विधान सभा
राष्ट्रीय राजधानी क्षेत्र दिल्ली
LEGISLATIVE ASSEMBLY
NATIONAL CAPITAL TERRITORY OF DELHI

लोक लेखा समिति
COMMITTEE ON PUBLIC ACCOUNTS

आठवीं विधान सभा का प्रथम प्रतिवेदन
FIRST REPORT OF THE EIGHTH ASSEMBLY

23.03.2026 को प्रस्तुत
PRESENTED ON 23.03.2026

27.03.2026 को स्वीकृत
ADOPTED ON 27.03.2026

विधान सभा, पुरानासचिवालय, दिल्ली–110054
Legislative Assembly, Old Secretariat, Delhi-110054

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COMMITTEE ON PUBLIC ACCOUNTS
(2025-2026)

Shri Ajay Mahawar **Chairperson**

MEMBERS

2. Shri Arvinder Singh Lovely
3. Smt. Atishi
4. Shri Kailash Gahlot
5. Shri Kuldeep Kumar
6. Shri Raj Kumar Chauhan
7. Shri Satish Upadhyay
8. Smt. Shikha Roy
9. Shri Virender Singh Kadian

Special Invitees

1.	Shri. AC Verma	Addl Chief Secretary (Finance) GNCTD (Up to 25.06.2025)
2.	Shri Bipul Pathak	Addl Chief Secretary (Finance) GNCTD (w.e.f 26.06.2025).
3.	Smt. Roli Shukla Malge	Accountant General (Audit), Delhi (upto 13.11.25)
4.	Smt. Aman Deep Chatha	Addl. Deputy, CAG (w.e.f . 14.11.2025)
5.	Shri C.Velmurugan	Legal Counsel, Delhi Assembly

Assembly Secretariat

1.	Shri Ranjeet Singh	Secretary (LAS)
2.	Shri Sadanand Sah	Deputy Secretary (Legislation)
3.	Shri Raghu Nath	Section Officer (Legislation)
4.	Shri Ravinder Kumar	Section Officer (Legislation)

INTRODUCTION

I, Ajay Mahawar, the Chairperson of the Committee on Public Accounts having been authorized by the Committee to present its First Report on their behalf before the House on the "Report of the Comptroller & Auditor General of India on Public Health Infrastructure and Management of Health Services for the year ended 31st March, 2022 (Report No.3 of the year 2024)".

The Committee in its sittings held on 22.05.2025, 24.09.2025 and 23.12.2025 had considered these paras. The Committee had extensive deliberations and the Departmental Representatives were also given adequate opportunity to submit written replies and present their views in the Sittings. The Committee appreciates the Officers of the Health & Family Welfare Department, Govt. of NCT of Delhi for prompt submission of all information and documents that were called for. The Report of the Committee was adopted in its Sitting held on 2nd January 2026.

The Committee appreciates the cooperation and guidance extended to it by Smt. Roli Shukla Malge, Accountant General (Audit), Delhi, Smt. Aman Deep Chatha, Additional Deputy, CAG, Shri Vipul Pathak, Additional Chief Secretary (Finance), Govt. of NCT of Delhi. The Committee also wishes to place on record its appreciation of the valuable assistance rendered by the Officers and staff of the Assembly Secretariat during its sittings as also in the preparation of the Report.

The Committee authorized the Chairperson and in his absence Shri Arvinder Singh Lovely, Hon'ble Member of the Committee for presenting the Report of the Committee in the House.

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(Ajay Mahawar)
Chairperson
Committee on Public Accounts

R E P O R T

Chapter I - Background

The Report of the Comptroller & Auditor General of India on "Public Health Infrastructure and Management of Health Services for the year ended 31st March, 2022 (Report No.3 of the year 2024)" was laid before the House on 28th February 2025. The Report contains the results of Performance Audit of Public Health Infrastructure and Management of Health Services covering the period from 2016-17 to 2020-21. The complete Report is available at https://cag.gov.in/en/audit-report/details/121538

The Performance Audit has comprehensively examined and dealt with the various aspects of Health Services in Delhi viz.,

- Health Services
- Human Resources
- Healthcare Services
- Availability of Drugs, Medicines, Equipment and other Consumables
- Healthcare Infrastructure
- Financial Management
- Implementation of Centrally Sponsored Schemes
- Adequacy and effectiveness of Regulatory Mechanisms
- Sustainable Development Goals-3
- Implementation of Programmes, schemes/ projects/ services of GNCTD
- Ayush

The CAG's Report states the reasoning of the Performance Audit as follows: "Given the importance of functioning of health sector in Delhi, a performance audit to assess adequacy and effectiveness of Public Health Infrastructure and Management of Health Services of Government of National Capital Territory of Delhi (GNCTD) was conducted covering the period 2016-17 to 2021-22 to assess the adequacy of financial resources allocated, availability of health infrastructure, manpower, machinery and equipment in the health institutions as well as efficacy in the management of health services in the State. This report contains audit findings pertaining to secondary and tertiary hospitals only. The findings pertaining to primary healthcare centres and Mohalla clinics are included in the

Compliance Audit Report of GNCTD. The performance audit also covers the efficacy of the regulatory framework being enforced by the Government to regulate private health sector, schemes being implemented by Government of India through GNCTD and overall linkage with the Sustainable Development Goal-3."

The CAG conducted the Performance Audit using the Indian Public Health Standards (IPHS) and other statutory standards and guidelines as the benchmark. The Report states "Ministry of Health and Family Welfare, Government of India, has issued a set of uniform standards called the Indian Public Health Standards (IPHS) to improve the quality of healthcare delivery in the country and serve as a benchmark for assessing performance of healthcare delivery system. The Indian Public Health Standards (IPHS) prescribe standards for the services, manpower, equipment, drug, building and other facilities. These include the standards to bring the health institutions to a minimum acceptable functional grade. However, it was observed that the Delhi Government does not follow Indian Public Health Standards, 2012 as it has not adopted the same. In addition to IPHS, various standards and guidelines on healthcare services issued by Government of India such as Bio-Medical Waste Management Rules; Pharmacy Act 1948 and Pharmacy Practice Regulations, 2015; Indian Nursing Council Act, 1947; and Drugs and Cosmetic Rules were used to evaluate the healthcare facilities in Delhi."

It summarises the objectives of the Performance Audit as follows:

- assess the adequacy of funding for Health care;
- assess the availability and management of health care infrastructure;
- assess the availability of drugs, medicines, equipment and other consumables;
- assess the availability of necessary human resource at all levels e.g. doctors, nursing, para medics etc.
- examine the adequacy and effectiveness of the Regulatory mechanisms for ensuring that quality health care services are provided by public/ private health care institutions/ practitioners;

- assess whether State spending on health has improved the health and wellbeing of the people as per SDG3;
- examine the funding and spending under various schemes of the Government of India.

After the Report was laid before the House, the Assembly Secretariat forwarded it to the Department of Health & Family Welfare for furnishing Action Taken Notes (ATNs) vide letter dated 04.03.2025. The Department furnished the ATNs on 20.05.2025 which was vetted by the AG (Audit). The vetting comments on the ATN as received from the AG (Audit), Delhi was returned to the Department on 16.06.2025 with the request to furnish revised ATN addressing the observations/ deficiencies as pointed out. On 26.11.2025, AG (Audit) after examining the revised ATN returned it to the Department, with the request that the vetting comments of Audit may be included in the revised ATN along with reply of the Department for onward transmission to Committee on Public Accounts, Delhi Legislative Assembly for necessary action.

The Health Department vide letter dated 15.12.2025 submitted the revised ATN to the Committee on Public Accounts, Delhi Legislative Assembly. The Health Department on 26th December 2025 also furnished the replies regarding the clarifications sought by the Committee in its sitting held on 23rd December 2025.

The PAC (2025-26) considered the subject for detailed examination and took oral evidence of the representatives of the Department of Health and Family Welfare on in its sittings held on 22.05.2025, 24.09.2025 and 23.12.2025.

The Details of para-wise examination of the Report, Action Taken by the Department as well as the observations and recommendations of the Committee are dealt in the following pages.

Chapter II – Human Resource

(Para 2.2 to Para 2.10 of the CAG Report)

The summary of the Audit Report, Action taken by the Department and the observations/ recommendations of the Committee are as follows:

Audit Observation on Human Resource:

The Audit Report observed that "As of March 2022, there was a deficit of about 21 per cent staff in Health and Family Welfare Department of GNCTD. There was overall shortage of 30, 28 and 9 per cent in the categories of teaching Specialists, non-teaching Specialists and Medical Officers respectively in respect of 28 Hospitals/Colleges, records of which were furnished to Audit. The deficit in the cadres of Nurses and Paramedic staff was about 21 per cent and 38 per cent respectively. There was 36 per cent shortage of staff for implementing the National Health Mission (NHM) schemes in the State. Absence of promotion and career progression opportunities and unchanged salary structure resulted in shortage of super specialist doctors in Janakpuri Super Specialty Hospital (JSSH) and Rajiv Gandhi Super Specialty Hospital (RGSSH).

***C&AG's Recommendations**:*

2.1 Vacancies against the sanctioned posts should be filled to improve the functioning of public health facilities of GNCTD.

2.2 In view of shortage of teaching doctors in its autonomous hospitals, Government may review the recruitment norms to make it more attractive for teaching doctors so that a satisfied and consistent workforce of teaching doctors is available in these hospitals."

Department of Health and Family Welfare and DGHS have major share in the total sanctioned strength. In terms of percentage of vacant posts, there was shortage of 21 per cent and 37.55 per cent in the above two Departments/Institutes. Audit also noticed that the percentage of vacancies in DGHS increased from 19.96 per cent in 2016-17 to 37.55 per cent in 2021-22. In selected hospitals and Drug Control Department, the vacancies persisted during the audit period.

Audit, rightly observed that, due to shortage of health staff, patient care was adversely affected.

Action Taken by Department:

Vide their written submissions and oral deposition the Department outlined the Action Taken by them in response to the Audit Observations which are briefly summarised below. The Department stated that:

1. Mechanism is being created to monitor the vacancies against various posts, including anticipated vacancies due to superannuation etc.
2. Mechanism is being put in place for effective monitoring and coordination with the UPSC and DSSSB to expedite the recruitment process.
3. It will upload the Draft Recruitment Rules (RR) and amendments to the RRs on its website for stakeholder consultation; and finalise thesewithin FY 2025-2026.
4. It will fill all the posts of para medical staff and eliminate backlog vacancies. The Department stated that it aimed to complete all the DSSSB examination in 2025 itself.
5. All the Hospitals have been allowed to engage Para Medical Staff on outsourced basis to fill up the gaps.
6. The overall vacancy position in Drug Control Department had improved from 51.72% to 33.1%
7. In reply to a specific query by the Committee regarding separate cadre for teaching specialists the department replied that a Committee headed by Shri SB Shashank, Consultant had been constituted for this purpose with the approval of the Hon'ble Lieutenant Governor.

The detailed Audit Report and the para wise Action Taken Note of the Department is placed at **Volume II (Annexure-I)**

Observations and Recommendations of the Committee:

1. The Department presently has no separate cadre of Teaching Specialists and is presently engaging them on contractual basis, which would definitely affect the quality of teaching. Instead of such *ad hoc* arrangements, **the Department should consider creating a separate cadre of Teaching Specialists** with the best career and promotional opportunities to attract quality and regular faculty.
2. The Committee appreciates the Department's attempts to fill all the vacant posts in coordination with the UPSC, DSSSB etc. However, Health sector is very crucial and deficient health services on the ground of vacant posts adversely affects life and health of the public.

   The Department should ensure that no posts are lying vacant in any of the Departments/units under it, for prolonged period. **Proper mechanism for coordination and monitoring the vacancies**, with the recruitment agencies should be put in place.
3. In view of the essential services provided by the Department, adequate provision should be made for a creation of a **buffer of around 10% posts as leave reserve** to tide over temporary vacancies (on account of leave, training etc), so that the delivery of health services are not disturbed even for a day.
4. The Department has stated that 113 posts of Nursing Officers under the Persons with Disability (PwD) category could not be filled due to lack of eligible candidates. It informed that a special drive for filling these posts could be taken up only after the recruitment process of all 1394 posts were completed. As there were no candidates at all in the PwD Category, there appears to be no reason to wait for completion of recruitment process. The Department should immediately conduct **special recruitment drives** to fill these vacancies and repeat them, if necessary, urgently.
5. Filling up of posts on 'outsourcing basis' is inevitable as a short-term measure; however, it adversely affects the quality of service provided to

the public. Hence the Department should periodically review its staff requirement of all posts and take steps to fill them up, so that engaging personnel for short term on 'outsourcing', basis is kept to the minimum.

Chapter III Health Care Services
(Para 3.1 to Para 3.6.8)

The summary of the Audit Report, Action taken by the Department and the observations/ recommendations of the Committee are as follows:

Audit Observations on Healthcare Services in the State:

The Audit Report observed that *"There was high workload in registration counters in test checked hospitals. The average consultation time per patient was less than five minutes in Medicine Department and Gynecology Department of Lok Nayak Hospital (LNH). Patient load per Pharmacist/counter in LNH was high due to shortage of pharmacists. Medicines were not distributed on the same day. Shortage of essential medicines and equipment were observed in ICU/ emergency departments of two test checked hospitals (LNH and RGSSH). Shortage of toilets and scarcity of waiting area for attendants was noticed in LNH. Indoor Patient Departments (IPDs) were found crowded in many wards.*

Average waiting time for major surgeries in the Surgery Department and Burn & Plastic Surgery Department of LNH was 2-3 months and 6-8 months respectively and at the same time, six out of 12 modular OTs in Rajiv Gandhi Super Specialty Hospital (RGSSH) and all the seven modular OTs in Janakpuri Super Specialty Hospital were lying idle due to shortage of manpower. Sushruta Trauma Centre of LNH did not have permanent arrangement of Specialist Doctors and Senior Residents for 24-hour emergency services. One Stop Centre (OSC) of LNH for providing multiple facilities and services under one roof to rape victims did not have dedicated staff. Records of review of child death cases and ANC were not maintained.

Major portion of fleet of Centralised Accident and Trauma Services (CATS) Ambulances were found running without essential equipment and devices.

Out of the four test checked hospitals, only Lok Nayak Hospital (LNH) had the facility to separate blood into its components while the other three, Janakpuri Super Specialty Hospital (JSSH), Rajiv Gandhi Super Specialty Hospital (RGSSH) and Chacha Nehru Bal Chikitsalaya (CNBC), were holding license for processing and storage of blood only. While huge waiting time was observed for radiological diagnostic services in LNH, the radiological equipment was found underutilised in the other three hospitals due to shortage of manpower. Atomic Energy Regulatory Board guidelines were not fully adhered to in these hospitals for ensuring the safety of staff and patients.

Dietary services were not available in JSSH and RGSSH. Periodic inspection was not conducted by the dieticians and quality of food was never checked.

There were shortfalls in conducting patient satisfaction survey, death reviews etc. by the test checked hospitals depriving themselves from getting the benefit of such assessments for further improvement of patient services.

C&AG's Recommendations:

3.1 The Government should take immediate measures to reduce the waiting time for registration, consultation, diagnostics, surgery and pharmacy in its hospitals. Government should also ensure availability of basic amenities in its hospitals.
3.2 Hospitals should strengthen the Emergency services and ensure availability of essential medicines and equipment at all times and increase the number of beds in line with demand.
3.3 The fleet of CATS should be strengthened with enough call worthy ambulances equipped with required equipment and medicines."

Action Taken by Department:

Vide their written submissions and oral deposition the Department outlined the Action Taken by them in response to the Audit Observations which are briefly summarised below. The Department stated that:

1. Audit had observed that, as per the National Health Policy (NHP) and Indian Public Health Standards (IPHS) each District Hospital should ensure that specialist skills are available; deliver essential services (minimum assured services) and aspire to deliver specialised services to the needs of patients. It pointed out that these services were not evenly available in the Hospitals and that there was no District Hospital in the New Delhi District.

   With regard to the absence of line/ support services (such as blood bank,ICU, Imaging, Pathology, oxygen, mortuary and ambulances) in all the districts, the Department replied that most of these services had now been made available in the Hospitals of South, North and North East Districts. It further stated that the New Delhi District was adequately covered by Central Government Hospitals and that due to non-availability of land the Delhi Government could not construct any hospital there.

2. The Audit had pointed out serious deficiencies in functioning of Out Patient Departments (OPDs) including heavy workload and overcrowding in Registration Counters and Pharmacy Counters. It test-checked the Lok Nayak Hospital and Chacha Nehru Bal Chikitsalaya. In Lok Nayak Hospital (LNH) each doctor was, on an average, attending to 87 patients i.e. less than five minutes per patient. It also highlighted lack of basic amenities in OPD like, drinking water, clean toilets, proper signages, seating facilities etc. It recommended that, *"The Government should take immediate measures to reduce the waiting time for registration, consultation, diagnostics, surgery and pharmacy in its hospitals. Government should also ensure availability of basic amenities in its hospitals."*

The Department has replied that it is making persistent efforts to correct these deficiencies by opening new counters, extending the registration timings in OPDs. To reduce patient load on doctors, it has proposed to hold timely interviews and recruitment of Senior/ Junior Residents. It has suggested that patients are screened at the primary level itself and only the more serious patients are referred to the tertiary hospitals. It has also proposed that, in the case of deserving cases, the patients are prescribed medicines for longer duration so that they don't have to visit the hospitals frequently.

The Department has stated that the Delhi Government has on boarded the Next Gen E-Hospital Platform (in place of HIMS – Hospital Information Management System) for OPD/ Casualty/ IPD registration modules and instructions have been issued to extend it to all modules including pharmacies.

Regarding lack of proper basic amenities, the Department has replied that necessary corrective measures have been taken for provision of potable drinking water, adequate seating arrangements, clean toilet facilities, proper signages. It stated that patient feedback was being collected regularly to ascertain patient satisfaction, both online as well as offline.

3. The Audit pointed out that in LNH and CNBC there was lack of basic facilities in the In-Patient Department (IPD) services also. In LNH, though a separate casualty was functioning for the Gynaecology Department, the patients were being directly admitted to the Wards and Labour Rooms. The wards, labour rooms and corridors were congested with stocks of medicines and other stores. The toilets in waiting area were either not operational or unhygienic and dirty. In CNBC, which is a paediatric hospital proper arrangement was not available for mothers in NICU and forced to use basement area with no water, sitting area or toilets.

The Department replied that consistent efforts were being made to provide all basic amenities to the patients and attendants. It stated that,

in LNH the toilets were now being cleaned 3-4 times and all of them were functional. It also stated that the situation would further improve after new block was made operational. It stated that the in CNBC also the situation had improved and basic amenities like water, toilets etc., were now available. It stated that a new patient attendant waiting area with all basic amenities was proposed to be constructed. Further a six-bedded M-NICU unit was also proposed which would house the mothers with their babies in the First Floor.

4. The Audit conducted test checks of the Rajiv Gandhi Super Speciality Hospital (RGSSH), Lok Nayak Hospital(LNH), Chacha Nehru Bal Chikitsalaya and Janakpuri Super Speciality Hospital (JSSH) with reference to the Bed Occupancy Ratio (BRO). As per Indian Public Health Standards (IPHS) the BOR should be 80%. Audit found that the BOR in LNH and CNBC were more than 100% i.e. the bed was found to be allotted to more than one patient. The BOR at JSSH was very low showing low productivity of the Hospital.

The Department replied that the BOR had consistently increased over the past three years. It stated that the BOR in 2024-2025 was 96.6 % in CNBC, 48.77% in RGSSH, 57.73% in JSSH and 78% in LNH. It assured that with increased recruitments and starting of new services, the position will further improve in RGSSH and JSSH.

5. The Audit Report pointed out that the waiting period for surgeries was too long. In the Surgery Department of LNH it was two to three months and Burn & Plastic Department it was six to eight months for major surgeries and three to four months for minor surgeries. One Major OT was not functional in LNH from 2016-17 till the time of Audit. In CNBC the average waiting time for Paediatric Surgery was twelve months.

The Department replied that the Major OT in LNH which non-functional was now fully functional and the waiting time of Burn Surgeries had reduced to eight to ten weeks from the earlier six to eight weeks. In CNBH, the Department informed that the waiting period for ENT surgery had reduced to 1 to 1.5 months and with the 3rd OT being

made operational the waiting time for Paediatric Surgery had also come down.

6. In reply to the Audit Observation regarding Operation Theatres (OTs) lying vacant in the RGSSH, the Department has now replied that the work of seven Modular OT is completed. It assured that by borrowing Surgeons from other Hospitals all the OTs would function at full capacity within six months.

7. The Audit had observed shortcomings in the functioning of the State Rapid Response Team (SRRT) which were constituted initially in 2020 in the wake of COVID pandemic. Audit found that the activities suggested by RRT which could have helped management of COVID outbreak were not implemented.

The Department has replied that all the suggestions of the SRRT were being followed. They informed that the reconstitution of the SRRT was under process. Further a Delhi Specific "Crisis Management Plan for Biological Disasters" was also being drafted by the Disaster Management Cell of DGHS in coordination with the NDMA.

8. Audit reported that the Hospitals had not prepared Hospital Disaster Management plan as per the provisions of the National Disaster Management Act. The Department replied that 5 hospitals had prepared their HDMP with QRT and further directions had been issued to the remaining hospitals to prepare their HDMPs with QRTs in a time bound manner.

9. In reply to a specific query the Department informed that QRTs are maintained in all Government Hospitals to respond to crisis situation as per norms. Regarding QRT in Private Hospitals Respective District CDMO being the member of District Disaster Management Authority coordinates with all Government and Private hospitals during crisis situation.

The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-II)**

Observations and Recommendations of the Committee:

The Committee expresses its serious concern over the lack of basic civic amenities and facilities in hospitals in a Capital City like Delhi. While appreciating the efforts now being taken, the Committee feels that much more needs to be done.

The Department has assured of action and given timelines for taking corrective actions with regard to the Audit Report. The Department should take all necessary steps to adhere to the timelines and assurances given in the ATNs and take remedial measures in not only the test checked hospitals but all of the Government Hospitals/ Units under it by 30.06.2026.

Chapter IV Availability of Drugs, Medicines, Equipment and other Consumables (Para 4.1 to Para 4.5.7.5)

The summary of the Audit Report, Action taken by the Department and the observations/ recommendations of the Committee are as follows:

Audit Observations on Healthcare Services in the State:

The Audit Report observed that, *"Essential Drug List (EDL) was not prepared annually and was prepared only thrice during the last ten years.*

The Drug Policy, 1994 of GNCTD provides for setting up a Formulary Committee every year for preparation of Delhi State Formulary containing clinically oriented summaries of pharmacological information about selected drugs. Audit noted that Formulary was last prepared in 1994.

Central Procurement Agency (CPA) was entrusted with the duties of procurement of drugs and equipment for GNCTD hospitals. Audit noted that during 2016-17 to 2021-22, Hospitals had to procure 33 to 47 per cent of essential drugs contained in the EDL directly as CPA failed to deliver them. Out of 86 tenders floated for procurement of equipment by CPA, only 24 (28 per cent) were finally awarded. Audit noted that a lot of EDL medicines demanded by hospitals were not supplied by CPA in respect of four test checked hospitals. As CPA was not procuring the drugs timely for health institutions of GNCTD, hospitals were purchasing Essential Drugs from local chemists for meeting their day-to-day requirements.

Audit also noted short supply/shortage of injections for rare/fatal diseases like Haemophilia and Rabies. Hospitals also failed to monitor and evaluate timely and regularly the need for repair, maintenance, replacement and condemnation of equipment.

There were delays in empanelment of drug testing laboratories by CPA. It also failed to ensure that empanelled laboratories had valid National Accreditation Board for Testing and Calibration Laboratories

(NABL) accreditation for testing drugs. CPA issued drugs to the user department before receipt of test reports from empanelled laboratories. Medicines procured by CPA are supplied directly to Hospitals by the suppliers. After the stipulated supply period, samples are picked up from hospitals by CPA for quality testing in the empanelled laboratories. Audit noted that there was a time gap of two to three months between the receipt of drugs from the CPA and receipt of test reports regarding quality of the drugs supplied. Audit noted that a few drugs supplied by the CPA were later reported as inferior quality by the laboratory. Moreover, in some cases inferior quality drugs were consumed in the hospitals. Audit also noticed procurement of medicines from blacklisted and debarred firms. There was shortage of equipment in labs/departments in test checked colleges/hospitals against norms of Medical College Regulations.

Recommendations of the C&AG:

4.1 The Government should prepare EDL on annual basis as envisaged in the Drug Policy.

4.2 The Government should take measures to prepare a Delhi State Formulary for facilitating the doctors/pharmacists in prescribing and dispensing drugs.

4.3 The drug samples for testing should be picked up in such a way that there should not be any time lag between the delivery of drugs and test reports to avoid the use of inferior quality medicines in hospitals.

4.4 The Government should emphasize on good quality control and assurance system for providing safe and effective drugs at public healthcare facilities.

4.5 The Government may develop a mechanism to test check the efficacy of test reports of empanelled laboratories from government or another laboratory.

4.6 The Government should evolve a mechanism to check that the firms supplying essential drugs are not debarred by other States for quality issues. The Government should also fix responsibility for the lapse of procurement of medicine from blacklisted firms.

4.7 Government should ensure availability of equipment in labs/departments in medical colleges as per Medical College Regulations."

Action Taken by Department:

Vide their written submissions and oral deposition, the Department outlined the Action Taken by them in response to the Audit Observations, which are briefly summarised below. The Department stated that:

1. Audit pointed out that the Essential Drugs List (EDL) was not being prepared annually, as prescribed in the Drug Policy of Delhi. The Department has replied that it has finalised the Essential Drug List for Dispensaries and Hospitals and the future updation of EDL shall be done annually.
2. Audit pointed out that the Department had not prepared the Delhi State Formulary after 1994 (Formulary is a manual containing pharmacological, administrative and regulatory information about prescribing and dispensing of drugs). The Department has now informed that the Formulary shall be prepared within six months.
3. The Audit report had observed that although the Central Procurement Agency (CPA) was entrusted with the duties of procurement of drugs and equipment for GNCTD hospitals, Hospitals had to procure 33 to 47 per cent of essential drugs contained in the EDL directly as CPA failed to deliver them during 2016-17 to 2021-22. The Department replied that the CPA had been overhauled and revamped and issued tenders for drugs in the EDL to ensure adequate availability of the drugs.
4. As per the Audit Report, the tender document provided that, in the event of a supplier of medicine defaulting / delaying supply, the CPA could affect its purchase from alternate source and the differential cost/ risk purchase amount would be recovered from the supplier. In case the default occurred for three or more supply orders, the CPA could blacklist the supplier. The Department did not provide the total

amount recoverable in this account for the period 2016-17 to 2021-2022. It also was revealed that in spite of the default, three suppliers were given repeat orders.

The Department replied that the CPA was in the process to devise the strategy to have a data base of defaulting firms and that the tender conditions would be strictly adhered to.

5. Audit observed that due to failure of CPA to supply drugs/surgical/consumable items, the Hospitals had to make local purchase of these items. It conducted test check of LNH and CNBC. It pointed that the LNH had estimated the annual requirement as₹ 2.7 Crores whereas actual purchase was much higher (₹.5.37 Crores in 2016-17 to ₹32.33 Crores in 2020-21). In CNBH it was found that in spite of local purchase, the delivery of supplies took more than two days.

The Department has replied that directions have been issued for curtailment of local purchase and procurement to be done only through the CPA.

6. Audit pointed out that, as per the Drug Policy of NCT of Delhi (1994), four Central Drug Procurement, Storage and Distribution Centre were to be set up to ensure modern techniques of drug storage and inventory control. However, these had not been set up till date.

The Department informed that it was in the process to create a warehouse in line with Tamil Nadu Medical Supply Corporation Warehouse and the same would be placed before the Competent Authority. It informed that approximately one year might be taken for this purpose.

7. The Audit Report revealed that drugs had been consumed in Hospitals before quality of the drugs had been checked. Quality testing in the empanelled laboratories took two to three months.

The Department informed that directions had been issued to the effect that the medicines/ drugs should be distributed after the

receipt of quality check. The empanelled laboratories had also been directed to expedite the reporting process.

8. Regarding the delay in empanelment of laboratories which fulfil the eligibility criteria of NABL and Drugs Control Department, the Department has informed that 7 laboratories with NABL accreditation have been empanelled.

9. Audit noted that the CPA had no mechanism to verify the efficacy of empanelled laboratories. Samples were not being sent to other government / empanelled laboratories on random basis. Two empanelled labs were blacklisted in other states and samples were even sent to a lab which was not in the approved list.

The department replied that a new clause was being added in the tender for empanelment stating '5% of the sample may be sent to two empanelled laboratories simultaneously". It also stated that in 2024-2025, 695 samples were sent for testing on routine basis and two samples were to be NSQ (Not of Sufficient Quality). 23 samples were sent for testing on complaint basis and 10 of these were found NSQ.

10. Audit pointed out that the Department was procuring medicines from firms without ensuring that they were not blacklisted/ debarred by other institution in India. The Department has assured that formal communication would be issued to ascertain these aspects in future tenders.

11. As per the Standard Operating Procedure for pharmacists issued by the DGHS in 2016 all hospitals needed to establish Drug Therapeutic Committees as a first step to improve quality of management of drugs in all stages of use. It was required to conduct prescription audit which stipulated that the prescriptions should be written in clear, legible hand writing with the name of the Doctor, stamp and date. The Doctors were required to prescribe only generic medicines which were in the EDL. Prescription Audit in the test checked hospitals revealed that, dosage/right strength was not mentioned; known allergies were

not documented; branded medicines were being prescribed and there was irrational use/ over prescription.

The Hospitals replied that induction training and special lectures were being held to sensitize the Doctors. Regular prescription audits were also being conducted to minimize the irregularities in writing prescriptions.

12. The Audit observed that due to lack of Line Probe Assay (LPA) test facilities, TB patients who were Multi Drug Resistant (MDR) were being wrongly prescribed first line anti-TB medicines. The Department has informed that presently there is delay in LPA test results and that the patients are initiated on correct treatment according to the LPA reports.

13. Audit pointed out with examples how the Department was not following the provisions of the General Financial Rules, 2017 regarding effective system for inventory control. Test check of LNH and RGSSH revealed that Annual Physical Verification was not being conducted, there was idle stock in the equipment store of LNH, there were discrepancies in Stock Registers, large quantity of drugs had expired due to mismanagement of stock and storage of drugs, injection, tablet and syrup/ ointment was not being done as per prescribed norms.

The Audit also found gross irregularities in RGSSH where expired medicines had been issued after changing the expiry date to a future date.

The Department replied that now physical stock verification is being carried out every year in the month of March. It claimed that the Next Gen E- Hospital software was being introduced in a phased manner, besides proper maintenance of the physical stock register, which would take care that such discrepancies do not recur. It also assured that all corrective measures are being taken to ensure proper storage of drugs and medicines.

14. The Audit also highlighted the unavailability of drugs and medicines chiefly due to failure of CPA to procure drugs timely. It test-checked LNH, RGSSH and CNBC and found that availability of Haemophilia injection was not ensured in LNH; there wa laxity in procurement of drugs prescribed for Maternal health; Anti Rabies vaccine were not available in Government Hospitals; and that essential medicines for TB were not available in reserve.

In reply to the Recommendation 4.3 of the CAG, the Department had replied that the CPA had been overhauled and revamped and issued tenders for drugs in the EDL to ensure adequate availability of the drugs. The test checked hospitals replied that now 100% availability of essential drugs was being ensured and in the event of CPA not being able to supply the drugs, the Hospitals were procuring these through approved alternative sources such as GeM (Government E Market), Rate Contract, local purchase & Pradhan Mantri Jan Aushadi Kendras.

15. Similarly, the Audit also revealed discrepancies and irregularities in the procurement and availability of equipment. On the basis of audit of the CPA and other Hospitals the Audit pointed out that there were irregularities related to procurement of equipment by CPA; delay in procurement by Hospitals; Non-maintenance of asset registers; delay in initiating tendering process; delay in issue/ installation of equipment; and shortage of equipment in labs/ departments of MAMC and LNH.

In its reply the Department stated that vide orders dated 06.06.2025, it had now been directed that supply of all drugs and medicines would be done through CPA only. It stated that more Medical Officers had been posted in CPA to improve the quality of assessment, specification drafting, and evaluation of medical supplies and equipment; Sufficient support technical and ministerial staff had also been posted; Active and continuous coordination had been established between hospitals and the CPA; robust tender finalisation mechanism had been adopted;

and adequate IT equipment, improved hardware, robust net connectivity had been provided for smoother e procurement, faster communication and improved record management.

16. In reply to the follow up query of the Committee, the Department informed that the **availability of medicine** of all Hospitals under GNCTD had improved. The total running contract of medicine right now was 545 and local purchase chemist at central level had been finalized for 03 months. The functioning of Central Procurement Agency (CPA) had also been improved by taken the following steps: -

(i) The sufficient manpower has been deployed in CPA to improve file processing and to insure timely handling of procurement-related activities.

(ii) Adequate IT equipment, improved hardware facilities, and fast and reliable internet connectivity had beenestablished in CPA.

(iii) Various mode of communication had been established with all the hospitals under DGHS.

(iv) Review meetings, and feedback mechanism have been institutionalized to ensure accurate demand projection,

(v) Timely submission of requirements, and prompt resolution of procurement-related issues.

(vi) Periodic training of CPA Staff related to GeM, E-Procurement and E-Office have been provided by Experts.

(vii) Four additional warehouseshad been established under CPA to ensure proper storage of various items.

The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-III).**

Observations and Recommendations of the Committee:

1. The Department should take all necessary steps to adhere to the timelines and assurances given in their ATNs and take remedial measures, in not only the test checked hospitals but all of the Government Hospitals/ Units under it by 30.06.2026.
2. Department has now stated that henceforth all procurement would be done by the CPA. While relying on a single source of procurement, the Department should ensure that adequate safeguards for realistic estimates of requirement, prompt procurement, sufficient stock, quick distribution and perfect inventory management is in place so that no hospital or health unit is left short of stock for even a single day. The entire process of issuing tenders, procurement, distribution and stocks should be computerised and streamlined in the most transparent manner to avoid profiteering or misappropriation.
3. In accordance with the Drug Policy of NCT of Delhi (1994), adequate number of Central Drug Procurement, Storage and Distribution Centres, preferably district wise, should be set up within a year as assured by the Department.
4. The Department should ensure that a greater number of quality laboratories adhering to the NABL and Drugs Control Department's standards are empanelled so that there is no delay in performing quality checks of the drugs. Strict action should be taken against the suppliers and manufacturers whose samples fail the quality checks. Details of the Action taken against such defaulters for the period 01.01.2026 to 30.06.2026 should be included in the Action Taken Report (ATR) of the Department on the Report of the PAC.
5. The audit observation regarding results of the Prescription Audit are concerning. It is hoped that the Next Gen E-Health platform has a module for issuing prescriptions also. If not, this needs to be included so that handwritten prescriptions and other irregularities pointed out by the

Audit can be avoided. A computerised template with prefilled and dropdown options would make it convenient for the medical officers to complete the prescription as per prescribed standards. Details of the Prescription Audit conducted in all the Hospitals for the period 01.01.2026 to 30.06.2026 to be provided in the ATR.

6. The Department failed to recover the differential cost/ risk purchase from the suppliers from 2016-2017 onwards. Audit also pointed out other glaring irregularities like repeat orders and procurement to debarred or blacklisted firms etc. The Department should take all possible steps to recover the differential cost/ risk purchase amount from the suppliers. Strict disciplinary action should also be initiated against the persons involved in these processes if it is found that thesetransactions were done with *malafide* intentions.

Chapter V Healthcare Infrastructure

(Para 5.1 to Para 5.2.8.2)

The summary of the Audit Report, Action taken by the Department and the observations/ recommendations of the Committee are as follows:

Audit Observations on Availability and management of healthcare infrastructure in the State:

The C&AG Audit revealed that, *"The Government did not undertake any need-based assessment to identify district-wise areas deficient in healthcare facilities.*

Against the proposed addition of 10,000 beds (Budget speech 2016-17) only 1,357 beds were added during 2016-17 to 2020-21.

The Department was unable to utilize any of the 15 plots acquired (June 2007 and December 2015) at a cost of ₹ 648.05 lakh for establishing hospitals and dispensaries, despite having possession for periods ranging between six to 15 years. Out of the eight new hospitals under construction during the audit period, only three were completed. There were delays up to six years in completion of hospital projects.

Janakpuri Super Specialty Hospital (JSSH) and Rajiv Gandhi Super Specialty Hospital (RGSSH) could not provide Super Specialty tertiary care as envisaged in the Memorandum of Association due to weak monitoring and failure to develop a viable business model. There was delay in completion of various building and infrastructural projects in test checked Hospitals.

Several dialysis machines set up under PPP mode for free dialysis for BPL patients were not in use in one hospital due to in-appropriate water analysis report.

Recommendations of the C&AG:

5.1 The Government may undertake need based assessment of health care infrastructure to ensure its equitable distribution in Delhi.
5.2 The Government may strive to raise the bed availability in Delhi Government Hospitals to two beds per thousand populations in line with NHP 2017.
5.3 The Government may plan and execute its activities in a time bound manner to ensure maximum functional beds in its health care facilities.
5.4 Efforts should be made for timely setting up of machines in Dialysis Centres for free dialysis to BPL patients.
5.5 The Government may take steps to ensure that the built-up facilities in its two super speciality hospitals viz. Rajiv Gandhi Super Speciality Hospital and Janakpuri Super Speciality Hospital are put to use.
5.6 The Government needs to co-ordinate with Health Department/PWD and land-owning agencies so that the acquired plots are used for creating health care facilities in a time bound manner.
5.7 The Government needs to closely monitor all ongoing works to avoid delay in completion of health care infrastructure."

Action Taken by Department:

1. The Audit Report observed that Government Hospitals were not evenly distributed in various Districts of Delhi. Out of the 27 District Hospitals, there was only one hospital in North East and South East Delhi and none in New Delhi.

   The Department replied that new Hospitals would be planned based on accessibility and land availability.

2. Audit pointed out that the Bed population ratio in Delhi Government Hospitals was 0.68 as against the desirable ratio of 2 beds per 1000 people and 50 % of the total available beds were in private institutions. This showed that the public was heavily dependant on private institutions for health care. It stated that the Government in its budget proposal announced proposed addition of 10000 beds in 2016-2017,

15000 beds in 2017-2018 and 7000 new beds in 2019-2020 and 2020-2021.

The Department accepted the facts and admitted that only 1235 beds were added in Delhi Government Hospitals during 2016-2017 to 2020-2021.

Vide reply dated 26th December 2025, the Department has informed that 1679 beds would be added in 2025 and 1193 beds would be added in 2026 with the addition of various hospital projects.

3. The Audit observed that the Janakpuri Super Specialty Hospital and the Rajiv Gandhi Super Specialty Hospitals were not functioning at the optimum level mostly due to shortage of quality manpower. There was no provision for promotion and career progression to attract teaching faculty for super tertiary level treatment.

   The Department informed that the salaries of faculties had been increased at par with AIIMS and posts were being advertised at regular interval to fill the vacancies to ensure that all the Departments and Courses could be conducted in these Hospitals.

4. The Audit pointed out that none of the 54 Senior Residents or 48 Junior Residents of the RGSSH were availing the Hostel facilities. Out of the 130 rooms available 92 rooms were used as office/ store and the remaining 38 rooms were lying vacant.

   The Department informed that due to non-availability of basic amenities like Mess, Sports area, Study Room etc the residents did not prefer to stay in the Hostel. Moreover, the House Rent Allowance paid to the Residents were higher than the market rent of nearby flats. It assured that a detailed proposal for providing the additional services would be submitted to the Governing Council for approval, whereafter the occupancy of the hostel would improve.

5. In reply to the observation of the Audit that planned assessment for remodelling of Casualty Block in LNH had not been done, the Department replied that the remodelling work had been completed in the

6th, 7th and 8th Floor had been completed and the rest would be completed within a period of two and half years.

6. The Audit had pointed out that in eighteen instances, the Department (DGHS) had failed to secure possession of land allotted by the land-owning agencies on various grounds in some cases even after making payments. It had also failed to utilise 15 plots which it had been able to acquire during 2007 to 2015 for periods ranging between six to fifteen years.

   The Department replied that it had taken possession in three instances and correspondences were being made for the other cases. It also informed that the DDA land in village Harewali could not be now taken over as the land was now under green belt.

7. Audit observed that there was considerable delay and cost overruns in the construction work of hospitals. The work of IGH Dwarka was completed after delay of five years. The Hospital at Burari was completed after delay of six years. None of the four hospitals at Madipur, Jwalapuri, Hastsal and Siraspur could be completed within the stipulated time.

   The Department replied that the Hospitals in Dwarka and Burari were functional now. It stated that the Cabinet had decided to operationalize the four hospitals at Madipur, Jwalapuri, Hastsal and Siraspur and seven semi-permanent/ temporary hospitals on PPP basis and bids for engagement of Transaction Advisor was to be opened on 2nd January 2026. It informed that once the Transaction Advisor was engaged, Concessionaire for operationalization of these hospitals would be onboarded in nine months. As per information submitted by the Department, the construction work had not been completed yet in any of these hospitals.

8. On the basis of test checks, the Audit reported that there was delay in establishing Tertiary Care Cancer Centre (TCCC) in LNH; delay in installation of Modular Operation Theatres in LNH and JSSH; delay in installation of Medical Gas Pipeline JSSH, encroachment of land in LNH

and MAMC; and failure to upgrade the infrastructure in the LNH Nursing College.

The Department informed that the TCCC in LNH was now functional. However, it had not been able to take cure any of the other observations of Audit satisfactorily.

The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-IV).**

Observations and Recommendations of the Committee:

1. The Department should take all necessary steps to adhere to the timelines and assurances given in their ATNs and take remedial measures, in not only the test checked hospitals but all of the Government Hospitals/ Units under it by 30.06.2026.
2. Delay in acquiring possession of land for health services, delay in construction once land has been acquired, delay in execution of the construction work, removal of encroachments etc., requires strict monitoring and coordination amongst the various agencies at the highest level. Keeping in view the paramount importance of the Health Sector, the Committee recommends that the Chief Secretary should head the High-Level Committee to supervise these activities periodically to avoid unnecessary delay and cost escalation.

Chapter VI Financial Management
(Para 6.1 to Para 6.9)

The summary of the Audit Report, Action taken by the Department and the observations/ recommendations of the Committee are as follows:

Audit Observations on Financial Management:

The Report of the C&AG observed that, *"There were savings ranging from 8.64 per cent (2021-22) to 23.49 per cent (2016-17) against the budget allocated by GNCTD on Health sector during 2016-17 to 2021-22. There were savings ranging from 13.29 per cent (2021-22) to 78.41 per cent (2018-19) against the budget for healthcare infrastructure during 2016-17 to 2021-22.*

GNCTD had spent 12.51 per cent of its total expenditure and 0.79 per cent of GSDP on health services during 2021-22 which was more than eight per cent of budget and way below 2.5 per cent of GSDP targeted under National Health Policy 2017.

Delhi State Health Mission (DSHM) could not utilize the funds released under National Health Mission as ₹ 510.71 crore was lying unspent in the bank accounts of Delhi State Health Society and its 11 Integrated District Health Societies (March 2022).

Recommendations of the C&AG:

6.1 State Government may increase the expenditure on health services to 2.5 per cent of GSDP in a time bound manner.
6.2 The Mission Director, DSHM may ensure optimum utilisation of funds received under various National Health Programmes through effective implementation and monitoring.

Action Taken by Department:

1. Audit reported that the National Health Policy, 2017 envisages increasing health expenditure by Government, to 2.5% of GSDP (Gross State Domestic Product). Against this the expenditure of GNCTD on public health as a percentage of GSDP was 0.79% in 2021-2022.

   The Department informed that budget allocation and expenditure was increasing consistently over the years to align with the National Health Policy norms. In the current year 2025-2026 ₹12,826/- had been allotted for the health sector which was 13% of the total Delhi Budget and increase of 69% over the previous year. It said that the budget share exceeded the NHP ratio of 8% however the GSDP ratio remained below the 2.5 % due to Delhi's high GSDP base. It stated that a phased road map was being followed which reflected GNCTD's sustained commitment to strengthening of the Health Sector and progressive alignment with the NHP goals.

2. The Audit Report pointed out that the Department had failed to utilise its budget allocation resulting in unspent balances which showed unrealistic budget estimates, shortcomings in planning and delay in execution of works.

   The Department's reply in this regard was not encouraging as it failed to inform the steps it was going to take to improve the fund utilisation. The Department replied that as on 24.12.2025, only 46.46% of the funds had been spent. Except for the Directorate of Ayush, which had spent 72.69% none its other Units were able to spend more than 70% at the time of completion of three quarters of the financial year.

   The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-V).**

Observations and Recommendations of the Committee:

1. The Committee appreciates the Government's efforts to improve the health services in Delhi by increasing the budget of the Department by 69% over the past year, which is unprecedented. The Committee recommends that the Government maintains this momentum so that Delhi can achieve the optimum ratio of budget allocation as per the National Health Policy, 2017.
2. The Department had been able to utilise only 46.6% of funds allotted this year (as on 24th December 2025) when nearly three quarters of the financial year is over. The Government should urgently evolve a mechanism to ensure utilisation of funds in a time bound manner and minimise unutilised funds or expenditure in the final months in a rushed manner. As this problem persists in almost all the Departments of the GNCTD, the Finance Department should prepare detailed guidelines and targeted timelines, to be followed by all the Departments, from the next financial year onwards.

Chapter VII Implementation of Centrally Sponsored Schemes
(Para 7.1 to Para 7.13)

The summary of the Audit Report, Action taken by the Department and the observations/ recommendations of the Committee are as follows:

Audit Observations on Implementation of Centrally Sponsored Schemes:

The Report of the C&AG stated that *"The GNCT of Delhi was one of the States selected for implementation of the programme of National Health Mission. The key strategy of NHM was to bridge gaps in health care facilities, facilitate decentralized planning in the health sector and provide an overarching umbrella for the existing programmes of the Health and Family Welfare Department. It was observed that enough efforts have not been made by the Delhi State Health Mission (DSHS) to achieve the goals and objectives of the Projects/programmes of National Health Mission Scheme as funds approved for programmes of NHM were not fully utilised."*

It further observed that, *"National Health Mission (NHM) laid emphasis on reduction in Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). Reproductive, Maternal, New-born Child and Adolescent Health (RMNCH+A) is the most important component/programme under NHM for improvement of Maternal and Child Health care.*

During 2016-17 to 2021-22, out of total funds of ₹ 164.35 crore available for RMNCH with GNCTD, ₹ 94.98 crore (57.79 per cent) remained unutilised. Underutilisation of funds ranged from 58.90 per cent (2016-17) to 93.03 per cent (2019-20) indicating that the GNCTD was not implementing the programme adequately.

Audit noted significant shortfalls in the implementation of RMNCH+A as only 48.33 per cent registered pregnant women (PW) were provided all four Ante Natal Care, 35 per cent (TT- 1) and 28 per cent (TT-2) of PW had received Tetanus Toxoid (TT) shots, only 59.74 per cent PW had received the mandatory 100 Iron folic acid tablets and only 36.18 per cent and 18.91 per cent PW were tested for

HIV and Sexually Transmitted Infection/ Reproductive Tract Infection (STI/RTI) respectively during April 2016 to September 2022.

Coverage for providing free diet and other facilities (free diagnostic) to pregnant women under Janani Shishu Suraksha Karyakram (JSSK) was also inadequate as only 30 per cent PW had availed the benefits. Mothers were discharged within 48 hours of delivery in 40.87 per cent cases during 2016-22 (up to September 2022).

Out of 2,822 maternal deaths occurred in Delhi during 2016-21, only 1,401 (50 per cent) cases were reviewed. Only 10 per cent (84 out of 806) Medical Officers and 16 per cent (281 out of 1,759) Auxiliary Nursing Midwives/health workers were given training for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke.

Audit noted shortfall in reporting on Health Management Information System (HMIS) by health centers such as Community Health Centre (50 per cent), Sub-District Hospital (28 per cent) and District Hospital (14 per cent). Only one Tobacco Cessation Centre1 was established against the target of 44 TCCs (July 2022).

Recommendations of the C&AG:

7.1 The Government should ensure that all registered pregnant women are followed-up for complete ante-natal care and post-natal check-up. Besides, TT vaccine and IFA tablets should be provided to all registered pregnant women.
7.2 All registered pregnant women should be screened for HIV and RTI/STI tests.
7.3 The Government should ensure arrangement for proper training of doctors, para medical staff etc. under each disease programme as prescribed in the operations guidelines of diseases programme under NHM."

Action Taken by Department:

1. Audit stated that 'Reproductive, Maternal, New-born Child and Adolescent Health Programme (RMNCH+A) is the most important programme under NHM whose aim was that every pregnant woman receives care at delivery, deliveries are institutional and other family planning services are provided. The Audit revealed that 57.79% of the total funds available for RMNCH+A to GNCTD remained unutilised which showed that GNCTD was not implementing the programme adequately.

   The Department replied that the utilization of funds had improved across the years and SOP had been issued on 09th September 2025 for timely utilization of Budget.

2. As per Government of India guidelines for Ante Natal Care (ANC) all registered pregnant women were to receive four ANC checkups for ensuring proper investigations, administration of TTs and Iron Folic Acid tablets. The Audit revealed that 48.33 % of the registered pregnant women were not provided all four ANC checkups and only 38.42% women had registered within the first trimester of pregnancy. Audit observed that the Department was not able to keep track of pregnant women who were registered and ensure whether all of them received stipulated quantum of ANC checkups at timely interval.

   The Department replied that the shortfall was due to multiple registration of the women at two or more facilities. It further informed that the number of first trimester registration had now risen to 82% and the number of women who received all the four ANC checkups had risen to 90.94% in 2024-2025.

3. As per the RMNCH+A guidelines Sexually Transmitted Infections and Reproductive Tract Infections (STI and RTI) management was to be part of the ANC checkups. It suggested that universal confidential HIV screening of pregnant women be included as an integral component of the ANC checkups. Audit stated that during April 2016 to September 2022, only 36 % and 19% women were screened for HIV and STI/RTI

respectively. During this period 7720 instances of HIV were detected which meant that more of such cases escaping detection could not be ruled out.

The Department informed the Committee that during 2024-2025 the proportion of pregnant women screened for HIV and STI/RTI had improved to 96%.

4. Audit observed that, as per WHO guidelines, the ideal rate for Caesarean Section deliveries (C Section) was 10 to 15% whereas it was 31.67 % during the period of audit. Further C- Section deliveries at private institutions was 42.8%.

The Department informed that it had constituted a core committee for implementation of the MOHFW guidelines' State guidelines had been formulated and circulated which included documentation on a google form duly approved by the Core Committee; conduct of daily case based audit and monthly Caesarean audit meeting; held workshops with private sector hospitals; collaboration with the Nursing Home Cell; and regular review meetings at the Facility, District and State levels were being held
in this regard.

5. As per the NRHM guidelines the pregnant women have to stay for at least 48 hours in the hospital after delivery followed by postnatal visits of the mother and child. The Audit revealed that 40.64 mothers were discharged within 48 hours of the delivers and 49.45 % mothers only received post-partum checkup.

The Department informed that this happened due to shortage of bed and the mothers getting discharged against medical advice. It however, assured that the situation had improved after the introduction of the 'Optimising Postnatal Care' scheme. It stated that with addition of new hospitals and addition of MCH wings in existing hospitals 1000 new maternity beds had or shall be added.

6. Audit observed that during the period of audit, only 2.68% non-institutional deliveries were attended by Skilled Birth Attendants (SBAs

viz., Doctors/ Nurse/ Auxiliary Nurse and Midwife). The rest were handled by untrained Non-SBAs (Dais).

The department informed that it was now working on a mission mode to prevent home deliveries and at present the institutional delivery rate stood at 98%.

7. The Audit expressed its concern over the proportion of babies with Low Birth Weight which was 22.10 % as compared to the national average of 12.4% during the period of Audit.

The Department replied to the Audit that instructions had been issued to all facilities to conduct nutritional counselling, testing HB levels of all pregnant women and linking undernourished pregnant women to nearest Anganwadi for nutritional support/ dietary supplement.

In its ATN the Department further informed the following measures to improve the Birth Weight of babies: intensive training on quality antenatal care; investigations for screening for high risk factors; tracking of high-risk pregnancies; and simplified SOP/ Checklist was made part of the ANC Register.

8. Audit pointed out that only 52.5% percent of maternal deaths were being reviewed by the MDR Committee of the CMO. The Department replied that MPCDSR guidelines had been issued to all facilities and training were being conducted. 87 % of MDR cases were now being reviewed.

9. The Centrally Sponsored Schemes like Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), LaQshya Programme under NHM, Mother's Absolute Affection (MAA) Programme, Rashtriya Bal SwasthyaKaryakram were audited and the Audit pointed out lapses / shortcomings in its implementation. Audit also found and reported the shortcomings found in the matter Child Death Review, Child Immunisation, Comprehensive Abortion Care and achievements of targets for Sterilisation and spacing methods.

The Department has assured improvement in the overall implementation of these Schemes and stated that detailed instructions/ guidelines have been issued in this regard.

10. Audit reported that the ASHA workers (Accredited Social Health Activist) were not fulfilling the educational qualification of VIII Standard and were not being provided adequate training as prescribed.

The Department replied that presently 98% of ASHAs were in position and were being provided proper training as prescribed. It stated that there was a relaxation of educational qualification in case no suitable person was found in a specific area.

11. Audit reported that under the, 'National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NCPDCS)', Non-Communicable Diseases (NCD) clinics and Day Care Facilities for cancer patients had not been established. It also reported that adequate training of Medical and Para Medical staff was not provided and public awareness activities were not conducted in spite of availability of funds.

The Department replied that NCD Clinics had been established in 11 Districts; three, day care facilities were already functional; and six hospitals had been approved establishment of District Day Care Centres. The remaining districts had been linked with existing /approved hospitals. It further informed that presently proper training of Medical and Para Medical staff was being provided as per the NPCDCS guidelines. It also provided the details of public awareness activities conducted by it.

12. Audit reported that under the 'National Programme for Control of Blindness' no trainings for "Eye Surgeons and Nurses were conducted; regular annual screening of school children was not done; data/information on MIS portal was not updated; and the District Ophthalmic Board and Redressal Committee had not been formed.

The Department replied that training was being conducted for the Eye Surgeons by the National Program Division, NPCBVI, Government of India. It informed that 2651 spectacles were distributed during 2024-2025 and efforts would be intensified to ensure full achievement of targets. It has also submitted a Detailed Action Plan for achieving 100% screening of school students under the School Health Scheme, DGHS.

As regards the constitution of the District Ophthalmic Board and Redressal Committee, the Department informed that directions had already been issued for their formation.

13. Audit of the National Tobacco Control Programme's implementation revealed that, the State Level Coordination Committee (SLCC) and Tobacco Cessation Centres (TCCs) had not been constituted; Enforcement Teams had not been formed in the districts; the system of distribution of Challan Books was defective; and there were no proper checks of the illegal Hookah Bars.

The Department replied that the SLCC had been constituted; TCCs were functional in three hospitals and one DGD and 33 Satellite Cessation 'centres were functional in all Districts. It also informed that the process of issue of Challan Books was now streamlined. In the matter of Hookah Bars, it was informed that these had now been banned but 13 cases were now sub-judice in the Delhi High Court seeking withdrawal of these orders.

14. Audit of the National Leprosy Eradication Programme revealed that the Department had not implemented the Leprosy Case Detection Campaign aimed at elimination of leprosy by 2018 and it did not conduct any activity and neither was any target fixed for leprosy control/ eradication.

The Department has informed that it had formulated the following strategies in this regard. In the short term: Rapid Case Detection; Immediate treatment and Follow-up; address stigma and promote awareness; surveillance and data management. The long-term measures proposed by the department were: Achieve Transmission Interruption; Institutionalise Capacity Building; making leprosy a notifiable disease in

Delhi; Strengthen partnership with private hospitals; health workers and academic institutions; social inclusion and Rights Base approaches; and Research and Innovation.

15. Audit pointed out that the National Mental Health Programme (NMHP) was not implemented and the whole amount allotted for this purpose remained unspent.

The Department denied the observations and stated that the reason for the unspent balance was the merger of the Programme with the Delhi State Health Mission (DSHM). It stated that the process of merger was completed in January 2025 and currently DSHM/ DSHS was implementing the Programme with technical assistance from the IHBAS.

16. During the audit of the implementation of the National Programme for the Health Care for the Elderly (NPHCE), Audit found that the funds for the Programme had remained underutilised and department had failed to fill up the vacant posts which had been approved by the Government of India.

The Department replied that 28.09 % funds were utilised in 2024-2025 and efforts were being taken to ensure effective utilisation of the allocated budget. It added that recruitment of human resources would be carried out at the level of DSHM.

The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-VI).**

Observations and Recommendations of the Committee:

The Committee records its concern over the fact that none of the Centrally Sponsored Schemes had been implemented properly in Delhi thereby depriving the people from its benefits. The Committee recommends that:

1. The Department should take all necessary steps to adhere to the timelines and assurances given in their ATNs and take the corrective

action so that the full benefits of the Centrally Sponsored Schemes are availed by the public. Issues such as underutilisation of funds and filling up of vacancies should be addressed on priority.

2. 'Reproductive, Maternal, New-born Child and Adolescent Health Programme (RMNCH+A) is one of the most important Scheme. The Department should explore the feasibility of compulsory registration of all pregnant mothers so that the mother and child receive the best care and attention. For instance, in Tamil Nadu, pregnancy registration is done through the PICME (Pregnancy and Infant Cohort Monitoring and Evaluation) system, allowing online self-registration via picme.tn.gov.in, calling toll-free 102, visiting e-Seva centers, or government hospitals, to get a unique Reproductive and Child Health (RCH ID) for tracking health services, antenatal care, and benefits under schemes. The RCH ID can also be linked to issue of Birth Certificates to encourage registrations.

Chapter VIII Adequacy and Effectiveness of the regulatory Mechanisms (Para 8.1 to Para 8.2.7)

The summary of the Audit Report, Action taken by the Department and the observations/ recommendations of the Committee are as follows:

Audit Observations on Adequacy and Effectiveness of the regulatory Mechanisms:

The Report of the C&AG stated that the regulatory bodies such as Delhi Medical Council, Nursing Council and Pharmacy Council had not performed their regulatory functions properly.

It stated, *"Adequacy and effectiveness of the regulatory mechanisms for ensuring quality healthcare services Delhi Nursing Council was not reconstituted regularly by holding elections and notifying fresh members after three years. There were 37 Nursing Training Institutions functioning in Delhi out of which 20 Institutes were inspected with delays of seven to 41 months.*

Out of 1229 Nursing Homes/Hospitals/Institutions employing nurses for providing health care services to public, 48 to 1044 institutions had sent the list of nurses to DNC for verification during the years 2016 to 2022.

Pharmacy Practice Regulations (PPR) notified by GoI in January 2015 has not yet been notified by GNCTD.

There was overall shortage of 52 per cent staff in different cadres including 63 per cent shortage in key staff of Drug Inspector in Drugs Control Department.

There was delay in furnishing test reports by Drug Testing Laboratory (DTL). DTL was not accredited by National Accreditation Board of Laboratories (NABL). DTL did not have modern equipment and manpower. There was huge shortfall in the mandatory inspections of drug selling and manufacturing units and Blood Banks by the Drugs Control Department.

Two test checked hospitals were not accredited by NABH. None of the four labs of LNH/MAMC was accredited by NABL. Two out of three labs were not accredited by NABL in the case of RGSSH.

All deviations from the prescribed procedure for management of Bio-Medical Waste (BMW) by Common Bio Medical Waste Treatment Facilities were to be reported by every Chief District Medical Officer (CDMO) to the Delhi Pollution Control Committee (DPCC) and Directorate General of Health Services (DGHS) twice a month. DGHS did not maintain any records relating to receipt of any such reports nor did it develop any monitoring mechanism for compliance of the BMW rules. There was also shortfall in training to BMW workers.

Recommendations of the C&AG:

8.1 The Government may ensure that (i) DNC is constituted in time; (ii) registered Nurses are employed by health care institutions; and (iii) all institutes imparting training to Nurses are inspected regularly to ensure adherence to quality standards.

8.2 The Government may notify Pharmacy Practice Regulations without further delay and also ensure that an updated register of Pharmacists is maintained by Delhi Pharmacy Council.

8.3 The Government may take immediate action for ensuring lifting and testing of adequate number of samples from all units that are manufacturing/dispensing medicines including biological samples.

8.4 The Government may ensure that reports of tests or analysis of samples are furnished by Drug Testing Laboratory promptly so that immediate action can be taken to prevent consumption of sub-standard drugs by general public.

Action Taken by Department:

1. The Audit Report stated that the Delhi Medical Council and CDMOs had not taken any effective steps on complaints against Quacks and the Anti-Quack Response Team (AQRT) had not conducted any surprise raid/ inspection in this regard.

   The reply of the Department in this regard was not satisfactory. However, it informed that vide decision dated 19.06.2025 the DMC had been dissolved and not re-constituted.

2. The Audit had pointed out that the Nursing Council was not being reconstituted periodically as per prescribed norms as a result of which the registration of nurses and nursing institutions, periodical institutions and verification of credentials of nurses was not being done.

   The Department replied that the process of constitution of the Nursing Council was still under process.

3. Audit of the Delhi Pharmacy Council revealed that it was not functional since July 2018; the Pharmacy Practice Regulations were not notified; and the Pharmacy Council had not maintained updated data of pharmacists.

   The Department replied that the Council had been constituted and it was now maintaining updated records of the registered pharmacists online. However, the Pharmacy Practice Regulations was yet to be notified by the GNCTD.

4. Audit observed that the severe shortage of manpower in the Drug Controls Department severely compromised the ability of DCD in the work of checking drug samples. It also pointed out that the Drug Testing Laboratory was not accredited by the National Accreditation Board for Testing & Calibration Laboratories (NABL). Audit observed that there were serious shortcomings in the functioning of the DCD relating to compliance with the National Blood Policy, pendency of test reports, bio medical waste management. It reported that Medical and Death Audit Committees had not been constituted as per norms.

The issue of manpower shortage has been dealt in Chapter II (Human Resources) of this Report. Regarding accreditation the Department stated that work on renovation, procurement of equipment and recruitment of technical staff had been initiated to confirm with the requirement necessary for NABL Accreditation. It stated that in compliance to National Blood Policy, Blood Cell and Vigilance Cell had now been created and steps had been taken to implement the recommendations regarding Bio Medical Waste. The Department also informed that Death and Internal Medical Audit Committees had now been formed in most of the hospitals.

The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-VII).**

Observations and Recommendations of the Committee:

The Committee expresses its serious concern over the fact that that the Statutory Bodies responsible for the regulation of health services was practically defunct in the past. Prevention of Quackery, regulation of nursing services, quality checks of the drug samples are responsibilities which directly affects the quality of health and life of the public.

1. The Department should take urgent steps to ensure that the Delhi Medical Council and Nursing Council are constituted at the earliest and there is no laxity in performing their duties.
2. Immediate steps may be initiated to notify the Pharmacy Practice Regulations.
3. The Department should expedite the process of accreditation with the NABL.
4. Steps taken in this direction by the Department (as on 30.06.2026) should be incorporated in the Action Taken Report to be submitted by the Department on this Report.

Chapter IX Sustainable Development Goals -3
(Para 9.1 to 9.5)

The Sustainable Development Goals (SDGs) were officially adopted by all United Nations Member States in September 2015 at the UN General Assembly, and coming into force on January 1, 2016, with a target to achieve them by 2030. SDG Goal 3 is to "**Ensure healthy lives and promote well-being for all at all ages,**" focusing on comprehensive health initiatives like reducing maternal/child mortality, fighting infectious diseases (AIDS, TB, Malaria), tackling non-communicable diseases, ensuring universal health coverage, and improving access to safe medicines, alongside promoting mental health and road safety by 2030. It's a broad goal interconnected with many others, aiming for a healthier, more equitable world.

Audit Observations on Achievement of Sustainable Development Goals related to Health Sector:

The Report of the C&AG reported that, "*Examination of individual indicators however revealed that Delhi lacked under two indicators, viz. case notification rate of Tuberculosis2 and suicide rate. Audit observed deficiencies in implementation of Revised National Tuberculosis Control Programme (RNTCP) such as lack of creating awareness about TB, non-formation/ delay in formation of District DR-TB Committees, inadequate monitoring of implementation of the scheme, etc.*

Recommendation of the C&AG:

9.1 The Government should strive to reduce the case notification rates of TB in Delhi by conducting awareness activities amongst all stakeholders and general public about TB and Directly Observed Therapy. Besides, activities mandated under RNTCP should be implemented by the State Government.

Action Taken by the Department:

1. Audit observed that there was no monitoring mechanism for watching achievement of goals under SDG-3, it could not ascertain as to whether adequate attention was being implemented as per the National and State Policy directives. The Department replied that all the processes were being implemented as per the National and State Policy Directives.
2. Regarding the reasons for High TB Notification rate in Delhi, the Department stated that it was high in Delhi because of Migrant Population; living conditions in slums/ unauthorised colonies; and patients from neighbouring states who were being diagnosed and treated in Delhi.
3. The Audit of the activities under Revised National tuberculosis Control Programme (RNTCP) revealed deficiencies in, Awareness Activities not conducted; District DR-TB Committee not formed or delayed; monthly performance review meetings not conducted; inadequate evaluation visits to districts; inadequate monitoring of PMDT (Programmatic Management of Drug-Resistant Tuberculosis); shortage of Staff in DDR-TB Centres and TB Units; Status of Training of District TB Officers (DTOs); failure to test quality of drugs; pest control in drug stores; equipment not installed; nutritional support incentives not paid; spittoon, disinfectant and masks not provided to patients; post treatment follow up not conducted; and death audit of TB patients not conducted.

   The Department stated that it had noted the observations of the CAG and had taken corrective steps to remove the deficiencies
4. Regarding lapses in implementation of the National Viral Helpline Control Program, the Department replied that the State Program Steering Committee headed by the Secretary (Health) had been constituted; one Model Treatment Centre (MTC) was functioning at LNH; 8 Treatment Centres (TC) in the districts for screening and testing; Rapid Diagnostic Kits were procured and made available to the MTC and TCs; Training of Medical Officers in coordination with the NVCHP(G.O.I) and ILBS was conducted.

5. Audit observed that the Department had not empanelled hospitals and health centres for providing critical care (NICU/PICU/ICU) to new born babies.

The Department replied that Delhi had now adopted the Ayushman Bharat Pradhan Mantri Jan Aroga Yojana (ABPM-JAY) which provided for the critical care of new born babies.

The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-VIII).**

Observations and Recommendations of the Committee:

The Committee records its concern over the fact that Delhi is lagging in achieving the SDG-3 Goals. As informed by the Department, the influx of migrant population and patients from all over India to the national capital, adds to the challenge of achieving these goals.

While appreciating the steps now being taken by the Department to overcome these challenges, the Committee recommends that a year-wise Action Plan be put into place so that marked improvement can be made to achieve the Goals by the year 2030.

Steps taken in this direction by the Department (as on 30.06.2026) should be incorporated in the Action Taken Report to be submitted by the Department on this Report.

