

Chapter V

Healthcare Infrastructure

Chapter-V: Healthcare Infrastructure

Uneven distribution of Community Health Centres/Primary Health Centres were noticed.

Project Implementation Unit had completed 1,304 (24 per cent) works out of 5,332 works approved during 2016-22.

Shortage of beds was noticed in two test-checked Medical College Hospitals and 16 District Hospitals against the norms of NMC and IPHS respectively. Out of test-checked 18 Community Health Centres and 36 Primary Health Centres, shortage of beds was noticed in 14 CHCs and 15 PHCs against the norms of IPHS.

Adequate building infrastructure was not available in many of the test-checked Sub-District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.

5.1 Introduction

Health infrastructure is an important indicator for understanding the healthcare policy and welfare mechanism in a state. It signifies the investment priority regarding the creation of healthcare facilities. Infrastructure has been described as the basic support for the delivery of public health activities. To deliver quality health services in public health facilities, adequate and properly maintained building infrastructure is of critical importance.

Audit noticed inadequacies in the availability and management of infrastructure, which are discussed in succeeding paragraphs.

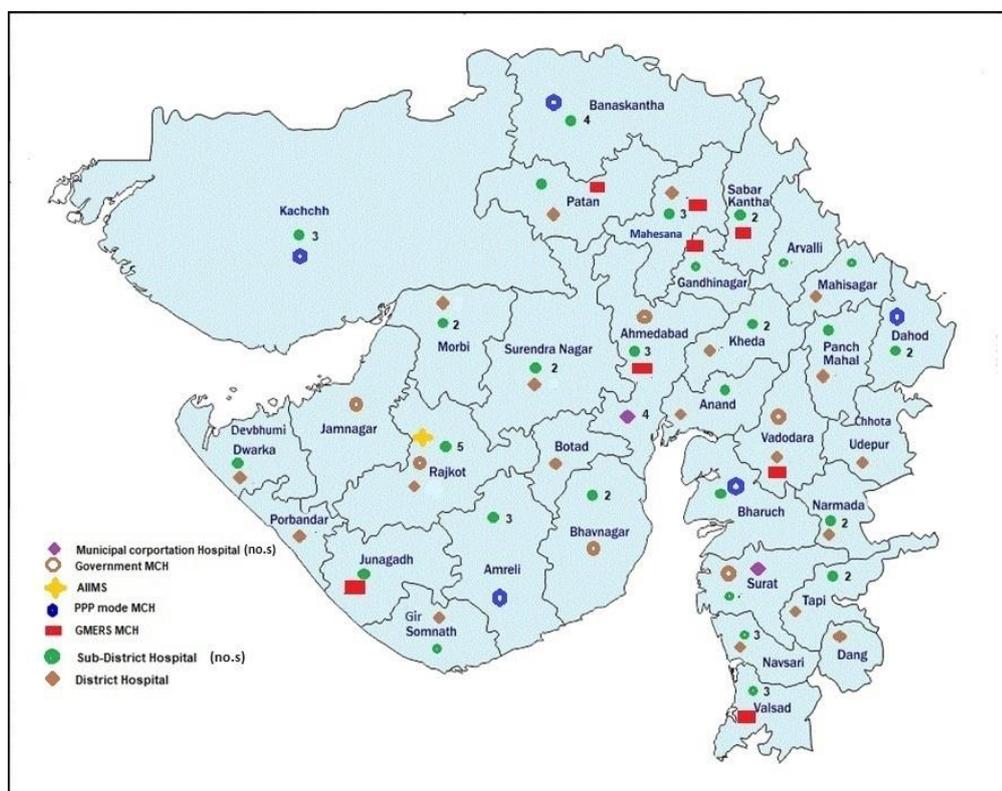
5.2 Availability of Public Healthcare Facilities in the State

Availability of Tertiary Healthcare facilities, Secondary Healthcare facilities and Primary Healthcare facilities in the State are discussed in subsequent paragraphs.

