Chapter-5

Healthcare Infrastructure

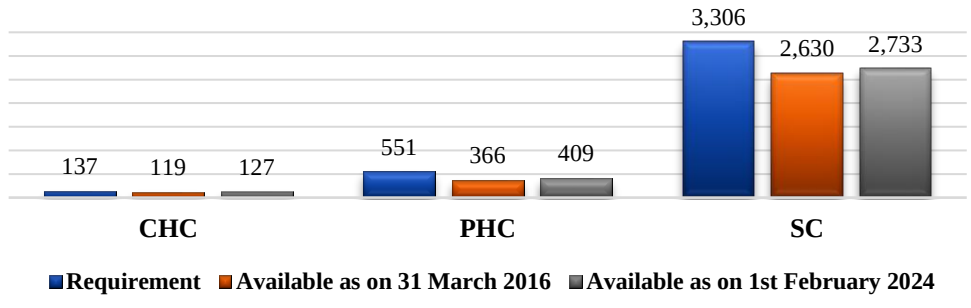
The overall objective of Indian Public Health Standards (IPHS) 2012, is to provide healthcare that is quality oriented and sensitive to the needs of the people. IPHS are the main driver for continuous improvements in quality. The performance of health institutions can be assessed against these set standards. The services that the health institutions are expected to provide have been grouped as Essential (minimum assured services) and Desirable (which we should aspire to achieve). The services include out-patient department (OPD), in-patient department (IPD) and Emergency services. Due importance is to be given to Newborn Care, Psychiatric services, Physical Medicine and Rehabilitation services, Accident and Trauma services, Dialysis services and Anti-retroviral therapy.

IPHS were first developed in 2007 and revised in 2012. These standards cover Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub Divisional Civil Hospitals (SDCHs) and District Hospitals (DHs). They provide guidance on the infrastructure, human resources, drugs, diagnostics, equipment, quality, and governance requirements for delivering health services at these facilities.

5.1 Inadequate availability of CHCs, PHCs and SCs *vis-à-vis* prescribed norms

According to Census 2011, the State of Haryana has a population of 2.53 crore (1.65 crore rural and 0.88 crore urban). As per IPHS 2012 norms, a PHC is a basic health unit to provide an integrated curative and preventive healthcare to the rural population with emphasis on preventive and promotive aspects of healthcare. The CHCs constitute the secondary level of healthcare, which are designed to provide referral healthcare for the cases from PHCs as well as specialist healthcare to the rural population approaching the centre directly. There should be a CHC for a population of 1,20,000, a PHC for a population of 30,000 and a Sub-Centre (SC) for a population of 5,000. There was a shortage of CHCs, PHCs and SCs against IPHS norms in the State. Availability of CHCs, PHCs and SCs as of March 2016 and as of February 2024 is shown in ***Chart 5.1***.

Chart 5.1: Requirement and availability of CHCs, PHCs and SCs



Source: Information furnished by DGHS, Haryana and NHM, Haryana.

From ***Chart 5.1***, it may be seen that as on 31 March 2016, there were 119 CHCs, 366 PHCs[1] and 2,630 SCs. Over a period of eight years, only eight CHCs, 43 PHCs and 103 SCs were added in the State. In comparison with the IPHS norms, shortage of CHCs, PHCs and SCs was 7 *per cent*, 26 *per cent* and 17 *per cent* respectively.

DGHS intimated (December 2022) that annual targets have not been fixed for upgradation/establishment of new CHCs/PHCs/SCs. However, overall targets have been fixed for opening of new health institutions keeping in view the population as per Census 2011. District-wise details of CHCs/PHCs/SCs against requirement is given in ***Table 5.1***.

Table 5.1: District-wise details of CHCs, PHCs and SCs against requirement

District Name	Rural Population as per 2011 census	CHCs			PHCs			SCs		
		Required	Actual	No of persons per CHC	Required	Actual	No of persons per PHC	Required	Actual	No of persons per SC
Ambala	6,27,576	5	5	1,25,515	21	17	36,916	126	107	5,865
Bhiwani & Charkhi Dadri	13,13,123	11	9	1,45,903	44	36	36,476	263	227	5,785
Faridabad	3,70,878	3	4	92,720	12	8	46,360	74	55	6,743
Fatehabad	7,62,423	6	5	1,52,485	25	20	38,121	153	135	5,648
Gurugram	4,72,179	4	3	1,57,393	16	12	39,348	95	86	5,490
Hisar	11,90,443	10	8	1,48,805	40	29	41,050	238	202	5,893
Jhajjar	7,15,066	6	6	1,19,178	24	20	35,753	143	133	5,376
Jind	10,28,569	9	8	1,28,571	34	25	41,143	206	187	5,500
Kaithal	8,38,293	7	4	2,09,573	28	22	38,104	168	147	5,703
Karnal	10,50,514	9	9	1,16,724	35	24	43,771	210	152	6,911
Kurukshetra	6,85,430	6	5	1,37,086	23	16	42,839	137	119	5,760
Mahendargarh	7,89,233	7	6	1,31,539	26	20	39,462	158	148	5,333
Nuh	9,65,157	8	6	1,60,860	32	17	56,774	193	110	8,774
Palwal	8,06,164	7	6	1,34,361	27	17	47,421	161	95	8,486
Panchkula	2,48,063	2	3	82,688	8	6	41,344	50	47	5,278
Panipat	6,50,352	5	7	92,907	22	14	46,454	130	91	7,147
Rewari	6,66,902	5	5	1,33,380	22	18	37,050	134	116	5,749
Rohtak	6,15,040	5	6	1,02,507	21	17	36,179	123	119	5,168
Sirsa	9,75,941	8	6	1,62,657	33	26	37,536	195	162	6,024
Sonipat	9,96,637	8	8	1,24,580	33	30	33,221	200	177	5,631
Yamuna Nagar	7,41,376	6	8	92,672	25	15	49,425	149	118	6,283
Total	**1,65,09,359**	**137**	**127**[2]	**1,29,995**	**551**	**409**	**40,365**	**3,306**	**2,733**	**6,041**

Source: Population data obtained from Statistical Handbook of Haryana 2021-22 issued by Department of Economic and Statistical Affairs, Haryana (Pg 9 to 13). Information regarding CHCs, PHCs and SCs furnished by the NHM Haryana as of February 2024.

In the three selected districts[3], there was a shortfall in availability of CHCs in district Nuh (25 *per cent*) and Hisar (20 *per cent*) while in district Panipat, seven CHCs were available against the required number of five CHCs. There was shortfall in availability of PHCs in district Nuh (47 *per cent*), Panipat (36 *per cent)* and Hisar (28 *per cent*). Further, there was a shortfall in availability of SCs in district Nuh (43 *per cent*), Panipat (30 *per cent)* and Hisar (15 *per cent*).

[1] The State has not established PHC in the village which is having a CHC. As per reply of the Department (February 2023), 119 PHCs were shown as co-located with the 119 CHCs and these are not counted separately to avoid staff duplication.

[2] Including four SDCHs (Loharu, Indri, Ganaur and Radaur) still working as CHCs.

[3] (i) Hisar, (ii) Nuh and (iii) Panipat

Due to low availability of CHCs/PHCs/SCs *vis-à-vis* population as per the norms, patients would have to visit tertiary care/private health facilities even for minor ailments.

The Department replied (February 2023) that the Government is continuously working on opening of new Health Institutions in the State.

5.2 Infrastructure availability

The IPHS 2012 norms are the main driver for continuous improvement in quality and serve as the benchmark for assessing the functional status of health facilities. The IPHS 2012 norms have been used as the reference point for public healthcare infrastructure planning and up-gradation in the States and UTs. However, the State Government has not mapped availability of infrastructure, services and human resources against IPHS norms and there was no centralised database of services available across government health institutions. 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.

Audit assessed the availability in the test-checked health institutions of the three selected districts (Panipat, Nuh and Hisar) for field study. The following health institutions were test-checked:

i. All three District/General Hospitals of selected districts
ii. Three out of 6 Sub Divisional Civil Hospitals
iii. Ten out of 18 Community Health Centres (CHCs)
iv. Two out of 4 Urban Health Centres (UHCs)
v. 19 out of 52 Primary Health Centres (PHCs)
vi. 5 out of 10 Urban PHCs

The general up-keep, availability of beds and infrastructure are discussed in this chapter. Other services, availability of medicine, human resources and building infrastructure have been discussed in other chapters of the report.

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

IPHS 2012 norms prescribe good appearance and up-keep of hospitals, environmental friendly features, circulation areas and other disaster prevention measures.

