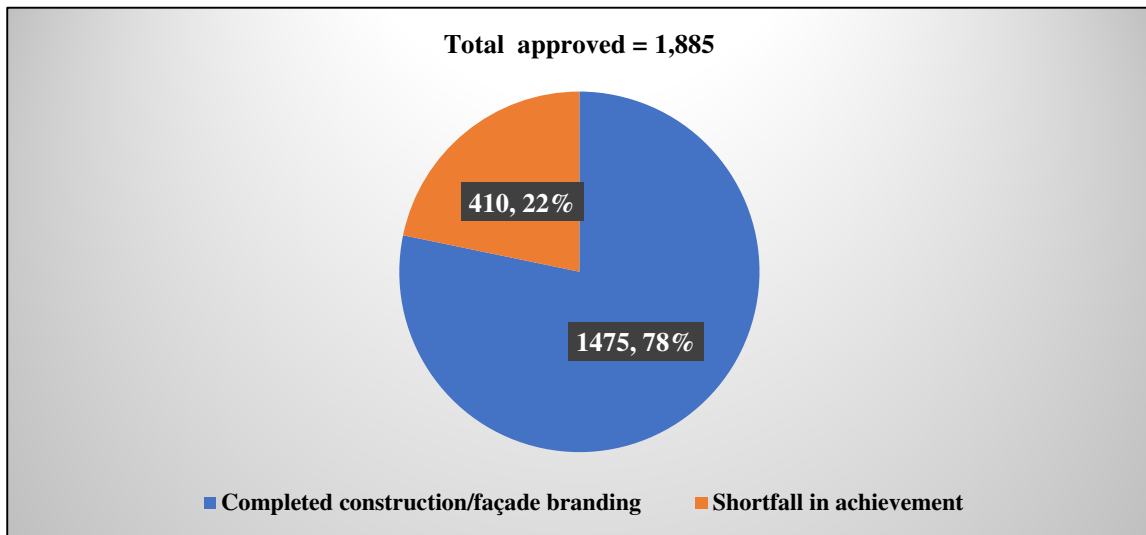
To deliver an expanded range of primary health care services, to reduce out of pocket expenditure on health and to provide a platform for all wellness activities including yoga in the community, Ministry of Health and Family Welfare, Government of India (MoH&FW, GoI) announced (May 2017) to transform the existing Sub Health Centres (SHCs) and Primary Health Centres (PHCs) into Health and Wellness Centres (HWCs). Delivering Comprehensive Primary Health Care (CPHC) services through HWCs is a key component of Ayushman Bharat, a flagship scheme of GoI.

5.3.1 Non achievement of approved construction and facade branding of HWCs

In accordance with GoI decision in the year 2017-18, the NHM, Uttarakhand was to upgrade all existing SHCs/ PHCs into HWCs in phased manner up to December 2022. The GoI had approved 1,885 existing Health Care Facilities up to March 22 to be constructed/facade branded for the purpose of upgradation/transformation into HWCs.

As per information furnished by the NHM, the status/achievement of construction and facade branding of existing HCFs for the purpose of transformation into HWCs in the state of Uttarakhand during 2017-22 are shown in the **Chart-5.3** below:

Chart-5.3: Achievement of construction and facade branding against approved HWCs in the State

