

## Chapter-I

### Introduction

This chapter provides the macro level picture of the healthcare funding and infrastructure in the State, besides audit objectives, audit criteria, scope and methodology for the performance audit.

#### Brief snapshot of the Chapter

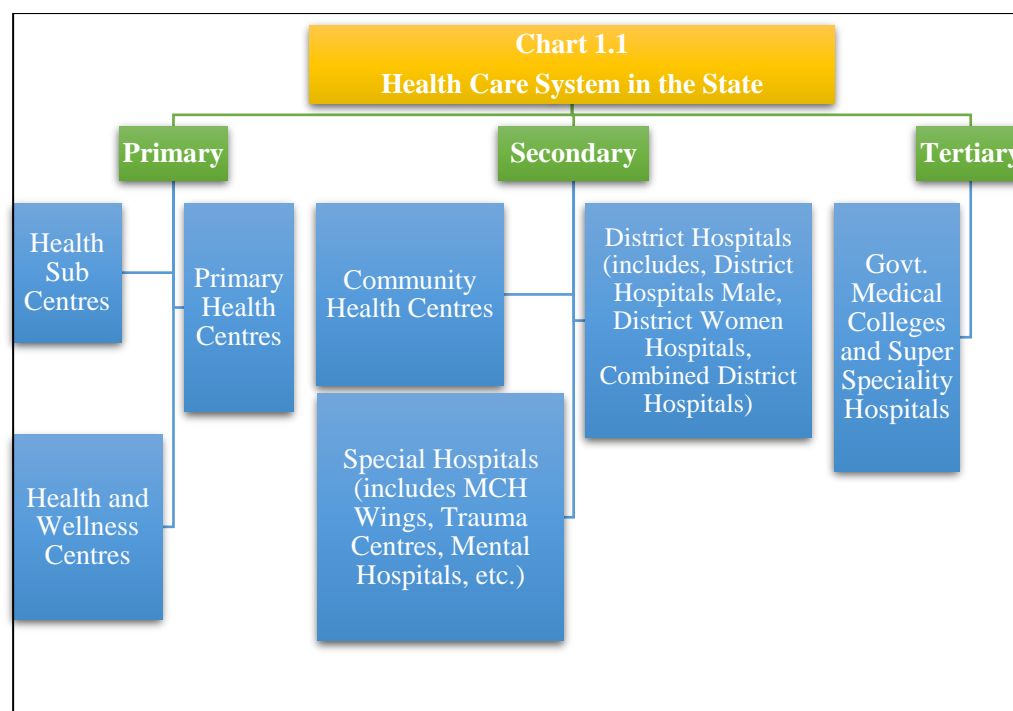
- The State Government could not utilize 22 *per cent* funds provisioned in the budget during 2016-22 for the healthcare system in the State.
- The per capita health expenditure of the State Government consistently increased from ₹ 669 in 2016-17 to ₹ 995 in 2021-22.
- As per latest released (April 2023) National Health Accounts Estimates for India 2019-20, per capita out-of-pocket-expenditure of households was higher in Uttar Pradesh (₹ 2,670) than all-India average (₹ 2,289).
- Uttar Pradesh had 9,082 Government hospitals/dispensaries with 99,824 beds.
- One State Government medical officer (including allopathic and AYUSH) was serving for 8,566 populations in Uttar Pradesh. One allopathic medical officer was serving for 13,468 populations and one AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) medical officer was serving for 23,532 populations.

#### 1.1 Introduction

National Health Policy, 2017 envisages to strengthen the trust of the common man in the Public Healthcare System (PHS) and thus, a predictable, efficient, affordable and effective PHS, with a comprehensive package of services and products that meet immediate healthcare needs of most people is required.

Uttar Pradesh has a three-tier PHS comprising Primary, Secondary and Tertiary healthcare system. Primary healthcare services are provided through Primary Health Centres (PHCs) and Sub-Centres (SCs). PHCs are the cornerstone of rural health services. Secondary healthcare refers to a second tier of healthcare system to which patients from primary healthcares are referred to specialists for treatment. The health centres for secondary healthcare include District Hospitals at district level and Community Health Centres at block level. The district healthcare system is the fundamental basis for implementing various health policies, delivery of healthcare and management of health services in a defined geographic area.

Tertiary healthcare refers to a third level of healthcare system in which specialized consultative care is provided usually on referral from primary and secondary level healthcare system. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel are the key features of tertiary health care. Under public health system, tertiary care service is provided by medical colleges and advanced medical research institutes which comprises of Government and Autonomous hospitals. The overview of healthcare system in the State is depicted in **Chart 1.1**.



Health services provided by the hospitals can broadly be divided in the categories, viz., line services, support services and auxiliary services as shown in **Chart 1.2**.