Table 5.2: Appearance and up-keep in test checked Health Institutions

Particulars	Required (IPHS norms)	DH, Panipat	SDCH, Samalkha	DH, Mandikhera (Nuh)	DH, Hisar	SDCH, Narnaund	SDCH, Adampur
Environmental 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	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	Yes	Yes	Yes	Yes
Disaster prevention measures	Earthquake proof measures – structural and non- structural should be built in to withstand quake as per geographical/State Government guidelines. (for seismic zone V)	Yes	Yes	No	No	Yes	Yes
	Firefighting equipment	Yes	Yes (except fire hydrant and smoke detector was not functional)	Yes (No fire hydrant and smoke detector)	No	Yes (sand buckets not available)	Yes

Source: Information furnished (January 2022 to June 2022) by test-checked Health Institutions.

The general appearance and up-keep varied vastly across the test-checked health institutions. Some images of the facilities are shown below.

Spitting of gutkha/pan masala on the walls of DH Mandikhera (7 June 2022)

Seepage from roof at newly constructed SDCH Samalkha (6 March 2022)

Garbage heap around the premises of PHC Siwah (29 March 2022)

Unhygienic condition of toilet at PHC Jamalgarh (17 June 2022)

Unhygienic and broken toilet at SC Gokulpur (Nuh) (17 June 2022)

Untidy and unhygienic toilet at PHC Siwah (29 March 2022)

Rain water logging in DH Hisar (25 July 2022)

IPD ward was well maintained in DH Panipat (25 April 2022)

Clean and well kept linen at DH Panipat (25 April 2022)

The buildings in DH Mandikhera, DH Hisar, SDCH Samalkha, Government ANM School of Nursing, Mandikhera (Nuh) and most of the residential accommodation of the selected health institutions were not maintained and were in dilapidated condition. On the other hand, in DH Panipat, the IPD ward was well maintained and linen was clean and well arranged.

5.4 Availability of beds in the health institutions

As per IPHS 2012, Indiaôs Public Health System has been developed over the years as a 3-tier system, namely:

i. Tertiary care (Medical Colleges),

ii. Secondary care (DH, SDCH and selected CHCs); and

iii. Primary care (remaining CHCs and PHCs).

However, while calculating the patient-bed ratio in a district, it should primarily rely on the facilities from PHC to DH since tertiary care facilities (Medical Colleges) not only caters to the district where it is located, but also caters to other districts.

5.4.1 Availability of beds in Health Institutions not mapped across the State

The National Health Policy, 2017 recommends two beds per 1,000 population. As per IPHS 2012 norms, the bed strength of a district hospital varies from 75 to 500 beds depending on the size, terrain and population of the district. The size of a district hospital is a function of the hospital bed requirement, which in turn is a function of the size of the population it serves. In India the population size of a district varies from 35,000 to 30,00,000 (Census 2001).

To achieve the benchmarks set under National Health Policy and IPHS 2012 as above, Government should make plan for each of the districts based on its population, local epidemiology, burden of disease, community requirements, health-seeking behaviour of the population, and contribution of the private sector. However, Government of Haryana had not made district-wise plan detailing the status of bed availability in public and private sector health institutions.

The Department stated (February 2023) that tender for mapping of Health Institutions of Haryana has already been awarded and is likely to be completed in the next six months.

5.4.2 Availability of beds in SDCH and CHCs was not as per norms

IPHS 2012 provides that SDCH should have more than 30 beds in in-patient department. Further, the CHC should have 30 IPD beds with one operation theatre, labour room, X-ray, ECG and laboratory facility. A PHC covers a population of 30,000 with six IPD beds. The availability of IPD beds along with Maternal and

Child Care beds in DHs/SDCHs/CHCs/PHCs in the State of Haryana is given in ***Table 5.3***.

Table 5.3: Total number of IPD beds and allocated for Maternal and Child Care in various Health Institutions

Name of Health Institution	Total Number of Health Institutions	Total Number of IPD Beds	Number of Beds allocated for Maternal and Child Care
DHs	22	3,968	1,225
SDCHs	41	2,338	823
CHCs	126	2,708	1,005
PHCs	406	1,997	No specific allocation (allocation as per requirement)
Total		**11,011**	**3,053**

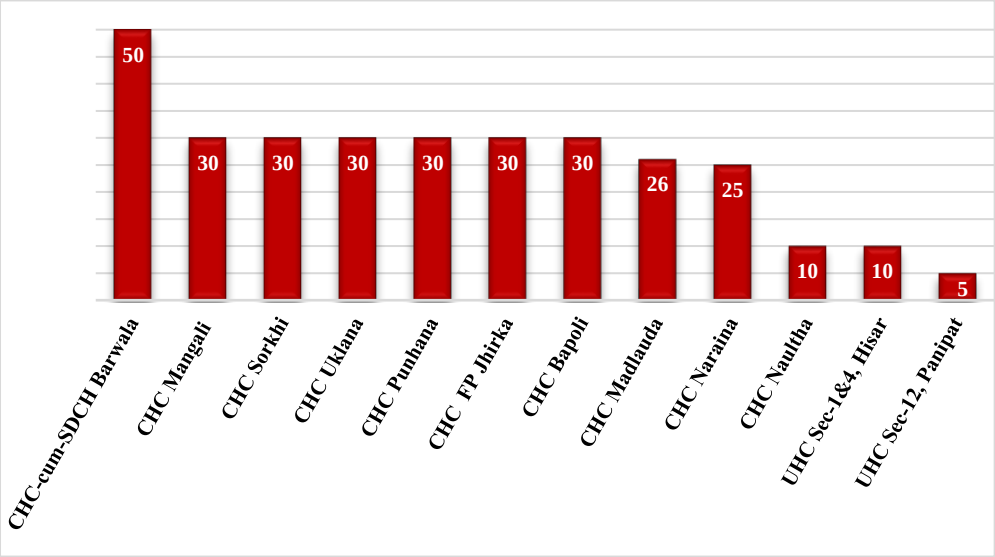
Source: Information furnished by health institutions (April/May 2023).

Seven[4] SDCHs had less than 31 IPD beds. Fifty-nine CHCs out of 126 CHCs had less than 30 IPD beds.

5.4.3 Availability of beds in CHCs/PHCs was not adequate

Audit collected information (April-May 2023) from the test checked 12 CHCs and found that only seven CHCs had beds as per norms as shown in ***Chart 5.2***.

Chart 5.2: Availability of beds in test-checked CHCs



Source: Information furnished by test-checked CHCs (April/May 2023).

Further, against the norm of six IPD beds, in nine out of 24 test checked PHCs/ UPHCs six or more IPD beds were available. Seven[5] PHCs/UPHCs had less than six beds and eight[6] PHCs/ UPHCs did not have any in-patient bed. Reasons for non-availability of adequate number of IPD beds in CHCs/PHCs were sought in the test-checked districts.

[4] SDCHs (i) Devrala, (ii) Hailey Mandi, (iii) Shahbad, (iv) Mohindergarh, (v) Kanina, (vi) Chautala and (vii) Kharkhoda.

[5] PHCs (i) Hasangarh,(ii) Daultpur, (iii) Atta, (iv) Mandi, (v) Siwah, (vi) Pattikalyana and (vii) UPHC Raj Nagar, Panipat.

[6] PHCs (i) Ladwa, (ii) Agroha, (iii) Israna, (iv) Rair Kalan, and UPHCs - (v) Char Qutab Gate Hansi, (vi) Patel Nagar Hisar, (vii) Rajeev Colony and (viii) Hari Singh Colony.

The Department clarified (January 2023) that PHC Naultha had 10 beds as it was upgraded to CHC in December 2016 in the old building. UHC Sector 1 and 4, Hisar was having 10 beds due to space constraints.

5.5 Achievement under National Quality Assurance Programme

National Quality Assurance Standards (NQAS) have been developed keeping in mind the specific requirements for public health institutions as well as global best practices. NQAS are currently available for DHs, CHCs, PHCs and UPHCs. Standards are meant for providers to assess their own quality for improvement as well as facilities for certification. Under National Quality Assurance Programme, certifications are envisaged at state and national level of certification. Financial incentives are also given as per level and scope of certification.

As of March 2022, against the total number of 717 public health institutions, only 108 (15 *per cent*) were NQAS certified. The category wise certification during the period 2016-22 in the State is shown in ***Table 5.4***.

Table 5.4: Number of health facilities (category wise) receiving NQAS certification

Type of facility	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
DH	3	1	1	2	1	0	8
SDCH	0	0	1	2	1	0	4
CHC/UCHC	0	1	0	2	1	0	4
PHC/UPHC	0	8	26	39	14	5	92
Total	**3**	**10**	**28**	**45**	**17**	**5**	**108**

Source: Information furnished by Haryana State Human Resource Centre, Panchkula.

