

Chapter - 9

Delivery of services

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This Chapter deals with the services provided by teaching hospitals attached to AYUSH Medical Colleges, and AYUSH dispensaries and 4, 15 and 25 bedded hospitals. Audit selected 26 AYUSH dispensaries, 34 four-bedded, two fifteen-bedded and 5 twenty-five-bedded AYUSH hospitals as well as five¹ AYUSH GMCHs in eight test-checked districts to ensure compliance of applicable provisions for health care and allied services.

9.1 Registration under Clinical Establishment Act and NABH accreditation

The Clinical establishments (Registration and Regulation) Act, 2010 (CEA) provides for registration and regulation of clinical establishments in the country with a view to prescribing basic minimum standards of facilities and services by clinical establishments. Further, National Accreditation Board for Hospitals & Healthcare Providers (NABH) started (2009) AYUSH Hospital Accreditation Program in association with Ministry of Ayush, Govt. of India, and encompasses quality assurance standards for each system of medicine i.e. Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homoeopathy Hospitals.

Audit observed that though, GoUP issued order in November 2021 and January 2022 for registration of hospitals having 30 beds and 50 beds and above respectively under CEA, none of the five test-checked hospitals (two Ayurveda, two Homeopathy and one Unani) attached with Medical Colleges were registered under Clinical establishments (Registration and Regulation) Act, 2010. Further, the two Homeopathic GMCHs were not accredited with NABH, though required under MSR for Homeopathic MCH. No such provision was made for Ayurveda and Unani MCHs in their respective regulations.

The Government, regarding CEA, stated (January 2025) that registration standards for Ayurveda establishment was not available, registration of Unani establishments would be completed shortly, but furnished no reply regarding registration of Homeopathic establishments, For NABH accreditation, it stated that process for accreditation of Ayurvedic GMCHs have been started, action for accreditation of Homeopathic GMCHs would be taken as suggested but furnished no reply regarding NABH accreditation of Unani GMCHs.

9.2 Out-Patient Services

As per existing procedure, out-patients first get themselves registered at the Out-Patient Department (OPD). After getting registered, the patients meet the doctor for consultation. The doctor either prescribe tests for evidence-based diagnosis, or drugs as per the diagnosis done during consultation. Audit noticed that the Government has not standardised the services, like Management of Pregnancies, Emergency Care, Essential Laboratory Services, Referral Transport Service for OPDs of AYUSH GMCHs. Further observations are discussed in succeeding paragraphs:

¹ Ayurvedic GMCH, Banda (UG), Ayurvedic GMCH, Pilibhit (PG), Unani GMCH, Lucknow; Homeopathic GMCH, Moradabad (UG) and Homeopathic GMCH, Prayagraj (PG).

9.2.1 Registration facility for OPD in GMCH and attached Hospitals

The registration counter is the first point of contact with the hospital and is an important component of the hospital experience for patients and their attendants. Regulations governing MSR for Ayurveda, Unani and Homeopathic MCHs provided that the hospital attached to the colleges shall maintain the web-based/computerised central registration system for maintaining the records of patients in Out-Patient Department. Information furnished by five test-checked GMCHs, however, revealed that there was no web-based/computerised central registration system in any of the hospitals attached to five test-checked AYUSH Medical Colleges.

The Government accepted (January 2025) that the action for implementation of web-based central registration system would be taken/is being taken.

9.2.2 Patient load

Indian Medicine Central Council (IMCC) and Central Commission for Homoeopathy (CCH) Regulations govern requirement of minimum standards for hospitals attached to Ayurveda, Unani and Homeopathy Medical Colleges. It requires per day average number of 120 OPD patients and 200 OPD patients for the Ayurveda, Unani and Homeopathy colleges having intake capacity upto 60 seats and 60-100 seats respectively in one calendar year.