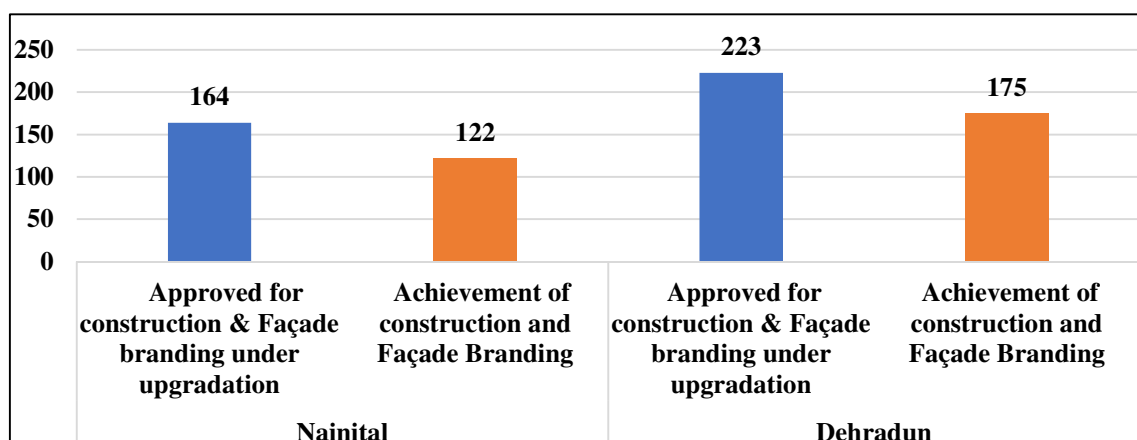


Source: Information provided by National Health Mission, Uttarakhand.

During the period from 2017-18 to 2020-22, GoI had approved budget of ₹ 156.26 crore for transformation/upgradation of 1,885 HCFs into HWCs in the State. However, the NHM, Uttarakhand could utilize only ₹ 93.73 crore and could complete construction/facade branding of 1,475 HCFs for transformation into HWCs up to March 2022.

Further, the status/achievement of construction and facade branding of HCFs for the purpose of upgradation/transformation into HWCs in two test checked districts is shown in the **Chart-5.4** below:

Chart-5.4: Status of construction/Façade branding of HWCs in test-checked districts:



Source: Information provided by selected District Health Societies/CMOs.

In the test checked districts of Dehradun and Nainital, 387 HCFs were approved to be upgraded into HWCs as shown in the chart above. 297 HWCs were constructed/façade branded for the purpose till March 2022.

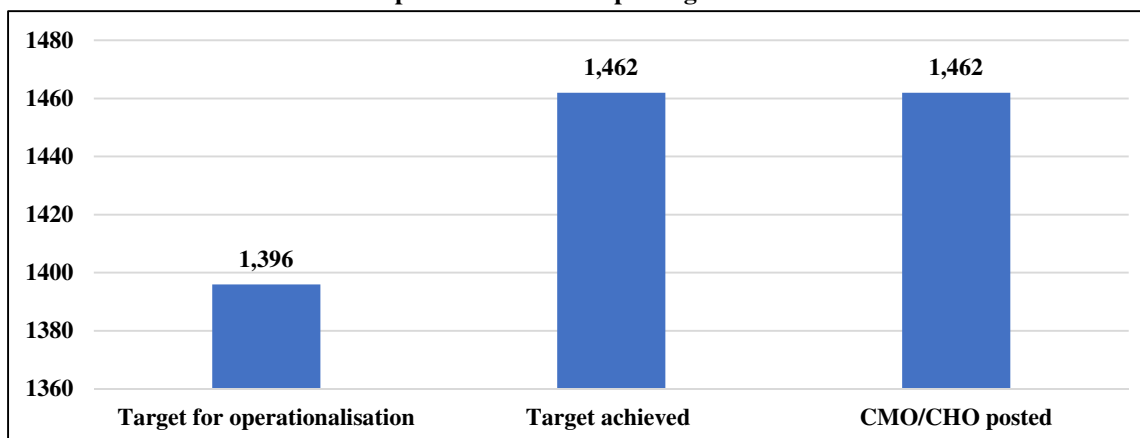
5.3.2 Operationalisation of HWCs

As per Comprehensive Primary Health Care (CPHC) guidelines for HWCs, a key addition to the primary health team at the SHC-HWC would be:

- The Mid-level Health Provider (MLHP) who would be a Community Health Officer (CHO).
- The CHO/Mid-level Health Provider (MLHP) would be a BSc. in Community Health or a Nurse (GNM or B.SC) or an Ayurveda practitioner, trained and certified through IGNOU/other State Public Health/Medical Universities for a set of competencies in delivering public health and primary health care services.

The number of operationalized HWCs in the State of Uttarakhand and test-checked districts as on March 2022 is given below in **Chart-5.5**:

Chart-5.5: Number of HWCs operationalized and posting of CHOs/MOs at HWCs in the State



Source: Information provided by National Health Mission, Uttarakhand.

