

Chapter-V
Healthcare Infrastructure

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Healthcare Infrastructure

To ensure quality provision of close-to-client health services, an organised 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 healthcare delivery in the country. IPHS norms were developed in the year 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 (SHC), Primary Health Centres (PHC), Community Health Centres (CHC), Sub District Hospitals (SDH) 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.

IPHS norms 2012 support government health facilities to attain a minimum acceptable functional standard (indicated as 'Essential') while striving and aspiring for improvement (indicated as 'Desirable'). Service delivery defined for each level of health facilities is the basis for developing other health system strengthening components (infrastructure, human resources, drugs, diagnostics/equipment, quality improvement, monitoring/supervision, governance and leadership).

5.1 CHCs have not been upgraded to First Referral Units (FRU)

As per IPHS 2012 norms, the secondary level of health care essentially includes CHCs, constituting the First Referral Units (FRU). The CHCs were designed to provide referral health care for cases from the PHCs level and for cases in need of specialist care approaching the centre directly. CHC is a 30-bedded hospital providing specialist care in Medicine, Obstetrics and Gynaecology, Surgery, Paediatrics, Dental and AYUSH. Further, as per Punjab Vision Document, 2030, current PHCs and/or CHCs can be converted into FRUs with additional FRUs to be created.

In Punjab, 118 CHCs have been designated as FRUs out of 150 CHCs. Thus, 32 CHCs functioned as Non-FRUs. Out of designated 118 CHCs, one CHC¹ has not been made functional due to non-availability of specialist, as discussed in **Paragraph 2.5.2.2**.

The reply of the State Government was awaited (February 2024).

¹ CHC Baretta (District Mansa).

5.2 Inadequate availability of health institutions vis-à-vis prescribed norms

According to Census 2011, the State of Punjab has a population of 2,77,43,338. As per IPHS 2012 norms, to provide the Primary Healthcare Services in the rural areas of the State, a Sub-Centre (SC) for approximately 5,000 population, Primary Health Centre (PHC) for approximately 30,000 population and Community Health Centre (CHC) for approximately 1,20,000 population are required. While the CHCs established in rural areas serve as the first level of referral services, the Sub-Divisional Hospitals² (SDH) and District Hospitals (DH) serve as the secondary level of the healthcare system and give support to the services being provided in the primary healthcare system. The availability of health institutions against requirement as of March 2022 is given in **Table 5.1**.

Table 5.1: Availability of health institutions in the State of Punjab as of March 2022

Type of health institution	Requirement of health institutions as per IPHS 2012 norms (as per population of 2011)	Number of health institutions existing	Shortfall (per cent)
Sub Centre	5,549	2,952	2,597 (47)
Primary Health Centre	925	424	501 (54)
Community Health Centre	231	150	81 (35)
Sub Divisional Hospital	46	42	4 (9)
District Hospital	23	23	--
Government Medical College and Hospital	NA	4	--

Source: Director, Health and Family Welfare

NA - Not applicable.

Colour Code:



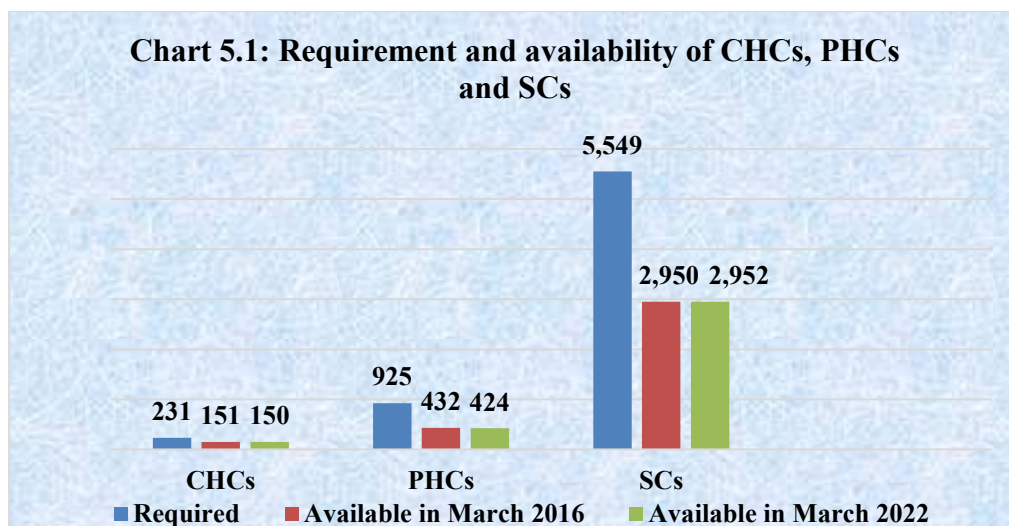
	Green colour depicts 'least shortfall'
	Yellow colour depicts 'moderate shortfall'

Table 5.1 shows that there was shortage in different categories of health institutions ranging between 9 per cent and 54 per cent as of March 2022 in the State of Punjab.

The position of requirement of CHCs, PHCs and SCs against IPHS norms in the State and their availability as of March 2016 and March 2022 is shown in **Chart 5.1**.

² As per IPHS norms, a Sub-Divisional Hospital caters to about 5-6 lakh people.



Source: Director, Census Operations, Punjab and Economic and Statistical Organisation, Punjab

Chart 5.1 shows that as on 31 March 2016, there were 151 CHCs, 432 PHCs and 2,950 SCs. Over a period of six years, only two SCs were added in the State, however, number of CHC/PHCs (one CHC and eight PHCs) reduced during 2016-2022.

It was also noticed that only 3,526 CHCs/PHCs/SCs were available in the State of Punjab in March 2022 against the requirement of 6,705 as per IPHS norms. Shortages in CHCs, PHCs and SCs were 35 per cent, 54 per cent and 47 per cent respectively. Further, the details of district-wise requirement and availability of CHCs, PHCs and SCs as per population norms are given in **Table 5.2**.

Table 5.2: District-wise requirement and availability of CHCs, PHCs and SCs as per population norms

Name of District	Population as per Census 2011	No. of CHCs required	No. of CHCs available	Shortage of CHCs (%age)	No. of PHCs required	No. of PHCs available	Shortage of PHCs (%age)	No. of SCs required	No. of SCs available	Shortage of SC (%age)
Gurdaspur	16,21,725	13	13	0 (0)	54	30	24 (44)	324	222	102 (31)
Pathankot	6,76,598	6	4	2 (33)	23	9	14 (61)	135	68	67 (50)
Amritsar	24,90,656	21	6	15 (71)	83	28	55 (66)	498	179	319 (64)
Tarn Taran	11,19,627	9	11	+2 (+22)	37	17	20 (54)	224	153	71 (32)
Kapurthala	8,15,168	7	5	2 (29)	27	12	15 (56)	163	88	75 (46)
Jalandhar	21,93,590	18	11	7 (38)	73	28	45 (62)	439	198	241 (55)
SBS Nagar	6,12,310	5	4	1 (20)	20	17	3 (15)	123	95	28 (23)
Hoshiarpur	15,86,625	13	12	1 (08)	53	32	21 (40)	317	244	73 (23)
Rupnagar	6,84,627	6	4	2 (33)	23	13	10 (43)	137	86	51 (37)
SAS Nagar	9,94,628	8	5	3 (38)	33	12	21 (64)	199	76	123 (62)
Ludhiana	34,98,739	29	11	18 (62)	117	31	86 (74)	700	265	435 (62)
Ferozepur	10,02,874	8	4	4 (50)	34	17	17 (50)	201	122	79 (39)
Fazilka	10,26,200	9	6	3 (33)	34	19	15 (44)	205	109	96 (47)
Faridkot	6,17,508	5	3	2 (40)	21	8	13 (62)	124	62	62 (50)