5.2.1 Availability of Tertiary Care and Secondary Care hospitals in the State

Geographical distribution of Tertiary Care and Secondary Care hospitals in the State is shown in **Chart 5.1:**

Chart 5.1: Geographical distribution of Tertiary Care and Secondary Care hospitals in the State



(Source: Information furnished by CoH)

In the State, there is one All India Institute of Medical Science (AIIMS), six Government Medical College and Hospitals (MCHs) and eight Gujarat Medical Education and Research Society (GMERS) MCHs, five PPP mode MCHs and five Municipal Corporation Hospitals to cater to the tertiary healthcare.

Audit observed that out of 33 Districts in the State, DHs were available in 19 Districts and in the remaining 14 districts⁵⁵, DHs were not available. However, tertiary healthcare institutes like Government MCHs, PPP mode MCHs, GMERS MCHs were available in 13 districts and no DH or tertiary healthcare institutes were available in Arvalli district as shown in Chart 5.1. Further, 54 Sub-District Hospitals were available in 27 Districts at the Taluka level.

5.2.2 Availability of CHCs/PHCs/Sub-Centres in the State

As per the norms of IPHS 2012, one CHC (30 beds) for every 1,20,000 population, one PHC for every 30,000 population and one Sub-Centre for every 5,000 population are required to be established.

⁵⁵ In 14 districts, viz. 1. Ahmedabad, 2. Amreli, 3. Arvalli, 4. Banaskantha, 5. Bharuch, 6. Bhavnagar, 7. Dahod, 8. Gandhinagar, 9. Jamnagar, 10. Junagadh, 11. Kachchh, 12. Sabarkantha, 13. Surat and 14. Valsad, district hospitals were not available as per information provided by the CoH.

Details of requirements and availability of CHCs/PHCs/Sub-Centres as per projected rural population⁵⁶ as of March 2022 are shown in **Table 5.1** below. District-wise requirement and availability of CHCs/PHCs/Sub-Centres as of March 2022 is shown in **Appendix 5.1**.

Table 5.1: Requirement (as per IPHS norms) and availability of CHCs, PHCs and Sub-Centres in Gujarat

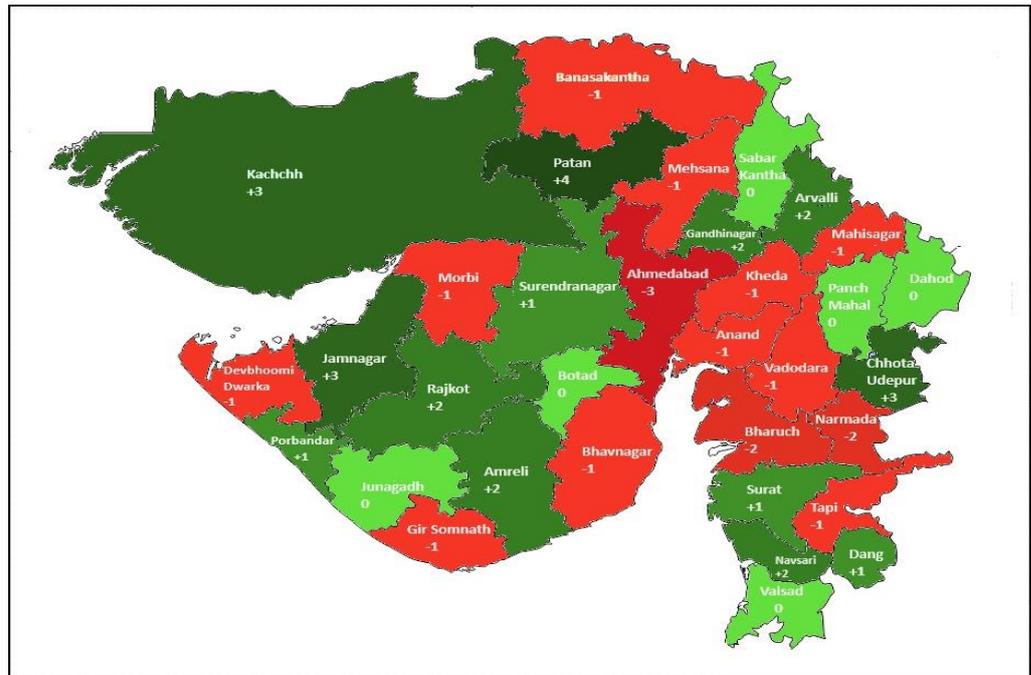
| Health Infrastructure Facilities | CHCs | PHCs | SCs |
|----------------------------------|------|-------|-------|
| Required as per IPHS | 336 | 1,345 | 8,073 |
| Availability | 345 | 1,477 | 9,231 |
| Excess/Shortage (-) | 09 | 132 | 1158 |