Chapter X

Implementation of Programmes / Schemes/Projects/ Services of GNCTD

(Para 10.1 to 10.11.2)

Audit Observations on Implementation of Programmes / Schemes/Projects/ Services of GNCTD:

In the Performance Audit of the programmes / schemes/ projects/ services provided by the Delhi Government the C&AG observed, *"As per a judgment of High Court of Delhi (March 2007), all private hospitals which were allotted land on concessional rates by various Government land owning agencies were to provide 25 per cent of their OPD facilities and reserve 10 per cent IPD beds for free treatment of patients from Economically Weaker Sections (EWS).*

As per orders, each Government Hospital (GH) was to set up a special referral centre to refer EWS patients to Identified Private Hospitals (IPH), within two weeks (i.e. 5 April 2007). Audit noted that 19 out of 47 GHs in Delhi had not established referral centres even after a delay of more than 15 years (as of June 2022). Audit noted that no separate complaint register for EWS patients was maintained. There was no system to watch for timely disposal of complaints. 43,951 EWS patients were referred by 28 Government hospitals whereas total 13.89 crore patients had taken treatment in Delhi Government Hospitals.

Delhi Arogya Kosh (DAK) was constituted (September 2011) as a society to provide financial assistance to poor patients suffering from life-threatening diseases. DAK has not maintained scheme-wise details of beneficiaries. It did not regularly seek UCs and details of unspent amount lying with government hospitals. Online Aadhar-based/biometric tracking of patients to ensure proper follow-up and to prevent any malpractices was not implemented by DAK. Audit noted that basic aims and objectives of DAK was not widely disseminated.

Free Surgery scheme of DAK provides for sending eligible patients from identified Delhi Government hospitals to empanelled private hospitals when the allotted

date for a specified surgery is beyond one calendar month or when the specified surgery is not performed in the Government Hospital and under high end

diagnostic test scheme, patients from identified Delhi Government Hospitals, Polyclinics, etc., are referred to empanelled diagnostic centres. DAK did not carry out any assessment to verify the effectiveness of steps taken to reduce waiting period.

One of the conditions of reimbursement of bill of Medico-legal victims is that the victim is not covered in any insurance scheme. No mechanism was in place to check this before making payment.

Recommendations of C&AG:

10.1 The Government should strengthen the referral system and ensure that Identified Private Hospitals comply with all the orders and instructions for optimum utilization of free OPD/IPD services for EWS.

10.2 The Government should set up oversight mechanism to watch redressal of complaints.

10.3 The Government should widely publicise the benefit of the scheme among all stake holders.

10.4 DAK should take concrete steps for developing a system of online Aadhar-based/biometric tracking of patients to ensure proper follow-up and to prevent any malpractices.

10.5 DAK should compulsorily check medical insurance status of the patient before making payment."

Action Taken by the Department:

1. Regarding EWS Scheme, Audit observed that, *"there was no monitoring of identified private hospitals by DGHS to ensure free treatment of EWS patients. There were cases of denial of free treatment coupled with poor complaint redressal mechanism. 19 government hospitals have not created special reference centres even after a delay of more than 15 years since pronouncement of judgement in this regard. 28 government hospitals referred only 43,951 patients whereas total 13.89 crore patients have*

taken treatment in Delhi government hospitals. Even after the Lieutenant Governor's directions, system of online Aadhar-based/ biometric tracking of patients was yet to be implemented, indicating non-seriousness of the Department to ensure proper follow-up and develop a fool proof mechanism to rule out financial malpractices."

The Department replied that necessary corrective steps had been taken to address the deficiencies, which included:

(i) Setting up of functional helpdesk for EWS / DAK (Delhi Arogya Kosh).

(ii) Nodal Officers had been appointed in all Government Hospitals.

(iii) Separate referral centers, with dedicated staff had been set up.

(iv) Monitoring the Identified Private Hospitals (IPH) by DGHS.

(v) Liaison Officers had been appointed in Identified Private Hospitals to monitor admissions and availability of beds.

(vi) EWS Branch was ensuring timely redressal of grievances.

(vii) Awareness and publicity of the Schemes in Government and IPHs.

(viii) Reserved slots for Dialysis and earmarked beds of EWS patients in IPHs.

(ix) Display of availability of beds and details of contact persons in the Hospitals and DSHM website.

2. *Audit observed that "Very few people benefited from the schemes run by Delhi Arogya Kosh (DAK) due to lack of awareness about the schemes. There was a waiting period up to three and eight months respectively for various diagnostic tests and surgeries in LNH even though facilities for referring these cases to private empanelled hospitals was available under DAK scheme. Submission of certificate regarding, no payment made by the patient for the test/ surgery was not ensured compulsorily by DAK before making reimbursements to the private hospitals/ diagnostic centres. No mechanism was evolved by DAK for obtaining information regarding coverage of patients under any government/ private medical insurance scheme before making payment to the hospitals concerned. There was lack*

of coordination between DAK and various health care agencies in Delhi for smooth implementation of DAK schemes."

The Department replied that necessary corrective steps had been taken to address the deficiencies, which included:

(i) Patient wise record was maintained for record of financial assistance scheme to Government Hospitals/Imaging Centres.

(ii) Procurement of App based bio-metric monitoring system to enhance tracking and management of healthcare services.

(iii) Implementation of The Integrated Road Accident Database (IRAD) for compulsory registration of all Medico-Legal Cases (MLCs).

(iv) Increased awareness initiatives and publicity measures regarding the schemes.

(v) Sensitisation and training programme for Doctors of all Government Hospitals for referral of patients for high end diagnostic tests and surgeries.

(vi) Certificate and feedback from patients was made compulsory before payments were released to empanelled hospitals and imaging centres.

(vii) Treating Hospitals had been sensitised to check availability of alternative medical insurance of the medico legal victims before releasing payments.

(viii) Grievance redressal mechanism had been strengthened.

(ix) Ayushman Bharat PM-JAY has been implemented w.e.f 05.04.2025 and the process of DAK on Ayushman Bharat Portal had started.

(x) DCD had granted 513 licences for opening of Pradhan Mantri Bhartiya Jan Aushadi Kendras to ensure free medicines to the patients visiting Delhi Government Health facilities.

(xi) Alternate options were being examined for launching the Health Helpline.

(xii) Information was being collected at regular intervals to ensure better coordination between the H&FW and DGHS.

(xiii) All Delhi Government Hospitals had been onboarded all its hospitals to the Next Gen E-Hospital Platform.

The detailed Audit Report and the para-wise Action Taken Note of the Department is placed at **Volume II (Annexure-VI).Observations and**

Recommendations of the Committee:

The Committee is concerned to note that the implementation of the EWS Scheme and functioning of the Delhi Arogya Kendras faced so many deficiencies as pointed out by the Audit, which shows that the general public had been deprived of the benefits of these services.

The details of action taken by the Department appears good on paper, however, in the personal interactions of the Committee Members there is still scope for improvement in implementation of the EWS Scheme in Identified Private Hospitals.

1. The Committee recommends that the Department should strictly follow and implement the measures which it has informed to ensure that the benefits of the EWS Scheme reaches the eligible patients.
2. The Next Gen E-Hospital Platform should be adopted by all the Government Hospitals/ Units to improve transparency and efficiency of the health services.
3. The Health Helpline should be launched at the earliest and wide publicity should be given to it for general public.
4. Steps taken in this direction by the Department (as on 30.06.2026) should be incorporated in the Action Taken Report to be submitted by the Department on this Report.

Chapter XI AYUSH

(Para 11.1 to 11.9.9)

The Government of National Capital Territory of Delhi (GNCTD) established (May 1996) a separate Directorate of Indian Systems of Medicine and Homoeopathy (ISM&H) under the Health and Family Welfare Department (DH&FW) to encourage the use of alternative systems of medicines such as Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH) in healthcare delivery and to ensure propagation of research and education in these systems. The ISM&H was renamed as Directorate of AYUSH (Directorate) in the year 2013.

For the purpose of audit of AYUSH, records for the period from 2016-17 to 2022-23 of four autonomous bodies of the Directorate [Board of Homoeopathic System of Medicine, Delhi Bhartiya Chikitsa Parishad (DBCP), Examining Body for Para Medical Training for Bhartiya Chikitsa Delhi, and Delhi Homoeopathic Anusandhan Parishad (DHAP)], two Ayurveda/ Unani/Homoeopathic medical colleges with attached hospitals [(i) Ayurvedic & Unani Tibbia College and Hospitals (Tibbia College and hospital), (ii) Dr. B.R. Sur Homoeopathic medical College Hospital and research centre (SHMC)], Directorate of AYUSH, Drugs Control Cell (Ayurvedic & Unani medicines) and the Drugs Control Department were examined.

Audit Observations on AYUSH:

Audit pointed out that, "*AYUSH Number of IPD and OPD patients visiting AYUSH hospitals had declined during 2016-22.*

Pathology lab, maternity ward and radiology departments in one of the test checked hospitals were not functional/partially functional. There was also shortage of essential medicines in the test checked hospitals. Moreover, savings were noticed under the heads 'Supply & Medicine' and 'Machinery & Equipment' despite shortage of medicines and equipment in both the test checked hospitals.

The overall shortage of staff in the AYUSH Department was 57.97 per cent. Besides, shortages in the cadres of doctors (51.89 per cent), paramedical staff (55.93 per cent) and nurses (32.21 per cent) were noticed in the four3 Medical Colleges with attached Hospitals. Equipment costing ₹ 45.98 lakh procured (March 2018) for Pathology lab in one of the test checked hospitals were not put to use and were lying idle.

There was shortfall in conducting mandatory inspections of manufacturing and selling units of Ayurveda and Unani Drugs.

GNCTD did not set up a State Ayush Society nor did it submit State Annual Action plan to GoI for availing financial benefit under National Ayush Mission from 2016-17 onwards. ₹ 3.83 crore was still lying unutilized with GNCTD/Directorate of AYUSH from the grant received under National Ayush Mission during 2014-16.

Delhi Bhartiya Chikitsa Parishad (DBCP), intended to provide registration of medical practitioners of Indian Systems of Medicines, was not reconstituted since July 2015. Delhi Homoeopathy Anusandhan Parishad (DHAP), constituted to develop and coordinate research in Homoeopathy, was not functional since 2017-18.

Recommendations of the C&AG:

11.1 The Government should ensure timely procurement and availability of essential drugs in all AYUSH hospitals.

11.2 Hospitals should take immediate measures to install the idle equipment in Pathology, Radiology and Maternity departments to run these departments in a full-fledged manner.

11.3 The Government should take immediate measures to fill the vacant posts of medical officer, teaching staff, nurses and paramedical staff.

11.4 The Government should ensure proper functioning of regulatory bodies of Ayush."

Action Taken by the Department:

1. In reply to the observations of the Audit regarding Adequacy of funding the Department replied that it had noted the observations for compliance for optimal utilisation of funds and avoid rush of expenditure in closing months.

2. Regarding the observations of the Audit on Availability and Management of AYUSH Healthcare Infrastructure, the Department Replied that the Tibbia College had notified Rules for removal of encroachment and academics departments will be built up as soon as space became available.

   It informed that the Tibbia College had developed the monitoring mechanism for physical and financial progress of PWD works and it had constituted a committee to review the progress of the works.

3. In reply to the observation regarding the lack of facilities for storing drugs, the department replied that the Drugs Store of 4000 Sq.Ft had been constructed and land had been identified for setting up of the permanent Store from the funds of National Ayush Mission.

4. In reply to the observation regarding unavailability of canteen/kitchen services, the Department replied that the Tibbia College had constructed the canteen for students and staff and process for kitchen services was underway through GeM portal. In respect of the SHMC it stated that kitchen service was already available and new tender was being floated through GeM.

5. Regarding non-updation of the Essential Drugs List (EDL) for AYUSH medicines the Department informed that it had reviewed and published the EDL.

6. Regarding lack of State Drugs Testing Lab, the Department informed that it shall submit the State Action Plan to the Ministry of AYUSH for this purpose.

7. Regarding the audit observation that sample testing was not being done, the Department informed that presently all supplied medicines were being tested before distribution to the dispensaries.

8. Regarding not conducting drugs test as per standards, the Department informed that all the testing were being done as per the protocols prescribed by the Pharmacopeial Laboratory for Indian Medicines, Govt of India.

9. The department replied that it had noted the audit observations for compliance regarding quality assurance guidelines.

10. Regarding observations about shortage of essential drugs in the test checked Hospitals, the Department informed that all efforts were being taken for timely procurement of the essential drugs in the hospitals.

11. Regarding unavailability of essential equipment in AYUSH Hospitals the Department has assured that the audit observations are being complied with.

12. Regarding shortage of manpower the Department has informed that necessary action was being taken in coordination with the recruiting agencies (UPSC/ DSSSB) for timely filling up the vacancies of Staff/ Medical Officers, Nursing Officers, Para medical Staff, Faculty etc.

13. Regarding the deficiencies pointed out about the functioning of the Indoor Patients the department has submitted an Action Plan to ensure that the deficiencies do not recur.

14. The Audit pointed out that Delhi was not implementing the National Ayush Mission Programme. The department has replied that the matter was under the active consideration of the Government.

15. The Report highlighted deficiencies in the working of the Delhi Bhartiya Chikitsa Parishad (DBCB); examining body for Para Medical Training in Bharatiya Chikitsa; Delhi Homoeopathic Anusandhan Parishad; regulation of Ayurveda and Unani Paramedics; inspection of units selling Ayurvedic and Unani medicines; shortfall in training of health care workers on Bio Medical Wast Management; Licence for procurement of alcohol / spirit not obtained and foot of patients was below the minimum standards in the Homoeopathic College.

The department replied that a committee had been formed to prepare for the elections to the DBCB; course contents were being revised for the Examining Body for paramedical training; the DHAP had been dissolved on the directions of the Hon'ble Minister; best practices of other states was being examined for registration of AYUSH Paramedical staff; regular inspections were being made to ensure quality of the medicines; regular training on Bio Medical Waste Management was being provided; license for procurement of alcohol/ spirit had been procured; and necessary steps had been taken to improve the footfall of patients in SHMC in the form of E Hospital and Registration, Publicity and Awareness; health camps and community outreach, patents support and engagement, national programs and initiatives.

The detailed Audit Report and the para-wise Action Taken Note of the Department on AYUSH is placed at **Volume II (Annexure-X).**

Observations and Recommendations of the Committee:

AYUSH plays a vital role in India's healthcare by offering holistic, preventive, and affordable treatment options at par with modern medicine. It emphasizes lifestyle management, disease prevention, and natural healing, making it especially relevant in tackling chronic and lifestyle-related disorders. It focuses not only in curing diseases but also on **promoting wellness and preventing illness** and integrates physical, mental, and spiritual health.

At a time when India has positioned itself as a **global leader in traditional medicine and wellness** through AYUSH it is disheartening to note the serious deficiencies brought out in the C&AGs Report.

1. The Committee recommends that Government should prioritise AYUSH related services at par with the healthcare services provided through Allopathy.
2. Steps taken for executing the assurances and timelines (as on30.06.2026) given to the Committee should be incorporated in the Action Taken Report to be submitted by the Department on this Report.

Chapter XII Conclusion

The Committee submits its report to the House with the conclusion that the efficient delivery of health services is both a cornerstone of sound governance and a vital commitment to the people of Delhi. Strengthening institutional frameworks with quality infrastructure and trained health professionals, ensuring equitable access, and embedding accountability will enable the health system to meet the city's growing demands with resilience. At the same time, the Committee recognizes that healthcare is not only about structures and policies, but about safeguarding the dignity and well-being of every citizen. By investing in timely interventions, robust health care services, and fair resource distribution, Delhi can build a system that is efficient, inclusive, and compassionate; one that truly reflects the city's responsibility to protect and promote the health of all its residents.

The Delhi Government carries a significant responsibility to ensure that its policies, particularly in the health sector, are inclusive and considerate of people who migrate from other states in search of livelihood, education, or medical care besides the people of Delhi. As the national capital, Delhi attracts a large population from across India, and many of these individuals rely on the city's healthcare infrastructure during times of need. Therefore, it is essential that health policies are designed to provide equitable access to affordable and quality medical services, regardless of a person's state of origin. By strengthening public hospitals, expanding insurance coverage, and investing in preventive healthcare, the government can uphold the principle of universal welfare. Such an approach not only reflects social justice but also reinforces Delhi's role as a compassionate and responsible capital that safeguards the well-being of all who reside or seek refuge within its boundaries. The Government should plan its budget, manpower requirements, public infrastructure etc., keeping this in mind.

As these objectives can be achieved only with the coordination and cooperation of various departments, the onus is on the Chief Secretary and senior officers of these departments to sit together and thrash the issues out for earlier solution.

The Department has accepted most of the recommendations/ observations brought out in the Report of the C&AG and given timelines for its implementation. Accordingly, the Department should incorporate the status / progress of its assurances and timelines (As on 30.06.2026) in the Action Taken Report, which may be submitted by 31.07.2026 for being placed before the Assembly.

The Committee once again would like to appreciate the painstaking efforts taken by the C&AG in bringing out the deficiencies in health services in Delhi. The recommendations of the C&AG and the Committee's own recommendations will serve as an opportunity for the new Government to enforce course-correction so that the people of the National Capital receive the best health care services befitting a world class city.

Delhi

Date:23.03.2026

(Ajay Mahawar)
Chairperson
Public Accounts Committee

विधान सभा
राष्ट्रीय राजधानी क्षेत्र दिल्ली

लोक लेखा समिति

आठवीं विधान सभा का प्रथम प्रतिवेदन

23.03.2026 को प्रस्तुत

27.03.2026 को स्वीकृत

विधानसभा, पुरानासचिवालय, दिल्ली–110054

सूचकांक

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लोक लेखा समिति
(2025-2026)

श्री अजय महावर - अध्यक्ष

<u>सदस्य</u>

1. श्री अरविंदर सिंह लवली
2. सुश्री अतीशी
3. श्री कैलाश गहलोत
4. श्री कुलदीप कुमार
5. श्री राज कुमार चौहान
6. श्री सतीश उपाध्याय
7. सुश्री शिखा रॉय
8. श्री वीरेंद्र सिंह कादियान

<u>विशेष आमंत्रित</u>

1.	श्री ए0 सी0 वर्मा	अतिरिक्त मुख्य सचिव (वित्त), दिल्ली सरकार (25.06.2025 तक)
2.	श्री बिपुल पाठक	अतिरिक्त मुख्य सचिव (वित्त), दिल्ली सरकार (26.06.2025 से)
3.	सुश्री रोली शुक्ला माल्गे	अकाउंटेंट जनरल (ऑडिट), दिल्ली (13.11.25 तक)
4.	सुश्री अमन दीप चाहटा	एडिशनल डिप्टी सीएजी (14.11.2025 से)
5.	श्री सी.वेल्मुरुगन	कानूनी सलाहकार, दिल्ली विधानसभा

<u>विधानसभा सचिवालय</u>

1.	श्री रंजीत सिंह	सचिव, दिल्ली विधान सभा
2.	श्री सदानंद साह	उप सचिव (विधायी)
3.	श्री रघु नाथ	अनुभाग अधिकारी (विधायी)
4.	श्री रविंदर कुमार	अनुभाग अधिकारी (विधायी)

प्रस्तावना

मैं, अजय महावर, लोक लेखा समिति के अध्यक्ष के रूप में, समिति द्वारा मुझे दी गई प्राधिकृति के तहत, सदन के समक्ष अपनी पहली रिपोर्ट प्रस्तुत करता हूं, जो "भारत के नियंत्रक एवं महालेखापरीक्षक की रिपोर्ट सार्वजनिक स्वास्थ्य बुनियादी ढांचे और स्वास्थ्य सेवाओं के प्रबंधन पर वर्ष 31 मार्च, 2022 के लिए (रिपोर्ट संख्या 3 वर्ष 2024)" पर आधारित है।

समिति ने अपनी 22.05.2025, 24.09.2025 और 23.12.2025 को आयोजित बैठकों में इन पैराओं पर विचार किया। समिति ने विस्तृत विचार-विमर्श किया और विभागीय प्रतिनिधियों को लिखित उत्तर प्रस्तुत करने और बैठकों में अपने विचार प्रस्तुत करने का पर्याप्त अवसर दिया गया। समिति स्वास्थ्य और परिवार कल्याण विभाग, राष्ट्रीय राजधानी छेत्र, दिल्ली सरकार के अधिकारियों की सभी जानकारी और दस्तावेज़ों को समय पर प्रस्तुत करने के लिए उनकी सराहना करती है। समिति की रिपोर्ट, 2 जनवरी 2026 को आयोजित अपनी बैठक में अपनाई गई थी।

समिति श्रीमती रोली शुक्ला माल्गे, अकाउंटेंट जनरल (ऑडिट), दिल्ली, श्रीमती अमन दीप चाहटा , एडिशनल डिप्टी सीएजी एवं श्री विपुल पाठक, एडिशनल चीफ सेक्रेट्री (फाइनेंस), राष्ट्रीय राजधानी छेत्र, दिल्ली सरकार द्वारा प्रदान किए गए सहयोग और मार्गदर्शन की सराहना करती है। समिति विधानसभा सचिवालय के अधिकारियों और कर्मचारियों द्वारा बैठकों के दौरान और रिपोर्ट की तैयारी में प्रदान की गई मूल्यवान सहायता के लिए भी अपनी सराहना व्यक्त करती है।

समिति ने अध्यक्ष और उनकी अनुपस्थिति में समिति के माननीय सदस्य श्री अरविंदर सिंह लवली को सदन में समिति की रिपोर्ट प्रस्तुत करने के लिए अधिकृत किया।

(अजय महावर)
सभापति
लोक लेखा समिति

रिपोर्ट
अध्याय I - पृष्ठभूमि

भारत के नियंत्रक एवं महालेखापरीक्षक की रिपोर्ट "सार्वजनिक स्वास्थ्य बुनियादी ढांचे और स्वास्थ्य सेवाओं के प्रबंधन पर वर्ष 31 मार्च, 2022 के लिए (रिपोर्ट संख्या 3 वर्ष 2024)" 28 फरवरी 2025 को सदन के समक्ष रखी गई थी। रिपोर्ट में 2016-17 से 2020-21 की अवधि के लिए सार्वजनिक स्वास्थ्य बुनियादी ढांचे और स्वास्थ्य सेवाओं के प्रबंधन का परफॉर्मन्स ऑडिट शामिल है। पूरी रिपोर्ट https://cag.gov.in/en/audit-report/details/121538 पर उपलब्ध है।

परफॉर्मन्स ऑडिट ने दिल्ली में स्वास्थ्य सेवाओं के विभिन्न पहलुओं की व्यापक रूप से जांच की है, जैसे कि:

- स्वास्थ्य सेवाएं
- मानव संसाधन
- स्वास्थ्य सेवाएं
- दवाओं, उपकरणों और अन्य उपभोग्य सामग्रियों की उपलब्धता
- स्वास्थ्य बुनियादी ढांचा
- वित्तीय प्रबंधन
- केंद्र प्रायोजित योजनाओं का कार्यान्वयन
- नियामक तंत्र की पर्याप्तता और प्रभावशीलता
- सतत विकास लक्ष्य-3
- जीएनसीटीडी के कार्यक्रमों, योजनाओं/प्रोजेक्ट्स/सेवाओं का कार्यान्वयन
- आयुष

सीएजी की रिपोर्ट में परफॉर्मन्स ऑडिट के कारणों को निम्नलिखित रूप में बताया गया है:

"दिल्ली में स्वास्थ्य क्षेत्र के कार्य के महत्व को देखते हुए, राष्ट्रीय राजधानी क्षेत्र दिल्ली (जीएनसीटीडी) सरकार के सार्वजनिक स्वास्थ्य बुनियादी ढांचे और स्वास्थ्य सेवाओं के प्रबंधन की पर्याप्तता और प्रभावशीलता का आकलन करने के लिए एक परफॉर्मन्स ऑडिट किया गया था, जिसमें 2016-17 से 2021-22 की अवधि को शामिल किया गया था। यह रिपोर्ट केवल द्वितीयक और तृतीयक अस्पतालों से संबंधित ऑडिट निष्कर्षों को शामिल करती है। प्राथमिक स्वास्थ्य केंद्रों और मोहल्ला क्लिनिक से संबंधित निष्कर्ष जीएनसीटीडी के अनुपालन ऑडिट रिपोर्ट में शामिल हैं। परफॉर्मन्स ऑडिट में निजी स्वास्थ्य क्षेत्र को विनियमित करने के लिए सरकार द्वारा लागू किए जा रहे नियामक ढांचे की प्रभावशीलता, जीएनसीटीडी के माध्यम से भारत सरकार द्वारा कार्यान्वित की जा रही योजनाओं और सतत विकास लक्ष्य-3 के साथ समग्र लिंकेज को भी शामिल किया गया है।"

सीएजी ने भारतीय सार्वजनिक स्वास्थ्य मानकों (IPHS) और अन्य कानूनी मानकों और गाइडलाइंस का बेंचमार्क के रूप में उपयोग करके परफॉर्मन्स ऑडिट किया। रिपोर्ट में कहा गया है, "भारत सरकार के स्वास्थ्य और परिवार कल्याण मंत्रालय ने देश में स्वास्थ्य सेवाओं की गुणवत्ता में सुधार करने और स्वास्थ्य सेवा प्रणाली के प्रदर्शन का आकलन करने के लिए एक बेंचमार्क के रूप में कार्य करने

के लिए भारतीय सार्वजनिक स्वास्थ्य मानकों (IPHS) नामक एक समान मानकों का सेट जारी किया है। भारतीय सार्वजनिक स्वास्थ्य मानक (आईपीएचएस) सेवाओं, मानव संसाधन, उपकरण, दवाओं, भवन और

अन्य सुविधाओं के लिए मानकों को निर्धारित करते हैं। इनमें स्वास्थ्य संस्थानों को न्यूनतम स्वीकार्य कार्यात्मक ग्रेड में लाने के मानक शामिल हैं। हालांकि, यह देखा गया कि दिल्ली सरकार ने भारतीय सार्वजनिक स्वास्थ्य मानकों, 2012 को अपनाया नहीं है, इसलिए इसका पालन नहीं करती है। IPHS के अलावा, भारत सरकार द्वारा जारी स्वास्थ्य सेवाओं पर विभिन्न मानकों और गाइडलाइंस जैसे कि बायो-मेडिकल वेस्ट मैनेजमेंट रूल्स; फार्मेसी एक्ट 1948 और फार्मेसी प्रैक्टिस रेगुलेशन्स, 2015; इंडियन नर्सिंग काउंसिल एक्ट, 1947; और ड्रग्स एंड कॉस्मेटिक रूल्स का उपयोग दिल्ली में स्वास्थ्य सुविधाओं का मूल्यांकन करने के लिए किया गया था।"

यह प्रदर्शन ऑडिट के उद्देश्यों को निम्नलिखित रूप में संक्षेप में प्रस्तुत करता है:

- स्वास्थ्य देखभाल के लिए धन की पर्याप्तता का आकलन करना;
- स्वास्थ्य देखभाल बुनियादी ढांचे की उपलब्धता और प्रबंधन का आकलन करना;
- दवाओं, उपकरणों और अन्य उपभोग्य सामग्रियों की उपलब्धता का आकलन करना;
- सभी स्तरों पर आवश्यक मानव संसाधन की उपलब्धता का आकलन करना, जैसे कि डॉक्टर, नर्सिंग, पैरा मेडिक्स आदि;
- सार्वजनिक/निजी स्वास्थ्य देखभाल संस्थानों/प्रैक्टिशनर्स द्वारा गुणवत्ता स्वास्थ्य सेवाएं प्रदान करने के लिए नियामक तंत्र की पर्याप्तता और प्रभावशीलता की जांच करना;
- यह आकलन करना कि क्या स्वास्थ्य पर राज्य का खर्च एसडीजी3 के अनुसार लोगों के स्वास्थ्य और कल्याण में सुधार हुआ है;
- भारत सरकार की विभिन्न योजनाओं के तहत धन और खर्च की जांच करना।

रिपोर्ट को सदन के समक्ष रखे जाने के बाद, विधानसभा सचिवालय ने इसे 04.03.2025 के पत्र के माध्यम से एक्शन टेकन नोट्स (एटीएन) प्रदान करने के लिए स्वास्थ्य और परिवार कल्याण विभाग को भेजा। विभाग ने 20.05.2025 को एटीएन प्रस्तुत की, जिसे एजी (ऑडिट) द्वारा जांचा गया। एजी (ऑडिट) की जांच टिप्पणियों के साथ एटीएन को 16.06.2025 को विभाग को वापस कर दिया गया, जिसमें बताए गए अवलोकनों/कमी को संबोधित करते हुए संशोधित एटीएन प्रदान करने का अनुरोध किया गया था। 26.11.2025 को, एजी (ऑडिट) ने संशोधित एटीएन की जांच की और इसे विभाग को इस अनुरोध के साथ वापस कर दिया कि ऑडिट की जांच टिप्पणियों को संशोधित एटीएन में विभाग की प्रतिक्रिया के साथ शामिल किया जाए, ताकि इसे आवश्यक कार्रवाई के लिए दिल्ली विधान सभा की लोक लेखा समिति को भेजा जा सके।।

स्वास्थ्य विभाग ने 15.12.2025 के पत्र के माध्यम से दिल्ली विधान सभा की लोक लेखा समिति को संशोधित एटीएन प्रस्तुत की। स्वास्थ्य विभाग ने 23 दिसंबर 2025 को आयोजित अपनी बैठक में समिति द्वारा मांगी गई स्पष्टीकरण के संबंध में 26 दिसंबर 2025 को उत्तर भी प्रदान किए।

पीएसी (2025-26) ने विस्तृत अध्ययन के लिए विषय पर विचार किया और 22.05.2025, 24.09.2025 और 23.12.2025 को आयोजित अपनी बैठकों में स्वास्थ्य और परिवार कल्याण विभाग के प्रतिनिधियों के मौखिक साक्ष्य लिए।

रिपोर्ट की पैरा-वार परीक्षा/ अध्ययन, विभाग द्वारा की गई कार्रवाई और समिति के अवलोकनों और सिफारिशों का विवरण निम्नलिखित पृष्ठों में दिया गया है।

अध्याय II - मानव संसाधन
(CAG रिपोर्ट के पैरा 2.2 से पैरा 2.10)

ऑडिट रिपोर्ट का सारांश, विभाग द्वारा की गई कार्रवाई और समिति की टिप्पणियां/सिफारिशें निम्नलिखित हैं:

<u>मानव संसाधन पर ऑडिट अवलोकन</u>:

ऑडिट रिपोर्ट में देखा गया कि "मार्च 2022 तक, GNCTD के स्वास्थ्य और परिवार कल्याण विभाग में लगभग 21 प्रतिशत कर्मचारियों की कमी थी। 28 अस्पतालों/कॉलेजों के रिकॉर्ड के अनुसार, जिनकी जानकारी ऑडिट को दी गई थी, शिक्षण विशेषज्ञों, गैर-शिक्षण विशेषज्ञों और चिकित्सा अधिकारियों की श्रेणियों में क्रमशः 30, 28 और 9 प्रतिशत की कुल कमी थी। नर्सों और पैरामेडिक कर्मचारियों के पदों में कमी क्रमशः लगभग 21 प्रतिशत और 38 प्रतिशत थी। राज्य में राष्ट्रीय स्वास्थ्य मिशन (NHM) योजनाओं को लागू करने के लिए 36 प्रतिशत कर्मचारियों की कमी थी। पदोन्नति और कैरियर में प्रगति के अवसरों की अनुपस्थिति और वेतन संरचना में कोई बदलाव न होने के परिणामस्वरूप जनकपुरी सुपर स्पेशियलिटी अस्पताल (JSSH) और राजीव गांधी सुपर स्पेशियलिटी अस्पताल (RGSSH) में सुपर स्पेशलिस्ट डॉक्टरों की कमी हुई।

<u>C&AG की सिफारिशें</u>:

2.1 GNCTD की सार्वजनिक स्वास्थ्य सुविधाओं के कार्य में सुधार के लिए स्वीकृत पदों के विरुद्ध रिक्तियों को भरा जाना चाहिए।

2.2 अपने स्वायत्त अस्पतालों में शिक्षण डॉक्टरों की कमी को देखते हुए, सरकार शिक्षण डॉक्टरों के लिए इसे और अधिक आकर्षक बनाने के लिए भर्ती मानदंडों की समीक्षा कर सकती है ताकि इन अस्पतालों में शिक्षण डॉक्टरों की एक संतुष्ट और सुसंगत कार्यबल उपलब्ध हो।"

स्वास्थ्य और परिवार कल्याण विभाग और डीजीएचएस का कुल स्वीकृत पदों में प्रमुख हिस्सा है। रिक्त पदों के प्रतिशत के संदर्भ में, उपरोक्त दो विभागों/संस्थानों में 21 प्रतिशत और 37.55 प्रतिशत की कमी थी। ऑडिट ने यह भी देखा कि डीजीएचएस में रिक्तियों का प्रतिशत 2016-17 में 19.96 प्रतिशत से बढ़कर 2021-22 में 37.55 प्रतिशत हो गया। चयनित अस्पतालों और औषधि नियंत्रण विभाग में, ऑडिट अवधि के दौरान रिक्तियां बनी रहीं।

ऑडिट ने सही ढंग से देखा कि, स्वास्थ्य कर्मचारियों की कमी के कारण, रोगी देखभाल प्रतिकूल रूप से प्रभावित हुई।

<u>विभाग द्वारा की गई कार्रवाई</u>:

अपनी लिखित प्रस्तुतियों और मौखिक बयान के माध्यम से विभाग ने ऑडिट के अवलोकनों के जवाब में उनके द्वारा की गई कार्रवाई की जानकारी दी, जिसका संक्षेप में नीचे वर्णन किया गया है। विभाग ने कहा कि:

1. सेवानिवृत्ति आदि के कारण अनुमानित रिक्तियों सहित विभिन्न पदों के विरुद्ध रिक्तियों की निगरानी के लिए एक तंत्र बनाया जा रहा है।

2. भर्ती प्रक्रिया को गति देने के लिए UPSC और DSSSB के साथ प्रभावी निगरानी और समन्वय के लिए एक तंत्र स्थापित किया जा रहा है।

3. यह स्टेकहोल्डर परामर्श के लिए अपनी वेबसाइट पर डाफ्ट भर्ती नियम (RR) और RR में संशोधन अपलोड करेगा; और वित्तीय वर्ष 2025-2026 के भीतर अंतिम रूप देगा।

4. यह पैरामेडिकल स्टाफ के सभी पदों को भर देगा और बैकलॉग रिक्तियों को समाप्त करेगा। विभाग ने कहा कि इसका उद्देश्य 2025 में ही सभी DSSSB परीक्षाएं पूरी करना है।

5. सभी अस्पतालों को अंतराल को भरने के लिए आउटसोर्स आधार पर पैरामेडिकल स्टाफ को शामिल करने की अनुमति दी गई है।

6. औषधि नियंत्रण विभाग में समग्र रिक्ति स्थिति में 51.72% से 33.1% तक सुधार हुआ है

7. शिक्षण विशेषज्ञों के लिए अलग कैडर के संबंध में समिति द्वारा एक विशिष्ट प्रश्न के उत्तर में विभाग ने उत्तर दिया कि माननीय लेफ्टिनेंट गवर्नर की मंजूरी से इस उद्देश्य के लिए श्री एसबी शशांक, सलाहकार की अध्यक्षता में एक समिति का गठन किया गया है।

विस्तृत अगस्त रिपोर्ट और विभाग की पैरा-वार कार्रवाई की गई टिप्पणी वॉल्यूम-II(संलग्नक-I) में दी गई है

<u>समिति की टिप्पणियां और सिफारिशें:</u>

1. विभाग के पास वर्तमान में शिक्षण विशेषज्ञों का कोई अलग कैडर नहीं है और वर्तमान में उन्हें अनुबंध के आधार पर शामिल किया जा रहा है, जो निश्चित रूप से शिक्षण की गुणवत्ता को प्रभावित करेगा। ऐसे अस्थायी व्यवस्थाओं के बजाय, विभाग को सर्वोत्तम कैरियर और पदोन्नति के अवसरों के साथ शिक्षण विशेषज्ञों का एक अलग कैडर बनाने पर विचार करना चाहिए ताकि गुणवत्ता और नियमित संकाय को आकर्षित किया जा सके।

2. समिति UPSC, DSSSB आदि के साथ समन्वय में सभी रिक्त पदों को भरने के विभाग के प्रयासों की सराहना करती है। हालांकि, स्वास्थ्य क्षेत्र बहुत महत्वपूर्ण है और रिक्त पदों के आधार पर अपर्याप्त

स्वास्थ्य सेवाएं जनता के जीवन और स्वास्थ्य को प्रतिकूल रूप से प्रभावित करती हैं। विभाग को यह सुनिश्चित करना चाहिए कि उसके अधीन किसी भी विभाग/ यूनिट्स में कोई पद लंबे समय तक रिक्त न रहे। भर्ती एजेंसियों के साथ समन्वय और रिक्तियों की निगरानी के लिए उचित तंत्र स्थापित किया जाना चाहिए।

3. विभाग द्वारा प्रदान की जाने वाली आवश्यक सेवाओं को देखते हुए, अस्थायी रिक्तियों (छुट्टी, प्रशिक्षण आदि के कारण) को पूरा करने के लिए लगभग 10% पदों का एक बफर बनाने के लिए पर्याप्त प्रावधान किया जाना चाहिए, ताकि स्वास्थ्य सेवाओं की डिलीवरी एक दिन के लिए भी बाधित न हो।

4. विभाग ने कहा कि दिव्यांग (PwD) श्रेणी के तहत नर्सिंग अधिकारियों के 113 पद योग्य उम्मीदवारों की कमी के कारण नहीं भरे जा सके। उसने सूचित किया कि इन पदों को भरने के लिए एक विशेष अभियान केवल सभी 1394 पदों की भर्ती प्रक्रिया पूरी होने के बाद ही लिया जा सकता है। चूंकि PwD श्रेणी में कोई उम्मीदवार नहीं थे, इसलिए भर्ती प्रक्रिया के पूरा होने की प्रतीक्षा करने का कोई कारण नहीं है। विभाग को इन रिक्तियों को भरने के लिए तुरंत विशेष भर्ती अभियान चलाना चाहिए और यदि आवश्यक हो तो उन्हें दोहराना चाहिए।

5. अल्पकालिक उपाय के रूप में 'आउटसोर्सिंग आधार' पर पदों को भरना अपरिहार्य है, हालांकि, यह जनता को प्रदान की जाने वाली सेवा की गुणवत्ता को प्रतिकूल रूप से प्रभावित करता है। इसलिए विभाग को सभी पदों की अपनी स्टाफ आवश्यकता की समय-समय पर समीक्षा करनी चाहिए और उन्हें भरने के लिए कदम उठाने चाहिए, ताकि 'आउटसोर्सिंग' के आधार पर अल्पकालिक के लिए कर्मियों को शामिल करना न्यूनतम रखा जा सके।

अध्याय III. स्वास्थ्य देखभाल सेवाएं

(पैरा 3.1 से पैरा 3.6.8)

ऑडिट रिपोर्ट का सारांश, विभाग द्वारा की गई कार्रवाई और समिति की टिप्पणियां/सिफारिशें निम्नलिखित हैं:

<u>राज्य में स्वास्थ्य देखभाल सेवाओं पर ऑडिट अवलोकन</u>:

ऑडिट रिपोर्ट में देखा गया कि "चेक किए गए अस्पतालों में पंजीकरण काउंटरों में उच्च कार्यभार था। लोक नायक अस्पताल (LNH) के मेडिसिन विभाग और गायनकोलॉजी विभाग में प्रति रोगी औसत परामर्श समय पांच मिनट से कम था। LNH में फार्मासिस्ट/काउंटर पर रोगी भार फार्मासिस्टों की कमी के कारण अधिक था। दवाएं उसी दिन वितरित नहीं की गईं। दो चेक किए गए अस्पतालों (LNH और RGSSH) के ICU/आपातकालीन विभागों में आवश्यक दवाओं और उपकरणों की कमी देखी गई। LNH में शौचालयों की कमी और परिचारकों के लिए प्रतीक्षा क्षेत्र की कमी देखी गई। कई वार्डों में इंडोर रोगी विभाग (IPD) भीड़भाड़ वाले पाए गए।

LNH के सर्जरी विभाग और बर्न एंड प्लास्टिक सर्जरी विभाग में बड़ी सर्जरी के लिए औसत प्रतीक्षा समय क्रमशः 2-3 महीने और 6-8 महीने था और उसी समय, राजीव गांधी सुपर स्पेशियलिटी अस्पताल (RGSSH) में 12 मॉड्यूलर ओटी में से छह और जनकपुरी सुपर स्पेशियलिटी अस्पताल में सभी सात मॉड्यूलर ओटी मनुष्य शक्ति की कमी के कारण निष्क्रिय पड़ी थीं। LNH के सुश्रुता ट्रामा सेंटर में 24 घंटे की आपातकालीन सेवाओं के लिए विशेषज्ञ डॉक्टरों और वरिष्ठ निवासियों की स्थायी व्यवस्था नहीं थी। बलात्कार पीड़ितों को एक ही छत के नीचे कई सुविधाएं और सेवाएं प्रदान करने के लिए LNH के वन स्टॉप सेंटर (OSC) में समर्पित कर्मचारी नहीं थे। बाल मृत्यु के मामलों और एएनसी की समीक्षा के रिकॉर्ड बनाए नहीं रखे गए थे।

सेंट्रलाइज्ड एक्सीडेंट एंड ट्रामा सर्विसेज (CATS) एम्बुलेंस के बेड़े का एक बड़ा हिस्सा आवश्यक उपकरणों और उपकरणों के बिना चलता पाया गया।

चार चेक किए गए अस्पतालों में से केवल लोक नायक अस्पताल (LNH) में रक्त को उसके घटकों में अलग करने की सुविधा थी, जबकि अन्य तीन, जनकपुरी सुपर स्पेशियलिटी अस्पताल (JSSH), राजीव गांधी सुपर स्पेशियलिटी अस्पताल (RGSSH) और चाचा नेहरू बाल चिकित्सालय (CNBC), केवल रक्त के प्रसंस्करण और भंडारण के लिए लाइसेंस रखते थे। जबकि LNH में रेडियोलॉजिकल डायग्नोस्टिक सेवाओं के लिए भारी प्रतीक्षा समय देखा गया, रेडियोलॉजिकल उपकरण मनुष्य शक्ति की कमी के कारण अन्य तीन अस्पतालों में कम उपयोग किए गए पाए गए। कर्मचारियों और रोगियों की सुरक्षा सुनिश्चित करने के लिए इन अस्पतालों में एटॉमिक एनर्जी रेगुलेटरी बोर्ड के दिशानिर्देशों का पूरी तरह से पालन नहीं किया गया था।

JSSH और RGSSH में आहार सेवाएं उपलब्ध नहीं थीं। आहार विशेषज्ञों द्वारा समय-समय पर निरीक्षण नहीं किया गया था और भोजन की गुणवत्ता की कभी जांच नहीं की गई थी।

परीक्षण किए गए अस्पतालों द्वारा रोगी संतुष्टि सर्वेक्षण, मृत्यु समीक्षा आदि करने में कमियां थीं, जिससे उन्हें रोगी सेवाओं में और सुधार के लिए ऐसे मूल्यांकनों का लाभ उठाने से वंचित किया गया।

C&AG की सिफारिशें:

3.1 सरकार को अपने अस्पतालों में पंजीकरण, परामर्श, निदान, सर्जरी और फार्मेसी के लिए प्रतीक्षा समय को कम करने के लिए तत्काल उपाय करने चाहिए। सरकार को अपने अस्पतालों में बुनियादी सुविधाओं की उपलब्धता भी सुनिश्चित करनी चाहिए।

3.2 अस्पतालों को आपातकालीन सेवाओं को मजबूत करना चाहिए और आवश्यक दवाओं और उपकरणों की उपलब्धता सुनिश्चित करनी चाहिए और मांग के अनुसार बिस्तरों की संख्या बढ़ानी चाहिए।

3.3 CATS के बेड़े को आवश्यक उपकरणों और दवाओं से सुसज्जित पर्याप्त कॉल योग्य एम्बुलेंस के साथ मजबूत किया जाना चाहिए।

विभाग द्वारा की गई कार्रवाई:

अपनी लिखित प्रस्तुतियों और मौखिक बयान के माध्यम से विभाग ने ऑडिट के अवलोकनों के जवाब में उनके द्वारा की गई कार्रवाई की जानकारी दी, जिसका संक्षेप में नीचे वर्णन किया गया है। विभाग ने कहा कि:

1. ऑडिट ने देखा था कि, राष्ट्रीय स्वास्थ्य नीति (NHP) और भारतीय सार्वजनिक स्वास्थ्य मानकों (IPHS) के अनुसार प्रत्येक जिला अस्पताल को यह सुनिश्चित करना चाहिए कि विशेषज्ञ कौशल उपलब्ध हों; आवश्यक सेवाएं (न्यूनतम सुनिश्चित सेवाएं) प्रदान करें और रोगियों की जरूरतों के अनुसार विशेषज्ञ सेवाएं प्रदान करने का प्रयास करें। उसने बताया कि ये सेवाएं अस्पतालों में समान रूप से उपलब्ध नहीं थीं और न्यू दिल्ली जिले में कोई जिला अस्पताल नहीं था। सभी जिलों में लाइन/सपोर्ट सेवाओं (जैसे रक्त बैंक, ICU, इमेजिंग, पैथोलॉजी, ऑक्सीजन, मोर्चरी और एम्बुलेंस) की अनुपस्थिति के बारे में विभाग ने उत्तर दिया कि इनमें से अधिकांश सेवाएं अब दक्षिण, उत्तर और उत्तर पूर्व जिलों के अस्पतालों में उपलब्ध करा दी गई हैं। उसने आगे कहा कि न्यू दिल्ली जिला केंद्रीय सरकार के अस्पतालों द्वारा पर्याप्त रूप से कवर किया गया है और भूमि की अनुपलब्धता के कारण दिल्ली सरकार वहां कोई अस्पताल नहीं बना सकी।

2. ऑडिट ने आउट पेशेंट विभागों (OPD) के कार्य में गंभीर कमियों को बताया, जिसमें पंजीकरण काउंटरों और फार्मेसी काउंटरों में भारी कार्यभार और भीड़भाड़ शामिल है। उसने लोक नायक अस्पताल और चाचा नेहरू बाल चिकित्सालय की जांच की। लोक नायक अस्पताल (LNH) में प्रत्येक डॉक्टर औसतन 87 रोगियों को देख रहा था, यानी प्रति रोगी पांच मिनट से कम समय। उसने OPD में पेयजल, साफ शौचालय, उचित संकेत, बैठने की सुविधा आदि जैसी बुनियादी सुविधाओं की कमी पर भी प्रकाश डाला। उसने सिफारिश की कि, "सरकार को अपने अस्पतालों में पंजीकरण, परामर्श, निदान, सर्जरी और

फार्मेसी के लिए प्रतीक्षा समय को कम करने के लिए तत्काल उपाय करने चाहिए। सरकार को अपने अस्पतालों में बुनियादी सुविधाओं की उपलब्धता भी सुनिश्चित करनी चाहिए।"

विभाग ने उत्तर दिया कि वह नए काउंटर खोलकर, OPD में पंजीकरण के समय को बढ़ाकर इन कमियों को ठीक करने के लिए लगातार प्रयास कर रहा है। डॉक्टरों पर रोगी भार को कम करने के लिए, उसने समय पर साक्षात्कार और सीनियर/जूनियर रेसिडेंट की भर्ती करने का प्रस्ताव दिया है। उसने सुझाव दिया है कि रोगियों की प्राथमिक स्तर पर ही जांच की जाती है और केवल अधिक गंभीर रोगियों को ही तृतीयक अस्पतालों में भेजा जाता है। उसने यह भी प्रस्ताव दिया है कि, योग्य मामलों में, रोगियों को अधिक समय के लिए दवाएं दी जाती हैं ताकि उन्हें बार-बार अस्पताल न आना पड़े।

विभाग ने कहा है कि दिल्ली सरकार ने OPD/कैजुअल्टी/IPD पंजीकरण मॉड्यूल के लिए नेक्स्ट जेन ई-हॉस्पिटल प्लेटफॉर्म (HIMS - हॉस्पिटल इन्फॉर्मेशन मैनेजमेंट सिस्टम के स्थान पर) को ऑन बोर्ड किया है और फार्मेसियों सहित सभी मॉड्यूल तक इसे विस्तारित करने के लिए निर्देश जारी किए गए हैं।

बुनियादी सुविधाओं की कमी के बारे में विभाग ने उत्तर दिया है कि पेयजल, पर्याप्त बैठने की व्यवस्था, साफ शौचालय, उचित संकेत आदि के प्रावधान के लिए आवश्यक सुधारात्मक उपाय किए गए हैं। उसने कहा कि रोगी संतुष्टि का पता लगाने के लिए ऑनलाइन और ऑफलाइन दोनों तरह से रोगी प्रतिक्रिया नियमित रूप से एकत्र की जा रही है।

3. ऑडिट ने बताया कि LNH और CNBC में इनपेशेंट विभाग (IPD) सेवाओं में भी बुनियादी सुविधाओं की कमी थी। LNH में, हालांकि गायनकोलॉजी विभाग के लिए एक अलग कैजुअल्टी कार्य कर रही थी, रोगियों को सीधे वार्डों और लेबर रूम में भर्ती किया जा रहा था। वार्ड, लेबर रूम और गलियारे दवाओं और अन्य स्टोर के स्टॉक से भरे हुए थे। प्रतीक्षा क्षेत्र में शौचालय या तो काम नहीं कर रहे थे या अस्वच्छ और गंदे थे। CNBC में, जो एक पेडियाट्रिक अस्पताल है, NICU में माताओं के लिए उचित व्यवस्था नहीं थी और उन्हें पानी, बैठने की जगह या शौचालय के बिना बेसमेंट क्षेत्र का उपयोग करने के लिए मजबूर किया जा रहा था।

विभाग ने उत्तर दिया कि रोगियों और परिचारकों को सभी बुनियादी सुविधाएं प्रदान करने के लिए लगातार प्रयास किए जा रहे हैं। उसने कहा कि, LNH में शौचालयों को अब 3-4 बार साफ किया जा रहा है और उनमें से सभी कार्य कर रहे हैं। उसने यह भी कहा कि नए ब्लॉक के कार्यरत होने के बाद स्थिति और बेहतर होगी। उसने कहा कि CNBC में भी स्थिति में सुधार हुआ है और पानी, शौचालय आदि जैसी बुनियादी सुविधाएं अब उपलब्ध हैं। उसने कहा कि सभी बुनियादी सुविधाओं के साथ एक नया रोगी परिचारक प्रतीक्षा क्षेत्र बनाने का प्रस्ताव है। इसके अलावा एक छह बिस्तरों वाला M-NICU यूनिट भी प्रस्तावित है जिसमें माताएं अपने बच्चों के साथ पहली मंजिल पर रहेंगी।

4. ऑडिट ने बेड ऑक्यूपेंसी रेशियो (BOR) के संदर्भ में राजीव गांधी सुपर स्पेशियलिटी अस्पताल (RGSSH), लोक नायक अस्पताल (LNH), चाचा नेहरू बाल चिकित्सालय और जनकपुरी सुपर स्पेशियलिटी अस्पताल (JSSH) की जांच की। भारतीय सार्वजनिक स्वास्थ्य मानकों (IPHS) के अनुसार

BOR 80% होना चाहिए। ऑडिट ने पाया कि LNH और CNBC में BOR 100% से अधिक था, यानी बिस्तर एक से अधिक रोगी को आवंटित पाया गया। JSSH में BOR बहुत कम था जो अस्पताल की कम उत्पादकता को दर्शाता है।

विभाग ने उत्तर दिया कि पिछले तीन वर्षों में BOR में लगातार वृद्धि हुई है। उसने कहा कि 2024-2025 में BOR CNBC में 96.6%, RGSSH में 48.77%, JSSH में 57.73% और LNH में 78% था। उसने आश्वासन दिया कि अधिक भर्ती और नई सेवाओं की शुरुआत के साथ, RGSSH और JSSH में स्थिति और बेहतर होगी।

5. ऑडिट रिपोर्ट में बताया गया है कि सर्जरी के लिए प्रतीक्षा अवधि बहुत लंबी थी। LNH के सर्जरी विभाग में यह दो से तीन महीने और बर्न एंड प्लास्टिक विभाग में बड़ी सर्जरी के लिए छह से आठ महीने और छोटी सर्जरी के लिए तीन से चार महीने था। LNH में एक मेजर OT 2016-17 से अगस्त के समय तक काम नहीं कर रहा था। CNBC में पेडियाट्रिक सर्जरी के लिए औसत प्रतीक्षा समय बारह महीने था।

विभाग ने उत्तर दिया कि LNH में जो मेजर OT काम नहीं कर रहा था वह अब पूरी तरह से काम कर रहा है और बर्न सर्जरी का प्रतीक्षा समय पहले के छह से आठ सप्ताह से घटकर आठ से दस सप्ताह हो गया है। CNBH में, विभाग ने सूचित किया कि ENT सर्जरी के लिए प्रतीक्षा अवधि 1 से 1.5 महीने तक कम हो गई है और 3rd OT को कार्यरत करने से पेडियाट्रिक सर्जरी के लिए प्रतीक्षा समय भी कम हो गया है।

6. RGSSH में खाली पड़े ऑपरेशन थिएटरों (OTs) के बारे में ऑडिट के अवलोकन के जवाब में, विभाग ने अब उत्तर दिया है कि सात मॉड्यूलर OT का काम पूरा हो गया है। उसने आश्वासन दिया कि अन्य अस्पतालों से सर्जनों को उधार लेकर सभी OTs छह महीने के भीतर पूरी क्षमता से कार्य करेंगे।

7. ऑडिट ने राज्य रैपिड रेस्पॉन्स टीम (SRRT) के कार्य में कमियों को देखा, जो COVID महामारी के मद्देनजर 2020 में शुरू में गठित की गई थी। ऑडिट ने पाया कि RRT द्वारा सुझाई गई गतिविधियां जो COVID के प्रकोप के प्रबंधन में मदद कर सकती थीं, उन्हें लागू नहीं किया गया था।

विभाग ने उत्तर दिया है कि SRRT के सभी सुझावों का पालन किया जा रहा है। उन्होंने सूचित किया कि SRRT का पुनर्गठन प्रक्रिया में है। इसके अलावा NDMA के साथ समन्वय में DGHS की आपदा प्रबंधन सेल द्वारा एक दिल्ली विशिष्ट "बायोलॉजिकल डिजास्टर के लिए संकट प्रबंधन योजना" भी तैयार की जा रही है।

8. ऑडिट ने बताया कि अस्पतालों ने राष्ट्रीय आपदा प्रबंधन अधिनियम के प्रावधानों के अनुसार अस्पताल आपदा प्रबंधन योजना तैयार नहीं की है। विभाग ने उत्तर दिया है कि 5 अस्पतालों ने QRT के साथ HDMP तैयार की है और शेष अस्पतालों को समयबद्ध तरीके से QRT के साथ HDMP तैयार करने के लिए निर्देश जारी किए गए हैं।

9. एक विशिष्ट प्रश्न के उत्तर में विभाग ने सूचित किया कि मानकों के अनुसार संकट की स्थिति का जवाब देने के लिए सभी सरकारी अस्पतालों में QRT बनाए रखे जाते हैं। निजी अस्पतालों में QRT के बारे

में संबंधित जिला CDMO, जो जिला आपदा प्रबंधन प्राधिकरण का सदस्य है, संकट की स्थिति के दौरान सभी सरकारी और निजी अस्पतालों के साथ समन्वय करता है।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई की गई टिप्पणी वॉल्यूम-II(संलग्नक-II) में दी गई है।

समिति की टिप्पणियाँ और सिफारिशें:

समिति राजधानी दिल्ली में अस्पतालों में बुनियादी नागरिक सुविधाओं और सुविधाओं की कमी पर गंभीर चिंता व्यक्त करती है। अब किए जा रहे प्रयासों की सराहना करते हुए, समिति को लगता है कि और भी बहुत कुछ करने की जरूरत है। विभाग ने कार्रवाई का आश्वासन दिया है और ऑडिट रिपोर्ट के संबंध में सुधारात्मक कार्रवाई करने के लिए समय सीमा दी है। विभाग को ATN में दी गई समय सीमा और आश्वासनों का पालन करने के लिए सभी आवश्यक कदम उठाने चाहिए और 30.06.2026 तक न केवल जांच किए गए अस्पतालों बल्कि इसके तहत सभी सरकारी अस्पतालों/ यूनिट्स में सुधारात्मक उपाय करने चाहिए।

अध्याय IV दवाओं, औषधियों, उपकरणों और अन्य उपभोग्य सामग्रियों की उपलब्धता

(पैरा 4.1 से पैरा 4.5.7.5)

ऑडिट रिपोर्ट का सारांश, विभाग द्वारा की गई कार्रवाई और समिति की टिप्पणियां/सिफारिशें निम्नलिखित हैं:

<u>राज्य में स्वास्थ्य देखभाल सेवाओं पर ऑडिट अवलोकन</u>:

ऑडिट रिपोर्ट में देखा गया कि, "अनिवार्य दवा सूची (EDL) वार्षिक रूप से तैयार नहीं की गई थी और पिछले दस वर्षों में केवल तीन बार तैयार की गई थी।

GNCTD की औषधि नीति, 1994 चयनित दवाओं के बारे में फार्माकोलॉजिकल जानकारी के क्लिनिकली उन्मुख सारांश वाले दिल्ली राज्य फॉर्मुलरी की तैयारी के लिए हर साल एक फॉर्मुलरी समिति की स्थापना का प्रावधान करती है। ऑडिट ने नोट किया कि फॉर्मुलरी को आखिरी बार 1994 में तैयार किया गया था।

केंद्रीय खरीद एजेंसी (CPA) को GNCTD अस्पतालों के लिए दवाओं और उपकरणों की खरीद के कर्तव्यों के साथ सौंपा गया था। ऑडिट ने नोट किया कि 2016-17 से 2021-22 के दौरान, अस्पतालों को EDL में निहित 33 से 47 प्रतिशत आवश्यक दवाओं की सीधे खरीद करनी पड़ी क्योंकि CPA उन्हें वितरित करने में विफल रहा। CPA द्वारा उपकरणों की खरीद के लिए फ्लोटेड 86 निविदाओं में से केवल 24 (28 प्रतिशत) को अंततः चयनित किया गया। ऑडिट ने नोट किया कि चार जांच किए गए अस्पतालों के संबंध में CPA द्वारा अस्पतालों द्वारा मांग की गई बहुत सारी EDL दवाएं आपूर्ति नहीं की गई थीं। चूंकि CPA GNCTD के स्वास्थ्य संस्थानों के लिए समय पर दवाएं खरीदने में विफल रहा, अस्पताल अपनी दिन-प्रतिदिन की आवश्यकताओं को पूरा करने के लिए स्थानीय केमिस्टों से आवश्यक दवाएं खरीद रहे थे।

ऑडिट ने हेमोफिलिया और रेबीज जैसी दुर्लभ/घातक बीमारियों के लिए इंजेक्शन की कम आपूर्ति/कमी भी नोट की। अस्पताल उपकरणों की मरम्मत, रखरखाव, प्रतिस्थापन और निंदा की आवश्यकता की समय पर और नियमित रूप से निगरानी और मूल्यांकन करने में भी विफल रहे।

CPA द्वारा औषधि परीक्षण प्रयोगशालाओं को पैनल में शामिल करने में देरी हुई। यह भी सुनिश्चित करने में विफल रहा कि पैनल में शामिल प्रयोगशालाओं के पास दवाओं के परीक्षण के लिए वैध राष्ट्रीय मान्यता बोर्ड फोर टेस्टिंग एंड कैलिब्रेशन लेबोरेटरीज (NABL) मान्यता है। CPA ने पैनल में शामिल प्रयोगशालाओं से परीक्षण रिपोर्ट प्राप्त करने से पहले उपयोगकर्ता विभाग को दवाएं जारी कीं। CPA द्वारा खरीदी गई दवाएं आपूर्तिकर्ताओं द्वारा सीधे अस्पतालों को आपूर्ति की जाती हैं। निर्धारित आपूर्ति अवधि के बाद, पैनल में शामिल प्रयोगशालाओं में गुणवत्ता परीक्षण के लिए CPA द्वारा अस्पतालों से नमूने उठाए जाते हैं। ऑडिट ने नोट किया कि CPA से दवाएं प्राप्त करने और आपूर्ति की गई दवाओं की गुणवत्ता के बारे में

परीक्षण रिपोर्ट प्राप्त करने के बीच दो से तीन महीने का समय अंतर था। ऑडिट ने नोट किया कि CPA द्वारा आपूर्ति की गई कुछ दवाएं बाद में प्रयोगशाला द्वारा निम्न गुणवत्ता की बताई गईं। इसके अलावा, कुछ मामलों में निम्न गुणवत्ता वाली दवाओं का उपयोग अस्पतालों में किया गया। ऑडिट ने ब्लैकलिस्टेड और डिबार्ड फर्मों से दवाओं की खरीद भी देखी। मेडिकल कॉलेज विनियमों के मानदंडों के अनुसार जांच किए गए कॉलेजों/हास्पिटल्स में लेब/विभागों में उपकरणों की कमी थी।

C&AG की सिफारिशें:

4.1 सरकार को औषधि नीति में कल्पना के अनुसार वार्षिक आधार पर EDL तैयार करना चाहिए।

4.2 सरकार को डॉक्टरों/फार्मासिस्टों को दवाएं लिखने और वितरित करने में सुविधा के लिए एक दिल्ली राज्य फॉर्मुलरी तैयार करने के लिए उपाय करना चाहिए।

4.3 दवाओं के परीक्षण के लिए दवाओं के नमूने इस तरह उठाए जाने चाहिए कि दवाओं की डिलीवरी और परीक्षण रिपोर्ट के बीच कोई समय अंतर न हो ताकि अस्पतालों में निम्न गुणवत्ता वाली दवाओं के उपयोग से बचा जा सके।

4.4 सरकार को सार्वजनिक स्वास्थ्य सुविधाओं में सुरक्षित और प्रभावी दवाएं प्रदान करने के लिए अच्छी गुणवत्ता नियंत्रण और आश्वासन प्रणाली पर जोर देना चाहिए।

4.5 सरकार पैनल में शामिल प्रयोगशालाओं की परीक्षण रिपोर्ट की प्रभावकारिता की जांच करने के लिए सरकार या किसी अन्य प्रयोगशाला से एक तंत्र विकसित कर सकती है।

4.6 सरकार को यह जांचने के लिए एक तंत्र विकसित करना चाहिए कि आवश्यक दवाएं आपूर्ति करने वाली फर्में गुणवत्ता मुद्दों के लिए अन्य राज्यों द्वारा डिबार्ड नहीं हैं। सरकार को ब्लैकलिस्टेड फर्मों से दवाओं की खरीद के लापरवाही के लिए जिम्मेदारी भी तय करनी चाहिए।

4.7 सरकार को मेडिकल कॉलेज विनियमों के अनुसार मेडिकल कॉलेजों में लेब/विभागों में उपकरणों की उपलब्धता सुनिश्चित करनी चाहिए।

विभाग द्वारा की गई कार्रवाई:

अपनी लिखित प्रस्तुतियों और मौखिक बयान के माध्यम से विभाग ने ऑडिट के अवलोकनों के जवाब में उनके द्वारा की गई कार्रवाई की जानकारी दी, जिसका संक्षेप में नीचे वर्णन किया गया है। विभाग ने कहा कि:

1. ऑडिट ने बताया कि दिल्ली की औषधि नीति के अनुसार आवश्यक दवा सूची (EDL) वार्षिक रूप से तैयार नहीं की जा रही थी। विभाग ने उत्तर दिया है कि उसने डिस्पेंसरी और अस्पतालों के लिए आवश्यक दवा सूची को अंतिम रूप दे दिया है और EDL का भविष्य में अद्यतन वार्षिक रूप से किया जाएगा।

2. ऑडिट ने बताया कि विभाग ने 1994 के बाद दिल्ली राज्य फॉर्मुलरी तैयार नहीं की थी (फॉर्मुलरी एक मैनुअल है जिसमें दवाओं के नुस्खे और वितरण के बारे में फार्माकोलॉजिकल, प्रशासनिक और नियामक जानकारी होती है)। विभाग ने अब सूचित किया है कि फॉर्मुलरी छह महीने के भीतर तैयार की जाएगी।

3. ऑडिट रिपोर्ट में देखा गया था कि हालांकि केंद्रीय खरीद एजेंसी (CPA) को GNCTD अस्पतालों के लिए दवाओं और उपकरणों की खरीद के कर्तव्यों के साथ सौंपा गया था, अस्पतालों को EDL में निहित 33 से 47 प्रतिशत आवश्यक दवाओं की सीधे खरीद करनी पड़ी क्योंकि CPA 2016-17 से 2021-22 के दौरान उन्हें वितरित करने में विफल रहा। विभाग ने उत्तर दिया कि CPA का पुनर्गठन और सुधार किया गया है और दवाओं की पर्याप्त उपलब्धता सुनिश्चित करने के लिए EDL में दवाओं के लिए निविदाएं जारी की गई हैं।

4. ऑडिट रिपोर्ट के अनुसार, निविदा दस्तावेज में प्रावधान था कि, दवा के आपूर्तिकर्ता के चूक/विलंबित आपूर्ति की घटना में, CPA वैकल्पिक स्रोत से इसकी खरीद को प्रभावित कर सकता है और आपूर्तिकर्ता से अंतर लागत/ जोखिम खरीद राशि वसूल की जाएगी। यदि तीन या अधिक आपूर्ति आदेशों के लिए चूक हुई, तो CPA आपूर्तिकर्ता को ब्लैकलिस्ट कर सकता है। विभाग ने 2016-17 से 2021-2022 की अवधि के लिए इस खाते में वसूल की जाने वाली कुल राशि प्रदान नहीं की। यह भी पता चला कि चूक के बावजूद, तीन आपूर्तिकर्ताओं को दोहराए गए आदेश दिए गए थे।

विभाग ने उत्तर दिया कि CPA चूक करने वाली फर्मों का डेटा बेस बनाने के लिए रणनीति तैयार करने की प्रक्रिया में है और निविदा शर्तों का सख्ती से पालन किया जाएगा।

5. ऑडिट ने देखा कि CPA द्वारा दवाओं/सर्जिकल/उपभोग्य वस्तुओं की आपूर्ति करने में विफलता के कारण, अस्पतालों को इन वस्तुओं की स्थानीय खरीद करनी पड़ी। उसने LNH और CNBC की जांच की। उसने बताया कि LNH ने वार्षिक आवश्यकता का अनुमान 2.7 करोड़ रुपये लगाया था जबकि वास्तविक खरीद बहुत अधिक थी (2016-17 में 5.37 करोड़ रुपये से 2020-21 में 32.33 करोड़ रुपये)। CNBH में पाया गया कि स्थानीय खरीद के बावजूद, आपूर्ति की डिलीवरी दो दिनों से अधिक समय ले रही थी।

विभाग ने उत्तर दिया है कि स्थानीय खरीद को कम करने के लिए निर्देश जारी किए गए हैं और केवल CPA के माध्यम से खरीद की जाएगी।

6. ऑडिट ने बताया कि, NCT दिल्ली की औषधि नीति (1994) के अनुसार, दवा भंडारण और सूची नियंत्रण की आधुनिक तकनीकों को सुनिश्चित करने के लिए चार केंद्रीय औषधि खरीद, भंडारण और वितरण केंद्र स्थापित किए जाने थे। हालांकि, ये अभी तक स्थापित नहीं किए गए हैं। विभाग ने सूचित किया

कि वह तमिलनाडु मेडिकल सप्लाई कॉर्पोरेशन वेयरहाउस की तर्ज पर एक वेयरहाउस बनाने की प्रक्रिया में है और इसे सक्षम प्राधिकारी के समक्ष रखा जाएगा। उसने सूचित किया कि इस उद्देश्य के लिए लगभग एक वर्ष लग सकता है।