Further, it was observed that only 12 health institutions out of 93 health institutions were NQAS certified in the selected districts with a shortfall of 86.05 *per cent*. Moreover, none of the CHCs in the selected districts has been certified under NQAS scheme. NQAS facilities-wise achievement in the selected three districts is given in ***Table 5.5***.

Table 5.5: Number of Health institutions (HIs) which achieved NQAS in test-checked districts

Type of Health Institutions	Panipat		Hisar		Nuh	
	Number of HIs	NQAS certified His	Number of His	NQAS certified HIs	Number of HIs	NQAS certified HIs
DH	1	0	1	1	1	0
SDH	1	0	5	1	0	0
CHC/UCHC	7	0	8	0	4	0
PHC/UPHC	12	3	27	4	19	3
Total	**21**	**3**	**41**	**6**	**24**	**3**

Source: Information supplied by District Quality Assurance Units in test-checked districts (Panipat: as on 31 December 2021, Hisar: as on 31 March 2022 and Nuh: as on 31 May 2022).

The office of State Health Systems Resource Centre, Haryana (HSHRC) replied (October 2022) that Haryana had made year-wise growth in NQAS certification. The fact, however, remains that only 14 *per cent* of health institutions were NQAS certified.

5.6 Health and Wellness Centres

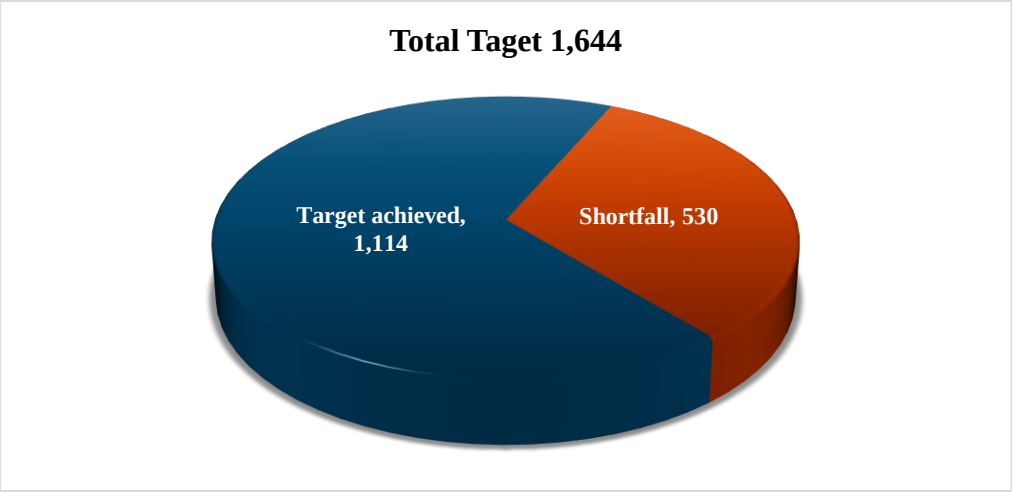
The National Health Policy, 2017 recommends strengthening the delivery of Primary Healthcare, through establishment of "Health and Wellness Centres (HWCs)" as the platform to deliver Comprehensive Primary Healthcare and calls for a commitment of two third of the health budget to primary healthcare.

As per Ayushman Bharat Comprehensive Primary Healthcare through Health and Wellness Centres operational guidelines, in February 2018, the Government of India (GoI) announced that 1,50,000 HWCs would be created by transforming existing SCs and PHCs to deliver comprehensive primary healthcare and declared this as one of the two components of Ayushman Bharat. The other component of Ayushman Bharat, namely the Pradhan Mantri Jan Arogya Yojana (PMJAY) aims to provide financial protection for secondary and tertiary healthcare. These HWCs were conceptualised to ensure the highest possible level of health and well-being at all ages, through a set of preventive, promotive, curative and rehabilitative services.

5.6.1 Non achievement of targets for infrastructure strengthening of HWCs

In accordance with GoI's decision in the year 2017-18, the National Health Mission, Haryana decided (September 2018) that all existing SCs, PHCs and some UPHCs would be upgraded into HWCs in a phased manner by 2024. As per information furnished by the Department, the targets fixed and achievements under upgradation of HWCs during 2016-21 are given below:

Chart 5.3: Target/achievement for upgradation of HWCs in Haryana

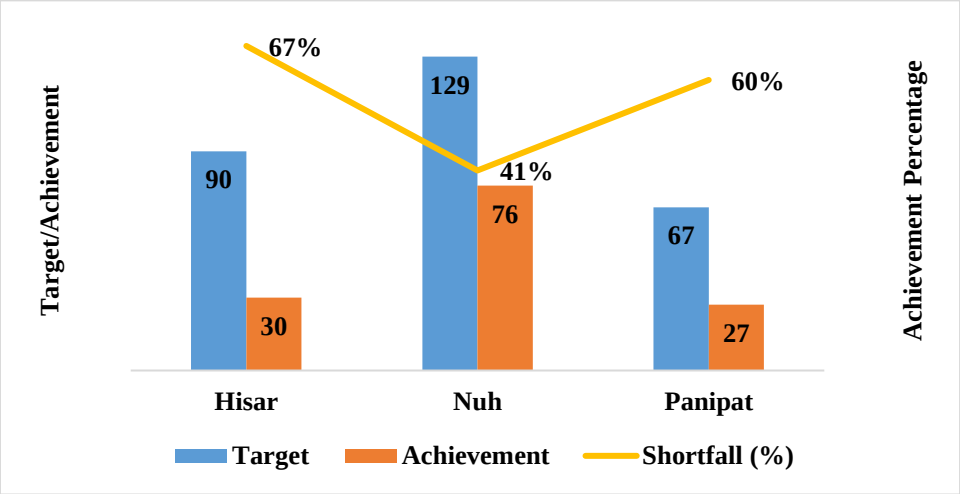


Source: Information supplied by National Health Mission, Haryana.

GoI had approved a budget of ₹ 291.27 crore for upgradation of 1,644 SCs into HWCs during the period 2016-21 in the State. However, NHM Haryana had utilised only ₹ 35.84 crore and could complete infrastructure strengthening of only 1,114 HWCs upto November 2021. Thus, the pace of utilisation of budget and upgradation of SCs and PHCs/UPHCs to HWCs was slow.

The status of upgradation of HWCs in the test-checked three districts is given in ***Chart 5.4***.

Chart 5.4: Status of upgradation of HWCs in test-checked districts



Source: Information supplied by selected District Health Societies.

It was observed that in the test-checked districts, out of 286 targeted HWCs, only 133 HWCs could be upgraded with a shortfall of 53 *per cent*. The minimum shortfall was seen in district Nuh, while maximum shortfall was seen in district Hisar. The lack of availability of services in the test-checked upgraded HWCs has been detailed in Chapter 3.

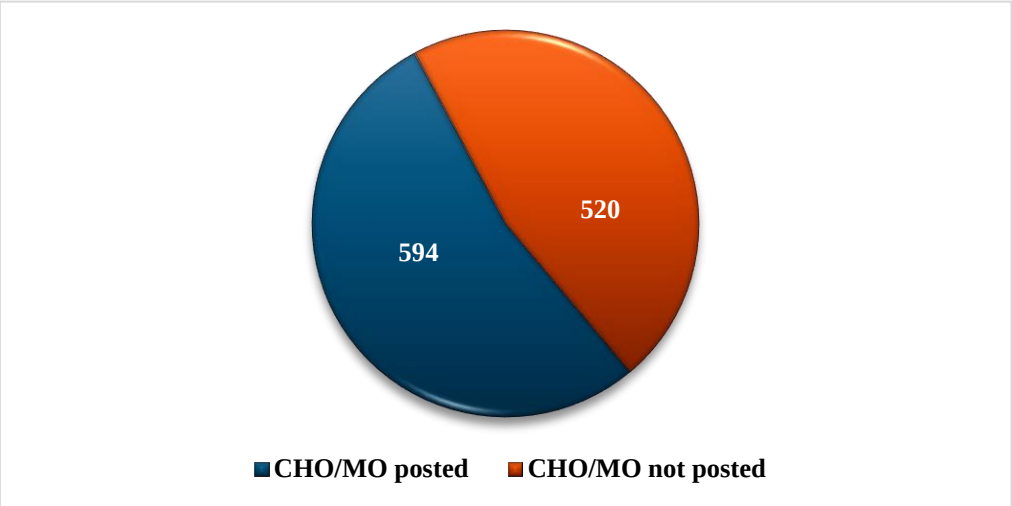
NHM replied (January 2023) that the budget for infrastructure strengthening of HWCs was advanced to PWD (B&R) during the period 2019-23. However, PWD (B&R) surrendered funds for 873 sites where no work was started, citing shortage of staff. They were presently in the process of hiring a new agency for the purpose.