(Source: Information received from CoH, Gandhinagar)

5.2.2.1 Geographical distribution of CHCs in the State

Geographical distribution of the CHCs in the State is shown in **Chart 5.2** below:

Chart 5.2: Geographical distribution of CHCs [(+) Excess/ (-) Shortage]



(Source: Information collected from CoH)

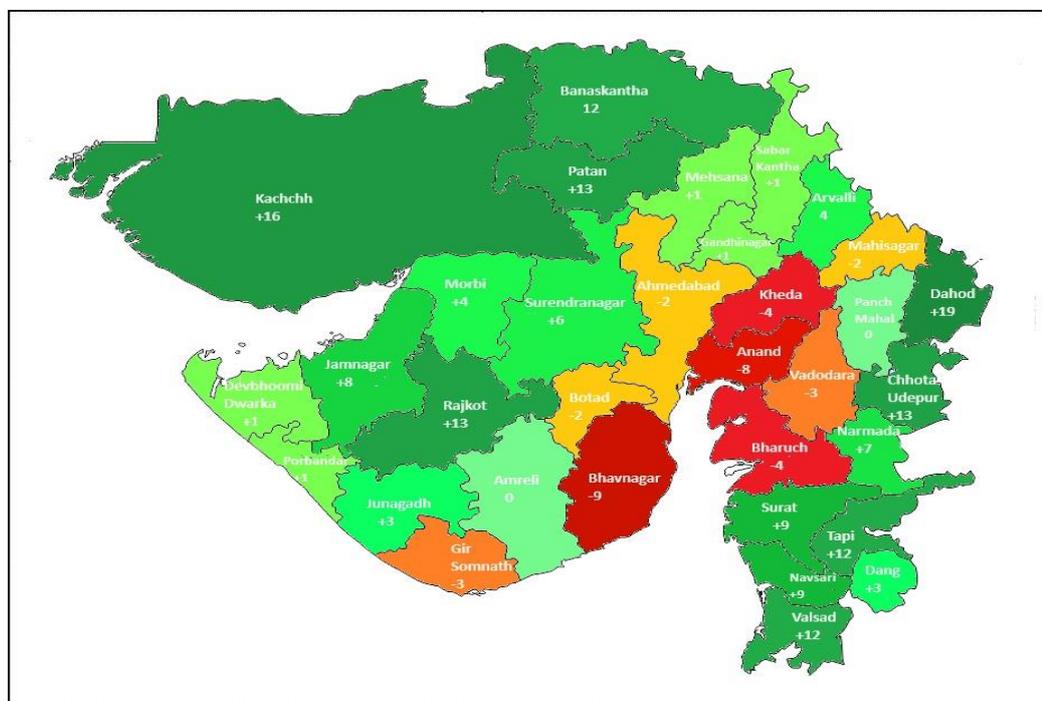
As seen from the above Chart, there was an uneven distribution of CHCs across the districts. There was a shortage of CHCs in 14 districts ranging between one and three against IPHS norms. Maximum shortage of three CHCs was noticed in Ahmedabad (eight available against requirement of 11), shortage of two CHCs in Bharuch (nine available against requirement of 11) and Narmada (three available against requirement of five) districts.

⁵⁶ Projected Rural Population (March 2022) is 403.63 lakh as per information provided by Additional Director, Public Health.

5.2.2.2 Geographical distribution of PHCs in the State

Geographical distribution of the PHCs in the State is shown in **Chart 5.3** below:

Chart 5.3: - Geographical distribution of PHCs [(+) Excess / (-) Shortage]



(Source: Information provided by CoH)

As seen from the above Chart, there was un-even distribution of PHCs across the districts.