7. ऑडिट रिपोर्ट में पता चला कि दवाओं की गुणवत्ता की जांच से पहले अस्पतालों में दवाएं खपत की गई थीं। पैनल में शामिल प्रयोगशालाओं में गुणवत्ता परीक्षण में दो से तीन महीने लगते हैं। विभाग ने सूचित किया कि दवाओं/औषधियों को गुणवत्ता जांच के बाद वितरित करने के निर्देश जारी किए गए हैं। पैनल में शामिल प्रयोगशालाओं को भी रिपोर्टिंग प्रक्रिया को तेज करने के निर्देश दिए गए हैं।

8. NABL और औषधि नियंत्रण विभाग की पात्रता मानदंडों को पूरा करने वाली प्रयोगशालाओं के पैनल में शामिल करने में देरी के बारे में, विभाग ने सूचित किया है कि NABL मान्यता प्राप्त 7 प्रयोगशालाओं को पैनल में शामिल किया गया है।

9. ऑडिट ने नोट किया कि CPA के पास पैनल में शामिल प्रयोगशालाओं की प्रभावकारिता को सत्यापित करने के लिए कोई तंत्र नहीं था। नमूनों को यादृच्छिक आधार पर अन्य सरकारी/पैनल में शामिल प्रयोगशालाओं में नहीं भेजा जा रहा था। दो पैनल में शामिल प्रयोगशालाओं को अन्य राज्यों में ब्लैकलिस्ट किया गया था और नमूने अनुमोदित सूची में नहीं होने वाली प्रयोगशाला में भी भेजे गए थे।

विभाग ने उत्तर दिया कि पैनल में शामिल करने के लिए निविदा में एक नया खंड जोड़ा जा रहा है जिसमें कहा गया है कि '5% नमूने एक साथ दो पैनल में शामिल प्रयोगशालाओं में भेजे जा सकते हैं'। उसने यह भी कहा कि 2024-2025 में, 695 नमूने नियमित आधार पर परीक्षण के लिए भेजे गए थे और दो नमूने NSQ (पर्याप्त गुणवत्ता के नहीं) थे। 23 नमूने शिकायत के आधार पर परीक्षण के लिए भेजे गए थे और इनमें से 10 NSQ पाए गए थे।

10. ऑडिट ने बताया कि विभाग भारत में अन्य संस्थानों द्वारा ब्लैकलिस्ट/डिबार्ड किए जाने को सुनिश्चित किए बिना फर्मों से दवाएं खरीद रहा था। विभाग ने आश्वासन दिया है कि भविष्य की निविदाओं में इन पहलुओं को सुनिश्चित करने के लिए औपचारिक संचार जारी किया जाएगा।

11. DGHS द्वारा 2016 में जारी फार्मासिस्टों के लिए मानक संचालन प्रक्रिया के अनुसार, सभी अस्पतालों को उपयोग के सभी चरणों में दवाओं के प्रबंधन की गुणवत्ता में सुधार के लिए पहले कदम के रूप में औषधि चिकित्सीय समितियों की स्थापना करने की आवश्यकता थी। इसमें नुस्खे ऑडिट करने की आवश्यकता थी जिसमें कहा गया था कि नुस्खे स्पष्ट, पठनीय हस्तलेख में डॉक्टर के नाम, स्टैम्प और तिथि के साथ लिखे जाने चाहिए। डॉक्टरों को केवल EDL में होने वाली जेनेरिक दवाएं लिखने की आवश्यकता थी। जांच किए गए अस्पतालों में नुस्खे ऑडिट में पता चला कि, खुराक/सही शक्ति का उल्लेख नहीं किया गया था; ज्ञात एलर्जी का दस्तावेजीकरण नहीं किया गया था; ब्रांडेड दवाएं निर्धारित की जा रही थीं और तर्कहीन उपयोग/अधिक नुस्खे थे। अस्पतालों ने उत्तर दिया कि डॉक्टरों को संवेदनशील बनाने के लिए इंडक्शन प्रशिक्षण और विशेष व्याख्यान आयोजित किए जा रहे हैं। नुस्खे लिखने में अनियमितताओं को कम करने के लिए नियमित नुस्खे ऑडिट भी किए जा रहे हैं।

12. ऑडिट ने देखा कि लाइन प्रोब एस्से (LPA) परीक्षण सुविधाओं की कमी के कारण, टीबी रोगियों को जो मल्टी ड्रग रेसिस्टेंट (MDR) थे, उन्हें गलत तरीके से पहली पंक्ति की एंटी-टीबी दवाएं निर्धारित की जा रही थीं। विभाग ने सूचित किया है कि वर्तमान में LPA परीक्षण परिणामों में देरी हो रही है और LPA रिपोर्ट के अनुसार रोगियों को सही उपचार पर शुरू किया जा रहा है।

13. ऑडिट ने उदाहरणों के साथ बताया कि विभाग जनरल फिनेंशियल रूल्स, 2017 के प्रावधानों के अनुसार प्रभावी प्रणाली के लिए इन्वेंट्री नियंत्रण का पालन नहीं कर रहा था। LNH और RGSSH की जांच से पता चला कि वार्षिक भौतिक सत्यापन नहीं किया जा रहा था, LNH के उपकरण स्टोर में निष्क्रिय स्टॉक था, स्टॉक रजिस्टरों में विसंगतियां थीं, स्टॉक और भंडारण के गलत प्रबंधन के कारण बड़ी मात्रा में दवाएं समाप्त हो गई थीं, और दवाओं, इंजेक्शन, टैबलेट और सिरप/ मलहम का भंडारण निर्धारित मानकों के अनुसार नहीं किया जा रहा था।

ऑडिट ने RGSSH में भी गंभीर अनियमितताएं पाईं, जहां समाप्ति तिथि को भविष्य की तिथि में बदलकर समाप्त दवाएं जारी की गई थीं।

विभाग ने जवाब दिया कि अब मार्च में हर साल भौतिक स्टॉक सत्यापन किया जा रहा है। उसने दावा किया कि फेजेड तरीके से नेक्स्ट जेन ई-हॉस्पिटल सॉफ्टवेयर शुरू किया जा रहा है, साथ ही भौतिक स्टॉक रजिस्टर का उचित रखरखाव किया जा रहा है, जिससे ऐसी विसंगतियां फिर से नहीं होंगी। उसने यह भी आश्वासन दिया कि दवाओं और औषधियों के उचित भंडारण को सुनिश्चित करने के लिए सभी सुधारात्मक उपाय किए जा रहे हैं।

14. ऑडिट ने मुख्य रूप से CPA द्वारा समय पर दवाएं खरीदने में विफलता के कारण दवाओं और औषधियों की अनुपलब्धता पर भी प्रकाश डाला। उसने LNH, RGSSH और CNBC की जांच की और पाया कि LNH में हेमोफिलिया इंजेक्शन की उपलब्धता सुनिश्चित नहीं की गई थी; मातृ स्वास्थ्य के लिए निर्धारित दवाओं की खरीद में ढील थी; सरकारी अस्पतालों में एंटी रेबीज वैक्सीन उपलब्ध नहीं थे; और टीबी के लिए आवश्यक दवाएं रिजर्व में उपलब्ध नहीं थीं।

CAG की सिफारिश 4.3 के जवाब में, विभाग ने कहा था कि CPA को ओवरहॉल और पुनर्गठित किया गया है और दवाओं की पर्याप्त उपलब्धता सुनिश्चित करने के लिए EDL में दवाओं के लिए टेंडर जारी किए गए हैं। जांच किए गए अस्पतालों ने जवाब दिया कि अब आवश्यक दवाओं की 100% उपलब्धता सुनिश्चित की जा रही है और CPA द्वारा दवाएं आपूर्ति करने में असमर्थ होने की स्थिति में, अस्पताल GeM, रेट कॉन्ट्रैक्ट, स्थानीय खरीद और प्रधान मंत्री जन औषधि केंद्रों जैसे अनुमोदित वैकल्पिक स्रोतों के माध्यम से इनकी खरीद कर रहे हैं।

15. इसी तरह, ऑडिट ने उपकरणों की खरीद और उपलब्धता में विसंगतियों और अनियमितताओं का भी खुलासा किया। CPA और अन्य अस्पतालों के ऑडिट के आधार पर, ऑडिट ने बताया कि CPA द्वारा उपकरणों की खरीद में अनियमितताएं थीं; अस्पतालों द्वारा खरीद में देरी; संपत्ति रजिस्टरों का रखरखाव नहीं; टेंडर प्रक्रिया शुरू करने में देरी; उपकरणों के जारी/ स्थापना में देरी; और MAMC और LNH के लाब/ विभागों में उपकरणों की कमी।

अपने जवाब में, विभाग ने कहा कि 06.06.2025 के आदेश के अनुसार, अब सभी दवाओं और औषधियों की आपूर्ति केवल CPA के माध्यम से की जाएगी। उसने कहा कि चिकित्सा आपूर्ति और उपकरणों के मूल्यांकन, विशिष्टता ड्राफ्टिंग और मूल्यांकन की गुणवत्ता में सुधार के लिए CPA में अधिक चिकित्सा अधिकारियों को तैनात किया गया है; पर्याप्त तकनीकी और मंत्रालयिक स्टाफ भी तैनात किया गया है; अस्पतालों और CPA के बीच सक्रिय और निरंतर समन्वय स्थापित किया गया है; मजबूत टेंडर अंतिमकरण तंत्र अपनाया गया है; और e-procurement, तेजी से संचार और बेहतर रिकॉर्ड प्रबंधन के लिए पर्याप्त IT उपकरण, बेहतर हार्डवेयर, मजबूत नेट कनेक्टिविटी प्रदान की गई है।

16. समिति के आगे के प्रश्न का जवाब देते हुए, विभाग ने बताया कि GNCTD के सभी अस्पतालों में दवाओं की उपलब्धता में सुधार हुआ है। वर्तमान में दवाओं का कुल चल रहा अनुबंध 545 है और केंद्रीय स्तर पर स्थानीय खरीद केमिस्ट को 3 महीने के लिए अंतिम रूप दिया गया है। केंद्रीय खरीद एजेंसी (CPA) के कामकाज में भी निम्नलिखित कदम उठाकर सुधार किया गया है:

(i) फाइल प्रबंधन में सुधार और खरीद से संबंधित गतिविधियों को समय पर संभालने के लिए CPA में पर्याप्त मानव शक्ति तैनात की गई है।

(ii) CPA में पर्याप्त IT उपकरण, बेहतर हार्डवेयर सुविधाएं और तेज और विश्वसनीय इंटरनेट कनेक्टिविटी स्थापित की गई है।

(iii) DGHS के तहत सभी अस्पतालों के साथ विभिन्न प्रकार के संचार स्थापित किए गए हैं।

(iv) सटीक मांग प्रक्षेपण, समय पर आवश्यकताओं की प्रस्तुति और खरीद से संबंधित मुद्दों के त्वरित समाधान को सुनिश्चित करने के लिए समीक्षा बैठकें और प्रतिक्रिया तंत्र स्थापित किए गए हैं।

(v) आवश्यकताओं की समय पर प्रस्तुति, और खरीद से संबंधित मुद्दों का त्वरित समाधान।

(vi) GeM, E-Procurement और E-Office से संबंधित CPA स्टाफ का आवधिक प्रशिक्षण विशेषज्ञों द्वारा प्रदान किया गया है।

(vii) विभिन्न वस्तुओं के उचित भंडारण को सुनिश्चित करने के लिए CPA के तहत चार अतिरिक्त गोदाम स्थापित किए गए हैं।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई रिपोर्ट वॉल्यूम-II(संलग्नक-III) में रखी गई है ।

<u>समिति की टिप्पणियाँ और सिफारिशें</u>:

1. विभाग को अपने ATNs में दी गई समयसीमा और आश्वासनों का पालन करने के लिए सभी आवश्यक कदम उठाने चाहिए और न केवल जांच किए गए अस्पतालों में बल्कि इसके तहत सभी सरकारी अस्पतालों/ इकाइयों में 30.06.2026 तक सुधारात्मक उपाय करने चाहिए ।

2. विभाग ने अब कहा है कि भविष्य में सभी खरीद CPA द्वारा की जाएगी। एक ही स्रोत पर निर्भर रहते हुए, विभाग को यह सुनिश्चित करना चाहिए कि आवश्यकता के वास्तविक अनुमान, त्वरित खरीद, पर्याप्त स्टॉक, त्वरित वितरण और सही इन्वेंट्री प्रबंधन के लिए पर्याप्त सुरक्षा उपाय हों ताकि कोई भी अस्पताल या स्वास्थ्य इकाई एक दिन के लिए भी स्टॉक से बाहर न रहे। टेंडर जारी करने, खरीद, वितरण और स्टॉक की पूरी प्रक्रिया को कंप्यूटरीकृत और पारदर्शी तरीके से सुव्यवस्थित किया जाना चाहिए ताकि लाभकारी या गबन से बचा जा सके।

3. दिल्ली की दवा नीति (1994) के अनुसार, केंद्रीय दवा खरीद, भंडारण और वितरण केंद्रों की पर्याप्त संख्या, अधिमानतः जिला-वार, विभाग द्वारा आश्वासन के अनुसार एक वर्ष के भीतर स्थापित की जानी चाहिए।

4. विभाग को यह सुनिश्चित करना चाहिए कि NABL और ड्रग्स कंट्रोल विभाग के मानकों का पालन करने वाली अधिक गुणवत्ता वाली प्रयोगशालाएं पंजीकृत हों ताकि दवाओं की गुणवत्ता जांच में कोई देरी न हो। आपूर्तिकर्ताओं और निर्माताओं के खिलाफ सख्त कार्रवाई की जानी चाहिए जिनके नमूने गुणवत्ता जांच में विफल हो जाते हैं। 01.01.2026 से 30.06.2026 की अवधि के लिए ऐसे डिफॉल्टरों के खिलाफ की गई कार्रवाई का विवरण PAC की रिपोर्ट पर विभाग की कार्रवाई रिपोर्ट (ATR) में शामिल किया जाना चाहिए।

5. प्रिस्क्रिप्शन ऑडिट के परिणामों के बारे में ऑडिट की टिप्पणी चिंताजनक है। यह उम्मीद है कि नेक्स्ट जेन ई-हेल्थ प्लेटफ़ॉर्म में प्रिस्क्रिप्शन जारी करने के लिए भी एक मॉड्यूल है। यदि नहीं, तो इसे शामिल किया जाना चाहिए ताकि ऑडिट द्वारा बताए गए हस्तलिखित प्रिस्क्रिप्शन और अन्य अनियमितताओं से बचा जा सके। निर्धारित मानकों के अनुसार प्रिस्क्रिप्शन पूरा करने के लिए चिकित्सा अधिकारियों के लिए पूर्व-भरे और ड्रॉपडाउन विकल्पों के साथ एक कंप्यूटरीकृत टेम्पलेट सुविधाजनक होगा। 01.01.2026 से 30.06.2026 की अवधि के लिए सभी अस्पतालों में किए गए प्रिस्क्रिप्शन ऑडिट का विवरण ATR में प्रदान किया जाना चाहिए।

6. विभाग 2016-2017 से आपूर्तिकर्ताओं से अंतर लागत/ जोखिम खरीद को वसूल करने में विफल रहा। ऑडिट ने दोहराए गए आदेशों और ब्लैकलिस्टेड फर्मों से खरीद जैसी अन्य गंभीर अनियमितताओं को भी बताया। विभाग को आपूर्तिकर्ताओं से अंतर लागत/ जोखिम खरीद राशि वसूल करने के लिए सभी संभव कदम उठाने चाहिए। यदि यह पाया जाता है कि इन लेशनों में बेईमानी की गई है, तो इन प्रक्रियाओं में शामिल व्यक्तियों के खिलाफ सख्त अनुशासनात्मक कार्रवाई भी शुरू की जानी चाहिए।

अध्याय V स्वास्थ्य देखभाल अवसंरचना

(पैरा 5.1 से पैरा 5.2.8.2)

ऑडिट रिपोर्ट, विभाग द्वारा की गई कार्रवाई और समिति की टिप्पणियों/ सिफारिशों का सारांश निम्नलिखित है:

<u>राज्य में स्वास्थ्य देखभाल अवसंरचना की उपलब्धता और प्रबंधन पर ऑडिट अवलोकन</u>:

C&AG ऑडिट ने खुलासा किया कि, "सरकार ने स्वास्थ्य सुविधाओं में कमी वाले जिलों की पहचान करने के लिए कोई आवश्यकता-आधारित मूल्यांकन नहीं किया।

2016-17 के बजट भाषण में प्रस्तावित 10,000 बिस्तरों के अतिरिक्त के विरुद्ध, 2016-17 से 2020-21 के दौरान केवल 1,357 बिस्तर जोड़े गए।

विभाग छह से 15 वर्षों की अवधि के लिए कब्जे में होने के बावजूद, अस्पतालों और डिस्पेंसरी की स्थापना के लिए ₹ 648.05 लाख की लागत से अधिग्रहित 15 भूखंडों में से किसी का भी उपयोग करने में असमर्थ था। ऑडिट अवधि के दौरान निर्माणाधीन आठ नए अस्पतालों में से केवल तीन पूरे हुए थे। अस्पताल परियोजनाओं के पूरा होने में छह साल तक की देरी हुई

जनकपुरी सुपर स्पेशियलिटी अस्पताल (JSSH) और राजीव गांधी सुपर स्पेशियलिटी अस्पताल (RGSSH) मेमोरेंडम ऑफ एसोसिएशन में कल्पना के अनुसार सुपर स्पेशियलिटी तृतीयक देखभाल प्रदान नहीं कर सके, क्योंकि कमजोर निगरानी और एक व्यवहार्य व्यावसायिक मॉडल विकसित करने में विफलता थी। जांच किए गए अस्पतालों में विभिन्न निर्माण और अवसंरचना परियोजनाओं के पूरा होने में देरी हुई।

गरीब मरीजों के लिए निःशुल्क डायलिसिस के लिए PPP मोड के तहत स्थापित कई डायलिसिस मशीनें अनुपयुक्त जल विश्लेषण रिपोर्ट के कारण एक अस्पताल में उपयोग में नहीं थीं।

<u>C&AG की सिफारिशें</u>:

5.1 सरकार दिल्ली में स्वास्थ्य देखभाल अवसंरचना के समतुल्य वितरण को सुनिश्चित करने के लिए आवश्यकता-आधारित मूल्यांकन कर सकती है।

5.2 सरकार NHP 2017 के अनुसार दिल्ली सरकार के अस्पतालों में बिस्तर की उपलब्धता को प्रति हजार जनसंख्या पर दो बिस्तरों तक बढ़ाने का प्रयास कर सकती है।

5.3 सरकार अपने स्वास्थ्य देखभाल सुविधाओं में अधिकतम कार्यात्मक बिस्तरों को सुनिश्चित करने के लिए समयबद्ध तरीके से अपनी गतिविधियों की योजना और निष्पादन कर सकती है।

5.4 गरीब मरीजों को निःशुल्क डायलिसिस के लिए डायलिसिस सेंटर में मशीनें स्थापित करने के लिए समय पर प्रयास किए जाने चाहिए।

5.5 सरकार अपने दो सुपर स्पेशियलिटी अस्पतालों, राजीव गांधी सुपर स्पेशियलिटी अस्पताल और जनकपुरी सुपर स्पेशियलिटी अस्पताल में निर्मित सुविधाओं का उपयोग सुनिश्चित करने के लिए कदम उठा सकती है।

5.6 सरकार को स्वास्थ्य विभाग/ PWD और भूमि-स्वामित्व एजेंसियों के साथ समन्वय करने की आवश्यकता है ताकि अधिग्रहित भूखंडों का उपयोग समयबद्ध तरीके से स्वास्थ्य देखभाल सुविधाओं के निर्माण के लिए किया जा सके।

5.7 सरकार को स्वास्थ्य देखभाल अवसंरचना के पूरा होने में देरी से बचने के लिए सभी चल रहे कार्यों की बारीकी से निगरानी करने की आवश्यकता है।"

<u>विभाग द्वारा की गई कार्रवाई:</u>

1. ऑडिट रिपोर्ट में देखा गया कि सरकारी अस्पताल दिल्ली के विभिन्न जिलों में समान रूप से वितरित नहीं थे। 27 जिला अस्पतालों में से, उत्तर पूर्व और दक्षिण पूर्व दिल्ली में केवल एक अस्पताल था और न्यू दिल्ली में कोई नहीं था। विभाग ने जवाब दिया कि नई अस्पतालों की योजना पहुंच और भूमि की उपलब्धता के आधार पर बनाई जाएगी।

2. ऑडिट ने बताया कि दिल्ली सरकार के अस्पतालों में बिस्तर-जनसंख्या अनुपात 0.68 था, जबकि प्रति 1000 लोगों पर 2 बिस्तरों का वांछनीय अनुपात था और कुल उपलब्ध बिस्तरों में से 50% निजी संस्थानों में थे। इससे पता चलता है कि जनता स्वास्थ्य देखभाल के लिए निजी संस्थानों पर भारी निर्भर थी। इसमें कहा गया है कि सरकार ने अपने बजट प्रस्ताव में 2016-2017 में 10000 बिस्तरों, 2017-2018 में 15000 बिस्तरों और 2019-2020 और 2020-2021 में 7000 नए बिस्तरों को जोड़ने का प्रस्ताव दिया था।

विभाग ने तथ्यों को स्वीकार किया और माना कि 2016-2017 से 2020-2021 के दौरान दिल्ली सरकार के अस्पतालों में केवल 1235 बिस्तर जोड़े गए थे। 26 दिसंबर 2025 के जवाब में, विभाग ने सूचित किया कि 2025 में 1679 बिस्तर और 2026 में 1193 बिस्तर विभिन्न अस्पताल परियोजनाओं के साथ जोड़े जाएंगे।

3. ऑडिट ने देखा कि जनकपुरी सुपर स्पेशियलिटी अस्पताल और राजीव गांधी सुपर स्पेशियलिटी अस्पताल अधिकांशतः गुणवत्ता वाले मानव शक्ति की कमी के कारण इत्यादि स्तर पर कार्य नहीं कर रहे थे। सुपर तृतीयक स्तर के उपचार के लिए शिक्षण संकाय को आकर्षित करने के लिए पदोन्नति और कैरियर प्रगति का कोई प्रावधान नहीं था।

विभाग ने सूचित किया कि संकायों के वेतन AIIMS के बराबर बढ़ाए गए थे और रिक्तियों को भरने के लिए नियमित अंतराल पर पदों का विज्ञापन किया जा रहा था ताकि इन अस्पतालों में सभी विभागों और पाठ्यक्रमों का संचालन किया जा सके।

4. ऑडिट ने बताया कि RGSSH के 54 सीनियर रेसिडेंट या 48 जूनियर रेसिडेंट में से कोई भी छात्रावास सुविधाओं का उपयोग नहीं कर रहा था। उपलब्ध 130 कमरों में से 92 कमरों का उपयोग कार्यालय/ स्टोर के रूप में किया जा रहा था और शेष 38 कमरे खाली थे।

विभाग ने सूचित किया कि मेस, खेल क्षेत्र, अध्ययन कक्ष आदि जैसी मूलभूत सुविधाओं की अनुपलब्धता के कारण निवासी छात्रावास में रहने को प्राथमिकता नहीं देते थे। इसके अलावा, निवासियों को भुगतान किया जाने वाला हाउस रेंट भत्ता आसपास के फ्लैटों के बाजार किराए से अधिक था। उसने आश्वासन दिया कि अतिरिक्त सेवाएं प्रदान करने के लिए एक विस्तृत प्रस्ताव शासी परिषद के अनुमोदन के लिए प्रस्तुत किया जाएगा, जिसके बाद छात्रावास की अधिभोगिता में सुधार होगा।

5. ऑडिट की टिप्पणी के जवाब में कि LNH में कैजुअल्टी ब्लॉक के पुनर्निर्माण के लिए नियोजित मूल्यांकन नहीं किया गया था, विभाग ने जवाब दिया कि 6वें, 7वें और 8वें मंजिल पर पुनर्निर्माण कार्य पूरा हो गया था और शेष ढाई वर्षों में पूरा किया जाएगा।

6. ऑडिट ने बताया कि अठारह मामलों में, विभाग (DGHS) भूमि-स्वामित्व एजेंसियों द्वारा आवंटित भूमि का कब्जा सुरक्षित करने में विफल रहा, कुछ मामलों में भुगतान करने के बावजूद भी। उसने 2007 से 2015 के दौरान अधिग्रहित 15 भूखंडों का उपयोग करने में भी विफल रहा, जो छह से पंद्रह वर्षों की अवधि के लिए थे।

विभाग ने जवाब दिया कि उसने तीन मामलों में कब्जा लिया था और अन्य मामलों के लिए पत्राचार किया जा रहा था। उसने यह भी सूचित किया कि गांव हरेवाली में DDA की भूमि अब नहीं ली जा सकती है क्योंकि भूमि अब ग्रीन बेल्ट के तहत है।

7. ऑडिट ने देखा कि अस्पतालों के निर्माण कार्य में काफी देरी और लागत में वृद्धि हुई थी। IGH द्वारका का कार्य पांच साल की देरी के बाद पूरा हुआ था। बुरारी में अस्पताल छह साल की देरी के बाद पूरा हुआ था। मादीपुर, ज्वालापुरी, हस्सल और सिरसपुर में चार अस्पतालों में से कोई भी निर्धारित समय में पूरा नहीं किया जा सका।

विभाग ने जवाब दिया कि द्वारका और बुरारी में अस्पताल अब कार्यात्मक हैं। उसने कहा कि कैबिनेट ने मादीपुर, ज्वालापुरी, हस्सल और सिरसपुर में चार अस्पतालों और सात अर्ध-स्थायी/ अस्थायी अस्पतालों को PPP आधार पर चालू करने का निर्णय लिया है और ट्रांजैक्शन एडवाइजर की नियुक्ति के लिए निविदाएं 2 जनवरी 2026 को खोली जाएंगी। उसने सूचित किया कि एक बार ट्रांजैक्शन एडवाइजर की नियुक्ति हो जाने के बाद, इन अस्पतालों के संचालन के लिए कॉन्सेशनेयर को नौ महीनों में ऑनबोर्ड किया जाएगा। विभाग द्वारा प्रस्तुत जानकारी के अनुसार, इनमें से किसी भी अस्पताल में निर्माण कार्य अभी तक पूरा नहीं हुआ है।

8. Test checks के आधार पर, ऑडिट ने बताया कि LNH में टेरिटरी केयर कैंसर सेंटर (TCCC) की स्थापना में देरी; LNH और JSSH में मॉड्यूलर ऑपरेशन थियेटर की स्थापना में देरी; JSSH में मेडिकल गैस पाइपलाइन की स्थापना में देरी, LNH और MAMC में भूमि के अतिक्रमण; और LNH नर्सिंग कॉलेज में अवसंरचना को अपग्रेड करने में विफलता।

विभाग ने सूचित किया कि LNH में TCCC अब कार्यात्मक है। हालांकि, यह ऑडिट की अन्य टिप्पणियों को संतोषजनक ढंग से संबोधित करने में सक्षम नहीं था।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई रिपोर्ट वॉल्यूम-II(संलग्नक-IV) में रखी गई है ।

<u>समिति की टिप्पणियाँ और सिफारिशें</u>:

1. विभाग को अपने ATNs में दी गई समयसीमा और आश्वासनों का पालन करने के लिए सभी आवश्यक कदम उठाने चाहिए और न केवल जांच किए गए अस्पतालों में बल्कि इसके तहत सभी सरकारी अस्पतालों/ इकाइयों में 30.06.2026 तक सुधारात्मक उपाय करने चाहिए ।

2. स्वास्थ्य सेवाओं के लिए भूमि अधिग्रहण में देरी, भूमि अधिग्रहण के बाद निर्माण में देरी, निर्माण कार्य के निष्पादन में देरी, अतिक्रमण हटाने आदि के लिए उच्चतम स्तर पर विभिन्न एजेंसियों के बीच सख्त निगरानी और समन्वय की आवश्यकता है। स्वास्थ्य क्षेत्र के सर्वोपरि महत्व को ध्यान में रखते हुए, समिति अनुशंसा करती है कि मुख्य सचिव अनावश्यक देरी और लागत वृद्धि से बचने के लिए इन गतिविधियों की समय-समय पर निगरानी के लिए उच्च-स्तरीय समिति का नेतृत्व करें ।

अध्याय VI वित्तीय प्रबंधन

(पैरा 6.1 से पैरा 6.9)

ऑडिट रिपोर्ट, विभाग द्वारा की गई कार्रवाई और समिति की टिप्पणियों/ सिफारिशों का सारांश निम्नलिखित है:

<u>वित्तीय प्रबंधन पर ऑडिट अवलोकन</u>:

C&AG की रिपोर्ट में कहा गया है, "2016-17 से 2021-22 के दौरान GNCTD द्वारा स्वास्थ्य क्षेत्र के लिए आवंटित बजट के मुकाबले 8.64 प्रतिशत (2021-22) से 23.49 प्रतिशत (2016-17) की बचत हुई। 2016-17 से 2021-22 के दौरान स्वास्थ्य अवसंरचना के लिए बजट के मुकाबले 13.29 प्रतिशत (2021-22) से 78.41 प्रतिशत (2018-19) की बचत हुई।

GNCTD ने 2021-22 के दौरान अपने कुल व्यय का 12.51 प्रतिशत और GSDP का 0.79 प्रतिशत स्वास्थ्य सेवाओं पर खर्च किया, जो बजट के आठ प्रतिशत से अधिक और राष्ट्रीय स्वास्थ्य नीति 2017 के तहत निर्धारित GSDP के 2.5 प्रतिशत से बहुत कम है।

दिल्ली राज्य स्वास्थ्य मिशन (DSHM) राष्ट्रीय स्वास्थ्य मिशन के तहत जारी धन का उपयोग नहीं कर सका क्योंकि ₹ 510.71 करोड़ दिल्ली राज्य स्वास्थ्य सोसाइटी और इसके 11 एकीकृत जिला स्वास्थ्य सोसाइटी के बैंक खातों में अप्रयुक्त पड़े थे (मार्च 2022)।"

<u>C&AG की सिफारिशें</u>:

6.1 राज्य सरकार समयबद्ध तरीके से स्वास्थ्य सेवाओं पर व्यय को GSDP के 2.5 प्रतिशत तक बढ़ा सकती है।

6.2 मिशन निदेशक, DSHM प्रभावी कार्यान्वयन और निगरानी के माध्यम से विभिन्न राष्ट्रीय स्वास्थ्य कार्यक्रमों के तहत प्राप्त धन का इत्यादि उपयोग सुनिश्चित कर सकते हैं।

<u>विभाग द्वारा की गई कार्रवाई</u>:

1. ऑडिट ने बताया कि राष्ट्रीय स्वास्थ्य नीति, 2017 सरकारी द्वारा स्वास्थ्य व्यय को GSDP (ग्रॉस स्टेट डोमेस्टिक प्रोडक्ट) के 2.5% तक बढ़ाने की कल्पना करती है। इसके मुकाबले 2021-2022 में GNCTD का सार्वजनिक स्वास्थ्य पर व्यय GSDP के 0.79% था।

विभाग ने सूचित किया कि राष्ट्रीय स्वास्थ्य नीति के मानदंडों के अनुरूप बजट आवंटन और व्यय लगातार बढ़ रहा है। वर्तमान वर्ष 2025-2026 में स्वास्थ्य क्षेत्र के लिए ₹12,826/- आवंटित किए गए हैं, जो कुल दिल्ली बजट का 13% है और पिछले वर्ष की तुलना में 69% की वृद्धि है। उसने कहा कि बजट

हिस्सा NHP के 8% के अनुपात से अधिक है, हालांकि GSDP अनुपात दिल्ली के उच्च GSDP आधार के कारण 2.5% से नीचे है। उसने कहा कि एक चरणबद्ध रोड मैप का पालन किया जा रहा है जो स्वास्थ्य क्षेत्र को मजबूत करने और NHP लक्ष्यों के साथ प्रगतिशील संरेखण के लिए GNCTD की निरंतर प्रतिबद्धता को दर्शाता है।

2. ऑडिट रिपोर्ट ने बताया कि विभाग अपने बजट आवंटन का उपयोग करने में विफल रहा, जिसके परिणामस्वरूप अप्रयुक्त शेष रहा, जो अवास्तविक बजट अनुमाताओं, योजना में कमियों और कार्यान्वयन में देरी को दर्शाता है। इस संबंध में विभाग की प्रतिक्रिया उत्साहजनक नहीं थी क्योंकि उसने धन उपयोग में सुधार के लिए उठाए जाने वाले कदमों की जानकारी नहीं दी। विभाग ने जवाब दिया कि 24.12.2025 तक, केवल 46.46% धन खर्च किया गया था। आयुष निदेशालय को छोड़कर, जिसने 72.69% खर्च किया था, उसके अन्य किसी भी इकाई ने वित्तीय वर्ष के तीन तिमाहियों के पूरा होने के समय 70% से अधिक खर्च नहीं किया था।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई रिपोर्ट वॉल्यूम-II(संलग्नक-V) में रखी गई है।

<u>समिति की टिप्पणियाँ और सिफारिशें</u>:

1. समिति पिछले वर्ष की तुलना में विभाग के बजट में 69% की वृद्धि करके दिल्ली में स्वास्थ्य सेवाओं में सुधार के लिए सरकार के प्रयासों की सराहना करती है, जो अभूतपूर्व है। समिति अनुशंसा करती है कि सरकार इस गति को बनाए रखे ताकि दिल्ली राष्ट्रीय स्वास्थ्य नीति, 2017 के अनुसार बजट आवंटन के इत्यादि अनुपात को प्राप्त कर सके।

2. विभाग इस वर्ष (24 दिसंबर 2025 तक) आवंटित धन का केवल 46.46% ही उपयोग कर सका है, जब वित्तीय वर्ष का लगभग तीन चौथाई हिस्सा पूरा हो चुका है। सरकार को समयबद्ध तरीके से धन के उपयोग को सुनिश्चित करने और अप्रयुक्त धन या अंतिम महीनों में जल्दबाजी में व्यय को कम करने के लिए एक तंत्र विकसित करना चाहिए। चूंकि यह समस्या GNCTD के लगभग सभी विभागों में बनी हुई है, वित्त विभाग को अगले वित्तीय वर्ष से सभी विभागों द्वारा पालन किए जाने वाले विस्तृत दिशानिर्देश और लक्ष्य समयसीमा तैयार करनी चाहिए।

अध्याय VII केंद्रीय प्रायोजित योजनाओं का कार्यान्वयन

(पैरा 7.1 से पैरा 7.13)

ऑडिट रिपोर्ट, विभाग द्वारा की गई कार्रवाई और समिति की टिप्पणियों/ सिफारिशों का सारांश निम्नलिखित है:

<u>केंद्रीय प्रायोजित योजनाओं के कार्यान्वयन पर ऑडिट अवलोकन</u>:

C&AG की रिपोर्ट में कहा गया है, "दिल्ली सरकार राष्ट्रीय स्वास्थ्य मिशन के कार्यक्रम के कार्यान्वयन के लिए चुने गए राज्यों में से एक थी। NHM की प्रमुख रणनीति स्वास्थ्य देखभाल सुविधाओं में अंतर को कम करना, स्वास्थ्य क्षेत्र में विकेंद्रीकृत योजना को सुविधाजनक बनाना और स्वास्थ्य और परिवार कल्याण विभाग के मौजूदा कार्यक्रमों के लिए एक व्यापक छतरी प्रदान करना था। यह देखा गया कि दिल्ली राज्य स्वास्थ्य मिशन (DSHS) ने राष्ट्रीय स्वास्थ्य मिशन योजना के परियोजनाओं/ कार्यक्रमों के लक्ष्यों और उद्देश्यों को प्राप्त करने के लिए पर्याप्त प्रयास नहीं किए हैं क्योंकि NHM के कार्यक्रमों के लिए स्वीकृत धन का पूरी तरह से उपयोग नहीं किया गया था।"

इसमें आगे कहा गया है, "राष्ट्रीय स्वास्थ्य मिशन (NHM) ने मातृ मृत्यु दर (MMR) और शिशु मृत्यु दर (IMR) में कमी पर जोर दिया। प्रजनन, मातृ, नवजात शिशु और किशोर स्वास्थ्य (RMNCH+A) मातृ और शिशु स्वास्थ्य देखभाल में सुधार के लिए NHM के तहत सबसे महत्वपूर्ण घटक/ कार्यक्रम है।

2016-17 से 2021-22 के दौरान GNCTD के पास RMNCH के लिए उपलब्ध कुल ₹ 164.35 करोड़ में से ₹ 94.98 करोड़ (57.79 प्रतिशत) अप्रयुक्त रहे। धन का कम उपयोग 58.90 प्रतिशत (2016-17) से 93.03 प्रतिशत (2019-20) तक रहा, जो दर्शाता है कि GNCTD कार्यक्रम को पर्याप्त रूप से लागू नहीं कर रहा था।

ऑडिट ने RMNCH+A के कार्यान्वयन में महत्वपूर्ण कमियों को नोट किया क्योंकि केवल 48.33 प्रतिशत पंजीकृत गर्भवती महिलाओं (PW) को सभी चार पूर्व-नैटल देखभाल प्रदान की गई, 35 प्रतिशत (TT-1) और 28 प्रतिशत (TT-2) PW ने टेटनस टॉक्साइड (TT) शॉट प्राप्त किए, केवल 59.74 प्रतिशत PW ने अनिवार्य 100 आयरन फोलिक एसिड टैबलेट प्राप्त किए और केवल 36.18 प्रतिशत और 18.91 प्रतिशत PW का अप्रैल 2016 से सितंबर 2022 के दौरान HIV और यौन संचरित संक्रमण/ प्रजनन ट्रैक्ट संक्रमण (STI/RTI) के लिए परीक्षण किया गया।

जननी शिशु सुरक्षा कार्यक्रम (JSSK) के तहत गर्भवती महिलाओं को मुफ्त आहार और अन्य सुविधाएं (मुफ्त निदान) प्रदान करने की कवरेज भी अपर्याप्त थी क्योंकि केवल 30 प्रतिशत PW ने इसका लाभ उठाया। 2016-22 (सितंबर 2022 तक) के दौरान 40.87 प्रतिशत मामलों में माताओं को प्रसव के 48 घंटों के भीतर छुट्टी दे दी गई।

2016-21 के दौरान दिल्ली में हुई 2,822 मातृ मौतों में से केवल 1,401 (50 प्रतिशत) मामलों की समीक्षा की गई। केवल 10 प्रतिशत (806 में से 84) चिकित्सा अधिकारी और 16 प्रतिशत (1,759 में से 281) सहायक नर्सिंग मिडवाइफ/ स्वास्थ्य कार्यकर्ताओं को कैंसर, मधुमेह, हृदय रोग और स्ट्रोक की रोकथाम और नियंत्रण के लिए प्रशिक्षण दिया गया।

ऑडिट ने स्वास्थ्य प्रबंधन सूचना प्रणाली (HMIS) पर स्वास्थ्य केंद्रों द्वारा रिपोर्टिंग में कमी को नोट किया, जैसे कि सामुदायिक स्वास्थ्य केंद्र (50 प्रतिशत), उप-जिला अस्पताल (28 प्रतिशत) और जिला अस्पताल (14 प्रतिशत)। 44 TCCs (जुलाई 2022) के लक्ष्य के मुकाबले केवल एक तंबाकू निषेध केंद्र स्थापित किया गया था।

C&AG की सिफारिशें:

7.1 सरकार को यह सुनिश्चित करना चाहिए कि सभी पंजीकृत गर्भवती महिलाओं का पूर्ण पूर्व-नैटल देखभाल और प्रसवोत्तर जांच के लिए पालन किया जाए। इसके अलावा, सभी पंजीकृत गर्भवती महिलाओं को TT वैक्सीन और IFA टैबलेट प्रदान किए जाने चाहिए।

7.2 सभी पंजीकृत गर्भवती महिलाओं की HIV और RTI/STI परीक्षणों के लिए जांच की जानी चाहिए।

7.3 सरकार को NHM के तहत रोग कार्यक्रम के संचालन दिशानिर्देशों में निर्धारित अनुसार प्रत्येक रोग कार्यक्रम के तहत डॉक्टरों, पैरामेडिकल स्टाफ आदि के उचित प्रशिक्षण की व्यवस्था सुनिश्चित करनी चाहिए।

विभाग द्वारा की गई कार्रवाई:

1. ऑडिट में कहा गया है कि 'प्रजनन, मातृ, नवजात शिशु और किशोर स्वास्थ्य कार्यक्रम (RMNCH+A)' NHM के तहत सबसे महत्वपूर्ण कार्यक्रम है जिसका उद्देश्य यह सुनिश्चित करना है कि हर गर्भवती महिला को प्रसव के दौरान देखभाल मिले, प्रसव संस्थागत हो और अन्य परिवार नियोजन सेवाएं प्रदान की जाएं। ऑडिट से पता चला है कि GNCTD के लिए RMNCH+A के लिए उपलब्ध कुल धन का 57.79% अप्रयुक्त रहा, जो दर्शाता है कि GNCTD कार्यक्रम को पर्याप्त रूप से लागू नहीं कर रहा था।

विभाग ने जवाब दिया कि धन के उपयोग में वर्षों में सुधार हुआ है और बजट के समय पर उपयोग के लिए 09 सितंबर 2025 को एसओपी जारी की गई है।

2. एएनसी गर्भवती महिलाओं के लिए सरकार के दिशानिर्देशों के अनुसार, सभी पंजीकृत गर्भवती महिलाओं को उचित जांच, टीटी और आयरन फोलिक एसिड टैबलेट के प्रशासन को सुनिश्चित करने के लिए चार एएनसी जांच करानी चाहिए। ऑडिट में पाया गया कि 48.33% पंजीकृत गर्भवती महिलाओं को

सभी चार एएनसी जांच नहीं कराई गई और केवल 38.42% महिलाओं ने गर्भावस्था के पहले तिमाही में पंजीकरण कराया। ऑडिट ने देखा कि विभाग पंजीकृत गर्भवती महिलाओं का पता लगाने और यह सुनिश्चित करने में सक्षम नहीं था कि सभी को समय पर एएनसी जांच की निर्धारित मात्रा मिले।

विभाग ने जवाब दिया कि कमी का कारण महिलाओं का दो या अधिक सुविधाओं पर कई बार पंजीकरण होना था। इसमें आगे बताया गया कि पहली तिमाही में पंजीकरण की संख्या अब बढ़कर 82% हो गई है और 2024-2025 में सभी चार एएनसी जांच कराने वाली महिलाओं की संख्या 90.94% हो गई है।

3. RMNCH+A दिशानिर्देशों के अनुसार, एनसी जांच के हिस्से के रूप में यौन संचरित संक्रमण और प्रजनन ट्रैक्ट संक्रमण (STI और RTI) प्रबंधन होना चाहिए। इसमें सुझाव दिया गया है कि गर्भवती महिलाओं की सार्वभौमिक गोपनीय HIV जांच को एएनसी जांच के अभिन्न अंग के रूप में शामिल किया जाना चाहिए। ऑडिट में कहा गया है कि अप्रैल 2016 से सितंबर 2022 के दौरान, केवल 36% और 19% महिलाओं की क्रमशः HIV और STI/RTI के लिए जांच की गई थी। इस अवधि के दौरान HIV के 7720 मामले पाए गए, जिसका मतलब है कि ऐसे और मामले अनदेखे रह गए होंगे।

विभाग ने समिति को सूचित किया कि 2024-2025 के दौरान HIV और STI/RTI के लिए जांच की गई गर्भवती महिलाओं का अनुपात 96% तक सुधर गया है।

4. ऑडिट में पाया गया कि WHO के दिशानिर्देशों के अनुसार, सिजेरियन सेक्शन डिलिवरी (C सेक्शन) की आदर्श दर 10 से 15% है, जबकि ऑडिट अवधि के दौरान यह 31.67% थी। इसके अलावा, निजी संस्थानों में सी-सेक्शन डिलिवरी 42.8% थी।

विभाग ने सूचित किया कि उसने MOHFW दिशानिर्देशों के कार्यान्वयन के लिए एक कोर समिति का गठन किया है, राज्य दिशानिर्देश तैयार किए गए हैं और प्रसारित किए गए हैं, जिसमें कोर समिति द्वारा अनुमोदित गूगल फॉर्म पर दस्तावेज़ीकरण शामिल है; दैनिक मामले-आधारित ऑडिट और मासिक सिजेरियन ऑडिट बैठक आयोजित करना; निजी क्षेत्र के अस्पतालों के साथ कार्यशालाएं आयोजित करना; नर्सिंग होम सेल के साथ सहयोग; और सुविधा, जिला और राज्य स्तरों पर नियमित समीक्षा बैठकें आयोजित की जा रही हैं।

5. एनएचएम दिशानिर्देशों के अनुसार, गर्भवती महिलाओं को प्रसव के बाद कम से कम 48 घंटे अस्पताल में रहना चाहिए, इसके बाद मां और बच्चे की प्रसवोत्तर जांच करानी चाहिए। ऑडिट में पाया गया कि 40.64% माओं को प्रसव के 48 घंटों के भीतर छुट्टी दे दी गई और केवल 49.45% माओं को ही प्रसवोत्तर जांच मिली।

विभाग ने सूचित किया कि ऐसा बिस्तरों की कमी और माओं के चिकित्सकीय सलाह के विरुद्ध छुट्टी लेने के कारण हुआ। हालांकि, उसने आश्वासन दिया कि 'ऑप्टिमाइज़िंग पोस्टनेटल केयर' योजना की शुरुआत के बाद स्थिति में सुधार हुआ है। इसमें कहा गया है कि नए अस्पतालों के निर्माण और मौजूदा अस्पतालों में MCH विंग जोड़ने से 1000 नए मातृत्व बिस्तर जोड़े गए हैं या जोड़े जाएंगे।

6. ऑडिट में पाया गया कि ऑडिट अवधि के दौरान, केवल 2.68% गैर-संस्थागत प्रसवों में कुशल जन्म परिचारक (SBAs, जैसे डॉक्टर/नर्स/अनुषंगी नर्स और दाई) उपस्थित थे। बाकी को अप्रशिक्षित गैर-SBAs (दाइयों) द्वारा संभाला गया था। विभाग ने सूचित किया कि वह अब घर पर प्रसव को रोकने के लिए मिशन मोड पर काम कर रहा है और वर्तमान में संस्थागत प्रसव दर 98% है।

7. ऑडिट ने कम जन्म वजन वाले शिशुओं के अनुपात पर चिंता व्यक्त की, जो ऑडिट अवधि के दौरान राष्ट्रीय औसत 12.4% की तुलना में 22.10% था।

विभाग ने ऑडिट के जवाब में कहा कि सभी सुविधाओं को पोषण परामर्श आयोजित करने, सभी गर्भवती महिलाओं के HB स्तर का परीक्षण करने और कम वजन वाली गर्भवती महिलाओं को पोषण समर्थन/आहार पूरक के लिए निकटतम आंगनवाड़ी से जोड़ने के निर्देश जारी किए गए हैं।

अपने एटीएन में, विभाग ने शिशुओं के जन्म वजन में सुधार के लिए निम्नलिखित उपायों की जानकारी दी: गुणवत्ता पूर्व-नैटल देखभाल पर गहन प्रशिक्षण; उच्च जोखिम वाले कारकों की जांच के लिए जांच; उच्च जोखिम वाली गर्भवती महिलाओं की ट्रैकिंग; और सरलीकृत एसओपी/चेकलिस्ट को एनसी रजिस्टर का हिस्सा बनाया गया।

8. ऑडिट ने बताया कि केवल 52.5% मातृ मौतों की समीक्षा सीएमओ की एमडीआर समिति द्वारा की जा रही थी। विभाग ने जवाब दिया कि एमपीसीडीएसआर दिशानिर्देश सभी सुविधाओं को जारी किए गए हैं और प्रशिक्षण आयोजित किए जा रहे हैं। अब 87% एमडीआर मामलों की समीक्षा की जा रही है।

9. जननी सुरक्षा योजना (जेएसवाई), जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके), प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए), एनएचएम के तहत लक्ष्य कार्यक्रम, मदर्स एब्सोल्यूट अफेक्शन (एमएए) कार्यक्रम, राष्ट्रीय बाल स्वस्थ्य कार्यक्रम जैसी केंद्र प्रायोजित योजनाओं का ऑडिट किया गया और ऑडिट ने इसके कार्यान्वयन में कमियों/खामियों को उजागर किया। ऑडिट ने शिशु मृत्यु समीक्षा, शिशु प्रतिरक्षण, व्यापक गर्भपात देखभाल और नसबंदी और अंतराल विधियों के लिए लक्ष्य की उपलब्धियों में कमियों को पाया और रिपोर्ट किया।

विभाग ने इन योजनाओं के समग्र कार्यान्वयन में सुधार का आश्वासन दिया है और कहा है कि इस संबंध में विस्तृत निर्देश/दिशानिर्देश जारी किए गए हैं।

10. ऑडिट में बताया गया कि आशा कार्यकर्ता (अकॉर्डेड सोशल हेल्थ एक्टिविस्ट) आठवीं कक्षा की शैक्षिक योग्यता पूरी नहीं कर रहे थे और उन्हें निर्धारित प्रशिक्षण पर्याप्त रूप से नहीं दिया जा रहा था।

विभाग ने जवाब दिया कि वर्तमान में 98% आशाएं पद पर हैं और उन्हें निर्धारित प्रशिक्षण दिया जा रहा है। इसमें कहा गया है कि यदि किसी विशिष्ट क्षेत्र में कोई उपयुक्त व्यक्ति नहीं मिलता है, तो शैक्षिक योग्यता में छूट दी जाती है।

11. ऑडिट में बताया गया कि 'कैंसर, मधुमेह, हृदय रोग और स्ट्रोक की रोकथाम और नियंत्रण के लिए राष्ट्रीय कार्यक्रम (NCPDCS)' के तहत, गैर-संचारी रोग (NCD) क्लिनिक और कैंसर रोगियों के लिए

दिन देखभाल सुविधाएं स्थापित नहीं की गई थीं। इसमें यह भी बताया गया कि चिकित्सा और पैरा चिकित्सा कर्मचारियों को पर्याप्त प्रशिक्षण नहीं दिया गया था और धन उपलब्ध होने के बावजूद जन जागरूकता गतिविधियां नहीं की गई थीं।

विभाग ने जवाब दिया कि 11 जिलों में NCD क्लिनिक स्थापित किए गए हैं; तीन दिन देखभाल सुविधाएं पहले से ही कार्यात्मक हैं; और छह अस्पतालों में जिला दिन देखभाल केंद्र स्थापित करने की मंजूरी दी गई है। शेष जिलों को मौजूदा/मंजूर अस्पतालों से जोड़ा गया है। इसमें आगे सूचित किया गया कि वर्तमान में NCPDCS दिशानिर्देशों के अनुसार चिकित्सा और पैरा चिकित्सा कर्मचारियों को उचित प्रशिक्षण दिया जा रहा है। इसमें इसके द्वारा आयोजित जन जागरूकता गतिविधियों का विवरण भी दिया गया है।

12. ऑडिट में बताया गया कि 'राष्ट्रीय अंधता नियंत्रण कार्यक्रम' के तहत, आंख के सर्जनों और नर्सों के लिए कोई प्रशिक्षण नहीं दिया गया; स्कूली बच्चों की नियमित वार्षिक जांच नहीं की गई; MIS पोर्टल पर डेटा/जानकारी अद्यतन नहीं की गई; और जिला आंख बोर्ड और निवारण समिति का गठन नहीं किया गया था।

विभाग ने जवाब दिया कि आंख के सर्जनों के लिए राष्ट्रीय कार्यक्रम प्रभाग, NPCBVI, भारत सरकार द्वारा प्रशिक्षण दिया जा रहा है। इसमें सूचित किया गया कि 2024-2025 के दौरान 2651 चश्मे वितरित किए गए और लक्ष्य की पूरी तरह से प्राप्ति सुनिश्चित करने के लिए प्रयास तेज किए जाएंगे। इसमें DGHS के स्कूल स्वास्थ्य योजना के तहत स्कूली छात्रों की 100% जांच के लिए एक विस्तृत कार्य योजना भी प्रस्तुत की गई है।

जिला आंख बोर्ड और निवारण समिति के गठन के संबंध में, विभाग ने सूचित किया कि उनके गठन के लिए निर्देश पहले ही जारी किए जा चुके हैं।

13. राष्ट्रीय तंबाकू नियंत्रण कार्यक्रम के कार्यान्वयन की ऑडिट में पता चला कि, राज्य स्तरीय समन्वय समिति (SLCC) और तंबाकू निषेध केंद्र (TCCs) का गठन नहीं किया गया था; जिलों में प्रवर्तन दल नहीं बनाए गए थे; चालान पुस्तकों के वितरण की प्रणाली दोषपूर्ण थी; और अवैध हुक्का बार की उचित जांच नहीं की गई थी।

विभाग ने जवाब दिया कि SLCC का गठन किया गया है; TCCs तीन अस्पतालों और एक DGD में कार्यात्मक हैं और 33 उपग्रह निषेध केंद्र सभी जिलों में कार्यात्मक हैं। इसमें यह भी सूचित किया गया कि चालान पुस्तकों के जारी करने की प्रक्रिया अब सुव्यवस्थित है। हुक्का बार के मामले में, सूचित किया गया कि इन्हें अब प्रतिबंधित कर दिया गया है लेकिन 13 मामले अब दिल्ली उच्च न्यायालय में इन आदेशों को वापस लेने की मांग कर रहे हैं।

14. राष्ट्रीय कुष्ठ उन्मूलन कार्यक्रम की ऑडिट में पता चला कि विभाग ने 2018 तक कुष्ठ उन्मूलन के उद्देश्य से कुष्ठ मामले का पता लगाने के अभियान को लागू नहीं किया था और इसमें कोई गतिविधि नहीं की गई थी और न ही कुष्ठ नियंत्रण/उन्मूलन के लिए कोई लक्ष्य निर्धारित किया गया था।

विभाग ने सूचित किया है कि इसमें इस संबंध में निम्नलिखित रणनीतियां तैयार की हैं। **अल्पकालिक**: तेजी से मामला पता लगाना; तत्काल उपचार और अनुवर्ती कार्रवाई; कलंक को दूर करना और जागरूकता को बढ़ावा देना; निगरानी और डेटा प्रबंधन। **विभाग द्वारा प्रस्तावित दीर्घकालिक उपाय थे**: संचरण में बाधा डालना; क्षमता निर्माण को संस्थागत बनाना; दिल्ली में कुष्ठ को एक अधिसूचित बीमारी बनाना; निजी अस्पतालों के साथ साझेदारी को मजबूत करना; स्वास्थ्य कार्यकर्ताओं और शैक्षणिक संस्थानों के साथ साझेदारी; सामाजिक समावेशन और अधिकार आधारित दृष्टिकोण; और अनुसंधान और नवाचार।

15. ऑडिट में बताया गया कि राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम (NMHP) लागू नहीं किया गया था और इसके लिए आवंटित पूरी राशि खर्च नहीं की गई थी।

विभाग ने ऑडिट की टिप्पणियों का खंडन किया और कहा कि अप्रयुक्त शेष का कारण कार्यक्रम का दिल्ली राज्य स्वास्थ्य मिशन (DSHM) में विलय होना था। इसमें कहा गया कि विलय की प्रक्रिया जनवरी 2025 में पूरी हो गई थी और वर्तमान में DSHM/DSHS IHBAS की तकनीकी सहायता से कार्यक्रम को लागू कर रहा है।

16. बुजुर्गों के लिए स्वास्थ्य देखभाल के लिए राष्ट्रीय कार्यक्रम (NPHCE) के कार्यान्वयन की ऑडिट के दौरान, ऑडिट में पाया गया कि कार्यक्रम के लिए धन का कम उपयोग किया गया था और विभाग भारत सरकार द्वारा मंजूर रिक्त पदों को भरने में विफल रहा था।

विभाग ने जवाब दिया कि 2024-2025 में 28.09% धन का उपयोग किया गया था और आवंटित बजट के प्रभावी उपयोग को सुनिश्चित करने के लिए प्रयास किए जा रहे हैं। इसमें कहा गया कि मानव संसाधनों की भर्ती DSHM के स्तर पर की जाएगी।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई रिपोर्ट वॉल्यूम-II(संलग्नक-VI) में रखी गई है।

<u>समिति की टिप्पणियाँ और सिफारिशें</u>

समिति इस बात पर चिंता व्यक्त करती है कि दिल्ली में कोई भी केंद्र प्रायोजित योजना ठीक से लागू नहीं की गई है, जिससे लोगों को इसके लाभों से वंचित किया जा रहा है। समिति सिफारिश करती है कि:

1. विभाग को समयसीमा और एटीएन में दी गई आश्वासनों का पालन करने के लिए आवश्यक कदम उठाने चाहिए ताकि केंद्र प्रायोजित योजनाओं का पूरा लाभ जनता को मिल सके। धन के कम उपयोग और रिक्त पदों को भरने जैसे मुद्दों को प्राथमिकता के आधार पर संबोधित किया जाना चाहिए। विभाग द्वारा इस दिशा में उठाए गए कदमों (30.06.2025 तक) को इस रिपोर्ट पर विभाग द्वारा प्रस्तुत की जाने वाली कार्रवाई रिपोर्ट में शामिल किया जाना चाहिए।

2. प्रजनन, मातृ, नवजात शिशु और किशोर स्वास्थ्य कार्यक्रम (RMNCH+A) सबसे महत्वपूर्ण योजनाओं में से एक है। विभाग को सभी गर्भवती माओं के अनिवार्य पंजीकरण की व्यवहार्यता का पता लगाना चाहिए ताकि मां और बच्चे को सर्वोत्तम देखभाल और ध्यान मिल सके। उदाहरण के लिए, तमिलनाडु में, गर्भावस्था पंजीकरण पीआईसीएमई (गर्भावस्था और शिशु समूह निगरानी और मूल्यांकन) प्रणाली के माध्यम से किया जाता है, जो ऑनलाइन स्वयं-रजिस्ट्रेशन, टोल-फ्री 102 पर कॉल करने, ई-सेवा केंद्रों पर जाने या सरकारी अस्पतालों में जाकर एक अद्वितीय प्रजनन और बाल स्वास्थ्य (RCH ID) प्राप्त करने की अनुमति देता है, जिससे स्वास्थ्य सेवाओं, प्रसवपूर्व देखभाल और योजनाओं के तहत लाभों को ट्रैक किया जा सके। RCH ID को जन्म प्रमाण पत्र जारी करने से भी जोड़ा जा सकता है ताकि पंजीकरण को प्रोत्साहित किया जा सके ।

अध्याय VIII नियामक तंत्र की पर्याप्तता और प्रभावशीलता

(पैरा 8.1 से पैरा 8.2.7)

ऑडिट रिपोर्ट, विभाग द्वारा की गई कार्रवाई और समिति की टिप्पणियों/सिफारिशों का सारांश निम्नलिखित है:

<u>नियामक तंत्र की पर्याप्तता और प्रभावशीलता पर ऑडिट टिप्पणियाँ</u>:

C&AG की रिपोर्ट में कहा गया है कि दिल्ली मेडिकल काउंसिल, नर्सिंग काउंसिल और फार्मेसी काउंसिल जैसे नियामक निकायों ने अपने नियामक कार्यों को ठीक से नहीं किया है।

इसमें कहा गया है, "गुणवत्ता स्वास्थ्य सेवाओं को सुनिश्चित करने के लिए नियामक तंत्र की पर्याप्तता और प्रभावशीलता दिल्ली नर्सिंग काउंसिल का नियमित रूप से चुनाव कराकर और तीन साल बाद नए सदस्यों की अधिसूचना देकर पुनर्गठन नहीं किया गया था। दिल्ली में 37 नर्सिंग प्रशिक्षण संस्थान कार्यरत थे, जिनमें से 20 संस्थानों का 7 से 41 महीने की देरी से निरीक्षण किया गया था।

1229 नर्सिंग होम/हॉस्पिटल/संस्थानों में से, जो जनता को स्वास्थ्य सेवाएं प्रदान करने के लिए नर्सों को नियुक्त करते हैं, 2016 से 2022 के दौरान 48 से 1044 संस्थानों ने सत्यापन के लिए DNC को नर्सों की सूची भेजी थी।

जनवरी 2015 में GoI द्वारा अधिसूचित फार्मेसी प्रैक्टिस रेगुलेशन (PPR) को अभी तक GNCTD द्वारा अधिसूचित नहीं किया गया है।

दवाओं के नियंत्रण विभाग में ड्रग इंस्पेक्टर के प्रमुख कर्मचारियों में 63 प्रतिशत की कमी सहित विभिन्न श्रेणियों में कुल 52 प्रतिशत कर्मचारियों की कमी थी।

ड्रग टेस्टिंग लैबोरेटरी (DTL) द्वारा परीक्षण रिपोर्ट प्रदान करने में देरी हुई थी। DTL को नेशनल एक्रेडिटेशन बोर्ड ऑफ लैबोरेटरीज (NABL) द्वारा मान्यता प्राप्त नहीं थी। DTL के पास आधुनिक उपकरण और मानव संसाधन नहीं थे। ड्रग्स कंट्रोल डिपार्टमेंट द्वारा दवाओं की बिक्री और निर्माण इकाइयों और ब्लड बैंकों के अनिवार्य निरीक्षण में भारी कमी थी।

दो परीक्षण किए गए अस्पतालों को NABH द्वारा मान्यता प्राप्त नहीं थी। LNH/MAMC की चार प्रयोगशालाओं में से कोई भी NABL द्वारा मान्यता प्राप्त नहीं थी। RGSSH के मामले में तीन में से दो प्रयोगशालाएं NABL द्वारा मान्यता प्राप्त नहीं थीं।

कॉमन बायो मेडिकल वेस्ट ट्रीटमेंट फैसिलिटी द्वारा बायो-मेडिकल वेस्ट (BMW) के प्रबंधन के लिए निर्धारित प्रक्रिया से सभी विचलन को हर चीफ डिस्ट्रिक्ट मेडिकल ऑफिसर (CDMO) द्वारा दिल्ली प्रदूषण नियंत्रण समिति (DPCC) और स्वास्थ्य सेवाओं के महानिदेशालय (DGHS) को महीने में दो बार रिपोर्ट किया जाना था। DGHS ने ऐसे किसी भी रिपोर्ट के प्राप्त होने से संबंधित कोई रिकॉर्ड नहीं रखा

और न ही BMW नियमों के अनुपालन के लिए कोई निगरानी तंत्र विकसित किया। BMW कर्मचारियों को प्रशिक्षण में भी कमी थी।

C&AG की सिफारिशें:

8.1 सरकार यह सुनिश्चित करे कि (i) DNC समय पर गठित किया जाए; (ii) स्वास्थ्य सेवा संस्थानों द्वारा पंजीकृत नर्सों को नियुक्त किया जाए; और (iii) नर्सों को प्रशिक्षण देने वाले सभी संस्थानों का नियमित रूप से निरीक्षण किया जाए ताकि गुणवत्ता मानकों का पालन सुनिश्चित किया जा सके।

8.2 सरकार बिना किसी देरी के फार्मेसी प्रैक्टिस रेगुलेशन को अधिसूचित करे और यह भी सुनिश्चित करे कि दिल्ली फार्मेसी काउंसिल द्वारा फार्मासिस्टों का अद्यतन रजिस्टर बनाए रखा जाए।

8.3 सरकार सभी इकाइयों से पर्याप्त संख्या में नमूनों को उठाने और परीक्षण करने के लिए तत्काल कार्रवाई करे, जिसमें जैविक नमूने भी शामिल हैं।

8.4 सरकार यह सुनिश्चित करे कि ड्रग टेस्टिंग लैबोरेटरी द्वारा नमूनों के परीक्षण या विश्लेषण की रिपोर्ट तुरंत प्रदान की जाए ताकि आम जनता द्वारा निम्न-स्तरीय दवाओं के सेवन को रोकने के लिए तत्काल कार्रवाई की जा सके।

विभाग द्वारा की गई कार्रवाई:

1. ऑडिट रिपोर्ट में कहा गया था कि दिल्ली मेडिकल काउंसिल और सीएमडीओ ने झोलाछापों के खिलाफ शिकायतों पर कोई प्रभावी कदम नहीं उठाया है और एंटी-क्वैक रेस्पॉन्स टीम (AQRT) ने इस संबंध में कोई अचानक छापा/निरीक्षण नहीं किया है।

इस संबंध में विभाग का जवाब संतोषजनक नहीं था। हालांकि, इसमें सूचित किया गया कि 19.06.2025 के निर्णय के अनुसार DMC को भंग कर दिया गया है और पुनर्गठित नहीं किया गया है।

2. ऑडिट ने बताया था कि नर्सिंग काउंसिल का निर्धारित मानदंडों के अनुसार समय-समय पर पुनर्गठन नहीं किया जा रहा था, जिसके परिणामस्वरूप नर्सों और नर्सिंग संस्थानों का पंजीकरण, संस्थानों का आवधिक निरीक्षण और नर्सों की योग्यता का सत्यापन नहीं किया जा रहा था।

विभाग ने जवाब दिया कि नर्सिंग काउंसिल के गठन की प्रक्रिया अभी भी चल रही है।

3. दिल्ली फार्मेसी काउंसिल की ऑडिट से पता चला कि यह जुलाई 2018 से कार्यात्मक नहीं था; फार्मेसी प्रैक्टिस रेगुलेशन अधिसूचित नहीं किए गए थे; और फार्मेसी काउंसिल ने फार्मासिस्टों का अद्यतन डेटा बनाए नहीं रखा था।

विभाग ने जवाब दिया कि काउंसिल का गठन किया गया है और यह अब ऑनलाइन पंजीकृत फार्मासिस्टों के अद्यतन रिकॉर्ड बनाए रख रहा है। हालांकि, फार्मेसी प्रैक्टिस रेगुलेशन अभी तक GNCTD द्वारा अधिसूचित नहीं किया गया है।

4. ऑडिट ने देखा कि ड्रग कंट्रोल्स विभाग में मानव संसाधन की गंभीर कमी ने दवा के नमूनों की जांच के काम में DCD की क्षमता को गंभीर रूप से प्रभावित किया है। इसमें यह भी बताया गया कि ड्रग टेस्टिंग लैबोरेटरी को नेशनल एक्रेडिटेशन बोर्ड फॉर टेस्टिंग एंड कैलिब्रेशन लैबोरेटरीज (NABL) द्वारा मान्यता प्राप्त नहीं थी। ऑडिट ने देखा कि राष्ट्रीय रक्त नीति के अनुपालन, परीक्षण रिपोर्टों के पेंडेंसी, बायो मेडिकल वेस्ट मैनेजमेंट से संबंधित DCD के कामकाज में गंभीर कमियां थीं। इसमें बताया गया कि मेडिकल और डेथ ऑडिट कमेटियों का गठन निर्धारित मानदंडों के अनुसार नहीं किया गया था।

मानव संसाधन के मुद्दे को इस रिपोर्ट के अध्याय II (मानव संसाधन) में संबोधित किया गया है। मान्यता के संबंध में, विभाग ने कहा कि NABL मान्यता के लिए आवश्यक आवश्यकताओं के अनुरूप होने के लिए तकनीकी कर्मचारियों की भर्ती और उपकरणों की खरीद पर काम शुरू किया गया है। इसमें कहा गया कि राष्ट्रीय रक्त नीति के अनुपालन में, ब्लड सेल और विज़िलेंस सेल अब बनाए गए हैं और बायो मेडिकल वेस्ट के संबंध में सिफारिशों को लागू करने के लिए कदम उठाए गए हैं। विभाग ने यह भी सूचित किया कि अधिकांश अस्पतालों में डेथ और इंटरनल मेडिकल ऑडिट कमेटियों का गठन अब किया गया है।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई रिपोर्ट वॉल्यूम-II(संलग्नक-VII) में दी गई है।