5.6.2 Operationalisation of HWCs

As per Comprehensive Primary Healthcare guidelines for HWCs, a key addition to the primary health team at the SC-HWC, would be the Mid-level Health Provider (MLHP) who would be a Community Health Officer (CHO). The CHO would be either a BSc in Community Health or a Nurse (GNM or BSc) 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 healthcare services.

The number of up-graded HWCs, which were not operationalised in the State of Haryana and the test-checked three districts is given in ***Chart 5.5*** and ***Chart 5.6*** respectively.

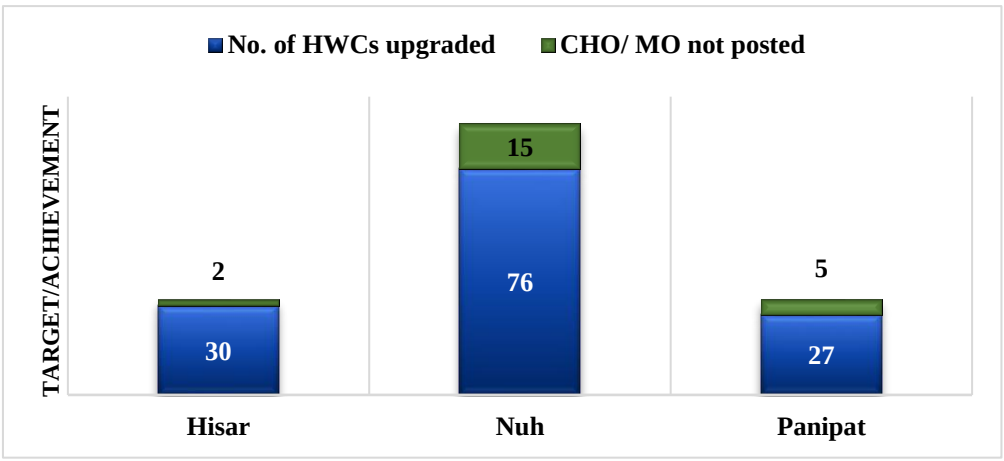
Chart 5.5: Number of HWCs upgraded and not fully operationalised in State of Haryana



Source: Information supplied by NHM, Haryana

As intimated by the Department, NHM Haryana had fixed target (up to March 2021) for upgradation and operationalisation of 1,644 SCs and PHCs to HWCs. Against the target, NHM could upgrade 1,114 (upto November 2021) and out of these 1,114 HWCs, only 594 HWCs could be operationalised by deploying Community Health Officers (CHO). In the remaining 520 HWCs, CHOs could not be deployed. These HWCs therefore could not be made fully operational to provide the full services as per HWC guideline. Non-achievement of targets had hampered delivery of health services in the State.

Chart 5.6: Upgraded HWCs and non-operational HWCs in test-checked Districts



Source: Information supplied by selected DHSs.

Out of a total 133 upgraded HWCs in the test-checked districts, no CHO/MO was posted in 22 HWCs. The maximum number of vacant posts of CHO/MO were seen in district Nuh.

As per the HWC guidelines, the rationale for introducing this new cadre of health provider is to augment the capacity of the HWC to offer expanded range of services closer to the community, thus improving access and coverage with a commensurate reduction in out-of-pocket expenditure. However, due to non-posting of CHOs in the upgraded HWCs, the above objective could not be fully achieved.

NHM replied (January 2023) that recruitment of 671 CHOs was advertised during the year 2020-21. But due to multiple litigation and as per directions issued by Hon'ble High Court, only 236 CHOs were engaged. Decision of the High Court for the remaining 435 posts was still awaited and action would be taken accordingly. Further, NHM had again advertised for recruitment of 1,314 CHOs and the recruitment process for 787 CHOs had been completed. NHM had assured that all upgraded HWCs would be operationalised by the end of the financial year 2022-23.

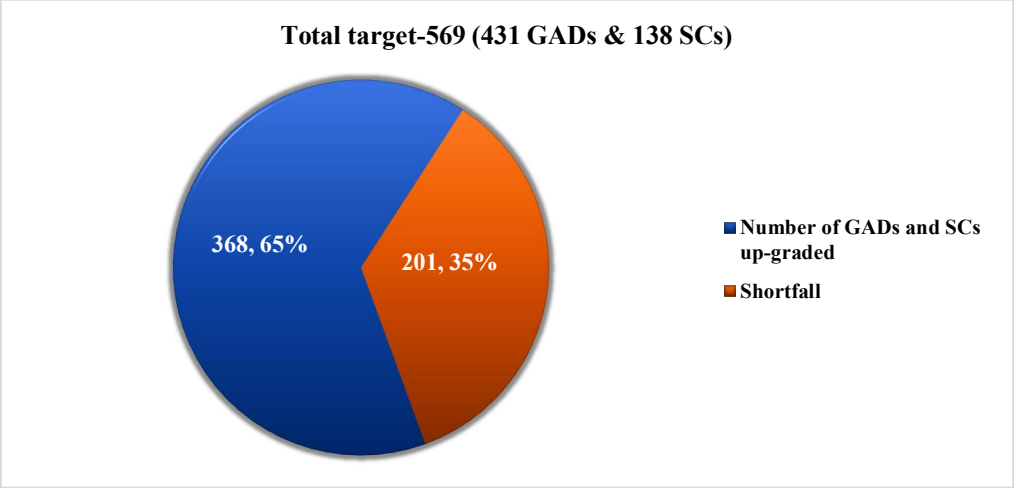
5.7 AYUSH Health & Wellness Centres

As per Ayushman Bharat AYUSH Health and Wellness Centres (AHWCs) operational guidelines (January 2019), 10 *per cent* of the existing Government AYUSH dispensaries (GADs) and SCs were to be upgraded to AHWCs under Ayushman Bharat. Further, the AHWC would be considered functional once the delivery of service is initiated. The service delivery includes preventive, promotive, curative and rehabilitative healthcare services.

Government of India approved a Centrally Sponsored Scheme on a 60:40 basis (Centre:State) for upgradation of 569 GADs/SCs to AHWCs at a cost of ₹ 57.06 crore[7] during the period 2019-22 in the State. GoI had allocated ₹ 34.24 crore[8] (60 *per cent* of ₹ 57.06 crore) for upgradation for the period 2019-22. As of February 2023, 368 out of 569 GADs/SCs had been upgraded by utilising an amount of ₹ 51.69 crore[9].

The number of GADs and SCs upgraded into AHWCs in the State of Haryana and the test-checked three districts is given in ***Chart 5.7*** and ***Chart 5.8*** respectively.

Chart 5.7: Number of GADs and SCs up-graded into AHWCs in State of Haryana



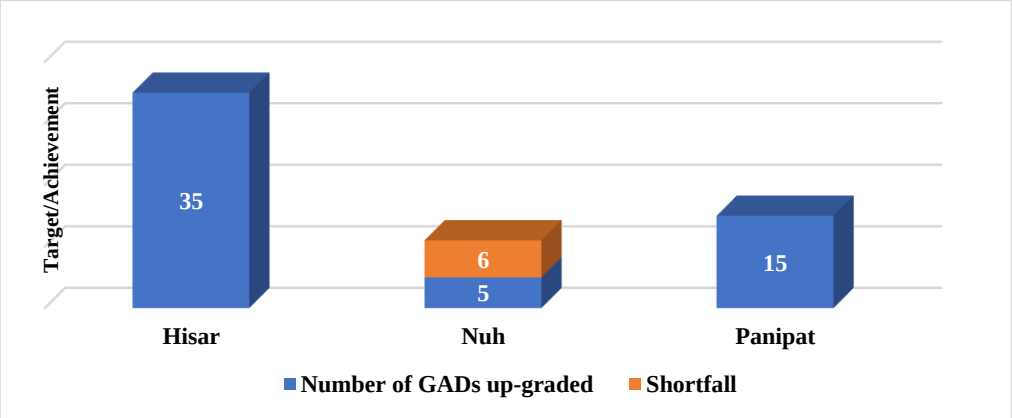
Source: Information furnished by Department of AYUSH, Haryana.

[7] ₹ 57.06 crore = 2019-20: ₹ 13.49 crore + 2020-21: ₹ 41.17 crore + 2021-22: ₹ 2.40 crore.
[8] ₹ 34.24 crore = 2019-20: ₹ 8.09 crore + 2020-21: ₹ 24.71 crore + 2021-22: ₹ 1.44 crore.
[9] ₹ 51.69 crore = 2019-20: ₹ 13.49 crore + 2020-21: ₹ 36.55 crore + 2021-22: ₹ 1.65 crore.