**Chart 1.2: Services provided by hospitals**

<p style="text-align: center;"><b>Line services</b></p> <ul style="list-style-type: none"> <li>i. Outdoor patient department</li> <li>ii. Indoor patient department</li> <li>iii. Emergency Services</li> <li>iv. Super specialty (OT, ICU)</li> <li>v. Maternity</li> <li>vi. Blood bank</li> <li>vii. Diagnostic services</li> </ul>	<p style="text-align: center;"><b>Support services</b></p> <ul style="list-style-type: none"> <li>i. Oxygen Services</li> <li>ii. Dietary service</li> <li>iii. Laundry service</li> <li>iv. Biomedical waste management</li> <li>v. Ambulance service</li> <li>vi. Mortuary service</li> </ul>
<p style="text-align: center;"><b>Auxiliary services</b></p> <ul style="list-style-type: none"> <li>i. Patient safety facilities</li> <li>ii. Patient registration</li> <li>iii. Grievance / complaint redressal</li> <li>iv. Stores</li> </ul>	<p style="text-align: center;"><b>Resource Management</b></p> <ul style="list-style-type: none"> <li>i. Building Infrastructure</li> <li>ii. Human Resource</li> <li>iii. Drugs and Consumables</li> <li>iv. Equipment</li> </ul>

The major components of public healthcare system in Uttar Pradesh have been discussed in brief in succeeding paragraphs:

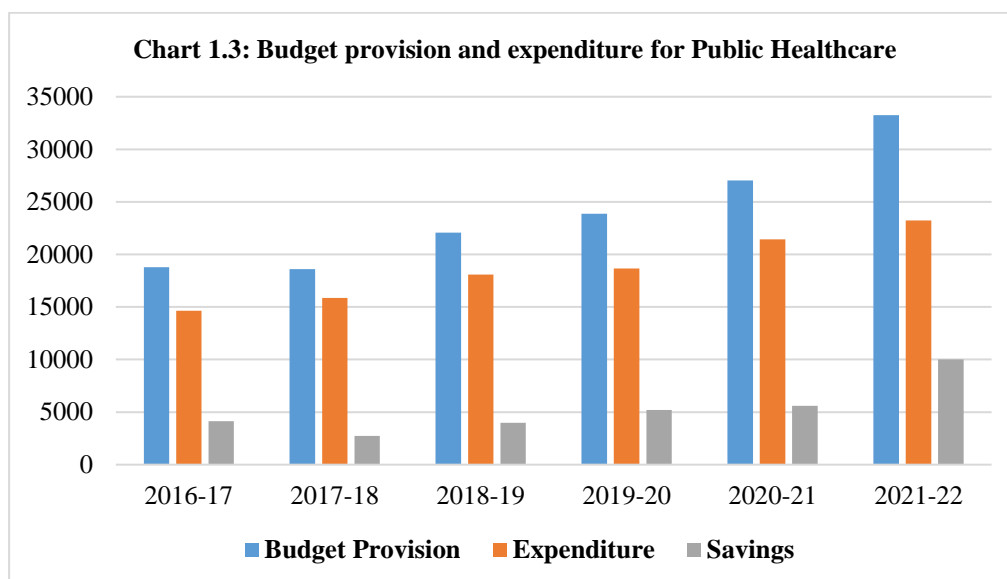
### 1.1.1 Healthcare funding

For the functioning of the health centers/hospitals/ colleges, State Government makes budgetary provisions under nine grants in the State Budget. The status of budget provisions (excluding local bodies) and utilisation thereof on public health in Uttar Pradesh during 2016-22 is given in **Table 1.1** and **Chart 1.3**.

**Table 1.1: Budget provisions and expenditure during 2016-22**

Year	Budget Provision	Expenditure	Savings	(₹ in crore)
				Savings (in per cent)
2016-17	18797.94	14652.31	4145.63	22
2017-18	18610.78	15860.89	2749.89	15
2018-19	22069.27	18091.30	3977.97	18
2019-20	23868.60	18671.02	5197.58	22
2020-21	27025.46	21429.82	5595.64	21
2021-22	33238.06	23223.24	10014.82	30
<b>Total</b>	<b>143610.11</b>	<b>111928.58</b>	<b>31681.53</b>	<b>22</b>

(Source: Appropriation Accounts of Uttar Pradesh)



(Source: Appropriation Accounts of Uttar Pradesh)

It may be seen from above table that the Government could not utilise 22 per cent funds provisioned during 2016-22 for the healthcare system in the State. The utilisation of funds ranged between 70 per cent and 85 per cent during 2016-17 to 2021-22. The reasons for non-utilisation of fund are detailed in **Chapter VI**.

### 1.1.2 Per Capita health expenditure

This indicator is defined as the per capita total expenditure on health. It shows the total expenditure on health relative to the beneficiary population.

The per capita health expenditure of the State Government during 2016-17 to 2021-22 was as given in **Table 1.2**.