<u>समिति की टिप्पणियाँ और सिफारिशें:</u>

समिति इस तथ्य पर गंभीर चिंता व्यक्त करती है कि स्वास्थ्य सेवाओं के विनियमन के लिए जिम्मेदार वैधानिक निक्रियाँ पिछले समय में व्यावहारिक रूप से निष्क्रिय थीं। झोलाछापों की रोकथाम, नर्सिंग सेवाओं का विनियमन, दवा के नमूनों की गुणवत्ता जांच जैसी जिम्मेदारियाँ सीधे जनता के स्वास्थ्य और जीवन की गुणवत्ता को प्रभावित करती हैं।

1. विभाग को यह सुनिश्चित करने के लिए तत्काल कदम उठाने चाहिए कि दिल्ली मेडिकल काउंसिल और नर्सिंग काउंसिल का गठन जल्द से जल्द किया जाए और उनके कार्यों में कोई ढिलाई न हो।

2. फार्मेसी प्रैक्टिस रेगुलेशन को अधिसूचित करने के लिए तत्काल कदम उठाए जाएं।

3. विभाग को NABL के साथ मान्यता की प्रक्रिया को तेज करना चाहिए।

4. विभाग द्वारा इस दिशा में उठाए गए कदम (30.06.2026 तक) इस रिपोर्ट पर विभाग द्वारा प्रस्तुत की जाने वाली कार्रवाई रिपोर्ट में शामिल किए जाने चाहिए।

अध्याय IX सतत विकास लक्ष्य -3
(पैरा 9.1 से 9.5)

सतत विकास लक्ष्य (एसडीजी) को सितंबर 2015 में संयुक्त राष्ट्र महासभा में सभी संयुक्त राष्ट्र सदस्य देशों द्वारा आधिकारिक तौर पर अपनाया गया था, और 1 जनवरी, 2016 को लागू हुआ, जिसका लक्ष्य 2030 तक इन्हें हासिल करना है। एसडीजी गोल 3 है **"सभी उम्र के लोगों के लिए स्वस्थ जीवन सुनिश्चित करना और कल्याण को बढ़ावा देना,"** जिसमें मातृ/शिशु मृत्यु दर को कम करने, संक्रामक बीमारियों (एड्स, टीबी, मलेरिया) से लड़ने, गैर-संचारी बीमारियों से निपटने, सार्वभौमिक स्वास्थ्य कवरेज सुनिश्चित करने और सुरक्षित दवाओं तक पहुंच में सुधार करने जैसे व्यापक स्वास्थ्य पहलुओं पर ध्यान केंद्रित करना शामिल है, साथ ही मानसिक स्वास्थ्य और सड़क सुरक्षा को बढ़ावा देना है। यह एक व्यापक लक्ष्य है जो कई अन्य से जुड़ा हुआ है, जिसका उद्देश्य एक स्वस्थ, अधिक समान दुनिया बनाना है।

<u>स्वास्थ्य क्षेत्र से संबंधित सतत विकास लक्ष्यों की उपलब्धि पर ऑडिट टिप्पणियाँ</u>:

C&AG की रिपोर्ट में कहा गया है, "अन्य व्यक्तिगत संकेतकों की जांच से पता चला है कि दिल्ली दो संकेतकों, यानी टीबी के मामले अधिसूचना दर और आत्महत्या दर में कमी है। ऑडिट ने संशोधित राष्ट्रीय टीबी नियंत्रण कार्यक्रम (आरएनटीसीपी) के कार्यान्वयन में कमियों को पाया, जैसे कि टीबी के बारे में जागरूकता पैदा करने की कमी, जिला डीआर-टीबी समितियों का गठन न होना/गठन में देरी, योजना के कार्यान्वयन की अपर्याप्त निगरानी, आदि।

<u>C&AG की सिफारिश:</u>

9.1 सरकार को सभी हितधारकों और आम जनता के बीच टीबी और डायरेक्टली ऑपरेटेड थैरेपी के बारे में जागरूकता अभियान चलाकर दिल्ली में टीबी की मामले अधिसूचना दर को कम करने का प्रयास करना चाहिए। इसके अलावा, आरएनटीसीपी के तहत अनिवार्य गतिविधियों को राज्य सरकार द्वारा लागू किया जाना चाहिए।

<u>विभाग द्वारा की गई कार्रवाई</u>:

1. ऑडिट में पाया गया कि एसडीजी-3 के तहत लक्ष्यों की उपलब्धि की निगरानी के लिए कोई तंत्र नहीं था, यह पता नहीं चल सका कि राष्ट्रीय और राज्य नीति निर्देशों के अनुसार पर्याप्त ध्यान दिया जा रहा है या नहीं। विभाग ने जवाब दिया कि सभी प्रक्रियाएं राष्ट्रीय और राज्य नीति निर्देशों के अनुसार लागू की जा रही हैं।

2. दिल्ली में उच्च टीबी अधिसूचना दर के कारणों के बारे में, विभाग ने कहा कि यह दिल्ली में प्रवासी आबादी; झुग्गियों/अनधिकृत कॉलोनियों में रहने की स्थिति; और पड़ोसी राज्यों के मरीज जो दिल्ली में निदान और इलाज करा रहे थे, के कारण उच्च थी।

3. संशोधित राष्ट्रीय टीबी नियंत्रण कार्यक्रम (आरएनटीसीपी) के तहत गतिविधियों के ऑडिट से पता चला कि इसमें कमियां थीं, जागरूकता गतिविधियां नहीं की गईं; जिला डीआर-टीबी समिति का गठन नहीं हुआ या देरी हुई; मासिक प्रदर्शन समीक्षा बैठकें नहीं हुईं; जिलों में अपर्याप्त मूल्यांकन यात्राएं; पीएमडीटी (ड्रग-रेजिस्टेंट टीबी का प्रोग्रामेटिक मैनेजमेंट) की अपर्याप्त निगरानी; डीडीआर-टीबी केंद्रों और टीबी इकाइयों में कर्मचारियों की कमी; जिला टीबी अधिकारियों (डीटीओ) के प्रशिक्षण की स्थिति; दवाओं की गुणवत्ता का परीक्षण करने में विफलता; दवा भंडारण में कीट नियंत्रण; उपकरण स्थापित नहीं किए गए; पोषण समर्थन प्रोत्साहन का भुगतान नहीं किया गया; थूकदान, कीटाणुनाशक और मास्क मरीजों को नहीं दिए गए; उपचार के बाद अनुवर्ती कार्रवाई नहीं की गई; और टीबी मरीजों की मृत्यु ऑडिट नहीं की गई। विभाग ने कहा कि उसने सीएजी की टिप्पणियों को नोट किया है और कमियों को दूर करने के लिए सुधारात्मक कदम उठाए हैं।

4. राष्ट्रीय वायरल हेल्पलाइन नियंत्रण कार्यक्रम के कार्यान्वयन में कमियों के बारे में, विभाग ने जवाब दिया कि सचिव (स्वास्थ्य) की अध्यक्षता में राज्य कार्यक्रम संचालन समिति का गठन किया गया है; एलएनएच में एक मॉडल उपचार केंद्र (एमटीसी) कार्य कर रहा है; जांच और परीक्षण के लिए जिलों में 8 उपचार केंद्र (टीसी); रैपिड डायग्नोस्टिक किट की खरीद की गई और एमटीसी और टीसी को उपलब्ध कराई गई; एनवीसीएचपी (जीओआई) और आईएलबीएस के साथ समन्वय में चिकित्सा अधिकारियों का प्रशिक्षण आयोजित किया गया।

5. ऑडिट में पाया गया कि विभाग ने नवजात शिशुओं को महत्वपूर्ण देखभाल (एनआईसीयू/पीआईसीयू/आईसीयू) प्रदान करने के लिए अस्पतालों और स्वास्थ्य केंद्रों को सूचीबद्ध नहीं किया है। विभाग ने जवाब दिया कि दिल्ली ने अब आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबीपीएम-जेवाई) को अपनाया है जो नवजात शिशुओं की महत्वपूर्ण देखभाल के लिए प्रावधान करता है।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई रिपोर्ट वॉल्यूम-II(संलग्नक-VIII) में दी गई है।

<u>समिति की टिप्पणियाँ और सिफारिशें</u>:

समिति इस तथ्य पर अपनी चिंता दर्ज करती है कि दिल्ली एसडीजी-3 लक्ष्यों को हासिल करने में पिछड़ रही है। विभाग द्वारा सूचित किए अनुसार, राष्ट्रीय राजधानी में प्रवासी आबादी और पूरे भारत से मरीजों का प्रवाह, इन लक्ष्यों को हासिल करने की चुनौती को बढ़ाता है। इन चुनौतियों को पार करने के लिए विभाग द्वारा अब उठाए जा रहे कदमों की सराहना करते हुए, समिति सिफारिश करती है कि एक वर्ष-वार कार्रवाई योजना बनाई जाए ताकि 2030 तक इन लक्ष्यों को हासिल करने में उल्लेखनीय सुधार किया जा सके। विभाग द्वारा इस दिशा में उठाए गए कदम (30.06.2026 तक) इस रिपोर्ट पर विभाग द्वारा प्रस्तुत की जाने वाली कार्रवाई रिपोर्ट में शामिल किए जाने चाहिए।

अध्याय X जीएनसीटीडी के कार्यक्रमों/योजनाओं/प्रोजेक्ट्स/सेवाओं का कार्यान्वयन (पैरा 10.1 से 10.11.2)

<u>जीएनसीटीडी के कार्यक्रमों/योजनाओं/प्रोजेक्ट्स/सेवाओं के कार्यान्वयन पर ऑडिट टिप्पणियाँ</u>:

दिल्ली सरकार द्वारा प्रदान किए गए कार्यक्रमों/योजनाओं/प्रोजेक्ट्स/सेवाओं के प्रदर्शन ऑडिट में, सी एंड एजी ने देखा, "दिल्ली उच्च न्यायालय के एक निर्णय (मार्च 2007) के अनुसार, विभिन्न सरकारी भूमि स्वामित्व एजेंसियों द्वारा सस्ती दरों पर भूमि आवंटित करने वाले सभी निजी अस्पतालों को आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) के मरीजों के लिए मुफ्त उपचार के लिए अपनी ओपीडी सुविधाओं का 25 प्रतिशत और आईपीडी बेड का 10 प्रतिशत आरक्षित करना था।

आदेशों के अनुसार, प्रत्येक सरकारी अस्पताल (जीएच) को दो सप्ताह के भीतर पहचाने गए निजी अस्पतालों (आईपीएच) को ईडब्ल्यूएस मरीजों को रेफर करने के लिए एक विशेष रेफरल केंद्र स्थापित करना था (5 अप्रैल 2007)। ऑडिट में पाया गया कि दिल्ली के 47 जीएच में से 19 ने 15 वर्षों से अधिक की देरी के बाद भी रेफरल केंद्र स्थापित नहीं किए थे (जून 2022 तक)। ऑडिट में पाया गया कि ईडब्ल्यूएस मरीजों के लिए कोई अलग शिकायत रजिस्टर नहीं रखा गया था। शिकायतों के समय पर निपटान के लिए कोई प्रणाली नहीं थी। 28 सरकारी अस्पतालों द्वारा 43,951 ईडब्ल्यूएस मरीजों को रेफर किया गया था, जबकि दिल्ली सरकार के अस्पतालों में कुल 13.89 करोड़ मरीजों का इलाज किया गया था।

दिल्ली आरोग्य कोष (DAK) का गठन (सितंबर 2011) जीवन-धमकाने वाली बीमारियों से पीड़ित गरीब मरीजों को वित्तीय सहायता प्रदान करने के लिए एक सोसाइटी के रूप में किया गया था। DAK ने लाभार्थियों के योजना-वार विवरण नहीं रखे हैं। यह नियमित रूप से यूसी और सरकारी अस्पतालों के साथ पड़ी अनस्पेंट राशि का विवरण नहीं मांगता है। उचित अनुवर्ती कार्रवाई सुनिश्चित करने और किसी भी दुर्व्यवहार को रोकने के लिए ऑनलाइन आधार-आधारित/बायोमेट्रिक ट्रैकिंग ऑफ पेशेंट्स को DAK द्वारा लागू नहीं किया गया था। ऑडिट में पाया गया कि DAK के मूल उद्देश्य और लक्ष्य को व्यापक रूप से प्रसारित नहीं किया गया था।

DAK की मुफ्त सर्जरी योजना में पहचाने गए दिल्ली सरकार के अस्पतालों से योग्य मरीजों को सूचीबद्ध निजी अस्पतालों में भेजने का प्रावधान है, जब निर्दिष्ट सर्जरी के लिए आवंटित तिथि एक कैलेंडर माह से अधिक हो जाती है या जब निर्दिष्ट सर्जरी सरकारी अस्पताल में नहीं की जाती है और उच्च अंत डायग्नोस्टिक परीक्षण योजना के तहत, पहचाने गए दिल्ली सरकार के अस्पतालों, पॉलीक्लिनिक्स, आदि से मरीजों को सूचीबद्ध डायग्नोस्टिक केंद्रों में रेफर किया जाता है। DAK ने प्रतीक्षा अवधि को कम करने के लिए उठाए गए कदमों की प्रभावशीलता को सत्यापित करने के लिए कोई मूल्यांकन नहीं किया।

मेडिको- लीगल पीड़ितों के बिल के प्रतिपूर्ति की शर्तों में से एक यह है कि पीड़ित किसी भी बीमा योजना में कवर नहीं है। भुगतान करने से पहले इसकी जांच करने के लिए कोई तंत्र नहीं था।

C&AG की सिफारिशें:

10.1 सरकार को रेफरल प्रणाली को मजबूत करना चाहिए और यह सुनिश्चित करना चाहिए कि पहचाने गए निजी अस्पताल ईडब्ल्यूएस के लिए मुफ्त ओपीडी/आईपीडी सेवाओं के अधिकतम उपयोग के लिए सभी आदेशों और निर्देशों का पालन करें।

10.2 सरकार को शिकायतों के समाधान की निगरानी के लिए एक ओवरसाइट तंत्र स्थापित करना चाहिए।

10.3 सरकार को सभी हितधारकों के बीच योजना के लाभ को व्यापक रूप से प्रचारित करना चाहिए।

10.4 DAK को उचित अनुवर्ती कार्रवाई सुनिश्चित करने और किसी भी दुर्व्यवहार को रोकने के लिए ऑनलाइन आधार-आधारित/बायोमेट्रिक ट्रैकिंग ऑफ पेशेंट्स की प्रणाली विकसित करने के लिए ठोस कदम उठाने चाहिए।

10.5 DAK को भुगतान करने से पहले मरीज की चिकित्सा बीमा स्थिति की अनिवार्य रूप से जांच करनी चाहिए।

<u>विभाग द्वारा की गई कार्रवाई</u>:

1. ईडब्ल्यूएस योजना के संबंध में, ऑडिट में पाया गया कि, "ईडब्ल्यूएस मरीजों के मुफ्त उपचार को सुनिश्चित करने के लिए डीजीएचएस द्वारा पहचाने गए निजी अस्पतालों की कोई निगरानी नहीं थी। खराब शिकायत निवारण तंत्र के साथ मुफ्त उपचार से इनकार के मामले थे। इस संबंध में निर्णय की घोषणा के 15 वर्षों से अधिक समय बीत जाने के बाद भी 19 सरकारी अस्पतालों ने विशेष रेफरेंस केंद्र नहीं बनाए हैं। 28 सरकारी अस्पतालों ने केवल 43,951 मरीजों को रेफर किया, जबकि दिल्ली सरकार के अस्पतालों में कुल 13.89 करोड़ मरीजों का इलाज किया गया। लेफ्टिनेंट गवर्नर के निर्देशों के बावजूद, ऑनलाइन आधार-आधारित/बायोमेट्रिक ट्रैकिंग ऑफ पेशेंट्स की प्रणाली अभी तक लागू नहीं की गई थी, जो उचित अनुवर्ती कार्रवाई सुनिश्चित करने और वित्तीय दुर्व्यवहार को रोकने के लिए एक सुरक्षित तंत्र विकसित करने के लिए विभाग की गैर-गंभीरता को दर्शाता है।"

विभाग ने जवाब दिया कि कमियों को दूर करने के लिए आवश्यक सुधारात्मक कदम उठाए गए हैं, जिनमें शामिल हैं:

(i) ईडब्ल्यूएस/डीएके (दिल्ली आरोग्य कोष) के लिए कार्यात्मक हेल्पडेस्क की स्थापना।

(ii) सभी सरकारी अस्पतालों में नोडल अधिकारियों की नियुक्ति।

(iii) समर्पित कर्मचारियों के साथ अलग रेफरल केंद्र स्थापित किए गए।

(iv) डीजीएचएस द्वारा पहचाने गए निजी अस्पतालों की निगरानी।

(v) प्रवेश और बेड की उपलब्धता की निगरानी के लिए पहचाने गए निजी अस्पतालों में संपर्क अधिकारियों की नियुक्ति।

(vi) ईडब्ल्यूएस शाखा शिकायतों के समय पर निवारण को सुनिश्चित कर रही थी।

(vii) सरकारी और आईपीएच में योजनाओं के बारे में जागरूकता और प्रचार।

(viii) आईपीएच में डायलिसिस के लिए आरक्षित स्लॉट और ईडब्ल्यूएस मरीजों के लिए चिह्नित बेड।

(ix) अस्पतालों और डीएसएचएम वेबसाइट पर बेड की उपलब्धता और संपर्क व्यक्तियों के विवरण का प्रदर्शन।

2. ऑडिट में पाया गया कि "दिल्ली आरोग्य कोष (DAK) द्वारा चलाई जा रही योजनाओं के बारे में जागरूकता की कमी के कारण बहुत कम लोगों ने लाभ उठाया। एलएनएच में विभिन्न डायग्नोस्टिक परीक्षणों और सर्जरी के लिए क्रमशः तीन और आठ महीने तक की प्रतीक्षा अवधि थी, हालांकि DAK योजना के तहत इन मामलों को निजी सूचीबद्ध अस्पतालों में DAK द्वारा परीक्षण/सर्जरी के लिए मरीज द्वारा कोई भुगतान नहीं किए जाने के बारे में प्रमाण पत्र की अनिवार्य रूप से सुनिश्चित नहीं किया गया था। संबंधित अस्पतालों को भुगतान करने से पहले किसी भी सरकारी/निजी चिकित्सा बीमा योजना के तहत मरीजों के कवरेज के बारे में जानकारी प्राप्त करने के लिए DAK द्वारा कोई तंत्र विकसित नहीं किया गया था। DAK योजनाओं के सुचारू कार्यान्वयन के लिए डीएके और दिल्ली में विभिन्न स्वास्थ्य देखभाल एजेंसियों के बीच समन्वय की कमी थी।"

विभाग ने जवाब दिया कि कमियों को दूर करने के लिए आवश्यक सुधारात्मक कदम उठाए गए हैं, जिनमें शामिल हैं:

(i) सरकारी अस्पतालों/इमेजिंग केंद्रों को वित्तीय सहायता योजना के रिकॉर्ड के लिए मरीज-वार रिकॉर्ड बनाए रखा गया।

(ii) स्वास्थ्य देखभाल सेवाओं की ट्रैकिंग और प्रबंधन को बढ़ाने के लिए ऐप-आधारित बायोमेट्रिक निगरानी प्रणाली की खरीद।

(iii) सभी मेडिको- लीगल मामलों (MLC) के अनिवार्य पंजीकरण के लिए द इन्ग्रेटेड रोड एक्सीडेंट डेटाबेस (आईआरएडी) का कार्यान्वयन।

(iv) योजनाओं के बारे में जागरूकता पहल और प्रचार उपायों में वृद्धि।

(v) उच्च अंत डायग्नोस्टिक परीक्षणों और सर्जरी के लिए मरीजों को रेफर करने के लिए सभी सरकारी अस्पतालों के डॉक्टरों के लिए सेंसिटाइजेशन और प्रशिक्षण कार्यक्रम।

(vi) सूचीबद्ध अस्पतालों और इमेजिंग केंद्रों को भुगतान जारी करने से पहले मरीजों से प्रमाण पत्र और प्रतिक्रिया अनिवार्य की गई।

(vii) भुगतान जारी करने से पहले मेडिको- लीगल पीड़ितों के वैकल्पिक चिकित्सा बीमा की उपलब्धता की जांच के लिए उपचार करने वाले अस्पतालों को संवेदनशील बनाया गया था।

(viii) शिकायत निवारण तंत्र को मजबूत किया गया।

(ix) आयुष्मान भारत पीएम-जेएवाई को 05.04.2025 से लागू किया गया है और आयुष्मान भारत पोर्टल पर डीएके की प्रक्रिया शुरू हो गई है।

(x) DCD ने दिल्ली सरकार के स्वास्थ्य सुविधाओं का दौरा करने वाले मरीजों को मुफ्त दवाएं सुनिश्चित करने के लिए प्रधान मंत्री भारतीय जन औषधि केंद्र खोलने के लिए 513 लाइसेंस प्रदान किए।

(xi) हेल्थ हेल्पलाइन शुरू करने के लिए वैकल्पिक विकल्पों की जांच की जा रही थी।

(xii) H&FW और DGHS के बीच बेहतर समन्वय सुनिश्चित करने के लिए नियमित अंतराल पर जानकारी एकत्र की जा रही थी।

(xiii) सभी दिल्ली सरकार के अस्पतालों को नेक्स्ट जेन ई-हॉस्पिटल प्लेटफॉर्म पर ऑनबोर्ड किया गया था।

विस्तृत ऑडिट रिपोर्ट और विभाग की पैरा-वार कार्रवाई रिपोर्ट वॉल्यूम-II(संलग्नक-IX) में दी गई है।

<u>समिति की टिप्पणियाँ और सिफारिशें</u>:

समिति यह नोट करने में चिंतित है कि ईडब्ल्यूएस योजना का कार्यान्वयन और दिल्ली आरोग्य केंद्रों का संचालन ऑडिट द्वारा इंकित कई कमियों का सामना कर रहा था, जो दर्शाता है कि आम जनता इन सेवाओं के लाभों से वंचित रही है। विभाग द्वारा की गई कार्रवाई के विवरण कागज पर अच्छे लगते हैं, हालांकि, समिति के सदस्यों की व्यक्तिगत बातचीत में पहचाने गए निजी अस्पतालों में ईडब्ल्यूएस योजना के कार्यान्वयन में अभी भी सुधार की गुंजाइश है।

1. समिति सिफारिश करती है कि विभाग को यह सुनिश्चित करने के लिए उठाए गए उपायों का सख्ती से पालन और कार्यान्वयन करना चाहिए कि EWS योजना के लाभ योग्य मरीजों तक पहुंचें।

2. स्वास्थ्य सेवाओं की पारदर्शिता और दक्षता में सुधार के लिए सभी सरकारी अस्पतालों/इकाइयों द्वारा नेक्स्ट जेन ई-हॉस्पिटल प्लेटफॉर्म को अपनाया जाना चाहिए।

3. हेल्थ हेल्पलाइन को जल्द से जल्द शुरू किया जाना चाहिए और आम जनता के लिए इसका व्यापक प्रचार किया जाना चाहिए।

4. विभाग द्वारा इस दिशा में उठाए गए कदम (30.06.2026 तक) इस रिपोर्ट पर विभाग द्वारा प्रस्तुत की जाने वाली कार्रवाई रिपोर्ट में शामिल किए जाने चाहिए।

अध्याय XI आयुष
(पैरा 11.1 से 11.9.9)

भारत के राष्ट्रीय राजधानी क्षेत्र (जीएनसीटीडी) की सरकार ने स्वास्थ्य देखभाल में आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी (आयुष) जैसी वैकल्पिक चिकित्सा प्रणालियों के उपयोग को प्रोत्साहित करने और इन प्रणालियों में अनुसंधान और शिक्षा के प्रसार को सुनिश्चित करने के लिए स्वास्थ्य और परिवार कल्याण विभाग (DH&FW)) के तहत भारतीय चिकित्सा और होम्योपैथी (ISM&H)) के लिए एक अलग निदेशालय की स्थापना की (मई 1996)। ISM&H का नाम 2013 में आयुष निदेशालय (निदेशालय) में बदल दिया गया था।

आयुष के ऑडिट के लिए, निदेशालय के चार स्वायत्त निकायों [बोर्ड ऑफ होम्योपैथिक सिस्टम ऑफ मेडिसिन, दिल्ली भारतीय चिकित्सा परिषद (डीबीसीपी), भारतीय चिकित्सा दिल्ली के लिए पैरा मेडिकल प्रशिक्षण के लिए परीक्षा बोर्ड, और दिल्ली होम्योपैथिक अनुसंधान परिषद (डीएचएपी)], दो आयुर्वेद/यूनानी/होम्योपैथिक मेडिकल कॉलेजों के साथ संलग्न अस्पताल [(i) आयुर्वेदिक और यूनानी तिब्बिया कॉलेज और अस्पताल (तिब्बिया कॉलेज और अस्पताल), (ii) डॉ बीआर सुर होम्योपैथिक मेडिकल कॉलेज अस्पताल और अनुसंधान केंद्र (SHMC), आयुष निदेशालय, ड्रग्स कंट्रोल सेल (आयुर्वेदिक और यूनानी दवाएं) और ड्रग्स कंट्रोल विभाग की जांच की गई।

<u>आयुष पर ऑडिट टिप्पणियाँ</u>:

ऑडिट ने बताया कि, "आयुष अस्पतालों में आने वाले IPD और OPD मरीजों की संख्या 2016-22 के दौरान घट गई। परीक्षण किए गए अस्पतालों में से एक में पैथोलॉजी लैब, मेटरनिटी वार्ड और रेडियोलॉजी विभाग कार्यात्मक/आंशिक रूप से कार्यात्मक नहीं थे। परीक्षण किए गए अस्पतालों में आवश्यक दवाओं की भी कमी थी। इसके अलावा, परीक्षण किए गए दोनों अस्पतालों में दवाओं और उपकरणों की कमी के बावजूद 'सप्लाई एंड मेडिसिन' और 'मैचिनरी एंड इक्विपमेंट' के तहत बचत देखी गई। आयुष विभाग में कर्मचारियों की कुल कमी 57.97 प्रतिशत थी। इसके अलावा, संलग्न अस्पतालों के साथ चार मेडिकल कॉलेजों में डॉक्टरों (51.89 प्रतिशत), पैरामेडिकल स्टाफ (55.93 प्रतिशत) और नर्सों (32.21 प्रतिशत) के कैडर में कमी देखी गई। परीक्षण किए गए अस्पतालों में से एक में पैथोलॉजी लैब के लिए मार्च 2018 में खरीड़े गए 45.98 लाख रुपये के उपकरण उपयोग में नहीं थे और बेकार पड़े थे।

आयुर्वेद और यूनानी दवाओं की निर्माण और बिक्री इकाइयों के अनिवार्य निरीक्षण करने में कमी थी।

जीएनसीटीडी ने एक राज्य आयुष सोसाइटी स्थापित नहीं की और न ही 2016-17 से राष्ट्रीय आयुष मिशन के तहत वित्तीय लाभ प्राप्त करने के लिए भारत सरकार को राज्य वार्षिक कार्य योजना प्रस्तुत की। 2014-16 के दौरान राष्ट्रीय आयुष मिशन के तहत प्राप्त अनुदान से जीएनसीटीडी/आयुष निदेशालय के पास 3.83 करोड़ रुपये अभी भी अप्रयुक्त पड़े थे।

भारतीय चिकित्सा प्रणालियों के चिकित्सा चिकित्सकों का पंजीकरण प्रदान करने के लिए दिल्ली भारतीय चिकित्सा परिषद (डीबीसीपी) का जुलाई 2015 से पुनर्गठन नहीं किया गया था। होम्योपैथी में अनुसंधान विकसित करने और समन्वय करने के लिए गठित दिल्ली होम्योपैथी अनुसंधान परिषद (डीएचएपी) 2017-18 से कार्यात्मक नहीं थी।

C&AG की सिफारिशें:

11.1 सरकार को सभी आयुष अस्पतालों में आवश्यक दवाओं की समय पर खरीद और उपलब्धता सुनिश्चित करनी चाहिए।

11.2 अस्पतालों को पैथोलॉजी, रेडियोलॉजी और मेटरनिटी विभागों में इन विभागों को पूर्ण रूप से चलाने के लिए बेकार उपकरणों को स्थापित करने के लिए तत्काल उपाय करने चाहिए।

11.3 सरकार को चिकित्सा अधिकारी, शिक्षण स्टाफ, नर्सों और पैरामेडिकल स्टाफ के रिक्त पदों को भरने के लिए तत्काल उपाय करने चाहिए।

11.4 सरकार को आयुष के नियामक निकायों के उचित कार्य को सुनिश्चित करना चाहिए।

विभाग द्वारा की गई कार्रवाई:

1. ऑडिट की टिप्पणियों के जवाब में विभाग ने बताया कि उसने फंड के इष्टतम उपयोग और अंतिम महीनों में व्यय की गति को रोकने के लिए ऑडिट की टिप्पणियों को नोट किया है।

2. आयुष स्वास्थ्य देखभाल बुनियादी ढांचे की उपलब्धता और प्रबंधन पर ऑडिट की टिप्पणियों के बारे में, विभाग ने बताया कि तिब्बिया कॉलेज ने अतिक्रमण हटाने के लिए नियम अधिसूचित किए हैं और जैसे ही जगह उपलब्ध होगी, शैक्षणिक विभागों का निर्माण किया जाएगा। तिब्बिया कॉलेज ने पीडब्ल्यूडी कार्यों की शारीरिक और वित्तीय प्रगति के लिए निगरानी तंत्र विकसित किया है और कार्यों की प्रगति की समीक्षा के लिए एक समिति का गठन किया है।

3. दवाओं के भंडारण की सुविधाओं की कमी के बारे में ऑडिट की टिप्पणी के जवाब में, विभाग ने बताया कि 4000 वर्ग फुट का ड्रग्स स्टोर बनाया गया है और राष्ट्रीय आयुष मिशन के फंड से स्थायी स्टोर स्थापित करने के लिए भूमि की पहचान की गई है।

4. कैंटीन/किचन सेवाओं की अनुपलब्धता के बारे में ऑडिट की टिप्पणी के जवाब में, विभाग ने बताया कि तिब्बिया कॉलेज ने छात्रों और कर्मचारियों के लिए कैंटीन का निर्माण किया है और किचन सेवाओं के लिए GeM पोर्टल के माध्यम से प्रक्रिया चल रही है। एसएचएमसी के बारे में, यह बताया गया है कि किचन सेवा पहले से ही उपलब्ध है और GeM के माध्यम से नया टेंडर जारी किया जा रहा है।

5. आयुष दवाओं के लिए आवश्यक दवाओं की सूची (ईडीएल) को अद्यतन नहीं करने के बारे में, विभाग ने बताया कि उसने ईडीएल की समीक्षा की है और प्रकाशित किया है।

6. राज्य दवाओं परीक्षण प्रयोगशाला की कमी के बारे में, विभाग ने बताया कि वह इस उद्देश्य के लिए आयुष मंत्रालय को राज्य कार्य योजना प्रस्तुत करेगा।

7. ऑडिट की टिप्पणी के जवाब में कि नमूना परीक्षण नहीं किया जा रहा है, विभाग ने बताया कि वर्तमान में सभी आपूर्ति की गई दवाओं का परीक्षण डिस्पेंसरी में वितरण से पहले किया जा रहा है।

8. दवाओं के परीक्षण के मानकों के अनुसार नहीं करने के बारे में, विभाग ने बताया कि सभी परीक्षण भारतीय दवाओं के लिए फार्माकोपियाल लैबोरेटरी, भारत सरकार द्वारा निर्धारित प्रोटोकॉल के अनुसार किए जा रहे हैं।

9. विभाग ने बताया कि उसने गुणवत्ता आश्वासन दिशानिर्देशों के संबंध में ऑडिट की टिप्पणियों को नोट किया है।

10. परीक्षण किए गए अस्पतालों में आवश्यक दवाओं की कमी के बारे में ऑडिट की टिप्पणियों के बारे में, विभाग ने बताया कि अस्पतालों में आवश्यक दवाओं की समय पर खरीद के लिए सभी प्रयास किए जा रहे हैं।

11. आयुष अस्पतालों में आवश्यक उपकरणों की अनुपलब्धता के बारे में, विभाग ने आश्वासन दिया है कि ऑडिट की टिप्पणियों का पालन किया जा रहा है।

12. मानव शक्ति की कमी के बारे में, विभाग ने बताया कि स्टाफ/मेडिकल ऑफिसर, नर्सिंग ऑफिसर, पैरामेडिकल स्टाफ, फैकल्टी आदि के रिक्त पदों को समय पर भरने के लिए भर्ती एजेंसियों (यूपीएससी/डीएसएसएसबी) के साथ समन्वय में आवश्यक कार्रवाई की जा रही है।

13. इनडोर रोगियों के कार्य में कमियों के बारे में, विभाग ने एक कार्य योजना प्रस्तुत की है ताकि कमियों को दोबारा न हो।

14. ऑडिट ने बताया कि दिल्ली राष्ट्रीय आयुष मिशन कार्यक्रम को लागू नहीं कर रहा है। विभाग ने जवाब दिया कि मामला सरकार के सक्रिय विचाराधीन है।

15. दिल्ली भारतीय चिकित्सा परिषद (डीबीसीबी); भारतीय चिकित्सा में पैरा मेडिकल प्रशिक्षण के लिए परीक्षा निकाय; दिल्ली होम्योपैथिक अनुसंधान परिषद; आयुर्वेद और यूनानी पैरामेडिक्स का विनियमन; आयुर्वेदिक और यूनानी दवाओं की बिक्री करने वाली इकाइयों का निरीक्षण; बायो मेडिकल वेस्ट मैनेजमेंट पर स्वास्थ्य कर्मियों के प्रशिक्षण में कमी; शराब/स्पिरिट की खरीद के लिए लाइसेंस प्राप्त नहीं किया गया है और होम्योपैथिक कॉलेज में मरीजों की संख्या न्यूनतम मानकों से कम है। विभाग ने जवाब दिया कि डीबीसीबी के चुनाव के लिए एक समिति का गठन किया गया है; पैरामेडिकल प्रशिक्षण के लिए परीक्षा निकाय के लिए पाठ्यक्रम सामग्री को संशोधित किया जा रहा है; डीएचएपी को माननीय मंत्री के निर्देश पर भंग कर दिया गया है; आयुष पैरामेडिकल स्टाफ के पंजीकरण के लिए अन्य राज्यों की सर्वोत्तम प्रथाओं

की जांच की जा रही है; दवाओं की गुणवत्ता सुनिश्चित करने के लिए नियमित निरीक्षण किया जा रहा है; बायो मेडिकल वेस्ट मैनेजमेंट पर नियमित प्रशिक्षण प्रदान किया जा रहा है; शराब/स्पिरिट की खरीद के लिए लाइसेंस प्राप्त किया गया है; और एसएचएमसी में मरीजों की संख्या बढ़ाने के लिए ई-हॉस्पिटल और पंजीकरण, प्रचार और जागरूकता; स्वास्थ्य शिविर और सामुदायिक आउटरीच, पेटेंट समर्थन और जुड़ाव, राष्ट्रीय कार्यक्रम और पहल के रूप में आवश्यक कदम उठाए गए हैं।

आयुष विभाग पर विस्तृत ऑडिट रिपोर्ट और पैरा-वार कार्रवाई की गई टिप्पणी वॉल्यूम-II(संलग्नक-X) में रखी गई है ।

<u>समिति की टिप्पणियाँ और सिफारिशें:</u>

आयुष भारत की स्वास्थ्य देखभाल में एक महत्वपूर्ण भूमिका निभाता है, जो आधुनिक चिकित्सा के समान ही समग्र, निवारक और किफायती उपचार विकल्प प्रदान करता है। यह जीवनशैली प्रबंधन, रोग की रोकथाम और प्राकृतिक उपचार पर जोर देता है, जिससे यह विशेष रूप से जीवनशैली से संबंधित विकारों से निपटने में प्रासंगिक है। यह न केवल बीमारियों को ठीक करने पर ध्यान केंद्रित करता है, बल्कि **स्वास्थ्य को बढ़ावा देने और बीमारी को रोकने पर भी ध्यान केंद्रित करता है** और शारीरिक, मानसिक और आत्मिक स्वास्थ्य को एकीकृत करता है।

ऐसे समय में जब भारत ने आयुष के माध्यम से पारंपरिक चिकित्सा और स्वास्थ्य में खुद को एक **वैश्विक नेता के रूप में स्थापित किया है**, C&AG की रिपोर्ट में सामने आई गंभीर कमियों को देखना निराशाजनक है।

1. समिति सिफारिश करती है कि सरकार को आयुष से संबंधित सेवाओं को एलोपैथी के माध्यम से प्रदान की जाने वाली स्वास्थ्य सेवाओं के समान प्राथमिकता देनी चाहिए।

2. समिति को दिए गए आश्वासनों और समयसीमाओं (30.06.2026 तक) को पूरा करने के लिए उठाए गए कदम इस रिपोर्ट पर विभाग द्वारा प्रस्तुत की जाने वाली कार्रवाई रिपोर्ट में शामिल किए जाने चाहिए।

अध्याय XII निष्कर्ष

समिति अपनी रिपोर्ट सदन में प्रस्तुत करती है, जिसमें यह निष्कर्ष निकाला गया है कि स्वास्थ्य सेवाओं की कुशलता से प्रदान करना न केवल अच्छी शासन व्यवस्था का एक आधार है, बल्कि दिल्ली के लोगों के प्रति एक महत्वपूर्ण प्रतिबद्धता भी है। गुणवत्तापूर्ण बुनियादी ढांचे और प्रशिक्षित स्वास्थ्य पेशेवरों के साथ संस्थागत ढांचे को मजबूत करना, समान पहुंच सुनिश्चित करना और जवाबदेही को अंतर्निहित करना स्वास्थ्य प्रणाली को शहर की बढ़ती मांगों को पूरा करने में सक्षम करेगा।

साथ ही, समिति मानती है कि स्वास्थ्य देखभाल केवल संरचनाओं और नीतियों के बारे में नहीं है, बल्कि हर नागरिक की गरिमा और कल्याण की रक्षा करने के बारे में है। समय पर हस्तक्षेप, मजबूत स्वास्थ्य देखभाल सेवाएं और निष्पक्ष संसाधन वितरण में निवेश करके, दिल्ली एक ऐसी प्रणाली बना सकती है जो कुशल, समावेशी और सहानुभूतिपूर्ण हो; एक ऐसी प्रणाली जो वास्तव में शहर की सभी निवासियों के स्वास्थ्य की रक्षा और प्रचार करने की जिम्मेदारी को दर्शाती है।

दिल्ली सरकार की यह महत्वपूर्ण जिम्मेदारी है कि उसकी नीतियां, विशेष रूप से स्वास्थ्य क्षेत्र में, दिल्ली के लोगों के अलावा जीविका, शिक्षा या चिकित्सा देखभाल की खोज में अन्य राज्यों से आने वाले लोगों के प्रति समावेशी और विचारशील हों। राष्ट्रीय राजधानी के रूप में, दिल्ली पूरे भारत से बड़ी आबादी को आकर्षित करती है, और इनमें से कई लोग जरूरत के समय शहर के स्वास्थ्य बुनियादी ढांचे पर निर्भर होते हैं। इसलिए, यह आवश्यक है कि स्वास्थ्य नीतियां किफायती और गुणवत्तापूर्ण चिकित्सा सेवाओं तक समान पहुंच प्रदान करने के लिए डिज़ाइन की जाएं, चाहे व्यक्ति का मूल राज्य कुछ भी हो। सार्वजनिक अस्पतालों को मजबूत करके, बीमा कवरेज का विस्तार करके और निवारक स्वास्थ्य देखभाल में निवेश करके, सरकार सार्वभौमिक कल्याण के सिद्धांत को बनाए रख सकती है। यह दृष्टिकोण न केवल सामाजिक न्याय को दर्शाता है, बल्कि दिल्ली की एक सहानुभूतिपूर्ण और जिम्मेदार राजधानी के रूप में भूमिका को भी मजबूत करता है जो अपनी सीमाओं के भीतर रहने वाले या शरण लेने वाले सभी लोगों के कल्याण की रक्षा करता है।

सरकार को अपने बजट, मानव शक्ति की आवश्यकताओं, सार्वजनिक बुनियादी ढांचे आदि की योजना बनाते समय इस बात को ध्यान में रखना चाहिए। चूंकि ये उद्देश्य

केवल विभिन्न विभागों के समन्वय और सहयोग से ही प्राप्त किए जा सकते हैं, इसलिए मुख्य सचिव और इन विभागों के वरिष्ठ अधिकारियों पर यह जिम्मेदारी है कि वे बैठकर इन मुद्दों का समाधान करें।

विभाग ने सी एंड एजी की रिपोर्ट में उठाई गई अधिकांश सिफारिशों/टिप्पणियों को स्वीकार किया है और उनके कार्यान्वयन के लिए समयसीमा दी है। तदनुसार, विभाग को अपनी आश्वासनों और समयसीमाओं की स्थिति/प्रगति (30.06.2026 तक) को कार्रवाई रिपोर्ट में शामिल करना चाहिए, जिसे 31.07.2026 तक विधानसभा में प्रस्तुत किया जा सकता है।

समिति एक बार फिर सी एंड एजी द्वारा दिल्ली में स्वास्थ्य सेवाओं में कमियों को उजागर करने के लिए किए गए प्रयासों की सराहना करती है। सी एंड एजी की सिफारिशें और समिति की अपनी सिफारिशें नई सरकार के लिए एक अवसर के रूप में काम करेंगी ताकि राष्ट्रीय राजधानी के लोगों को एक विश्व स्तरीय शहर के अनुरूप सर्वोत्तम स्वास्थ्य देखभाल सेवाएं प्रदान की जा सकें।

(अजय महावर)
सभापति
लोक लेखा समिति

दिल्ली
तिथि :23.03.2026

विधान सभा
राष्ट्रीय राजधानी क्षेत्र दिल्ली
LEGISLATIVE ASSEMBLY
NATIONAL CAPITAL TERRITORY OF DELHI

लोक लेखा समिति
COMMITTEE ON PUBLIC ACCOUNTS

आठवी ंविधान सभा का प्रथम प्रतिवेदन
FIRST REPORT OF THE EIGHTH ASSEMBLY

23.03.2026 को प्रस्तुत
PRESENTED ON 23.03.2026

27.03.2026 को स्वीकृत
ADOPTED ON 27.03.2026

वॉल्यूम– **II**
(अनुलग्नक)

VOLUME – II
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ANNEXURE-I

CHAPTER II - HUMAN RESOURCE

Para : 2.2 :- **Human Resource availability against sanctioned strength**

None of the Health-related directorates maintained a complete list of permanent and contractual medical staff available in all health institutions under the Government of Delhi. Therefore, Audit analyzed the data of Human Resource Management system (HRMS), a module/application of Integrated Financial Management System (IFMS) obtained from Treasuries and Accounts Department, Delhi (31 March 2022). The HRMS data contains information of permanent staff deployed in various departments under GNCTD. Audit obtained and analyzed the data related to -

i. Department of Health and Family Welfare
ii. Directorate General of Health Services (DGHS)
iii. State Health Mission
iv. Drug Control Department
v. Maulana Azad Medical college
vi. Lok Nayak Hospital
vii. Rajiv Gandhi Super Specialty Hospital
viii. Janakpuri Super Specialty Hospital
ix. Chacha Nehru Bal Chikitsalaya

Department of Health and Family Welfare and DGHS have major share in the total sanctioned strength. In terms of percentage of vacant posts, there was shortage of 21 *per cent* and 37.55 *per cent* in the above two Departments/Institutes. Audit also noticed that the percentage of vacancies in DGHS increased from 19.96 *per cent* in 2016-17 to 37.55 *per cent* in 20 21-22. In selected hospitals and Drug Control Department, the vacancies persisted during the audit period.

Analysis of hospital data revealed shortage of nurses, para-medical staff and doctors and their irrational distribution among these health units is as under :-

1. Nursing staff: There was overall shortage of nursing staff (21 *per cent*) and hospital-wise shortage ranged from one to 34 *per cent*. There were Significant vacancies in major hospitals such as GB Pant Hospital (34 *per cent*), GTB Hospital (28 *per cent*), LNH (20 *per cent*) and Bhagwan Mahavir Hospital (33 *per cent*).

2. Paramedical staff: There were 79 categories of posts sanctioned under paramedical staff against which there was overall shortage of staff (38 *per cent*) and no staff was posted against 23 categories of posts. There were more than 30 *per cent* vacancies in 19 different categories of posts such as ccupational Therapist/ Physiotherapist, Speech Therapist, Refractionist, Audiometric Assistant, Dietician, Post Mortem Assistant, Technical

Assistant Ophthalmology, Orthoptist, Psychiatric Social worker, Lab Technician, OT Technician, Radiographer, Medical Record Technician etc.

3. Teaching specialists, non-teaching specialists and medical officers: The overall shortage in the categories of teaching specialists, non-teaching specialists and medical officers were 30, 28 and 9 *per cent* respectively. There were significant vacancies of non-teaching specialist in major hospitals such as Dr. Baba Saheb Ambedkar (38 *per cent*), LNH (40 *per cent*) and Babu Jagjiwan Ram Memorial (44 *per cent*). There was no sanctioned strength of specialists in three hospitals (Ambedkar Nagar Hospital, Burari Hospital and Indira Gandhi Hospital) but 11 non-teaching specialists were working in these hospitals on diverted capacity. Also, in these hospitals, 68 Medical Officers were working on diverted capacity against the sanctioned strength of 12. With regard to lack of sanctioned strength of specialists in three hospitals, Government stated (December 2023) that 36 specialists posts have been sanctioned in Indira Gandhi Hospital against which 17 posts have been filled on regular basis. Due to shortage of health staff, patient health care services are adversely affected. Department had not made any effort to fill up the vacant posts in different cadres.

4. District and department-wise shortage of specialists in 27 district level hospitals: Data of sanctioned strength and availability of specialists/doctors in various departments of 27 district level hospitals2 was collected by Audit. Hospitals located in a particular revenue district of GNCTD were grouped to ascertain the position district wise. Audit noted that in many of there 27 hospitals, ENT services (3), General Medicines (2), Pediatrics (2), General Surgery (3), Ophthalmology (2), Dental (7), Obstetrics & Gynecology (3), Psychiatry (19), orthopedics (3) and dermatology (5) were not available. Further audit noted that no GNCTD hospital was available in New Delhi district.

There was overall shortage of 33 *per cent* of doctors in the ten epartments of 27 hospitals of GNCTD. District wise shortage was 72 *per cent* in South, 61 *per cent* in North and 53 *per cent* in South West Districts. Shortage of doctors in other districts ranged between 17 to 30 *per cent* except in South East (11 *per cent*) and North East (5 *per cent*). Overall shortage of specialists in General Medicine, General Surgery, Ophthalmology and Dental were 45, 44, 42 and 51 *per cent* respectively. Shortage of doctors in other departments ranged between 20 to 33 *per cent* except in ENT (11 *per cent*).

There was shortage of doctors in all departments of hospitals in South West and North Districts. Further, in hospitals of North West and West Districts, shortage was noticed in all departments except Psychiatry.

Action taken by the Department:-

HR Medical

1. As per record, the vacancy position is as under:-

Post	Sanctioned	Filled	Vacant
Non teaching specialist	724	473	251
Medical Officers	1364	1259	105
Total	2088	1732	356

2. Department had sent requisition to UPSC to fill up 234 vacant posts of Medical officers in April, 2023 and 258 vacancies of Non-Teaching Specialist (NTS) in 19 specialties in August, 2023 and 21 posts of Radio-diagnosis on 28.03.2025.

3. UPSC has completed recruitment process for all posts except for Radio-diagnosis and sent 232 dossiers of regular GDMOs and 144 dossiers in 19 specialties of Non-Teaching Specialist to H& FW Department.

4. The posting orders of 232 GDMOs have been issued

5. Out of 144 dossier of NTS, all have been issued offer letter.

6. The posting orders also had been issued to 15 NTS vide order dt. 24.09.2024, 02 NTS vide order dt. 29.10.2024, 92 NTS vider oder dt. 09.05.2025 & 35 NTS vide order dt. 19.08.2025.

7. Further to meet the deficiency of doctors as a temporary solution, walk-in interviews were conducted upto 29.10.2024 for filling up Non Teaching Specialists on contractual basis against vacancies of 231 specialists in 17 specialties. 116 specialists were selected for contractual appointment and posting order have been issued. There is no cadre of Teaching Specialist in GNCT Delhi and all the post are filled up by CHS, MoH&FW, GoI. The matter regarding shortage of regular teaching specialist has been taken up with CHS and NOC has been obtained for CHS for contractual recruitment of Teaching Specialist. Interview for 104 post teaching faculty were conducted in December 2024 -- January 2025 and 64 candidates were selected for the post of teaching faculty (Contractual), posting order has been issued to all these candidates.

HR Paramedical

Future Action Plan for filling up Para-medical Posts

1. Expedite Ongoing Recruitment Process

i) Close monitoring of DSSSB's examination results for posts where exams have already been conducted.
ii) Immediate forwarding of e-dossiers received from DSSSB to concerned hospitals/institutions for early appointment.

iii) Strict follow-up with DSSSB for timely declaration of results, avoiding unnecessary delays.

2. Examination for Pending Posts

i) Coordinate with DSSSB to fix examination dates for posts where advertisements have been issued but exams are yet to be held.
ii) Ensure question papers and examination schedules are aligned with technical requirements of para-medical posts.
iii) Target timeline: **All pending examinations to be conducted within 2025.**

3. Vacancy Projections & Requisitions

i) Regular review of sanctioned strength vs filled posts across all hospitals.
ii) Compilation of vacancy data every quarter to ensure no backlog in requisition to DSSSB.

4. Recruitment Rules (RRs) Updation

i) Fast-track pending RR amendments and new framing for posts under consideration with UPSC, Services Department, and AR Department.
ii) Uploading of draft RRs on the Department's website for stakeholder consultation.
iii) Completion timeline: All RR amendments to be finalized within FY-2025-26.

Target Outcome:

By implementing the above plan, the Department aims to:
1. Fill all current advertised 945+ para-medical posts within 2025.
2. Eliminate backlog vacancies.
3. Strengthen para-medical support in Delhi Government hospitals for improved patient care.

Above plan of action may be incorporated in the Audit Para pending with respect to Para-medical Branch

HR Nursing

Future Action Plan:

1507 vacancies of Nursing officers was sent to DSSSB and exam for the post under 02/24 had been conducted in the month of August 2024 to Oct 2024 and the result of the same was published by the DSSSB on dated 02/05/2025.

In this regard 1394 e –dossiers for selected candidates have was received in H&FW Department and the same was sent to Hospitals under H&FW Department and the appointment of newly selected candidates under post code 02/24 is under process and near to finalization.

The remaining 113 posts comes under PWD category. The eligible candidates of this category were not found during the examination process. In future their backlog posts will be filled as per the special recruitment drive.
After the finalization of the above mentioned process. The remaining vacant post of Nursing Officer along with backlog will be calculated and requisition will be sent to DSSSB for filling these posts through examination process.

The Health & Family Welfare Department vide letter dated 15.12.2025 has further informed the Committee that:-

1. The mechanism is being created which will enable the department to have details of the doctors due to retire in the following year. So that the requisition for filling those vacancies may be submitted to UPSC at the earliest.

2. The mechanism is being created which will enable the department to have details of the Nursing/paramedical due to retire in the following year. So that the requisition for filling those vacancies may be submitted to DSSSB at the earliest.

3. DSSSB recruits these vacancies twice in a year.

On the observations of the Committee that:-

1) Is there any proposal to create a separate Cadre of teaching specialist in Delhi Government?
2) Status of filling up of vacant post of Para Medical Posts.
3) Status of appointment of 1394 selected candidates as Nursing Officers.
4) Status of conducting special recruitment drive for filling up of 113 post of Nursing Officers under the Persons with Disabilities (PwD).

The Health Department vide letter dated 26.12.2025 informed the Committee that:-

1) A committee under the chairmanship of Sh. S.B. Shashank, Consultant is constituted with the approval by Hon'ble L.G. This committee is considering and working on the matter for the constitution of a separate cadre of teaching specialist in Delhi which is under process.

2) The H&FW Department is continuously making sincere efforts to expeditethe process of recruitment through DSSSB at the earliest possible. Further, all the hospitals have been provided with the necessary approval of the Competent Authority by thisSecretariat to recruit Paramedical Staff on an outsourced basis through GeM, as per

the laid-down procedure, in order to fill all vacant posts and strengthen the healthcare system in Delhi as a stop-gap arrangement.

3) As per the present status till Oct. 2025, 800 candidates (Nursing Officers) have joined their respective place of posting. Further those selected candidates who have not joined their posting or found ineligible their e-dosseirs are being cancelled by respective Hospital authority. Fresh e-dosseirs are being issued to wait listed candidates which have been provided by the DSSSB. This process will continue until all 1394 posts of Nursing Officers are filled.
4) As regards to 113 posts of Nursing Officers under persons with Disability (PwD) category which could not be filled due to as there were no candidates. Once the appointment process of 1394 Nursing Officers completed (as these 113 posts are also the part of above mentioned recruitment process) we may take up this matter with DSSSB for speed drive.

Para: 2.3 :- Availability of Staff in various posts under Directorate General of Health Services (DGHS)

In DGHS, 1,532 posts, i.e., 37.55 *per cent* of total sanctioned strength of 4,080 were vacant. Category wise vacancy position is as under :-

Category	**Sanctioned post**	**Working Strength**	**Vacant post**	**Vacancy percentage**
Doctor	677	539	138	20.38
Nurses	560	526	34	6.07
Paramedics	985	755	230	23.35
Others	1858	728	1130	60.82
Total	**4080**	**2548**	**1532**	**37.55**

It can be seen from above table that the vacant posts under above mentioned four categories ranged from 6.07 *per cent* to 60.82 *per cent*

Action Taken by the Department:-

HR Medical

- Department had sent requisition to UPSC to fill up 234 vacant posts of Medical officers in April, 2023
- UPSC has completed recruitment process and also sent a total of 232 dossiers of regular GDMOs to H& FW Department
- The posting orders of these 232 GDMOs have been issued. 129 doctors has joined their duty in the allotted hospital. The candidature of 53 GDMOs has been cancelled after the approval of Hon'ble Lt.

Governor, Delhi and a letter has also sent to UPSC with the request to provide 53 dossiers from the waitlist/reserve panel.

A file has also sent to Hon'ble Lt. Governor, Delhi to cancel the candidature of 18 GDMOs as they have not joined their duty in the prescribed time limit.

Para: 2.4 :- **Human Resource under Drug Control Department (DCD)**

Total sanctioned strength of DCD, Delhi was 145. It has been observed that 51.72 *per cent* posts, i.e. 75 posts were lying vacant in DCD. Shortage of manpower in some of the posts in DCD were as under

S.No.	Naqme of the posts	Sanctioned posts	Working strength	Vacant posts	Percentage of vacant posts
1.	Drug Controller	1	00	01	100
2.	Deputy Drug Controller	2	01	01	50
3.	Sr. Scientific Officer	1	00	01	100
4.	Drug Inspector	46	17	29	63
5.	Junior Scientific Officer	04	00	04	100
6.	Sr. Scientific Officer	14	02	12	86
7.	Lab Assistant	02	01	01	50
8.	Sample Packer	01	00	01	100
	Total	**71**	**21**	**50**	**70.42**

It can be seen from above table, that there was acute shortage of staff in the critical posts of Drug Inspector (63 *per cent*), Junior Scientific Officer (100 *per cent*) and Sr. Scientific Assistant (86 *per cent*).

Action Taken by the Department:-

The Health & Family Welfare Department vide letter dated 15.12.2025 has further informed the Committee that:-

The overall vacancy position in DCD has improved substantially from 51.72% to 33.1%. In this regard, a major chunk of vacancy in Drug Control Department which was of Drug Inspectors has been filled through UPSC 25 new Drugs Inspectors have joined this department till 11.12.2025 after recruitment through UPSC, New Delhi. The total sanctioned strength of Drugs Inspector in this Department is 46, out of which 39 are filled. The total sanctioned post (Group –A, B and C) is 133 out which 91 post are filled

and 42 are lying vacant. The updated vacancy position in Drugs Control Department and the action plan for filling the remaining posts is mentioned below.

Steps have already been taken to for filling up of

1. Status of 3 vacant Group A posts is as under:

- One Group A post Assistant Drugs Controller through UPSC which is advanced stage.
- Two post of DDC are lying vacant as there is no eligible candidate.

2. 25 new Drugs Inspectors have joined this department till 11.12.2025 after recruitment through UPSC, New Delhi. The total sanctioned strength of Drugs Inspector in this Department is 46, out of which 39 are filled.

Status of 7 vacant posts of Drugs Inspector is as under:

a) 1 post is sub judice.

b) 3 candidates had not joined the department in the last recruitment process, dossiers of these 03 candidates have been returned to UPSC with the request to recommend the names of 03 fresh candidates for appointment to the post of Drugs Inspector from the Reserve panel.

c) 3 posts have fallen vacant due to promotion. The process for recruitment of vacant positions of Drugs Inspector shall be initiated as soon as final vacancy position is known, after final response regarding wait listed candidates is received from UPSC.

3. Status of 03 posts of of Junior Scientific Officer (JSO) is as under:

a) Out of these three posts of JSO, 2 posts are of JSO (Chemistry), out of which 1 post is filled. 1 vacant post is to be filled by promotion, for which no eligible candidate is available in feeder grade as on date.

b) Third post is JSO (Microbiology).One attempt to fill this post on deputation was made in 2023, but no candidate was found eligible. Another attempt would be made shortly.

1. Status of 12 posts of Sr. Scientific Assistant (SSA) is as under:

a) Out of these 12 posts of SSA, 10 merged with Sample Carrier and now there are 7 posts of Sample Carrier. Out of these, 2 posts are filled and 5 are vacant, for which recruitment process has been initiated by DSSSB by way of publishing advertisement in May, 2024 which is under process with the DSSSB posts are of SSA (Chemistry).

- The Recruitment for 3 posts was advertised by DSSSB in the year 2014, but when the result was declared, no suitable candidates were found.
- Recruitment for 5 posts was advertised by DSSSB in year 2023 which is under process with DSSSB.
- Recruitment for 1 post has been initiated in year 2024, which is under process with DSSSB.
- Remaining 1 post is to be filled by Promotion as per RR, for which no eligible candidate is available in feeder grade as on date.

b) Eleventh post is of SSA (Microbiology), for which recruitment process has been initiated with DSSSB in year 2024.

c) Twelfth post is of SSA (Pharmacology), which is kept vacant as the candidate holding this position is on lien for 2 years upto December, 2026.

5. Post of Sample Packer have been merged with Sample Carrier and now there are 7 posts of Sample Carrier. Out of these, 2 posts are filled and 5 are vacant, for which recruitment process has been initiated by DSSSB by way of publishing advertisement in May, 2024 which is under process with the DSSSB

Para: 2.5 :- **Sanctioned strength and availability in test checked hospitals**

During the FYs 2016-17 to 2021-22, there was shortfall in the availability of doctors, paramedical staff/technicians, and nursing staff against the sanctioned strength in the four selected hospitals :-

In LNH, the shortage of doctors, paramedical staff/technicians and nursing staff ranged between 12 to 19 *per cent*, 18 to 32 *per cent* and 4 to 6 *per cent* respectively.

In CNBC, the shortage of doctors, paramedical staff/technicians and nursing staff ranged between 24 to 44 *per cent*, 11 to 30 *per cent* and 42 to 48 *per cent* respectively.

In RGSSH, the shortage of doctors, paramedical staff/technicians and nursing staff ranged between 50 to 74 *per cent*, 22 to 56 *per cent* and 73 to 96 *per cent* respectively.

In JSSH, the shortage of doctors, paramedical staff/technicians and nursing staff ranged between 50 to 64 *per cent*, 53 to 66 *per cent* and 79 to 83 *per cent* respectively.

In addition to the above, specific and significant shortages in various cadres in all the test checked hospitals are highlighted below:

In LNH, there was overall shortage of 21 *per cent* of specialist doctors in various departments of Anesthesia, Neurosurgery, Burns and Plastic, General Surgery, Radio-diagnosis, General Medicine and Orthopedics as of March 2022. There was acute shortage of senior residents in the Department of Neonatology against the nine new posts created in April 2016, the same were filled only in January 2023. Further, no person was posted against some of the posts like CCU Assistant, Technical Supervisor (PCR), Technical Assistant (Dialysis), Technical Assistant (ENT), Technical Supervisor (ENT), Psychological Social Worker,
Scientific Assistant, Health Educator, Chief Pharmacist, Mechanic OT, Neuro Technician, Neuro Assistant OT, Laundry Mechanic, Fire Safety Officer etc. as of September 2022.

In JSSH, no Specialist doctors were posted in Microbiology and Pathology during 2016-17 to 2019-20 and in Cardiology Department during 2016-17 to 2018-19. Further, against 24 sanctioned posts (one post each of Professor, Associate Professor and Assistant Professor in eight Departments5), only two Professors, two Associate Professors and five Assistant Professors were posted (March 2022). No person was posted against some of the posts i.e. Technical Assistant (Radiology), Speech Therapist, Senior Radiographer (Radiology), Dark Room Attendant, Lab Attendant and Dresser as of March 2022. There were vacancies in the posts of Technical Assistants (five vacant out of seven), ECG Technicians (two vacant out of five) and Radiographers (23 vacant out of 24) as of March 2022.

In RGSSH, against the sanctioned strength of 26 Professors/Associate Professors, no Professor/Associate Professor was available during the period 2016-17 to 2017-18 whereas only one to five Professors/Associate professors were available during the period 2018-19 to 2021-22. Government replied (December 2022) that RGSSH conducts regular Walk-in-Interviews for SRs and tender has been floated for the post of paramedical staff and is under process. Thus, shortage of doctors/para medical staff in departments/hospitals directly affect patient care services.

In respect of test checked hospitals, Audit noted instances where OTs were not being utilized due to shortage of manpower. Moreover, the average waiting time for surgeries in test checked hospitals ranged between one month to 10 months.

Reply of the Department:-

For overall vacancy and requisition status completed till date may refer to the reply given at Para 2.2 above.

LNH-

1. After getting the dossiers of Non Teaching Specialist and GDMOs from UPSC, 08 GDMOs and 06 NTS have been posted in LNH. Further some more NTS will also be posted from the remaining 35 dossiers to whom offer letters have been issued and there posting is pending (as per vacancies and availability). Moreover, 07 contractual NTS have also been posted in LNH.

2. Tender has been floated for the recruitment of paramedical staff and Nursing Staff against vacant post.

3. Every month, interviews are being conducted for the appointment of Junior and Senior Resident.

Reminder has been sent to the department of H&FW for the recruitment of NTS/GDMO to fill the vacant posts.

RGSSH

Action plan for filling vacant post of Doctors:

Last recruitment of faculty held in December 2024 a total of 17 joined. Agenda related to next recruitment will be put up in upcoming Governing Council meeting (Competent Authority in the matter recruitment of doctors), once approved recruitment process for filling all vacant post will be carried upon within 03 months.Regular as well as adhoc recruitment of SR/JR are being carried on regular and roll on basis to fill the vacant post of resident doctors.

Action plan for filling vacant post Nursing, Paramedical & Support Staff:

Agenda related to engagement of Group B & C manpower was put-up in last Governing Council meeting where it was directed that a uniform policy for engagement of Group B & C manpower in Society Hospitals is being formed by Govt. of NCT of Delhi. However, till date no such policy shared/formulated with hospital so in larger interest of patient care hospital is resubmitting the agenda related to engagement of Group B & C manpower vide outsource basis on consolidated remuneration (Basic Pay+DA) in upcoming Governing Council meeting once the agenda is approved by Governing Council. Process of hiring of Group B & C manpower will be completed within 3 to 4 months.

CNBC:

Future action plan for filling these vacant posts as per terms laid down in MOA and approved by competent authority. Expression of Interest

(EOI) from PSU firms is being called for recruitment of nursing, paramedics and ministerial staffs.

JSSH

Presently JSSHS has 211 vacant posts of Medical, Nursing, Paramedical and Ministerial Staff against sanctioned strength of 529.

a. Continuous efforts will be made to fill up vacant posts by way of conducting multiple Recruitment drives.
b. Recruitment notice dated 14/06/2025 has already been issued inviting applications for the post of Teaching Faculty and Specialists.
c. Senior Resident/Junior Resident are being selected through a monthly recruitment notice.
d. Present strength of Nursing Staff and Paramedical is sufficient to handle the current patient load of JSSH. However, the same will be increased as soon as patient footfall increases.

HR Medical

After getting the dossiers of Non Teaching Specialist and GDMOs from UPSC, 08 GDMOs and 06 NTS have been posted in LNH. Further some more NTS will also be posted from the remaining 35 dossiers to whom offer letters have been issued and there posting is pending (as per vacancies and availability). Moreover, 07 contractual NTS have also been posted in LNH and same as 2.2.

Para: 2.6 :- **Shortage of teaching doctors in selected autonomous Super specialty hospitals**

Audit examined the availability of teaching doctors in selected autonomous Rajiv Gandhi Super Specialty Hospital (RGSSH) and Janakpuri Super specialty Hospital (JSSH) of GNCTD.

As per MoA between GNCTD and hospitals concerned, teaching doctors are to be recruited for five years with performance review after three years and extension of one year each time on completion of five year tenure till superannuation on fixed remuneration. Remuneration for teaching faculties was fixed by GNCTD in July 2014 i.e., Assistant professors (₹ 1.25 lakh), Associate Professors (₹ 1.65 lakh) and Professors (₹ 2.00 lakh). Audit noted that the aspects of promotions and career progression for a satisfied and consistent workforce had not been included in the MoA. In the absence of promotion and career progression opportunities, RGSSH and JSSH failed to attract teaching doctors. Audit observed that RGSSH had 14 (2017-18) to 29 (2020-21) teaching doctors (Regular/Contractual) against a sanctioned strength of 85 whereas JSSH had a maximum of eight teaching doctors against a sanctioned strength of 24 (31 March 2021). In the year 2016-17, there was no teaching faculty posted in JSSH. This resulted in shortage and inconsistency in the availability of Super Specialty Doctors to run super

specialty departments like Cardiology, Pulmonology, Gastroenterology, GI surgery, Urology etc. It was also observed that instead of revising the contractual terms and conditions and enhancing remuneration, RGSSH started recruiting teaching faculty for one year and thereafter, extension of one year was being given. Further, on not receiving sufficient responses even for one year, doctors (teaching faculty, SRs and JRs) had been recruited through walk-in interview for three months and then extension for another three months had been granted. The frequent change of doctors besides their shortage affected the functioning of the hospitals compromising the ability of these Hospitals in providing super specialty health care facilities to the patients.

Action Taken by the Department:-

For all Teaching Cadre – Reply as above in Point No. 2.2

JSSH- The proposal for carrier progression of teaching faculty was approved by Governing Council in its 8th meeting and the same will be examined for implementation after formulation of uniform HR Policy in r/o Society Hospitals.

On the observation of the Audit that Action Taken or Action Plan prepared for addressing of shortage of teaching of doctors in RGSSH and JSSH may be included. The Health Department furnished revised ATN as under:-

RGSSH Action plan for filling vacant post of Doctors:

Last recruitment of faculty held in December 2024 a total of 17 joined.