Name of District	Population as per Census 2011	No. of CHCs required	No. of CHCs available	Shortage of CHCs (%age)	No. of PHCs required	No. of PHCs available	Shortage of PHCs (%age)	No. of SCs required	No. of SCs available	Shortage of SC (%age)
Sri Muktsar Sahib	9,01,896	8	5	3 (38)	30	19	11 (37)	180	102	78 (43)
Moga	9,95,746	8	6	2 (25)	33	21	12 (36)	199	122	77 (39)
Bathinda	13,88,525	12	9	3 (25)	46	19	27 (59)	278	136	142 (51)
Mansa	7,69,751	6	4	2 (33)	26	13	13 (50)	154	103	51(33)
Sangrur	12,25,415	10	6	4 (40)	41	23	18 (44)	331	192*	139* (42)
Malerkotla	4,29,754	4	2	2 (50)	14	5	9 (64)	86		
Barnala	5,95,527	5	4	1 (20)	20	10	10 (50)	119	72	47 (39)
Patiala	18,95,686	16	10	6 (38)	63	28	35 (56)	379	185	194 (51)
Fatehgarh Sahib	6,00,163	5	5	0 (0)	20	13	7 (35)	120	73	47 (39)
Total	2,77,43,338	231	150	81	925	424	501	5,549	2,952	2,597

Source: Departmental data, Data regarding number of CHCs/PHCs as on 31.03.2022

*Data of district Malerkotla was not available separately.

Note: Malerkotla district was carved out of Sangrur district on 02.06.2021. Population of district Malerkotla has been taken from www.malerkotla.nic.in and population of district Sangrur has been reduced to that extent.

Colour code:

	Green colour depicts 'least shortage'
	Yellow colour depicts 'moderate shortage'
	Red colour depicts 'most shortage'

It is evident from **Table 5.2** that in district Tarn Taran, two excess CHCs were available and other districts except Gurdaspur and Fatehgarh Sahib were short by 1 to 18 CHCs. Similarly, in all districts, shortage in availability of PHCs was ranging between 3 and 86; while that of SCs was ranging between 28 and 435.

The Department did not set targets for year-wise upgradation/new establishment of CHCs/PHCs/SCs. The Department was still far behind in establishment of required health institutions as per IPHS norms. Further, variation was also seen across districts in terms of population per CHC/PHC/SC, as detailed in **Table 5.3**.

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

Name of District	Population as per Census 2011	No. of CHCs	No. of persons per CHC	No. of PHCs	No. of persons per PHC	No. of SCs	No. of persons per SC
Gurdaspur	16,21,725	13	1,24,748	30	54,058	222	7,305
Pathankot	6,76,598	4	1,69,150	9	75,178	68	9,950
Amritsar	24,90,656	6	4,15,109	28	88,952	179	13,914
Tarn Taran	11,19,627	11	1,01,784	17	65,860	153	7,318
Kapurthala	8,15,168	5	1,63,034	12	67,931	88	9,263
Jalandhar	21,93,590	11	1,99,417	28	78,343	198	11,079
SBS Nagar	6,12,310	4	1,53,078	17	36,018	95	6,445
Hoshiarpur	15,86,625	12	1,32,219	32	49,582	244	6,503

Name of District	Population as per Census 2011	No. of CHCs	No. of persons per CHC	No. of PHCs	No. of persons per PHC	No. of SCs	No. of persons per SC
Rupnagar	6,84,627	4	1,71,157	13	52,664	86	7,961
SAS Nagar	9,94,628	5	1,98,926	12	82,886	76	13,087
Ludhiana	34,98,739	11	3,18,067	31	1,12,863	265	13,203
Ferozepur	10,02,874	4	2,50,719	17	58,993	122	8,220
Fazilka	10,26,200	6	1,71,033	19	54,011	109	9,415
Faridkot	6,17,508	3	2,05,836	8	77,189	62	9,960
Sri Muktsar Sahib	9,01,896	5	1,80,379	19	47,468	102	8,842
Moga	9,95,746	6	1,65,958	21	47,416	122	8,162
Bathinda	13,88,525	9	1,54,281	19	73,080	136	10,210
Mansa	7,69,751	4	1,92,438	13	59,212	103	7,473
Sangrur	12,25,415	6	2,04,236	23	53,279	192*	8,621*
Malerkotla	4,29,754	2	2,14,877	5	85,951		
Barnala	5,95,527	4	1,48,882	10	59,553	72	8,271
Patiala	18,95,686	10	1,89,569	28	67,703	185	10,247
Fatehgarh Sahib	6,00,163	5	1,20,033	13	46,166	73	8,221
Total	2,77,43,338	150		424		2,952	

Source: Departmental data; Data regarding number of CHCs/PHCs as on 31.03.2022

*Data of district Malerkotla was not available separately. Population of district Malerkotla has been taken from www.malerkotla.nic.in and population of district Sangrur has been reduced to that extent.

Inadequate number of health institutions would impact the qualitative delivery of health services to patients.

The Department admitted (December 2022) the facts in the exit conference.

5.2.1 Infrastructure availability

IPHS 2012 norms provide guidance on the infrastructure, human resources, 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 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 their availability in test-checked health institutions. Six districts (Bathinda, Fatehgarh Sahib, Gurdaspur, Hoshiarpur, Ludhiana and Moga) were selected for field study and following health institutions were covered:

- i. Six District Hospitals of selected districts;
- ii. 12 out of 56 Community Health Centres (two CHCs from each district); and
- iii. 24 out of 146 Primary Health Centres (four PHCs from each district).

While general upkeep, availability of beds and building infrastructure are discussed in this chapter, other services, availability of medicine and human resources have been discussed in previous chapters.

5.2.2 Appearance and upkeep/planning and layout of health institutions requiring upgradation

IPHS 2012 norms prescribe good appearance and upkeep of hospitals, environmentally friendly features, circulation areas and other disaster prevention measures.

Appearance and upkeep/planning and layout of test-checked DHs buildings (January – May 2022) is shown in **Table 5.4**.

Table 5.4: Appearance and upkeep/planning and layout of District Hospitals buildings

Particulars	Required (IPHS norms)	DH Bathinda	DH Fatehgarh Sahib	DH Gurdaspur	DH Hoshiarpur	DH Ludhiana	DH Moga
Environmentally friendly features	Rainwater harvesting (RH), solar energy use (SEU) and use of energy-efficient bulbs (EEB)/equipment. Provision should be made for horticulture services including herbal garden.	No, except herbal garden	Yes, except rainwater harvesting and solar energy	Yes, except solar energy	Yes, except RH, SEU	No	No, except EEB
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, except lift	Yes	Yes, except lift	Yes	No, except anti-skid and non-slippery flooring
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	Yes	Yes	Yes	Yes
	Firefighting equipment	Yes	Yes	Yes	Yes	Not functional	Yes

Source: Departmental data

Colour Code:

	Green colour depicts 'least shortage'
	Yellow colour depicts 'moderate shortage'
	Red colour depicts 'most shortage'

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

	
<p>Seepage from wall in IPD Ward at DH, Fatehgarh Sahib</p>	<p>Vehicles are parked in Emergency Area at DH, Moga</p>
	
<p>Poor maintenance of residential quarter at Fatehgarh Churian</p>	<p>Poor maintenance of building at PHC, Otonal (Ludhiana)</p>
	
<p>Clean and furnished building of CHC, Naushera Majja Singh (Gurdaspur)</p>	<p>Clean and well-maintained ICU of COVID-19 at DH, Ludhiana</p>

Building structure of DH Fatehgarh Sahib, Emergency Area at DH Moga, building of PHC Oton (Ludhiana) and most of the residential accommodation of selected health institutions were not maintained and were in a dilapidated condition. On the other hand, CHC Naushera Majja Singh (Gurdaspur) and ICU at DH Ludhiana were well maintained.