**Table 1.2: Per capita health expenditure during 2016-17 to 2021-22**

Year	Expenditure (₹ in crore)	Projected total population as on 1st March (₹ in crore)	Per capita health expenditure (₹)
2016-17	14652.31	21.91	668.75
2017-18	15860.89	22.20	714.45
2018-19	18091.30	22.50	804.06
2019-20	18671.02	22.79	819.26
2020-21	21429.82	23.09	928.10
2021-22	23223.24	23.33	995.42

(Source: Expenditure figures from Appropriation Accounts of Uttar Pradesh and Projected population figures from the Report of the Technical Group on Population Projections - Population Projections for India and States (2011-2036), Census of India 2011)

**Table 1.2** shows that the per capita spending of Government on health in Uttar Pradesh consistently increased during 2016-17 to 2021-22 from ₹ 669 to ₹ 995.

The Government (MHFW) stated (February 2023) that this was just government expenditure excluding private sector expenditure.

### 1.1.3 Out of Pocket Expenditure

Out of pocket expenditure (OOPE) are expenditures directly made by households at the point of receiving health care. This indicator estimates how much are households spending on health directly out of pocket. National Health Accounts (NHA) Estimates for India published by Ministry of Health and Family Welfare, Government of India (GoI) *inter alia* provides estimates of household's OOPE. Based on latest released (April 2023) NHA Estimates for India, OOPE as percentage to Gross State Domestic Product (GSDP) and per capita OOPE in Uttar Pradesh as compared to neighbouring States and all-India average are given in **Table 1.3**.

**Table 1.3: Out of pocket expenditure**

States	OOPE for 2017-18		OOPE for 2018-19		OOPE for 2019-20	
	Percentage of GDP/GSDP	Per capita (in ₹)	Percentage of GDP/GSDP	Per capita (in ₹)	Percentage of GDP/GSDP	Per capita (in ₹)
India	1.6	2097	1.5	2155	1.5	2289
Uttar Pradesh	3.6	2393	3.5	2481	3.6	2670
Madhya Pradesh	1.5	1364	1.4	1409	1.3	1500
Rajasthan	1.5	1688	1.5	1745	1.4	1856
Bihar	2.0	808	1.8	811	1.8	863
Uttarakhand	0.6	1237	0.6	1216	0.6	1317

(Source: National Health Accounts Estimates for India 2019-20, 2018-19 and 2017-18<sup>1</sup>)

As per NHA Estimate for India 2019-20 (released in April 2023), Uttar Pradesh, among 21 states<sup>2</sup>, had maximum Government Health Expenditure (GHE)<sup>3</sup> amounting to ₹ 21,688 crore (1.3 per cent of GSDP) and OOPE amounting to ₹ 60,883 crore (3.6 per cent of GSDP) during 2019-20. However, per capita GHE in Uttar Pradesh was ₹ 951 as compared to all-India GHE (₹ 2,014) during 2019-20. Further, per capita OOPE (2019-20) in Uttar Pradesh (₹ 2,670) was more than per capita OOPE in neighbouring States, such as Bihar (₹ 863), Madhya Pradesh (₹ 1,500), Rajasthan (₹ 1,856), Uttarakhand (₹ 1,317) and India (₹ 2,289). Further, there was wide gap between per capita GHE (₹ 951) and per capita OOPE (₹ 2,670) in Uttar Pradesh, which was narrower at all-India level being GHE (₹ 2,014) and OOPE (₹ 2,289). The lower GHE and higher OOPE in Uttar Pradesh was indicative of inadequate public health care facilities/services in the State due to which people were incurring higher OOPE for getting healthcare services from the private sector.

<sup>1</sup> National Health Accounts Estimates for India 2019-20 (released in April 2023), National Health Accounts Estimates for India 2018-19 (released in September 2022), National Health Accounts Estimates for India 2017-18 (released in November 2021)

<sup>2</sup> As per National Health Accounts Estimates for India 2019-20, indicators are given for select States as the expenditure data for some expenditure components of health account is collected through sample surveys.

<sup>3</sup> In NHA Estimates, Government Health Expenditure (GHE) of a State includes health expenditure by all Government Agencies (Union/State/Local Bodies) including Quasi-government organisations and donors in case funds are channelled through government organisations.

The Government (MHFW) stated that data was given out of context as total expenditure on health in Uttar Pradesh is five *per cent* of GSDP, which was more than Madhya Pradesh (2.7 *per cent*), Rajasthan (3.1 *per cent*) and Uttarakhand (1.5 *per cent*) which indicate Uttar Pradesh was providing more funding by both Government and Private sector expenditure for health sector.

The reply is not acceptable, as the data given in the State Government's reply pertains to total health expenditure in State during 2017-18 which includes health expenditure by all government agencies (Union/State/Local Bodies), all household health expenditures, all expenditures by enterprises, not for profit institutions serving households (NPISH/NGO) and external donors. The audit observation is regarding OOPE which is expenditure directly made by households at the point of receiving health care. Further, NHA Estimates for India 2017-18, 2018-19 and 2019-20 published by Government of India states that Government health expenditure in Uttar Pradesh was 1.2 *per cent* (2017-18 and 2018-19) and 1.3 *per cent* (2019-20) of GSDP.