As intimated by the NHM, Uttarakhand, the GoI had fixed a cumulative target (up to March 2022) for operationalization of 1,396 HWCs in the State. However, against the target, the NHM operationalized 1,462 HWCs till March 2022 which was more than the target fixed. Further, as per information received, CHOs/Medical Officers (MOs) were posted at all the operationalized HWCs.

5.3.3 Unsuitable Designs & Construction of HWCs

As per operational guidelines of Comprehensive Primary Health Care (CPHC) through HWCs, services like care in pregnancy and childbirth, neonatal and infant health care services, elderly and palliative health services, emergency medical services were included under the expended ranges of services to be delivered at HWCs.

It was observed in sampled districts that the SHS constructed 16 HWCs and 15 HWCs, in Dehradun and Nainital district respectively with steep iron staircase, at first floor of the existing SHCs.



HWC Badowala



HWC Devidhura

The Government replied (November 2022) that the construction on the first floor was done with the purpose that the first floor will be used for drug store, vaccines store, record keeping, paperwork, yoga and waiting etc. The reply was not satisfactory as the SHS under the transformation of existing SHCs/ PHCs, had constructed CHOs rooms and patient's waiting rooms at first floor of the existing SHCs.

5.3.4 HWCs without Approach Road

As per Indian Public Health Standard (IPHS) norms, health care facilities need to be located at the place easily accessible to the people so that no person has to travel more than three kms to reach HCF and no person could face difficulties to approach the same.

During joint physical inspection (March 2022) of HWCs situated in Nainital district, it was found that there was no approach road¹ to reach Devidhura and Alchona HWCs. Further,

¹ Both the HWCs were located downward to the trench from the main road head and had nearly half-foot wide steep pagdandi to be approached.

Hanol² HWC at Dehradun was also located at height from the main road for which stairs were constructed. All these HWCs were not suitably approachable, therefore, upgradation of these SHCs into HWCs was not justified.



HWC Devidhura



HWC Alchona

The Government replied (November 2022) that Uttarakhand occupies nearly 86 per cent hilly area due to which there has been a scarcity of availability of plain land at road head. As per directions of GoI, the existing sub health centres were to be upgraded into HWCs and as Devidhura and Alchona SHCs were already in existence, these were transformed into HWCs. In the case of Hanol HWC, it was stated that at the time of establishment of this centre, the stairs were constructed.

While the constraints pointed out by the Government are genuine, the Government needs to find solution for easy access to the patients/beneficiaries.

5.3.5 Construction of HWC on first floor

As per order (5/2018) of the Mission Director, NHM, Uttarakhand, Dehradun, the HWCs were to be constructed on the first floor only if there was no land available at ground floor in the SHCs. During joint physical inspection (March 2022) of HWCs in Dehradun, it was found that the SHS constructed the HWC on first floor of the existing SHC namely Soda Saroli despite availability of land in the premises of this centre. Thus, the SHS flouted its own order and constructed the HWC on first floor which was not suitable for providing some of CPHC services. (Refer Paragraph 5.4.3 of this Chapter)



Vacant place in front of Soda Saroli HWC



Vacant place beside Soda Saroli HWC

² Physically inspected in Dec 2021.

The Government replied (November 2022) that after inspection of the Soda Saroli SHC, it was found that there was no sufficient land in its premises, which is why HWC was constructed on the first floor.

The Government may review its position as Audit found enough space during joint physical verification of the site.

5.3.6 Substandard construction of HWCs

During joint physical inspection (March 2022) of Soda Saroli HWC, block Raipur, Dehradun, it was found that tree roots crept inside the patient waiting room causing continuous seepage and moisture inside the room. Accordingly, the room was out of use since it was constructed (July 2019). Further, it was also found that the false ceiling of Bullawala, and Badowala HWCs were coming off. The doors of CHO room and patients waiting room at HWC Sewla Kalan, Dehradun were damaged. This indicated that the construction was of very poor quality and substandard.



HWC Soda Saroli

The Government accepted the facts and replied (November 2022) that the concerned Medical Officers In -charge have been directed to immediately take corrective measures.