The reply of the State Government was awaited (February 2024).

5.3 Availability of beds in health institutions

The National Health Policy, 2017 recommends two beds per 1,000 population. As per IPHS 2012 norms, one bed per 1,000 population is an 'Essential' norm for every district while two beds per 1,000 is a 'Desirable' target they should aspire towards. Further, the final number is influenced by its population, local epidemiology, burden of disease, community requirements, health-seeking behaviour of the population, and contribution of the private sector for each district.

The 'Essential' number of beds in a district should be provided through the public health system of:

- i. Tertiary care (Medical Colleges);
- ii. Secondary care (DH, SDH and selected CHCs); and
- iii. Primary care (PHCs and remaining CHCs).

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) do not cater only to the district where it is located, but to other districts too.

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

To achieve the 'Desirable' number of beds, the contribution of the private sector (based on the access to private healthcare in the local area), Railways, Armed Forces, Power Grid, Coal fields, Employees' State Insurance (ESI) and other Public Sector Undertaking (PSU) hospitals may also be considered while continuing to strengthen and increase bed provision at public health facilities. As a thumb rule, all such beds that are available and functional for a patient for more than 24 hours, have been calculated as inpatient hospital beds (including critical care beds). The remaining beds such as Emergency, labour delivery recovery (LDR), dialysis, day-care and pre and post-operative beds have not been counted as in-patient hospital beds. However, all such beds will be counted for budgetary allocation, provision of Human Resources (HR), and clinical and other support services. The bed requirements are as follows:

Population	Essential beds	Desirable beds
Less than 2 lakh	50 beds + 15 additional	100
Between 2–5 lakh	100 beds + 25 additional	200
Between 5–10 lakh	200 beds + 38 additional	300
Between 10–20 lakh	300 beds + 49 additional	400
Between 20–30 lakh	400 beds + 60 additional	500
More than 30 lakh	500 beds + 65 additional	700

To achieve the benchmarks set under National Health Policy and IPHS 2012 norms as above, Government should make plans for each of the districts based on its population, local epidemiology, burden of disease, community requirements, health-seeking behavior of the population, and contribution of the private sector.

However, Government of Punjab had not made district-wise plans detailing the present status of bed availability in public and private sector health institutions.

The reply of the State Government was awaited (February 2024).

5.3.2 Inadequate beds in District Hospitals

As per IPHS 2012 norms, there should be a district hospital in each district to cater to the secondary healthcare needs of the public at the district level. Further, there should be 275 beds in a district hospital for a district having a population of 10 lakh.

Scrutiny of data revealed that the number of functional beds in the DHs did not conform to the IPHS norms as there were significant shortages of beds in all DHs except DHs at Barnala, Pathankot and SAS Nagar which ranged between 22 per cent and 75 per cent as of March 2022, as detailed in **Table 5.5**.

Table 5.5: Shortage of beds in district hospitals as of March 2022




District Hospital	Population as per census 2011	No. of beds required in DH	No. of beds available	Shortage of beds	Shortage of beds in per cent
Amritsar	24,90,656	685	200	485	71
Bathinda	13,88,525	382	200	182	48
Faridkot	6,17,508	170	97	73	43
Fatehgarh Sahib	6,00,163	165	100	65	39
Fazilka	10,26,200	282	85	197	70
Ferozepur	10,02,874	276	120	156	56
Gurdaspur	16,21,725	446	110	336	75
Hoshiarpur	15,86,625	436	200	236	54
Jalandhar	21,93,590	603	470	133	22
Kapurthala	8,15,168	224	125	99	44
Ludhiana	34,98,739	962	290	672	70
Mansa	7,69,751	212	100	112	53
Moga	9,95,746	274	150	124	45

District Hospital	Population as per census 2011	No. of beds required in DH	No. of beds available	Shortage of beds	Shortage of beds in per cent
Sri Muktsar Sahib	9,01,896	248	90	158	64
Patiala	18,95,686	521	300	221	42
Rupnagar	6,84,627	188	120	68	36
Sangrur	12,25,415	337	240	97	29
Malerkotla	4,29,754	118	120	+2	+2
SBS Nagar	6,12,310	168	100	68	41
Tarn Taran	11,19,627	308	150	158	51
Barnala	5,95,527	164	160	4	2
Pathankot	6,76,598	186	180	6	3
SAS Nagar	9,94,628	274	300	+26	+10

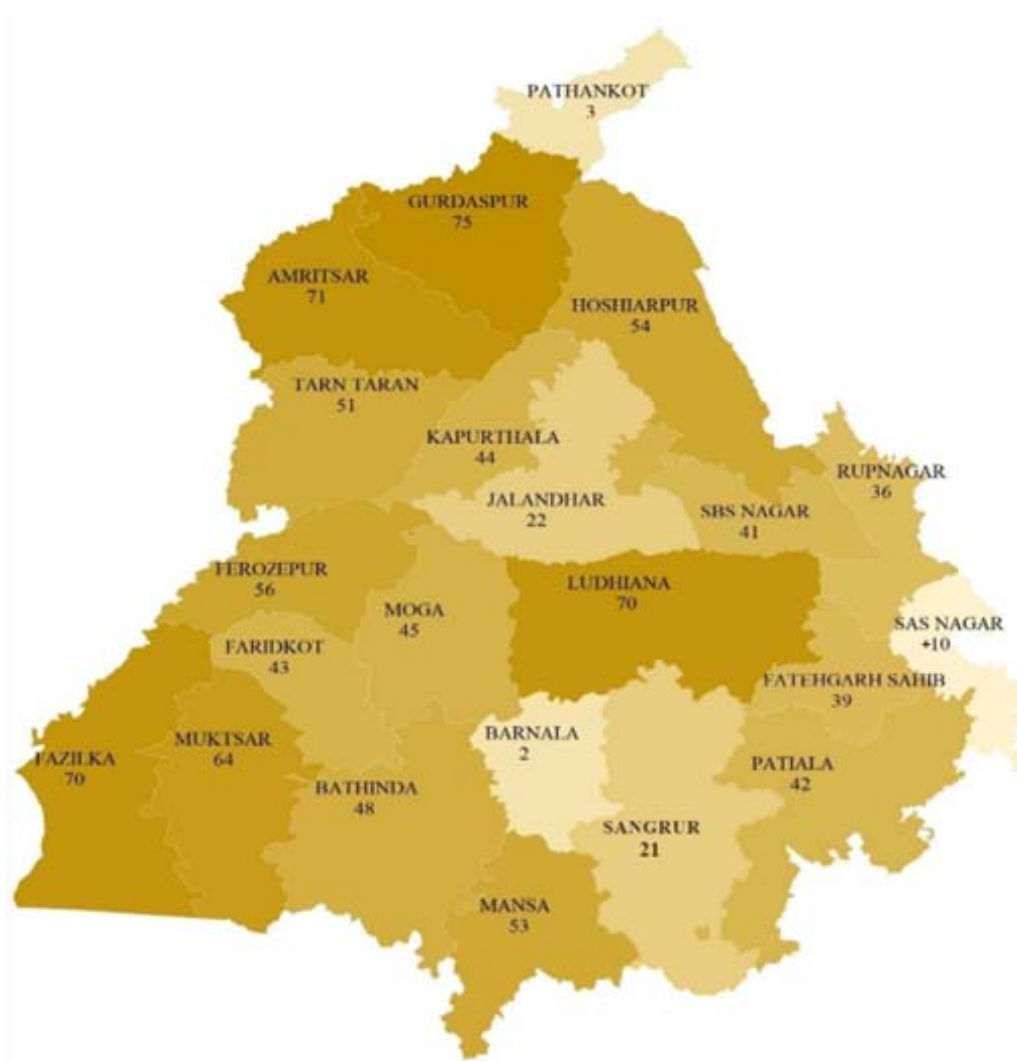
Source: Director, Census Operation, Punjab and Economic and Statistical Organisation, Punjab and MD, PHSC

Note: Population of district Malerkotla has been taken from www.malerkotla.nic.in and population of district Sangrur has been reduced to that extent.