#### 1.1.4 Physical infrastructure

Status of Government hospitals and beds in Uttar Pradesh as per Statistical Diary Uttar Pradesh, 2022<sup>4</sup> is given in **Table 1.4**.

**Table 1.4: Availability of Government hospitals and beds in the State**

System of medicine	Number of Govt. hospitals/ dispensaries	Number of beds
Allopathic <sup>5</sup>	5121	88281
Ayurvedic	2111	10082
Unani	256	1023
Homeopathic	1594	438
<b>Total</b>	<b>9082</b>	<b>99824</b>

(Source: Statistical Diary Government of Uttar Pradesh 2022)

As evident from **Table 1.4**, maximum number of beds were available in allopathy, followed by Ayurvedic system of medicine.

#### 1.1.5 Human resources

Status of human resource in public health in Uttar Pradesh has been given in **Table 1.5**.

**Table 1.5: Ratio of State Government medical officers in Allopathic and AYUSH system of medicine against the State's population (on 31 March 2022)**

Sl. No.	Medical Officers	Available	Projected Population of State as on 1 March 2022	Average population served
1	Allopathic	17,323	23.33 crore	13,468
2	AYUSH	9,914		23,532
<b>Total</b>		<b>27,237</b>		<b>8,566</b>

(Source: DGMH, DGMET<sup>6</sup>, Statistical Diary Uttar Pradesh 2022, Population Projects for India and States 2011-2036 – Ministry of Health and Family Welfare, GoI)

<sup>4</sup> Published by Planning Department, Uttar Pradesh.

<sup>5</sup> Government (General and Special), local bodies & municipal boards and private aided.

<sup>6</sup> DGMET has provided (July 2022) figures related to Government Medical Colleges for 1 May 2022.

It would be seen from **Table 1.5** that one medical officer (including allopathic and AYUSH) of the State Government was serving for 8,566 population. One allopathic medical officer was serving for 13,468 persons and one AYUSH medical officer was serving for 23,532 persons.

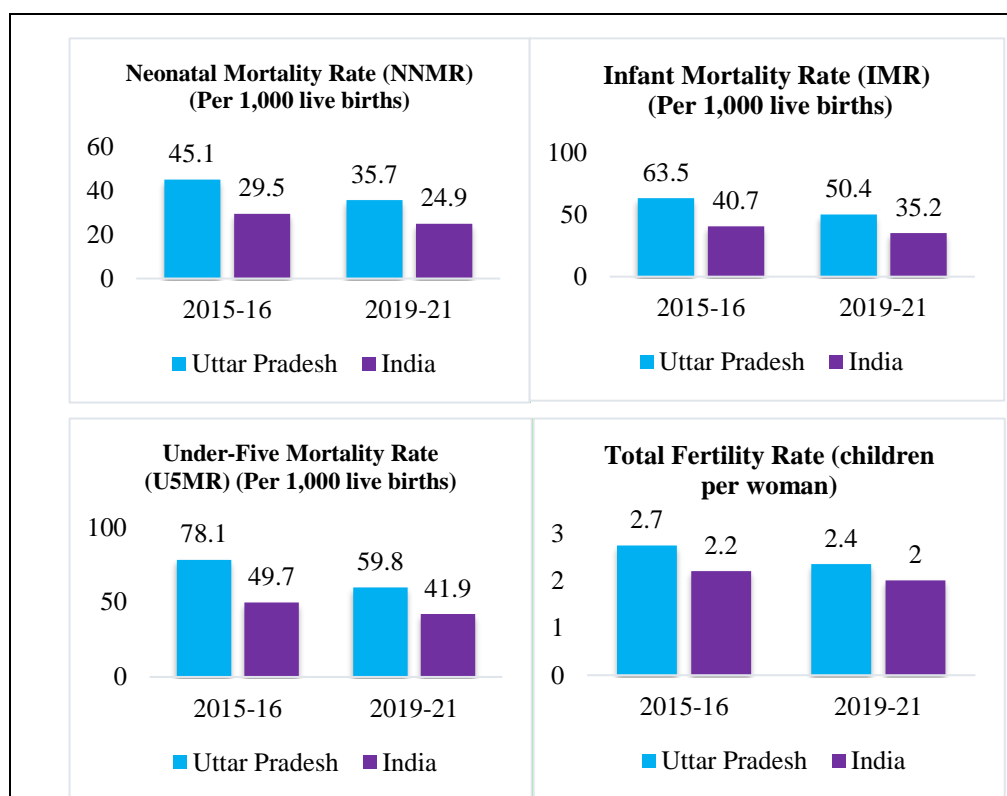
### 1.1.6 Health Indicators

The Sustainable Development Goal 3 (SDG 3) deals with ensure healthy lives and promote well-being for all at all ages. At national level, NITI Aayog has the mandate to oversee the adoption and monitoring of the SDGs in the country. According to its report, Uttar Pradesh was at 27<sup>th</sup> place out of 28 States in terms of SDG 3 index score of States<sup>7</sup>.