Agenda related to next recruitment will be put up in upcoming Governing Council meeting (Competent Authority in the matter recruitment of doctors), once approved recruitment process for filling all vacant post will be carried upon within 03 months.
Regular as well as adhoc recruitment of SR/JR are being carried on regular and roll on basis to fill the vacant post of residents doctors.

JSSH-

Hospital is working to fill the shortage of staffs in nest requirement process.

Para: 2.7:- **Sanctioned strength and men-in-position in selected Medical College**

There are three medical colleges of Government of NCT of Delhi.

Maulana Azad Medical College (MAMC) was selected for detailed audit. Medical College Regulations, 1999 issued by MCI (now National Medical Commission) emphasizes that the number of teachers must be as per provisions so as to effectively impart the education. The teaching staff of the college also provides patient care services in the Hospital. During the years 2016-17 to 2021-22, there was overall shortage of 20 to 32 *per cent* of faculty members in MAMC.

Further, out of total 295 teaching faculty posts, 73 posts were temporary in nature and had continued as such for the last 20 years in MAMC. Audit noted that 38 temporary posts in different categories7 were lying vacant (March 2021). Government replied (December 2022) that MAMC has initiated the process of filling up the vacant posts of teaching faculties on contractual basis.

Action Taken by the Department:-

The MAMC had Conducted interviews for filling up of vacancies through contractual staff as follows:-

2022 : Recruited Candidates:- 15
2023 : Recruited Candidates:-29

In the Year 2024 H&FW GNCT Delhi had initiated the recruitment process for Assistant Professor (Contractual) itself and appointed 33 Assistant Professor(Contractual) in January 2025, out of which 20 candidates joined the department.

On the Observation of the Audit that future Action Plan and timeline for filling the remaining vacancies and also for maintaining full strength of staff be submitted. The Health Department submitted revised ATN stating that :-

MAMC

The MAMC regularly sent request letter to the H&FW GNCT of Delhi for filling up these vacant posts through UPSC. The timeline cannot be decided at this institute level as the vacant posts of Faculty of this Institute are filled by the H&FW GNCT of Delhi & Ministry of Health, GOI, through UPSC.

JSSH

For all Teaching Cadre – Reply as above in Point No. 2.5.

HR Medical

There is no cadre of Teaching Specialist in GNCT Delhi and all the posts are filled up by CHS, MoH&FW, GoI. The matter regarding shortage of regular teaching specialist has been taken up with CHS and NOC has been obtained for contractual recruitment of Teaching Specialist. Interview for 104 post teaching faculty were conducted and 64 candidates were selected for the post of teaching faculty (Contractual), posting order has been issued to all these candidates.

Para:2.8:- Sanctioned strength and availability of staff in Nursing College, LNH

As per Indian Nursing Council guidelines, there should be one post of Principal and Vice Principal each and two posts of Associate Professors and three posts of Assistant Professors in each nursing college with intake of 40-60 students. There should be teachers in the ratio of 1:10 to the total intake of students. There were 172 (2016-17) to 224 (2021-22) students studying B.Sc Nursing Course in the Nursing College of LNH.
Audit noted that:

- No Principal was posted during 2016-17 to 2021-22.

- Five Associate Professors/ Assistant Professors were required as per norms. Against this only two posts were filled (2018-19 onwards) out of four sanctioned posts whereas post of Clinical Instructor filled ranged from one (2019-20) to five (2018-19) against the sanctioned strength of six.

- 17 to 22 teachers were required as per the norms. However, only 10 to 13 teachers were posted in the college during the period of audit against the sanctioned strength of 16. Thus, there was shortage up to 19 *per cent* (2018-19) to 37 *per cent* (2019-20) of teaching staff against the sanctioned strength.

Reply of the Department:-

There is only one sanctioned post of principal in ABCON. During the period of Audit, no candidate was fulfilling requisite criteria for promotion to the post of Principal and as such a Vice Principal was officiating as Principal from 2016–17 to till date.

The DSSSB vide its advertisement No. 01/15 had advertised 10 vacancies for the post of Clinical Instructor under post code 60/15 in H&FW Department, GNCTD with closing date 26.11.2015.Board had conducted written examination for the recruitment to this post in 2017 and result declared in June 2018. Joining of these candidates was done in March 2019

and six post were filled. Out of 04 Sanctioned posts of Associate Professors, 02 Posts of Associate Professor were filled at the time of Audit, later on 02 other posts were also filled through DPC on 27.02.2018.

Regarding post of Tutor, vacant post of Tutor was filled through promotion in 2018 for 07 posts. Further, out of 04 Sanctioned posts of Associate Professors, 02 Posts of Associate Professor were filled at the time of Audit, later on 02 other posts were also filled through DPC on 27.02.2018.

On the Observation of the Audit that Action Taken by the College and department for filling the post through other modes of engagement may be included in the ATN and Action Taken by the Department after the issue was flagged by the Audit may be included. The Health Department submitted revised ATN stating that :-

LNH

This is to inform you that the post of Principal in Ahilya Bai College of Nursing is vacant since its creation. However, intimation of same and requests to fill the post of Principal and also other faculty posts; lying vacant have been given to the authorities via letter and mail. As per information regarding Principal post, the preset Vice-Principal Mrs. Ellen Beck has already completed seven years and vice Principal from 11-06-2018 till date.

1. The Department of H&WF being the recruiting authority has to fill the said post.
2. As per RR's of Principal," The department Vice-principal with five years regular service would also be considered.

H&FW (HR- NURSING)

Shortly, a Departmental Screening Committee will be formed to see possibility of filling up the post of Principal. In case of failure of the same, efforts will be made to fill the same through deputation.

LNH

This is to inform you that the post of Principal in Ahilya Bai College of Nursing is vacant since its creation. However, intimation of same and requests to fill the post of Principal and also other faculty posts; lying vacant have been given to the authorities via letter and mail. As per information regarding Principal post, the present Vice-Principal Mrs. Ellen Beck has already completed seven years and vice Principal from 11-06-2018 till date.

1. The Department of H&WF being the recruiting authority has to fill the said post.
2. As per RR's of Principal," The department Vice-principal with five years regular service would also be considered.

H & FW Department

As per INC norms, the post of Clinical instructor will become redundant. Therefore, the post will not be filled in due course of time.

LNH

This is to inform you that the post of Principal in Ahilya Bai College of Nursing is vacant since its creation. However, intimation of same and requests to fill the post of Principal and also other faculty posts; lying vacant have been given to the authorities via letter and mail. As per information regarding Principal post, the present Vice-Principal Mrs. Ellen Beck has already completed seven years and vice Principal from 11-06-2018 till date.

1. The Department of H&WF being the recruiting authority has to fill the said post.
2. As per RR's of Principal," The department Vice-principal with five years regular service would also be considered.

H & FW

Shortly, a Departmental Screening Committee will be formed to see possibility of filling up the post of Associate Professor.

Para No. 2.9:- Vacant posts under NHM

As per the MoU signed between GoI and GNCT of Delhi, contractual/outsourced human resource is to be engaged under NHM. DSHS sends the Programme Implementation Plan (PIP) to the MoH&FW, GoI (including requirement of human resource for programmes under NHM) every year for a period of 12 months. Thereafter, the MoH&FW, GOI approves human resources in the Records of Proceedings (RoP) against the proposed PIP.

As per RoP (approved PIP) of DSHS for the period 2020-21, the MoH&FW, GoI approved 2,581 posts of doctors, nurses, technicians and other para medical staff etc. against which only 1,643 posts were filled up and 938 posts (36 *per cent*) remained vacant as of March 2021.

There were significant vacancies in important posts such as Medical Officers (29 *per cent)*, Nurses (27 *per cent*), Pharmacists (27 *per cent*), Lab Assistant (43 *per cent*) and Counsellors (86 *per cent*).

DSHM stated (July 2022) that it implements and runs the program by giving additional responsibilities to the existing contractual employees.

The reply is not acceptable as DSHS has not made any efforts for recruiting sufficient contractual/outsourced staff as approved in the PIP by GoI.

Action Taken by the Department:-

DSHM- After performance audit Delhi State Health Mission had initiated centralized recruitment drive in 2024 as program wise and decentralized recruitment were not done in earlier years. The details of recruitment done is as below:-

Category	Approved	In Position	Vacancy Position	Recruitment done 2020-2024
Nurses	1163	845	318	26
Technicians	439	347	92	04
Pharmacists	134	98	36	07
Physiotherapists	21	00	21	00
Medical Officers	105	75	30	40
Social Workers	22	02	20	04
Psychiatrists	05	00	05	01
Counsellors	37	05	32	20
Psychologists	19	01	18	02
Microbiologists	06	02	04	04
Audiometric Assistant	18	01	17	00
Lab. Assistant	23	13	10	00
Consultants	29	01	28	00
Miscellaneous Medical Staff	403	249	154	15
Other Admin Staffs	51	04	47	35
Total	2581	1643	938	158

As a result of the above effort, DSHM has filled up 158 more posts and Process of recruitment of 192 posts under NTEP Program is initiated. Planning for recruitment of vacant posts under various programs is under process.

On the Observation of the Audit that detailed plan and timelines for filling up the remaining vacancies may be included. The Health Department submitted revised ATN stating that :-

DSHM

Recruitment for 158 vacant posts has been completed during the years 2020 to 2024.

Recruitment for 192 posts under NTEP is already under process and will be completed by Sept 2025. Proposal for next round of recruitment has been approved and shall be published shortly.

DSHM will be filling up maximum possible vacant posts by the end of F.Y 2025-26 in upcoming recruitment phases.

Para No. 2.10:- Deployment of Radiology staff

As per Atomic Energy (Radiation Protection) Rules 2004 and Medical Diagnostic Radiology Module (guidelines for e-Licensing of Radiation Applications- eLORA) issued by the Atomic Energy Regulatory Board (AERB), radiologist/ X-ray operators/technicians are mandatory for obtaining License for all X-ray equipment.

Audit examined the records of availability of radiologists/doctors and technicians in health facilities vis-à-vis machinery and equipment available as of June 2022.

Audit found that in five hospitals viz. Rao Tula Ram Memorial hospital, Satyawati Raja Harish Chand hospital (SRHCH), Guru Gobind Singh hospital, Deep Chand Bandhu Hospital and A&U Tibbia College & Hospital, there was no Specialist/GDMOS/SR, thereby affecting reporting of the X-ray films in contravention of the eLORA diagnostic radiology guidelines. Moreover, in two hospitals viz. Rajiv Gandhi Super Speciality Hospital and Chaudhary Brahm Prakash Ayurved Charak Sansthan, no technicians were posted despite availability of X-ray machines.

The issue was also flagged in the meeting held (December 2018) under the chairmanship of Secretary (H&FW).

DGHS stated (February 2022), that the manpower distribution in the hospitals in respect of all cadres in diagnostic services is not in its purview.

The reply is not acceptable as overall responsibility for manpower distribution lies with the Department/DGHS.

Action Taken by the Department

The requisition for 21 NTS (Radio-diagnosis) has already been sent to UPSC for recruitment. Consistent efforts are being made to pursue the matter with UPSC to expedite the recruitment process.

Further, 03 NTS (Radio-diagnosis) have been selected through Walk-in interview against 13 vacant posts for contractual appointment and posted in the hospitals.

Further, for requisition of vacant post of radiographer the matter is already taken up with DSSSB and the details for conducting examination for the same has already been shared with DSSSB.

RGSSH have 03 S.R having PG in Radiology. As per the audit para no X-Ray Technicians were present in the RGSSH and CBPACS. Efforts are being made to deploy the X-Ray Technicians on outsourced basis.

As per the audit para the number of Radiographers, Senior Radiographers, Technical Supervisors (Radiology), and Technical Officers (Radiology) posted in the following hospitals- RTRM Hospital (04), Satyawadi Raja Harish Chandra Hospital (SRHCH) (08 &, 01)Guru Gobind Singh Government Hospital (GGSGH) (07& 01), Deep Chand Bandhu Hospital (DCBH) (01).

ANNEXURE-II

CHAPTER III – HEALTH CARE SERVICES

Para No. 3.1:- Delivery of line services

There are 27 hospitals, seven super specialty hospitals, four AYUSH hospitals and one Central jail hospital of GNCTD.

As per IPHS norms, OPD services such as ENT, General Medicine, Peadiatrics, General Surgery, Ophthalmology, Dental, Obstetrics & Gynecology, Psychology, Orthopedics are essential for District Hospitals whereas Dermatology is desirable.

As per information furnished in respect of OPD services provided by 27 hospitals, ENT in five, General Medicine in four, Peadiatrics in two, General Surgery in seven, Ophthalmology in five, Dental in nine, Obstetrics & Gynecology in three, Psychology in 20, Orthopedics in five and Dermatology in eight hospitals were not available. Psychology was not available in three out of 11 districts.

In Delhi there are 11 districts out of which 10 districts viz. South West (3), North (4), South (1), South-east (1), West (4), Shahdara (2), Central (4), North-east (1), North-west (5) and East (2) have GNCTD hospitals. New Delhi District does not have any GNCTD hospital.

Out of 27 hospitals, ICU services were not available in 14 hospitals, Blood Bank services were not available in 16 hospitals, Oxygen services were not available in eight hospitals, Mortuary services was not available in 15 hospitals and Ambulance services were not available in 12 hospitals.

District wise availability of essential lines services were as under (May 2023):

- There were no-line service/support service available in the only newly opened hospital in South District.
- Ambulance, Blood Bank, ICU and Mortuary services were not available in the only hospital of North-East District.
- Ambulance and Blood Bank services were not available in any hospital in two districts (South-West and South-East).
- ICU services were not available in any hospital in North District.

Government did not offer any comment in its reply dated 13 December 2023. Deficiencies in delivery of line services/support services observed in selected hospitals are discussed in the succeeding paragraphs.

Action Taken by the Department:-

In the New Delhi District there are already big hospitals viz Safdarjung, AIIMS, Lady Hardinge Hospital, RML & Charak Palika established to cater the population of the area. There is no readily land available to establish a new hospital.

There are total ten Ambulances of CATS deployed in North East District of Delhi - JPCH- 4 Ambulances, VRSK Karwal Nagar- 3 Ambulances, RGSSH-3 Ambulances, MCH Yamuna Vihar- 1 Ambulance.

There are total 15 Ambulances deployed in South West District Delhi. RTRM Hospital- 8 Ambulances, IG Hospital-4 Ambulances and Dada Dev Hospital-3 Ambulances. Seven Ambulances deployed in South East District.

PSA Plants Under GNCT of Delhi:

There are a total of 74 Number of PSA Plants having different output capacities ranging from 200 LPM to 2000 LPM installed in various Delhi Government hospitals including Society Hospitals. These PSA Plants were established during the earlier Covid-19 waves and also to meet any exigency in future as well. At present, 33 numbers of PSA are functional/in operation, 41 are non-functional (due to some maintenance/repair issues). Delhi Government is putting all its efforts to operationalise these non-functional/dismantled PSA plants and other plans are being chalked out for engaging some agencies for CMC purpose of these plants.

Apart from above, the Delhi Govt. also has a bottling plant of medical oxygen at Siraspur with capacity of 12 MT per day.

On the observation of the Audit that Actions taken or Action Plan for making available line services at the hospitals at South District, North East and North Districts may be included. The Health Department submitted revised ATN stating that :-

Most of the Line Services at the Delhi Government Hospitals of South, North, North-East District have made available. As there no provision of establishing Blood Bank in 200 bedded hospital, hence, Blood storage units have available in SRHCH, MVH and BJRM hospital.

Action has been initiated to make the functioning of ICU in SRHCH, MVH and ANH.

Para: 3.1.1:- and 3.1.1.1 **Availability of Out-Patient Department (OPD) Services in Hospitals & High workload in registration counters of OPD.**

3.1.1 To avail outdoor services in hospitals, Out-patients first register at the OPD. After registration, the doctors concerned examine the patients for diagnosing ailments and prescribe either diagnostic tests for evidence based diagnosis or medicines on the basis of consultation.

As per IPHS, work load at OPD shall be studied and measures shall be taken to reduce the waiting time for registration, consultation, diagnostics and pharmacy. Audit noted that no study was conducted in the test checked hospitals to reduce the waiting time.

The OPD data for the period from 2016-17 to 2020-21 in respect of CNBC and for the period from 1 January 2018 to 21 March 2020 in respect of LNH which were provided to Audit was examined in detail and the observations are as under.

3.1.1.1 Registration counter is the first point of contact with the hospital and is an important part of hospital experience for patients and their attendants. OPD patient Registration Counters were managed by one person per counter who has to feed the patient's name and other details in the system and generate an OPD card. The Registration Counters were functioning from 7.30 AM to 11.30 AM, six days in a week with a holiday on Sunday.

Examination of OPD data of LNH revealed that average per day patient load/counter in Main OPD, Orthopedic OPD and Gynecology ANC OPD ranged between 305 to 340 patients, 506 to 628 patients and 102 to 126 patients respectively during the years 2018 to 2020.

Average patient load/counter in CNBC during the period 2016-17 to 2021-22, ranged between 103 (2020-21) and 213 (2018-19) patients.

Considering that OPD functions for 240 minutes a day and the work involves entering patient details in the system and issuing OPD cards, attending to such large number of patients ranging up to 628 in one counter results in long waiting time for patients at the hospital

Government in its reply (December 2022) stated that both the hospitals are in the process of creating more OPD Registration Counters.

Action Taken by the Department:-

Persistent efforts are being made to streamline the OPD registration process through utilization of tools like SMART (Specific, Measurable, Accessible, Relevant and timely), Pick Chart Analysis, Fish bone diagram

analysis, Bar graph etc are being studied on monthly basis to analyze and access the steps that can be utilized with the available manpower to reduce the waiting time in OPD for registration, consultation etc. Further, "Process mapping" is done to track door to drug time, consultation time and registration time. In this regard, regular meeting are held and measures taken accordingly.

Multiple measures have been implemented to reduce the waiting time of patients in OPD and emergency by restructuring the OPD service delivery points.

For OPD/IPD Services in all Hospitals under GNCTD vide Cabinet Meeting dated 29-04-25 Cabinet has approved implementation of OPD/IPD services through Outsourcing Mode. The process will shortly be initiated at Hospital Level.

LNH-

- counters are functional, which have been increased from 24 Counters to 32 Counters, in LNH and registration counter time has also been increased from 7:30AM to 11:30AM to address the issue of long waiting time at registration counter.
- Regular meetings are held to address short comings and gap closer/action taken is done.
- OPD registration counters are open daily including on Sunday for Senior Citizen clinic.
- Additional Counter being opened for the registration of follow up patient near emergency Building.
- Tender for Data Entry Operator has also been floated to augment human resource at OPD registration counters.

CNBC-

There is high workload in the OPD registration counter (1300-1500 patients visit OPD on daily basis). Six OPD registration counters are functional. Initially one counter out of these six was for lab registration which has been relocated to another area. Now, all six counters in OPD area are being used for OPD registration exclusively. This has reduced the waiting time.

Para : 3.1.1.2 :- **Patient load in test checked departments of LNH**

Patient load is defined as the average number of patients who are evaluated or treated per day per doctor. A very high patient load may lead to a long waiting time to meet doctors and subsequently a short consultation period. The consultation time per patient is a measure of quality of clinical care and patients' satisfaction.

As per patient registration data of two test checked Departments (Medicine and Gynaecology) of LNH, the average registration of patients ranged from 673 to 718 (two Medicine OPD) and 205 to 253 (Gynaecology) respectively during the period from January 2018 to March 2020.

In respect of Medicine Department, information provided (January 2022) by the LNH showed that the two OPD units with a team of 7-9 doctors each attend OPD on daily basis and considering this, the workload per day per doctor ranged from 84 to 89 OPD patients.

Considering the fact that a Doctor is available for seven hours a day (420 minutes) attending to an average patient load of 87 patients per doctor, resulted in average consultation time per patient per doctor of less than five minutes.

Reply of the Department:-

LNH-

- To improve the quality of patent consultation time in Main OPD Block the additional requirement of manpower is
  required to enhance the quality care services. However, per patent consultation time is being calculated per month at Main OPD Block.
- Patient satisfaction surveys are done at each and every floor of main OPD block and sample size of population studied to measure to quality of clinical care and patient's satisfaction. Regular meetings are held to address short comings and gap closer/action taken in done.
- Registration counter at Main OPD Block are running daily including on Sunday for Senior Citizen clinic.
- At present a total of 32 OPD counters are functional in LNH, as mentioned below:-

S.No.	Location	No. of Counters
1.	Main OPD Block	14
2.	Orthopedic Block	02
3.	CDC	01
4.	Hemophilia	01
5.	Revisit	05
6.	Emergency	06 (MOR,EVE, NT Shift)
7.	Obs & Gyne	03 (MOR,EVE, NT Shift)
Total.		**32**

To address the issue of the waiting time and long queue at the Main OPD registration counter the requirement of additional registration counters with additional manpower is required to run the services effectively.

JSSH- Now, new trainee pharmacists are additionally placed at each counter which further improves the patient per pharmacist ratio and decrease the patient waiting time. Comfortable sitting arrangements with facilities of fan,

shades and drinking water are being provided to the patients to ease their waiting time at Pharmacy.

On the observation of the Audit that the Actions taken for reducing the patient load on doctors in selected Departments of LNH may be included. The Health Department submitted revised ATN stating that :-

LNH- Timely interviews and recruitment of Senior Resident's and Junior Resident's is done to reduce patient load on doctors.

(a) Implementation of Next generation E- Hospital in OPD, LNH has started. Further, various other stake holders like pharmacy, laboratories, radiology etc. implementation is under process which will make tracking easier and will be helpful to decrease patient load.
(b) Regular feedback of Doctors, Nurses & other staff is via Employee satisfaction survey is done, assessed, gaps analyzed and appropriate & feasible steps are taken to reduce patient load.

Suggestions:-

(a) Screening of patients at dispensaries, local public health centers & only those patients are referred to LNH who are in need of tertiary care at LNH.
(b) At present Doctors prescribe medicine to patients only for 02-03 weeks. Doctors can prescribe medicines for 01 month to 03 months with normalinvestigation reports for chronic diseases like diabetes, hypertension & hypertension & hypothyroidism etc. This will further decrease the load in Departments.

Para: 3.1.1.3:- **High Workload in Pharmacy counters**

The GNCTD has not framed norms regarding number of patients per Pharmacist. As per IPHS, there should be one dispensing counter for every 200 OPD patients.

Audit noted that Pharmacy Counters were not computerized and medicines were distributed manually. None of the selected Hospitals except CNBC provided data on actual number of patients to whom medicines were distributed. LNH informed (June 2022) that medicines are dispensed to all registered patients. Pharmacy Counters functioned from 8 AM to 5 PM in LNH and 9 AM to 8 PM in CNBC.

Based on the OPD data, patient load per pharmacist/counter in LNH ranged from 216 to 263 during the period January 2018 to March 20205. It was noticed that many a time, due to shortage of pharmacists, medicines were not distributed on the same day. Heavy rush of patients was noticed at Pharmacy Counters. Pharmacists has to keep records of medicines

distributed and also maintain stock in hand manually which effectively reduced the available time for dispensing medicines.

Similarly, patient load per pharmacist/counter in CNBC and JSSH was 110 to 192 and 238 to 315 respectively during the period 2016-17 to 2020-21 whereas in RGSSH, the average patient load per pharmacist/ counter was 175 during the period 2018-19 to 2019-20.

In CNBC, the number of patients to whom medicines were distributed increased from 65,192 in 2016-17 to 1,13,761 (i.e. 74.50 *per cent*) in 2019-20 but the number of Pharmacy Counters remained only two.

CNBC in its reply stated (August 2022) that there were three dispensing counters in OPD Pharmacy but only two counters were operational because of scarcity of space in that area. CNBC also stated that they will relocate OPD pharmacy in bigger area.

Government replied (November/December 2022) that the process for filling up of vacant posts in LNH and RGSSH has been initiated. It was also stated that new Pharmacy Counters are being opened in LNH.

Action Taken by the Department:-

RGSSH- Accepts that the distribution of medicines was performed manually during the audit period. However, Since October 2024, the hospital initiated the computerized medicines distribution. The computer application for medicine record and distribution is developed by the hospital itself. During the said Audit period, the pharmacy at RGSSH was functional with 03 counters only. Also out of 5 post of pharmacist 03 were filled. At present 02 Additional Pharmacy counters have been made functional. All sanctioned posts of pharmacists i.e. 05 have been filled on contract or outsource basis and 05 counters made functional.

LNH- Presently the department of pharmacy is doing all efforts that no patient is left without the prescribed medicines on the given day, However, LNH has already floated tender for outsourcing of paramedical staff which includes 16 Pharmacists. The work for computerizing the pharmacy counters is being initiated.

CNBC- There is high workload in the pharmacy counters and to tackle this, hospital has added one more OPD pharmacy counter in existing Pharmacy. It has planned to relocate the pharmacy in the adjacent land of 1250 Sq.mtr with five OPD pharmacy counters.

On the observation of the Audit that Actions taken/Action plan for computerization of pharmacy counters in all hospitals may also be included in the ATN. The details of actions taken by the JSSH for reducing the workload of pharmacy counters may be included. The Health Department submitted revised ATN stating that :-

Delhi Govt. has on boarded all its hospitals on to Next Gen e-hospital platform as a replacement for earlier HIMS and started OPD/Casualty/IPD registration modules. Subsequent to these modules hospitals have been instructed to implement all modules including computerization of pharmacy counter in a phased manner by October 2025.

JSSH:

The hospital has adopted the NextGen E Hospital HIMS Portal. In the initial phase the OPD registration through this portal has been started w.e.f. 03/07/2025. In the later phase the Pharmacy (drug dispensing) and other hospital services will be done through this online portal to reduce the patient waiting time. Hence, the computerization of pharmacy counter is duly noted for the compliance.

Para: 3.1.1.4:- **Basic amenities in OPD**

IPHS provides that a hospital should have proper patient amenities like potable drinking water, functional and clean toilets with running water, etc. Further, proper signage should be present to guide the public. Citizen charter indicating patient rights and duties should also be displayed.

Joint Physical Inspection of LNH revealed that it had no toilets for patients and attendants in new OPD block and the visitors were forced to use toilets in the Emergency/Casualty building. Complaint boxes were provided on one floor only which caters to Anti-Retroviral Therapy (ART) Clinic whereas complaint boxes were not placed in other six floors which provide OPD services of other Departments. It was observed that the complaints placed by public in complaint boxes were not attended timely.

Joint Physical Inspection of CNBC revealed that one water cooler was available on ground floor while OPD is running on first floor also. Complaints placed in Complaint Box were not attended timely

Patient calling system was not operational in the OPD of any of the test checked hospitals, which would have helped in managing the crowds. Government stated (November 2022) that toilet facilities are available in the OPD block of LNH. The reply is not tenable as the audit observation is based on facts observed during Joint Physical Inspection.

Reply of the Department:-

LNH-

- Facility of potable drinking water is available for patients are each and every floor of Main OPD Block.

- Updated Citizen Charter is available on the LNH website.
- Patient rights and responsibilities are displayed in Main OPD premises and available on LNH website.
- As per the Building plans, functional and clean toilets are available at each and every floor of OPD with facility of running water round the clock.
- Suggestion and complaint box are available at each and every floor of Main OPD Block and opened daily by floor sister-in-charge. All complaint and suggestions are analyzed, gap closer and action taken if any is done promptly. Record keeping is maintained by floor sister-in-charge. Regular meeting regarding the same are done.
- At present, the various modalities/measures for patient calling system available in OPD Block are first come fist basis, manual calling system by
  orderly, bell system at certain places is functional.
- Patient satisfaction surveys are conducted at each and every floor of Main OPD Block. The survey forms are analyzed by holding monthly regular meeting and action taken/gap closure is done.
- The observations are denied as the toilet facility are very well available in OPD Block ,LNH

CNBC- The water cooler in the ground floor is now fully functional. One new water cooler has been installed in OPD 1st floor area and is functioning. Complaint box in OPD area is opened every Monday and grievances received in the complaint box is attended promptly. Further, CNBC also receiving grievances from public through online public grievance portal and attended timely.

On the observations of the Audit that the ATN may include:

(i) Actions taken to address the issue of shortage of toilet at New OPD Block of LNH (Audit had commented that the public had to use the toilets available in nearby Emergency block based on Joint physical inspection).

(ii) Actions taken or proposal prepared for installing Patient Calling System in LNH

The Health & Family Welfare Department submitted revised ATN stating that :-

LNH-

(i) Both the building are interconnected at each floor. Toilets are located at the convenient distance from the OPD at the interconnected portion of the building which has been used by patient in both building.

(ii) In this regard, a fair circular letter has been addressed to the competent authority including various other stake holder calling

system in main OPD Block. However, few stations are seeing bells, patient manual calling system till then.

In this regard as of now, patent is called on first come first basis and there is bell system at most the Doctors consultation room. However, a letter has been addressed to PWD for complete digitalization of calling system at each & every floor of OPDs.

Para: 3.1.1.5:- Availability of seating arrangement, toilets facility and patient calling system etc

IPHS 2012 Guidelines for district hospitals prescribe various facilities. The status of these facilities in the test checked hospitals as per table 3.3 is reproduced as under :-

Display of florescent fire exit sign	LNH	CNBC	RGSSH	JSSH
Enquiry/May I help Desk with staff fluent in local language	A	A	A	A
Directional signage for Emergency, Departments and Utilities	A	A	A	A
Display of safety hazard and caution sign were displayed prominently at relevant places	A	A	A	A
Important contacts like Higher Medical Centers, Blood Banks and Fire Department, Police and Ambulance Services were displayed	A	A	A	A
Mandatory information (under RTI Act, PNDT Act etc) was displayed.	A	A	A	A
Adequate seating facility	NA	NA	A	A
Patient Calling System (digitalization)	NA	NA	NA	NA
Separate Toilets for Male and Female	A	A	A	A
Availability of Toilets in OPD	A	A	A	A
Complaint Box in OPD	NA	NA	A	A
Water Cooler	A	NA	A	A
Availability of adequate Registration Counters	NA	NA	A	A
Availability of Online Registration System	A	A	A	A
Patient Satisfaction Survey (OPD)	NA	A	NA	NA
Providing Unique ID at the time of Registration	A	A	A	A
Availability of Citizen Charter at OPD	A	A	A	A

Action Taken by the Department:-

CNBC- For adequate seating facility 28 new airport chairs have been procured and installed in OPD waiting areas, which has added 84 more seating capacity for OPD patients. Further, digital patient calling systems have been installed in OPD.

LNH-

- Adequate sitting facility is available in each and every Block in LNH
- Suggestion and complaint box are available at each and every floor of Main OPD Block and opened daily by floor sister-in-charge. All complaint and suggestions are analyzed, gap closer and action taken if any is done promptly. Record keeping is maintained by floor sister-in-charge. Regular meeting regarding the same are done.
- At present, the various modalities/measures for patient calling system available in OPD Block are first come fist basis, manual calling system by orderly, bell system at certain places is functional.
- Patient satisfaction surveys are conducted at each and every floor of Main OPD Block. The survey forms are analyzed by holding monthly regular meeting and action taken/gap closure is done.
- The observations are denied as the toilet facility are very well available in OPD Block ,LNH

- At present a total of 32 instead of 19 OPD counters are functional in LNH, as mentioned below:

On the observation of the Audit that The ATN may include:

(i) Actions taken to address the issue of shortage of toilet at New OPD Block of LNH (Audit had commented that the public had to use the toilets available in nearby Emergency block based on Joint physical inspection).
(ii) Actions taken or proposal prepared for installing Patient Calling System in LNH, RGSSH and JSSH
(iii) Actions taken and Status of conducting of Patient Satisfaction Survey in RGSSH

The Health Department has furnished revised ATN stating that:-

LNH:-

(i) Both the building is interconnected at each floor. Toilets are located at the convenient distance from the OPD at the interconnected portion of the building which has been used by patient in both building.
(ii) In this regard, a fair circular letter has been addressed to the competent authority including various other stake holder calling

system in main OPD Block. However, few stations are seeing bells, patient manual calling system till then.

As of now OPD Block have interconnected toilets for public usage. Further, letter has been addressed to Department of PWD to address the shortage of toilets and to construct more toilets at main OPD Block..

(RGSSH) Reply to point (ii)

Total No. OPD rooms at RGSSH are 16. Patient calling system available at all rooms of OPD consultation rooms. Rest of the patient calling system shall be procured and installed within 03 months.
Total five (05) pharmacy counters are available at RGSSH. O3 out of 05 functional pharmacy counters are having patient calling systems. The demand already submitted to the purchase department for installation of patient calling system machine.

The patient calling systems on remaining two (02) new pharmacy counters will be installed within 45 days.

(RGSSH) Reply to point (iii)

Quality cell have implemented systems to monitor and assess the effectiveness of patient satisfaction efforts, by analyzing patient feedback, and making improvements. The hospital developed QR, Google Form and Physical forms of the assessment of the patient satisfaction. Patient feedback is collecting through both online and paper-based forms.

JSSH

Although the sufficient staffs are posted in each OPD to manage the patients on first come first serve basis. However, the installation of patient calling system will further improve the management of queue in OPD. Hence, the point is noted for the implementation.

Para No. 3.1.1.6:- Regarding patient Satisfaction survey in OPD conducted by Audit

NHM Assessor's Guidebook requires hospitals to conduct Patient satisfaction Survey of outdoor patients on a monthly basis. The common reasons for patient's dissatisfaction are overcrowding, long waiting time to

meet doctors and short consultation period. Patient satisfaction is a measure of success of the services being provided by the hospitals.

It was noticed that out of the four selected hospitals, only CNBC and JSSH had introduced Patient Satisfaction Survey during the audit period. LNH and RGSSH did not conduct any patient survey during the period 2016-17 to 2020-21. LNH introduced survey in 2021-22.

Patient Satisfaction Survey of 149 OPD patients were conducted in four selected Hospitals (JSSH-23, RGSSH-12, LNH-87 and CNBC-27) by Audit. Eleven *per cent* patients felt shortage of drinking water facilities at OPD premises and 30 *per cent* patients (most of them from LNH and CNBC) stated that clean toilets were not available. Twenty eight *per cent* patients stated that they had to wait more than one hour for OPD registration and 44 *per cent* for more than an hour for consultation. The waiting time in pharmacy for getting the medicines ranged between one to two hours in the case of 27 *per cent* of the respondents whereas in the case of nine *per cent,* the waiting time was more than two hours. The surveyed patients stated that the pathology tests (30 *per cent*) and radiology tests (33 *per cent*) recommended by the doctors were not done at the hospital.

Government replied (November 2022) that Patient Satisfaction Survey has been initiated in LNH under National Quality Assurance Standards.

Action Taken by the Department:-

CNBC

In CNBC there is high footfall of patients (1300-1500 /day) in OPD and for cleanliness of toilets, instruction has been given to the sanitation supervisor to increase the frequency of cleaning of toilets every 2-3 hourly during OPD hours. Further, a new water cooler has been installed on 1st floor OPD area. CNBC regularly conducts Patient satisfaction survey. As per the survey report submitted by the Quality team from 273 random samples of patients attending OPD from January to June 2024 based upon a predesigned questionnaire analyzed at 5 level Likert scale, 92% and 90% of attendants/patients were satisfied with drinking water well maintained and cleaned toilets respectively in OPD area.

CT scan machine is currently nonfunctional and outlived its life. Procurement of new CT scan and MRI machine is under process. However, these services are being provided through DAK. Most of the pathology tests are available in the hospital itself, however tests which are not available are being provided through outsourced laboratory services.

JSSH

No action taken is required, as JSSH is among the hospitals which are already doing the patients satisfactory survey.

RGSSH

Hospital accepts the observation noted by the audit party, the patient satisfaction surveys have been initiated by RGSSH since 2024. The hospital developed QR, Google Form and Physical forms of the assessment of the patient satisfaction. During the FY 2024- 25, the average satisfaction score was 77.76%

LNH

It is informed that patient survey are conducted on monthly basis and OPD mean score of patients satisfactory survey reports are very available with the Hospital. The Average monthly patients survey score is 4.6 for the month of April 2025.

On the observations of the Audit that The actions taken for increasing the satisfaction level of patients with respect to availability of pathology test and radiology tests in LNH may be included. The Health Department has furnished revised ATN stating that:-

LNH

Majority of the investigation pertaining to department of Pathology, biochemistry, microbiology, Radiology, are available at LNH.
Investigation done round the Clock (24*7) for in patients, emergency & ICU

1. CSF: Direct-wet mount India INK for Cryptococcus, gram stain , SN Stain for AFB, Culture & Sensitivity
2. Blood: Culture & Sensitivity
3. Purulent fluids and pus swabs: Direct- wet mount, Gram stain, ZN Stain for AFB, Culture & Sensitivity
4. Body Fluids/joint aspirate: Direct wet mount, Gram stain, ZN Stain for AFB, Culture & Sensitivity
5. Urine: Direct- Fungal elements, Culture & Sensitivity
6. Stool: Direct- handing drop for vibro cholera
7. Peripheral smear: Malaria parasite/filarial
8. Throat swab: Direct- gram stain, albert stain for C.Diphtheriae
9. Serology (Byy Rapid ICT and Vidas)
   Anti HI1 HIV 2 antibodies HBSAG
   Anti HCV antibodies, Malaria parasite antigen, anti HBS antibodies, Dengue NS1 antigen

Apart from these, other tests of Microbiology for the OPD patients are being done in Deptt. of microbiology, MAMA and the list away be obtained from HOD (Microbiology) ,MAMC

Hemoglobin, Total differential leucocyte count with absolute eosinophil & Neutrophil count., patelet count, hematocrit, RBC Indices-MCV,MCH,MCHC, peripheral blood smear, erythrocyte sedimentation

rate(ESR), Reticulocyte count, Urine routine (Reaction, albumin & Sugar) and microsocopic examination, urine other parameters if required like urobilinogen, billirubin, blood, ketones, specific gravity by multistix method. Semen analysis, fine needle aspiration cytology
24 hours

1. All above mentioned hematology test from serial no. 1-6
2. Body fluids and csf for cell counts.

Radiology department.

MRI, CT Scan, ultrasonography, X-rays etc. Demand for procurement of CT Scan and DR Machine is already sent to CPA dated 06/08/2025

Para No. 3.2.1:- Lack of facilities in IPD of Hospitals.

LNH provides IPD services in General and Super Speciality Departments of Medicine, Orthopedics, Oncology, Neurosurgery, Paediatrics, Pulmonary, Gynecology, Neonatology, Dermatology, Burns & Plastic, and ENT etc. An ophthalmology service, which is an essential general service as per IPHS, was not available in LNH as there is a full-fledged Eye Centre under MAMC to which LNH is attached.

Though a separate casualty was functioning in Gynaecology Department of LNH, no bed was available in the casualty and the patients were directly admitted to the labour rooms/wards. During Joint Inspection, it was observed that the maternity wards, labour rooms and connecting corridors were highly congested with stocks of medicines and general items stored in the corridors due to shortage of space.

On Joint Inspection of the IPD Department of LNH, it was observed that toilets in waiting area were not operational and where operational, these were found to be unhygienic and dirty. Security system existed but monitoring was weak as is evident from the fact that the IPDs were found crowded in many wards and stray dogs were roaming in corridors. There was scarcity of waiting space and chairs.

CNBC is a Pediatric Hospital and proper arrangement was not available for mothers whose neonates were admitted in NICU and they were usually allotted space in the basement area with no basic facilities like seating arrangement, drinking water and toilets.

Shortage of chairs/ tables for attendants were noticed in LNH and CNBC and shortage of Bed side stools in wards were noticed in all the selected hospitals. Government intimated (November 2022) that measures

are being taken for improving the security in LNH. As regards to stray dogs, hospital stated that letter has been written to the PWD.

Further, LNH intimated that beds of adjacent Septic Labour Room are being used for Gynecology Causality.

Action Taken by the Department:-

LNH

The toilets in waiting areas/IPD are cleaned 3-4 times a day and all are functional at present. Deployment of Security personnel has been reviewed and available block of LNH at present. Regarding issue of stray dogs, it is to inform that the matter pertains to MCD and they have been informed the stray dogs from the hospital premise. They take the dogs and get them back to the location after treatment as per their policy. Due to heavy rush, the bed occupancy rate is more than 100% in LNH which shows the optimum use of infrastructure/ beds. However the issue will be resolved once new block is made operational for public at large.

CNBC-

Basic amenity like drinking water and toilets are available in CNBC. There is lack of space in the existing building and CNBC is planning to create new patient attendant waiting area with all basic amenities in the adjacent 1250 sqmtr land in the existing hospital campus.

In CNBC, maternity service is not available. We are currently contemplating a six bedded M-NICU unit where mothers will be housed along with their babies in the 1st floor adjacent to the SARI ward.

On the observations of the Audit that the Government may include a time frame to address issue of shortage of facilities for accompanying Mothers in CNBC and the Health Department furnished revised ATN intimating that Space for M-NICU has been earmarked in the existing hospital building and likely to be functional in next 6 months.

Para No. 3.2.2 :- Bed Occupancy rate

The Bed Occupancy Rate (BOR) is an indicator of the productivity of the hospital services and is a measure of verifying whether the available infrastructure and processes are adequate for delivery of health service. As per IPHS, it is expected that the BOR of a hospital should be at least 80 *per cent*. High BOR is a sign of good productivity of the hospital. The Bed occupancy rate of RGSSH, LNH, CNBC and JSSH were test checked. Bed occupancy rate was more than 100 *per cent* in respect of LNH (2017-18 to 2019-20) and CNBC (2017-18) signifying that number of patients admitted

were more than the number of beds available. During Joint Inspection (July 2022) of CNBC general wards, beds were found allotted to more than one patient. BOR at JSSH was very low showing low productivity of the hospital. Government in its reply (December 2022) stated that the low occupancy in JSSH was due to shortage of staff.

The Bed occupancy rate provided by two Hospitals had revealed that the patient load was more than the capacity of available beds in Emergency (2016-20), Pediatrics (2016- 20) Medicines (2016-20) and ENT (2019-20) Departments in CNBC and Nephrology (2018-21) Department in JSSH.

Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department:-

CNBC

Bed occupancy rate during 2021-22 and 2022-23 was low because of COVID pandemic during that period and it has progressively increased over last 3 years.

Year	BOR (%)
2020-21	72
2021-22	67
2022-23	90.8
2023-24	87.8
2024-25	96.6

JSSH

The BOR has been increased. The BOR in the year 2023-24 was 43.41% which increased in 2024-25 to 46.08%. It will further increase with the recruitment of new faculties/specialists and opening of surgical department.

RGSSH

BOR for the period of 2022-23 was 41.80%, which has increased to 42.79% in 2024-25. It will further increase with recruitment of new faculties /specialists and after opening of surgical departments/IPDs.

On the observation of Audit that ATN may include

(i) All measures taken for increasing the beds at LNH and CNBC.

(ii) Concrete action which have been taken and which are in pipeline for increasing the footfall of RGSSH and JSSH may be included in the ATN.

The Health Department furnished revised ATN stating that :-

CNBC:

There is no space available for increase in number of beds in the existing hospital building. However, there is a plan to increase beds up to 600 in new ICU hospital across the road, which is under construction.

RGSSH:

The recruitment of faculty was done by RGSSH in January, 2025 as a result the current bed occupancy rate has been increased which is 48.77%. Further the agenda for recruitment of faculty will be submitted before the upcoming Governing Council (GC) meeting. The recruitment of the doctors, nurses, technicians and other paramedical staff will be finalized within 3-4 months after the approval from the GC.

JSSH:

The BOR is directly related to the number of patients admitted through OPD and emergency. Initially the emergency department was not operational in JSSH. Hence the admission rate was low. Since emergency services have been started in JSSH BOR are gradually increases. It is reaches upto 57.73 percent.

Further hospitals has increases the salaries/ emolument of faculties (super specialised doctor) and offering it at par AIIMS so that hospital can attract the best skills to join the hospital as compare to private sector.
Hence joining of new faculties and starting of new services will further increases the admission rate and BOR.

LNH:

Inauguration of new block under construction bed strength will roughly increase by 1500 more new building will be constructed approximately 2 years after budged approval by govt. As informed by PWD.
Bed occupancy rate for the year 2024-25 is 78 percent

Para No. 3.2.3:- **Evaluating efficiency of Hospitals**
Matter of record

Para No. 3.2.4:- **Operation Theatres**

Operation theatre (OT) is an essential service to be provided to the patients. As per NHM Assessor's guidebook, surgery performed per surgeon is an indicator to measure efficiency of the hospital.

All the surgical departments of essential/desirable services required for a District Hospital as per IPHS are available in LNH except Ophthalmology which is managed by the other hospital under MAMC to which LNH is attached.

The status of OT services against IPHS guidelines in test checked hospitals as per **Table 3.7** is reproduced below:-

Description	**LNH**	**RGSSH**	**CNBC**	**JSSH**
OT have convenient relationship with surgical ward, intensive care unit, radiology, pathology, blood bank and CSSD.	Yes	Yes	Yes	OT Services not available.
Access to facility is provided without any Physical barrier and friendly to people with disabilities.	Yes	Yes	Yes	
OT have piped suction and medical gases, electric supply, heating, air-conditioning, ventilation.	Yes	Yes	Yes	
Patient's records and clinical information is maintained.	Yes	Yes	Yes	
Has defined and established grievance Redressal system in place.	Yes	Yes	Yes	
Whether all equipment are covered under AMC including preventive maintenance?	Covered under AMC subjects to shortfalls mentioned in audit findings.			

Reply of the Department

At present 4 OT table are functional for surgery department.

Para No. 3.2.4.1:- Regarding long waiting period for surgery

There were 29 OTs (in all departments) in LNH and the total surgeries conducted in LNH during the period 2016-17 to 2021-22

As per information furnished by Surgery Department of LNH, the average number of major surgeries per month conducted ranged between 216 and 281 during the period from 2016-17 to 2019-20 and average waiting time was two to three months. One major OT of Surgery Department was not functional from 2016-17 till date (August 2022). Reason for not repairing or replacing the same and action taken to improve the waiting time for surgeries was not provided by the Hospital.

In respect of Burn & Plastic Surgery department of LNH, the average number of major surgeries conducted per month ranged between 86 and 95 during the same period whereas average number of minor surgeries conducted per month was between 85 and 375. Average waiting period was six to eight months in the case of major surgeries and 3-4 weeks in the case of minor surgeries. Audit noted that there was shortage of doctors in LNH and the same has been discussed in Chapter V. Similarly, CNBC, which is a Pediatric hospital, conducts Eye, ENT, Orthopedics and Pediatric surgeries. Number of surgeries conducted in the Hospital during the audit period and average waiting time as per table 3.9 is reproduced as under:-

Sl. No.	OT Name/Department		No. of Surgeries						Average waiting time
			2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	
1	Eye	OT	104	100	53	133	73	86	Less than one month
		Emergency	01	02	01	00	02	01	
2	ENT	OT	30	275	322	448	114	219	3 to 4 months
		Emergency	03	17	07	10	10	21	
3	Pediatric Surgery	OT	1824	1623	1118	1385	771	681	12 months
		Emergency	521	482	527	584	527	557	
4	Orthopedics	OT	555	548	497	627	300	358	Less than one month
		Emergency	35	57	21	30	32	29	

In spite of such a long waiting period for patients to undergo surgery, the number of OTs remained five (three Major OTs, one minor OT and one Emergency OT) during the period of audit. Further, one of the three major OTs was not functional due to shortage of manpower like Senior Resident doctor and Nursing, Technical and other support staff.

The Government stated (December 2022) that many pending cases in CNBC were due to Covid, disproportionate workload, lack of manpower and Continuous inflow of emergency cases from Delhi and other States. Creation of more OTs and recruitment of staff is under process.

Action Taken by the Department

CNBC:

Waiting period for ENT has reduced from 3-4 months to 1 to 1.5 months. To decrease waiting period for Pediatric surgery cases, 3rd OT has been made functional since 30.04.2025 after recruitment of nursing staffs, which will help in decreasing waiting period for Pediatric surgery.

LNH:

As reported by audit that one major OT of Surgery Department was not functional, it is to inform that at present all 4 OTs are functional for surgery department.

On the observation of the Audit that the Action Plan for addressing the issue of long waiting period of Plastic Surgeries in LNH may be submitted. The Health Department vide revised reply/ATN stated that present waiting time for surgeries in Burn and Plastic surgery department of LNH is 8 to 10 weeks. Earlier it uses to take 6 to 8 months as Burn and Plastic surgery department of LNH had acute shortage of specialist only 3 seats were filled out of 10 (70 percent vacancy) But now after the joining of two new specialist (1 regular/1 contractual) the waiting time is reduced to 8 to 10 weeks which is significantly lesser than what is mentioned in audit observation.

The Audit further observed that the Action Taken does not addresses the issue of further reducing the waiting period for the surgeries. On this the Health and Family Welfare Department vide letter dated 15.12.2025 further stated that :-

Two New specialists were recruited in the Department of Burn and Plastic Surgery on regular basis and since then waiting period for surgeries is reduced to 6 to 8 weeks from 6 to 8 months as mentioned in the audit observation. Requisition for the filing of vacant posts of specialist is sent to the Deputy Secretary HR on regular basis latest Requisition was sent on 14th November 2025.

Para No.3.2.4.2 OTs Lying idle in RGSSH

RGSSH is a Super specialty hospital and have the facilities of Gastro Intestinal, Urology and CVTS14 surgeries. There were six functional OTs in RGSSH. Year wise number of surgeries conducted in GI Surgery, Urology, Cardiac and Thoracic OTs as tiven in **Table 3.10 is reproduced as under: -**
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Sl. No.	OT Name/Department		No .of surgeries					
			2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1	GI Surgery OT 1	Major	212	366	640	400	0	107
		Minor	0	0	0	0	0	15
2	Urology OT 2&3	Major	3	258	372	394	75	234
		Minor	0	160	526	419	35	107
3	Cardiac OT5	Major	0	0	0	28	39	46

4	Thoracic OT4	Major	0	0	3	154	29	62
5	Cardiac &Thoracic OT4and OT 5	Minor	83	0	26	210	54	68

It was observed that the number of surgeries conducted in the six functional OTs of RGSSH was much less as compared to that of other selected Hospitals. Apart from the six functional OTs, six more OTs were available in RGSSH which were lying unused due to shortage of man power. Under utilization of infrastructure, created to provide quality service to patients, needs to be viewed seriously especially in view of the fact that patients are forced to wait for long periods for surgery in other hospitals.

There was no functional OT in JSSH as the work of commissioning of OTs was under process (July 2022).

Reply of the Department

JSSH:

The works of seven modular OTs has been completed. The surgeries have been started in two OTs. So far more than 800 fistula formation surgeries have been done in these OT.

RGSSH:

Process of outsourcing of manpower and equipments likely to finalize shortly thereafter optimum use of OTs will be operational. On the observation of the Audit that the Government may include a proper timeline for making all the idle OTs functional on regular basis, the Health Department vide revised ATN stated that the process of recruitment of required staff to run OTs is being processed at different level at UPSC, DSSSB and Hospitals. Once the manpower is recruited, remaining equipments if any may also be procured to make the OTs functional on regular basis.

On further observation of the Audit that the Department has not given specific timeline for making the idle OTs functional, the Health Department vide letter dated 15.12.2025 has further stated that the work of Seven Modular OT have been completed. Out of Seven Modular OT, two are functional and more than 1000 IV fistula formation surgeries have been done in these two OTs. To make other 5 OTs functional, Hospital is planning to send letter to the other Government Hospital to send their surgeon to JSSH to perform surgeries. It will be done within six months time to run the OTs as full capacity.

Para No.3.2.4.3 **Non-functional equipment in OT**

In CNBC, many surgical equipment were not functional. However, the Hospital could neither make the equipment functional nor purchase new equipment in lieu of non-functional equipment as of August 2022. Lack of functional equipment could hamper the working of OTs. Similarly, the Anaesthetic Gas Scavenging System (AGSS) in MGPS was not working since February, 2016 and it was made functional only in June, 2020 after repeated reminders by the Hospital and even after that, it failed to function consistently. After this, a meeting was held in November 2020 in which the firm expressed inability to fix AGSS system. CNBC had finalized procurement of AGSS (July 2022). CNBC in its reply (February 2023) confirmed that the AGSS
is still not functional.

Action Taken by the Department:-

CNBC:

The equipment was very old and recommended for condemnation. New equipments like, cyst scope, laparoscope, harmonic cutting and coagulating device, surgical cautery, ortho electrical drill system with battery and charger, vasectomy etc have been procured and are functional.

On the observation of the Audit that the Action Taken for ensuring the Aesthetic Gas Scavenging System (AGSS) in MGPS and its current status at CMBC may be included in the ATN. The Health Department vide revised reply/ATN stated that:-

CNBC:

AGSS system was very old and outlived its life. Further, hospital authority had initiated the procurement of new AGSS system and floated the tender for the same, which was cancelled due to single bid/lack of completion. In the meantime, Executive committee observed that the construction of new hospital building across the road is under pipeline and OT complex to be shifted in new building, As the AGSS system is only required in the OT complex hence, EC decided to defer the procurement for AGSS system in the old building. It is also pertinent to mention here that the construction of new building is on hold, so, hospital authority is planning to procure the new AGSS system and as per new procurement guidelines, the demand is being sent to CPA, GNCTD for procurement of new AGSS system.

JSSH:

The OTs are functional at JSSH with available manpower and resources.

Para No. 3.2.5 Lack of completeness of Medical Records

Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 requires the doctors to maintain medical records of patients in the prescribed format. These records are essential to measure effectiveness of care received by the patient for follow-up treatment as well as for legal purposes. Lack of properly maintained medical records would have an adverse impact on medical care provided to a patient, especially in cases of follow up or referral to higher facilities.

None of the test checked hospitals had computerized the medical records. The audit team checked medical records in respect of 100 patients who were discharged during January and February 2020 in selected Departments of selected Hospitals. It was noticed that patient occupation was not mentioned in the records of any hospital. In CNBC, it was not applicable, being a children hospital.

Name and signature of the doctor was not recorded in three *per cent* cases of LNH and 94 *per cent* cases in RGSSH. In CNBC, name of the doctor was not recorded in 99 *per cent* cases and patients left hospital without permission in four *per cent* cases.

Action Taken by the Department :-

CNBC:

Orders and Quality check by quality team is in place to check the completeness of Medical Records for signature and stamp. For further improvement training programs on "Prescription writing" are being held regularly for new resident doctors by the quality team.

RGSSH:

At present, all records of treatment in RGSSH carries proper name & signature of treating doctors.

LNH:

As per para, only 3% cases was there in which name and signature of the doctor was not recorded which is a positive observation, however, instruction have been issued to all concerned for compliance

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Para 3.2.6 Regarding Patient Satisfaction Survey

NHM Assessor's Guidebook requires hospitals to conduct Patient Satisfaction Survey of Indoor Patients on a monthly basis. Patient satisfaction is a measure of success of the services being provided by the hospitals. It was noticed that no patient survey was conducted during the period 2016-17 to 2020-21 in LNH and RGSSH. Thus, these hospitals were not in a position to understand the needs of their patients for improvement in its services. LNH later introduced patient satisfaction survey in the year 2022.

During the course of the audit, Patient Satisfaction Survey of 109 IPD patients of four selected hospitals (10 - JSSH, 10 - RGSSH, 66 - LNH and 23 - CNBC) was conducted. Out of the 23 patients surveyed in CNBC, 74 *per cent* patients stated that the doctor visited only one or two times in a day, 65 *per cent* of patients stated that they were not informed about their rights and responsibilities and 22 *per cent* stated that their complaints were not promptly attended to and the behaviour of hospital staff was not dignified and respectful.

No significant shortcomings were reported in the other three hospitals.

Action Taken by the Department:-

CNBC:

Senior faculty doctors are taking rounds of all patients one or two times in a day, more frequently in sicker patients, although resident doctors are present on duty round the clock.

Further, patient's right and responsibilities are displayed in prominent places in hospital in bilingual. Hospital staffs are regularly advised to behave courteously with patients& their attendant and regular training are also being conducted for patient rights and responsibilities. CNBC regularly conducts Patient satisfaction survey from admitted patients. As per the survey report submitted by the Quality team, 94% patients were satisfied by the behavior of hospital staffs, analyzed from 939 feedback forms collected from IPD patients between January to June 2024 based upon a predesigned questionnaire analyzed at 5 level Likert scale.

JSSH:

The Patients satisfactory surveys are conducting on regular basis. Patients feedback are collecting from patients and same is analyzed by PRO and put further higher official for action taken.

Para 3.3.1 Emergency facility in Hospitals

Out of the four hospitals selected for audit, in LNH, 25 beds were available in Causality and 142 beds in the Emergency wards. LNH is also managing a Disaster Ward of 50 beds to meet additional demands. Apart from these, LNH was also managing Sushruta Trauma Centre (STC) to treat victims of road accidents. CNBC and RGSSH had 12 and 10 emergency beds respectively. Audit observed that in LNH, five15 out of 20 essential drugs for managing Emergency services were not available during 2016-17 to 2020-21. Further, Mobile X-ray unit, as required under IPHS Guidelines was also not available during the above period. Besides, two minor OT tables and one ceiling light were not functioning in the Emergency OTs since August 2019 which were not found replaced/repaired. Three16 out of 14 essential equipment as required under NHM Assessors Guidebook were not available in the Causality block. There was also no separate triage area in the Causality of LNH.

JSSH did not provide Emergency Services during the audit period. JSSH replied (December 2022) that it has started Emergency services at basic level for Cardiology, Nephrology and Neurology from 8 AM to 4 PM. RGSSH provided Emergency Services only to patients pertaining to their super specialty departments and refers other patients to nearby hospitals. Seven17 out of 20 essential medicines were not available in the Emergency of RGSSH during the audit period. In CNBC, the annual emergency bed occupancy ranged from 129 *per cent* to 142 *per cent* during 2016-17 to 2019-20 while it was 92 *per cent* and 79 *per cent* in 2020-21 and 2021-22 respectively. A bed occupancy of more than 100 *per cent* indicates that the number of beds available is inadequate which may hamper services to the needy in emergency. Thus, complete complement of drugs and equipment were not available in the Casualty/Emergency of LNH, CNBC and RGSSH which may hamper the ability of these hospitals in providing critical care to those brought for emergency treatment.

Government did not offer any comments in its reply dated 13.12.2023.

Action Taken by the Department:-

LNH:

- At present all 20 essential drugs for managing Emergency

services are available.

- At present the mobile x-ray is available in emergency Block.
- At present these OTs are functioning.
- Reg. essential equipment
- Separate triage area is available in casualty of LNH.

- Neurosurgery OT is functional as on date.

CNBC:

- All emergency medicines and medical equipments like multiparameter monitors, pulse oximeters, syringe infusion pumps, defibrillators, resuscitation equipments, oxygen supply etc. are available.
- Patients with poisoning are admitted and treated at CNBC. For accident and polytrauma cases, patients are being shifted to Lok Nayak hospital with a Junior resident doctor after giving first aid services. Trauma cases excluding headinjury are being managed at CNBC.
- Separate provision for examination of rape/sexual assault victimis now available. Burns and plastic, polytrauma and Neurosurgery services are not available

JSSH:

Emergency Services are available between 8 AM to 4 PM in JSSH. The type of emergencies that are coming to emergency departments are not general emergencies, they need intervention in Cath Lab like PTCA , ligation in case of GI bleed in Endoscopy Lab , CRRT, thrombolysis etc. such types of emergencies need their back end departs with specialize doctors and Anesthetics. Since specialists & faculties are limited in number and available only in working hours. Hence emergency is operational between 8 AM to 4 PM. It will further extend as per the availability of faculty & Specialist.

RGSSH:-

1. Inj. Carboprost- RGSSH does not have Gynecology department, so the said medicine is not required by the hospital.
2. Inj. Fortwin (Pentazocine)- Alternative analgesics like tramadol or Morphine were available during the audit period.
3. Inj. Methyldopa- Alternative Antihypertensive medicines like Metoprolol, Labetalol were available during the contract period.
4. Inj. Pheniramine Maletae- The said medicine was available from 27/03/2018 to 01/08/2018, 13/08/2018 to 01/02/2019, and 20/03/2019 to 31/03/2020.
5. Ringer Lactate - Ringer Lactate from 30/09/2016 to 07/06/2017 and from 24/10/2017 to 31/03/2020 was available in the hospital.
6. Anti-Snake Venom- RGSSH being a super speciality hospital, do not cater to the patients requiring Anti Snake Venom.
7. Inj. Ampicillin- Inj. Ampicillin was available from 29/08/2016 to 05/06/2017 and from 24/03/2018 to 19/08/2018, and the hospital also offered alternative antibiotics like amoxicillin, clindamycin, amikacin, meropenem, and piperacillin with tazobactum etc.

Hospital finalized the Essential Drug List (EDL) in February 2021 and established the Rate Contract in June 2024. RGSSH aims to maintain 100% availability of the EDL and medicines which are not available in CPA are procured from GeM/ Rate Contract/ Local Purchase. Currently, RGSSH is maintaining availability 90 to 95% of the EDL

On the observation of Audit that the Government may include the details of Action Taken/Action Plan for increasing the Emergency Beds in CNBC. The Health Department vide revised ATN stated that:-

CNBC:

There is no space available for increase in number of emergency beds in the existing hospital building. However, in new ICU hospital across the road, which is under construction. there is a plan to increase beds up to 600.

Para 3.3.2 Functioning of Sushruta Trauma Centre under LNH

Sushruta Trauma Centre (STC) generally treats victims of road accidents and the financial and administrative matters are dealt by LNH. Deployment of manpower in STC is under the purview of HOD of respective Departments such as Medicine, Surgery, ENT, Orthopedics, Radio diagnosis, Anesthesia etc. of LNH. Audit noted that Senior Residents (Medicines) were not posted in STC despite having a sanctioned strength of four (March 2022). Audit noted that senior residents were deployed on emergency duty from LNH during day time only. Government replied (November 2022) that LNH has posted one SR (Medicine)
to STC.

Action Taken by the Department:-

At present one SR (Medicine) and one CMO (SAG) level (Medicine) are posted in STC

Para 3.3.3 Intensive/Critical Care Unit (ICU)

The ICU provides intensive care to patients in critical conditions of various complications. All the test checked hospitals provide ICU services. However, the following issues were noticed in the functioning of ICUs: Audit noted that in ICU of Medicine Department of LNH, out of 12 ECG machines, five ECG machines were not functioning (March 2020) and one ECG machine went missing (July 2020). Case for missing ECG was filed (February 2021). However no further information was available with the hospital. After outbreak of Covid 19 (March 2020), 13 new ECG machines were procured during April 2020 to October 2021. Five Bipap19 Machines available in ICU were not functional (March 2020),though 11 new machines

were purchased and provided during July to November2020. One Defibrillator was not functional (October 2020) and new defibrillator was purchased in February 2021. Further, all the three Transport Monitors installed in March 2017 were not working since December 2021 and required maintenance and Treadmill Test Machine was not working since September/October 2019 and these were not replaced (as of July 2022). Thus, it is evident from above that ICU department was short of functional equipment viz. ECG machines, Transport monitor, and Bipap at the outbreak of covid.

Government accepted (November 2022) the facts and intimated that the ICU is being upgraded with new advanced equipment.

Action Taken by the Department:-

LNH:

Equipment received for care of critically sick children is already in use with ensuring minimum downtime. At present 15 ECG machines are available in ICU of medicine deptt. out of which all are functional. At present, all five Bipap Machines are functional in ICU and at present two Defibrillators are functional. At present two Transport Monitors are functional and transport Monitor is under condemnation and Treadmill Test is already condemned.

Para: Delay in maintenance of Medial Gas Pipelines System In CNBC

Maintenance of Medical Gas Pipeline System (MGPS) in CNBC was awarded to an agency for the period from February 2019 to April 2021. As per the contract agreement, the agency was to ensure uptime of the equipment for at least 98 *per cent* calculated on quarterly basis. Penalty was leviable for failure to meet the targeted uptime at the rate of ₹ 5000 per one *per cent* increase in downtime in respect of each part of the equipment. Further, on any single occasion, the downtime of equipment should not exceed 72 hours except for Oxygen and Vacuum system for which the maximum downtime was three hours failing which a penalty of ₹ 2000 per day was leviable. Scrutiny of Performance report of the agency revealed that uptime of the equipment during nine quarters from February 2019 to April 2021 in respect of oxygen ranged from 80 *per cent* (5th quarter i.e. Feb 2020 to April 2020) to 96 *per cent* (2nd quarter i.e. May 2019 to July 2019). Similarly, the agency also failed to limit the downtime for the oxygen leakage and vacuum leakage (within three hours on each occasion) during the above period on 46 occasions when the downtime exceeded three hours. The downtime ranged up to seven days on one occasion (5th quarter - Feb 2020 to April 2020) for oxygen leakage. Both equipment/systems are very important for smooth functioning of hospitals, especially in OTs and for patients with respirational distress. Although penalty under the contract

was levied for these failures, nothing can adequately compensate the distress faced by the Hospital and patients, especially during Covid-19. Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department:-

CNBC:

Penalty has already been levied on the agency concerned

On the observations of the audit that The details of precautions/measures taken to avoid such circumstances in future may be included. The Health Department submitted revised ATN and stated that :-

CNBC:

Contract for CMC was awarded to the OEM authorized firm with a condition of 98% up time and in case of deviation, there is penalty clause. After the audit observation, hospital authority discussed the issue with service provider and instructed them for strict compliance of the up time as per tender conditions. Further, the firm has improved their services. It is pertinent to mention here that the MGPS system is approx. 18 years old and the hospital authority is planning to procure new source component of MGPS System.

Para 3.3.5 State Rapid Response Team instruction not followed

In the wake of the COVID pandemic, Delhi Government had constituted (March 2020) a State Rapid Response Team (RRT), to ensure that prompt adequate emergency preparedness and appropriate response structure are put in place to tackle the outbreak. The main functions and responsibilities of RRT were (i) to verify any report of disease outbreak in the State, (ii) notify and activate Cluster Containment Plan, (iii) to carry out outbreak investigation (iv) to propose and plan appropriate measures for containment of epidemics to the State Disease Surveillance Unit (SSU) and response Committees, (v) to participate actively in the implementation of epidemic prevention and control strategies, and (vi) to provide technical support to the District Surveillance Units (DSU) so that, the outbreaks can be quickly controlled and number of people affected can be reduced.

Audit observed shortcomings in the functioning of RRT as well as a total disregard for its instructions/suggestions by various agencies /institutions. After its constitution, the RRT met only five times, all in 2020 and no meeting was held in 2021 and 2022. In its meetings, RRT had given suggestions such as strengthening of active surveillance in containment

zones for making decisions regarding mitigation required, analysis of testing reports of all districts at State Integrated Disease Surveillance Programme (IDSP), adoption of ICMR testing strategy, preparation of specific SOP for transfer and management of hypoxic patients in community etc. However, Audit found no evidence that any of these suggestions were put into action.

Thus, activities suggested by RRT which could have helped in better management of COVID outbreak were not implemented which defeated the purpose of constituting RRT.

Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department:-

All the suggestions which were given by the State Rapid Response Team were followed as per the following details:

All the data/ Reports/ information/ Records with respect to Containment zones with index case and total positive cases, total number of samples collected and numbers tested positive, total number of deaths etc. are being maintained at respective CDMO offices and DM offices and shared regularly with higher authorities. District-wise testing data is being shared, analyzed and acted upon regularly. Daily online meetings were held during the Covid-19 pandemic to review, monitor and guide the various stakeholders for appropriate action.

ICMR testing strategies are strictly followed and daily online meetings were held during the Covid-19 pandemic to revive, monitor and guide the various stakeholders for appropriate action.