Colour Code:

	Green colour depicts 'least shortage'
	Yellow colour depicts 'moderate shortage'
	Red colour depicts 'most shortage'

The shortage of beds in District Hospitals has been depicted in the map (Chart 5.2).

Chart 5.2: Shortage (in *per cent*) of beds in District Hospitals

Source: Director, Census Operations, Punjab and Economic and Statistical Organisation, Punjab; and MD, PHSC

District Malerkotla was carved out of Sangrur district but could not be depicted in the map drawn through MS Excel (Microsoft 365).

Colour Code: Darker the colour, higher the shortage of beds in DHs

Non-availability of adequate number of beds would affect the bed occupancy rate (BOR) and bed turnover rate of DHs, as could be seen in case of DHs Gurdaspur, Moga and Bathinda wherein the BOR was 161 *per cent*, 166 *per cent* and 127 *per cent* respectively during 2016-2022, as discussed in **Paragraph 3.2.7**.

The Department admitted (December 2022) the facts in the exit conference.

5.3.3 Availability of beds in CHCs/PHCs

As per IPHS 2012 norms, the CHC should have 30 indoor beds with one operation theatre, labour room, X-ray, ECG and laboratory facility. Further, a PHC covers a population of 30,000 with six indoor/observation beds. Out of the

selected 12 CHCs and 24 PHCs, five CHCs and 15 PHCs did not have beds as per norms, as shown in **Table 5.6**.

Table 5.6: Shortage of beds in selected CHCs and PHCs as of March 2022

Sampled District	CHC (Out of total 56 CHCs in the district)	No. of beds available in CHCs	Shortage of beds in CHCs	PHC (Out of total 146 PHCs in the district)	No. of beds available in PHCs	Shortage of beds in PHCs
Bathinda	Bhucho Mandi	30	0	Mandi Kalan	4	2
				Bhai Rupa	5	1
	Mehraj	19	11	Lehra Mohabbat	4	2
				Jodhpur Pakhar	0	6
Fatehgarh Sahib	Bassi Pathana	30	0	Sanghol	3	3
				Nandpur Kalour	6	0
	Amloh	30	0	Bhari	3	3
				Nanowal	0	6
Gurdaspur	Fatehgarh Churian	30	0	Ranjit Bagh	0	6
				Behrampur	5	1
	Naushera Majja Singh	30	0	Dorangla	6	0
				Dhianpur	6	0
Hoshiarpur	Mahilpur	24	6	Chakowal	6	0
				Mand Bhandar	7	+1
	Shamchaurasi	24	6	Paldi	6	0
				Possi	6	0
Ludhiana	Sidhwan Bet	30	0	Ghawaddi	6	0
				Mansooran	6	0
	Sudhar	30	0	Otalon	0	6
				Sowaddi Kalan	0	6
Moga	Bagha Purana	25	5	Patto Hira Singh	4	2
				Thathi Bhai	0	6
	Nihal Singh Wala	25	5	Sukhanand	5	1
				Malian Wala	0	6
6	12			24		

Source: Test-checked CHCs and PHCs

Colour code:

Adequate	Short	Not available
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It was further noticed that seven PHCs were functioning without beds.

The reply of the State Government was awaited (February 2024).

5.4 Health and Wellness Centres

The National Health Policy, 2017 recommended strengthening the delivery of Primary Healthcare, through establishment of “Health and Wellness Centres (HWCs)” as the platform to deliver Comprehensive Primary Healthcare and called for a commitment of two thirds 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 Health & Wellness Centres

(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 care.

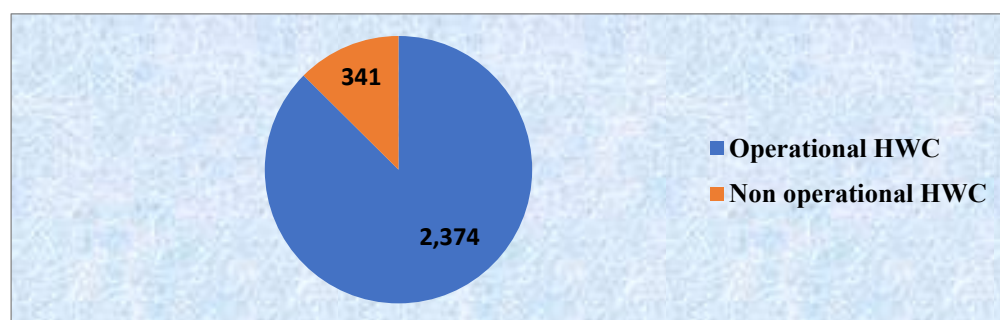
(A) Operationalisation of Health and Wellness Centres

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 B.Sc. 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 healthcare services.

As per Project Implementation Plan of National Health Mission, 1,400 SCs/PHCs of Punjab were proposed to be upgraded as Health and Wellness Centres in the years 2018-19 and 2019-20. Besides, 800 new HWCs were proposed to be constructed in the year 2020-21.

Audit noticed that 2,715 SCs/PHCs (2,270 SCs, 352 PHCs and 93 UPHCs) were upgraded to HWCs during the period 2018-2021 by constructing new buildings or in the existing buildings but 341 HWCs out of these were yet to be made operational (July 2022).

Chart 5.3: Number of operational and non-operational HWCs in Punjab



Source: Information supplied by NHM, Punjab

In 341 HWCs, CHOs could not be deployed, due to which these HWCs are not made operational to provide the full services as per HWC guidelines norms.

On being pointed out, the Department replied (December 2022) that 2,989 SCs/PHCs had been upgraded to HWCs against the target of 2,274 (2,715 up to March 2021 against the target of 1,724 and 2,989 up to December 2022 against target of 2,274). The Department did not, however, furnish reply in respect of non-operationalisation of 341 HWCs.

(B) Non-availability of required infrastructure in HWCs

Audit observed that required basic infrastructure and amenities were not available in 24 test-checked HWCs during the period 2018-2021, as detailed in succeeding paragraphs:

(i) Non-availability of Healthcare Services

Operational Guidelines of Ayushman Bharat prescribe that 12 types of healthcare services would be delivered at HWC.

It was, however, noticed that complete 12 types of healthcare services were not being provided by all these HWCs. Out of these 12, only five services³ were available in 24 test-checked HWCs and the remaining seven health services were not available in 1-20 HWCs, as detailed in **Table 5.7**.

Table 5.7: Number of HWCs where health services were not available

Sr. No.	Name of the Service	Number of HWC where services were not available
1.	Management of common Communicable diseases and Outpatient care for acute simple illness and minor ailments	1
2.	Management of Communicable diseases including National Health Programmes (Tuberculosis, Leprosy, Hepatitis, HIV-AIDS, Malaria, Kala-azar, Filariasis and Other vector borne diseases)	4
3.	Screening and basic management of Mental health ailments	12
4.	Care for Common Ophthalmic and ENT problems	13
5.	Basic oral healthcare	10
6.	Elderly and palliative healthcare services	3
7.	Emergency Medical Services, including Trauma and Burns	20

Source: Test-checked HWCs

On being pointed out, the Department stated (December 2022) that online training had been imparted (June-July 2021) to Community Health Officers to provide all 12 types of services. The reply is not tenable as despite imparting training to CHOs, the above said services were not being provided (May-June 2022) at HWCs.

(ii) Shortage of human resources

Section 2 of Operational Guidelines (Inputs for Health and Wellness Centre) requires that a team of at least three service providers (one Mid-level provider, at least two Multi-Purpose Workers (MPW) and a team of Accredited Social Health Activists (ASHAs) at the norm of one per 1,000) is to be provided.