(i) The details given in **Table-19** indicates number of OPD patients in hospitals attached to test checked AYUSH GMCHs:

Table 19: Statement showing OPD consultation in test checked five AYUSH GMCHs

Name of GMCHs and Hospital (intake capacity)	No of OPD Patients					Total	Average consultation per day ²
	2018-19	2019-20	2020-21	2021-22	2022-23		
Ayurvedic, Banda	41292	28162	23224	33363	40153	166194	111
Ayurvedic Pilibhit	92892	90699	13682	48687	76361	322321	215
Unani, Lucknow	51462	53598	18235	17270	58504	199069	133
Homeopathic, Moradabad	66205	58417	33212	37983	59121	254938	140
Homeopathic Prayagraj	130122	166685	58498	106184	166461	627950	344

(Source: Information furnished by respective GMCHs)

The above indicates that during the 2018-19 to 2022-23, against the required number of 120 out-patients per day, the average number of out-patients in Ayurvedic GMCHs of Banda and Pilibhit were 111 and 215 per day; and against the required number of 200 out patients per day, the average number of out-patients per day in Unani GMCH, Lucknow, Homeopathic GMCH, Moradabad and Homeopathic GMCH, Prayagraj were 133, 140 and 344 respectively. Thus, the number of out-patients in Unani GMCH, Lucknow and Homeopathic GMCH Moradabad were much below the norm.

The Government, regarding Homeopathic GMCH, Moradabad stated (January 2025) that OPD patients were less due to Covid pandemic. Reply is not acceptable as the OPD was less during those years also which were not affected by Covid. The government furnished no reply regarding less OPD in Ayurvedic GMCH, Banda and Unani GMCH, Lucknow.

² 300 days for Ayurvedic and Unani GMCHs and 365 days for Homeopathy GMCHs.

(ii) The Government has not fixed any norm for AYUSH MO for giving per day consultation to the patients in dispensaries and 4, 15 and 25 bedded hospitals. Thus, there was considerable variations in consultation given by doctors³, as per details given in **Table-20**:

Table 20: Details showing number of patients served during 2018-19 to 2022-23 in test checked hospitals and dispensaries, and consultations per day per dispensary/hospital

Name of the healthcare facility	No of facilities visited	Total No. of new patients during 2018-19 to 2022-23	Range of minimum and maximum consultation given by a doctor in a year during 2018-19 to 2022-23	Average No. of consultations per doctor per day
Ayurvedic OPD	07	181833	528 to 9368	17
Unani OPD	03	63045	651 to 10795	14
Homeopathic OPD	16	841572	585 to 841572	35
Ayurvedic 4- bedded hospital	18	669219	0 to 16829	24
Unani 4- bedded hospital	16	454381	557 to 12314	19
Ayurvedic 15- bedded hospital	02	91328	6235 to 14139	30
Ayurvedic 25- bedded hospital	05	275406	4284 to 16739	36

(Source: Information furnished by test checked hospitals and dispensaries)

The Government, regarding average consultations per day, furnished year-wise data of the state for old and new patients and stated that the average consultations per day in Ayurvedic dispensaries and hospitals was around 40 per day; but furnished no reply regarding consultations given by Unani and Homeopathy dispensaries/hospitals.

9.3 In-Patient Services

Efficiency of In-patient services in five test checked AYUSH GMCHs during the years 2018-19 to 2022-23 is given in **Table-21**:

Table 21: Details showing bed occupancy and length of stay of the patients during 2018-19 to 2022-23

Particulars	Ayurvedic GMCH, Banda	Ayurvedic GMCH, Pilibhit	Unani GMCH, Lucknow	Homeopathic GMCH, Moradabad	Homeopathic GMCH, Prayagraj
Average number of beds required	60	100	101	25	36.8
Average number of beds available	60	100	101	25	36.8
Average No. of patients admitted/year	292	1404	495	1407	1335
Average number of bed days available/year (including Covid years)	21900	36500	36865	9125	13432
Average number of bed days available/year (excluding Covid years)	21900	36500	37230	9125	13140
Average number of bed days occupied/year (including Covid years)	5493	13602	17123	2741	3266
Average number of bed days occupied/year (excluding Covid years)	8085	19693	21347	4569	5354
Average length of patients' stays in days (including Covid years)	18.81	1.47	34.59	2.14	2.38
Average length of patients' stays in days (excluding Covid years)	18.83	1.30	34.93	2.15	2.10
Average Bed Occupancy Rate ⁴ /year (including Covid years)	25.08	37.27	46.45	30.04	24.32
Average Bed Occupancy Rate/year (excluding Covid years)	36.92	53.95	57.34	50.07	40.75