There was a shortage of PHCs in nine districts⁵⁷ ranging between two and nine against IPHS norms. Maximum shortage of nine PHCs was noticed in Bhavnagar (48 available against requirement of 57).

- **Availability and functioning of 24x7 PHCs**

The Government of India through NRHM aimed to improve the availability and access to quality healthcare for safe motherhood and child survival through the operationalisation of 50 per cent of PHCs to provide delivery and emergency obstetric and child health services close to the patient’s homes through 24x7 facility by 2010.

Audit observed that out of 1,477 PHCs in the State, 511 (35 per cent) PHCs were designated as 24x7 facilities till March 2022.

Availability of two Medical Officers is the primary requirement for making PHCs having (24x7) facility. In 93 PHCs having (24x7) facility, two Medical

⁵⁷ 1. Bhavnagar, 2. Anand, 3. Kheda, 4. Bharuch, 5. Gir Somnath, 6. Vadodara, 7. Ahmedabad, 8. Botad and 9. Mahisagar

Officers were available, however, in 418 PHCs having (24x7) facility, one Medical Officer was posted (March 2022).

Recommendation 11: Government may make efforts to ensure the equitable distribution of Public Health Institutions as per IPHS norms so that adequate healthcare facilities could be provided to all.

5.3 Execution of Works of Public Healthcare facilities by Project Implementation Unit

Project Implementation Unit (PIU) was established (July 2002) as a Cell under the Health and Family Welfare Department (HFWD) for the implementation of construction activities of the HFWD.

Additional Chief Secretary (ACS), HFWD, heads the PIU at the Government level. Chief Engineer (CE) is the functional, financial and technical head of the PIU. He is assisted by Superintending Engineers (SEs) at seven zonal level offices and Executive Engineers (EEs) at district level offices.

Against the receipt of the grant of ₹8,540.60 crore, PIU had incurred an expenditure of ₹4,792.18 crore (56 per cent) during 2016-22.

The status of works completed and works yet to be started by PIU *vis-à-vis* total number of works approved by HFWD during 2016-22 is shown in **Table 5.2** below:

Table 5.2: Status of works related to healthcare facilities approved during 2016-22

| Type of works | Total no. of works approved by HFWD | No. of Works completed (per cent) | Works in Progress | Works dropped | Works yet to be started | Percentage of works dropped/not started yet (%) |
|---------------|-------------------------------------|-----------------------------------|-------------------|---------------|-------------------------|---|
| CH/DH/SDH | 46 | 01(02) | 02 | 00 | 43 | 93 |
| CHC | 50 | 16(32) | 02 | 01 | 31 | 64 |
| PHC | 433 | 200(46) | 55 | 21 | 157 | 41 |
| Sub-Centre | 2,011 | 613(30) | 214 | 59 | 1,125 | 59 |
| Others | 2,792 | 474(17) | 07 | 173 | 2,138 | 83 |
| Total | 5,332 | 1,304 (24.45) | 280 (5.25) | 254 | 3,494 | 70.29 |

(Source: Information collected from PIU)

As seen from the above table, against the approval of 5,332 works during 2016-22, 24.45 per cent of works were completed by PIU and 70.29 per cent of works were either dropped or not started yet.

The ACS during the exit conference (June 2023) issued instructions to the representative of PIU to expedite the pending works.

5.4 Availability of Infrastructure in Public Healthcare Facilities

Building infrastructure and availability of beds have been described as the basic support for the delivery of public health activities. Availability/shortage

of beds and in test-checked Healthcare Facilities at various levels are discussed in subsequent paragraphs.

5.4.1 Availability of beds in selected Tertiary Healthcare

As per National Medical Council (NMC Norms), 2020, Medical colleges having recognised annual 200 MBBS and 250 MBBS seats should have minimum number of 830 beds and 1,030 beds respectively in their attached Hospitals.

Audit has test-checked five Medical College Hospitals (MCHs) and observed that adequate number of beds were available in all MCHs except in two Gujarat Medical Education and Research Society (GMERS) MCHs (Ahmedabad and Gandhinagar).