³ (i) Care in pregnancy and childbirth; (ii) Neonatal and infant healthcare service; (iii) Childhood and adolescent healthcare services; (iv) Family planning, Contraceptive services and other Reproductive Healthcare Services; and (v) Screening, Prevention, Control and Management of Non-communicable diseases.

In the test-checked 24 HWCs, it was noticed that in three⁴ HWCs, only three MPWs were posted against the requirement of six MPWs. There was also shortage of 16 ASHA workers⁵ in 12 HWCs.

The Department while admitting the facts, stated (December 2022) that filling up of vacant posts of the staff at HWCs was under process.

(iii) Non-availability of essential civil infrastructure

Ayushman Bharat guidelines prescribe that major civil infrastructure upgrade would largely be required for developing the Sub Health Centre as Health and Wellness Centre.

During examination of records in 24 test-checked HWCs, it was noticed that only three HWCs were functioning in newly constructed buildings and the remaining were operational in the existing Government/Local Bodies/Gram Panchayat buildings. The basic essential facilities, as detailed in **Table 5.8**, were not available in the test-checked HWCs.

Table 5.8: Number of HWCs deficient in essential civil infrastructure

Sr. No.	Essential requirement of infrastructure	No. of HWCs in which infrastructure was not available
1.	A well-ventilated clinic room with examination space	7
2.	Office space for Mid-Level Health Provider/Community Health Officer	9
3.	Storage space for storing medicines, equipment, documents, health cards and registers	7
4.	Designated space for lab/diagnostic centre	23
5.	Separate male and female toilets	18
6.	Deep burial pit for bio medical waste management	24
7.	Assured water supply that can be drawn and stored locally	11
8.	Electricity supply linked to main lines or adequate solar source, inverter or back-up generator as appropriate	5
9.	Patient waiting area covered to accommodate at least 20-25 chairs	21
10.	Adequate residential facilities for the service providers	23
11.	Space/Room for Yoga	23

Source: Test-checked HWCs

The Department, while admitting the facts, stated (December 2022) that the infrastructure strengthening of HWCs was being done by two executive agencies in a phased manner and work was under progress.

(iv) Non-availability of emergency medicine kit

As per operational guidelines of Ayushman Bharat, availability of emergency medicine kits consisting of four types of medicines (injection Adrenaline,

⁴ HWCs at Chunni Kalan (1); Mandialan (1); and Sherpur Bet (1).

⁵ Only 56 ASHA workers were posted against the requirement of 72.

injection Hydrocortisone, injection Dexamethasone and Glyceryl tri-nitrate-sublingual tablet 0.5 mg) are required to be made available in HWCs.

During scrutiny of records in 24 test-checked HWCs, it was noticed that no emergency medicine kit was available in 20 HWCs. Complete kit consisting of all the requisite four medicines was available in HWC Salempur only. Three HWCs had kits containing only two or three medicines.

The Department, while admitting the facts, stated (December 2022) that the delivery of drugs on time is being now ensured at all the HWCs.

(v) Non-availability of required Diagnostic Services at HWC

Ayushman Bharat guidelines provide an indicative list of eight types of required diagnostic services. During the scrutiny of records, it was noticed that all the required diagnostic services were not available in all test-checked 24 HWCs. The details of non-availability of diagnostic services in HWCs are given in **Table 5.9**.

Table 5.9: Number of HWCs deficient in diagnostic services

Sr. No.	Type of diagnostic service	No. of HWCs deficient in diagnostic services
1.	Haemoglobin	13
2.	Urine Pregnancy Rapid Test	1
3.	Urine Dipstick- urine albumin and sugar	18
4.	Blood Glucose (Glucometer)	4
5.	Malaria smear, RDK	10
6.	RDK for Dengue	21
7.	Sickle Cell rapid test	24
8.	Collection of sputum samples	16

Source: Test-checked HWCs

The Department, while admitting the facts, stated (December 2022) that six diagnostics tests were being done at HWCs and the remaining two tests would be introduced at HWCs in a phased manner.

(vi) Shortage of lab diagnostic material and reagents for screening

As per operational guidelines of Ayushman Bharat, 19 types of reagents and diagnostic material are required to be available in HWC for screening and diagnosis of beneficiaries.

Against requirement of 19 types of reagents and diagnostic material, 11 to 19 types of reagents and diagnostic material were not available in 24 test-checked HWCs. Thus, the intended beneficiaries were deprived of

evidence-based diagnosis and treatment due to non-availability of requisite reagents and material.

The Department, while admitting the facts, stated (December 2022) that glucometer, digital haemoglobinometer and BP apparatus had been provided at all the HWCs.

(vii) Non-availability of furniture and fixtures

As per Ayushman Bharat guidelines, total seven articles of furniture and fixtures are required to be available for smooth functioning of an HWC.

During examination of records of 24 test-checked HWCs, it was noticed that requisite furniture and fixtures were not available in 2-19 HWCs, as depicted in **Table 5.10**.

Table 5.10: Number of HWCs wherein furniture and fixtures were not available

Sr. No.	Required furniture and fixtures	No. of HWCs where furniture and fixtures were not available
1.	Chairs for patient waiting area	19
2.	Footstep	15
3.	Office Chair	5
4.	Office Table	2
5.	Screen Separators with stand	15
6.	Steel Almirah/Cupboard/storage chests	7
7.	Stool for attendants	11

Source: Test-checked HWCs

The Department, while admitting the facts, stated (December 2022) that furniture was provided at all the HWCs where infrastructure work had been completed and for the remaining HWCs, it was being procured as per the requirement from the untied funds.

(viii) Shortage of linens, consumables and miscellaneous items

Ayushman Bharat guidelines provide that total 37 items of linens, consumables and other miscellaneous items are required to be available for smooth functioning and providing quality services to the beneficiaries.

Audit noticed that against the requirement of 37 types of linens, consumables and other miscellaneous items, 16 to 37 types of items were not available in 24 test-checked HWCs.

The Department admitted (December 2022) the facts in the exit conference.

(ix) Non-availability of requisite clinical material, tools and equipment

As per Ayushman Bharat Guidelines, total 66 types of clinical material, tools and equipment are required to be available at HWC.

Against the requisite 66 types of clinical material, tools and equipment; 21 to 61 types were not available in 24 test-checked HWCs.

The Department, while admitting the facts, stated (December 2022) that a tool kit containing 30 types of equipment had already been provided at 2,096 HWCs.

(x) Non-availability of screening methods

As per Ayushman Bharat guidelines, an indicative list of seven types of required screening methods have been specified.

Out of required seven types of screening methods, three⁶ types of screening methods were not available in all the test-checked 24 HWCs. Three⁷ types of screening methods were found available in 4 to 15 HWCs. Remaining one⁸ type of screening method consisting of four parts was available in nine HWCs only, however, in remaining 15 HWCs, this method was partially available.

On being pointed out in audit, the Department admitted (December 2022) the facts in the exit conference.

(xi) Non-availability of Essential medicines at HWC

As per Ayushman Bharat Guidelines, a list of 71 essential medicines plus 20 additional essential medicines which may be included after approval as suggested by the task force are required to be available at HWC.

In two HWCs⁹, the Department could not ensure availability of any essential medicine throughout the period 2019-2021, whereas only 2 to 27 types of medicines against required 71 essential medicines were available during audit period (2019-2021) in 22 HWCs. However, 8 to 22 types of medicines were found available for partial period during 2019-2021 in 10 HWCs. Similarly, out of 20 additional essential medicines, only one to three types of medicines (fully/partially) were available in 21 HWCs. However, in three HWCs¹⁰, no additional essential medicines were found available.