(Source: Information provided by test checked GMCHs)

The above indicates that bed occupancy rate in the hospitals during the period 2018-19 to 2022-23 ranged between 25.08 and 46.45 per cent (excluding Covid years, it ranged between 36.92 and 57.34) which was considerably less as compared to availability of beds. Further, average length of stay in the hospital ranged between 1.47 day and 34.59 days (excluding Covid years, it ranged

³ Out of 67 Ayurvedic, Unani and Homeopathic dispensaries and hospitals test checked in audit, there were no doctors in 10 dispensaries and hospitals, and the doctors of some other dispensaries/hospitals were attached to these dispensaries.

⁴ Bed occupancy rate = (No. of occupied beds/Total number of available beds) X 100

between 1.30 and 34.93 days). The average length of stay in Ayurvedic GMCH Banda and Unani GMCH, Lucknow was considerably high.

Information furnished by 18 four-bedded, 2 fifteen-bedded, 5 twenty-five-bedded Ayurvedic hospitals and 16 four-bedded Unani hospitals for the period 2018-19 to 2022-23 revealed that:

- No patient was admitted in 16 four-bedded (89 *per cent*), 2 twenty-five-bedded (40 *per cent*) Ayurvedic hospitals and 16 four-bedded (100 *per cent*) Unani hospitals during 2018-19 to 2022-23.
- In 2 four-bedded, 2 fifteen-bedded and 3 twenty-five bedded Ayurvedic hospitals, only 374, 1179 and 1215 patients were admitted⁵ during the years 2018-19 to 2022-23, thereby meaning that average 0.10, 0.32 and 0.22 patient per day⁶ were admitted in the hospitals.
- There were no doctors in five 4-bedded Ayurvedic hospitals, no ward boys in six 4-bedded and five 25-bedded Ayurvedic hospitals, no sisters/nurses in two 15-bedded and five 25 bedded hospitals. Similarly, there were no doctors in one and no ward boys in eight 4-bedded Unani hospitals.

The above indicates that even in cases, where patients were admitted, the number of patients were considerably low keeping in view the bed capacity. Further, due to unavailability of Sisters, Nurses and Ward Boys, In-patient services of these hospitals were not properly functional.

Government accepted (January 2025) the lesser number of IPD patients in Ayurvedic and Unani GMCHs and stated that it was decreased due to prevalence of Covid pandemic and construction of a bridge near Unani GMCH, Lucknow. The reply is not acceptable as the number of IPD patients were lesser in the years not affected by Covid also. The Government also stated that necessary action is being taken for admission of patients in other Ayurvedic hospitals and arrangements are being made for night staff in the other Unani hospitals.

9.4 Operation Theatre and Surgeries

Regulations governing MSR for Ayurveda and Unani MCHs provides major and minor operation theatres (OTs), Similarly, Regulations governing MSR for Homeopathic MCHs provided OTs for exposure of the students to understand the operative surgery, operative gynecology & obstetrics, and management of surgical cases.