5.3.7 Yoga facilities at HWCs not provided

As per guidelines, wellness activities including the practices of yoga and physical exercises were important components of CPHC services to be provided through HWCs. For practice of yoga activities, yoga instructors were to be appointed/engaged at all operational HWCs. On review, Audit observed that only 61³ out of 297 operational⁴ HWCs in test checked districts had Yoga instructors. Thus, the Government/SHS failed to provide Yoga teachers even when the yoga/wellness activity is a key component of expanded services to be provided at HWCs. The Government accepted the facts and replied (November 2022) that the SHCs are located far away from the city in the hilly area of Uttarakhand and honorarium is too less to continually engage yoga instructors for the purpose. At the same time, the Government is considering performing yoga activities through digital screening. The Government should provide Yoga teachers at all the HWCs on priority basis as Yoga is one of the important activities under CPHC to be provided at HWCs.

5.3.8 Basic facilities at the HWCs not provided

During joint physical inspections (March 22) of HWCs in Nainital and Dehradun districts, it was found in Nainital district that at Mangoli HWC, no water and electricity facility was

³ 26 in Nainital and 35 in Dehradun district.

⁴ 122 in Nainital and 175 in Dehradun district.

available since long. At Himmatpur HWC, no electricity facility was available for nearly 12 years. No water supply at Devidhura, Alchona and Karanpur HWCs was available. Further, no water supply facility was available at Sewlan Kalan and Sewlan Khurd HWCs in Dehradun district. Thus, the SHS declared the above HWCs functional even without basic facilities at these HWCs.

The Government replied (November 2022) that the problem of the electricity has been resolved and the solution of the water problem at the HWCs under question is under process. The Government's reply is silent on providing basic facilities in all HWCs in a time bound manner.

5.4 AYUSH Health & Wellness Centres (HWCs)



With an objective to establish a holistic wellness model based on AYUSH principles and practices to empower masses for “self-care” and to reduce the disease burden and out of pocket expenditure and to provide informed choice to the needy public, the Government of India, under the broad umbrella of National AYUSH Mission (NAM) decided (March 2020) to operationalize AYUSH HWCs through Centrally Sponsored Scheme mode. A target of 200 AYUSH Health & Wellness centers⁵ were fixed to be established in the state up to 2023-24. For establishment⁶ of 70 HWCs, GoI released ₹ 7.29 crore during 2020-21.

The facility was partially operational/utilised due to not posting of Panchakarma assistants, Yoga instructors and training of 67 Chief Health officers as against the requirement of 70 for executing each activity. Although HWCs Renovation (70), Branding (70), Herbal Garden (69), Laboratory (62) and Yoga room (70) were completed.

The Government replied (November 2022) that renovation, branding, laboratory establishment, herbal garden establishment works of HWCs had been completed and instruments required for Primary Panchkarma facilities had been made available to all the HWCs. The sanction of posts of Panchkarma assistant is under progress.

⁵

Financial Year	2020-21	2021-22	2022-23	2023-24
Target	70	50	60	20

⁶

The amount was released for infrastructure (repair, renovation, equipment, furniture etc.), yoga instructors, laboratory services, herbal gardens activities, etc.

5.4.1 Infrastructure creation and maintenance issues

The creation of infrastructure and its maintenance is crucial to deliver services. On review, we noticed instances of insufficient creation of infrastructure, delay in completion/handing over of civil works, abandonment of a major project and inability to ensure essential services in the hospitals.

5.4.1.1 Health care infrastructure as per AYUSH norms

For establishment of new Ayurvedic and Homoeopathy Hospitals/Dispensaries, norms were framed by the State (March 2011). As per these norms, a new Hospital/dispensary can be established in the plain area of 10 km or 10,000 population, and five km motorable road or three km by foot road in hilly area, if there were no Allopathic, Ayurvedic and Homoeopathic facility available in the area. Further, AYUSH Policy 2018 also emphasizes to strive to upgrade the existing infrastructure facilities (Hospitals, Specialty Hospitals and Dispensaries) and develop new infrastructure.

Records revealed that to identify the actual requirement of infrastructure in the State no mapping was done by the department according to the above norms. However, 58 and 43 proposals for establishment of new Ayurvedic & Homoeopathic dispensaries respectively were submitted to the Government but were yet to be approved. Further, only one Homoeopathic dispensary was established during the period 2016-22. As no proposal was accepted, the number of Ayurveda healthcare facilities (551 number⁷) and Homoeopathic dispensaries (110) established in the State before 2016 remained stagnant.