The remaining 201 GADs/SCs (63 GADs & 138 SCs) could not be upgraded due to bad condition of the buildings, which required major repairs. Further, work on any of the targeted 138 SCs was not even started for upgradation due to non-identification of SCs. The key principle to upgrade these GADs and SCs into AHWCs was to ensure universal access to an expanded range of care. Thus, due to non-upgradation of these targeted AHWCs, preventive, promotive, curative and rehabilitative healthcare could not be provided to the masses in the catchment areas of these AHWCs. The availability of services in the AHWCs in the test-checked districts has been discussed in Chapter 3.

The Department of AYUSH replied (January 2023) that the work on 138 SCs could not be started due to delay in finalisation of list of SCs by NHM. Further, work on 29 units (21 GADs + 8 SCs) was still under progress. The work order for establishment of 121 SCs and 10 GADs had now been placed on the executing agency.

Chart 5.8: GADs and SCs upgraded into AHWCs in test-checked districts



Source: Information furnished by O/o District Ayurvedic Officers (DAO) of test-checked districts.

In the test-checked districts, shortfall in upgradation of AHWCs was found only in district Nuh (55 *per cent*). Further, it was also observed that the office of the District Ayurvedic Officer, Hisar got six[10] AHWCs constructed through Executive Engineer Panchayati Raj, Hisar. The construction work of these AHWCs was completed between October 2020 and December 2020, but these AHWCs could not be made fully functional as of June 2022. This was due to various reasons such as non-appointment of staff, non-availability of furniture and non-availability of equipment.

The Department replied (January 2023) that these six dispensaries (Hisar) were constructed by Panchayati Raj and were not considered for upgradation as either construction work was near completion or these were not handed over to the Department. But now (March 2022) these dispensaries had been taken into consideration for upgradation and included in the work order already issued to

[10] AHWCs (i) Uglana, (ii) Madanheri, (iii) Khanpur, (iv) Mehjad, (v) Lohari Ragho and (vi) Badchapar

the executing agency. The District Ayurvedic Officer, Nuh replied (June 2022) that the AHWCs were announced in December 2019 and due to onset of COVID-19, the upgradation work of the AHWCs could not be completed on time. The reply is not tenable since there were no ban on construction works when the period of COVID-19 was over.

5.8 Status of new construction and upgradation works

As per the data furnished by office of DGHS, during April 2016 to November 2022, 291[11] Civil works with administrative approval of ₹ 1,908.88 crore were sanctioned. Of which two Civil works were already in progress on 1 April 2016. Out of these 291 civil works, 186 works were related to construction of new buildings, whereas the remaining 105 civil works were related to upgradation, renovation, extension etc. of the already existing infrastructure.

During the period from 2016-17 to 2022-23 (upto November 2022), 250 civil works were taken up, out of which only 173 works were completed with an expenditure of ₹ 590.77 crore. The balance 41 (291-250) civil works could not be taken up due to the following reasons:

i. Eleven civil works (2 works of 2017-18, 6 of 2019-20, 2 of 2020-21 and 1 of 2021-22) could not be taken up due to non-availability of encumbrance free site.

ii. 21 works (one work of 2019-20, two works of 2020-21, 12 works of 2021-22 and 6 works of 2022-23) could not be taken up due to delays in finalisation of administrative approval, detailed estimates, tendering process and/or start of work.

iii. Nine civil works were held up due to other reasons like non-transfer of requisite funds, rescinding of agreement and change in scope of work.

Further analysis of the data revealed that 173 works with an expenditure of ₹ 590.77 crore were completed during the above-mentioned period. Only 60 works were completed in time and in case of the remaining 113 works, there were delays in completion, as summarised in ***Table 5.6***.

Table 5.6: Summary of delays in completed works

Period of delay	No. of civil works	Expenditure incurred (₹ in crore)
No. of works completed in time	60	231.44
No. of works completed with a delay upto one year	78	237.49
No. of works completed with a delay beyond one year but upto 2 years	27	79.64
No. of works completed with a delay beyond 2 years	8	42.20
Total	**173**	**590.77**

Source: Data furnished by DGHS, Haryana

[11] Six Civil works A/A ₹ 147.81 crore were sanction between June 2014 to March 2016

In case of the three selected districts, out of the 32 works taken up for completion, only 25 works could be completed. Only 12 works were completed within the scheduled completion time, whereas in case of the remaining 13 works, there were delays ranging from 2 months to 38 months (delays of upto one year in nine cases, delays of one year in one case, and more than two years in 3 cases). Further in case of the remaining seven incomplete works, it was noted that delays were due to slow pace of work and delay in finalising estimates as summarised in ***Table 5.7***.

Table 5.7: Status of incomplete works in selected districts

Sr. No.	District	Name of work	Start Date	Cumulative expenditure as of October 2022 (₹ in lakh)	Work status
1	Hisar	Construction of 50 bedded to 100 bedded Hospital at Narnaund	16 March 2019	985.32	95 *per cent* work executed- In progress
2	Hisar	Construction of PHC Sindhar	21 February 2020	399.98	95 *per cent* work executed- In progress
3	Nuh	Special repair for various residences and road and parking in Civil Hospital at Mandikhera	16 January 2020	105.16	40 *per cent* work executed. Road & parking work completed and repairing work of the building is in progress.
4	Nuh	Construction of PHC with residential accommodation of Village Bisru	26 August 2021	264.46	65 *per cent* work executed.
5	Nuh	Construction of District TB Centre in General Hospital at Mandikhera	--	0.00	Detailed estimate & DNIT returned to SE Gurugram for compliance of the observations. Now rough cost estimate uploaded on Haryana Engineering Works (HEW) portal for tendering process.
6	Panipat	Construction of Mother and Child block at Civil Hospital Panipat	06 June 2021	240.53	28 *per cent* work executed.
7	Panipat	Construction of platform, shed for oxygen plant and a room for plant's operator in the campus of CHC, Bapoli	--	0.00	Detailed Estimate under preparation

Source: Data furnished by DGHS, Haryana

The delay in completion of the various construction and upgradation works has not only resulted in the blocking of funds in those works, but also has resulted in denial of the intended benefits to the general public.

5.9 Infrastructure not put to use appropriately in test-checked health institutions

Audit noticed several instances in the test-checked institutions where civil structures were not put to proper use as detailed below:

i. SDCH, Samalkha was shifted to a new building constructed in 2020. However, even after two years the building was not taken over (as on 6 March 2022) by the Department due to a number of deficiencies in the civil structure. Further, operation theatres constructed in SDCH, Samalkha had not been put to use since 2020. The deficiencies are given

in Para 3.5 of Chapter-3 in detail and complete detail of deficiencies is given as a case study below.

ii. Labour room available at PHC, Atta and UHC, Sector 12, Panipat was not put to use.

iii. Under jurisdiction of CHC Firozpur Jhirka, out of the selected four sub centres, three sub centres i.e Hirwari, Bukharka and Ganduri were established in 2015 but were not in use. The SMO, CHC Firozpur Jhirka stated (June 2022) that the sub centres remained non-functional due to non-posting of required staff.

Case Study: SDCH Samalkha

The SDCH, Samalkha was upgraded from CHC in the year 2014. It was shifted in November 2020 to a newly constructed building of SDCH despite having many structural deficiencies. The building had not been formally taken over by Health Department as on 6 March 2022.

During the joint inspection, many deficiencies as detailed below were noticed:

- There were leakages from roof of OPD building and Isolation ward.
- There were cracks in the walls of Dental OPD room and Emergency ward. Cracks were found on outer side of walls of OPD building.
- Plaster of walls was found peeled off at many places.
- Flush of male toilet was not working and there were no water taps installed in some of the female toilets. There were no incinerators installed in any of the female toilets.
- Fire hydrants were not working.
- High-Tension wires were passing over hospital premises.
- Oxygen plant installed in January 2022 was found non operative.
- There was water logging in the basement due to leakage from the side walls and roof.
- Separate laundry facilities were not available and it was carried out in one of the toilets.
- Outlet pipes of toilets and washbasins of General ward were broken.
- False ceiling of operation theatre was broken.
- Due to non-availability of surgeons, operation theatre and equipment were not utilised. Water filter was found covered and it was found installed in open area on a roof.
- There was no sewerage treatment facility and sewage was being dumped in open pit.
- X-ray machines were lying idle due to non-posting of radiographer.

Further, there were vacancies of 7 doctors against the sanctioned strength of 11 doctors, 5 staff nurse against sanctioned strength of 15 staff nurse and

3 vacancies of paramedical staff against the 7 sanctioned posts. The hospital was providing OPD services in only General Medicine and Dental.