It was observed that MBBS seats in two test-checked GMERS MCHs (Ahmedabad and Gandhinagar) were increased to 200 from 150 during 2019-20. However, audit observed that available number of beds were 750 and 650 at GMERS MCHs Ahmedabad and Gandhinagar respectively, against the norms of 830 beds as mentioned above.

5.4.2 Availability of beds in DHs and in test-checked CHCs/PHCs

(i) Availability of Beds against Norms in DHs

IPHS prescribes that the total beds required for a district hospital should be based on a district’s population, bed days per year and bed occupancy rate.

Examination of availability of beds in the District Hospitals of the State revealed that out of 19 DHs, in 16 DHs number of beds were less than the IPHS norms. Out of these 16 DHs, in 11 DHs⁵⁸, the deficiency of beds was more than 40 *per cent*. Details are given in **Appendix 5.2**.

(ii) Availability of Beds against Norms in test-checked CHCs and PHCs

IPHS prescribed minimum availability of six and 30 beds for a Primary Health Centre (PHC) and Community Health Centre (CHC) respectively.

Details of availability of beds in test-checked 18 CHCs and 36 PHCs are given in **Appendix 5.3 and 5.4** respectively. Audit observed that there was shortage of beds in 14 CHCs and in 15 PHCs against the norms of IPHS.

5.4.3 Building Infrastructure in test-checked DHs

Out of five test-checked DHs, Audit observed the inadequate space in three DHs as discussed below:

⁵⁸ 1. Anand, 2. Vadodara, 3. Chhotaudepur, 4. Gir Somnath, 5. Kheda, 6. Mahisagar, 7. Mehsana, 8. Surendranagar, 9. Panchmahal, 10. Patan, and 11. Rajkot

- Shortage of space for IPD wards was noticed at DH Rajkot and DH Vyara.



- DH Rajkot was operational in an old building. The approval of the demolition of the old building was received in June 2021 from Commissioner of Health, Gandhinagar, however, no further progress was noticed as of June 2023.

The ACS during the exit conference (June 2023) stated that many new works had been approved and adequate building infrastructure would be provided in due course.

5.4.4 Building Infrastructure in test-checked SDHs

Out of 13 test-checked SDHs, audit observed that the hospital building of SDH, Bhiloda (District Aravali) was declared as an unsafe building by Executive Engineer of Project Implementation Unit, Himatnagar (April 2018). However, the hospital is still operational in that building.

Further, it was also noticed that approval for construction of new hospital building of SDH Bhiloda was accorded in November 2021, but PIU had not issued work order as of July 2022.

5.4.5 Infrastructure in test-checked CHCs

Audit has test-checked 18 CHCs, out of which the following gaps were observed in three CHCs:

- The work of construction of new building for CHC Santhali was started in July 2019 with stipulated period of completion as 12 months. However, the work was yet to be completed and handed over to CHC Santhali till July 2023.
- CHC Nardipur (District Gandhinagar) had been operational since January 1996 in an old building. Demand for the new building was

sent to the Government in June 2020, which is yet to be sanctioned (June 2023).

- CHC Sadra (District Gandhinagar) was functioning in erstwhile TB hospital building since 1994.

5.4.6 Infrastructure in test-checked PHCs/Sub-Centres

Audit has test-checked 36 PHCs and 36 Sub-Centres, out of which shortage of building infrastructure was noticed in five PHCs and two Sub-Centres as discussed below:

- Five PHCs⁵⁹ were operational in old Sub-Centre premises/Panchayat building since their upgradation as PHCs between 2017 and 2020.
- Two Sub-Centres (Bar and Nimbhora) were functioning in Anganwadi buildings.

The ACS during the exit conference (June 2023) stated that many new works had been approved and adequate building infrastructure would be provided in the due course.

Recommendation 12: Government may take appropriate action to upgrade building infrastructure of Public Health Institutions.

⁵⁹ 1. Akru (April 2018), 2. Sathamba (July 2020), 3. Vastadi (November 2017), 4. Adraj (December 2019) and 5. Dhanaj (October 2017).