The Government replied (November 2022) that at present strengthening work of Ayurvedic hospitals is under way and new hospitals will be established as per availability of funds.

5.4.1.2 Incomplete Civil Works

During the period 2016-22, the Government sanctioned construction & repair/maintenance of 215 existing hospitals/ dispensaries of Ayurveda and Homoeopathy respectively for estimated cost of ₹ 57.14 crore. Scrutiny of the records revealed that 75 out above 215 projects were yet to be put to use due to issues of handing over of completed buildings, lack of funds and ongoing construction. **Table-5.3 (a & b)** below has the details.

Table-5.3 (a): Details of sanctioned construction & repair/maintenance of Civil Works

(₹ in crore)

Particulars	Hospitals/ Dispensaries (Work in No.)		Sanctioned cost		Amount released to implementing agency	
	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy
Construction of building works	48	32	37.13	8.68	32.26	8.08
Repairing/Maintenance works	86	49	7.73	3.60	7.56	3.60
Total	134	81	44.86	12.28	39.82	11.68

Source: Information provided by the department.

⁷ 117 OPD clinics and 434 hospitals (429 hospitals with four beds, four hospitals with 15 beds and one hospital with 25 beds).

Table-5.3 (b): Details of Incomplete construction & repair/maintenance Civil Works
(₹ in crore)

Particulars	Hospitals/ Dispensaries (Work in No.)		Sanctioned cost		Amount released to implementing agency	
	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy	Ayurveda	Homoeopathy
Completed but not handed over to department	27	08	3.92	0.66	3.82	0.66
Construction was held up due to not releasing of balance funds	02	00	1.69	00	0.30	00
Construction was in progress at different level.	23	15	11.75	3.83	8.19	3.23
Total	52	23	17.36	4.49	12.31	3.89

Source: Information provided by the department.

The Government replied (November 2022) that 16 building works (14 Ayurveda and two Homoeopathy) were completed and handed over. The Government's reply was silent on any Action Plan to expedite remaining works.

5.4.1.3 Lack of basic amenities/ infrastructure

Basic amenities are essential for effective and safe service delivery of health services. These include inter alia potable drinking water, approach road, electricity and patient safety equipment. The status of these amenities in 551 Ayurveda health care facilities in the State was follows:

Table-5.4: Status of Basic Amenities in AYUSH Health Care Facilities

Sl. No.	Name of Basic Amenity	No of Dispensaries without facility	In per cent
1.	Water	211	38
2.	Electricity	196	36
3.	Road	90	16
4.	Fire equipment	530	96

Source: Information provided by the department.

The situation was equally bad even in two relatively developed districts of Dehradun and Nainital, as detailed in **Table-5.5** below.

Table-5.5: Status of Basic Amenities in AYUSH Health Care Facilities

Ayurvedic Hospitals/dispensaries running without basic amenities in the two test checked districts		
Items	Name of the district	
	Dehradun	Nainital
Number of Ayurvedic Dispensaries	52	36
<i>Facility without basic Amenities (in per cent)</i>		
Water	08 (15)	14 (39)
Electricity	07 (13)	06 (17)
Road	00 (00)	04 (11)
Fire equipment	52 (100)	30 (83)

Source: Information provided by the department.

The Government replied (November 2022) that District Ayurveda and Unani Officers had been directed to fulfil these facilities.

5.5 Status of new construction and upgradation works

During April 2016 to November 2022, 39⁸ major construction works were sanctioned during 2016-21 under NHM. Out of these 26 constructions works (67 *per cent*) were completed whereas only 22 construction works could be handed over to the department. Eight construction works which had to be completed during October 2021 and March 2022 were yet to be completed while five construction works were yet to start.

The Government stated (November-2022) that out of 39 works 28 works have been completed and handed over to the department while due to unavailability and supply of construction material during Covid 19 period the remaining 11 works are under progress.

Latest position of remaining 11 works (June 2023) were as follows:

- Out of three completed works, one work has been completed within the stipulated time and two works have been completed with delay of one and a half year.
- Out of eight incomplete works, seven⁹ works are still in progress while one work which has been sanctioned in 2020-21 is yet to start.