However, Homeopathic GMCH, Moradabad and Prayagraj did not have OT facilities. Audit also noticed that though, Ayurvedic GMCHs, of Banda, Pilibhit and Unani GMCH, Lucknow had OT facilities, it was not well equipped as against the 136 types of equipment required in the OTs, Ayurvedic GMCHs, Banda, Ayurvedic GMCH, Pilibhit and Unani GMCH, Lucknow were not

⁵ In 2 four-bedded, 2 fifteen-bedded and 3 twenty-five bedded Ayurvedic hospitals, only 325, 755 and 920 patients respectively were admitted during the years 2018-19 to 2023, excluding Covid years of 2020-21 and 2021-22, thereby meaning that 0.18, 0.42 and 0.34 patients/day were admitted in these hospitals

⁶ Considering 365 working days in a year.

having 107, 68 and 91 equipment respectively. Audit noticed that during the period 2018-19 to 2022-23:

- In Ayurvedic GMCH, Pilibhit 57 major surgeries (average 11 surgeries per year) were done by Shalya Department, whereas 246 (average 49 surgeries per year) and 874 (average 175 surgeries per year) minor surgeries (total 1120 minor surgeries) were done by *Shalya* and *Prasooti* Departments respectively.
- In Ayurvedic GMCH, Banda, 397 minor surgeries (average 79.4 surgery per year) were done only by Shalya Department.
- In Unani GMCH, Lucknow, 111 (average 22 surgeries per year) and 84 (average 17 surgeries per year) minor surgeries (total 195 surgeries) were done by the Department of *Jarahat* and Department of *Qabalat-o-Amraz-e-Niswan* respectively. No major surgery was done by the College.

The lack of required equipment and negligible surgeries/no surgeries done by the hospitals attached to medical colleges resulted in poor exposure of the students to surgical procedures and non-extension of benefits of the facility to the common people.

The Government stated (January 2025) that due to unavailability of equipment and surgeons, major surgeries were not undertaken in Unani GMCH, Lucknow; but stated that 397 surgeries were done by *Prasooti* and *Shalya* departments of Ayurvedic GMCH, Banda. The Government further stated that minor OTs are available in the Homeopathic GMCHs, where surgeries would be undertaken after availability of required staff.

9.5 Delay in establishment of modular OT, Minor OT and Airconditioning system

GoUP accorded (July 2020) A&FA of ₹ 5.15 crore for establishment⁷ of modular OT, minor OT and air conditioning system etc. in Unani GMCH, Lucknow.

Scrutiny of records (June 2023) of Principal, Unani GMCH, Lucknow revealed that the entire sanctioned cost of ₹ 5.15 crore was released to EA in four installments of ₹ 0.20 crore (October 2020), ₹ 1.90 crore (February 2021), ₹ 1.85 crore (January 2022) and ₹ 1.20 crore (March 2023) without executing any MOU. The work was completed and handed over to the College in June 2023, after a lapse of about three years of release of first installment and 3 months of release of the last installment. However, due to unavailability of oxygen system, modular OT was not functional (September 2024). Further, only 67 minor surgeries (average 4 minor surgeries per month) were conducted during June 2023 to September 2024 (15 months), indicating that even the functional minor OT was underutilised. Thus, the benefits of the project could not be extended to the students and beneficiaries timely.

⁷ GoUP nominated (February 2020) UPPCL as EA for Supply and Installation of equipment, furniture, modular OT, Minor OT, HVC/Airconditioning system having AHU technology, electric furnace etc. in Government *Takmeel-ut-tibb* College, Lucknow. Against the estimate of ₹ 588.48 lakh submitted by UPPCL, the Government accorded (July 2020) administrative and financial sanction of ₹ 515.47 lakh for the project.

The Government stated (January 2025) that the modular OT has been taken over from EA; but furnished no details regarding its utilisation.

9.6 Diagnostic Services

Diagnostic services, both radiological and pathological, are amongst the most essential health care facilities for delivering evidence-based treatment facilities to the public based on accurate diagnosis. Audit observed the following:

9.6.1 Availability of Radiology and Pathology

Regulations governing MSR for Ayurvedic, Unani and Homeopathy MCHs require that there shall be well equipped clinical/central laboratory⁸ in the hospital, Radiology or Sonography Section, X-ray room, X-ray, Scanning and Sonography units⁹; and a laboratory for carrying out routine, pathological, biochemical, and hematological investigations. As per Atomic Energy (Radiation Protection) Rules 2004, a license from the Atomic Energy Regulatory Board (AERB) is necessary for X-ray and Computed Tomography (CT) scan unit.