The status of the building which is not even two years old is shown through the images given below:

<table>
<tr><td>  </td><td>  </td></tr>
<tr><td>Broken false ceiling of Operation Theatre</td><td>Cracks in the building facade</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>Water seepage through roof in the hospital building</td><td>Cracks in the building facade</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>Peeling off plaster/paint of roof dental room</td><td>Seepage in OPD patient waiting area</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>High-Tension wires were passing through hospital premises</td><td>Water filter installed in open area on the roof of the hospital</td></tr>
</table>

5.10 State Tuberculosis Hospital, Hisar

State Tuberculosis (TB) Hospital, Hisar was established during the year 1960. The hospital caters to the need of OPD/ IPD along with diagnostic services for TB patients. The TB Hospital was set up with 75 beds, which is now reduced to 25 beds due to dilapidated condition of the hospital building since 2015. Specific norms for services and resources such as OPD, IPD, diagnostic services, equipment, etc. in the TB hospital do not exist. During physical inspection (31 January 2023), it was found that building structure and the residential accommodation were in a dilapidated condition.

	
Residential quarters at TB Hospital, Hisar	**Toilet for IPD wards at TB Hospital, Hisar**

PWD Department had recommended to declare the building as condemned in the year 2015 and the State Government gave approval for dismantling the TB hospital in October 2016. Thereafter, TB hospital authorities requested (March 2016) PWD to provide estimates for dismantling. In June 2022, PWD supplied an estimate for dismantling one portion of the building. However, despite many requests (March 2016 to December 2022), PWD did not provide complete estimates for dismantling the hospital building.

5.10.1 Availability of essential medicines and manpower in TB Hospital

Central TB Division has prescribed 15 types[12] of essential drugs for treatment of TB. However, five medicines[13] were not available in the hospital. Further, important drugs like Rifampcin and Pyrazinamide were not available since June 2022 and October 2022 respectively.

All five sanctioned posts of Medical Officers including Medical Superintendent, two posts of Pharmacy Officers and 12 posts of Sr. Nursing Officer/Nursing Officer were filled-up.

[12] (i) Rifampcin, (ii) High dose H, (iii) Ethambutol, (iv) Pyrazinamide, (v) Levofloxacin, (vi) Moxifloxacin/High Dose Mfx, (vii) Ethionamide, (viii) Cycloserine, (ix) Na-PAS, (x) Pyridoxine, (xi) Clofazimine, (xii) Linezolid, (xiii) Amoxyclav, (xiv) Bedaquiline and (xv) Delamanid.

[13] (i) Rifampcin, (ii) Pyrazinamide, (iii) Na-PAS, (iv) Amoxyclav and (v) Delamanid

5.10.2 Non-availability of Separate IPD wards for Multi Drug Resistance (MDR) TB Patients

As per Revised National Tuberculosis Control Programme (RNTCP) guidelines, 2017, the MDR ward should be located away from the other wards with preferably a separate passage for the patients to access to the toilets.

However, the wards for drug sensitive TB patients and MDR Patients were adjacent to each other in TB Hospital, Hisar, which was in contravention of the RNTCP guidelines. Further, the IPD beds were not categorised separately for paediatrics, male and female patients. Moreover, functional toilets were also not available with the IPD wards.

5.10.3 Non-availability of critical diagnostic services

In TB Hospital, Hisar, diagnostic services relating to X-ray, Sputum Smear Microscopy and Cartridge Based Nucleic Acid Amplification Test (CBNAAT) were available. However, CBNAAT machine, being an important test for detecting MDR TB patients, was not functional during the month of March 2016 and April 2016 (due to non-availability of AC in the Lab) and during December 2020 and June 2021 to April 2022 (due to non-functioning of the machine and non-availability of cartridges). Further, during physical inspection (31 January 2023), it was also observed that a Complete Blood Count (CBC) machine was non-functional for more than three months. Thus, the objective of GoI to provide free drugs and diagnostic services to TB patients could not be achieved.

5.10.4 Availability of infrastructure in DMC lab

As per Guidance for accreditation of laboratories under RNTCP for Mycobacterial Culture & DST guidelines, minimum space for culture and DST laboratory includes:

i. Adequate space for washing and sterilisation
ii. Space for storing sterile items
iii. Media preparation and inspissation[14] room
iv. Walk-in cold room
v. Culture room and culture reading area
vi. Walk-in incubator room/space for keeping large-sized incubators to hold cultures
vii. Space for keeping the deep freezer, BOD Incubator, etc.

[14] Technique to solidify as well as disinfect serum containing media.

However, none of the infrastructure facilities were available in the DMC lab. Further, during physical inspection, it was also found that the two freezers for laboratory were installed in the hospital corridor due to shortage of space.

5.10.5 Availability of equipment in laboratory

As per servicing standard operating procedure of key lab equipment[15], a laboratory should have a biological safety cabinet (BSC), Air Handling Unit (AHU), Refrigerated Centrifuge (RC) and Autoclave.

It was found that none of the above equipment was available in the hospital. Thus, in the absence of these equipment, the proper protection and optimal functioning of lab could not be ensured.

5.10.6 Infection control management

As per Airborne Infection Control guidelines, a facility infection control / bio-medical waste management plan should be in place. There should be a facility infection control committee and bio-medical waste management committee.

Infection control plans serve to establish visible commitment of facility and facility administration to infection control, articulate clear policies and procedures to ensure proper implementation and make staff roles and responsibilities clear. The facility infection control plan should describe specific measures to be taken and staff roles and responsibilities on ensuring implementation. The plan should also identify the resources in terms of human, material and funding for executing the infection control plan.

It was observed that infection control committee and bio-medical waste management committee were not constituted in the hospital. Further, risk assessment of the health facilities was also not conducted for infection control plan. Checklist for hygiene and infection control was also not available. Further, the facility of autoclave was also not available for sterilisation of instruments, glass ware or media solution in the diagnostic TB laboratory and for decontamination of biological material consisting of infectious waste. Thus, in the absence of a proper plan, the safety of hospital staff and patients was at risk.

[15] **BSC**: Biological Safety Cabinets (Class II) provide protection for experiments (product), personnel and environment. **AHU**: Air handling system is part of TB containment facility and offers protection for personnel, experiments (product) and environment by ensuring directional air flow and maintaining the laboratory under constant negative pressure. **RC**: A refrigerated centrifuge is intended to separate particles in a liquid by sedimentation. In TB laboratory, refrigerated centrifuges are used for the sedimentation of tubercle bacilli and their concentration within liquefied sputa or body fluids. **Autoclave**: The autoclave by using saturated steam under pressure is the most effective means of sterilisation of instruments, glass ware or media solution in the general diagnostic TB laboratory and for decontamination of biological material consisting of infectious waste.

5.11 Delay in setting up of 50 bedded integrated AYUSH Hospital at Village Mayyer, Hisar

Operational Guidelines, 2014 for AYUSH services provide that the main objective of AYUSH services is to enhance coverage of healthcare system through cost effective AYUSH services by focusing on core competency areas of AYUSH through upgrading AYUSH hospitals and dispensaries, co-location of AYUSH facilities at PHCs, CHCs, DHs and setting up of upto 50 bedded integrated AYUSH hospitals. Further, financial assistance upto ₹900 lakh (for undertaking construction, with lump sum provision for staff quarters fixtures, equipment, etc.) will be provided by GoI to the States/ UT Governments for setting up of upto 50 bedded integrated AYUSH hospitals as a one-time grant.

Ministry of AYUSH, GoI, accorded approval (2015-16) for construction of 50 bedded integrated AYUSH hospital under National AYUSH Mission in Haryana. Land was identified in the premises of Directorate of AYUSH, Panchkula and an amount of ₹233.34 lakh (₹83.34 lakh, ₹100 lakh and ₹50 lakh during 2015-16, 2016-17 and 2017-18 respectively) was approved. Another project of National Institute of Ayurveda was approved for district Panchkula and a proposal was sent (April 2019) to Ministry of AYUSH, GoI by the Director General, AYUSH Department, Haryana to relocate the 50 bedded integrated AYUSH hospital from district Panchkula to village Mayyer. The proposal was approved by the Ministry in June 2019, an amount of ₹1,085.18 lakh (₹675 lakh from National Ayush Mission + ₹410.18 lakh from State budget) were earmarked (September 2019) for the construction of the above hospital. Accordingly, ₹675 lakh were released to Executive Engineer, Provincial Division No. III, PWD B&R, Hisar for construction of the above hospital (January 2020). The Department intimated that against the administrative approval of ₹1,085.18 lakh, an expenditure of ₹812.30 lakh had been incurred (January 2022). However, the hospital did not start functioning as the building was still under construction. Thus, even after a lapse of more than seven years, the main objective to enhance coverage of the healthcare system could not be achieved due to change in site.

The Department replied (January 2023) that 80 *per cent* work had been completed and sanctioned strength for the AYUSH hospital has also been approved. The fact remains that even after a lapse of more than seven years, the hospital could not be made functional.