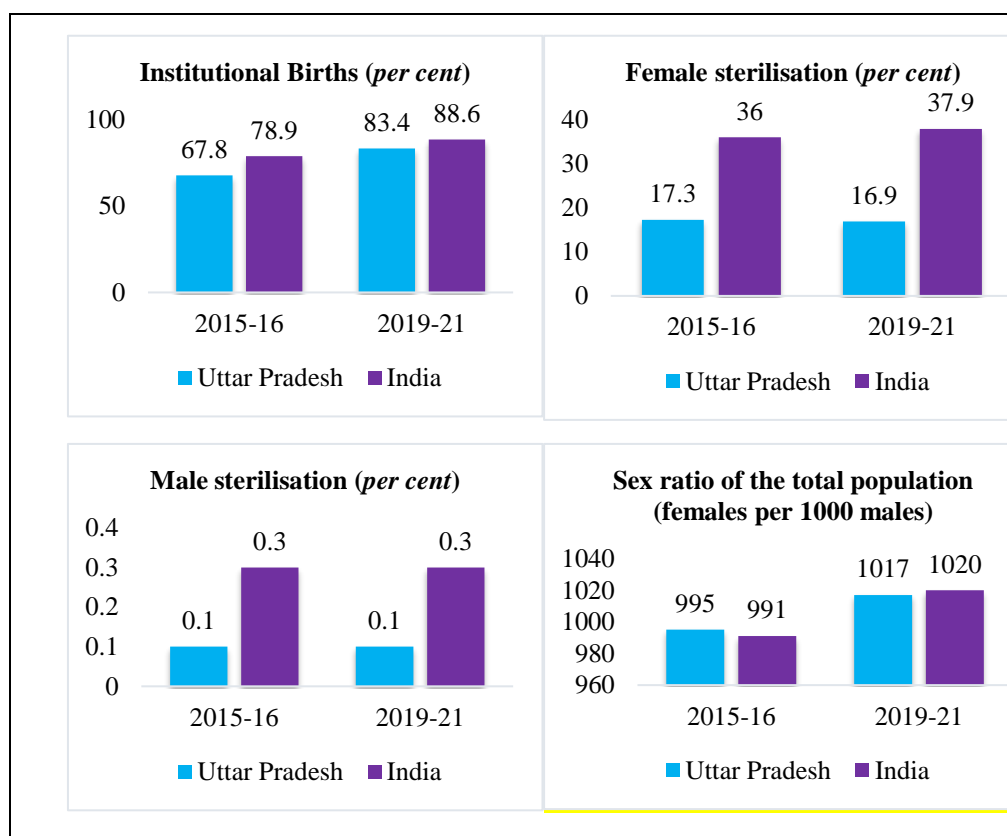
Further, Ministry of Health and Family Welfare (MoHFW) conducts one integrated survey namely National Family Health Survey (NFHS) at an interval of about three years and so far, completed five rounds of survey. NFHS provides high quality, reliable and comparable data on population dynamics and health indicators as well as data on emerging issues in health and family welfare and associated domains, so as to assist the policy-makers and programme implementing agencies for setting the benchmarks.

A comparison between Uttar Pradesh and All-India average in terms of important Sustainable Development Goal-3 indicators is given in **Chart 1.4** and **Table 1.6**.

**Chart 1.4: Health Indicators in the State**



<sup>7</sup> As per NITI Aayog Report.



(Source: National Family Health Survey-5, 2019-21)

**Table 1.6: Uttar Pradesh Health Indicators as per NFHS-5**

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	Uttar Pradesh	India	Uttar Pradesh	India
Sex ratio of the total population (females per 1,000 males)	995	991	1017	1020
Sex ratio at birth for children born in the last five years (females per 1,000 males)	903	919	941	929
Total fertility rate (children per woman)	2.7	2.2	2.4	2.0
Neonatal mortality rate (NNMR)	45.1	29.5	35.7	24.9
Infant mortality rate (IMR)	63.5	40.7	50.4	35.2
Under-five mortality rate (U5MR)	78.1	49.7	59.8	41.9
Mothers who had an antenatal check-up in the first trimester (%)	45.9	58.6	62.5	70.0
Mothers who had at least 4 antenatal care visits (%)	26.4	51.2	42.4	58.1
Mothers whose last birth was protected against neonatal tetanus <sup>8</sup> (%)	86.5	89.0	92.1	92.0
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	12.9	30.3	22.3	44.1
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	3.9	14.4	9.7	26.0

<sup>8</sup> Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within three years of the last live birth), or three or more injections (the last within five years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	Uttar Pradesh	India	Uttar Pradesh	India
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	79.8	89.3	95.7	95.9
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	54.0	62.4	72.0	78.0
Average out-of-pocket expenditure per delivery in a public health facility (₹)	1956	3197	2300	2916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.8	2.5	2.4	4.2
Children who received postnatal care from a doctor/nurse/Lady health visitor (LHV)/ Auxiliary nurse midwife (ANM)/ midwife/ other health personnel within 2 days of delivery (%)	NA	NA	70.2	79.1
Institutional births (%)	67.8	78.9	83.4	88.6
Institutional births in public facility (%)	44.5	52.1	57.7	61.9
Home births that were conducted by skilled health personnel <sup>9</sup> (%)	4.1	4.3	4.7	3.2
Births attended by skilled health personnel (%)	70.4	81.4	84.8	89.4
Births delivered by caesarean section (%)	9.4	17.2	13.7	21.5
Births in a private health facility that were delivered by caesarean section (%)	31.3	40.9	39.4	47.4
Births in a public health facility that were delivered by caesarean section (%)	4.7	11.9	6.2	14.3