Thus, due to the delay in completion of the various construction works, intended purposes remained unachieved.

5.6 Infrastructure not put to use appropriately in test checked health institutions

5.6.1 Idle expenditure of ₹ 3.62 crore

To improve technical/managerial skills and commitment levels of the state's health personnel through training, research, and consultancy, the Department of MH&FW decided (2002-03) to upgrade its existing Regional Health and Family welfare Training Centre (RH&FWTC) at Haldwani, Nainital to State Institute of Health & Family Welfare (SIHFW). Accordingly, construction of various buildings¹⁰ and creation of 29 additional posts was required to establish the SIHFW. The construction work was assigned (December 2006) to the executing agency UPRNN at the cost of ₹ 2.88 crore and the work was to be completed by December 2011.

However, it was noticed that despite spending of entire sanctioned fund of ₹ 3.62 crore¹¹ the UPRNN could complete only Administrative Block of the SIHFW. For the rest of the works, incomplete at various stages due to paucity of funds, the executing agency submitted (9/2013) a revised estimate of ₹ 5.02 crore to the DG, MH&FW but the same was not approved till date (March 2022). The rest of the works remained incomplete and

⁸ MO Transit Hostel-28, Residential Quarters-04, Hospital Buildings-07.

⁹ Out of seven incomplete works the completion date of five works is between June 2023 and March 2024.

¹⁰ Administrative Block (Office building, Auditorium, Training & Academic Blocks), Residential Buildings (Principal's Residence, 6 Nos. Type-4 Houses, 4 Nos. Type-1 Houses) and Approach Road.

¹¹ ₹ 2.87 crore plus ₹75 lakh, an additional fund from the Nation Health Mission was made available by the Department to the UPRNN, the executive agency.

the SIHFW could not be established. Besides, the department neither created any required post nor utilised the constructed/taken over Administrative building (July 2012) till February 2022.

It was apprised by the Government (November 2022) that departmental training programmes are being organized from time to time. Besides, the said training centre was also used as Covid Care Centre from March 2020. The Government neither replied with regard to incomplete works nor about the creation of required posts.

5.6.2 Establishment of 50 bedded integrated AYUSH Hospitals

In pursuance of AYUSH Mission, the Government of Uttarakhand proposed for setting up of three new 50 bedded integrated AYUSH Hospitals during 2016-19 as detailed in **Table-5.6** below.

Table-5.6: Details of AYUSH Hospitals

(₹ in lakhs)

Name of the Hospital	Date of sanction	Construction Agency	Estimated cost	Released Amount by GoI	Released Amount by State Government	Date of Start of work	Date of completion	Physical progress (in per cent)
Haldwani, Nainital	05 July 2016	UPRNN Ltd.	989.17	989.17	989.17	08/2016	10/2021	97
Jakhanidhar, Tehri	22 July 2019	Construction & Design Services, Jal Nigam (An enterprise of UP Govt.)	1,570.48	300.00	Nil	Yet to be started	Yet to be started	Nil
Tanakpur, Champawat	22 July 2019		1,382.36	300.00	Nil	Yet to be started	Yet to be started	Nil

Source: Information provided by the department.

On review, audit observed that none of the hospital had been completed till the date of audit (November 2021). Further, construction work of two hospitals¹² was not taken up despite availability of funds. This was due to pendency of proposals at Government level for construction of hospital in Champawat and for additional funds for hospital in Tehri.

The Government replied (November 2022) that 50 bedded AYUSH hospital in Haldwani is operational now. Further, the construction of 50 bedded hospital at Jakhanidhar, Tehri had started and for Champawat Hospital a fresh proposal was sent to Government of India. The Government's reply has not elaborated on any Action Plan to reduce/minimize delays in future and officials who are responsible for delays in these two projects.

5.6.3 Inability to establish Government Unani College

Under AYUSH Mission, the GoI supports setting up of new AYUSH educational Institutions with a grant¹³ of ₹ 10.50 crore in the States. The excess requirement of funds is to be met by the concerned State Government.

¹² Jakhanidhar, Tehri & Tanakpur, Champawat.