5.12 Establishment of medical colleges

5.12.1 Medical Institutions in the State

As of January 2024, there were a total of nine medical colleges (including PGIMS, Rohtak) in the State, out of which six medical colleges were functional. Out of these nine colleges, four colleges were in existence before March 2016 and the remaining five colleges (including one acquired private medical college, Chhainsa district Faridabad) were sanctioned during the period 2016-23. The details of these colleges are given below:

(a) Colleges as of March 2016- The State had only one functional Post Graduate Institute and three functional medical colleges having 590 MBBS seats and 360 Post Graduate (PG) seats. The position of medical institute/colleges is given in ***Table 5.8***.

Table 5.8: Details of Medical Institute/colleges established in the State till March 2016

Name of Medical College	Year of establishment	Number of MBBS Seats	Number of PG Seats
PGIMS, Rohtak	1960	250	259
BPS Khanpur Kalan, Sonipat	2012	120	28
SHKM Nalhar, Nuh	2013	120	21
MAMC Agroha, Hisar (Aided)	2002	100	52
Total		**590**	**360**

Source: Website of National Medical Commission

(b) New colleges during 2016-23-During 2016-23, three medical colleges at Jind, Narnaul and Karnal with 420 MBBS seats (along with 19 PG seats for medical college, Karnal) were sanctioned under State Plan. One medical college at Bhiwani with 150 MBBS seats was sanctioned under Centrally Sponsored Scheme. Out of these four sanctioned medical colleges, only one (at Karnal) is functional as of February 2023 as detailed in ***Table 5.9***.

Table 5.9: Details of medical colleges sanctioned after March 2014

Name of Medical College	Number of MBBS Seats	Year of sanction	Status
Jind	150	2020	Under construction (67 *per cent* completed)
Narnaul	150	2019	Under construction (90 *per cent* completed)
Karnal	120	2017	Functional
Bhiwani (Centrally Sponsored Scheme)	150	2014	Under construction (90 *per cent* completed)

Source: Information supplied by DMER and website of National Medical Commission

Apart from these, one private medical college at Chhainsa (Faridabad) was acquired by the State Government from a failed private management in 2020. This medical college was functional with intake of 100 MBBS students from academic year 2022-23 onwards.

Further, one All India Institute of Medical Sciences (AIIMS) in Haryana was sanctioned by GoI in February 2019 for which all expenditure (except land) is

to be incurred by GoI. For this purpose, the State Government identified approximately 210 acre land in Rewari, for which lease deed for approximately 149 acre land had been executed till January 2023.

5.12.2 Delay in submission of proposals/DPRs leading to non-establishment of colleges

Ministry of Health & Family Welfare, GoI, apprised (30 August 2019) the State Governments that it had launched Phase III of Centrally Sponsored Scheme for establishment of new medical colleges or institutes with facilities for post graduate medical education in districts where there were no medical colleges. The scheme envisaged project cost of ₹ 325 crore per college, sharable between the GoI and State Governments in the ratio of 60:40. It was also requested to identify the district/referral hospital fulfilling the prescribed criteria as per guidelines of the scheme and send the proposals along with detailed project report (DPR) for consideration. The same was again requested by GoI in December 2019. Further, GoI also informed that these colleges would become functional by the year 2022-23 and instructed the State Government to expedite submission of proposals along with DPRs to avail benefit of this scheme.

In phase I of the above scheme, the State Government selected one Government Medical College, Bhiwani and in phase II, no government college was selected. The State Government decided (February 2020) to establish three new medical colleges attached with the existing district/referral hospital in Haryana at Yamuna Nagar, Kaithal and Sirsa. But neither the proposal for opening of new medical colleges nor the DPRs were sent to the GoI within the prescribed time. Further, during a review meeting (August 2020) held with Ministry of Health and Family Welfare it was intimated that due to non-submission of DPRs, the proposal/DPRs could not be approved by the GoI.

Thus, the possibility of getting three new MCs under the scheme could not be materialised and State Government was deprived of central assistance valuing ₹ 585 crore[16] due to non-submission of proposals/DPRs by the Department.

The Department stated (January 2023) that the executive agencies were to submit the Master Plan and layout by January 2022, however, these were submitted in February and March 2022. Thus, delay in preparation of DPR and consequent failure to comply with the timelines had resulted in the three medical colleges not being included under the GoI scheme.

5.12.3 Unfruitful expenditure on construction of boundary wall

With a view to improve the shortage of doctors and to correct their skewed distribution, a Centrally Sponsored Scheme (75:25, later changed to 60:40 as per 14th Finance Commission recommendation) of "Establishment of new

[16] ₹ 385 crore per college x 3 colleges x 60 *per cent* = ₹ 585 crore

Medical Colleges attached with existing district/ referral hospitals" having more than 200 bed strength in identified districts across the country had been devised during XII Plan period by Ministry of Health & Family Welfare, GoI. Further, as per guidelines in consultation with the State Government on the basis of the following criteria:

i. Districts where there is no medical college, either Government or Private.

ii. District/referral hospital having bed strength of 200 or more. Where there are two different hospitals for male and female patients at a District Headquarters, the combined bed strength of both would be considered for this purpose.

iii. District/referral hospitals which are located on a unitary piece of land of 20 acres or in such manner that another piece of land is available within 10 km radius, with total area of not less than 20 acre and the smaller piece of land not less than five acre in size.

Accordingly, the State Government decided (April 2014) to open a Government Medical College at Bhiwani. A committee chaired by Director General Medical Education and Research , Haryana had identified (July 2014) 179 *Bigha*, 12 *Biswa* (37 acre, 3 *Kanal*, 6 *Marla*) of Panchayat land at Prem Nagar which is 7-8 Kms from Bhiwani on Bhiwani-Hansi Road. The Gram Panchayat passed a resolution (No. 5 dated 15 May 2015 and No. 2 dated 4 October 2016) for lease of this land to Medical Education and Research Department, Haryana for a period of 33 years at the rate of ₹ 1/- per acre per year for establishment of a Medical College at village Prem Nagar. The Governor of Haryana accorded approval (November 2016) for lease of this land.

The work for construction of a boundary wall around the selected site was allotted (June 2018) to a contractor for an amount of ₹ 97.64 lakh and was to be completed in 12 months. The work was completed (13 July 2019) after incurring an expenditure of ₹ 94.01 lakh.

The ACS, MER observed (July 2019) that the site proposed for medical college at Prem Nagar was unsuitable due to distant location from District Hospital. The matter remained undecided and finally the site adjacent to District Hospital, Bhiwani was selected at which the construction work was under progress and 90 *per cent* work executed upto February 2023. Thus, due to change of site at Prem Nagar, Bhiwani to another site, the expenditure incurred on construction of the boundary wall was unfruitful.

The Department replied (January 2023) that due to technical reasons pointed out by the executive agency, the Government approved a new site for the establishment of Government Medical college. The boundary wall constructed at the site would be used for some other scheme of the Government. The reply

is not tenable as the feasibility of the proposal for construction of medical college at Prem Nagar site should have been checked by the Department before construction of the boundary wall.

5.12.4 Establishment and infrastructure of Nursing Institutes in test-checked districts

(i) General Nursing and Midwifery School, Hisar

In GNM School, Hisar, the infrastructure was not found to be as per norms described in Indian Nursing Council (INC) Act, 1947. As per norms, there should have been six laboratories in a nursing training school. It was observed that all labs were available, but none of them was of the prescribed area. One lab was established in a store which was very small to accommodate 20 students. Further, Multipurpose hall, Common room, Staff room, Vice Principal room, proper library, Audio visual aids room and proper faculty room were not available in the school. Transport facility was also not found available. Availability/non-availability of facilities in the hostel is given in ***Table 5.10***.

Table 5.10: Availability of facilities in GNM School, Hisar (status as of April 2022)

Name of facilities	Availability
Hostel room	10 hostel rooms were available with size of 180 sq. feet per room. As per guidelines issued by INC, in a room 50 sq. feet space is required for each student. So, these rooms are suitable for three students, whereas five to six students were presently staying in one room. Thus, size and accommodation for students was not as per INC norms.
Toilet and bathroom	Available but requires renovation.
Recreation	Not Available
Visitor's room	Available but not having attached toilet facility.
Kitchen and dining hall	Available but not having adequate seating capacity as per the students' strength.
Pantry	Not Available
Washing and ironing room	Not Available
Canteen	Not Available

Source: Information furnished by GNM college, Hisar
Facilities which are not available are shaded in red colour and facilities which are available but not as per norms are shaded in pink colour.

DMER replied (January 2023) that the inspection of GNM School, Hisar was conducted and funds for carrying out certain special repair works were allotted (April 2022) to PWD, B&R Department. However, the reply did not clarify whether the scope of work would address all the deficiencies pointed out in audit.