Clinical management guidelines issued by MoHFW, GoI are being strictly followed. To deal with and manage the hypoxic patients, oxygen concentrators were arranged (with specified guidelines/SOPs) and advanced life support ambulances were strengthened, additional capacity of ambulances with oxygen cylinder provision was enhanced by hiring private fleet of ambulances.

The daily reporting of number of house surveyed, symptomatic/ILI, test conducted, IEC activity, new positive cases and number of patients screened/referred is being done regularly and shared with higher authorities.

A war room was established to collect/compile /monitor and review the data and to guide various stakeholders dealing with Covid-19 pandemic. This war room was monitoring data on a real time basis through various dashboards/ apps where in the information collected from different levels/sources was being generated and monitored, such as:

Bed occupancy/ availability

Oxygen availability in hospitals
Covid-19 testing
Covid-19 Vaccination
District wise status of Covid cases.
Status of Home Isolation cases.
Data of Containment Zones.
Covid-19 death data, etc.

Further it is mentioned that COVID response strategy of GNCT of Delhi has been formulated and executed under the aegis of DDMA and expert Committee headed by Member NITI AYOG.

On the observation of the Audit that the Action Taken/Action Plan for ensuring preparedness of State Rapid Response Team for meeting any future pandemic may be included. The Health Department submitted revised ATN and stated that:-

Public Health-IV, DGHS

(A) The **reconstitution of the State Rapid Response Team (SRRT)** is under process, with proposed inclusion of members from key specialties and departments such as Public Health, Medicine, Pediatrics, Respiratory Diseases, Microbiology, Entomology, Animal Husbandry, Food Safety, Delhi Jal Board, and the Municipal Corporation of Delhi. This aims to enhance the SRRT's capacity to respond effectively to public health emergencies, including outbreaks of vector-borne, water-borne, food-borne, zoonotic, viral, and other emerging diseases. The Terms of Reference (ToR) are also being revised to strengthen interdepartmental coordination, ensure timely response, and support the formulation of preventive and control measures.

(B) Further a Delhi Specific **"Crisis Management Plan for Biological Disasters"** is also being drafted by Disaster management Cell of Dte. GHS in coordination with National Disaster Management Authority (NDMA) which has the detailed guidelines and SOPs on various aspects of crisis management including surveillance, **Rapid Response Team** and Outbreak investigation etc.

Para 3.3.6 **Death Audit Report**

In view of outbreak of COVID pandemic, Delhi Government had constituted a Death Audit Committee to audit each and every death in which the patient was COVID positive in government and private hospitals of NCT of Delhi. All government and private hospitals were directed to report all such deaths to the Committee along with a copy of case sheet for death audit. Death audit could have provided valuable inputs in refining treatment protocols for the pandemic so as to reduce mortality rate.

It was also noticed that Death Audit Committee did not analyse any case of COVID death during the period January to December 2021. From the records furnished to audit, (January 2022 to April 2022), it was observed that out of 938 deaths reported, only 684 deaths were analyzed by the Committee. In respect of remaining 254 cases (27.07 *per cent*) Case sheets of Covid deaths were not furnished by the hospitals concerned. Further, the daily reports of Death Audit Committee were not being utilized by the Health Department to chalk out strategy/mechanism for better management of Covid cases, thus defeating the very purpose of constitution of the Committee. Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department

It is informed that as per available record 64 cases were given certificate of death due to COVID-19 by the Death Audit Committee after analyzing the cases in the year 2021.

In the context of analyzing of death due to covid-19 in the year 2022, It is submitted that mandate of Death Audit Committee was to analyse the death cases which were provided to Death Audit Committee.

As per available record 45 cases were analyzed in 2022 and certificate of death due to COVID-19 were issued by the Death Audit Committee to these cases.

On the observation of the Audit that Action taken Note may include the details of system in place for ensuring death audits of all death cases during pandemic. The Health Department submitted revised ATN and stated that:-

DGHS:

After the approval of competent authority the Death Audit Committee was reconstituted on 30.06.2025. The meeting of Death Audit Committee held on 01.07.2025 and in the said meeting it was observed by the Death Audit Committee that the file / documents was not provided through the parent Department and attached documents were not verified by the concern officer of the Department, therefore, you are requested to provide the following documents to the Death Audit Committee through the office of Public Health-IV Department situated on Third Floor, Delhi Government Dispensary Building, S-1, School Block, Shakarpur, Delhi-110092 so that the case may be further processed by the Death Audit Committee:-

1. Death Certificate issued by concerned agency/department (Original).
2. Lab Report of the deceased in which it is mentioned that RT-PCR/HRCT was positive.
3. Any other investigation report.

4. Hospital Treatment/ Case Summary.
5. Hospital Death Summary/records.
6. ID card of deceased.

All the documents mentioned above & other documents should be verified by the Officer of the concern Department before sending it to the Death Audit Committee.

As per the direction of Death Audit Committee the files are being send to the parent department for verification of the document by the Officer of the concerned Department

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Para: 3.3.7 Preparation for disasters

Para 3.3.7.1 Hospital Disaster Management Plan not prepared by the Hospitals

As per Disaster Management Act 2005, each hospital (all government hospitals and private hospitals) had to prepare Hospital Disaster Management Plan (HDMP) for responding effectively to any disaster or disaster situation. DGHS issues SoP for Medical response in Emergency to 58 hospitals under the Department of Health and Family Welfare, Delhi and other public hospitals managed by different administrative units. As per the SoP, hospitals were to keep the HDMP updated and maintain disaster cupboard keeping in perspective, the number of cases that can be managed in crisis situation as per surge capacity20. Audit noted that no mechanism was put in place by DGHS to ensure that requisite action circulated vide above SoP was initiated by the respective hospitals.

However, on scrutiny of the records of DGHS, Audit noted that no hospital had prepared HDMP during the period 2016-17, 2018-19, 2019-20 and 2020-21 though some hospitals had prepared HDMP in the years 2017-18 (35 hospitals) and 2021-22 (five hospitals).

Action Taken by the Department:-

During 2023-2024 and 2024-2025, 51 hospitals have prepared their HDMP with QRT. One hospital has sent their report regarding HDMP along with QRT in 2025-2026. Further, directions have been issued to the remaining hospitals to prepare their HDMPs with QRTs in a time bound manner.

Para 3.3.7.2 Inadequate training to Hospital Staff

To enable staff attached with disaster management related work to perform their functions and duties efficiently and effectively, DGHS conducts trainings for medical/para medical staff each year. Though Disaster Management Cell of DGHS had prepared annual training calendar for the year 2018-19 and 2019-20, these were not approved but some trainings were conducted. DGHS office neither prepared any training plan for the years 2020-21 to 2021-22 nor conducted any training. Disaster Management Cell also did not have any database of trainees to check whether the same persons are being provided training multiple times or all employees are covered. In response, the DGHS office stated (June 2022) that some trainings could not be imparted due to unavailability of trainees and other administrative issues. The training program for the period 2020-22 could not be prepared due to COVID-19 pandemic. The fact remains that adequate training was not provided to the staff.

Action Taken by the Department:-

DGHS:

EMR training was organized for Medical Officers in 2022-2023 in two batches. 04 batches of Medical Officers were trained in Advance Cardiac Life Support Training Program in collaboration with AIIMS New Delhi during 2023-24. Further, 03 batches of Emergency Medical Response Training Program training was organized for ANM, Lab Assistant, Dresser, and Nursing Orderly in during 2024-25 under Disaster Management.

On the observations of the Audit that Actions taken/Action Plan for ensuring the maintenance of data of trained staff by Disaster Management Cell, DGHS may be included. Further, future action plan and mechanism available for imparting/conducting trainings on regular basis may also be included. The Health Department submitted revised ATN and stated that the Data of Training Human Resources has been compiled. Proposal for regular training has been submitted to the Finance Department, GNCTD for approval of Training Policy.

Para 3.3.7.3 Quick Response Teams in Health Care Establishments

DGHS office had instructed all the healthcare establishments (government as well as private) to maintain Quick Response Team (QRT) on rotation basis every month for field deployment in times of acute need according to the number of beds (up to 100 beds – one QRT, up to 200 beds – two QRTs and more than 200 beds – three QRTs). As part of the

preparedness relating to response in crisis situations, all Chief Medical Officers (CDMOs) were to maintain three QRTs on rotation basis every month from their pool of human resource and ensure maintenance of such teams in all healthcare establishments in the district. The respective institution should maintain emergency kit per team and should have tested SOP for responding to the direction of CDMO, reaching the site of crisis and provision of organized medical care. As per SOP, all hospitals have to send the details of QRTs on regular basis to DGHS latest by 5th of every month electronically, but this information was neither provided by the hospitals/ institutions nor sought by the Disaster Management Cell. Information in respect of 45 out of 59 Government Hospitals provided by the Disaster Management Cell revealed that 34 out of these 45 hospitals did not maintain any QRT and four hospitals did not have the required number of QRTs. Further, only one hospital had deployed the required staff in the team. The Department stated (June 2022) that details of QRTs were sought from hospitals regularly but due to COVID-19 pandemic and involvement of Hospitals /CDMOs machinery for management of COVID, details of QRTs were not received and updated. Reply is not acceptable as hospitals have not shared details of QRTs during the Non-COVID period and same was also not updated by the cell.

Action Taken by the Department:-

DGHS:

Quick Response Teams are being constituted at the level of CDMO office as well as by the hospitals. Communication regarding constitution of QRT is being sent regularly to CDMOs and Hospitals. All CDMOs offices have 03 number of QRTs in each districts and every health centers have 01 QRT along with First aid kit. Further, details of QRT was also mentioned in Hospital Disaster Management Plan. During 2023-2024 and 2024-2025, 51 hospitals have informed regarding their HDMP along with QRT.

On the observations of the Audit that The details of actions which have been taken by the Department for ensuring QRT in other eight government hospitals may also be included in the ATN. The Health Department submitted ATN and stated that communication has been sent to all Districts to send the all QRT data in Google Sheet on monthly basis.

The Audit further observed that the Action Taken does not addressed the issue of absence of QRT in 08 Hospitals. The Health Department vide response dated 15.12.2025 has stated that :-

It is submitted that out of 8 hospitals/institutes, 4 following hospitals /insitutions have submitted details of their QRT:-
1. Northern Raiway Central Hospital
2. Northern Railway Divisional Hosptial
3. Babu Jagjivan Ram Hospital
4. Delhi State Cancer Institute

It is also submitted that the Base Hospital have their Disaster Management Plan ready but in view of security concerns it has not been shared M.V.I.D Hospital and Rajan Babu Institute of Pulmonary Medicine & Tuberclosis have been recently demerged. New MS has been just recently appointed in M.V.I.D Hospital. Constitution of QRT has been discussed with them. As per information provided they will be able to submit QRT details within one to two weeks. The disaster Nodal officer of Indira Gnadhi Hospital along with MD and DMS of the hospitals were connected but no reponse has been received from them.

On the observations of the Committee that whether QRTs are now maintained in Delhi Government and Private Hospital as per prescribed norms. The Health Department vide letter dated 26.12.2025 informed that Committee that QRTs are maintained in all Government Hospitals to respond to crisis situation as per norms now. Regarding QRT in Private Hospitals Respective District CDMO being the Member of District Disaster Management Authority coordinates with all Government and Private hospitals during crisis situation.

Para 3.3.7.4 Hospital Safety during disaster

National Disaster Management Authority (NDMA), considering the safety of hospitals for human life, has formulated the National Disaster Management Guidelines on hospital safety in 2016 so that hospitals are not just better prepared but also fully functional immediately after a disaster and are able to respond without any delay. The guidelines were statutory in nature and were required to be adhered to by all stake holders. A quarterly report was to be sent to NDMA on implementation of these guidelines.

There were 59 Government Hospitals in Delhi which had to furnish the above details quarterly to DGHS. However, none of these hospitals submitted the details during the years 2016-17 to 2021-22. DGHS also did not take up this issue with the hospitals concerned for furnishing these details for onward submission to NDMA. It was also noticed that as per the above guideline of NDMA, each state had to constitute a Hospital Safety Advisory Committee at State level for preparation and submission of State Action Plan for implementation of hospital safety guidelines but no Hospital Safety Advisory Committee was constituted by GNCTD.

The Department stated (June 2022) that all government hospitals in Delhi did not come under its administrative control. It received NDMA instructions in 2019 and the same were circulated to all the hospitals for compliance. Also, the health machinery was busy due to COVID-19 pandemic. The reply is not acceptable as being the nodal department, DGHS is responsible for monitoring and supervising disaster management related

activities in all health establishments in Delhi, as envisaged in the above guidelines.

Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department:-

All the Health machinery were involved in COVID-19 Management from last quarter of 2019-20 to 2021-22, therefore, data related to Hospital Safety was not provided to DGHS, GNCTD during that period. Now, Hospital Safety Reports have been received from some Hospitals and efforts are also made to collect the requisite information from remaining hospitals.

On the observations of the Audit that the ATN may include Action Plan for ensuring complete adherence of NDMA instructions by all government hospitals. Actions taken for forming State Hospital Safety Committee and for sending of State Action Plan to NDMA The details of actions taken for sending quarterly reports on implementation of Hospital Safety Guidelines to NDMA. The Health Department submitted the revised ATN and stated that:-

DGHS:

1. Proposal for implementation of hospital safety guidelines in all government hospitals has been submitted to worthy DGHS.
2. Proposal has been submitted to Secretary (H&FW) for constitution a state level hospital safety committee.
3. Proposal has been submitted to DGHS for approval of communication

The Audit further observed that the Action is still incomplete. On this, the Health Department vide reply dated 15.12.2025 further stated that In this regard, it is stated that an e-mail was sent to NDMA regarding the provision of state level committee, composition and the objectives of the committee. Now the reply has been received from NDMA in which they have stated that we need to review the hospital safety guidelines 2016.

On the observations of the Committee that the Health Department had informed that the NDMA has stated that the Hospital Safety Guidelines of 2016 have to be reviewed, what is the present status. The Health Department vide letter dated 26.12.2025 informed that Committee that Communication has been received from NDMA, Ministry of Home Affairs, Govt. Of India according to which the NDMA is in process of Revision of Hospital Safety Guidelines, Once finalized by NDMA, the same may be implemented in all hospitals for constitution of Hospital Safety Committee.

Para 3.4 Maternity Services and Childcare

Para 3.4.1 Shortage of staff

As per the Maternal and Newborn (M&N) Toolkit 2013, for providing best possible care during pregnancy, delivery and postpartum period with dignity and privacy to clients, an adequate number of competent Human Resource (HR) is required. It was noticed that there was no Anesthetist and Pediatrician posted in Maternity Wing of the hospital and they were on call basis as and when required. Further, only 51 doctors were available in the Department of Gynecology against the sanctioned 67 posts. As per the Nursing staff norms of Indian Nursing Council, one nurse is required for every six beds for general ward and one nurse per bed in the case of ICU. It was noticed that there was acute shortage of 34 to 60 *per cent* nurses in the Wards and 52 to 70 *per cent* nurses in the High Dependency Unit of Gynecology Department during 2016-17 to 2020-21.

Action Taken by the Department:-

The Health Department informed that the action is being taken as per reply of para no.2.2. For the recruitment of remaining posts, LNH has already floated tender for recruitment of nursing and paramedical staff on outsource basis.

On the observations of the Audit that the ATN may include timeline for meeting the shortage of nurses and doctors in Gynecology Department of LNH. The Health Department submitted revised ATN and stated that:-

257 NURSING officers are recruited THROUGH DSSSB IN LNH The process of joining is underway which will significantly reduce the shortage of nurses in wards and high dependency unit. Regular interviews are being conducted on monthly basis to fill the vacancies of senior resident. All the post of Senior Resident is filled at present.

Para 3.4.2 Antenatal and Postnatal care and deliveries

Antenatal care (ANC), Intra-partum care or delivery care (IPC) and Postnatal care (PNC) are major components of facility based maternity services. ANC is the systemic supervision of women during pregnancy to monitor the progress of foetal growth and ascertain the well-being of the mother and the foetus. IPC includes safe delivery in Labour Room and Operation Theatre. PNC includes medical care of mother and new born especially during 48 hours post-delivery, which is considered critical.

Under ANC component of maternity care, pregnant women are provided at least four antenatal check-ups which include physical examination and laboratory investigation to monitor the pregnancy for signs of any complication for prompt management. LNH could not provide the mechanism adopted to track the pregnant women for ensuring ANC and did not maintain the details of ANC provided to all registered pregnant women. The Hospital also did not introduce Radio Frequency Identification Tag System for the new born During the period 2016-17 to 2019-20 (except Covid years), C-Section deliveries ranged from 19.73 *per cent* (2016-17) to 25.22 *per cent* (2018-19). Further, the number of ANC, IPC and PNC was also less as compared to the actual number of deliveries carried out in LNH.

Action Taken by the Department:-

LNH does not have and has never had any system in place for tracking the ANC patients. Nearly 100 new ANC cases and 150 to 200 old cases are seen in ANC OPD everyday. Tracking this large number of women can not be done manually.To track these ANC cases, there is a need for a robust computerised system using good hospital management software. Adequate technical manpower -data entry operators - to work on this system on regular basis is essential. A coordinated work system between doctors and this manpower is required to track ANC patients. Once HIMS system gets implemented then the same will be applied in LNH. Threre is no RFID system for the new born when a women delivers a band is tied on new born wrist by attending Nurse with labeling to identify the baby. This wrist band stays in place till the baby gets discharged with mother.

On the observation of the Audit that The Department and LNH may provide the details of actions taken for tracking of ANCs of pregnant women and may submit SOP/guidelines issued in this regard. The Health Department submitted revised ATN and stated that request to establish a robust computerized system using good Hospital Managements Software for tracing of ANC Patients has been sent to MO I/C IT vide letter No. Obust & gynae/943 dated 17.07.2025.

On further observation of the Audit that Action is still incomplete. On this the Health Department vide letter dated 15.12.2025 has informed that All pregnant woman/ANC patients coming to LNH are being uploaded on UWIN portal for tracking and monitoring of patients. This data goes to concerned ASHA worker of that area who can track and monitor ANC patients. Maternal and Child Death are reported on MPCDSR portal for tracking and monitoring.

Para 3.4.3 Stillbirths

The stillbirth rate is a key indicator of quality of care during pregnancy and child birth. Stillbirth and/or intrauterine foetal death is an unfavorable pregnancy outcome and is defined as complete expulsion or extraction of the baby from its mother with no sign of life. High stillbirth rate is the sign of badly managed antenatal care/delivery process in the hospital. As per NFHS-5 (2019-21), average stillbirth rate of Delhi was 0.8 per 100 pregnancy outcomes. Audit observed that stillbirth was 1,238 against 60,697 deliveries during the period under report in the LNH. The average stillbirth rate in LNH was higher than the average stillbirth rate of Delhi.

Government stated (November 2022) that most of the stillbirth cases in LNH are referral cases from other centres.

The Action Taken by the Department:

The Health Department informed that most of the still birth cases are due to referral/high risk cases from other hospitals of Delhi and NCR and neighboring states.

Para : 3.4.4 Review of Maternal and neonatal deaths

IPHS prescribes that all mortality that occurs in the hospital shall be reviewed on a fortnightly basis. Audit observed that 192 maternal deaths occurred during the period 2016-21. LNH stated that the review of maternal death was conducted monthly. However, it did not provide records of death review. Further, there should be a Committee for reviewing New-born death and it should meet at least once in a month or immediately after a child death is reported. It should prepare a report in such a manner that it should create knowledge and experience for use in future so as to avoid similar incidences. However, it was noticed that no such committee was functioning in the LNH during the period of audit. The hospital intimated that it has constituted the committee in April 2022.

Resultantly, Audit could not determine the reasons of maternal /neonatal deaths nor review the Committee's suggestions for preventing maternal/neonatal deaths.

The Action Taken by the Department:

LNH:

- Records are available and a copy is being submitted to CDMO on monthly basis.
- Adverse event analysis is being done by the concerned unit in case of neonatal death.

- At present maternal mortality review Committee and newborn death review committee is already formed and assesses for the death data on monthly basis for preventing mortality death & neonatal death.

Para : 3.4.5 Availability of essential and functional equipments

IPHS prescribes 31 types of essential equipment for Labour ward, Neonatal and Special New-Born care unit. Audit noted that three equipment namely, Cardiac Monitor (baby), CPAP machine and Nebulizer (baby) were not available in LNH. Several equipment viz. one Mobile Examination Light unit (out of two purchased in December 2016), one CO2 Insufflators (out of two installed in August 2016) and Weighing Machine for New-born (received in January 2017) of Gynecology OT were not functioning as of date (July 2022). Further, five out of seven Vacuum extractors, six out of 10 CTG machines and all the five Infusion pumps in Clear Labour Room of Gynaecology Department were also not in working condition.

ACTION TAKEN BY THE DEPARTMENT

LNH:

At present the facility of Cardiac Monitor (baby) is available in bed side monitor itself. The facility of CPAP machine is being given through bed-side ventilator and further in this, The process to procure stand alone CPAP is in the process and Nebulizer (baby) are already given to patient through in line ventilator. However as per opinion of new born expert separate Nebulizer machine is not recommended due to non-development of tracheal muscle. Non - working equipments are in the process of repair/condemnation /procurement.

On the observations of the Audit that The ATN may include the timeline for condemning, repairing and procuring the equipment. SOP/Guidelines prepared for monitoring and ensuring the availability of equipment in future may also be submitted.

The Health Department has submitted revised ATN and stated that Condemnation will be completed within next Six Months.

Para 3.4.6 One Stop Centre

The aim of One Stop Centre (OSC) was to provide multiple facilities and services under one roof to rape victims. As per the SoP of OSC prescribed by the GNCTD, it should have five Counsellors, five Senior Resident Doctors, five Staff Nurses and five Nursing Orderlies. From April 2016 to January 2022, 1,169 cases were reported in the OSC in LNH which included 285 cases of sexual assault (24.37 *per cent*). Audit noted that LNH did not have any dedicated staff and it was being managed by the Senior Resident Doctors, Nursing Staff and Nursing Orderlies of Causality of the Department of Obstetrics and Gynaecology and Counsellor was called as and when required from the Rape Crisis Cell under Delhi Commission for Women (DCW). Department stated (November 2022) that the average case load of one stop centre is very low and staff was deployed as and when required. The fact remains that LNH could not set up OSC as per the norms.

Action Taken by the Department

LNH:

One Senior Resident is available round the clock in One Stop Centre for attending sexual assault cases.

On the observations of the Audit that The ATN may include actions taken for ensuring regular staff in OSC. The Health Department submitted revised ATN and stated that the Doctor, NO, housekeeping staff has to be provided by LNH. House Keeping worker has been deputed on regular basis. Nursing Orderly is provided by the nursing in charge of special ward.

The Audit further observed that from the ATN it is not clear as to whether regular staff have been deployed at OSC. On this the Health Department vide reply dated 15.12.2025 has stated that Doctor, nursing orderlies and housekeeping staff is provided by LNH to One Stop Centre on regular basis, round the clock and daily. Nursing orderlies and House Keeping staff is provided from the pool of Nursing orderlies and House Keeping personnel outsourced by LNH similar to the other departments of hospital.

Para: 3.5 Radiology Services

Para:3.5.1 Availability of Radiology Equipment and Services

LNH provides all the above essential and desirable services except Dental X-ray. CNBC and RGSSH did not provide MRI services and JSSH and RGSSH did not provide dental services. Audit noted that the available X-Ray and Colour Doppler Machines were not in proportion to the bed strength since the requirement under IPHS was for a 500 bedded hospital whereas LNH

had more than 2000 beds. Further, one X-Ray Machine and one Colour Doppler Machine in LNH were not functional. As a result, there was a waiting period of 2-3 months for Ultrasound, 15 days for MRI and seven days for CT Scan for outdoor patients of LNH.

In CNBC also, one X-Ray machine (since February 2022), one CT Scan Machine (since November 2021) and two Colour Doppler ultra sound machines (since July 2017/May 2018) were not functional and the waiting period for ultrasound was more than one and half months. CNBC stated (December 2022) that they are in process of procurement of Ultra Sound machine and recruitment of Radiologist. Government replied (November 2022) that Radiology services in LNH are being upgraded with new CT Machine. Further, Government is providing the facility through other diagnostic centres under Delhi Arogya Kosh for reducing the waiting period. However, waiting period in hospitals shows that benefits under the scheme of Delhi Arogya Kosh were not being availed by all the needy patients. In spite of such long waiting periods for getting tests done, the available equipment were grossly under utilised in CNBC, RGSSH and JSSH

Shortage of staff could be one of the main reasons for underutilisation of available diagnostic facilities as Audit observed that there was shortage of Radiologists and Radiographers in above three hospitals. There was no Radiologist available in CNBC and JSSH against sanctioned strength of three and eight respectively during the period of audit and one Radiologist /Consultant was deputed thrice a week to CNBC from GTB hospital since January 2018. In RGSSH, only two Radiologists were available against four sanctioned as of March 2021 which decreased to one as of September 2022. In RGSSH, no Radiographer was posted and contractual staff were deployed for radiography duty. Three Radiographers were posted in JSSH against a Sanctioned strength of 25 as of March 2022. However, CNBC had full complement of seven Radiographers. In LNH also, only 28 Radiographers were available against a sanctioned strength of 37 during the period from 2016-17 to 2020-21 which was later filled in 2021-22.

Government stated (December 2022) that procurement of an additional Digital Radiography Machine/high end USG Doppler Unit and deployment of associated manpower in CNBC will decrease the waiting period. It also stated that the process for recruiting Radiographers has been initiated in RGSSH. Other shortcomings noticed in the functioning of Radiology Departments in the four selected hospitals are discussed in the succeeding paragraphs.

Action taken by the Department

CNBC:

New X ray and USG machines have been procured and there is no waiting time for USG & X ray for IPD patients. However, CT scan machine is still not functional. File for procurement for a new CT scan machine has been processed. There is shortage of radiologist in CNBC. In this regard, it is submitted that there is only one radiologist working on diverted capacity

from GTBH for three days in a week. For filling the vacant faculty post in Radiology, post was advertised in the faculty interview conducted from 19th May to 21st May 2025, but no application was received.

JSSH:

The X-ray and ultrasound by the hospital and CT and MRI facilitates are available in PPP mode. Approximately 600 X-rays and 500 USG are being done per month. At present there are sufficient numbers of Radiographer i.e. 15 are working in the department. One Senior Resident (Radiologist) is posted for performing USGs. The Patients whose waiting period is more than 72 hours are referred to other empanelled diagnostic centre under Delhi Arogya Kosh to avail free of cost test to be done. Hence, it is submitted that currently equipments are fully utilized and there is no waiting period for the patients.

LNH:

Proposal for purchase of 1 MRI machine, 6 X-Ray machine, 3 ultrasounds machine & 2 C.T scan machine is under process. These equipments/machines shall be procured through PPP mode.

On the observations of the audit that ATN may include :-

(i) Details of actions taken for rationalising the posts and to fill the vacancies of radiographers in selected hospitals
(ii) Actions taken for filling the vacancies of radiologist in CNBC
(ii) Timeline for procurement of colour dopplers and X-ray machines in LNH

The Health Department submitted revised ATN and stated that :

CNBC:

All vacant posts of radiographers have been filled at CNBC. For filling the vacant faculty post in Radiology, post was advertised in the faculty interview conducted from 19th May to 21st May 2025, but no application was received. Hiring of Radiologist as a visiting Consultant on approved visiting charges as a time gap arrangement is under process.

LNH:

Request for the purchase of colour Doppler and X-ray machines in LNH was extended till December 2025, as government returned all files to LNH with a comment that all radiological services will be provided through PPP mode till march 2026 tentatively.

The Audit further observed that the action taken does not address the issue of rationalization of the posts. On this the Health Department vide reply dated 15.12.2025 has stated that Tender for paramedical Staff has

been in process and at the stage of approval from competent authority for uploading. Tentative timeline for finalization is three months.

Para:3.5.2 Training to staff not provided

Two (LNH & RGSSH) of the four selected hospitals had not organized any regular periodic training on radiation safety to the staff working in the Radiology Department during the period of audit and in JSSH, only six training programmes were conducted during the audit period.

Action taken by the Department

JSSH:

There is a dedicated academic and training cell has been established in the hospital for regular training of the staff. One Radiation Safety officer (RSO) has also being designated who will look after the compliance of AERB guidelines related to Radiological Safety and training.

LNH:

Regular CMEs are being conducted for the staff working in the Radiology department.

On the observations of the Audit that Actions taken/Action Plan for addressing the issues of RGSSH may be included. The Health Department submitted revised ATN and stated that

RGSSH:

Hospital have designated a RSO i.e Dr. Gaurav Singhal, Associate professor. The training of the staff regarding the compliance of AERB guidelines will be provided by the RSO with assistance of training Cell. The AERB regulatory and statuary approvals/ certifications have been obtained by the hospital.

Para 3.5.3 Compliance to AERB Guidelines

Atomic Energy (Radiation Protection) Rules 2004 stipulates that all licensees should appoint a Radiological Safety Officer (RSO) who shall carry out routine measurements and analysis of radiation and radioactivity levels and prepare emergency plans for responding to accidents. However, there

was no RSO appointed in LNH, RGSSH and JSSH. Further, a ll the staff associated with operation of various diagnostic machines in Radiology department were to be registered for issue of Thermoluminescent Dosimeter (TLD) badges issued by BARC for measuring the radiation effect on the staff. It was noticed that TLD badges were not provided to the technicians of Radiology Department of RGSSH. Health check-up including Blood cell count and General physical examination were also required to be conducted and recorded for all the radiation workers but no health check-up was conducted in LNH and RGSSH. In JSSH, health check-up of only one employee was conducted. The Government did not offer any comments in its reply dated 13.12.2023.

Action Taken by the Department:-

JSSH:

At Present, one specialist Cardiologist has been designated as RSO, who is also ensuring the regular health check up of the staff posted in Radiology Department and maintains its record as well.

LNH:

Director Professor (Radiology) is currently designated as Radiology Safety officer .Health checkup for radiation workers is done annually which includes Blood cell count and General physical examination

On the observations of the Audit that the details of Action Taken by RGSSH against the AERB shortfalls may be submitted. The Health Department submitted revised ATN and stated that

RGSSH:-

The statuary and regulatory approvals/certifications pertaining to the operations of the hospital have been obtained.

Para 3.6 Delivery of auxiliary and support services.

Para 3.6.1 Ambulance Services

Para 3.6.1.1 Response time for Ambulance Services

With the aim of improving response time and availability of ambulances, CATS had outsourced (August 2019) the operation and

maintenance of CATS Ambulance Services for a period of three years which was further extendable for two years on annual basis based on performance. A fleet of 200 CATS Ambulances26 was handed over to an agency to provide free ambulance service in Delhi. As per the agreement, the agency had to keep the response time within 15 minutes in 80 *per cent* of the calls and within 25 minutes in the remaining calls. The CATS could not calculate the average response time of ambulances up to December 2019 even though it envisioned to provide better response time to the victims. The average response time during the months from January 2020 to July 2020 ranged between 28 to 56 minutes and improved to 15 minutes as of September 2022. There were 49 instances in the selected month of February 2020 where calls were refused by the ambulances. Reasons mentioned in the records were absence of ambulance staff in the ambulance, unavailability of oxygen in the ambulance, unfit driving condition of ambulance etc.

Action Taken by the Department:-

Since the beginning of the contractual engagement for running ambulances w.e.f. 01/07/2019, the earlier staff started agitation and disrupted the ambulance service by damaging about 158 CATS ambulances and its equipment, manhandling the officials and ambulance staff who were willing to work. Complaints / FIRs were lodged with the Delhi Police in the matter.

After the intervention of police and efforts made by CATS authorities, the ambulance service got started with the available fleet of ambulances only by the end of September 2019. As the ambulance service remained disrupted during the period therefore the response time could not be calculated.

It is also submitted that due to agitation, the handing over / taking over of ambulances between the previous and new outsourced agency could not done properly as per contract agreement. Therefore, disputes arose between the outsourced agencies regarding repairing of the ambulances. A considerable time was consumed for repairing the damaged ambulances and its equipments.

Due to above said reasons the number of operational ambulances were reduced from 200 ambulances to 166 ambulances, therefore, the response time increased as mentioned in the audit observations. Also due to availability of less number of operational ambulances, ambulance staff and damage equipments, number of calls were attended.

After the repair of the damaged ambulances and efforts made by CATS for arrangement of additional ambulances to tackle the situation after the outbreak of COVID-19, the number of operational ambulances with CATS increased to 348 ambulances due to which response time improved to 15 minutes without any refusal. The fact has also been acknowledged by the audit.

Para: 3.6.1.2 **Private Ambulances not empanelled for hiring in emergencies.**

To meet the increasing calls for ambulance service during COVID19 in Delhi, GNCTD decided to hire 265 ambulances and 250 taxis/Cabs for vaccination purpose. The actual requirement of the hired ambulances/cabs was reviewed again (October 2021) and it was decided to hire 135 Ambulances and 320 Cabs. The tenure of hired 135 ambulances was further extended up to 31 March 2022. Audit noted that GNCTD had not empanelled any agency for hiring of additional ambulances in emergencies. In the absence of any guidelines/ direction, ambulances were hired randomly by CATS.

Action Taken by the Department:-

As observed by the Audit, in the absence of any empanelled agency and guidelines for hiring of additional ambulances in emergencies, to cope up with the National Health epidemic of Covid -19, CATS hired additional ambulances / cabs from the private operators as per requirement which was duly approved by the Government.

On the observation of the Audit that Actions taken for empanelling the ambulances for meeting urgent short term requirement of additional ambulances may be submitted.

The Health Department submitted revised ATN and stated that Presently, CATS is procuring /Hiring ambulances through GeM portal as per GFR guidelines with the condition of increasing the fleet by 10% if required by Government. There is not any provision in GFR for empanelling any ambulance for unlimited time.

Para: 3.6.1.3 **Shortage of functional Ambulances**

As per the agreement with the outsourced agency, the agency has to keep an active fleet of 90 *per cent* of the CATS Ambulances with 100 *per cent* uptime. Details of ambulances handed over to the outsourced agency and average number of call worthy ambulance during the period from January 2018 to December 2021 are given (**Table 3.18)** as under.

Year	Average no. of CATS Ambulances with agency	Average no. of call worthy Ambulances	Percentage of call worthy Ambulances (in *per cent)*
2018	265	227	86

2019	265	168	63
2020	229	169	74
2021	229	213	93
2022	229	217	95

As can be seen, the agency could not keep up to 90 *per cent* of the ambulances functional during 2018-20, as required in the agreement, due to which CATS was unable to attend all calls as discussed in para 3.6.1.1.

Action Taken by the Department:-

The reasons are the same as elaborated in Para No. 3.6.1.1

Para: 3.6.1.4 First Response Vehicle

GNCTD had approved (February 2018) introduction of First Response Vehicles (FRV) using Motor Cycles to provide medical assistance to needy persons especially in congested areas. As a Pilot Project, 16 FRVs were purchased in May 2018 at a cost of ₹ 12.84 lakh and deployed from February 2019 covering East, Shahdara and North East Districts. FRVs were operated by regular CATS employees. Audit noted that these FRVs were later withdrawn in March 2020 due to shortage of staff and were lying idle (June 2022). No efforts were made to make these FRVs operational. Thus, the pilot project envisioned for improving the response time in congested areas and slums remained non-functional since March 2020. Besides, no assessment was done to ascertain the utility and impact of pilot project. Expenditure of ₹ 12.84 lakh was thus rendered in fructuous.

Action Taken by the Department:-

The comments of Para 3.6.1.4 are duly noted and presently CATS has already submitted a proposal to General Administration Department (GAD) of GNCTD to explore the feasibility of utilisation of these 16 FRVs as per the requirement of other departments of Govt. of NCT of Delhi.

On the observations of the Audit stated that A timeline for completing the action is required. The Health Department submitted revised ATN and stated that A timeline for completing the action is 3 to 6 month is required.

Para: 3.6.1.5 Monitoring of Ambulances by CAT

As per the agreement of CATS with outsourced agency, CATS may inspect the ambulances to ensure compliance of service level agreements

and other tender requirements. CATS management conducts monthly inspection of ambulances to assess availability of essential equipment in the ambulances managed by the private agency as per the ALS, BLS and PTA standards. Test check of Inspection Reports revealed that the ambulances were not fitted with functional essential equipment and devices[27]. CATS deducted penalty from the payment to the firm against the shortcomings but it was noticed that the irregularities continued in subsequent inspections also. Thus, CATS could not ensure availability of all essential equipment/devices in the Ambulances.

Action Taken by the Department:-

Audit has observed that the ambulances were not fitted with functional essential equipment and devices. However, CATS deducted penalty from the payment to the firm against the shortcomings but it was noticed that the irregularities continued.

CATS has regularly inspected / monitored the operation and maintenance of the ambulances being done by the outsourced agency to ensure the availability of fully functional ambulances with all equipment / devices (medical & non-medical). In case of any deficiency found in the ambulances or its equipment, the same are reported to the outsourced agency to get the same rectified within 07 days, failing which, as per the provision of the Contract Agreement, penalties have been imposed and deducted from the monthly payments of the outsourced agencies.

As per CRA (Committee for Registration of Ambulances) GNCTD guidelines the essential equipments / devices like – Ventilator, Cardiac Monitor, Defibrillator, Syringe Pump are required to be installed in ALS ambulances only and not in the BLS / PTA ambulances.

It may please be seen that the fleet of CATS ambulances includes only 09 Advanced Life Support (ALS) ambulances which are fitted with all the essential functional equipments like Ventilator, Cardiac Monitor, Defibrillator, Syringe Pump. Major portion of fleet of the CATS ambulances includes Basic Life Support (BLS) which are fitted with medical equipments (as per CRA guidelines) like Glucometer, Ambu Bag, Wheelchair, Head Immobilizer, oxygen accessories, portable oxygen delivery kit, laryngoscope, BP apparatus, thermometer, stethoscope, forceps, rescue tools, pulse oximeter etc. and were available in BLS ambulances. Further, PTA ambulances of CATS are fitted with medical equipment (as per CRA guidelines) like – Oxygen Accessories, Ambu Bag, BP Instruments, Laryngoscope, Thermometer, Stethoscope etc. and were in CATS PTA ambulances. It may be noted that the equipments pointed out by CAG like Ventilator, Cardiac Monitor, Defibrillator, Syringe Pump are the part of medical equipments installed in ALS ambulance and not in BLS and PTA ambulances. It is being ensured that all ambulances are presently equipped with the necessary medical equipments as per their specific parameters.

On the observations of the Audit that the explanation given in the ATN is not correct because the equipment were checked against the criteria of ALS, BLS and PTA separately. Audit paragraph had given general remarks of various types of equipment which were not found available in all three

categories. Latest copies of inspection reports of all category of ambulances may be included in the ATN

The Health Department submitted revised ATN and stated provided the Latest copies of inspection reports of all category of ambulances month of March and April' 2025 to the Audit and the Audit furnished comments that " no further comments in view of the improved position as per inspection report

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Para: 3.6.1.6 **Failure to procure two advanced life support ambulance s for infant transportation**

Delhi State Health Mission had approved (February 2018) procurement of two ALS Ambulances for infant transportation. Director of Family Welfare was required to put up a detailed proposal for operation of these two Ambulances in Delhi through CATS. Besides, fund amounting to ₹ 56 lakh was approved (August 2018) by DSHM for purchase of these Ambulances.

Audit, however, noted that ALS Ambulances for infant transportation were not procured by CATS as of June 2022, thus depriving needy infants of specialized patient transport.

In its reply, CATS stated (January 2022) that approval letter was received from the DSHS, but the funds were not released for purchasing ambulances.

Action Taken by the Department:-

An amount of Rs.56 lakhs approved (August 2018) by the DSHM for purchase of two ALS ambulances (Neo-natal ambulance) for infant transportation have never been released to CATS for purchase of the said ambulances.

However, subsequently CATS has engaged an outsourced agency for providing 11 Neo- natal ambulances on hiring basis and for operation & maintenance of the said ambulances. These 11 Neo-natal ambulances have been deployed in the hospitals as per directions of the Dte. of Family Welfare (DFW).

Para: 3.6.1.7. **Location services of the caller to CATS control room not established**

DSHM had approved (February 2018) ₹ 2.5 crore for integrating location services of the caller to CATS control room under 'Support to CATS under NUHM Innovations' so that the ambulances can reach the location

swiftly and accurately. Audit noted that no action in this regard was taken by CATS. In its reply, CATS stated (January 2021) that modern Control Room has been established in the year 2016, but did not provide any specific reply to the audit observation.

Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department:-

It is submitted that amount of Rs.2.5 crore approved (February 2018) by the DSHM for integrating location service of the caller to CATS Control room under 'Support to CATS under NUHM Innovations' has not been released to CATS. However, now CATS has initiated the process for upgradation / establishment of the CATS Control Room and a provision has been made for integration of location services of the caller.

On the observations of the Audit that the details of actions taken and SOP for ensuring utilisation of central fund by DSHM may be submitted. Further, timeline for integrating location of the caller with the CAT Control Room system may be submitted. The Health Department submitted revised ATN and stated that For new CATS Control Room with caller location , up gradation is under process and time line is upto March-2026

Para: 3.6.2 Availability of Ambulance services/ Mortuary vans in hospitals

As per the SOP for Ambulance services formulated by DGHS, the purpose of Ambulance services was to provide transport for the patients. As per SoP, every hospital should have a fleet of One Advance Life Support (ALS) Ambulance, one Basic Life Support (BLS) Ambulance, nine Patient Transport Ambulance (PTA) and five Hearse Vans.

The LNH had only two PTAs against the requirement of nine. LNH also had only two Hearse Vans against five. It did not have any ALS or BLS Ambulances. In spite of availability of Hearse Vans, LNH was using PTAs for carrying dead bodies to mortuary as also to transport store items, wheel chairs, etc. The Staff car drivers were assigned the duty to run these ambulances. Other three test checked hospitals did not have any Ambulance or Hearse Van. One ALS Ambulance procured by RGSSH in January 2019 for ₹ 36.58 lakh was not put to use as it was not registered and was lying idle.

JSSH stated (July 2022) that the requirement of ambulance service was limited as the hospital was a Tertiary care super speciality hospital and there was no functional emergency in the hospital. CNBC stated (March 2022) that the hospital was providing ambulance services through CATS.

The fact remains that these hospitals did not have ambulances and hearse vans as per SoP issued by DGHS.

Government replied (December 2022) that LNH has hired ten hearse vans and the process for purchase of hearse vans is in process.

Action Taken by the Department:-

CNBC:

CNBC has one Patient Transport Ambulance (PTA) and CNBC is also availing CATS ambulance services. Under NHM Programme a dedicated neo-natal ambulance has been allocated and will be provided to CNBC.

JSSH:

JSSH is using the facility of CAT ambulance which are stationed in the hospital premises itself. There is no need of in-house ambulance. Hence no action taken is required.

RGSSH:

Due to Covid-19 pandemic where RGSSH designated covid-19 hospital permanent registration of ambulance could not be done. Later on hospital tried to get permanent registration of ambulance and accordingly inspection of ambulance by Ambulance inspection committee (government approved) was made and certificate for registration was issued. However, when approached to RTO it was found that registration of BS- IV (Diesel Vehicle) is closed. w.e.f 01-04- 2020. Now hospital is trying to get it convert diesel ambulance vehicle into CNG/electric vehicle and after that proposal for conversion to CNG is under process.

On the observations of the audit that the Actions taken for providing ambulances as per the SOP of DGHS may be submitted. Regarding idle ambulance in RGSSH, a timeline for ensuring it functional may be included. The Health Department submitted revised ATN and stated that :-

CATS:

As per the SOP of the DGHS Cats id providing ambulances wherever ambulance is required in any hospitals within Delhi. CATS provide Ambulance services through its toll free No- 102 round the clock 24*7 (**RGSSH)** Vide Certificate No. 1337, Committee for Registration of Ambulance issued No objection Certificate. In view of the ambulance is having BS-IV (Diesel Engine) the proposal shall be submitted to the Transport Department, GNCTD. The ambulance shall be made functional within 06 months.

Para: 3.6.3 **Dietary Services**

Para: 3.6.3.1 **Dietary services not provided by RGSSH and JSSH**

IPD services were started in February 2015 in JSSH and in April 2016 in RGSSH and 14940 and 36,708 patients respectively were provided indoor treatment during the period of audit. RGSSH started the Dietary service from October 2021 and JSSH stated (December 2022) that the kitchen services have been started (June 2022) under the guidance of dietician. Audit noted that in RGSSH all the patients were given similar diet thereby ignoring the distinctive dietary requirement of different categories of patients.

Action Taken by the Department:-

RGSSH-

Dietetics services has been started in RGSSH w.e.f. March 2020 and continued till date.

LNH:

Quality testing of diet supply in LNH is being done by the Dietary Department and has FSSAI certificate valid up to 28.12.2027. Feedback from Patients is also obtained.

JSSH:

No action taken required as indoor kitchen service has already being started

On the observations of the Audit that Details of action taken for providing diets as per the requirement of patients in RGSSH may be submitted. The Health Department submitted revised ATN and stated that :-

RGSSH:

Dietary services are available at the Hospital, since March 2020. As per the SOP's of the Dietetic Department all the admitted patients are provided with the diets as per the requirement. The dietetic department evaluates the condition of the patient along with the treatment charts and accordingly prescribes/ advise/ provide the type of diet such as Normal diets, Diabetic diets, Soft diets, High protein diets, Liquid diets, RT feeds, FJ feeds.

Para: 3.6.3.2 Shortage of staff and Dietician

As per Nutritional Therapy Guidelines issued by DGHS, GoI, there should be one Chief Dietician, one Sr. Dietician, One Dietician and six Assistant Dieticians for 750 bedded hospitals. Against this, there were no sanctioned posts of Chief Dietician/ Sr. Dietician in LNH and only two Dieticians and six Assistant Dieticians were posted. Further, against the sanctioned strength of seven Head Cooks and 50 Cooks, only one Head Cook and two to three Cooks were posted during the audit period up to March 2021 which further declined to only one cook in 2021-22. Due to shortage of Cooks, 27 Nursing Orderlies assisted the Cooks in various kitchen works. Similarly, CNBC, which is a 221 bedded hospital, requires one Dietician and two Assistant Dieticians. In CNBC, there was no Dietician available and only one Assistant Dietician was available after October 2019. CNBC stated (August 2022) recruitment for one post of Dietician and Assistant Dietician was under process.

Action Taken by the Department:-

CNBC - For filling up the vacant posts of Dietician staff, fresh tender has been floated on GeM and is under final stage.
LNH- Tender has been floated recruitment of vacant post in Dietary Department.

On the observations of the Audit that a timeframe for completing the process may be included in the ATN. The Health Department submitted revised ATN and stated that :-

CNBC:

Tender through GeM already finalized and two dieticians have been hired through GeM.

LNH:

Zero participation in last two tenders So, we are in process of revising terms and condition including financial implications. So that tender may be uploaded in coming three months. Depending on number of bidder's final contract may be awarded in another 15 days.

Para: 3.6.3.3. Absence of Monthly Inspection

Monthly Inspection of each ward was required to be conducted by the Dietician. However, no records, though called for, were provided to Audit in LNH and CNBC. Audit noted that diet feedback was being taken from the Sister-Incharge of the Ward concerned instead of patients.

Action Taken by the Department:-

Dietician makes four inspection visits per ward per month. Records of visits are maintained.

Para: 3.6.3.4 Quality of food not monitored by the Government

It was noticed that the Government Food Inspector never checked samples of food being served in LNH and CNBC during the entire audit period. In LNH, Department of Food Safety, GNCTD had inspected the quality of food only once in December 2021. GNCTD stated (December 2022) that an audit team from Food Safety and Standards Authority of India (FSSAI) inspected the dietary and kitchen services in July 2022. However, the result of the inspection was not provided to Audit.

Action Taken by the Department:-

JSSH:

Currently one dietician is posted in JSSH, who is taking regular round of hospital kitchen and IPD to advice therapeutic diet as per the patient need. She also run the dietary OPD for providing diet chart to the needy patients. Hence, the quality of food is monitor by the dietician in the hospital.

On the observations of the Audit that the ATN may include the details of actions taken for increasing the visits of government food inspector in hospitals. The Health Department submitted revised ATN and stage that :-

Food Safety Department

Food Safety deptt. has been instructed to increase their visit in Hospitals to check quality of food. Details of visit is Annexed **3.6.3.4.**

JSSH:

The visit of food inspector has already being done at JSSH on 09/04/2025

Para: 3.6.4 Blood Bank Centers in Hospitals

Ministry of Health and family welfare, GoI, stipulates that health facilities are required to obtain approval from the state/Union Territory Licensing Authority for setting up Blood Storage Centre. The approval shall

be valid for a period of two years from the date of issue unless sooner suspended or cancelled. An application for renewal will have to be made three months prior to the date of expiry of the approval.

Audit observed that the license for operation of Blood Bank, processing of whole Blood and preparation of its components in LNH expired on 31 December 2021 and it applied for renewal of the same, albeit with a delay of more than two months[28], on 17 December 2021. However, the license was yet to be renewed as of July 2022.

Audit observed that the Blood Bank at RGSSH and JSSH had licence for storage of blood and its components only.

Although RGSSH had licence for storage of blood and its components only, it had procured equipment for separation of blood components for ₹ 1.21 crore during 2014-2017. RGSSH received license for blood collection, storage, and processing of whole human blood IP and or its components only in November 2021. However, it has not received licence for separation of blood components and the equipment procured during 2014-2017 was lying idle as of November 2022. It was also observed that out of total 2671 blood units procured/collected during the period under audit, 309 blood units (12 *per cent)* were discarded by RGSSH. This indicates that RGSSH neither regulated blood collection according to requirement nor transferred excess units available to other needy hospitals.

Similarly, in JSSH Blood Bank building was developed in 2016 at a cost of ₹ 1.15 crore. Audit noted that only blood storage facilitiy was available and other planned facilities for Blood Bank were not operational. JSSH replied (July 2022) that existing Blood Storage area was sufficient to meet the requirement of the hospital which was less than 2000 units per year. It also stated that after surgical and other OTs in the hospital become operational and if the requirement of blood exceeds 2000 units per year, the Blood Bank would be made functional.

However, the fact remains that the Blood Bank infrastructure was not utilized and it did not have the facility to collect and process blood and its components even after six years of its development. Government stated (November 2022) that LNH holds a valid Blood Bank licence which is renewed for next five years. Further, it intimated that the delay in acquiring licence for the process of blood separation in RGSSH was due to shortage of qualified man power to run the Blood Bank. However, it remained silent on other issues.

As regards LNH, the reply is not acceptable as LNH had applied for renewal in December 2021 and same was renewed only in September 2022.

Action Taken by the Department:-

JSSH

The Blood Bank facility in Janakpuri Super Speciality Hospital was initiated and developed between the years 2014 and 2016 as part of expansion of facilities. The Blood Storage Unit was made functional (on 2nd Floor) after obtaining the licence from Drugs Control Department of Govt. of NCT of Delhi and the unit licence is valid till 29/11/2026.
Since the requirement of the number of blood units in the hospital has remained less than 2000 units per year, the existing Blood Storage Unit is sufficient to meet the requirement.

RGSSH:

The license for whole human blood and its components was obtained in 2021 which is valid upto 2026. Hospital make communication with other nearby blood centers telephonically and by mail regarding near expiry of blood units so that it can be utilized at their center. Low shelf life blood components are processed as per demand only. Training and awareness of all hospital nursing staff regarding judicious use of blood and its components, its storage, handling and processing. Using digital system like e-raktkosh for better management of blood units and awareness of donors.
LNH- Blood Bank center had applied for the renewal of license before the expiry of existing license. Now, the license is already renewed for the next 5 years. However, for the time of next renewal, it is assured that the department will apply well before two months from the expiry date.

On the observations of the Audit that The details of actions taken for use of idle equipment at RGSSH may be submitted, the Health Department submitted revised ATN and stated that :-

RGSSH:

The equipment for component separation which was procured between 2014-2017 in anticipation of future licensing, initially remained underutilized due to the non-availability of man-power due to which the requisite of whole blood & component separation license could not be applied. However, continuous efforts were made by the hospital administration to obtain the necessary permissions.

After multiple compliance measures and inspections, the license for whole blood & component separation was finally granted to RGSSH on November 2021.

Post licensing all equipment was brought into functional use for its intended purpose additionally, even prior to the granting of the license, many of the equipment were partially used for storage of blood and its components as of November 2021.

Thus. all possible steps were taken to ensure optimal utilization of the available resources. both before and after the official grant of the license.
At present all the equipment available at Blood bank of the hospital are fully functional and being utilized

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Para: 3.6.5. Bio Medical waste Management

The Bio-Medical Waste Management Rules, 2016 (BMW Rules) framed by GoI *inter alia* lays down the procedures for collection, handling, transportation, disposal and monitoring of the BMW with clear roles for waste generators i.e. health care facilities and Common Bio Medical Waste Treatment Facility (CBMWTF). The Delhi Pollution Control Committee (DPCC) has been designated as Prescribed Authority to implement these rules in the National Capital Territory of Delhi.

As per Section 4 (g) of BMW Rules, all health care workers and others, involved in handling of BMW were to be provided training at the time of induction and thereafter at least once every year by the respective organisations. Rule 3C of BMW Rules stipulates that the hospitals generating BMW should obtain authorization from the DPCC and also send an Annual Report of quantity of BMW generated and disposed to the DPCC. Rule 4H of BMW Rules states that all health care workers and others involved in handling of Bio Medical Waste should be immunized against diseases including Hepatitis B and Tetanus.

Audit noted:

- Shortfall in training imparted to healthcare workers by the test checked hospitals. LNH did not impart training to its staff during the years 2016-17 and 2017-18 and imparted training to only 48 to 59 *per cent* of total staff of about 2300 during the period from 2018-19 to 2020-21. CNBC imparted annual training to 27 to 91 *per cent* of more than 400 employees during the period from 2016-17 to 2020-21. RGSSH and JSSH imparted annual training to all its staff during the audit period.

- Further, LNH could provide Hepatitis B vaccination records of only 11 out of 27 health care workers involved in handling biomedical waste during the audit period. In RGSSH and JSSH, outsourced housekeeping staff was engaged and they were deployed on reshuffling basis and all the staff (RGSSH29 and JSSH30) were not vaccinated against Hepatitis B/Tetanus.

- DGHS and hospitals failed to obtain timely authorisation for disposal of BMW from DPCC. In respect of test checked hospitals, LNH did not provide letter of authorization for disposal of BMW prior to 16 July 2019 to Audit. In respect of RGSSH, it did not obtain authorization for disposal of BMW waste from June 2016 onwards.

- Within one year of notification of BMW Rules, all organizations dealing with BMW were to establish a Bar Code system for bags or containers Containing bio medical waste to be sent out of the premises or place for any purpose. However, it was noticed that the Bar-coding system was introduced in RGSSH and JSSH in 2019 only, i.e. after almost three years.

Government it its reply (December 2023) intimated that it has no comment to offer.

Action Taken by the Department:-

JSSH:

At present all the housekeeping staff dealing with Biomedical waste are vaccinated for Hep B.

RGSSH:

- Details of Training imparted on management of Bio Medical waste during the period of Audit In RGSSH is as under:
-

Year	No. of all health care workers	Target	Worker Trained
2020-21	660	660	672
2021-22	559	559	567
2022-23	433	433	452
2023-24	612	612	621
2024-25	675	675	682

An annual housekeeping audit has been conducted yearly, following which all housekeeping staff are advised vaccination, Since these staff are outsourced, there are rotated to other hospitals thereby the vaccination is incomplete in many cases. For the purpose, we are regularly following up with the outsourced agency to ensure all present working staff are immunized.

- RGSSH has sent the demand for bar-coding equipment in 2017 as required by the current BMW rules and the machine supplied in 2018, the current system of mobile based bar-coded Waste was started in 2019 (same document is attached). RGSSH accepts the observation raised by audit.

- BMW Authorization:- renewal is under process in RGSSH.

LNH :

- BMWM department is imparting training on regular basis. BMWM department conducts training of every department and provide refresher training every year to every health care worker.

- Total 27 health care workers are involved in handing of biomedical waste from two firms M/s Sulabh International and M/s HLL Life Care Pvt. LTd. Record of 11 workers of M/s HLL Life Care Pvt. Ltd. is attached herewith and record of 16 workers of M/s Sulabh International is not available because there was a fire is the office of Sulabh International on 07/04/2021 due to which all the records related to all workers were burnt. Titer test has been done of all biomedical waste handlers and titer report is available.

- LNH has obtained authorization from DPCC from 06/06/2023 for five year.

Para: 3.6.6 Infection Control Management

Health care associated infections are a major burden on patients, society and healthcare management. Efficient infection control programmes in health care facilities reduce the chance of infections spreading among patients and staff in the facility.

Infection Control Committees were functional in all the test checked hospitals. However, the Committee was constituted in March 2022 in RGSSH. Audit observed presence of stray animals in LNH premises. Compliance on restriction of foot wear in critical areas and visitors to isolation areas was weak as per NQAS assessment done in February 2022.

Proper pest control also forms part of infection control in hospitals. LNH and CNBC had outsourced pest control services during the audit period. Audit observed that RGSSH had engaged a pest control agency for only two years during the audit period from September 2019 to September 2021.

Action Taken by the Department:-

RGSSH:

Since September 2019 the pest control services were outsourced by the hospital. Earlier the pest control services were not performed by the hospital. Hence in view of streamlining the pest control at RGSSH the services were hired through outsourcing. Till 31.03.2025, the services were performed through outsourcing by various agencies.

On the observations of the Audit that The action taken for restricting visitors in isolation areas and for stopping stray animals inside LNH may be submitted, the Health Department submitted revised ATN and stated that :-

LNH:

1. Security Manpower has been strengthened for restricting the visitor in the isolation area
2. Attendant/Visitor passes have been implemented; no attendant is allowed entry into isolation areas without a valid Lok Nayak Hospital attendant pass.
3. Visitor timing display boards have been installed at each block/building within hospital premises.
4. Security personnel are regularly briefed to prevent stray animals from entering hospital premises and to ensure no staff or outsiders feed stray animals on the premises. They have also been instructed to treat stray animals humanely and avoid causing any harm or cruelty.

Para: 3.6.7 **Grievance redressal system and display of Citizen's charter in hospitals**

As per NHM Assessor's Guidebook, there should be an effective system for redressal of grievances of patients which *inter alia* include periodic monitoring of disposal of grievances and follow-up by superior authorities as necessary. Complaint boxes are to be available at suitable places with process for grievance redressal and name of contact person properly displayed.

Test check of records in respect of complaints and grievances of patients revealed that these were received through various methods of online and offline modes such as Public Grievance Monitoring System portal, Chief Minister's Office (CM Janta Samwad), CPGRAMS, 1031 Helpline etc.

ll the test checked hospitals had constituted Grievance Cells for attending to complaints and grievances of stakeholders but Grievance Redressal Committee was not constituted in three out of the four test checked Hospitals. Officer-in-charge of the Grievance Cell was dealing with complaint cases by forwarding the complaints to the Units/departments concerned.

It was also noticed that complaints were disposed off on the pretext that complainant was not responding to the call from the hospital. Besides there was no monitoring system to study the nature of grievances for initiating corrective measures to improve quality of services.

Action Taken by the Department:-

Suggestions boxes are placed at appropriate places in the LNH premises**.**

On the observations of the Audit that The details of actions taken for constituting Grievance Redressal Committee in hospitals may be submitted, the Health Department submitted revised ATN and stated that :-

LNH

Dr. Basu (AMS) is supervision the charge of Grievance Redressal Officer (GRO). Committees are formed on case to case basic along with MOIC Grievance Cell.

Para: 3.6.8 Fire safety in Hospitals

National Building Code of India 2016 requires that fire extinguishers must be installed in every hospital, so that in case of any fire, the safety of the patients/attendants/visitors and the hospital staff may be ensured. As per IPHS, hospitals should have a Disaster Management Plan (DMP) in line with State Disaster Management Plan. DMP should clearly define the authority and responsibility of all cadres of staff and mechanism for mobilization of resources. All health staff should be trained and well conversant with disaster prevention and management aspects. Regular mock drills should be conducted and after each drill, the efficacy of disaster plan, preparedness of hospital and competence of staff shall be evaluated followed by appropriate changes to make plan more robust.

RGSSH did not conduct any mock drill during the audit period and could not submit the records of training imparted to staff on fire safety. It submitted a Fire Safety Certificate issued in September 2020 for the next three years, however, it could not provide Fire Safety Certificate for the previous years. Fire extinguishers were found expired during Physical Inspection. It was also noticed during Joint Physical Inspection that evacuation plans/routes for fire exit had not been displayed in the building.

LNH provided Fire Safety Certificates in respect of three out of eight blocks only i.e., (i) New Special Ward (ii) BL Taneja Block and (iii) New OT Block and informed that fire safety audit has been conducted by Delhi Fire Service on 29 April 2022. However, report in this regard was not provided to Audit. No records in support of fire safety audit and mock drill conducted during the period of audit was provided. Further, the post of Fire Safety Officer was lying vacant in LNH, though it is one of the largest hospital having more than 2000 beds with an average footfall of more than 8000 patients per day.

Action Taken by the Department:-

RGSSH-

Regarding Fire Safety Certificate: It is submitted that the fire safety certificate was obtained in September 2020 for next three years from Delhi Fire Services and as per the record available, no fire safety certificate was obtained before September 2020.

Further, the fire safety certificate was expired on 06.09.2023 and we are continuously follow-up with PWD for renewal of Fire Safety Certificate.

Regarding Fire Extinguishers: The expired fire extinguishers have been replaced and the running operation and maintenance of fighting system, fire alarm system and PA & declaration system is being maintained by PWD (Electrical) team.

Regarding fire evacuation/exit plan: The evacuation plan/routes for fire exit has been fixed/installed at all floors of all blocks in the building of RGSSH.The running operation and comprehensive maintenance of fire fighting, fire alarm and PA system was being maintained by PWD since inception.

LNH:

In addition to the blocks mentioned Gynae Block & MRD Block Fire Safety Certificates at present out of 8 blocks fire certificates has been obtained for 5 blocks that i.e.(Gynae block ,MRD block, (i) New Special Ward (ii) BL Taneja Block and (iii) New OT Block as far as remaining 3 blocks are concerned that is i.e. Ortho block ,O.T block & Emergency Block the fire certificate will be obtained once renovation /repairing work is completed by PWD

On the observations of the Audit that the ATN may include ;

(i) Time frame may be given by which the process can be completed and fire safety certificate can be obtained at RGSSH and LNH.
(ii) The details of actions taken for filling the post of Fire Safety officer in LNH.

The Health Department submitted revised ATN and stated that :-

RGSSH) - Reply for the point no. (i)

As per the email received on 12th Jun 2025 from PWD (Electrical) team the premises was inspected by the officers of Delhi Fire Services along with PWD officers on 21.03.2025 to ascertain the availability of Fire safety measures. The short comings were observed during the inspection is being carried out by the PWD to rectify the system. The tentative date of completion of the short coming are 30.06.2025. It is also informed that the necessary compliance report will be submitted for re-inspection of the building.

LNH:

The post of fire safety officer was created in Lok Nayak Hospital vide order No. F.1/Fire safety/H&FW/2012/Part file/66-79 dated 08001-2013.However the post could not be filled for the past 10 years due to

certain administrative reason. **Consequently, the post is deemed to have been abolished** as per order no 7(1)/E.Coord-I/2017 Given that Lok Nayak hospital is a major govt hospital and presence of fire safety officer is critically important for ensuring fire safety compliances.

Accordingly, the proposal for revival of the post of Fre safety officer has been initiated and is currently under consideration by Delhi government.

ANNEXURE-III

CHAPTER IV – AVAILABILITY OF DRUGS, MEDICINES, EQUIPMENT AND OTHER CONSUMABLES

Para 4.2 Procurement and Availability of Drugs, Medicines and Consumables

Para 4.2.1 Irregularities in preparation of Essential Drugs List (EDL)

(i) The Drug Policy of Delhi aimed at preparation of EDL1 , every year by a Special Committee consisting of eminent experts, to be used throughout the State at different levels of health care system. This Essential Drugs List was to be prepared annually by a Committee of Specialists, after consultations with concerned doctors. Suggestions were to be obtained from all health facilities, both hospitals and dispensaries, for inclusion and deletion of medicines. This list is then circulated amongst all the members of the Committee for Selection of essential medicines and finally after approval, to various Delhi Government health facilities. The procurement of medicines in EDL is done by CPA as well as by the hospitals concerned. Audit noted that EDL was not prepared annually and was prepared only thrice2 during the last ten years. Essential Medicines List 2013 had two categories viz. Core-medicines3 and Complementary-medicines4 . The EDL was further segregated on the basis of the level of health care facility, i.e Primary, Secondary and Tertiary Health care facilities. EDL of 2016 and 2018, however, was not prepared on the basis of levels of health care facility/service.

(ii) The Essential Drug List 2018 was approved by Director General of Health Services (DGHS) in March 2018, on the basis of inputs received from a committee comprising of representatives from major hospitals. Audit noted that the Department received a letter (11 June 2018) from Minister of Health wherein, the issue of irregular inclusion of combination formulations and branded medicines in EDL 2018 was flagged. The Department was directed to stop floating of tender of about 150 medicines with instructions to constitute a committee of experts from hospitals to examine the essentiality of combination, branded and proprietary drugs for inclusion in the EDL of Delhi Government hospitals.

Accordingly, a committee was constituted by DGHS (26 June 2018) to examine the issue, which submitted its report on 9 July 2018. Perusal of the report revealed that the Committee examined 182 drugs out of which 43 drugs were not approved for inclusion in the EDL. Thus, exclusion of about

24 per cent of items from the list indicates that initially due diligence was not exercised while considering drugs to be included in EDL 2018.

It is clear from the above facts that the mechanism evolved by CPA to include medicines in the Essential Drug List as per actual requirement, was not functioning properly.

Action Taken by the Department

The department has finalized the Essential Drug List for dispensaries and hospitals in September 2024 through a Committee of experts. As per the recommendation, in future, updation of EDL may be done on an annual basis.

Para 4.2.2 Delay in preparation of Formulary

The Drug Policy, 1994 of GNCTD provides for setting up a Formulary Committee every year for preparation of Delhi State Formulary which would be made available to doctors and pharmacists free of cost. Audit noted that Formulary was last prepared in 1994. Department replied (February 2022) that proposal would be started afresh for preparation/updating formulary.

Action Taken by the Department

As per the recommendation of CAG, CPA shall take measures in near future to prepare a Delhi state formulary to facilitate the doctors in prescribing drugs. This shall be done by starting a proposal afresh for the same with the request for a committee involving senior consultants from all the specialities.

On the observations of the Audit that a timeline may be prescribed for completing the work, the Health Department submitted revised ATN and stated that CPA The formulary work shall be started soon and has been targeted to complete in next six month.

Para 4.2.3 Centralized procurement of drugs

As per decision taken in the meeting held on 16 August 2017 chaired by Chief Minister of Delhi, CPA was to ensure 100 per cent availability of medicines. It was directed to issue tenders in time, much before any medicine got exhausted. Thus, it was imperative on the part of CPA to invite tenders, process and finalize the rate contracts with the suppliers of drugs. Audit observed that despite establishment of a Centralized Procurement

Unit, many drugs were left to be procured by the hospitals. The percentage of essential drugs to be procured by hospitals ranged between 33.74 and 47.29 *percent* of the total EDL during 2016-17 to 2021-22.

CPA replied (January2022)that it had no information as to how various medical institutions met the requirement of medicines in EDL. In the absence of finalization of contracts/non-procurement by it, the burden of purchasing essential drugs is passed on to the patients by public health care facilities.

The Government accepted (February 2023) the facts and stated that as of December 2022, rate contracts were available for more than 55 *per cent* of medicines and would reach between 80-90 *per cent* by March 2023 (including Anti Rabies vaccines).