(Source: National Family Health Survey-5, 2019-21)

It may be seen from **Chart 1.4** and **Table 1.6** that Uttar Pradesh has improved under various health indicators over five-year period from NFHS-4 (2015-16) to NFHS-5 (2019-21) though their value compared to all India average were low in most of the indicators. The ranking of State in SDG index for SDG 3 (Good Health and Wellbeing) marginally improved from 29 in the year 2018 to 27 in the year 2020-21 is given in **Table 1.7**.

**Table 1.7: Ranking of Uttar Pradesh amongst States**

Overall and SDG-03	2018		2019-20		2020-21	
	Score	Rank	Score	Rank	Score	Rank
Overall SDG	42	29	55	24	60	25
SDG 3: Good Health and Wellbeing	25	29	34	27	60	27

(Source: SDG India Index Baseline Report, 2018, SDG India Index and Dashboard 2019-20 and 2020-21)

<sup>9</sup> Doctor/nurse/LHV/ANM/midwife/other health personnel.



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## 1.2 Organisational set-up

Organisation set-up of the Department of Medical Health and Family Welfare and the Department of Medical Education has been given in **Appendix 1.1** and **Appendix 1.2**.

## 1.3 Audit Objectives

The Performance Audit was carried out to assess whether:

- the availability of the necessary human resources at all levels, *e.g.*, doctors, nurses, paramedics, *etc.* were ensured in public health;
- healthcare services were available in public healthcare facilities;
- the availability of drugs, consumables and equipment were ensured in public health;
- the availability and management of public healthcare infrastructure was ensured;
- the funding for public healthcare was adequate;
- the Centrally Sponsored Health Schemes were implemented properly;
- regulatory mechanisms in the Government hospitals were adequate;
- the spending on health has improved the health and wellbeing conditions of people as per SDG-3.

## 1.4 Audit Criteria

The Performance Audit was conducted against the criteria derived from the following sources:

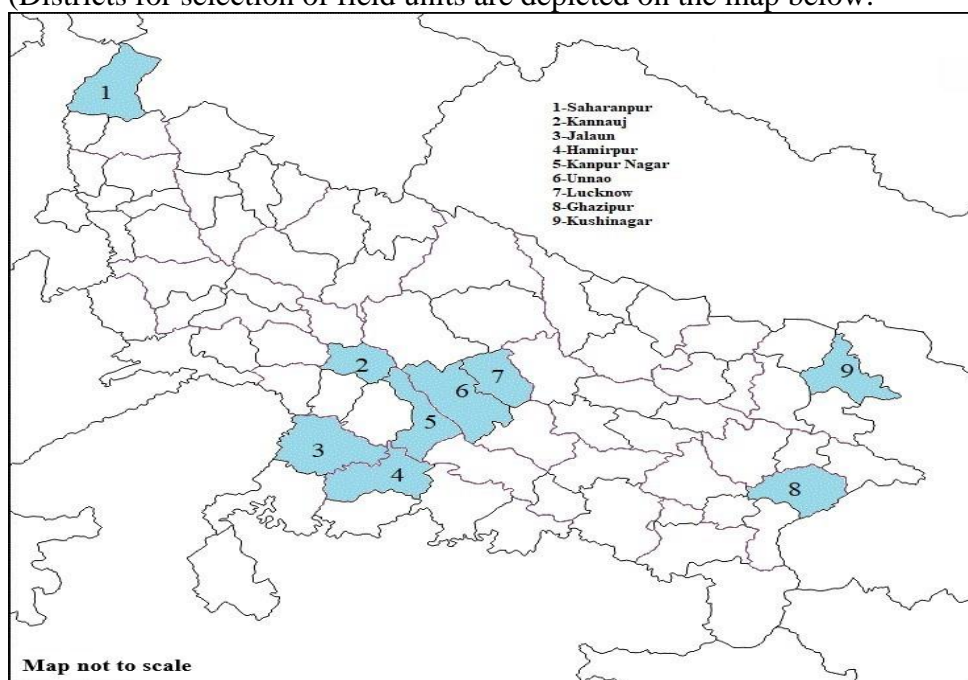
- Indian Public Health Standards, 2012;
- National Health Policy, 2017;
- Regulations issued by the National Medical Commission;
- Relevant Acts and Rules relating to healthcare;
- Framework for implementation of schemes issued by GoI;
- Annual Work Plans and Budgets;
- Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages;
- Bio-Medical Waste Management Rules, 2016;
- National Disaster Management Guidelines for Hospital safety and Uttar Pradesh Fire Prevention and Fire Safety Act, 2005;
- Clinical Establishments (Registration and Regulation) Act, 2010;
- Standards for Blood Banks & Blood Transfusion Services, 2007 of National Aids Control Organisation (NACO);
- Atomic Energy (Radiation Protection) Rules, 2004;
- Action plan (2017-20) of UP Government to implement SDG-3;