⁶ (i) Cervical cancer (Visual Inspection through Acetic Acid); (ii) Mental disorders (Questionnaire algorithm for mental disorder detection and epilepsy); and (iii) Disability and Palliative care (Questionnaire to assess requirement).

⁷ (i) Eye care (Snellen's and Near vision Chart) in 15 HWCs; (ii) Malnutrition (Weight Charts and weighing machine) in 11 HWCs; and (iii) New born and Child Screening for development delays and disabilities (RBSK Screening Tools) in four HWCs.

⁸ Non-communicable diseases general screening method consisting of (i) Weighing Machine for different age groups and Stadiometers for Body Mass Index; (ii) Blood pressure; (iii) Peak Flow Meter; and (iv) Questionnaire for detection of risk factors e.g. smoking, substance abuse and for chronic respiratory disease (CBAC).

⁹ Talwandi Bhageria and Fatehgarh Korotana.

¹⁰ (i) Mandialan; (ii) Khairar; and (iii) Sekha.

The Department while admitting the facts, stated (December 2022) that 61 medicines were available at HWCs and the delivery of drugs on time was being ensured at all HWCs.

Existing SCs and PHCs were transformed into HWCs to ensure universal access to an expanded range of comprehensive primary health services and to deliver the quality healthcare services to the poor/needful people in line with Ayushman Bharat guidelines *ibid*, but this target could not be achieved due to lack of infrastructure, medicines, equipment, diagnostic service, etc.

5.5 Creation of Building Infrastructure

To deliver quality health services in the public health facilities, adequate and properly maintained building infrastructure is of critical importance. The deficiencies in creation of building infrastructure in health institutions are discussed in the succeeding paragraphs:

5.5.1 Inconsistencies in building infrastructure

During test-check of selected healthcare institutions, Audit noticed various inconsistencies in building infrastructure. The institute-wise status, given in *Appendix 5.1*, disclosed that:

- As per NHM framework, facility survey was required to be conducted to assess the requirement of infrastructure. However, the requisite facility survey was not conducted in any of the selected DHs/CHCs/PHCs.
- As per IPHS 2012 norms, building structure and the internal structure is required to be disaster proof especially earthquake proof, flood proof and equipped with fire protection measures. However, requisite protection measures were not available in four selected DHs, eight CHCs and 22 PHCs.
- As per IPHS 2012 norms, toilets with adequate water supply separate for males and females should be available in health institutions. But adequate separate toilet facility was not available in nine selected PHCs.
- As per IPHS 2012 norms, health institutions should have pictorial, bilingual directional and layout signage of all the departments and public utilities (toilets, drinking water, etc.) for easy access. However, this facility was not available in DH Moga and seven selected PHCs.
- As per IPHS 2012 norms, barrier free access environment (ramp, hand railings, etc.) is required to be provided for easy access to physically challenged patients and elderly persons. However, this facility was not available in 18 selected PHCs. Besides, in one selected CHC, ramp was available without hand railings.

- As per NHM Assessor’s Guidebook for Quality Assurance 2013, intra-mural and extra-mural communication facility is required to be available in hospitals. However, no such facility was available in any of the test-checked health institutions.

On being pointed out in audit, the Department admitted (December 2022) the facts in the exit conference.

5.5.2 Irregularities in creation of new infrastructure

5.5.2.1 Status of new construction and upgradation works approved under PIPs

As per Programme Implementation Plans (PIP) for the years 2016-2022, project cost of ₹ 564.73 crore for 60 major construction works¹¹ was sanctioned. However, funds of ₹ 408.78 crore were approved/released in PIPs for these works. The work-wise status has been detailed in *Appendix 5.2*.

Audit observed that out of 60 works:

- Construction in respect of 26 works had been completed (November 2022). Of these, only two works were completed in time and balance 24 works were completed with a delay ranging between 100 days and 1,381 days.
- Four works which were due to be completed between March 2017 and September 2021 were still under construction (November 2022).
- Four works comprising construction of 2,200 Health and Wellness Centres (HWC) were to be completed during 2018-2021. However, out of the construction works for 512 HWCs entrusted to PHSC, only 221 HWCs were constructed (November 2022).
- Out of remaining (26), 15 works (25 per cent) were not taken up for construction (February 2023) and 11 works are under progress.

Analysis of completed 26 civil works is given in **Table 5.11**.

Table 5.11: Summary of delays in completion of works

Period of delay	No. of civil works	Expenditure incurred (₹ in crore)
No. of works completed in time	2	19.97
No. of works completed with a delay upto one year	15	90.75
No. of works completed with a delay beyond one year but upto 2 years	4	12.76
No. of works completed with a delay beyond 2 years	5	42.06
Total	26	165.54

Source: Data furnished by PHSC

¹¹ Five ongoing works from previous years and 55 new works.

In case of the six selected districts, out of the 20 works taken up for completion, only 10 works could be completed. Only one work was completed within the scheduled completion time, whereas in case of the remaining nine works, there were delays ranging from 3 months to 32 months (delay of up to one year in seven cases, more than one year in one case, and more than two years in one case). Further, in case of the remaining 10 incomplete works, it was observed that delays were due to slow pace of work, delay in finalising estimates, as summarised in **Table 5.12**.

Table 5.12: Status of incomplete works in selected districts

Sr. No.	District	Name of work	Due date/ year of completion	Cumulative expenditure as on October 2022 (₹ in lakh)	Work status
1.	Bathinda	MCH Wings: Construction of 30-bedded ward for SDH Talwandi Sabo	2021-22	60.44	Work in progress
2.	Bathinda	Construction of 30-bedded ward, along with 4-bedded HDU, storeroom, etc. for DH Bhatinda.	2021-22	50.22	Work in progress
3.	Bathinda	Extension plan of the regional drug warehouse at Bathinda @ ₹ 43 lakh	2021-22	0	Tender opened and under evaluation
4.	Fatehgarh Sahib	New MCH Wing	7.10.2020	712.22	Work in progress (95% completed)
5.	Hoshiarpur	Construction of 30-bedded ward, along with 4-bedded HDU, storeroom, etc. for DH Hoshiarpur	2021-22	225.35	Work in progress
6.	Hoshiarpur	New construction of the Drug warehouse at DH Hoshiarpur	2021-22	0	Tender opened and under evaluation
7.	Gurdaspur	New District Early Intervention Centre (RBSK) at Gurdaspur	2019-20	0	Estimates under preparation
8.	Gurdaspur	Construction of 50-bedded MCH Wing at DH Gurdaspur @ ₹ 1250.00 lakh	2021-22	191.86	Work in progress
9.	Ludhiana	MCH Wings: Construction of 30-bedded ward for SDH Raikot	2021-22	479.06	Work in progress
10.	Ludhiana	Construction of 100-bedded MCH Wing at DH Ludhiana	2021-22	154.91	Work in progress

Source: Data furnished by PHSC

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

On being pointed out in audit, the Department while admitting the facts, stated (December 2022) that in cases of non-completion of work, if any, in the specified time, action had been initiated against the agencies as per agreement. The Department, however, did not furnish specific reply supported by documentary evidence.

5.5.2.2 Non starting/completion of projects/schemes sponsored by GoI under Department of Medical Education and Research

Government of India approved seven schemes/projects for tertiary care health services in the State under the Department of Medical Education and Research, Punjab. Test-check of records revealed that out of seven projects, two projects were not started and the remaining five schemes/projects were incomplete as of September/October 2023. The status of works is detailed in **Table 5.13**.