The items demanded by the hospital, the total number of items not received by hospital ranged between 30 and 52 per cent in LNH, 9 and 39 per cent in CNBC, 24 and 38 per cent in JSSH and 24 and 36 per cent in RGSSH.

Thus, CPA was not able to fulfill the supply of items requested by the hospitals which shows lack of seriousness of the Department in implementing the Drug Policy. It also indicates poor inventory control of drugs, as in the absence of central procurement, CPA was unable to undertake need based re-allocation of drugs in the health care facilities. Audit analysis revealed that tenders were floated with delays ranging between seven months and two years.

The reasons attributed by CPA for not finalising the rate contracts were deficit in logistics and trained manpower.

Action Taken by the Department

DGHS After receiving the new EDL in September 2024, tender process has been initiated for procurement of 764 medicines. Status of medicines ordered in previous years :

Period	**No. of Medicines in EDL**	**No. of Medicine ordered**	**No. of Medicine Demanded**
2021-22	1180	598	1046
2022-23	1520	706	1142
2023-24	1520	590	1186

Necessary action is being taken by CPA to complete the tenders in an efficient and effective manner by timely updation of demands from hospitals and district drug stores on NIRANTAR Portal, so that delay in timely procurement of essential drugs be avoided in future.

JSSH-The procurement and supply of drugs in the hospital is a dynamic process and there are times when some of the drugs are not available. The hospital has finalized and awarded the tender of Pradhan Mantri Jan Aushadhi Kendra to be open in the hospital premises. So that the availability of medicine made convenient for all the patients.

On the observation of the Audit that future action plan to cover procurement of all EDL medicines may be intimated. The Health Department submitted revised ATN and stated that :-

JSSH:-

In order to ensure 100% availability of EDL medicine the hospital has following plan:- Routinely

- medicines are procured from the CPA through Nirantar portal.

- If the medicines are not available in CPA then these are procured through GeM , valid RC or indent from other govt. Hospital. Finally If the above two methods do not work, then hospital places the order of NA medicine to Pradhan Mantri Jan Aushadi Kendra (PMJAY).

CPA

CPA has already floated the tender of remaining drugs of EDL as tender no. 25-01. The Technical evaluation of tender is going on and letter award will be issued very soon.

On the observations of the Committee that whether the position of availability of medicines in the Government Hospitals and functioning of Central Procurement Unit has improved. The Health Department vide letter dated 26.12.2025 informed that Committee that the availability of medicine of all Hospitals under GNCTD has been improved. The total running contract of medicine right now is 545 and local purchase chemist at central level finalized for 03 months.

The functioning of Central Procurement Agency (CPA) has also been improved by taken the following steps:-

1. The sufficient manpower has been deployed in CPA to improve file processing and to insure timely handling
   of procurement-related activities.
2. Adequate IT equipment, improved hardware facilities, and fast and reliable internet connectivity has been established in CPA.
3. Various mode of communication has been established with all the hospitals under DGHS.
4. Review meetings, and feedback mechanism have been institutionalized to ensure accurate demand projection, Timely submission of requirements, and prompt resolution of procurement-related issues.
5. Periodic training of CPA Staff related to GeM, E-Procurement and E-Office have been provided by Experts.

6. Four additional warehouse have been established under CPA to ensure proper storage of various items.

Para 4.2.4 Risk purchase/penalty clause for non-supply of orders

As per tender document, in order to ensure 100 per cent availability of medicines, in case of alternate purchase affected by CPA due to late execution/not executing of orders by the suppliers, the differential cost/risk purchase amount incurred was to be recovered from the suppliers along with 20 per cent of value of such supply orders. If such default occurs for three or more supply orders placed during the tender period, penal action like blacklisting from participating in present and future tenders may be enforced. Department did not respond about the total amount recoverable from the suppliers on account of failure to supply and risk purchase made during 2016-17 to 2021-22, along with letters issued to the suppliers concerned. However, analysis of CPA data revealed that against 67 supply orders issued to 329 suppliers during the period 2016-17 to 2022-23 (as on 30 September 2022), risk purchase and failure to supply penalty amounting to ₹ 27.98 crore was recovered from the suppliers. Test check also revealed that CPA had issued repeated supply orders in September 2019 to three suppliers who defaulted on previous occasions.

Government stated (February 2023) that last order for risk purchase by CPA was placed on 4 February 2020 and that no risk purchase/penalty was imposed for not supplying because of Order issued (May 2020) by GoI which stipulated that penalty clause will not be invoked if the default was on account of disruption of supply chains due to spread of Corona Virus. Reply is not tenable as the GoI order was not applicable since the cases mentioned in Table 4.3 pertained to September 2019, i.e., prior to Covid period.

Action Taken by the Department

DGHS It is being mentioned that risk purchase/penalty is being imposed on suppliers regularly on account of failure to supply drugs and along with that intimation regarding the same is issued to the suppliers concerned through mail/letter.

A list of NSRP (Non supply Risk Purchase) is generated on NIRANTAR as uploaded by hospitals with the details of the firms, amount and the quantity. The current practice is to ask the firm regarding the NSRP and after their reply, penalties are being imposed as per the terms and conditions of the respective tenders.

On the observations of the Audit stated that ATN may mention precautions taken for identifying repeated defaulters and action taken for blacklisting such firms. The Health Department submitted revised ATN and stated that :-

CPA

CPA is in process to devise the strategy to have a detailed data base of the firms, involved in the short supply/non supply as under:-

a. Penalty shall be imposed as per terms and condition of the tender.

b. Repeated defaulters firms having being defaulted in more than 2 to 3 occasion may be debarred from the future tender.

Para: 4.2.5 Local purchase of drugs/surgical /consumable items in test checked hospitals

(a) **LNH**: For the purpose of selection of empanelment of agency for supplying medicines/surgical/consumable items/general items, LNH had estimated (August 2016) a total annual requirement of drugs and other items costing ₹ 2.37 crore. One of the conditions stipulated that address of the firm should be within five kilometre radius of the hospital. Two agencies8 were selected for two years from December 2016 on the basis of maximum discount offered on MRP. Further the contract was extended from time to time for 28 months up to April 2021.

As per contract, the agency was to supply emergency/casualty items immediately or within three hours after receipt of order. Delivery of the other supplies was to be made immediately/next working day by 9 AM or at the earliest opening hours of the units/store of the hospital. Audit however, noted that:

- Selection of agencies was based on annual requirement of ₹ 2.37 crore whereas the actual procurement9 was much higher and ranged between 225 per cent and 1,364 per cent of the annual requirement. Besides, fresh contract could not be initiated and finalized timely, as a result, the contract period was extended regularly up to 28 months till April 2021.

- Procurement from local chemist was to meet emergency requirement only. However, Audit noted that ₹ 94.09 crore was incurred on local purchases, which included procurement of medicines and other consumable items in bulk from these agencies to meet the day to day requirements.

- The distance criteria adopted by the hospital limited the competition as two out of nine agencies applied for the tender were rejected on this ground.

For new contract period starting from April 2021, only a single firm finally qualified for supplying medicines, injection, IV fluids, surgical consumables and Implant and devices. Audit noted that the above contract also was restrictive as it allowed bidding by firms within seven kilometre radius of the hospital only. LNH replied (May 2022) that CPA failed to supply medicines as per the demand raised by the hospital and suggested either CPA should function properly or it should be dissolved. In order to ensure availability of all medicines as per the Government policy, hospital had to procure locally. Government further stated (November 2022) that the selection of local chemist in LNH in April 2021 was not based on single tender as there were 10 bids and the firm was selected as it offered more discount than the previous contract. The fact remains that the only eligible firm was awarded the contract.

(b) **CNBC:** The hospital was also procuring medicines/surgical consumable items/general items which were not available in the store from local chemists on the basis of approved discount rate on MRP. As per terms and conditions of the rate contract, vendor was to supply the drugs within 24 hours of the placement of order. Test check of records relating to local procurement of items which were not available in store revealed that in some cases, it took more than two days for supply of drugs.

CNBC stated (August 2022) that it takes time as supply orders were placed after approval of competent authority and enquiry of rate from firms approved for local purchase.

Action Taken by the Department

CNBC:

It submitted that hospital procure drugs through CPA and in case of non- availability through CPA, through Hospital rate contract and local purchase (LP) firm finalised through open tender. LP firm has to supply the items within 24 hrs of placement of order. In case of delay in supply of drugs from the LP vendor, a penalty of 10% order value is imposed as per terms and conditions of tender.

LNH:

As the CPA failed to supply the medicine As far the demand raised by the hospital the purchases of supplies & materials war made from local purchase agency in patient care . As far as distance criteria is concerned, if the chemist is located nearby than the hospital will be able to receive the required medicines at the earliest within the stipulated time period in the interest of patient care. During last tender the distance criteria was within a radius of 5 KM and in next tender in the year 2021 it was revised to 7 KM to increase the participation of prospective bidders and no restrictive bidding was made.

It is further added during fresh contract in the year 2021 the Hospital has got more rate of discount as compared to earlier contract as follows:-

Type of Medicines	2016 (%)	2021(%)
1. Medicine Generic	69	73
2. Med. Branded	18	36.25
3. DPCO	16	38

From the above it is evident that Hospital has procured these medicines at more discounted rates with enhanced distance criteria of 7 KM from 5 KM. And there were 10 bids and the firm was selected who is offering more discount than the previous contract.

On the observations of the Audit stated that Actions taken for reducing the volume of local purchases of medicines in hospitals may be provided. The Health Department submitted revised ATN and stated that:-

CNBC:

Only essential medicines which are not available through CPA, GeM or hospital RC are being procured through open tendered approved Local purchase firm. Further, as per instruction received through CPA, all medicines and consumable items will be procured through CPA.

LNH:

Order has been issued by Dept of HEALTH AND FAMILY WELFARE to curtail local purchase. All the purchase henceforth will be done through CPA.

Para: 4.2.6 Quality Control

Para 4.2.6.1 Warehouse facilities for drugs storage not developed

The Drug Policy of NCT of Delhi (April 1994), envisaged establishment of Central Drug Procurement, Storage and Distribution Centre to ensure modern techniques of drug storage and inventory control. The aim was to ensure that drugs did not pass their expiry dates and that any imbalances, such as shortage of a particular drug at one hospital and unused stocks at another, are identified and corrective measures taken well in time. A meeting was also convened in the chamber of Minister of Health (May 2015) to discuss issues related to drug procurement. After due deliberations, it was decided that CPA shall procure all medicines, consumables, non-consumables lab items, major equipment and their maintenance and other miscellaneous items required in health facilities/hospitals under GNCTD. It was also decided to establish initially four drug warehouses in different geographical locations of Delhi for issuing of medicines and other items to health facilities/hospitals on monthly basis.

For this purpose, Director Health Services was to prepare a proposal for site selection, infrastructure and staff requirement, etc. In this regard, DGHS was requested to furnish the Action Taken Report. However, no report was furnished.

Audit also noted that DGHS failed to provide adequate space to CPA for warehouse. It was further observed that though temporary arrangements were made for warehouse facilities at three locations, nevertheless, the programme was not successful due to absence of adequate space for receiving goods. Thus, the Department missed an opportunity to reap the benefits of modern techniques of drug storage and inventory control as envisaged in the Drug Policy, due to failure of DGHS to arrange for adequate space for warehouse.

Government stated (February 2023) that all consignees of CPA have their own drugs store which has adequate storage space for the items procured by CPA so there is no requirement of separate warehouse at present. Reply of the Government shows laxity in implementing its own Drug Policy to ensure modern techniques of drug storage and inventory control which could have avoided expiry of drugs as pointed out by Audit.

Action Taken by the Department

DGHS:

In this matter Department is in process to create a warehouse in line with TNMSC (Tamil Nadu Medical Supply Corporation) Warehouse. A visit to Chennai (January, 2025) to study the model of warehouse has already been done. Necessary proposal is being made.

On the observations of the Audit stated that a timeline for implementation of work may be provided. The Health Department submitted revised ATN and stated that:-

CPA:

Proposal from the warehouse/store as mentioned before has been made and accordingly shall be placed before the Competent Authority soon for implementation. Considering the requirement of the basic amenities such as land/building/HR Human Resources/other operational modalities, approximately a period of 01 year may be taken.

Para: 4.2.6.2 Distribution of drugs to patients before testing of samples.

Drug Policy of NCT of Delhi envisages making available safe, effective and good quality drugs at health facilities but does not elaborate on specific steps to be taken to ensure quality of drugs.

Audit noted that medicines procured by CPA are supplied directly to Hospitals by the suppliers. After the stipulated supply period, samples10 are picked up from hospitals by CPA for quality testing in the empanelled laboratories. In case any sample shows undesired results (not of standard quality), the testing report is conveyed to all user departments for taking necessary action as per the tender conditions.

During test check of records of LNH and CNBC, Audit noted that there was a time gap of two to three months between the receipt of drugs from the CPA and receipt of Government Analyst's report regarding quality of the drugs supplied. Audit noted that a few drugs supplied by the CPA were later reported as inferior quality. Audit observed that some of these inferior quality drugs were consumed in the hospital before the receipt of quality testing reports.

LNH reiterated (May 2022) the procedure for testing of medicines supplied by CPA, however, it did not comment on the use of inferior drugs in the hospital.

Further, the Department was requested to elaborate on the mechanism put in place by it to ensure that all the firms attach certificates from lab that the drugs are of standard quality. Similarly, end-user wise stock position of drugs showing quantity consumed, unused quantity of drugs available and total unused quantity disposed off as per tender conditions in respect of samples which were declared as 'Not of Standard Quality' were also sought. The Department, however, failed to furnish the requisite information. In view of the time lag between consumption of drugs, their analysis and eventual intimation to the stakeholders concerned, efficacy and safety of drugs distributed to patients could not be vouched for.

Government stated (February 2023) that CPA mandates requirement of valid drugs license and in-house quality analysis report of the supplied batch of medicines and the same is approved by the state Drugs Controller Authority. CPA considers these reports to be sufficient for quality assurance. The reply furnished by the Government is not tenable as procedure in place was inadequate to ensure that only quality drugs are provided to patients.

Action Taken by the Department

Each supplied batch of medicine have an inhouse quality analysis test report provided by the supplier at the time of supply of medicine. However, QAC ensures the quality of the medicines by testing the random samples of each batch procured by CPA via 7 empanelled NABL accredited laboratories and also by testing the samples on complaint basis.

On the Observations of the Audit that as there is a time gap between the supply of medicines and providing test reports of medicines, all actions taken to ensure fast track the mechanism and also to avoid use of such medicines in hospitals during the intervening period may be included. The Health Department submitted revised ATN and stated that:-

CPA The recommendation is will acknowledged & CPA shall ensure:-

1. Directions may be issued to all user Deptt./Health Institution receiving supply of medicine from CPA, to ensure the distribution of med./drugs only after obtaining the quality analysis test report.

2. Simultaneously directions shall be issued to all the empanelled lab. to hasten the reporting process to mitigate time gap.

The Audit further observed that directions are yet to be issued on the above mentioned point no 1 & 2. On this the Health Department vide reply dated 15.12.2025 has stated that the said Directions has been issued to all the MS, MD and CDMOs vide orders dated 12.12.2025.

Para 4.2.6.3 Delay in empanelment of drug testing laboratories

The Drug Policy of NCT of Delhi, emphasizes on good quality control and assurance system for providing safe and effective drugs. Records relating to empanelment of laboratories for testing of drug samples revealed delay in empanelment of drug testing laboratories. It was observed that agreement for fresh empanelment of laboratories was signed by DGHS in May 2018 though extension of empanelment was only upto April 2017. It was further noted that the renewal of empanelment again became due in May 2021, however, the same was approved in July 2021 and that only six out of 11 labs gave consent for renewal of empanelment.

The Department was requested to furnish (a) specific reasons for delay in empanelment of labs, (b) capacity of each of the empanelled laboratory in terms of the number of samples that could be tested and stored per day, and (c) details of drug samples that were sent for testing to the labs during the period when validity of empanelment of labs ceased to exist. The Department, however, did not respond to the audit query which indicates lackadaisical approach of the department to ensure a sound system for quality control of drugs being made available at public health care facilities.

Government attributed (February 2023) delay in empanelment of drug testing labs to cancellation of tenders due to problems in BOQ and glitches in the tender. It was further submitted that new tender has been uploaded on e-tendering site.

Action Taken by the Department

The tender for the empanelment was done for 3 years with the validity from October 2022 to September 2025. The eligibility criteria were –

1. Should be licensed by Drug Control Department

2. NABL accreditation At present 7 laboratories (NABL Accredited) are empanelled with CPA:

S.No.	Name of LAB	Address
1.	Alcatec Research Laboratories India Pvt. Ltd**.**	Plot No. 1652, M.I.E., Part-B, Bahadurgarh124507 (Haryana)
2.	ARBRO Pharmaceuticals Private Limited	4/9, Kirti Nagar Industrial Area, New Delhi-110015
3.	Catts Labs & Research Pvt. Ltd.	S-78, First Floor, Okhla Industrial Area Phase 2, New Delhi 110020
4.	Standard Analytical Laboratory (ND) Pvt. Ltd..	69, Functional Industrial Estate, Patparganj, delhi110092.
5.	Satiate Research and Anatech Pvt. Ltd.	Plot No. 264, 1st& 2 nd Floor, HSIIDC, Barwala- 134118, Panchkula, Haryana.
6.	Shree Balaji Test Lab (Pvt.) Ltd.	C-181, Naraina Industrial Area, Phase-I, New Delhi-110028
7.	Vorick Analytical Research Pvt. Ltd.	Plot No. 252, Sector K, DSIDC, Bawana-II, Bhorgarh, Narela, Delhi-110040.

Currently all the empanelled laboratories are having valid NABL accreditation. Certificate regarding scope of accreditation by NABL is provided by every empanelled lab mentioning the drugs tested by them.

Para: 4.2.6.4 Empanelment of Labs without ensuring NABL Accreditation and license from Drug Control Department.

Drug Policy of NCT of Delhi, envisages making available safe, effective and good quality drugs at all times at all health facilities. This requires strengthening of quality control mechanism. The empanelled lab should have a valid Accreditation from NABL11 and license12 from any State Drug Control Department/Central Drug Standard Control Organisation. This was one of the tender conditions pre-requisite for empanelment of labs for testing samples of drugs.

Audit noted the following issues in the empanelment of laboratories:

- NABL Certifications were available for part periods for 11 labs empanelled in May 2018 and for six labs empanelled from July 2021 as per records produced to audit. Government stated (February 2023) that the Tender Evaluation Committee had checked on e-tendering portal and mentioned in file that the NABL Accreditation Certificates in respect of all empanelled labs were available on the portal at that

time. Moreover, letters have been written to all empanelled labs to provide their NABL Accreditation Certificates.

- Names of two labs13 also featured in the list of labs suspended by NABL, effective date of suspension being 16 August 2019 and 11 October 2019 respectively which shows that there was no mechanism in the Department to ensure NABL Accreditation status of labs.
- In five out of 11 NABL accredited labs, approval (Form 37)/renewal of approval (Form 38) for carrying out tests of identity, purity, quality and strength of drugs or cosmetics from the Licensing Authority was not available on record, whereas, in case of two labs, the approval was available for only part periods pertaining to the years 2016-17 to 2021-22. Likewise, in six labs, empanelled from July 2021, requisite approval was available for part periods in only two cases. The Department, however, failed to provide copies of approvals/renewals in respect of remaining laboratories/period, in the absence of which testing of drug samples by unauthorized laboratories could not be ruled out.

Department did not reply on the details of samples sent to different labs during the period of audit.

Action Taken by the Department

Currently all the empanelled laboratories are having valid NABL accreditation.

Para: 4.2.6.5 Verification of efficacy of empanelled laboratories not done

To assess the correctness of test results being given by the empanelled laboratories and to ward off collusion with the suppliers, CPA was required to send random samples to the government analyst or another empanelled laboratory for testing. In case of gross variation in the analytical reports, empanelled laboratory may be blacklisted for a period of two years.

Audit noted that CPA had no mechanism for sending samples to either government lab or to any another lab, on random basis. The two labs empanelled by the DGHS on 24 May 2018 were blacklisted in other States, for a period of five14 years, due to variation in test reports. Audit also noted that samples were sent for testing to a lab which was not in the approved list of empanelled labs.

Government stated (February 2023) that CPA empanels only NABL accredited laboratories licenced by the State Drugs Controller Authority and also asks for Form 37 and 38 from the laboratories to ensure their efficacy.

Moreover, the government analyst is involved only in case of dispute. Reply of the Government reaffirms Audit apprehension that verification of lab reports of the empanelled lab to ensure correctness of reports was not being done.

Action Taken by the Department

To verify the efficacy of empanelled laboratories Drug control authority also takes random samples from all the consignees on regular basis and share the report with DGHS. As per the recommendation in the upcoming tender for the empanelment, a clause regarding the verification of efficacy of empanelled laboratories is being added as "5% of the sample may be sent to two empanelled laboratories simultaneously". Testing in last FY 2024-25: No. of sample sent for testing (on routine basis): 695 (02 no.of sample found to be NSQ). No. Of sample sent for testing (on complaint basis): 23 (10 no. Of sample found to be NSQ).

Para: 4.2.6.6 Analysis of biological products and conducted

Biological products include vaccines, blood and blood components, etc. which tend to be heat sensitive and susceptible to microbial contamination. Audit noted that biological products were ordinarily not tested post-delivery to stores.

Department stated (April 2022) that biological products were not sent for testing as they required specialized facilities for testing. Thus, the Department compromised with biological quality control testing to rule out any chances of contamination.

Government stated (February 2023) that biological analysis facility is available only in government laboratories and CPA accepts supply only after submission of biological analysis report by government laboratories. Reply given by the Government contradicts the reply furnished by the Department in April 2022. Moreover, Government failed to show any documentary evidence in support of its reply.

Action Taken by the Department

The biological analysis facility is available only in Government laboratories and CPA accepts supply only after submission of biological analysis report by government laboratories. The Health Department provided reports from Central Drug Laboratory, Kasoli for biological products like vaccines etc.

Para:4.2.6.7 **Procurement of medicines from blacklisted and debarred firms**

As per one of the eligibility conditions for supplying medicines to CPA, the bidder should not be currently blacklisted, debarred or de-registered for forgery, mis-representation or supplying "Not of Standard Quality" (NSQ) product(s) by any government/autonomous body/ institution, hospital in India. It was, however, observed that the Department procured medicines from firms without ensuring that they were not blacklisted/debarred by other institutions in India.

The Department could not provide the list of blacklisted/debarred firms during 2016-17 to 2020-21, by drug controllers/institutions of other states. The above facts show that the Department had not evolved a mechanism to ensure eligibility of firms in this regard. Government stated (February 2023) that adequate care is taken during technical evaluation of the participating firms with respect to their debarring and black listing in other states to ensure no such firms qualify in the tendering stage. The reply is not tenable as it does not clarify on the blacklisted firms from whom procurement of drugs was made.

Action Taken by the Department

DGHS

Regarding the procurement from the blacklisted and debarred firms, CPA tender has the following terms and conditions:

- In the absence of submission of the following, a bid shall be declared non responsive during the evaluation and will be ignored.

- Bidders who stand de-registered/banned/blacklisted by any Central Govt./State Govt. Ministries/DGHS, New Delhi.

- Certificate on self attested non-judicial.stamp paper of Rs.10/- stating that there is no vigilance/ CBI case pending against the firm/supplier and the firm has not been blacklisted/debarred on the date of submission of the bid by any Central Govt./State Govt. department/hospital/PSUs etc. Bidder should also provide information regarding blacklisting/debarring of the firm in last three years (2021-22, 2022-23 and 2023-24) by any Government or Private organization/Hospital. In case of any false information provided or concealed the information by any bidder, the bidder shall be debarred for two years and EMD/Bid Security/Performance Security submitted by thefirm shall be forfeited.

- Non Conviction Certificate from the Drug Controller required along with Undertaking.

These conditions are being followed judiciously during technical evaluation.

On the observations of the Audit that Action taken by the Department for checking the black listed status of firms in other States may be included. The Health Department submitted revised ATN and stated that:-

CPA

CPA shall ensure that a formal communication will be done with the drug controller departments to ascertain the blacklisted status of the firms in respective state who have applied in a CPA tender.

Para:4.2.6.8 Drug Therapeutic Committees and Prescription audit

As per the Standard Operating Procedure for pharmacists issued by the DGHS, GNCT of Delhi, in 2016, all hospitals need to establish Drug Therapeutic Committees as a first step to improve quality of management of drugs in all stages of use. Further, it has to conduct the prescription audit. It stipulates that doctors should write prescriptions in clear, legible hand writing and affix their name and stamp with date. They should recommend only generic medicines which are in the EDL.

An audit record of prescribing habits of all doctors should be maintained and in case of any default, remedial action may be taken against the clinician. For this purpose audit record of at least two per cent of the prescriptions should be scanned and kept.

Audit noted that:

- Drug Therapeutic Committee was formed in July 2021 (RGSSH) and December 2021 (LNH) only. Drug Therapeutic Committees were in existence in CNBC and JSSH during the period of audit.

- Prescription audit in LNH was conducted in March 2022. Report revealed that in 43 per cent cases, dosage of drugs/right strength was not mentioned, known allergy was not documented in all the test-checked prescriptions, medicines were not mentioned in capital letters in 97 per cent cases. Branded medicines were prescribed in 57 per cent cases and irrational use/over prescription noticed in 26 per cent cases.

- JSSH had conducted only one prescription audit in September 2020 covering June to August 2020. Report revealed that known allergy was not documented in 72 per cent, abbreviations were used in 70 per

cent, vital charting not mentioned in 36 per cent and drug frequency in hours was not mentioned in 25 per cent of test checked cases.

- CNBC had conducted six prescription audits. Major issues pointed out in the reports were lack of documentation of known allergy, use of un-approved abbreviations and medicines not mentioned in capital letters

CNBC stated (August 2022) that cases of non-compliance mentioned above were due to high workload and shortage of doctors as compared to daily OPD patient load. It further stated that the hospital was making continuous efforts to improve prescription compliance through induction training programmes and special lectures.

Thus, essential function of Drug Therapeutic Committee through prescription audit for ensuring accuracy and completeness in prescriptions was not ensured in the test checked hospitals.

Action Taken by the Department:-

JSSH-

The prescription Audit is performing on regular basis by the quality team of JSSH.

CNBC-

The hospital is making continuous efforts to improve prescription compliance through induction training programmes and special lectures.

LNH-

The hospital is making continuous efforts to improve prescription compliance through induction training programmes and special lectures.
Now, the hospital has formed special committees for prescription audit in every department.

RGSSH-

The hospital is making continuous efforts to improve prescription compliance through induction training programmes and special lectures.

Para:4.2.6.9 Delay in receipt of Line Probe Assay (LPA) Test Reports

Programmatic Management of Drug Resistant Tuberculosis (PMDT) Guidelines 2017 prescribe two tests for detection of specific/multiple drug resistance TB cases viz. (i) Cartridge Based-Nucleic Acid Amplification Test (CBNAAT) and (ii) Line Probe Assay (LPA). The regimen of the medicines

would be changed on the basis of the reports, if the patients are diagnosed as Drug Resistant (DR-TB) or Multi Drug Resistant (MDR)-TB as per PMDT guidelines. The Guidelines prescribe that the District Drug Resistance -TB Centre should be in close proximity of the CBNAAT site/ LPA lab in the district.

Audit noted that the facility for Line Probe Assay (LPA) Test was not available in Chest Clinic, Nehru Nagar and patients were referred to AIIMS, New Delhi. As this arrangement led to considerable delay of more than one month against the prescribed time of 72 hours in receiving the reports, patients were given first line anti-TB medicines even though such patients were found diagnosed with Drug Resistant (DR-TB) or Multi Drug Resistant (MDR) TB on receipt of report. Thus, due to lack of availability of LPA test facilities, MDR patients were deprived from prompt and targeted treatment.

Action Taken by the Department:-

Currently, there is no delay in LPA reports. All the Intermediate Reference Lab(IRL)/ Culture & DST labs are updating Line Probe Assay (LPA) Test reports in Nikshay Portal on timely basis. In addition LPA test reports of each patient is shared through email to individual Chest Clinic by the linked IRL Lab so that accurate and timely treatment is initiated for that Drug Resistant TB patient whether it is H Mono Resistant or for MDR/ Pre XDR TB patient. Line Probe Assay (LPA) is a specialized Lab Test for which BSL II Lab is required and these tests are done at Intermediate Reference Labs (IRL) and there are three such Labs in Delhi and Chest Clinics are linked to these three IRL/Culture & DST labs for conducting Line Probe Assay(LPA) Tests. LPA Tests for patients at Chest Clinic Nehru Nagar are tested at IRL AIIMS which is the linked IRL for Chest Clinic Nehru Nagar. LPA facilities are now available at AIIMS IRL, and all the LPA reports are updated timely in Nikshay portal and Patients are initiated on correct treatment according to the LPA reports.

Para:4.3 Effective System for Inventory Control

Para: 4.3.1 Annual Physical verification

Rule 213 (2) of General Financial Rules 2017 stipulates that physical verification of all consumable goods and materials should be undertaken at least once in a year and discrepancies, if any, should be recorded in the stock register for appropriate action by the competent authority.

The Central Store under DGHS issues surgical items to Delhi Government Dispensaries. The records were maintained manually and no computerised system of inventory management was being used. Audit noted that the Store (as nodal store) issued various items viz. Sanitizer, Gloves, N-95 mask, surgical mask and PPE kits to all Delhi Government Hospitals during the pandemic. Audit was unable to verify the veracity of the physical

verification of Central Store as complete information was not available as detailed below:

- In three (2016-18 and 2020-21) out of five years' audit period, no date was mentioned on the Physical Verification Certificate to ascertain actual date of verification of stores.

- 3,520 items expired during 2017-18, however, the facts were mentioned only after five years in the Physical Verification Report of 2021-22. Moreover, these expired items were neither found to be stored separately, to avoid inadvertent distribution for human consumption, nor disposed off as of May 2022.

- In two years (2018-20), a common date, i.e. 23 September 2020 was mentioned on the certificates, implying that verification for two years was irregularly done at the same time rendering the whole exercise futile.

Government stated (December 2022) that inadvertently dates were not mentioned in the report but were mentioned on the noting side of the file. Regarding expiry of 3,520 items, it was stated that only 35 items expired during 2017-18 and that these items were stored in a separate room for which process of disposal was in progress. On conducting physical verification for two years on same date, it was attributed to unavoidable reasons and assured to conduct next physical verification on time.

Reply is not acceptable as the Government failed to furnish Physical Verification Reports on the basis of which certificates were issued. In the absence of supporting reports, discrepancies, if any, detected during verification and action taken by competent authority on them could not be verified in audit. As far as expiry of items is concerned, the reply is not tenable as the Physical Verification Certificate for the year concerned contradicts the contention of the Government.

Action Taken by the Department:

The physical verification of stores was conducted by the Grade-I & II officers, regularly appointed by the DGHS. Currently, the process for mentioning the dates on the Physical Verification Certificate is adopted by the DGHS Store.

3520 items were expired during the financial year 2017-18. The approval for disposing off of these items as per BMW guidelines were obtained from the Competent Authority and the same is under process as per BMW Guidelines.

The process for physical verification for the year 2018-19 was initiated in the month of February 2019. In this regard a committee was already formed and physical verification has been completed in September, 2020.

On the observations of the Audit that comprehensive action taken for ensuring regular annual physical verification of central stores of DGHS may be included in the ATN. The Health Department submitted revised ATN and stated that It is ensured that at present the physical verification is being carried out every year in the month of March.

Para: 4.3.2 Physical verification of stacks in selected hospitals

Audit noted in LNH and RGSSH, physical verification of drugs, equipment, linen, general stores, and wards of selected departments was not conducted except for the year 2018-19 in the case of LNH. Further, Cardiology Department of RGSSH has not maintained stock registers of drugs. Other two hospitals (CNBC and JSSH) had conducted physical verification of stocks during the period of audit.

Action Taken by the Department

RGSSH-

RGSSH has started physical verification of drug store from FY 2022-23 and agreed with the observation of Audit.

LNH-

At present the physical verification of all stores at LNH is being conducted.

Para: 4.3.3 Idle stock in the equipment store of LNH

Examination of equipment stock register of LNH revealed that large quantities of equipment16 purchased prior to April 2016 were not issued as of December 2021. This shows deficient stock management system of equipment in the hospital.

Government stated (November 2022) that it has initiated action to distribute the idle stock of equipment lying in Store.

Action Taken by the Department

Hospital has taken rigorous steps to distribute the said surgical items and significant number of items has been distributed.

On the observations of the Audit that a timeline for completing the process may be included. The Health Department submitted revised ATN and stated that:-

LNH

Hospital has taken rigorous steps to distribute the said surgical items and significant number of items has been distributed.

The Audit further observed that the Current status not given in the ATN. On this the Health Department vide reply dated 15.12.2025 has stated that Current status of equipment mentioned in audit observation

Adson Forcep tooth 678.
Adson Force non- tooth 799.
BP Handle 137.
Chitle Forceps 534.
Metsenbaurn Scissors 986.
Sponge holder Nil Stitched cutting scissors 1183.
Towel Clips 05
Mayo Scissors 2466.

Para:4.3.4 Discrepancies in Stock Registers

Audit noted discrepancy in figures of closing balance and opening balance of medicines in Stock Register of LNH during the period 2016-17 to 2020-21 resulting in not accounting of loss of medicines from the stock. Similar discrepancies in figures of closing balance and opening balance of medicines17 were also noticed in the stock registers of test checked Medicine Wards.

Stock of tablets expiring in the next financial year, were not brought forward in the opening balance for next year. As a result, 47 medicines with shelf life remaining were not taken in Stock Register and thus not accounted for in RGSSH from April 2018 to March 2021. Moreover, there was overwriting and cutting at several places in the stock register.

RGSSH stated (August 2022) that medicines were going to expire in the next year and hence entered in the expiry register. The reply is not acceptable as stock has to be debited on their expiry and not before. Closing balance of many drugs with shelf life of six to 32 months remaining were not

taken into opening balance of next year which shows insensitivity towards wastage of usable medicines.

Audit further noted that drugs are issued from the main stores to various users/patient care departments as per the Indent Sheets submitted by the user departments. The day-to-day issue of drugs to various departments are noted in the consumption sheets for each month and after the end of month the total consumption of quantities are accounted for in the main Stock Register. Audit noticed mismatch of figures in the main Stock Register, Consumption Sheet and Indent Sheets in the selected months.

Action Taken by the Department

RGSSH-

As soon as the matter came in to the light of RGSSH, the hospital authority has already taken necessary steps to ensure proper and scientific maintenance of stock register, consumption sheets and indent sheets.

LNH-

All the MOICs have been directed to make the physical verification expeditiously.

On the observation of the Audit that ATN may include detailed action plan and specific steps taken to avoid the irregularities. The Health Department submitted revised ATN and Stated that:-

RGSSH:–

Hospital is using Software based Program "Next Gen", this e-hospital module has been implemented and proper entries have been made in stock registers with issue voucher numbers. These are co-linked with physical register entries as well as on e-hospital module. Also, verification of all physical registers that are used for stock entries, consumption entries and indent are done by store officer time to time to avoid all irregularities. The Next Gen system also helps in the differentiating the data of consumption from different department's digital consumption sheets can be easily studied through this e-module by which the irregularities can be found easily and therefore avoided.

LNH:-

The Next Gen E-Hospital system is being implemented in a phase wise manner. In the first phase OPD/IPD modules have been implemented from 01/07/2025. Other modules of Next Gen, such as Store, Lab, Pharmacy, etc. will be rolled out subsequently after the required infrastructure is in place. However, physical record is also being maintained till next gen is implemented.

Para: 4.3.5 **Expiry of drugs due to mismanagement of stocks**

Online Nirantar portal of CPA/DSHM facilitates tracking of stock balance of drugs in all health institutions of GNCTD so that the excess stock available in one health institution can be utilized by others on need basis. This would ensure optimum utilization and minimize loss due to expiry of medicines.

Audit observed from records that LNH and RGSSH were not using Nirantar portal for stock management of drugs and instead, physical registers were maintained. Due to this, excess stock in these hospitals could not be used by other hospitals on need basis and life of a large quantity of drugs had expired .

Moreover, it was also observed that expired medicines were issued to indenting departments. In the case of RGSSH, gross irregularities were noticed in issuing medicines to patient care departments, OPD and Wards where the store department had issued expired medicines after changing the expiry date to a future date in the records.

CNBC was also not using Nirantar portal and instead was monitoring stock on some other online portal for drug management. It was observed that drugs worth ₹ 1.32 lakh expired as per the condemnation reports.

CNBC stated (June 2022) that due to decrease in consumption of said items and despite the best efforts taken by the departments and hospital authorities, the medicines could not be used before the expiry date.

Government replied (December 2022) that RGSSH has implemented e-hospital for maintaining stocks and for indenting process.

Action Taken by the Department

CNBC:

CNBC is using Nirantar portal for demand submission to CPA related items. With reference to expiry of drugs, it is submitted that many drugs could not be used because of decreased consumption of these drugs due drastically decreased footfall of patients during COVID pandemic. Hospital Store did share the list of near expiry drugs to the other Delhi Govt hospitals

for timely utilization. This is a continual process and drugs are being procured for optimal use with longer expiry date.

RGSSH:-

The medicines which were not available in reference period of audit, are now available in RGSSH. And also Stock is updated on NIRANTAR Portal as and when required, also an email sent to all Delhi Government Hospitals for near expiry and slow moving medicines so that they can indent according to their requirement.

LNH:-

The demand and receiving of drugs are mandatorily done on Nirantar Portal and the distribution of such drugs are required to be entered on Nirantar Portal.

On the observations of the Audit that ATN did not address the issue of online management of stocks of hospitals through Nirantar portal. ATN may include the details of actions taken by RGSSH for preventing issue of expired medicines to wards. The Health Department submitted revised ATN and stated that:-

CNBC:-

CNBC has started the stock management of drugs through the NIRANTAR portal.

(RGSSH) ATN on online management of stocks of hospitals through Nirantar portal:

The demand and receiving of drugs are mandatorily done on Nirantar Portal and distribution of said drugs are entered on Nirantar Portal on monthly basis.

ATN by RGSSH that prevents expiring of medicines:

It is done by observing Near expiry/ Slow moving and to be circulated to all Delhi Govt. Hospitals with the approval of Director, RGSSH and if required these to be transferred for the proper utilization. Multiple times these transferring facility is also provided by RGSSH.

We use Software based e- hospital module Next Gen" which helps to identifying the consumption pattern and slow-moving medicines and the demand is made accordingly to avoid overstocking and ensured rationale use of medicines as per standard treatment protocol. Measures has been

taken to prevent expiring of medicines and streamline indenting practices and also ensuring drastic reduction in number of expiring medicines.

LNH:-

The Next Gen E-Hospital system is being implemented in a phasewise manner. In the first phase OPD/IPD modules have been implemented from 01/07/2025. Other modules of Next Gen, such as Store, Lab, Pharmacy, etc. will be rolled out subsequently after the required infrastructure is in place.

However physical record is also being maintained till next gen is implemented.

Para: 4.3.6 Storage of drugs in LNH

It was observed that the injection, tablet and syrup/ointment stores of LNH were not air conditioned though most of the medicines were to be kept at around 25 degrees Celsius. Shelves/Racks were not found labelled. During inspection, drugs were found stored wherein they were touching the walls.

Government accepted the facts and replied (November 2022) that the shortcomings in LNH are being addressed.

Action Taken by the Department

The observations are being addressed.

On the observations of the Audit that ATN may include a timeline for completing the work. The Health Department submitted revised ATN and stated that:-

LNH:-

All the corrective measures are already implemented.

The Audit further observed that the no details of the corrective measures are provided. On this the Health Department vide reply dated 15.12.2025 has stated that Air conditioner could not be installed due to structural challenges of the storage.

By installing the exhaust fan, proper ventilation has now been achieved. Shelves and racks are properly labelled sufficient distance is maintained between drugs storage racks and walls to prevent direct contact of medicines with the wall.

Para: 4.4 Availability of Drugs and Medicines

Para:4.4.1 Unavailability of Essential Drugs in test checked hospitals.

As discussed in para 4.2.3, CPA was not procuring drugs timely for health institutions of GNCTD. Thus, hospitals were purchasing essential drugs from local chemists for meeting their day-to-day requirements.

Scrutiny of indents for medicines received from user departments in the main stores for selected months in test checked hospitals revealed that at the time of demand received from the patient care departments, many essential drugs were not available in the store for issue.

Further, there was delay (ranging between one month and more than one year) in procurement of drugs.

Unavailability of essential drugs indicates short-comings in the system of procurement of drugs which needs to be addressed by the Hospital/Department.

CNBC stated (July 2022) that stock in the Central Store was nil or likely to be nil as the supply was still awaited. However, sufficient stock was available at sub-station /user department.

Reply is not satisfactory as the Central Store of CNBC had failed to provide essential drugs to the user department on demand in the above cases.

Action taken by the Department

CNBC:-

Hospital is taking best efforts for availability of essential drugs by procuring through GeM, CPA, HRC & local purchase approved vendor. As of now, CNBC is maintaining EDL availability >95%. This is being daily reported on the EDL portal.

On the observations of the Audit stated that the ATN may include the actions taken by the other selected hospitals and H&FW Department in

general for ensuring availability of all EDL medicines. The Health Department submitted revised ATN and stated that:-

(RGSSH) ATN for ensuring availability of all EDL medicines:

RGSSH have its Essential drugs list (EDL) and accordingly rate contract of Essential drugs/ medicines list of RGSSH was prepared w.e.f. Jun, 2024 for next 02 years for 100% availability of Essential drugs at RGSSH for larger interest of patient care.

At present drugs & medicines are supplied/received from various sources like Central Procurement agency (CPA), GeM, through Rate contract of RGSSH and valid Local Chemist. Medicines are also supplied by CPA & other hospitals. Further, it is submitted that in case of non-supply of drugs/medicines by CPA or not available in the RC of RGSSH/other hospital; then procurement of drugs & medicines will be done from Pradhan Mantri Jan Aushadhi Kendras (PMBJK) and also Local Purchase within 20-30 days after receiving the demand in the Purchase Section, RGSSH in larger interest of patient care.

Now, as per the current guidelines in the order no. MOH&FW/TPT /IT/2025/M inhfw/2405 dated 06.06.2025 issued by OSD to Minister, Govt. of NCT of Delhi in respect to supply of all drugs & medicines only by Central Procurement Agency. Hence a compiled list of medicines required annually is being submitted to CPA.

LNH:-

Hospital is taking rigorous efforts to make available essential drugs by procuring through GeM, CPA, & local purchase approved vendor as and when required. As of now, LNH is maintaining EDL drugs availability.

Para 4.4.2 Availability of Haemophila injection in LHN not ensured

Haemophilia is a rare disease and availability of medicines are important to reduce morbidity and mortality associated with this rare disease.

Audit noted that the monthly number of Haemophilia patients treated with inj. Factor IX ranged between 70 and 141 and number of Injections of Factor IX consumed ranged between 207 vials and 403 vials during the

period from April 2016 to March 2021. Further, test check of records of Haemophilia Centre revealed that Factor IX Injection was out of stock on four occasion21 during October 2018 to June 2019.

Thus, the hospital was not in a position to treat Haemophilia patients due to unavailability of injections. The Government accepted (November 2022) the failure of CPA in ensuring supply of injections.

Action taken by the Department

At present, valid rate contract for haemophilia injections is available with CPA.

Para: 4.4.3 **Laxity in procurement of drugs prescribed for Maternal Health**

The Directorate of Family Welfare, GNCTD had instructed (November 2017) CPA to procure maternal health drugs prescribed for pregnant women by GoI. The CPA was instructed to include the items in Essential Drug List and till that time procure the items as per specifications and quantity mentioned. As per Nirantar portal, the quantity of maternal health drugs procured vis-à-vis requirement by CPA as per Table 4.5 is as under

Name of drug	Quantity to be procured	Quantity procured
Tab.Calcium 500 mg + vitamin D3 (250 IU)	30,00,000	Nil procurement during 2017-18& 2018-19 4,58,155 purchased during 2019-20 4,43,925 purchased during2020-21 27,400 purchased during2021-22 Nil purchased during 2022-23(upto30.9.2022)
Tab.Folicacid 400 mg	10,00,000	Nil
Glucosesachet (75 gms) Oral swallow-able	1,00,000	Nil procurement during 2017-18to2019-20 2,70,500 during 2020-21 Nil purchased during2021-22 44,500purchased during 2022-23 (upto30.9.2022)

In respect of test checked hospitals, LNH provides maternity services but had not procured the above said drugs during the audit period. Moreover, only 600 Glucose sachet were received from CPA during 2020-21. This shows that CPA did not comply with GNCTD instructions indicating Insensitivity towards maternal health.

At present, CPA has valid RCs for some drugs used in maternal health also CPA has ordered items in November 2024. Moreover, award letter had been issued for various other prescribed drugs for maternal health in latest award letter dated 2/05/2025 and orders on the new rate contract are being issued.

On the observations of the Audit that Department may specify actions taken for ensuring enough supply of calcium tablet, folic acid tablet and glucose sachet, the Health Department submitted revised ATN and stated that :-

CPA-

Department has valid RC of the items such as calcium tablet, folic acid tablet and glucose sachet and it is ensured that regular periodic supply of these items is done as per demand submitted by the concerned health institute

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Para : 4.4.4 Unavailability of Anti Rabies Vaccine in Delhi Government health facilities

Rabies is a fatal but preventable viral disease, which can spread to people and pets, if they are bitten or scratched by a rabid animal. Minister of Health, GNCTD flagged (June 2018) the issue of unavailability of anti-rabies vaccines at Delhi Government hospitals. Audit noted that CPA had issued supply order (June 2018) for 80,900 vaccines for 22 hospitals, however, only seven hospitals received vaccines (31,100) from the suppliers. Similarly, against supply order issued by CPA for 1,15,981 vaccines (November 2019) for 20 hospitals, 18,200 were short supplied. Resultantly, vaccines were not supplied in four hospitals. During 2020-21 and 2021-22, 2.69 lakh and 3.36 lakh anti-rabies vaccines were demanded against which only 1.13 lakh and 2.72 lakh respectively vaccines supplied. Government attributed (February 2023) shortage of rabies vaccine to withdrawal of rate contract by the bidder, unavailability in open market and nil participation from bidders in open tenders.

Action taken by the Department

Anti-Rabies vaccine was procured by CPA successfully and order is placed in November 2024.

Hospital	Date	Quantity ordered
Aruna Asaf Ali Hospital	Nov 2024	3,000
Deen Dayal Upadhyay Hospital	Nov 2024	12,000
Dr. Baba Saheb Ambedkar Hospital,Rohini	Nov 2024	9500
Super Speciality Hospital, Janak Puri	Nov 2024	150

Aruna Asaf Ali Hospital	Nov 2024	2400
Central Jail Hospital	Nov 2024	600
Bhagwan Mahavir Hospital , Pitampura	Nov 2024	8,000
Dr. Hegdewar Arogya Sansthan	Nov 2024	6,000
Chacha Nehru Bal Chikitsalya	Nov 2024	400
Guru Tegh Bahadur Hospital	Nov 2024	22,000
Dr. Baba Saheb Ambedkar Hospital,Rohini	Nov 2024	13500
Guru Govind Singh Hospital	Nov 2024	6,000
Lal Bahadur Shastri Hospital	Nov 2024	12,000
Lok Nayak Hospital	Nov 2024	10,000
Mahrishi Balmiki Hospital	Nov 2024	9,000
Pt.Madan Mohan Malviya Hospital	Nov 2024	4,000
Acharya Shri Bhikshu Hospital	Nov 2024	1,000
Rao Tula Ram Hospital	Nov 2024	8,000
Sanjay Gandhi Memorial Hospital	Nov 2024	8,000
DH JPC Hospital		12,000
Satyawadi Raja Harish Chandra Hospital	Nov 2024	6,000
Sardar Vallabh Bhai Patel Hospital	Nov 2024	3,000
Dr.Ambedkar Nagar Sect-V	Nov 2024	6,000
Deep Chand Bandhu Hospital	Nov 2024	5,000
Burari Hospital	Nov 2024	3,000
Indira Gandhi Hospital	Nov 2024	9,000

Para:4.4.5 Unavailability of reserves Stocks of Essential Medicines for TB Patient.

As per Technical and operational Guidelines for Tuberculosis Control in India 2016, reserve stock of three months has to be maintained in State Drug Store. All the drugs of TB including Cap Rifabutin and Delamanid etc were being supplied by the Central TB Division to the State TB Cell. Audit observed that the Central TB Division was sending 150 Cap Rifabutin against the average consumption of 1,642 per month and no supply of Delamanid was made. Central TB division directed State TB Cell in June 2019 that Cap Rifabutin may be purchased on their own, but medicines were purchased only on 5 September 2019, due to which Cap Rifabutin and Delamanid remained out of stock.

The unavailability of such an essential drug meant for HIV TB Patients and failure to take timely action to maintain buffer stock indicate lackadaisical approach of the department.

Department stated (June 2022) that they do not purchase tablet Delamanid as the drug is provided by Central TB Division, GoI.

The reply is not acceptable as the State TB Cell is required to keep a buffer stock or purchase the essential medicine from the market in case of delay/non delivery from the Central TB division.

Action Taken by the Department

Due to irregular non supply of TB medicines form central TB Division, GoI reserved stocks of TB medicines were not available at drug stores. Now all the TB drugs are being supplied by central TB division GoI and reserve stocks of TB medicine are available at all sites.

Para: 4.5 **Procurement and availability of Equipment**

Para: 4.5.1 **Irregularities related to procurement of Equipment by Central Procurement Agency**

CPA is responsible for obtaining administrative approval from DGHS for procuring equipment[22] in health facilities of GNCTD (including hospitals). Test check of records of CPA revealed the following:

- Contracts were awarded only in 24 cases (28 *per cent)* out of 86 tenders floated during the FYs 2016-17 to 2022-23 (till September 2022).

- In 12 cases NIT was cancelled in 2017, as administrative approval of DGHS for inviting tender and uploading it on website was not obtained by CPA. Outcome of disciplinary action recommended against erring officials by DGHS was not furnished by CPA.

- 37 tenders issued (between February 2016 and January 2017), were put on hold (January 2017) by DGHS, based on the complaint filed by Delhi Surgical and Medical Association. These tenders were finally cancelled.

- In ten cases (2016-17), bids were cancelled due to receipt of single bid. However, retendering was done in respect of only six cases wherein one tender was successful. As per information furnished, no further efforts were made by the Department in this regard.

Instead of fulfilling the obligation for timely procurement of equipment, CPA replied (June 2022) that concerned hospitals were equally competent to procure equipment/instruments as per their requirement through GeM/open tender. It also stated that no assessment was made by DGHS, GNCTD to verify as to whether the items requested by hospitals were finally purchased by hospitals for their intended use.

Government attributed (February 2023) cancellation of tenders to the

requirement to procure through GeM portal and the necessity of obtaining approval from Minister of Health and Family Welfare for medical equipment worth more than rupee one crore. Regarding disciplinary cases, it was stated that the related files were with Vigilance Department.

Reply is not acceptable as the reasons furnished by the Government for not procuring equipment merely states the codal formalities to be met by CPA. Moreover, the above facts create a doubt about the actual requirement of equipment in the health facilities and also exhibit lackadaisical approach of the Department.

Office of Minister of Health directed (6 October 2015) CPA to procure 100 ventilators along with support accessories on urgent basis. Expert Committee of Maulana Azad Medical College had recommended compressor based ventilator as the other turbine based ventilators, were not considered safe for patients in case of turbine/air failure. Audit noted that CPA/DGHS had floated a tender for procurement of 125 ventilators. Revised approval for purchasing extra 25 ventilators was not obtained from the Office of Minister of Health. Besides, the recommendation of Expert Committee for procurement of compressor-based ventilator was not brought to the notice of the special purchase committee and finally ₹ 9.38 crore was incurred (March 2016) for procurement of 125 turbine-based compressors. Thus, the input for patient safety was not taken into account.

Action Taken by the Department

Reasons for Cancellation and Unsuccessful Tenders of Equipment

- Administrative Reasons:

Unavailability of Expert Members from the User Department:
The designated procurement committee could not proceed due to the absence of technical experts from the user department, leading to delays and eventual cancellation.

- Shortage of Biomedical Engineers:

Biomedical engineers, who were part of the Central Procurement Agency (CPA) as dealing assistants, were unavailable due to the contractual nature of their employment, affecting the evaluation and procurement process. Technical Reasons: Non-Compliance with General Financial Rules (GFR):

Some tenders were found to be non-compliant with GFR provisions, necessitating their cancellation to maintain procedural and legal integrity.

- Single Bidder Scenario:

Tenders received only one valid bid, which did not meet the minimum competition criteria, leading to cancellation as per procurement norms.

- Non-fulfillment of Eligibility Criteria by Bidders:

Participating firms failed to meet essential qualification requirements such as:

Minimum turnover
Proven past performance
Valid experience certificates

This led to the disqualification of bids and subsequent cancellation of the tender process.

On the observations of the Audit that ATN did not contain the details of actions taken or a detailed action plan for improving the situation and to ensure procurement of all demanded equipment by CPA. ATN also did not mention the actions taken for strengthening the procurement mechanism and for ensuring due regard to expert committee views during the procurement, the Health Department submitted revised ATN and stated that

:-

CPA

Successfully floated and completed the surgical items. Further tender of other various surgical equipments is in process. CPA has made the list of the necessary surgical equipments after collecting the demand from various health institutions with the support and facilitation by the duly formed committee of the experts.

The further observed that Action taken to strengthen the procurement mechanism not furnished and the Health Department vide reply dated 15.12. 2025 further stated that :

The following actions have been undertaken to strengthen the Procurement mechanism and enhance its overall efficiency, transparency, and responsiveness in CPA:

A) A number of Medical Officers possessing relevant expertise and experience in procurement processes have been posted in the Central Procurement Agency (CPA). Their technical knowledge and clinical insight have significantly improved the quality of demand assessment, specification drafting, and evaluation of medical supplies and equipment.

B) In addition to medical officers, several technical and ministerial staff members have also been posted in the CPA. This augmentation of human resources has strengthened administrative capacity, improved file processing, and ensured timely handling of procurement-related activities.

C) Active and continuous coordination has been established between hospitals and the CPA. Regular communication, review meetings, and feedback mechanisms have been institutionalized to ensure accurate demand projection, timely submission of requirements, and prompt resolution of procurement elated issues.

D) A robust tender finalization mechanism has been adopted to ensure transparency, competitiveness, and quality assurance. This includes the formation of skilled and technically competent Tender Technical Evaluation Committees, adherence to standard procurement guidelines, and ensuring wide participation of bidders through adequate publicity and transparent bidding processes.

E) Infrastructure strengthening measures have also been undertaken, including the provision of adequate IT equipment, improved hardware facilities, and the establishment of fast and reliable internet connectivity. These measures have facilitated smoother e-procurement operations, faster communication, and improved record management.

Para: 4.5.2 **Delay in procurement of equipment by Hospitals**

There were many instances of inordinate delay in procurement of equipment or the demand of user departments was not fulfilled in selected hospitals. This resulted in the patient care departments functioning with no stock or limited stock, thus affecting patient care.

LNH accepted (May 2022) the facts regarding delay in purchase of ventilators. *Regarding* High Definition Camera with monitor for ENT Department, CNBC stated (August 2022) that as the equipment was a high budgetary equipment, the process was completed with scrutiny at all levels, evaluation committee also took time for taking demonstration of the quoted equipment, sought clarification from the firm, evaluation of bids, rate justification and making reports. It further stated that there was lack of manpower and doctors involved in procurement process were also involved in clinical duties besides administrative duties.

The fact remained that shortage of staff delayed the completion of procedure in procuring the equipment which finally delayed the installation of equipment.

Action Taken by the Department

CNBC-

High-Definition Camera with monitor and Direct Digital flat Panel Fluoroscopy and Radiography System already procured in March 2021and July 2019 respectively.

Initially the indent was sent to CPA but it could not be materialized. Further, the process was initiated at Hospital level which involved scrutiny at all levels, evaluation for taking demonstration of the quoted equipment sought clarification from the firm, evaluation of bids, rate justification and making reports to final stage of procurement.

RGSSH:

Equipments were demanded by the user department whereas the procurement of all these equipments is still not finalized. The tenders for all these equipments were published various times, however the same were not finalized due to administrative reasons.

The tenders for procurement of all equipments were published multiple times since 2016. However these equipments were purchased in year 2021 and 2022.

LNH:

Instructions has been issued to all concerned for processing the demands and purchase in a time bound manner.

On the observations of the Audit that ATN may include instructions issued by Hospitals/Department for ensuring timely procurement of equipment, the Health Department submitted revised ATN and stated that :-

CNBC:

Instruction has been issued to Purchase department for timely process of the demand. Further, as per instruction received from CPA, all equipments to be procured through CPA.

RGSSH:

Time to time procurement of essential equipment at RGSSH for establishing the various department at RGSSH like Pathology, Microbiology, CTVS, Cardiology etc. in larger interest of patient care. Further, some other tenders/ bid for procurement of other equipments were published on GeM portal/ Delhi e-Procurement portal but could not be finalized due to the non-participation, single bidder participation, non-compliance of bidder to the price justification of the equipment in the respective tender/bid.

Now, as per the current guidelines in the order no. MOH&FW/TPT/IT /2025/Minhfw/2405 dated 06.06.2025 issued by OSD to Minister, Govt. of NCT of Delhi in respect to supply of all drugs & medicines only by Central Procurement Agency (CPA). Accordingly, the requirements of the hospital will be submitted to the CPA for needful.

LNH

All the procurement is done in accordance with GFR rule.

Para:4.5.3 Non-maintenance of Assests register and weak monitoring of equipment

As per the SoP issued by the H&FW department, the in-charge of Repair & Maintenance Section should evaluate all medical equipment at least quarterly /half yearly for the specific purpose of recommending Replacements /condemnation based upon the repair history, life expectancy and condition of the equipment. The user departments have to watch the periodic repair and maintenance of the equipment and to intimate the proposal to Repair & Maintenance Section.

Audit noted that all the test checked hospitals were not maintaining Assets Register of equipment installed in the hospital. Resultantly, they were not in a position to monitor and evaluate the need of repair, maintenance, replacement, condemnation of equipment regularly and timely. Thus, centralized monitoring of the equipment was absent in the hospitals. LNH intimated (May 2022) that action has been initiated to centralize the repair and maintenance work

Action Taken by the Department:-

CNBC

Asset register for equipments maintenance & monitoring is now in place.

JSSH

JSSH is maintaining the asset register properly.

LNH

It is to inform that appropriate stock Registers (Non Consumables) are maintained in the Hospital stores

On the observations of the Audit that ATN may include the actions taken by LNH and RGSSH for maintaining Asset Register and for centralised monitoring of equipment for replacement/condemnation, the Health Department submitted revised ATN and stated that :-

RGSSH has prepared the assets register for F.Y.2024-25. Further previous items/ equipments are being incorporated in the Assets register. Also, the separate register has also prepared for the GIA capital 2024-25 entries in which are being made which will finalized soon.

LNH

The Next Gen E-Hospital system is being implemented in a phase-wise manner. In the first phase OPD/IPD modules have been implemented

from 01/07/2025. Other modules of Next Gen, such as Store, Lab, Pharmacy, etc. will be rolled out subsequently after the required infrastructure is in place.

However physical record is also being maintained till next gen is implemented.

Para: 4.5.4 **Delay in initiating tendering process to replace old machines in LNH.**

LNH is maintaining some major equipment beyond the life cycle of the machine after paying enhanced AMC charges. As per the purchase agreement, major equipment are under free of cost Comprehensive Annual Maintenance Contract (CAMC) for the first five years and under paid CAMC for the next five years.

However, it was noticed that the some of the equipment were beyond ten years and were maintained at enhanced rate of AMC without covering the replacement cost of major parts and also on best effort basis. 15 OT tables (1990-95), two Stifhnhofer Sterilizers (87-88) and two Securex Sterilizers (1992-93) were found to be more than 25 to 30 years old.

The hospital/department has not yet initiated/finalized the tender for purchase of new equipment in place of these outdated equipment. In the case of Genius 60 Portable X ray Machine, the department had spent ₹ 2.60 lakh on its repair and maintenance whereas the cost of the machine was ₹ 1.45 lakh. Further, in the case of some of these equipment, more than 50 *per cent* of the cost of machine has already been incurred on its maintenance.

LNH intimated (May 2022) that action has been initiated to procure new equipment and to condemn the old ones.

Action Taken by the Deopartment:-

Two old OT tables have been condemned and radiology equipments are in the process of condemnation.

Procurement of new OT tables & Sterilizers, file is under process. Two OT tables were purchased in 2018 and two more OT tables were purchased in 2023. File for purchase for five more OT tables is under process.

New Automated Bacterial Identification and Susceptibility System had been purchased in 2024.

On the observations of the Audit that Time frame for completion of procurement process in LNH may be included in the ATN, the Health Department submitted revised ATN and stated that:-

LNH

As per order no 2308/2310 dated 04/06/25 issued by OSD to Health minister the CPA is now designated as the sole agency responsible for the procurement of medical devices machinery and equipment.

The Audit further observed that the ATN does not provide any timeframe for completing the procurement, either by LNH or by CPA, the Health Department vide reply dated 15.12.2025 further stated that As per telephonic conversation with CPA they are in process of finalization of specifications of OT tables of all the hospitals within 2 weeks. After uploading of bid it may take 2 to 3 months to finalize the bid. As per CPA decision for radiology equipments is under submission to competent Authority to decide regarding PPP mode

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Para: 4.5.5 Delay in issue/installation of equipment.

Equipment are purchased to enhance the efficiency of patient care on the basis of demand of the User Department. Equipment are required to be installed immediately after their receipt, for optimum utilization as well as to claim the comprehensive maintenance warranty provided by the seller. Failure to install equipment immediately after the receipt leads to blockage of Government money and denial of patient care. Further, Rule 144 (iv) of General Financial Rules 2017, envisages that care should be taken to avoid purchasing quantities in excess of requirement to avoid inventory carrying cost.

Scrutiny of Stock Registers of equipment of CNBC and LNH revealed that 156 equipment were issued with a delay ranging from four months to 8 years. 17 types (114 quantity) of equipment in LNH were issued with a delay ranging from 5 to 36 months and 10 types (42 quantity) of equipment in CNBC were issued with a delay ranging from six to 96 months.

Moreover, Stock Registers of CNBC and LNH showed that four 31items in LNH and one32 item in CNBC were procured in excess of their requirement and were lying unused in stock for long periods ranging from 18 months to 95 months as on 31st March 2021.

It highlights the absence of centralized monitoring mechanism to assess the requirement and manage the usage and distribution of equipment in the hospitals.

Government replied (December 2023) that the indents from departments concerned are received and recorded in the Stock Register after satisfactory installation of equipment by CNBC.

The reply is not acceptable as the entry in the Stock Register is made immediately on receipt of the equipment and there was huge delay in installation as per the Stock Register.

Action Taken by the Department:-

CNBC:

It is submitted that after supply of item it is inspected by the stock approval committee and concerned user in-charge. Items, like Refrigerator, Binocular Indirect Ophthalmoscope, Patient warming system, Aerosol fogging machine, Autoclave sterilizer, Automatic Elisa plate washer issued to the user department timely and were in use. Rest of the items like, Examination table (qty 5), computer chair (qty 2), curtain window (qty 3), handle for mouth mirror (qty 10), Harrington cutter (qty 1), key spanners for oxygen cylinder (qty 7) were kept as buffer stocks during the audit period and issued to the user department as and when required and at present, no item is idle in the store. Further indents from the department concerned are received and recorded in the stock register after satisfactory installation.

LNH

17 types (114 Qty.) of equipments have been issued to the concerned department and henceforth, it is being ensured to get the equipments installed and issued to the concerned department immediately after procurement.

A centralized monitoring mechanism in the form of the committee is being developed to assess the requirement and manage the usages and distribution of equipment in the hospitals

On the observations of the Audit that ATN may include the mechanism introduced by the CNBC for avoiding idle equipment in the store, the Health Department submitted revised ATN and stated that:-

CNBC:

SOP of hospital store has been updated to prioritize immediate issuance of newly received equipment to the requesting user department to ensure prompt utilization and minimize delay in patient care.

Para: 4.5.6 Shortage of equipment in Labs/ Departments of MAMC and LNH

Each department of a Medical College with 250 admissions is required to have a minimum number of equipment as per the Medical College Regulations, 1999.

(i) It was observed that 1033 essential equipment were not available in the Pathology and Biochemistry laboratories of MAMC. Further, shortage of seven equipment was noted in these labs. Grossing Station used for cutting, sampling and for microscopic examination of tissues, purchased (January 2020) was not installed in the Pathology department. Moreover, three equipment35 in clinical laboratories of LNH were not in working condition. As per the information provided by the LNH, there was also a need of 15 different equipment in Genetic lab and six equipment in Clinical Lab which have not been made available to them
yet.

(ii) There was shortage of various equipment in Pharmacology, Community Medicine, Forensic Medicine and Anatomy Departments of MAMC as per the details given below:

- Pharmacology department had shortage of important items such as Special Drug Delivery system (10 against 25) and samples of dosage formulations (10 against 25). Pharmacology department should have a computer assisted learning laboratory with enough computers with CAL programme for teaching Experimental Pharmacology. Audit noted that computer assisted learning laboratory of Pharmacology department did not have enough computers with CAL programmes /software.
- In Community medicine department, ten36 different equipment were not available. It had huge shortage of Dissecting microscope (three against 60) and Microscope oil immersion (one against five). In Forensic medicine department, four 37 different equipment were not available. There was shortage of Microscope student type (20 against 40), X Ray view box (one against seven) and Brain knife (two against eight).

- In Anatomy Department, Drill Machine, Dissection Microscope and Incubators were not available. Further, there was shortage of tables (23 against 37), Xray viewing lobby (three against eight), articulated skeleton set (five against 10) and Bone sets (10 against 45).

Government replied (December 2023) that procurement process for purchasing the deficient equipment has been initiated

Action Taken by the Department:-

LNH

Equipments in genetic, microbiology , biochemistry and pathology labs have been made available. Instructions has been issued to all concerned for processing the demands and purchase in a time bound manner.

On the observations of the Audit that ATN may include a timeline for procuring all the remaining essential equipment in required quantities. Actions taken for making the Grossing Station fully functional may be submitted, the Health Department submitted revised reply and stated that:-

LNH

Equipments in genetic, microbiology, biochemistry and pathology labs have been made available.

Grossing Station pertain to MAMC, Does not pertain to LNH

Para: 4.5.7 **Repair and Maintenance**

Para 4.5.7.1 **Improper Maintenance of Long Book in Hospitals**

Many of the patient care services are essentially dependent on the equipment. Without the appropriate equipment, hospitals cannot provide desired or committed service to the patients or the community. Thus a reliable, dependable and sustainable repair and maintenance program is essential for every hospital and health care institution. The objective of the hospitals repair and maintenance programme is to keep all the medical equipment in working order through timely maintenance, repair and condemnation and replacement of the equipment in a cost effective manner.

Action Taken by the Department

LNH- Hospital has issued a circular to all departments. Now, proper maintenance of Log Books in all the departments of the hospital is being ensured

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Para: 4.5.7.2 **Delay in renewing CAMC**

In the absence of any mechanism for timely renewal of maintenance contract, it was noticed that in some instances, the CAMC was not extended after the first five years' free CAMC period resulting in delay in replacement of parts thereby effectively causing denial of service to patients.

Action Taken by the Department

CNBC

Currently, Medical Waste Management disinfection system is under CMC and working satisfactory.