- Procurement policy/Financial Hand Book/Manuals of the Government of India and the Government of Uttar Pradesh Government with regard to the procurement;
- Rules and orders of Uttar Pradesh Medical Supplies Corporation Limited and Guidelines issued in this regard by the State Government from time to time; and
- State Government's orders and Circulars issued from time to time.

### **1.5 Audit Scope and Methodology**

The audit covering the period 2016-22 was conducted during August 2021 to July 2022. Audit sample included:

- Offices of the Additional Chief Secretaries/Principal Secretaries, Medical, Health & Family Welfare and Medical Education and Training Departments at the Apex level.
- Office of the Director General, Medical and Health Services (DGMH), Director General, Family Welfare and Director General, Medical Education & Training (DGMET).
- Primary and secondary level hospitals (Sub-centres, Primary Health Centres, Community Health Centres and District Hospitals) in nine Districts (Districts for selection of field units are depicted on the map below:



In each District - Office of Chief Medical Officer (CMO), one or two district level Hospital (in case separate Male and Female hospital, one from each), two CHCs, four PHCs and eight sub-centres, were sampled. Thus, 16 District Hospitals (DHs), 19 CHCs, 38 PHCs and 72 sub-centres were selected for the performance audit. The sample of 16 DHs includes seven District Hospital Male (DHMs) and seven District Women Hospitals (DWHs) at Ghazipur, Hamirpur, Jalaun, Kanpur Nagar, Lucknow, Saharanpur and Unnao and two Combined District Hospitals (CDHs) at Kannauj and Kushinagar.

The details of 75 test-checked hospitals (two GMCs, 16 DHs, 19 CHCs and 38 PHCs) are given in *Appendix 1.3*.

- Two tertiary level hospitals (Associated Teaching Hospitals of the Government Medical Colleges, Ambedkar Nagar and Meerut).
- Uttar Pradesh Medical Supply Corporation.

In addition to above units, information was collected from SPMU (NHM)<sup>10</sup>, Planning Department, Uttar Pradesh State service commission, Uttar Pradesh Subordinate Services Selection Commission.

### 1.5.1 Sampling

The districts were selected by applying Probability Proportional to Size without Replacement (PPSWOR) method of sampling based on the population of districts for the year 2021. After the selection of the districts, office of the Chief Medical Officer of the selected districts and offices of the Chief Medical Superintendent/Superintendent-in-chief (Male/Female/Combined hospital) in the district was selected for Audit by Simple random sampling without replacement (SRSWOR) method. In addition, selection of CHCs, PHCs and Sub-centres in the district was done by using SRSWOR method. The Audit Methodology involved scrutiny of records and document analysis, response to audit queries and collection of information through questionnaires and pro forma. Further, 196 Doctors in 43 Health Care Facilities (HCFs) and 1,097 Patients<sup>11</sup> were surveyed. Joint physical inspections of hospital assets and drugs warehouses were also conducted.

Availability of drugs, equipment and consumables in DHs, CHCs and PHCs was assessed vis-à-vis sampled drawn out of IPHS norms and State Government orders. Due to large number of Departments and associated equipment and drugs required for functioning of tertiary hospitals, a meeting was held (December 2021) with the DG (MET) in December 2021 to identify samples for test-check of departments, drugs and equipment. Details of samples of drugs, equipment and consumables are given in *Appendix 1.4*.

### 1.6 Consideration of Ayushman Bharat in this report

Ayushman Bharat (AB), the flagship health scheme of the Government of India, was launched in September 2018 to achieve Universal Health Coverage as recommended in the National Health Policy, 2017. AB adopts a continuum of care approach, comprising of two inter-related components.

<b>Health and Wellness Centres (HWCs)</b>	<ul style="list-style-type: none"> <li>• Creation of 1,50,000 HWCs by transforming the existing Sub Centres and Primary Health Centres by December 2022.</li> <li>• Aim to deliver Comprehensive Primary Health Care (CPHC) covering maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.</li> </ul>
<b>PM-JAY</b>	<ul style="list-style-type: none"> <li>• Aims to provide a cover of ₹ 5 lakh per family per year for secondary and tertiary care hospitalisation across public and private empanelled hospitals in India.</li> <li>• Provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.</li> <li>• Benefits of the scheme are portable across the country, i.e., a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.</li> <li>• Services include 1,949 procedures with specialities.</li> <li>• No cap on family size, age or gender.</li> </ul>

<sup>10</sup> State Programme Management Unit (National Health Mission).