The details given in **Table-22** indicates availability of diagnostic facilities in the five AYUSH GMCHs, test checked during July to September 2023:

Table 22: Details showing diagnostic facilities in the five test-checked AYUSH GMCHs

Name of GMCH	Availability of diagnostics facilities			
	USG	CT-Scan	X-ray	Pathology
Pilibhit	No	No	No	Yes
Banda	No	No	No	Yes
Prayagraj	Yes	No	Yes (Not functional)	No
Moradabad	No	No	Available but not functional	No
Lucknow	No	No	Yes	Yes

(Source: Selected Ayurvedic, Unani and Homeopathy GMCHs)

Audit observed that none of the test-checked hospitals having X-ray machines had a license from the AERB. Audit further observed that though the X-ray machine was available in Prayagraj, it was not functional due to lack of staff. The absence of pathology and radiology services impacted adversely the evidence-based treatment facilities in the hospital.

The Government stated (January 2025) that efforts are being made to ensure availability of the equipment in Ayurvedic GMCHs of Banda and Pilibhit, and the colleges will be directed to operate X-ray machines properly; AERB license has not been obtained due to unavailability of X-ray machines; and after purchase of machine, action will be taken to obtain the licenses. The Government also stated that there was no provision of CT Scan under the norms of NCISM for Ayurveda. Reply is not acceptable since the norms provide well equipped Radiology or Sonography Section in the hospital.

⁸ With proper infrastructure and manpower as specified in these regulations for carrying out routine, pathological, biochemical, and hematological investigation on the patients referred from outdoor and indoor department of the hospital. This laboratory in the collegiate hospital shall be accredited with NABL.

⁹ or have MOU with reputed nearby located, NABL accredited, establishment for sonography units.

9.6.2 Availability of human resources for diagnostic service

Regulations governing MSR for Ayurvedic, Unani and Homeopathic MCHs provide availability of Radiologist, Pathologist, Laboratory Technicians and X-ray technicians in each teaching hospital.

Information furnished (July to September 2023) by five test-checked hospitals revealed that there was considerable shortage of diagnostic staff, as detailed in **Table-23**:

Table 23: Statement showing lack of human resources in diagnostic services

Name of the Post	Pilibhit		Banda		Prayagraj		Moradabad		Luckow	
	S	A	S	A	S	A	S	A	S	A
Radiologist	0	0	1	0	0	0	0	0	1	0
Pathologist	0	0	1	0	1	0	1	0	1	1
Lab. Tech.	2	4	2	2	2	1	2	0	2	2
X-ray Tech.	0	0	1	0	1	1	1	0	1	1

(Source: Information furnished by test checked GMCHs, S: Sanctioned, A: Available)

Audit noticed that though required in the MSR, there was no Radiologist and Pathologist in any of the test checked hospital, except one Pathologist in Lucknow. Against SS of 2, there was nil and 4 (2 excess) laboratory technicians in Moradabad and Pilibhit respectively. Further, there was no X-ray technician in Ayurvedic GMCHs of Banda and Pilibhit, and Homeopathic GMCH, Moradabad.

The shortage of diagnostic staff adversely impacts in rendering evidence-based healthcare and learning of the college students.

The Government stated (January 2025) that as per GO (December 2015), MOs of State Medical Services Cadre, having specialties in Radiology and Pathology were to be attached to Ayurvedic GMCHs on part time basis; but accepted that currently they are not rendering their services. The Government further stated that the Principals of Homeopathic GMCHs are adopting 'on call' system to obtain services of Radiologists and Pathologists; and action for adoption of same system in Ayurvedic GMCHs is being taken; but furnished no reply regarding unavailability of Radiologist in Unani GMCH, Lucknow.