Table 5.13: Status of works

Name of scheme/project	Purpose	Targeted date/year of completion	Project cost	Expenditure incurred	Status of work/ Remarks	Reply of the Department (December 2022)
Setting up of State Organ and Tissue Transplant Organisation (SOTTO) at GMC Patiala and Organ Retrieval Centres at GMCs Patiala and Amritsar.	To meet the acute shortage of human organs (100 per cent centrally sponsored).	2019-20	GoI sanctioned (September 2019) funds of ₹ 1.21 crore ¹² .	Nil	Despite availability of funds, Department neither set up SOTTO at GMC Patiala nor established Organ Retrieval Centres at GMCs Patiala and Amritsar (December 2022).	Delay occurred due to COVID-19 and the same is being expedited.
Establishment of Burns Unit at RH Patiala (CSS funding pattern 60:40)	To reduce incidence and its consequential trauma due to burn injuries.	December 2018	Out of project cost of ₹ 3.47 crore, GoI sanctioned/released ₹ 1.25 crore ¹³ as first instalment (December 2016).	Nil	Construction work of burns unit was not started so far (December 2022). 208 burn patients were referred to other institutions.	Administrative sanction of ₹ 3.05 crore for setting up of burns unit had been issued and the work would be started.
Multi-Disciplinary Research Unit (100 per cent centrally sponsored)	Establishment of modern Biological Lab/Multi-Disciplinary Research facilities for promoting medical research.	Project was to be completed during 2013-2015, but continued till 2019-20.	₹ 5.25 crore and ₹ 0.34 crore per annum for five years for contractual staff and contingencies. GoI released ₹ 3.29 crore ¹⁴ between September 2014 and May 2021.	₹ 1.04 crore ¹⁵	Despite availability of funds, Department could not make MRU functional (December 2022) due to non-recruitment of staff ¹⁶ and procured equipment of ₹ 0.81 crore were lying idle since November 2018.	Recruitment would be carried out in a short time while finalising the required qualifications of the staff to be recruited.

¹² (a) Establishment of State Organ and Tissue Transplant Organisation (SOTTO) at GMC Patiala: ₹ 0.33 crore (non-recurring) and ₹ 0.38 crore (Recurring); and (b) Establishment of Organ Retrieval Centre at Rajindra Hospital, Patiala and GMC Amritsar (Non-recurring to each of the institutions): ₹ 0.25 crore.

¹³ Construction: ₹ 0.78 crore and for equipment: ₹ 0.47 crore.

¹⁴ ₹ 1.25 crore in September 2014, ₹ 1.97 crore in August 2019 and ₹ 0.07 crore in May 2021 (Civil work: ₹ 0.25 crore, Equipment: ₹ 2.50 crore, Salary: ₹ 0.32 crore, Contingency: ₹ 0.22 crore).

¹⁵ Civil work: ₹ 0.23 crore and Equipment: ₹ 0.81 crore.

¹⁶ (i) One Research Scientist-II; (ii) one Research Scientist; (iii) two Lab Technicians; and (iv) Lab Assistant/DEO (Grade-I).

Name of scheme/project	Purpose	Targeted date/year of completion	Project cost	Expenditure incurred	Status of work/ Remarks	Reply of the Department (December 2022)
Setting up of State Cancer Institute at Amritsar under scheme NPCDCS ¹⁷	Strengthening of Tertiary Care for prevention and control of Cancer (CSS Funding pattern 60:40).	January 2019	Project of ₹ 114.61 crore ¹⁸ approved in 2016-17. GoI released (June 2016) first instalment of ₹ 51.58 crore ¹⁹ and GoP released ₹ 55.20 crore including GoI's share.	₹ 54.87 crore (construction work: ₹ 35.65 crore and M&E: ₹ 19.22 crore ²⁰).	Construction work of building was in progress (December 2022). Equipment of ₹ 19.22 crore procured (August-September 2020) was lying idle (October 2021).	Efforts are being made to complete the project (October 2021). Further, no reply was received.
Setting up of Tertiary Cancer Care Centre at Fazilka under scheme NPCDCS	Strengthening of Tertiary Care for prevention and control of Cancer (CSS Funding pattern 60:40).	October 2017	Project of ₹ 44.71 crore ²¹ approved in 2016-17. GoI released (September 2016) funds of ₹ 20.12 crore ²² .	₹ 14 crore	Construction work was completed (March 2022). However, Tertiary Cancer Care Centre was not functional (December 2022).	Machinery specifications are being prepared and soon the machinery will be procured.
Strengthening/upgradation of existing State/Central Government Medical Colleges to increase MBBS seats (CSS Funding pattern 60:40)	To increase 100 MBBS seats ²³ in GMCs Patiala and Amritsar during 2014-15 with objective to meet the shortage of HR in health.	By the end of 12 th five-year plan i.e 2012-17	₹ 120 crore for both GMCs. GoI released its share of ₹ 72 crore in instalments (₹ 36 crore for each College) during 2015-2019.	₹ 73.40 crore (₹ 43.81 crore at GMC Patiala and ₹ 29.59 crore at GMC Amritsar).	Construction work for GMC Patiala was partially completed and handed over (September 2021) and remaining work was under progress (November 2022). Construction work for GMC, Amritsar was still incomplete (October 2022).	Major works of all buildings have been completed. At present, the additional work is being done by PWD.
Establishment of New Medical College at SAS Nagar (Mohali)	With a view to overcome the shortage of doctors, a scheme was devised (February 2014) by GoI (CSS funding pattern 60:40).	The project was to be established during 2019-20 and academic session was to start from 2020-21.	₹ 189 crore (GoI released its entire share amounting to ₹ 113.40 crore during the period between May 2018 and January 2019).	₹ 22.19 crore ²⁴	Addition/alteration work completed at DH/SIHF ²⁵ . After construction of boundary wall at the earlier proposed site, new site in Sector 81, SAS Nagar Mohali has been allotted (October 2022). The work is yet to be started.	Admissions have started from 2021-22 batch as permitted by the National Medical Council (NMC)/GoI.

Source: Department of Medical Education and Research, Punjab

5.5.2.3 Non-establishment of Advance Autism Care and Research Centre in Punjab

The Department of Health and Family Welfare proposed (May 2016) to establish an Advanced Autism Care and Research Centre in Punjab. The Centre would work as a daycare centre having residential facility, separate

¹⁷ National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

¹⁸ ₹ 36 crore for construction, ₹ 71.51 crore for equipment, ₹ 3.00 crore for CT simulator and ₹ 4.10 crore for maintenance of Radiotherapy Equipment.

¹⁹ ₹ 35.10 crore and ₹ 16.48 crore for purchase of equipment/construction activities.

²⁰ (i) HDR Branchy Therapy: 3,30,000 USD (₹ 2.48 crore calculated taking value of one USD as ₹ 75.02); (ii) Linear Accelerator: 18,50,000 USD (₹ 13.88 crore); (iii) Dosimeter: ₹ 2.10 crore; and (iv) Mould Room and Immobilisation Equipment: ₹ 0.76 crore.

²¹ Civil work: ₹ 11.41 crore and Equipment cost: ₹ 33.30 crore.

²² ₹ 6.43 crore and ₹ 13.69 crore on 5 September 2016.

²³ GMC Patiala: 50 seats and GMC Amritsar: 50 seats (from 150 to 200 seats in each college).

²⁴ ₹ 16.37 crore for addition/alteration of DH/SIHF, ₹ 4.23 crore for equipment and ₹ 1.59 crore for consultancy service and boundary wall of new medical college.

²⁵ State Institute of Health and Family Welfare wherein medical college was operational.

administrative block with offices, clinical centre, school, vocational centre and research centre. The work of ‘Construction of Advance Autism Care and Research Centre at Sector 79, SAS Nagar’ was administratively approved and technically sanctioned in December 2016 and January 2017 respectively at a cost of ₹ 12.83 crore. The work was allotted (October 2016) to a contractor for ₹ 10.93 crore to be completed by November 2017.

Audit noticed that despite lapse of more than six years, construction work of Advance Autism Care and Research Centre was not completed (December 2022) even after enhancement of time up to May 2021 and the cost of work to ₹ 13.53 crore though expenditure of ₹ 12.70 crore (January 2023) had already been incurred on the work (95 per cent completed).