<sup>11</sup> 477 In Patient Department (IPD) beneficiaries in 31 HCFs and 620 Out Patient Department (OPD) beneficiaries in 35 HCFs.

In Uttar Pradesh, State Agency for Comprehensive Health and Integrated Services (SACHIS) is the State nodal agency for implementation of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). In Uttar Pradesh, 3,263 hospitals (1,114 public and 2,149 private) were empanelled with AB-PMJAY.

As per Socio Economic and Caste Census (SECC) 2011, there were 6.47 crore beneficiaries under 1.17 crore households in the State. Out of 6.47 crore beneficiaries, 1.40 crore beneficiaries under 54.33 lakh households were registered in Uttar Pradesh as of March 2021 with Beneficiary Identification System (BIS) under PM-JAY on the basis of their eligibility as per national criteria, i.e., SECC database. Thus, total coverage of households and beneficiaries is 46.44 *per cent* and 21.64 *per cent* respectively in the State.

An all-India Performance Audit of Ayushman Bharat - PMJAY was conducted for period up to March 2021, in which Uttar Pradesh was one of the sampled State. Results of audit have been included in All India Performance Audit Report<sup>12</sup>. In the current report, we have included findings related to Health and Wellness Centres created under Ayushman Bharat to deliver comprehensive primary health care.

## **1.7 About the report**

The report has been divided into nine chapters covering various aspects of the healthcare infrastructure and management of services as discussed below:

**Chapter I** captures the macro level picture of the healthcare funding, availability of hospitals and beds under different systems of medicine, availability of human resources in public health and some of the healthcare indicators besides audit objectives, audit criteria, scope and methodology for conduct of the performance audit.

**Chapter II** analyses the availability of the necessary human resource, such as, doctors, nursing staff and paramedics, at primary, secondary and tertiary level hospitals and delays in their recruitments.

**Chapter III** is regarding the delivery of various services (OPD, IPD, Operation Theatre (OT), Intensive Care Unit (ICU), etc.) grouped under Line Services, Support Services and Auxiliary Services in the test-checked hospitals.

**Chapter IV** is about the procurement of drugs, consumables and equipment and their availabilities in the test-checked health care facilities. The chapter also covers the functioning of Drugs and Vaccines Distribution Management System (DVDMS) software.

**Chapter V** deals with the availability of primary, secondary and tertiary healthcare infrastructure, construction and maintenance of public hospitals and availability of essential facilities, viz., registration counter, waiting and seating arrangement for OPD patients, doctors' chambers for clinical services and availability of IPD wards/beds.

**Chapter VI** discusses the healthcare funding and adequacy thereof in terms of percentage of healthcare expenditure to the total expenditure and its share in the Gross State Domestic Product and financial proprietary issues.

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<sup>12</sup> Report No. 11 of 2023 – Union Government (Civil)

**Chapter VII** analyses the implementation of centrally sponsored schemes in health sector, *viz.*, Janani Suraksha Yojana, immunisation of children, National Urban Health Mission, National Mental Health Programme, *Kayakalp* programme, National Programme for Health Care of the Elderly, *etc.*

**Chapter VIII** captures the compliance with various regulatory frameworks in the test-checked hospitals, such as, Bio-Medical Waste Management Rules, 2016, National Disaster Management Guidelines for Hospital safety and Uttar Pradesh Fire Prevention and Fire Safety Act, 2005, Clinical Establishments (Registration and Regulation) Act, 2010, Standards for Blood Banks & Blood Transfusion Services, 2007 of National Aids Control Organisation (NACO) and Atomic Energy (Radiation Protection) Rules, 2004.

**Chapter IX** captures the significance of the Sustainable Development Goal-3 which deals with the health and wellbeing conditions of people, coupled with value of some key indicators in respect of Uttar Pradesh.

### **1.8 Entry and Exit Conferences and response of the Government**

An Entry Conference was held (10 February 2022) with the Additional Chief Secretary, Government of Uttar Pradesh, Department of Medical Health and Family Welfare where representatives of the Medical Education & Training Department and UPMSCSL were also present. Exit conference was held with the Principal Secretary, Government of Uttar Pradesh, Department of Medical Health and Family Welfare on 29 November 2022.

The State Government (Department of Medical Education) furnished reply to the draft report in November 2022. Further, the Department of Medical Health and Family Welfare provided reply in February 2023. Replies of both the Departments have been suitably incorporated in the Report.

The revised draft report was again sent to both the Departments on 11 October 2023, requesting them to furnish replies within two weeks. However, replies were awaited (August 2024), despite reminders (November 2023 and December 2023).

### **1.9 Acknowledgement**

Audit acknowledges the cooperation extended by the Principal Secretary, Department of Medical Health & Family Welfare (MHFW), Principal Secretary, Department of Medical Education & Training (MET) and Mission Director, State Project Management Unit (SPMU). Audit also appreciates the assistance provided by the field functionaries such as Principals of Government Medical Colleges (GMCs), Chief Medical Officers (CMOs), Medical Superintendents (MSs) and staff of these units for smooth conduct of the audit.