¹³ One Time grant up to ₹ 09 crore for undertaking construction of OPD/IPD/Teaching Departments/Library/Laboratories/Girl's Hostel /Boy's Hostel, etc. and ₹ 1.5 crore for Equipment, Furniture, and Library books was to be provided. In excess of above, the balance amount, if any, had to be borne by the State Government.

Government of Uttarakhand proposed for setting up of a new Government Unani Medical College at an estimated cost of ₹ 33.66 crore to AYUSH Ministry during 2017-18 against GoI's commitment of ₹ 09 Crore. The GoI released its share in instalments to the tune of ₹ 4.48 crore during 2017-19. Scrutiny of records revealed that the Government of Uttarakhand was unable to fund the remaining requirement of ₹ 24.66 crore to finish the project and accordingly returned the funds received from GoI. These chain events show that due diligence required for new projects as per Budget Manual was not undertaken. Meanwhile, the Government had spent ₹ 46.28 lakh on preparation of DPR of the project which is likely to become wasteful due to abandoning of the project.

On being pointed out, the Government replied (November 2022) that under the new guidelines GoI would fund to the tune of ₹ 70 crores. Accordingly, new proposal is under process/ consideration by State level Expenditure Finance Committee.

5.6.4 Cost escalation due to inordinate delay in completion of Doon Medical College

For construction of new building of Government Doon Medical College administrative approval and financial sanction had been granted in December 2011 while the construction work was started in March 2012 by the executing agency Uttar Pradesh Rajkiya Nirman Nigam at a cost of ₹ 293.81 crore. The said work had to be completed by the end of August 2013. However, during audit, it was found that estimate was revised three times (October 2013, January 2015 and March 2021) and revised cost reached upto ₹ 417.80 crore in March 2021 and the work was still not completed even after lapse of 11 years despite expending ₹ 386.90 crore.

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

5.7 Execution of AYUSH Policy 2018

With a vision to brand Uttarakhand as the preferred AYUSH destination state for health care and tourism, the Uttarakhand State Government framed a policy which is known as AYUSH Policy 2018.

The strategic framework for the development of AYUSH should be based on the identified thrust areas i.e.- Infrastructure Upgradation, AYUSH Programmes, AYUSH Education, Research, Drugs, Governance, Institutional Mechanism, Regulatory Framework and Investment in AYUSH & Wellness Tourism.

Records revealed that-

- Existing infrastructure facilities (Ayurveda and Homeopathy Dispensaries) had not been upgraded, neither the funds were earmarked, nor the strategic framework or guidelines were prepared for the development of the AYUSH Health programmes focusing on Public Health Care, Tribal Health Care, Palliative Care, Cancer Care, Maternity Care, Child Care, Geriatric Care, Sports Care, Communicable and Non-communicable Diseases and Lifestyle Management.

- Medicinal Plant nurseries was not established in all the AYUSH hospitals.
- Uttarakhand accreditation standards was not prepared yet.
- Key AYUSH investible 39 projects/activities had been proposed by the private investors for which an amount of ₹ 2,417.95 crore will be invested and through which 12,434 employments will be generated. These projects were categorized as AYUSH Gram, AYUSH Township, Yoga Centres, AYUSH Wellness Centres etc.

Actual execution by the department against each thrust area of AYUSH Policy is detailed in **Appendix-5.2**.

5.8 Conclusion

Inadequate monitoring mechanism resulted in inordinate delay in completion of construction works/ idle expenditure on works. Instances of lack of proper upkeep and maintenance of the already constructed/available infrastructure were also noticed, which resulted in these not being fully utilised for the intended purposes. Further, existing infrastructure facilities had not been upgraded, neither the funds were earmarked, nor the strategic framework or guidelines were prepared for the development of the AYUSH Health programmes.

5.9 Recommendations

The State Government may consider the following recommendations on priority to ensure required health infrastructure and services for the MH&FW Department as well as Medical Education Department:

- 1. The Government may look into the issues of delays in start and/or completion of planned infrastructural works, with a view to remove the bottlenecks and ensure speedy completion;**
- 2. The Government may consider developing a proper mechanism for proper upkeep and maintenance of the already constructed/available infrastructure;**
- 3. The Government may get the Construction of HWCs done by keeping in mind the vulnerability of patients like pregnant women, children etc. to provide easy accessibility and availability of complete range of facilities as envisaged in the scheme.**