9.7 Safety from fire

Uttar Pradesh Manual of Fire Safety Norms 2005 (UP Fire Norms) prescribe standards in respect of safety from fire for the hospital buildings. National Building Code of India, 2016 Part 4, Fire and Life Safety required that fire extinguishers must be installed in every hospital, so that the safety of the patients/attendants/visitors and the hospital staff may be ensured in case of any fire in the hospital. UP Fire norms also prescribe for an evacuation plan along with photographs of evacuation routes and staircases for evacuating patients and staff during emergency situations.

Information provided by 5 test check AYUSH GMCHs revealed as detailed in **Table-24**:

Table-24: Details showing fire-fighting capability of the hospital

Particulars	Ayurvedic GMCH		Homeopathic GMCH		Unani GMCH
	Pilibhit	Banda	Moradabad	Prayagraj	Lucknow
Safety audit of the hospital	No	No	No	No	Yes
Availability of fire extinguishers	No	No	Yes	Yes	Yes
Availability of evacuation plan	No	No	No	No	No
Availability of photograph of evacuation plan	No	No	No	No	No
Availability of evacuation route and staircases	No	No	No	No	No

(Source: Selected Ayurvedic, Unani and Homeopathy GMCHs)

Thus, the safety of patients from fire was compromised in these GMCHs.

The Government stated (January 2025) that buildings of Ayurveda GMCHs are old and keeping in view the fire safety, firefighting equipment have been procured; fire-fighting provisions are included in new constructions under Homeopathy services, the fire safety requirement is being completed in Unani GMCHs and action for fire safety is being taken are in respect of Homeopathic GMCHs, where firefighting facility is not available.

9.8 Availability of Linen and Laundry Services

As per the guidelines for implementation of *Kayakalp* initiative issued by MoH &FW, GoI, hospitals need to ensure that they have enough stock of linen (including reserve) readily available for all the areas of the hospital. Different types of linen needed in the hospital include General Purpose Linen used for patient care like curtains, drapes, table clothes, Patient Linen such as pajamas, shirts, gowns, coats etc. worn by patients, Bed Linen such as bed sheets, pillow covers, blankets used by the patient and OT, Labour Room, Procedure Room Linen such as pajamas, kurtas, gowns, coats, shirts etc. worn by surgeons etc.

Information furnished by 5 test-checked GMCHs revealed that against the required 20 types of linen, the availability of linen ranged between 3 and 16 types (average 10 types) as given in *Appendix-11*, and summarised below:

- Homeopathic GMCH, Moradabad had only 3 types of linen (bed sheet, blanket and mattress, each 25 Nos. against the bed availability of 100. Similarly, Homeopathic GMCH, Prayagraj had only 11 types of linen. Further, against the availability of 38 beds, the number of pillows in the hospitals was only 6. Further there was no bed sheet in the hospital.
- Ayurvedic GMCH, Banda and Pilibhit had only 12 and 7 types of linen respectively.

The Director General submitted (November 2024) a list of 16 types of linen, which included durries and curtains also, available in different departments of Ayurveda GMCH, Banda. The Government, however, stated (January 2025)

that all types of linen are available in Ayurvedic GMCHs, but furnished no reply on the unavailability of required number and quantity of linen in other hospitals. The reply is contrary to the information furnished by Ayurvedic GMCHs.

9.9 Bio-medical Waste Management

Bio-medical waste (BMW) is generated during procedures related to diagnosis, treatment and immunisation in the hospitals and its management is an integral part of infection control within the hospital premises. The Bio-Medical Waste Management Rules, 2016 (BMW Rules), *inter alia*, stipulate the procedures for collection, handling, transportation, disposal and monitoring of BMW. Audit noticed that:

- BMW Rules required the hospitals generating BMW to obtain authorisation from the State Pollution Control Board (SPCB). The requisite authorisation from SPCB was not available in any of the hospitals.
- BMW Rules required that the category-wise quantity of BM wastes generated, and their disposal was to be forwarded to SPCB in a prescribed format annually. The annual information related to the generation and disposal of waste as required in the BMW Rules was also not sent to SPCB by any of the test-checked hospitals.
- BMW Rules require hospitals to segregate different categories of BMW in separate-coloured bins at the source of generation. The segregation of BMW was not done in any of the test-checked hospitals.
- The waste is to be stored in appropriate colour coded bags at the point of generation and collected by Common Biomedical Waste Treatment Facilitator (CBMWTF), who is responsible for collection and proper disposal of BMW. Audit noticed that neither CBMWTF was designated nor BMW was collected by CBMWTF in any of the test checked hospitals.
- As per the BMW Rules, it is the responsibility of the health care facilities to ensure that all the staff are provided regular training on BM waste handling. Training on BMW handling was not provided in any of the test-checked hospitals.