(ii) Auxiliary Nursing and Midwifery School, Mandikhera

ANM School Mandikhera (Nuh) was being run (as on June 2022) in the hostel building of GNM School of Nursing. There were no proper rooms for Principal, teachers & clerical staff. There was no playground for students and no separate teaching block was available. No audio-visual aids were available in the school. The hostel building provided for the GNM School of Nursing was being used

as hostel campus for ANM students also. Though there was a room for recreation but TV was not available. No staff personnel were deployed to the hostel as per the requirement of INC norms. Principal, warden, kitchen helper, security guard were not deployed. One cook and sweeper were taken from district hospital on temporary basis.

(iii) Non-utilisation of newly constructed GNM School of Nursing building in district Nuh

A new building for GNM School which includes teaching block and hostel was constructed at Mandikhera with an expenditure of ₹ 9 crore. The same was inaugurated by the Chief Minister, Haryana on 17 November 2017 and was taken over by the CMO, Mandikhera on 10 December 2018. During joint inspection by audit (23 June 2022), it was noticed that after taking over, the hostel of the building was being utilised by the ANM School of Nursing for teaching facility and hostel facility, whereas the teaching block was partially utilised by the CMO, Mandikhera. The second and third floors were locked and found unutilised. Due to non-maintenance of the building, it was found to be in a very bad condition as many doors and other accessories were infested by termite. No initiative had been taken by the authority to start GNM School of Nursing in this building. Thus, the constructed building was not being fully utilised.

Top floor of Government ANM school of Nursing, Mandikhera, Nuh

5.13 Non-availability and non-maintenance of residential accommodation

As per IPHS 2012 norms, all medical and para-medical staff are to be provided with residential accommodation. If accommodation cannot be provided due to any reason, then the staff may be paid house rent allowance and, in that case, they should stay in the vicinity of the health institutions, so that they are available 24 x 7. Availability of residential accommodation in the test-checked (between January 2022 and July 2022) health institutions is given in ***Table 5.11***.

Table 5.11: Availability of Residential Accommodation in test-checked Health Institutions

Name of district	Name of Health Facility	No. of quarters available	No. of quarters occupied	Status
Hisar	**DH, Hisar**	49	17	Out of 49 government quarters, only 17 quarters have been allotted for which HRA recovered.
	SDCH, Adampur	18	11	Out of 17 residential accommodations, six were not occupied. SMO residence was also not occupied.
	SDCH, Narnaund	19	3	Three quarters occupied by medical officers and 16 quarters of staff nurses and other Staff have been declared condemned by PWD (B&R) Department.
	CHC, Mangali	11	0	Not worth living in due to dilapidated condition.
	CHC, Sorkhi	3	0	Not worth living in due to dilapidated condition. The matter has been taken up with the PWD (B&R) Department for condemnation of these quarters.
	CHC, Uklana	17	2	Four quarters for medical officers are not worth living in and the matter has been taken up with PWD (B&R) Department for repair. Out of six quarters for staff nurse, only one is occupied and rest are vacant. Similarly, out of seven quarters for other staff, only one is occupied and rest are vacant.
	CHC, Barwala	22	10	Only 10 quarters allotted to staff, rest of the quarters are vacant.
	UCHC, Hisar (Sec 1&4)	NIL		Not available
	PHC, Kaimri	3	1	One occupied and rest not worth living in due to bad condition.
	PHC, Talwandi Rukka	4	0	Not worth living in due to dilapidated condition.
	PHC, Puthi Mangal Khan	4	0	Not worth living in due to bad condition.
	PHC, Puthi Samain	3	0	Not worth living in due to bad condition.
	PHC, Hasangarh	3	0	Vacant
	PHC, Daultpur	1	0	Not worth living in due to dilapidated condition.
	PHC, Ladwa	0	0	Not available
	PHC, Agroha	Nil		Not available
	PHC, Dhansu	NIL		Not available
	UPHC, Char Qutub Gate Hansi	NIL		Not available
	UPHC, Patel Nagar	NIL		Not available
Panipat	**DH, Panipat**	8	1	Only one quarter was occupied. Rest of the quarters were neither got repaired nor got condemned during 2016-21.
	SDCH, Samalkha	Nil		Not available
	CHC, Bapoli	11	0	Not in use, were used as store only.
	CHC, Madlauda	7	7	Occupied by the officers/officials.
	CHC, Naraina	11	0	Not occupied by the officers/officials. The residential quarters were in dilapidated condition.
	CHC, Naultha	9	0	Not in use/abandoned since 2005.
	UCHC, Sector-12 Panipat	Nil		Not available
	All the selected PHCs (HWCs)	Nil		Not available
Nuh	**DH, Mandikhera**	80	80	All the quarters were occupied but not maintained properly.
	CHC, Firojpur Jhirkha	Nil		Under construction.
	CHC, Punhana	8	8	Occupied
	PHCs (HWCs), Jamalgarh	6	0	The civil works of residential accommodation was not completed and they were found vacant.
	PHC, Biwan	Nil		Not available
	PHC, Nagina	3	3	Occupied
	PHC, Singar	Nil		Not available

Source: Information furnished by test-checked health institutions

It was observed that:

i. In the test-checked hospitals there were 174 residential quarters. Out of these, only 112 quarters were allotted/ occupied, 39 quarters (32+07) were vacant at DH Hisar and SDCH Adampur and 16 quarters were condemned at SDCH Narnaund. Seven quarters at DH Panipat were not in good condition but had not got repaired/ condemned. Residential accommodation at DH Mandikhera had cracks in the wall, windows

were without window panes and electric wires were hanging outside. No residential accommodation was available at SDCH Samalkha.

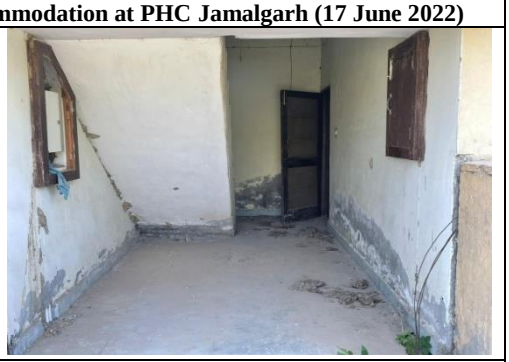
ii. In the test-checked CHCs/ UHCs there were 99 residential quarters, out of which only 27 quarters were allotted/ occupied, nine quarters at CHC Naultha were condemned. Quarters at CHC Maglani and Naraina were in dilapidated condition. Quarters at CHC Bapoli were being used as store. No residential accommodation was available at CHC Firozpur Jhirka (under construction), UHC (Sec 1&4) Hisar and UHC (Sec 12) Panipat.

iii. In the test-checked PHCs/ UPHCs (24), residential accommodation was available in eight[17] PHCs/ UHCs and in 16 PHCs/UPHCs no residential accommodation was available. Out of these eight PHCs, residential accommodation available in six PHCs of Hisar district were in dilapidated condition and were not worth living in and the residential accommodation at PHC Nagina was occupied.

iv. At PHC Jamalgarh, two residential quarters for medical officers and four residential quarters for staff nurses were in dilapidated condition. Doors, windows glass, side railing and wire in electricity fittings were not available.

Incomplete civil structure of residential accommodation at PHC Jamalgarh (17 June 2022)

SMO's residence at CHC Bapoli was being used as store (24 March 2022)



Dilapidated residential accommodation at CHC Naraina (29 March 2022)

[17] PHCs (i) Kaimri, (ii) Talwandi Rukka, (iii) Puthi Mangal Khan, (iv) Puthi Samain, (v) Hasangarh, (vi) Laultpur, (vii) Jamalgarh and (viii) Nagina

5.14 Conclusion

Estimation, planning and creation of requisite infrastructure facilities are essential for ensuring the provision of optimum level of healthcare facilities. As highlighted in this chapter, there was inadequate availability of health institutions as compared to the prescribed norms. There were planning deficiencies and avoidable delays in various construction works like ensuring encumbrance-free site, obtaining requisite administrative approvals and delays in the tendering process. There were shortfalls in achievement of the targets of upgradation of HWCs and AHWCs. Instances of lack of proper up-keep and maintenance of the already constructed/available infrastructure were also noticed, which resulted in these being not fully utilised for the intended purposes.

5.15 Recommendations

1. **The Government should make a plan for determining the requirements and providing the requisite infrastructural facilities in each district, on the basis of its population, local epidemiology, health-seeking behaviour of the population, contribution of the private sector and the benchmarks set under National Health Policy and IPHS norms.**

2. **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.**

3. **The Government may put in place necessary procedures and provisions for effective utilisation of the already available infrastructure, so that the intended benefits can be fully achieved, and cases of idle infrastructure are avoided.**

4. **The Department should maintain statistical data of availability of beds in CHCs, PHCs and HWCs for future planning.**