Thus, due to non-completion of the work, autistic children of the State were deprived of the intended benefits.

On being pointed out in audit, the Department while admitting the facts, stated (December 2022) that out of three blocks, two blocks were completed, however, due to change in scope of work, COVID pandemic, etc., the work of third block was still in progress.

5.5.2.4 Non-operation of lifts installed in MCH wing

NHM Assessor’s Guidebook for Quality Assurance in District Hospitals 2013 requires that the healthcare facility ensure safety of lifts and lifts have required certificate from the designated bodies/board with installed Automatic Rescue device. The hospital should have a defined policy for providing disabled friendly services. Access to lift facility should be provided without any physical barrier and is friendly to people with disabilities and symbol of access is displayed at the facilities available for people with disabilities.

The new building of MCH wing (three-storey) at DH Ludhiana was having lift facility, which was installed in 2014 at a cost of ₹ 0.52 crore. However, on the basis of information provided by the Senior Medical Officer, DH, Ludhiana, it was seen that the lifts were non-functional since the time of installation due to non-availability of manpower. Due to non-operation of lift, the patients/people with disabilities were deprived of the existing facility of lift in MCH wing.

On being pointed out, the Department admitted (December 2022) the facts in the exit conference.

5.6 Non-availability and non-maintenance of residential accommodation

As per IPHS 2012 norms, all essential medical and para-medical staff will be provided with residential accommodation. If the accommodation could not be

provided due to any reason, then the staff may be paid house rent allowance and, in that case, they should stay in vicinity, so that essential staff is available 24x7. Availability of residential accommodations in the test-checked health institutions is given in **Table 5.14**.

Table 5.14: Availability of residential accommodations in test-checked health institutions




Name of Health Institution		No. of quarters available	No. of quarters occupied	Status
GMCH	RH Patiala	11	11	All residential quarters are declared unsafe by PWD
DH				
1.	DH Bathinda	22	17	Five quarters need restoration
2.	DH Fatehgarh Sahib	34	21	13 quarters are requiring major repairs
3.	DH Gurdaspur	19	9	10 quarters are in dilapidated condition
4.	DH Hoshiarpur	30	9	21 quarters are not allotted
5.	DH Ludhiana	23	16	Seven quarters are not in good condition
6.	DH Moga	34	21	13 quarters are not in good condition
CHC				
1.	CHC Bhucho Mandi	3	2	One quarter requires maintenance
2.	CHC Mehraj	10	0	All 10 quarters require renovation
3.	CHC Bassi Pathana	6	0	All six quarters are in dilapidated condition
4.	CHC Amloh	6	4	One quarter is being used as medical store and other is in dilapidated condition
5.	CHC Fatehgarh Churian	11	4	Seven quarters are in dilapidated condition
6.	CHC N M Singh	0	0	No residential accommodation available
7.	CHC Mahilpur	4	4	--
8.	CHC Shamchaurasi	3	0	No quarter is allotted to the staff
9.	CHC Sidhwan Bet	13	8	Three quarters are vacant and two quarters are unsafe
10.	CHC Sudhar	10	3	Seven quarters are unsafe and require repair
11.	CHC Bagha Purana	6	6	--
12.	CHC Nihal Singh Wala	2	2	--
PHC				
1.	PHC Lehra Mohabbat	3	0	All three quarters need restoration
2.	PHC Mandi Kalan	1	1	--
3.	PHC Bhai Rupa	0	0	No quarter is available

Name of Health Institution		No. of quarters available	No. of quarters occupied	Status
4.	PHC Jodhpur Pakhar	0	0	No quarter is available
5.	PHC Nandpur Kolour	3	0	One quarter is being used as office and two quarters are in dilapidated condition
6.	PHC Sanghol	5	0	All five quarters are in dilapidated condition
7.	PHC Bhari	0	0	No quarter is available
8.	PHC Nanowal	0	0	No quarter is available
9.	PHC Behrampur	3	0	Quarters are in poor condition
10.	PHC Dhianpur	0	0	No quarter is available
11.	PHC Dorangla	13	0	All 13 quarters are in bad condition
12.	PHC Ranjit Bagh	8	0	All eight quarters are in bad condition
13.	PHC Chakowal	0	0	No quarter is available
14.	PHC Paldi	17	0	All 17 quarters are unsafe
15.	PHC Possi	5	0	All five quarters are unsafe
16.	PHC Mand Bhandar	11	3	Eight quarters are declared condemned
17.	PHC Ghawaddi	0	0	No quarter is available
18.	PHC Mansuran	0	0	No quarter is available
19.	PHC Otalon	0	0	No quarter is available
20.	PHC Sowaddi Kalan	3	0	All three quarters are condemned
21.	PHC Mallianwala	0	0	No quarter is available
22.	PHC Patto Hira Singh	6	0	All six quarters are condemned
23.	PHC Sukhanand	0	0	No quarter is available
24.	PHC Thathi Bhai	5	0	All five quarters are condemned
Total		330	141	

Source: Information furnished by test-checked health institutions

It is evident from the above table that:

- Out of available 330 residential quarters in all test-checked 43 health institutions, only 141 quarters (43 per cent) were allotted to the staff. 27 quarters which were in liveable condition were not allotted to the staff and remaining 162 quarters were in a dilapidated condition and required repair.
- In 12 health institutions (one CHC and 11 PHCs), no residential quarter was available for staff.

Status of Government residential accommodation in the Health Institutions	
	
PHC, Behrampur	CHC, Sidhwan Bet
	
CHC, Sudhar	PHC, Thathi Bhai

The reply of the State Government was awaited (February 2024).

5.7 Conclusion

Inadequate number of health institutions and infrastructure adversely impacted the delivery of quality health services to the patients as is evident from the following:

There was shortage in different categories of health institutions (Sub-Centres to CHCs) in the State of Punjab and shortage of beds were also noticed in health institutions. The building infrastructure was not in line with the IPHS norms. Though requisite number of HWCs have been upgraded but there was acute shortage of infrastructure, availability of services, human resources, medicines, consumables, equipment and diagnostic services in all the test-checked HWCs. Out of 60 construction works, only two works were completed on time and the remaining major construction works were either completed with delays or not taken up for construction resulting in denial of the intended benefits to the general public. Further, the State Organ and Tissue Transplant Organisation at GMCH Patiala; Organ Retrieval Centre at GMCHs Patiala and Amritsar; State

Cancer Institute at Amritsar; Tertiary Cancer Care Centre at Fazilka and Advanced Autism Care and Research Centre in SAS Nagar could not be established. The Burns Unit at RH Patiala was also not established and resultantly 208 patients were referred during 2016-2021. Besides, Multi-Disciplinary Research Unit set up at GMCH, Patiala remained non-functional till date. Out of available 330 residential quarters, only 141 quarters were allotted to the staff, 27 quarters which were in habitable condition were not allotted to the staff and the remaining 162 quarters were in a dilapidated condition and required repair, compromising round-the-clock availability of healthcare personnel. Moreover, in 12 health institutions, no residential quarters were available for the staff.

5.8 Recommendations

In light of the audit findings, the State Government may ensure:

- (i) *setting up of adequate number of health institutions viz. SCs/PHCs/CHCs so that healthcare facilities are provided to all sections of society;*
- (ii) *strengthening HWCs by providing requisite infrastructure, medicines, equipment and diagnostic services to deliver comprehensive primary healthcare as envisaged under the operational guidelines of HWC;*
- (iii) *timely completion of construction works and setting up of required infrastructure/machinery for delivery of quality health services in public health institutions;*
- (iv) *adequate maintenance and upkeep of the health institutions in accordance with the IPHS norms; and*
- (v) *provision of functional residential quarters for medical/paramedical staff.*