The Government stated (January 2025) that instructions have been issued to all the Ayurvedic GMCHs for BMW management and compliance of guidelines, facilities have been provided in the Homeopathic GMCHs as per policy of the BMW management; process of BMW management in Unani GMCHs would be taken up soon. The reply indicates that due importance to infection control was not given by these hospitals.

9.10 Patients' rights and grievance redressal

Guidelines issued by MoH & FW for implementation of *Kayakalp* initiative provide display of signages like Citizen Charter including patient's rights and responsibilities, and complaint redressal procedure, scope of services, services not available etc.

Joint Physical Verification of five test-checked hospitals revealed that none of the hospitals has displayed citizens charter and charter of patients' rights. Further, there was no complaint register and no system in place for grievance redressal of patients. Further, list of services provided by the hospitals were not displayed in Ayurvedic GMCH, Banda and Homeopathic GMCH, Moradabad

The Government stated (January 2025) that instructions have been issued (January 2025) to Ayurvedic GMCHs for removal of objections, list of doctors and other employees are pasted in each Homeopathic healthcare centre where patients can lodge their complaints; but furnished no replies to other issues raised in audit. Reply is not acceptable as the test-checked hospitals and dispensaries have accepted that there was no grievance redressal mechanism.

9.11 Rogi Kalyan Samiti/Jan Arogya Samiti

NAM guidelines provide formation of *AYUSH-Rogi Kalyan Samiti* (ARKS) in each hospital/dispensary. Similarly, HWC guidelines provide constitution of AYUSH Jan Arogya Samiti (AJAS) in each HWC.

Audit noticed that ARKS and AJAS were not formed in any of the test-checked teaching hospitals/hospitals, dispensary or HWCs.

The Government stated (January 2025) that RKSs in respect of Ayurvedic and Homeopathic GMCHs have been constituted at district level and it would be constituted in Unani GMCH soon; instructions have been issued to constitute ARKSs in FIAHs (October 2023) and AJASs in HWCs (September 2024) and steps are being taken to constitute ARKSs in Unani hospitals and dispensaries; but furnished no reply regarding constitution of ARKSs in Ayurvedic and Homeopathic dispensaries/hospitals. Reply confirms that ARKSs are not constituted in any of the test-checked teaching hospitals since ARKS is a hospital level facility. Reply also confirms that AJAS are not constituted in any of the test-checked HWCs.

To sum up, the average consultation per day and average IPD per day in the AYUSH Medical Colleges was considerably low, as compared to the norm fixed by IMCC and CCH. There was lack of basic facilities in dispensaries and hospitals test checked in audit. Significant deficiencies in OT services were also noticed. The provisioning of diagnostic services in the test-checked hospitals was sub-optimal, marred by unavailability of prescribed equipment and shortage of human resources, thus depriving patients of evidence-based treatment procedures. Safety in the hospital premises was compromised on account of non-compliance with fire safety arrangement in the test-checked hospitals.

Recommendation 18: Effort should be made to provide basic facilities in the hospitals and dispensaries.

Recommendation 19: Diagnostic equipment and human resource for diagnostic services should be made available to provide evidence-based treatment facility to the patients.

Recommendation 20: Safety of the patients be given due importance by making proper fire safety arrangements.



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PRAYAGRAJ
THE

12 JAN 2026

COUNTERSIGNED



(K. SANJAY MURTHY)

Comptroller and Auditor General of India

NEW DELHI

THE 22 JAN 2026