LNH

Currently, all equipments in Blood Bank are functional and in CAMC/AMC. Further, in radiology department all USG machines are valid CAMC/AMC.

In Sushruta Trauma Centre (STC) one digital X Ray Machine if functional and another digital X Ray Machine has completed its life span and is under process of condemnation.

Para: 4.5.7.3 Delay in repairing of equipment in LNH

During test check of Comprehensive Annual Maintenance Contract of sterilization equipment used in OTs, Audit noted that two high speed sterilizers located at OT-III and Gynaecology OT were not functioning since June 2016 and December 2017 respectively due to steam leakage though the Jacket and Chamber. These parts were not covered in the CAMC. There was procedural delay in decision making which resulted in unavailability of service of sterilizers in Gynaecology OT for six months and OT III for one year. The equipment was finally repaired in July 2018 and was functioning since then.

Action Taken by the Department

LNH

The equipments mentioned in the para have been repaired and functioning.

On the observation of the Audit that action taken for avoiding such instances in future may be included, the Health Department submitted revised ATN and stated that SOP has been issued to all concerned deparrment as informed by repair maintenance SOP submitted.

Para: 4.5.7.4 **Award of CAMC with Retrospective Effect**

There were numerous instances where Comprehensive Annual Maintenance Contract had been awarded with retrospective effect in hospitals.

(i) LNH

- The CAMC award letter for the period from 4 June 2016 to 3 June 2017 in respect of Stifhnohofer Sterilizers was issued in August 2017 with ex-post facto approval from the competent authority.

- In the case of Anderson ETO Gas sterilization system (purchased in August 2008) which is used for sterilization of the entire hospital including OT, ICU etc., there was delay in awarding CAMC for the period from September 2018 to August 2019. However, it was observed that CAMC was awarded in May 2020 with retrospective effect from September 2018 and payment was made for the same.

- In the case of two high speed sterilizers used in Gynaecology OT and OT II of CSSD, CAMC was awarded in the month of August 2017 with retrospective effect for the contract period September 2016 to August 2017. Again the contract was awarded with retrospective effect in January 2019 for the period from September 2018 to August 2019.

In all these cases, it was noticed that the contracting firms were providing the services of the machines even in the absence of extension of contract, however, any sudden breakdown of the machines would have created delay in repairing the machine in the absence of a legal contract.

(ii) RGSSH

There were numerous instances where CAMC was awarded with retrospective effect. These instances shows that the monitoring mechanism to ensure timely maintenance of equipment is weak in hospitals.

Action taken by the Department

LNH

CMC was awarded with retrospective effect for the period 04.06.2016 to 03.06.2017 and it is confirmed that hospital has not paid any extra costs except CAMC and machine was remained functional during that period.

RGSSH

It is to inform that in most of the cases, rates and period of CMC were already prefixed in the tender for procurement of equipment's and after

completion of warranty period accordingly CMC period was started in many of the equipment's and formal CMC order was issued later therefore the retrospective effect.

On the observations of the Audit that Actions taken for avoiding such practice in hospitals may be included, the Health Department submitted revised ATN and stated that :

LNH

SOP/guideline /issued to all the departments.

That AMC and CMC process should be initiated at least 3 months before the expiry of the ongoing contract and asked to maintain strict adherence. SOP submitted.

RGSSH

Information has already been sent to all the departmental Heads. The AMC /CMC proposal in advance before 3 months prior before completion of existing AMC/CMC/warranty for the without gap Services of AMC/CMC at RGSSH. At present all AMC/CMC proposal are in order to avoid retrospective award of AMC/CMC.

Also a SOPs for Equipment Maintenance is being framed which will be issued soon

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Para: 4.5.7.5 Short levy of penalty due to downtime of equipment

As per the terms of agreement for supply of equipment, during the warranty/ guarantee, the supplier has to guarantee an uptime of 95 *per cent* of equipment failing which a penalty would be imposed equivalent to double the amount of daily cost of the unit for each day's delay in proper functioning of the unit beyond five *per cent* down time per annum.

In CNBC, G.I. Video endoscope was non-functional for a period of 135 days during the AMC period from January 2020. The hospital levied a penalty of ₹ 32,232 based on double the cost of CMC per day instead of double the daily running cost resulting in short levy of penalty amounting to ₹ 4,42,374.

Similarly, Anaesthesia work station used in OTs revealed that the equipment was non-functional for a period of 330 days during the warranty of five years from 20 November 2015. Thus, the equipment suffered down time period in excess of stipulated norms during warranty, for which a penalty of ₹ 8.36 lakhs should have been imposed. However, no penalty was imposed on the supplier.

Government in its reply stated (December 2023) that CNBC has since recovered ₹ 6.42 lakh out of ₹ 12.78 lakh and the remaining amount was still pending for recovery.

Action taken by the Department

CNBC

G.I Video endoscope

As per the T & C of the A/T and on the basis of performance report submitted by the user department, the non-functional days beyond 5 %is 58days instead of 135 days. Accordingly total penalty amount Rs.2,86,520/- calculated as under was imposed to M/s Olympus medical system India Pvt. Ltd. Total penalty = 2470(daily running cost) x 2 x 58(total non functional days) = 2,86,520/- The said penalty amount was already recovered from the firm.

Anaesthesia work station

As per the T & C of the A/T and on the basis of performance report submitted by the user department, the non-functional days beyond 5% is 276 days instead of 330 days. Accordingly total penalty amount Rs.6,46,171/- calculated is as under, was imposed to M/s Drager India Pvt. Ltd. Total penalty = 1170.6(daily running cost) x 2 x 276(total non functional days) = 6,46,171/-The said penalty amount was already recovered from the firm

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ANNEXURE-IV

CHAPTER V – HEALTHCARAE INFRASTRUCTURE

Para 5.2.1 **Distribution of GNCTD Hospitals**

There are 38 district/super speciality/AYUSH hospitals and one central jail hospital in Delhi under GNCTD. The district wise distribution of these 38 district/super speciality/AYUSH hospitals as per Table 5.2 is as under .

Sl.No.	District	District hospitals	Super specialty hospitals	AYUSH hospitals.	Total
1	Central	4	2	0	6
2	East	2	0	0	2
3	NewDelhi	0	1	1	2
4	North	4	0	0	4
5	North East	1	0	0	1
6	North West	5	0	0	5
7	Shahdara	2	3	0	5
8	SouthEast	1	0	0	1
9	SouthWest	3	0	2	5
10	West	4	1	0	5
11	South	1	0	1	2
Total		**27**	**7**	**4**	**38**

It can be observed that Hospitals were not evenly distributed in various Districts of Delhi. There was only one hospital each in North East and South East district. In response (June 2022), DGHS stated that in near future, total 77,277 number of beds will be available in Delhi. The reply is out of context as the observation is regarding unequal distribution of Hospitals amongst districts. It is clear from the above facts that no need based assessment was done by the Government to ensure equitable distribution of Health Care Infrastructure in Districts of Delhi.

The Audit further recommended that The Government may undertake need based assessment of health care infrastructure to ensure its equitable distribution in Delhi.

Action taken by the Department

Matter of record

On the observations of the Audit that ATN may include future action plan for addressing the issue, the Health Department submitted revised ATN and stated that :

Establishment of hospitals requires multi-departmental approach like MCD, DDA, Finance and Planning etc. it is also stated that Delhi has got multiple agencies like NDMC, MCD, DCB ESI, Central Govt. Railways, to cater medical needs of Delhi population. In future, there are needs for construction and the planning of distribution New Delhi Govt. Hospitals will be based on accessibility and land availability.

On the observations of the Committee that the Audit had reported that there was no Delhi Govt. of Hospital in New Delhi District, whether the Department has taken any step to address this issue. The Health Department vide letter dated 26.12.2025 has informed that Committee that a piece of land measuring 2700 Sqm. was allotted by Delhi Development Authority to this Directorate at C - Block, Community Centre, Naraina Vihar, Delhi which falls under jurisdiction of New Delhi District, for construction of Govt. Hospital Building vide allotment-cum-demand letter dated 17.07.2013. The physical possession of the plot was taken over from DDA and simultaneously handed over to PWD on 05.09.2013. The- then Hon'ble Minister of Health cum Dy. Chief Minister, Govt. of NCT of Delhi had accorded approval for construction of Polyclinic on the said plot.

Directorate General of Health Services has been requesting Delhi Development Authority for allotment of a piece of land measuring 0.34 Ha. earmarked for establishment of hospital at 7 pockets located along with 30 mtr. RoW connecting NH-8 to Mehrauli – Mahipalpur Village in Zone –F.

Para:5.2.2 Availability of beds against norms

The National Health Policy, 2017 recommends two beds per 1000 population. As per IPHS norms, one bed per 1000 population is an 'Essential' norm for every district while two beds per 1000 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 private sector for each district. The 'Essential' number of beds in a district should be provided through the public health system of Tertiary care, Secondary care and Primary care.

In Delhi, bed population ratio as per beds available in Delhi Government hospitals was 0.68 (2021-22). Thus, Delhi Government did not achieve the desirable target of two beds per 1000 population as recommended under NHP.

Out of the total available beds of 59,957 in 1,230 hospitals, 29,348 beds constituting about 50 *per cent* were in 1,119 private institutions indicating that, in a large number of cases, people of Delhi have to depend on private healthcare institutions for medical care.

Action taken by the Department

Matter of record

On the observations of the Audit that Actions taken for increasing the beds in hospitals may be included in the ATN , the Health Department submitted revised ATN and stated that :

Reference Economic Survey of Delhi 2022-23, agency wise number of medical institutions and bed capacity in Delhi:

S.No.	Agencies	2021-2022	
		Institutions	Beds sanctioned
1.	Delhi government	40	14244
2.	MCD	47	3625
3.	NDMC	02	221
4.	Govt. of India (DGHS, CGHS, Railways, ESI, Army Hospital, LRS Inst.)	19	9544
5.	Other autonomous bodies(Patel Chest Inst., IIT Hospitals, AIIMS, NITDR)	05	3786
6.	Private Nursing Homes/Hospitals/Voluntary organizations	1050	27540
	Total	1163	58960

As per the Budget Speech 2022-23, work of expansion and upgradation of existing hospitals and construction of new hospitals was initiated. 16,000 more beds were contemplated to be added with the completion of these works.

On the observations of the Committee that what is the status of Action Taken by the Department for addition of 16,000 more beds. The Health Department vide letter dated 26.12.2025, with reference to Economic Survey of Delhi 2022-23 has provided detail of agency wise No. of Medical Institution and bed capacity in Delhi as under:-

S.No.	Agencies	2021-22	
		Institutions	Beds Sanctioned
1.	Delhi Government	40	14,244
2.	MCD	47	3625
3.	NDMC	02	221
4.	Govt. of India(DGHS, CGHS, Railwasy, ESI, Army Hospitals, LRS Institutes.	19	9544
5.	Other Autonomous Bodies (Patel Chest Inst., IIT Hospital, AIIMS, NITDR	05	3786
6.	Private Nurshing Homes/Hospitals/Voluntary Organisation	50	27540

As per the budget speech 2022-23, work of expansion and upgradation of existing Hospitals and construction of New Hospitals was initiated. 16,000 more beds were contemplated to be added with the completion of these works.

Five Hospitals have been inaugurated in Sept. 2025		
Project Name	**Bed Strength**	**Remark**
Trauma Block at Sanjay Gandhi Memorial Hospital	362	Through these five Hospitals a total of 1679 beds will be added in Delhi Government Hospitals in due course.
New Block at Archarya Shree Bhikshu Hospital (ASPH)	270	
New Block at Guru Govind Singh Govt. Hospital (GGSGH)	472	
New OPD Block at Bhagwan Mahavir Hospital(BMH)	400	
Shri Dada Dev Matri Avum Shishu Chikitsalaya (SDDMASC)	175	
Three Hospital Projects are expected to be completed by April 2026		
MCH Block at Rao Tula Ram Memorial Hospital (RTRI)	270	Through these three Hospitals, a total of 1193 beds will be added in Delhi Government Hospitals
MCH Block at LAl Bahadur Shashtri Hospital	460	
MCS Block at Dr. BSA Hospital	463	

The aforesaid information as provided by the Health Department vide letter dated 26.12.2025 is also in respect of status given by the Department in respect of para 5.2.3

Para:5.2.3 **Availability and enchancement of beds in Govt Hospitals.**

The status of sanctioned beds vis-à-vis functional beds in GNCTD hospitals during 2016-17 to 2021-22 was as per table 5.4 is as under :-

Sl. No	Year	Number of hospitals	Beds sanctioned	Beds functional	Shortage of beds (in*percent*)
1.	2016-17	38	11,308	10,184	9.94
2.	2017-18	38	11,353	10,520	7.33
3.	2018-19	38	11,770	10,646	9.54
4.	2019-20	38	11,814	11,052	6.45
5.	2020-21	39	12,603	11,541	8.43
6.	2021-22	39	14,244	13,214	7.23

District-wise sanctioned and availability of beds in 27 GNCTD hospitals (excluding four AYUSH, one Jail and seven Super specialty hospitals) as per Table 5.5 is as under :

District	SS	Availability	Excess/shortage
SouthWest	1,447	1,467	20
North	1,268	1,308	40
South	600	200	-400
SouthEast	100	103	3
West	1,240	1,040	-200
Shahdara	1,771	1,809	38
Central	2,466	2,482	16
NorthEast	210	210	0
NorthWest	1,368	1,368	0
East	334	381	47
Total	10,804	10,368	-436

Examination of records revealed that in 10 out of 39 hospitals, number of functional beds was less than sanctioned as given in **Table 5.6** as under :

Sl. No.	**Name of thehospital**	**Period**	**No.of beds sanctioned**	**Functional beds**	**Deficit in the number of beds**
1.	Central Jail Hospital	2016-17	270	240	30
		2020-21	318	270	48
2.	Dr. N.C. Joshi Memorial Hospital	2016-17	100	100	--
		2020-21	100	60	40
3.	GuruTegBahadurHospital	2016-17	1512	1456	56
		2020-21	1512	1448	64
4.	InstituteofHumanBehaviour andAlliedScience	2016-17	500	336	164
		2020-21	356	236	120
5.	InstituteofLiverandBillary Science(ILBS)	2016-17	180	151	29
		2020-21	549	284	265
6.	JanakPuriSuperSpeciality Hospital	2016-17	300	100	200
		2020-21	300	100	200
7.	Rajiv Gandhi Super SpecialityHospital	2016-17	650	60	590
		2020-21	650	500	150
8.	BurariHospital	2020-21	768	320	448
9.	A&UTibbiaCollegeand Hospital	2016-17	300	240	60
		2020-21	300	240	60
10.	Nehru Homoeopathic Medical College And Hospital	2016-17	100	89	11
		2020-21	100	60	40

It can be seen that in Dr. N.C. Joshi Memorial Hospital and Nehru Homoeopathic Medical College and Hospital, the number of functional beds declined during the audit period whereas in Institute of Liver and Biliary Science (ILBS), the number of sanctioned beds increased without corresponding increase in functional beds. Thus, the Government could not make available adequate number of beds it considered necessary to provide medical facilities to general public.

Apart from the above, Government announced proposed addition of 10,000 beds and 15,000 beds in Budget speeches of 2016-17 and 2017-18 respectively by re-modelling its existing hospitals and establishing new institutions. Similarly, assurance was also given for addition of 7000 new beds in Budget speeches of 2019-20 and 2020-21. Audit noted that as against this budget announcement, there was addition of only 1,357 beds in GNCTD hospitals (including Autonomous Bodies) during 2016-17 to 2020-21.

Audit noted that due to not augmenting the number of beds in-line with the Budget announcement, in nine hospitals[2] (2018-19), the percentage of bed occupancy ranged between 101 and 189 *per cent.* Similarly, in seven hospitals (2019-20), the bed occupancy ranged between 109 and 169 *per cent*. DGHS while accepting (June 2022) the facts, confirmed that only 1235 number of beds were added in Delhi Government Hospitals during 2016-17 to 2020-21.

Thus, it is evident that GNCTD failed in its planning and vision for providing optimum functional beds as assured in the budget speeches.

Action taken by the Department

Matter of record

On the observations of the audit that Actions taken for increasing the functional beds in hospitals may be included in the ATN, the Health Department submitted revised ATN and stated that :-

Reference Economic Survey of Delhi 2022-23, agency wise number of medical institutions and bed capacity in Delhi:

S.No.	Agencies	2021-2022	
		Institutions	Beds sanctioned
1.	Delhi government	40	14244
2.	MCD	47	3625
3.	NDMC	02	221
4.	Govt. of India (DGHS, CGHS, Railways, ESI, Army Hospital, LRS Inst.)	19	9544
5.	Other autonomous bodies(Patel Chest Inst., IIT Hospitals, AIIMS, NITDR)	05	3786
6.	Private Nursing Homes/Hospitals/Voluntary organizations	1050	27540
Total		1163	58960

As per the Budget Speech 2022-23, 768 bedded hospital at Burari was completed and started functioning with 450 beds for COVID in 2020. Ambedkar Nagar Hospital also started functioning with 200 beds. As per record, 1241 bedded Indira Gandhi Hospital started functioning in 2021.
.

Para:5.2.4 Hospital Beds for management of Covid

For management of Covid, GNCTD nominated Government/private hospitals and started Designated Covid Health Centres (DCHC) for meeting the demand for Covid treatment. The number of designated Government hospitals/centres and Covid beds were increased from time to time as per the details given in

Month	No. of GNCTD hospitals	No. of MCD hospitals	No. of DCHC	Total no.of Covid beds	Total no.of Covid beds With ICU
March2020	9	0	0	1000	0
April2020	6	0	0	2050	0
May2021	13	0	0	7450	2070
July2021	16	5	8	19225	5150
January2022	14	0	8	8450	2075

In addition to the above, 14000 beds (including 4253 ICU beds) of private hospitals and 3775 beds (including 1191 ICU beds) of GoI hospitals were also earmarked for Covid treatment in July 2021 to meet the emergency situation.

Action Taken by the Department

The department initiated construction of 7 new ICU hospitals with a total bed capacity of 6836 beds in 2021. All such projects are in progress.

Para:5.2.5 Infrastructure development in respect of Delhi State Health Mission and Delhi State Health Society

Para : 5.2.5 (i) State Health System Resource Centre not set up

Delhi State Health Mission (DSHM) was to set-up a State Health System Resource Centre (Centre) consisting of eight senior consultants and two fellows/interns for providing technical assistance to the Directorate of Family Welfare and DSHM in planning and implementing different policies and strategies. In a meeting of the Governing Body of Delhi State Health Society on 15 November 2016, it was decided to set up State Health System Resource Centre and the same was proposed in the Programme Implementation plan (PIP) 2016-17. The budget requirement was to be submitted to GoI as a part of PIP. However, the proposal was not approved by GoI as stated by the DSHM. Due to this, the same was not set up by the DSHM. State Programme Manager, DSHM replied (March 2022) that the Centre could not be set up in the absence of approval of GoI. Department

did not furnish the reasons given by the GoI for not approving the proposal for setting up the centre. Thus, absence of the Centre deprived the Government of necessary assistance in planning and implementing different policies and strategies of National Health Mission.

Action taken by the Department

State Health Systems Resource Centre (SHSRC) was proposed under NHM with total financial implication of Rs.524.09 Lakh in State program Implementation Plan 2016-17. However, the budget for setting up of SHSRC was not approved by GoI in Record of Proceeding for F.Y 2016-17.

Only one post of HR consultant has been approved for Delhi in 2022-23 which shall be recruited in the next recruitment cycle.

On the observations of the Audit that ATN is incomplete as the Department has not taken any action for setting up the Resource Centre after being reported by Audit, the Health Department submitted revised ATN and stated that :-

DSHM

DSHM is governed as per annual approvals received in State Program Implementation Plan from MoHFW, GoI. The proposal for setting up of State Health Systems Resource Centre (SHSRC) with total financial implication of Rs.524.09 Lakh in State program Implementation Plan 2016-17.

The same was discussed in NPCC meetings with MoHFW, GoI. Setting up of SHSRC has not been approved for Delhi by MoHFW, GoI.

Only one post of HR consultant has been approved which shall be recruited in upcoming phase of recruitment by DSHM.

Para : 5.2.5 (ii) Dialysis Centre under PPP Mode not set up

Governing body of DSHS approved (May 2017) setting up of Dialysis Centres under PPP Mode in Delhi Government Hospitals with creation of a dedicated PPP Dialysis Cell in the Department. Fund of ₹ 25.12 crore was approved by DSHS (September 2017/February 2018) for free dialysis of BPL patients with the direction to adhere to NHM guidelines for setting up new centres. Setting up of Dialysis Units in six hospitals on PPP mode was awarded to an agency in January 2018 at ₹ 1,274 per session of dialysis. These centres were to be set up by 25 April 2018.

In this regard, Audit noted that –

- Centres were set up in five hospitals4 between 14 May and 11 August 2018 after delays ranging from nine to 109 days.

- 25 machines installed at Bhagwan Mahavir Hospital could not be used due to in-appropriate water analysis report and machines were lying idle. SPO- Dialysis (PPP) stated (March 2022) that 10 of these machines have been shifted to Indira Gandhi Hospital, Dwarka.

Action Taken by the Department

Tender for installation of 300 Hemodialysis machines on PPP basis has been finalised under PMNDP and State PPP Dialysis project in November, 2024. Out of these, currently 150 HD machines have been operationalized in 10 Delhi Govt Hospitals. Further, work award to operationalize additional 150 HD machines in six Delhi Govt. Hospitals have been given to service providers on 05.05.2025 after taking concurrence of the FD, which is expected to be done within 45 days of award of work.

On the observations of the Audit that ATN may also include the actions taken for using the Dialysis machines lying at Bagwan Mahavir Hospital, the Health Department submitted revised ATN and stated that:-

DSHM

Tender for provisioning of haemodialysis services with 300 hemodialysis(HD) machines on PPP mode was executed on GeM Portal under Pradhan Mantri National Dialysis Programme(PMNDP) and State PPP Dialysis Project in November, 2024. Presently all the 300 HD machines have been operationalized in the 16 Delhi Govt Hospitals.

It is submitted that for effective utilization of haemodialysis machines out of 25 HD machines, 10 HD machines on July-2021 and another 05 HD machines in September-2023 were shifted from Bhagwan Mahavir Hospital to Indira Gandhi Hospital. Further, the remaining 10 HD machines functioning in Bhagwan Mahavir Hospital are being optimally utilized.

The Audit further observed that the ATN does not clarify whether the machines transferred to Indira Gandhi Hospital are operational. The Health Department vide letter dated 15.12.2025 submitted that:-

It is submitted that for effective utilization of haemodialysis machines in Bhagwan Mahavir Hospital; out of 25HD machines, 10 HD machines on July-2021 and another 05 HD machines in September-2023 were shifted from Bhagwan Mahavir Hospital to Indira Gandhi Hospital. These machines remained functional in Indira Gandhi Hospital till installation of new machines under new tender. Further, the remaining 10 HD machines were optimally utilized in Bhagwan Mahavir Hospital till under new tender. Under new tender, 35 HD machines are functional in Indira Gandhi Hospital.Tender for provisioning of haemodialysis services with 300 hemodialysis (HD) machines on PPP mode was executed on GeM Portal under Pradhan Mantri National Dialysis Programme(PMNDP) and State PPP Dialysis Project in November, 2024. Presently all the 300 HD machines have been operationalized in the 16 Delhi Govt Hospitals.

Para: 5.2.5 (iii) Tablet Computers for auxiliary Nurse and Midwives(ANM) not procure.

Governing Body of Delhi State Health Society decided (May 2017) to provide Mobile Tablets alongwith internet connectivity to ANMs to reduce their paperwork, easy tracking of beneficiaries and obtaining real time data. Accordingly, a proposal for procurement of Tablets and internet for 800 ANMsfor eight months (remaining period of financial year 2017-18 from June 2017to March 2018) with a total financial implication of ₹ 181.45 Lakh was approved and validated by GOI in Program Implementation Plan (PIP), 2017-18. It was observed that the Governing Body of DSHS revalidated the approval in January 2020, but the Tablets were not purchased as of August 2022. In the absence of procurement of Tablets even after five years of the approval (May 2017) by the Governing Body of the DSHS, the very purpose to provide facilities to ANMs for reducing the paperwork, easy tracking of beneficiaries etc. was defeated.

Action Taken by the Department

Funds were received for procurement of Tablet for ANMs and tender, Despite of many efforts, the tablets could not be procured.So, Mission Mode Project Cell, GoI was requested to procure /provide the tablets to Delhi.The 1800 tablets were received from GoI in kind and the same were distributed to ANMs.

Para:5.2.5 (iv) Smart Phones for ASHAs not procured

Similarly, Governing body of DSHS approved (November 2019) procurement of smart phones and internet connectivity to 2,779 Accredited Social Health Activists (ASHAs). These Smart phones were to be used by ASHAs in Non-communicable Diseases App for screening and other Apps. The other purpose Smart phones was to eliminate the burden of converting manual records into digital records. The Governing Body also approved an amount of ₹ 289.02 lakh in 2019-20 for this purpose. Audit noted that Smart phones were not purchased by DSHS as of February 2022 even though more than 26 months had elapsed since it was approved by the Governing Body due to failure to finalise the bidder.

Due to non-procurement of Smartphones, ASHA workers could not avail the facility of Non-communicable Diseases App for screening and facility for converting of manual records into digital records.

In its reply, the Department stated (February 2022) that the number of smartphones have been revised to 2861 and the procurement of Smart Phones is under process.

To summarise, DSHM did not set up State Health System Resource Centre even though the Governing body of DSHS approved the same in November 2016. Absence of the Centre deprived the Government of necessary assistance in planning and implementing different policies and strategies of National Health Mission. Six Dialysis centres were to be installed by April 2018, but five centres were set up after delays and 25 dialysis machines could not be installed in Bhagwan Mahavir Hospital. DSHM did not procure tablets for ANMs even after the approval of Governing body in May 2017. DSHM did not procure smartphones for ASHA workers which were approved by the Governing Body in November 2019.

Action Taken by the Department

ASHA Programme: DSHM had procured 3500 smartphones in 2019 which have been distributed to the beneficiaries. Tender for procurement of 2861 smartphones was placed thrice which were not successful due to lack of competition.

The tender was floated again and same was finalized in FY 2022-23. At present, all in-position ASHAs have been provided Smartphone.

Para: 5.2.6 **Infrastructure development in respect of selected Hospitals**

Para:5.2.6.1 **Rajiv Gandhi Super Specialty Hospital(RGSSH) and Janak Puri Super Specialty Hospital (JSSH)**

Both RGSSH and JSSH were registered as Societies in September 2013. The primary mission of these Societies was to develop the Hospitals as Centres of Excellence in the field of curative, rehabilitative, palliative and preventive healthcare. Besides, the Hospitals were also to function as advanced centres for research and training in the field of medical sciences and were to be set up as state of the art teaching facilities for post-doctoral and post graduate levels. The Hospitals were to establish referral centres in different areas of Delhi with the approval of Government.

The main source of funds for the Hospitals was Grant-in-Aid from the Government on the basis of Pattern of Assistance (PoA). Also, a viable business model for running these Hospitals was to be developed and reviewed from time to time by the Hospitals/Government.

In respect of RGSSH, Audit noted that:

- RGSSH was constructed with a built up area of approximately 61,198 Sq. metres at a cost of ₹ 153.68 crore in 2003 but completion certificate of the building was yet to be received from the competent authority due to pending work of fire check doors, Detailed Project Report of water pipeline, rain water harvesting etc.

- Approximately half of the total built up area of the hospital building was lying unutilized as patient care departments/specialities like Rheumatology, Nephrology, Clinical Haematology, Bone Marrow Transplant and Nuclear Medicine were yet to start.

- Six modular/semi-modular Operation Theatres (OT), Stone Centre, Transplant ICU and Wards, Kitchen, 77 private/special rooms, 16 ICU beds, 154 general beds and Resident's Hostel Rooms were not functional (July 2022)

- Against the proposed bed strength of 650 beds, 250 beds were approved for functioning in the first phase starting from November 2015. It was observed that only 64 beds were operational till September 2017. Thereafter, the bed strength was increased from time to time to 250 beds as of July 2022.

- Academic and Research activities as envisaged in the Memorandum of Association (MoA) of the Society were not undertaken. It has neither started Post graduate and Post-doctoral teaching facilities nor opened any referral centres at different part of Delhi as envisaged in the MoA.

- Governing Council (GC) had met only five times and Finance Committee had met three times during the period from November 2013 to June 2022 against the requirement of quarterly meetings indicating that the apex bodies responsible for administering and controlling the affairs of the Hospital were not functioning as required. There were delays in finalising policies for user charges, recruitment and pay and allowances of doctors and other staff although these were underdiscussion by the Governing Body since 2013. However, it was noticed that the recruitment policy of doctors was finally adopted at par with AIIMS in the meeting held in January 2020. Although, GC decided to implement user charges at CGHS rates in January 2016, the same was not implemented.

As regards JSSH, Audit noted that –

- JSSH had not undertaken Academic and Research activities, as envisaged in the MoA.The Government stated (December 2023) that Post Graduate Course in Cardiology (2 seats) has been started in the year 2022 and two research activities in Cardiology and Neurology are being processed.

- Governing Committee had met only nine times and Finance Committee had met six times from September 2013 to March 2023 against the requirement of quarterly meetings indicating that affairs of the hospital were not being given adequate direction and guidance.

- Against a proposed bed strength of 300 beds, only 100 beds were operational from February 2015 to 2020-21 and the bed occupancy ranged from 20 *per cent* to 40 *per cent* during the same period.

- Seven Modular OTs, kitchen, blood bank, emergency, Medical Gas Pipeline System, 10 CCU beds and 200 general beds were not operational/available during the audit period.

Audit is of the view that under utilisation of built up facilities in RGSSH and JSSH were mostly due to shortage of manpower as these Hospitals had not implemented the policy to recruit permanent staff against the sanctioned posts. There were 50 to 74 *per cent* shortage of doctors, 73 to 96 *per cent* shortage of Nursing staff and 17 to 62 *per cent* shortage of paramedical staff during the audit period.

As per MoA between the Government and the Hospitals, Doctors who were also Teaching Faculty were to be recruited for five years. GNCTD fixed remuneration for the teaching faculty in July 2014 as ₹ 1.25 lakh, ₹ 1.65 lakh and ₹ 2.00 lakh for Assistant professors, Associate Professors, and Professors respectively and continued it without a change for six years till August 2020. There was no provision for promotion and career progression to attract teaching faculty for super tertiary level treatment. This lacuna in policy of GNCTD resulted in shortage and inconsistency in the availability of doctors to run super speciality departments like Cardiology, Pulmonology, Gastroenterology, GI surgery, Urology, CTVS etc. It was observed that instead of revising the contractual terms and conditions and enhancing remuneration, hospitals started recruiting teaching faculty for one year and thereafter extension for one year and so on. When it did not get sufficient responses even for one year, doctors (teaching faculty, SRs and JRs) were recruited through walk-in interview for three months and then extension for three-three months.

Government, in its reply, intimated (December 2022) that Diplomate of National Board (DNB) courses have since been started in three seats in RGSSH. Further, the infrastructure in RGSSH is lying idle due to unavailability of man power even after repeated advertisements. In case of JSSH, it was stated that academic and training activities have now been started. It was further stated that Kitchen Services and Emergency Services have been started at a basic level from 8 AM to 4 PM. The fact remains that RGSSH and JSSH could not provide Super Specialty tertiary care as envisaged in the MoA due to weak monitoring and failure to develop a viable business model.

Thus, weak monitoring of the Government, as evident from the fact that very few meetings of Governing Council and Finance Committee,

coupled with failure to develop a viable business model to generate user charges and to ensure consistent work force resulted in under-utilisation of facilities in RGSSH and JSSH depriving the needy patients of Super Specialty health care facilities.

Action Taken by the Department

RGSSH-

Hospital is providing tertiary care services as per mandate/objective of hospital. The major tertiary care services available at RGSSH are Cardiology, Pulmonology Medicine, CTVS, GI Surgery, GI Medicine, Urology, Endocrinology etc. A business modal and user charge policy was prepared and put up in 2nd Governing Council Meeting where CGHS pricing and terms and conditions of user charge were approved. However an order received from Govt. of Delhi related to providing free OPD and IPD services as per terms and conditions laid down in the order. Hospital is following the said order till today.

JSSH-

The department of cardiology has been accredited by the National Board of Examination for a period of five years to provide post graduate training with two (02) DNB seats each year. Two DNB cardiology trainees have joined the institute in the academic session 2021-2022 and two trainees have further joined in the academic session 2022-2023. In addition, various academic activities for training of medical, nursing and paramedical staff are being held regularly in the hospital.

A large number of posts have remained vacant despite repeated advertisements and recruitment notices. The hospital is regularly advertising the posts in an attempt to fill up the vacancies.

The project of seven Modular Operation has been completed and OT are operational. The Kitchen services were started in the hospital on 10 Jun 2022.

The Blood Bank facility in Janakpuri Super Speciality Hospital was initiated and developed between the years 2014 and 2016 as part of expansion of facilities. The Blood Storage Unit was made functional (on floor) after obtaining the licence from Drugs Control Department of Govt. of NCT of Delhi. Since the requirement of the number of blood unites in the hospital has remained less than 2000 units per year, the existing Blood Storage Unit is sufficient to meet the requirement. It is expected that there will be an increase in the requirement of blood and blood products in view of addition of surgical departments and operation theatres and surgical departments and operation theatres in the hospital. The operation per year, the Blood Bank will be made functional in the facility developed in the basement area, after obtaining the licence.theatres and surgical

departments are in the process of development and as soon as the requirement of blood exceeds 2000 units.

The Emergency services have been started at a basic level for the specialities of Cardiology, Neurology and Nephrology, from 8 AM to 4 PM. The services will be enhanced with the availability of Anaesthetists in the hospital. The Governing Council has recently approved the creation of additional posts in the speciality of Anaesthesia.

The MGPS (Medical Gas Pipeline System) project has been completed.

10 beds have been dedicated as ICU beds in each ward on the second , third and fourth floors with the facility of cardiac monitors, ventilators with NIV support, oxygen, infusion pumps, crash cart, ABG machine and other supportive measures. The ICU on the second floor also functions as Coronary Care Unit.

150 General beds have not been functional in the hospital due to limited number of functional departments and shortage of faculty and specialist doctors.

On the observations of the Audit that ATN did not contain information about actions taken and any plan prepared for making both the hospitals fully functional utilising the idle infrastructure. Actions taken or timelines set for ensuring man power at all levels in both these hospitals may also be included in the ATN, the Health Department submitted revised ATN and stated that:-

(RGSSH) - Action plan for filling vacant post of Doctors:

Last recruitment of faculty held in December 2024 a total of 17 joined. Agenda related to next recruitment will be put up in upcoming Governing Council meeting (Competent Authority in the matter recruitment of doctors), once approved recruitment process for filling all vacant post will be carried upon within 03 months. Regular as well as adhoc recruitment of SR/JR are being carried on regular and roll on basis to fill the vacant post of resident doctors.

Action plan for filling vacant post Nursing, Paramedical & Support Staff:

Agenda related to engagement of Group B & C manpower was put-up in last Governing Council meeting where it was directed that a uniform policy for engagement of Group B & C manpower in Society Hospitals is being formed by Govt. of NCT of Delhi. However till date no such policy shared/formulated with hospital so in larger interest of patient care hospital is resubmitting the agenda related to engagement of Group B & C manpower vide outsource basis on consolidated remuneration (Basic Pay+DA) in upcoming Governing Council meeting once the agenda is approved by Governing Council. Process of hiring of Group B & C manpower will be completed within 3 to 4 months.

JSSH:

Non availability of super specialised doctors are the main constrain for making the hospital fully functional.

- Hospital is advertising the vacant seats at regular intervals.
- The salaries of the faculties have been increase i.e. at par with the AIIMS.

Once the faculties are available in each speciality the hospital can run at its full capacity.

The Audit further observed that no specific Action Plan has been given by JSSH. The Health Department vide reply dated 15.12.2025 has stated that :-

The following actions have been taken to run the hospital as its full capacity:

1. The vacant seats of faculties and specialists, doctors are being advertised at regular interval.

2. The Salaries of Faculties have been increased and make it at par with AIIMS to recruit and retain the super specialized doctors as per hospital MOA.

3. The Faculties have joined in Cardiology and Neurology Department.

4. At present, the Faculty recruitment is under process and interview is going to be conducted within 15 to 20 days time.

5. Once the fresh recruitment will done the department of Neurology will be make functional.

6. The Surgeon of other Government Hospitals will be invited to perform surgeries in the OT complex of JSSH to make it fully functional.

7. PMJAY scheme have been adopted and a corpus of fund have been received from State Health Agency. The same will be used to incentivize the treating doctors, it will help to motivate the Super Specialized doctors to join the institute and give their best.

Para: 5.2.6.2 Non-availing of Hostel facility by Senior Residents/Junior Residents

Residency scheme for Senior Residents/Junior Residents (SR/JR) vide No.S.11014/3/91-ME (1), Ministry of Health & Family Welfare, Government

of India envisaged that Resident Doctors will be provided with free furnished accommodation and they will be required to be on-call duty not exceeding 12 hours at a time. Further, Para 14 of the offer of appointment to the post of SR/JR stated that they have to work under the residency scheme, applicable from time to time.

Audit however, observed that Resident Medical Officer (RMO) hostel was constructed for accommodating SRs/JRs at the premises of RGSSH in October 2015. There were 54 Senior Residents and 48 Junior Residents working (April 2022) at the hospital, but none of them were staying as out of 130 rooms available 92 rooms were used as office/store and the remaining 38 rooms were lying vacant. Hence, the purpose of constructing the hostel for accommodating the SRs/JRs in the interest of Patient Care has been defeated as per the Residency Scheme.

In JSSH, Residence hostel has not been constructed for accommodating SRs/JRs at the premises of the hospital. However, a proposal has been approved by the Governing Council as informed by the hospital (August 2022).

Action Taken by the Department

RGSSH- Various efforts have been made by hospital authority to utilized RM Hostel for residency purpose. Different guidelines and circular were issued time to time. However despite all efforts only one DNB student applied for accommodation in RM Hostel but he also vacated within three to four months. Reason for not opting to stay in RM Hostel is that much cheaper accommodations are available in nearby locality. So in larger interest of the patient care hospital cannot force compulsory allotment of RM Hostel to JR/SR.

JSSH- The resident hostel for accommodating SR/JRSs at the hospital premises has not constructed as yet since the hospital is developing in a phased manner and till now the focus has been on utilization of the budget for developing and enhancing clinical care services.

On the observations of the Audit that Actions taken/Action Plan for ensuring the stay of JR/SR RGSSH may be included, the Health Department submitted revised ATN and stated that:-

(RGSSH)

Hospital is providing the hostel facilities to all the resident doctors. However, due to non-availability of basic amenities like mess, sports area, & study room etc; Resident do not prefer to stay in hostel. Also, it is to mention that HR of JR/SR:
JR – Rs. 16,830/-
SR – Rs.20,310/-
Which is much higher than rent of flats in the nearby local area.

In order to encourage the resident doctors to avail the facility of the hostel in hospital, an agenda regarding the provision/ initiating/ establishment of the basic amenities services like mess, sports area, & study room etc. will be submitted to the upcoming Governing Council meeting for approval. These services shall be finalized within 03 to 04 months after the approval from Governing Council. The occupancy of the hostel may improve with the availability of the services.

Para: 5.2.6.3 **Lok Nayak Hospital (LNH)**

Para: 5.2.6.3(i) **Planned assessment for remodelling work of existing Casualty Block in LNH not done**

A proposal for remodelling of existing Casualty block of LNH consisting of seven floors was approved by the Expenditure Finance Committee (EFC) on 8 March 2019 with increase in number of beds from 384 to 574. The work was awarded at a cost of ₹ 39.23 crore and started on 15 December 2019 with stipulated date of completion as 14 March 2021. The date of completion was later changed to July 2023 due to delay in handing over of site and slow progress of work. As per Financial progress Report, 35 *per cent* of funds were expended (January 2023). Audit observed the following deficiencies in planning and execution of the project:

- Detailed reports for the actual assessment of the number of beds required in the under-construction Emergency/Casualty block were not furnished to Audit.

- Plans to utilise existing medical equipment/facilities after remodelling was not prepared.

- Proposal for requirement of additional medical equipment and manpower including specialists was not prepared.

- Against the requirement of 80 sqm of gross floor area per bed (as per clause 13.1 of Unified Building Bye Law, 2016), the re-modelling has been planned with area per bed of 36.18 sqm. Department did not offer any comment.

Para:5.2.6(ii) **Study to assess the requirement of more hospital beds in new building at LNH not conducted**

The work of Construction of New Block for Medicine, Maternity and Advanced Paediatric Centre at LNH with 1,570 beds was approved by the EFC in March 2019 at a cost of ₹ 465.52 crore. The work was started on 4 November 2020 and was under progress (June 2022). As per the information provided, 60 *per cent* civil work has been completed.

Audit noted that –

- The Department/Hospital had not assessed the requirement of beds/new building in the hospital complex with respect to the population of the area. Other activities which need to be synchronized with the completion of new block viz. approval of man power, purchase of equipment etc. was not done.

- Against 80 sqm of gross floor area per bed required (as per clause 13.1 of Unified Building Bye Law, 2016), the new building has been planned with an area per bed of 54 sqm which was against the norms and would be inadequate.

Government replied (December 2022) that the process for purchase of equipment and assessment of manpower will be initiated shortly.

Thus, the Government neither ensured undertaking of assessment for remodelling work of existing Casualty Block nor conducted any study at LNH to assess the requirement of more hospital beds/new building.

Action Taken by the Department

1. **Assessment of Number of Beds Required**The detailed comprehensive assessment report along with preliminary estimates for the number of beds in the under-construction Emergency/Casualty block submitted by the PWD department.

2. **Utilization Plan for Existing Medical Equipment/Facilities**A process of getting detailed inventory of the existing medical underway. The plan for their integration and utilization post-remodelling is being finalized in consultation with department heads and biomedical engineers to ensure optimal use of resources. This plan will be submitted shortly.

3. **Proposal for Additional Medical Equipment and Manpower**The proposal for the requirement of additional medical equipment is being worked out keeping in view of the functional needs of the Emergency/Casualty block with the concerned HOD's. The proposal for requirement of additional manpower has also been worked out as per IPHS norms and under consideration with the Health Department, GNCT of Delhi.

4. **Floor Area Per Bed as per Building Bye Laws**

To justify the per bed norms complies with UBBL 2016, It was clarified by the PWD as under :

1. The permissible area requirement for per bed calculation is 80 Sqm as per UBBL guidelines requirement and the area requirement per

bed is 60 Sqm when the residential component is not included (i.e. 25% of area of 80 Sqm for residential use of staff accommodation).

2. It is further submitted that when the residential component and parking component is not required then the requirement of area per bed becomes 40.8 Sqm.

3. As in the remodelling in the present case, there is no requirement of OPD , hence the permissible are requirement is 37 Sqm per bed whereas in the present case, the per bed area calculation comes to 36.18 Sqm (F/B). Regarding the Jag Pravesh Chandra Hospital, the respect of the permissible are i.e. without residential component, parking component and OPD component of 37 Sqm per bed.

4. The above reference of area is in accordance and consideration to the UBBL for components i.e. residential and the Health Deptt. for other components and the said is being followed for remodelling /expansion of hospitals.

On the observations of the Audit that timeline for preparing equipment inventory may be submitted timeline for finalising the proposal of additional equipment may be included in the ATN, the Health Department submitted revised ATN and stated that:-

LNH

Remodelling of casualty block is halted due to foreclosure of tender awarded to the company as informed by the Electrical eng PWD. The Department/Hospital had not assessed the requirement of bed/new building (1570 beds) in the hospital complex with respect to the population of the area other activity which need to be synchronized with the completion of new block viz. Approval of manpower, purchase of equipment etc was not done.

Audit Reply

The Construction of the new 1570 bedded block in the hospital complex is a policy decision taken by the competent authority in view of the increasing healthcare needs of the growing population of the area and the overall burden on the existing infrastructure of the hospital. Such infrastructure expansion projects are guided by long-term healthcare planning and are approved at the highest levels after due consideration.
Regarding the observation on manpower, it is submitted that the process for creation of posts and procurement of equipment for the new building is being undertaken in accordance with the Indian public health standard (IPHS) normas-2022, as prescribed for tertiary care institutions. The proposal for manpower has already been initiated and is under active consideration.

The Audit further observed that no timelines for completing the Action has been furnished. The Health Department vide letter dated 15.12.2025 stated that:-

Work or remodelling of the 6the and 7th floor out of grounds plus 7 floors of the casualty block is already completed. As per the information provided by PWD rest of the work i. e ground plus 5 floors will be tentatively completed with 2 years and 6 months

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Para: 5.2.7 Acquisition of land for creation of Health Care Facilities

DGHS, GNCTD is also responsible for acquiring land for creation of health care facilities, viz. Dispensaries, Public hospitals, etc. On receipt of allotment letter from the land owning agency, the status of land with respect to its being encumbrance/litigation free is obtained by DGHS from the land owning agency. The DGHS also issues Administrative Approval and Expenditure Sanction to Public Works Department (PWD)/DUSIB etc. for payment of land cost to land owning agency. Thereafter, the process of taking possession and building health care facility on the acquired land is initiated by the executing agency.

Audit noted the following deficiencies on the part of DGHS/PWD:

Possession not obtained after allotment of land

a) In one case, despite allotment of land at village Harewali for construction of a dispensary in May 2012, DGHS did not issue sanction for land costing ₹ 37.47 lakh for want of confirmation of status of land from land owning agency. Although correspondence was made with the land owning agency in this regard, it was at lower level and the matter was not escalated to higher level and no correspondence was made after February 2015.

b) In six other cases**,** DGHS had issued AA&ES of ₹ 485.70 lakh to PWD (May 2012 and March 2015) but it had not obtained status of payment to the land owning agency by PWD. Further, there were delays in subsequent follow-up with PWD in ascertaining payment status due to which possession of allotted land could not be taken over. The Government informed (December 2022) that in one case, status of payment was received from PWD on 25 March 2022. For remaining cases, it assured regular follow-up with PWD.

c) Further, in nine cases, despite allotment of land (between January 2012 and March 2015) and payment of ₹ 5153.43 lakh to land owning

agencies, DGHS failed to take possession of allotted pieces of land due to delayed correspondence (one to three years) with land owning agencies for handing over them. The Government submitted (December 2022) that in one case, possession of the plot was taken over from DDA in March 2022 and assured to ensure regular follow-up with concerned land owning agencies for remaining cases.

d) In three cases, despite allotment of seven Bigha of land by land owning agency on 'No Cost Basis' (between August 2012 and August 2015),DGHS was unable to take possession of land from land owning agencies. Correspondence with the land owning agency for possession of the allotted land was not made available to Audit due to which Audit could not ascertain reasons for delay.

Thus due to lack of coordination between DGHS and the executing agency (PWD), DGHS did not have details such as confirmation of land free from encroachment, payment to land owning agencies, possession of land, etc.

Utilisation of acquired plots not done by the Department

The Department was unable to utilize any of the 15 plots10 acquired (June 2007and December 2015) at a cost of ₹ 648.05 lakh for establishing hospitals and dispensaries, despite having them in its possession for periods ranging between six to 15 years.

Audit noted that development of health care facilities on acquired land could not be achieved due to delays in taking decisions in construction of Dispensary/Polyclinic, inadequate pursuance with the land owning agency for alternate land in case of land falling under green belt, not obtaining demarcation and approval of layout plans from the authorities concerned. The Government informed (December 2022) that there was no change in the status of above mentioned plots.

Thus, lackadaisical approach of the Department led to idling of plots meant for augmentation of health care facilities at various locations of Delhi, thereby depriving people of Delhi with the much needed medical facilities.

Action Taken by the Department

a) DDA has informed vide letter dated 30.04.2013 that entire village revenue boundary of Village Harewali is under Green Belt as Land use Plan of MPD-2021. DDA has reiterated vide letter dated 06.03.2020 that as per Land use Plan of MPD-2021 activities such as Hospitals are not permitted in Green Belt. Therefore, no sanction was issued.

b) The Directorate General of Health Services is coordinating with PWD for confirmation of payment made to land owning agencies The matter

has been escalated to the higher authorities of PWD to intervene and expedite confirmation of the payment status.

C) It is submitted that out of these 09 cases, the possession of following 03 Plots/Land had been taken over by DGHS:

(i) Plot having area of 4.082 Hectare at Pocket-29, Sector-35, Rohini (Dental University) has been taken over on 22.02.2024.

(ii) Plot having area of 11350 Sq. Mtrs. at Chowki No. 4, Model Town has been taken over on 30.01.2024.

(iii) Plot having area of 1000 Sq. Meter at ShahbadDaulatpur (Dispensary) has been taken over on 23.03.2022.

Commissioner (Lands), DDA has already been requested vide letter dated 03.01.2023 for handing over 03 plots of lands where requisite payments have already been made to DDA. Further, the Directorate General of Health Services will ensure regular follow up with Land owning agencies for handing over possession of the remaining 03 plots.

(D) It is submitted that the Panchyat Department has informed vide letter dated 16.12.2019 & 09.09.2020 that Villages Salahpur Majra and Chandpur have been urbanized vide notification dated 28.01.2019 & 16.05.2017, respectively.In case of Village Madanpur Dabas, DGHS will make sincere efforts to take over possession of the allotted land.

It is submitted that out of these 15 plots,

The DGHS is coordinating with PWD for submission of model layout plan for the construction of Polyclinic on a vacant land. Accordingly, plots at Kutubgarh, Nijampur, Mundka, Bakkarwala, Shalipur Ranholla, Kapashera, Rohini Extn. and CS/OCF-2, Sector-23, Rohini may be utilized with the approval of competent authority.

In case of land at Neb Sarai, the DGHS is coordinating with Divisional Commissioner, Delhi for demarcation of land.

In case of land at DariyapurKalan, the Directorate General of Health Services is coordinating with DM North-West District, Delhi for demarcation of land.

In case of plot at Shastri Park, a revised estimate of Rs. 8.78 crore has been submitted by PWD, which is under submission to the Finance Department for approval.

In case of land at Gandhi Vihar, DGHS had requested to PWD for providing estimate for construction of Health Care Centre.

Jhatikara and Bamnoli, - falls under “Green Belt” as per land use plan of MPD-2021 and activities such as Hospitals are not permitted in Green Belt.

The land at Molarband falls under “O zone” as per land use plan of MPD-2021 and activities such as Hospitals are not permitted in Green Belt.

On the observations of the Audit that detailed action plan may be provided in respect of point no. “B, C & D” of the Para i.e Possession not obtained after allotment of land. The Health Department provided the information.

The Audit further observed that the department has provided only status of these plots which is “Possession not taken”. The Health Department vide reply dated 15.12.2025 stated that:-

(b) The Directorate General of Health Services is coordinating with PWD for confirmation of payment made to land owning agencies

In this regard a letter dated 16.12.2022 has been sent from Director General, DGHS, HQ to Engineer-in-chief, PWD for confirmation of status of payment.

Subsequently, vide D.O letter dated 27.08.2025 from Secretary (H&FW) to Addl. Chief Secretary (PWD) has beenrequested to personally intervene and expedite confirmation of the payment status.

(C) It is submitted that out of these 09 cases, the possession of following 03 Plots/Land had been taken over by DGHS:

(i) Plot having area of 4.082 Hectare at Pocket -29, Sector- 35, Rohini (Dental University) has been taken over on 22.02.2024.

(ii) Plot having area of 11350 Sq. Mtrs. at Chowki No. 4, Model Town has been taken over on 30.01.2024.

(iii) Plot having area of 1000 Sq. Meter at Shahbad Daulatpur (Dispensary) has been taken over on 23.03.2022.

Commissioner (Lands), DDA has already been requested vide letter dated 03.01.2023 for handing over 03 plots of lands where requisite payments have already been made to DDA. Subsequently, vide D.O letter dated 13.10.2025 from Secretary (H&FW) to Vice Chairman; DDA has been requested to personally intervene and expedite handing over of these plots.

Plots at Sawada Ghevra, Phase-III & Block-19, Trilokpuri: Reminders dated April, 2025 has been to DUSIB.

Plot at Village Bakhtawarpur : Directions has been issued to the concerned CDMO for taking over the possession.

Para: 5.2.8 Delay in execution of projects

Para: 5.2.8.1 Constructions of new Hospitals

Construction of hospitals is undertaken by the Directorate General of Health Services of Department of Health and Family Welfare (DHFW) and the works are executed by Public Work Department of GNCTD. Out of the eight new hospitals which were under construction/taken up during the audit period, three were completed and four were under progress (August 2023). Status of one of the hospital (Ambedkar Nagar Hospital with 600 beds) was not provided to Audit.

Audit observed the following:

(i) Two hospital projects (Indira Gandhi Hospital at Dwarka and Burari Hospital) started in August 2014 and February 2013 have been completed with delays of five to six years. Delay is attributed to increase in the scope of work due to enhancement of number of beds.

(ii) Construction of Maulana Azad Dental Institute Phase II, started in September 2014, was completed with a delay of more than three years and with a cost escalation of 51.47 *per cent*.

(iii) Construction of Jwalapuri hospital (691 beds), Madipur Hospital (691 beds), Siraspur Hospital (1505 beds) and Hastsal Hospital (691 beds) were going on with delays of more than two months to one year from the stipulated date of completion with physical progress of 87 per cent, 86 per cent, 74 per cent and 39 per cent respectively. Delay is attributed to stoppage of work during Covid, site constraints etc.

(iv) It was noticed that no new hospital construction was taken up during the period from 2015-16 to 2019-20.

In addition to the above, GNCTD took up two new projects for construction of Semi-permanent/temporary ICU hospitals. Two projects, (i) setting up of Semi-permanent / Temporary ICU Hospitals at Shalimar Bagh (1430 beds), Kirari (458 beds) and Sultanpuri (527 beds) and (ii) Setting up of Semi-permanent/ Temporary ICU Hospitals at Sarita Vihar (336 beds) and Raghubir Nagar (1577 beds) started in September 2021 with date of stipulated completion as 22 February 2022 were still under progress with physical progress of 76 *per cent* (Shalimar Bagh and Sultanpuri sites), 83

per cent (Sarita Vihar) and 49 *per cent* (Raghubir Nagar). The work of ICU hospital at Kirari with 458 beds had not yet started (August 2023).

Action Taken by the Department

Matter of record. Both the hospitals are functional. Burari has been functional since 2021 and IGH has been functional since 2022.

Four hospitals are being constructed at Jwalapuri, Madipur, Hastasal and Siraspur. Seven ICU bedded hospitals (semi-permanent) are being constructed.

However, Construction work is under progress.
Madipur: 82%
Jwalapuri: 90%
Hastasal: 55%
Siraspur: 78%

Seven ICU bedded hospitals (semi-permanent) are being constructed with a total bed strength of 6836 beds.

On the observations of the Audit that timeline for completing the work may be included and detailed action plan for completing the two project of ICU Hospitals may be included, the health Department submitted revised ATN and stated that:-

In respect of Hospitals being constructed at Jawalapuri, Madipur, Siraspur and Hastal, the timeline for completing of work is as follows:-

S.No.	Name of Project	Date of start	Original date of completion	Physical progress(%)
1.	Madi Pur	Nov.2020	Nov. 2022	82
2.	Jawalapuri	Aug. 2020	Aug. 2022	90
3.	Hastal	June 2021	June 2023	55
4.	Siraspur	Aug.2020	Aug. 2022	78

It was further informed by the Health Department that the Cabinet vide decision No. 3212 on 10.06.2025 has approved operationlization of these Hospitals on PPP Mode. Bid for engagement for transaction advisor has been floated. Once Transaction Advisor is onboarded, concessionaire for operationalization of the Hospitals would be onboarded in 09 Months.

Further, in respect of detailed Action Plan for completing the ICU beded Hospitals, the Health Department has provided Action Plan as under:-

S.No.	**Name of Project**	**Date of start**	**Original date**	**Physical**

			of completion	progress(%)
1.	Shalimar Bagh (1430 beds)	Sept. 2021	Feb. 2022	63
2.	Kirari (458 beds)	Sept. 2021	Feb. 2022	00
3.	Sultanpuri (525 beds)	Sept. 2021	Feb. 2022	63
4.	Chacha Nehru Bal Chikitsalaya (596 beds)	Sept. 2021	Feb. 2022	52
5.	GTB Hospital Campus (1912 beds)	Sept. 2021	Feb. 2022	52
6.	Sarita Vihar (336 beds)	Sept. 2021	Feb. 2022	58
7.	Raghuvir Nagar (1577 beds)	Sept. 2021	Feb. 2022	40

The Health Department further informed that the Cabinet, vide Decision no. 3212 on 10.06.2025 has approved operationalization of these hospitals on PPP mode. Bid for engagement of Transaction Adviser has been floated. Once Transaction Advisor is onboarded, Concessionaire for operationalization of the hospitals would be onboarded in **9 months.** Seven ICU bedded hospitals (semi-permanent) are being constructed with a total bed strength of 6836 beds. Cabinet vide Decision no. 3212 on 10.06.2025 has approved oprationalisation of these hospitals on PPP mode. Bid for engagement of Transaction Adviser has been floated and Transaction Adviser likely to be on boarded soon.

On the observations of the Committee that what is the status of engagement of Transaction Advisor for operationalization of Hospital in PPP Mode. The Health Department vide letter dated 26.12.2025, informed the Committee that Cabinet, vide Decision no. 3277 on 04.12.2025 has considered the proposal of H&FW Department and approved that Transaction Advisors should be appointed for completion of all the 11 under-construction hospitals i.e. 04 Multi-Speciality Hospitals at Jwalapuri, Madipur, Siraspur & Hastsal and 07 ICU bedded Hospitals at Shalimar Bagh, Raghubir Nagar, Kirari, Sarita Vihar, Sultanpuri, Chacha Nehru Bal Chikitsalaya and Guru Teg Bahadur Hospital.

In this matter, tender has been floated. Pre-bid meeting has been held on 17.12.2025 and Bid opening date is 02.01.2026.

Para: 5.2.8.2 Status of execution of works at selected Hospitals

As per clause 2.8 CPWD Works Manual, the Administrative Department/ Ministry shall be kept informed at regular intervals about the stages of progress of work so that the client's observations, if any, could be responded to before the work is completed. On completion of the work, the

Administrative Department should be intimated of the same and formal handing over arranged in writing.

Financial and Administrative Sanction for carrying out 153 works costing ₹ 59.23 crore in LNH, 46 works costing ₹ 40.67 crore in RGSSH, 60 works costing ₹ 16.9 crore in JSSH, 78 works costing ₹ 18.46 crore in CNBC and74 works costing ₹ 23.96 crore in Maulana Azad Medical College (MAMC) were issued during the audit period.

Audit noted that there was delay in completion of works in 110 (48 *per cent*) out of 227 sanctioned works in LNH and MAMC during the audit period. Maximum delay was two years. It was also noticed that the work of renovation of Department of Pulmonary Medicine of LNH was not undertaken after sanction of work due to unavailability of site. As the hospitals did not provide complete information, the reasons for delay could not be ascertained.

Government replied (November 2022) that the client departments regularly monitor the works executed by PWD. The fact remains that there were delays in execution of works in 48 *per cent* cases in LNH and MAMC.

A few test checked cases in respect of selected hospitals are discussed below:

(a) Delay in establishing Tertiary Care Cancer Centre (TCCC) in LNH

The broad objective of the Centrally Sponsored Scheme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), was to develop capacity for Tertiary care for cancer in all States so as to provide universal access to comprehensive cancer care. GoI approved a total Grant-in-Aid (GiA) of ₹ 39.82 crore (June 2016) and released ₹ 29.87 crore till December 2017 for purchase of equipment

LNH could procure and install only one equipment till August 2022 (CT Simulator in October 2019) at a total cost of ₹ 6.59 crore. Thus, LNH could not establish the TCCC in spite of being provided with funds for the same by GoI and as a result, cancer patients of Delhi were deprived of better treatment facility.

The Government replied (November 2022) that work of procurement of Linear Accelerator was delayed due to delay in finalisation of specifications, tender process and starting of turnkey work for installing the machines. Further, the Department intimated (December 2022) that Linear Accelerator has been installed in LNH and the funds allocated has been fully utilized and the facility of TCCC will be operational shortly.

The fact remains that there was delay in procurement though the process was started in November 2016 and complete funds were received from GoI in December 2017.

(b) Delay in installation of Modular Operation Theatre in LNH

Administrative Approval and Expenditure Sanction of ₹ 35.30 crore for supplying, installation, testing and commissioning of modular operation theatre and medical gas pipeline system in Orthopaedic Department of LNH including Emergency Trauma Services and Intensive Care beds was accorded in November 2019. Thereafter, it took almost 23 months to complete the process of Technical sanction and appointment of Consultant (October 2021) by PWD. Tender for the work has been invited in November 2022.

(c) Delay in installation of Medical Gas Pipeline JSSH

The work of installation of Medical Gas Pipeline System (MGPS) in JSSH was awarded to an agency in November 2016 with date of completion as 21 June 2017 and ₹ 5.72 crore was given to the agency in advance in November 2016.

Audit noted that the MGPS work was completed in only May 2022, after a delay of more than five years and the same was not handed over to JSSH till July 2022.

JSSH stated (August 2022) that the project has been completed by the vendor and same would be vetted by the consultancy firm and a Technical Committee of experts would be constituted for Physical Inspection and Technical Evaluation for commissioning the project.

(d) Delay in installation of Modular Operation Theatre in JSSH

A proposal for installation of seven Modular Operation Theaters (MOT) was approved (two in July 2014 and five in March 2016) by the Governing Council of JSSH. The work was awarded (May 2017) on turnkey basis for ₹ 11.86 crore to be completed within 270 days. Audit noted that MOT had not been installed till date, i.e. even after five years.

JSSH stated (July 2022) that there was delay in completion of the project and that the project has now been completed and a Technical Committee of experts has also been constituted for Physical Inspection and Technical Evaluation for commissioning of Operation Theatre complex.

(e) Kitchen facilities in RGSSH and JSSH not utilized

Audit observed that PWD had installed a modular kitchen in RGSSH since 2017 with all the equipment such as vegetable cutters, peelers, pulverisers, grinders, burners, chillers, digital thermostat, chapatti makers, refrigerated display, air washers etc. However, it had not been taken over by RGSSH and was lying idle due to a conflict between hospital and PWD for pending payment of ₹ 1.50 crore, causing wastage and blockage of Government money.

Area of the JSSH hospital earmarked for hospital kitchen had been taken over by the Delhi State Cancer Institute in the year 2012 under the orders of H&FW Department, GNCTD and was taken back by JSSH in June 2021 and thus hospital area was not available with them to provide dietary services.

Government replied (December 2022) that the kitchen in RGSSH has been taken over from PWD and tendering is in process for running the kitchen. Further, in case of JSSH, kitchen facilities had been started in June 2022.

f) Encroachment of Hospital and Medical College premises

As per IPHS Guidelines, there shall be no encroachment in and around hospitals. Audit observed that LNH premises and surrounding areas were encroached by unauthorised shops and vendors leading to congestion on approach roads.

In addition to the above, approximately 5.65 acres out of 122 acres of MAMC area was under encroachment by 1047 houses. MAMC has informed (28 July 2022) that a proposal for relocation of JJ Clusters on encroached land is under process.

Government replied (November 2022) that the hospital has taken up the matter with MCD and Delhi Police for removing the encroachments. Further, it has taken up the matter with DUSIB for expediting relocation of slum.

g) Upgradation of infrastructure in the Nursing College of LNH not done

The Nursing College at LNH had an annual intake of 43 to 56 students during 2016-17 to 2021-22. Procurement of ACs, Smart Board, Computers, LCD Projectors, etc were pending for the last two years. Resultantly, classrooms were running without audio visual facilities as the existing systems were too old to repair and were not functioning for the last three years. Besides, CCTVs were not installed in the college. There was no ACs in Lecture halls/Classrooms.

Action Taken by the Department

Due to non- receipt of Grant-in-aid in time and delay in finalization of specifications of Linear Accelerator, work for installation could not be completed. Now, TCCC is functional.

LNH

(1) Supplying and Installation of Modular Operation Theatre and Medical Gas Pipe Line System at Orthopaedic Department of LNH including

Emergency Trauma Services and Intensive Care Beds (50). (SH: S.I.T.C. of Modular Operation Theatre & MOT Integration System and Medical Gas Pipe Line System).

(2) Supplying and Installation of Modular Operation Theatre and Medical Gas Pipe Line System at Orthopaedic Department of LNH including Emergency Trauma Services and Intensive Care Beds (50). (SH: Upgradation/ Renovation of ground floor and 7th floor including SITC of internal El work, Fire Detection and PA System, Fire Fighting System, HVAC and Civil work).

The work stated at sr, no. 1 was awarded to M/s MDD Medical systems Pvt Itd. This work was corelated with the E&M and civil work mentioned at sr. no. 2. This work was awarded to M/s A K Ahuja in composite manner which was rescinded on 16/11/2024.As the work at sr. no. 1 could not be executed without executing the civil and E&M works (sr. no.2). So, the retendering process of work (sr. no.2) is in progress and is likely to be on ground within aprrox. 2 months.

Only after executing the E&M and civil works, MOT work can be started.

Regarding encroachment in LNH on its approaching roads several request/letters has already been sent to Delhi police, DM concerned and MCD authorities. Recently, three KIOSKs are also removed which were unauthorised and for the rest of the KIOSKs matter is sub judice.

The MGPL project has been completed and vetted by the consultancy firm and a technical committee of the expert. The project is ready for the handing taking over. The project of seven Modular Operation has been completed and OT are operational.

At RGSSH: The newly constructed Kitchen along with equipment has been taken over from PWD and tender process has been finalized on outsourced basis.

At JSSH: Kitchen Services has already started in JSSH in June 2022.

Staff Quarters occupied by unauthorized persons have been vacated.

Unauthorized constructions have also been demolished.

Approximately, 80 Jhuggis have been cleaned. Notice in respect of vacating the land pertaining to Temple and Mosque have also been issued.

Matter of record.

Smart Board, LCD Projectors and ACs in Lecture Halls / Class Rooms have been installed in the Nursing College. However, other facilities like ACs, Computers are also in the process of being procured.

On the observations of the Audit that Actions taken for ensuring timely completion of works by PWD may be included. Timeline for completing the work of installation of MGPS in LNH may be included. Detailed timelines for taking over the MG pipeline at JSSH may be included. A timeline for ensuring the kitchen functional at RGSSH may be included. No further comments on other replies, the Health Department submitted revised ATN and stated that :-

(RGSSH) - ATN for functional kitchen at RGSSH:

The kitchen has been handed over to the Dietetic department. The current outsourced agency has been informed to shift the kitchen at the designated area (as per hospital plan). The services shall be continued from the designated area within next 30days.

JSSH:

The work of MGPL has been completed the technical committee has recommended for the handing taking of the project.
The MGPL project is under dry run by the hospital.

LNH:-

A composite work (Civil +Electrical) work for upgradation of Ots awarded to M/s Anil Kumar Ahuja. The Work was rescinded on 16/11/2024 as agency i.e M/s Anil Kumar Ahuja was reluctant to execute with the work. The P.E/D.E to call fresh tender has already been submitted to the competent authority for necessary action at their end .

As the work of SITC of Modular Operation Theatre & MOT Integration system and Medical Gas Pipe Line System which has been awarded to M/s MDD Medical Sysytem (I) Pvt. Ltd. Is linked with the execution of Civil and Electrical work as stated above, hence it is heldup till the award of fresh composite tender to execute Civil and Electrical Work.

ANNEXURE-V

CHAPTER VI – FINANCIAL MANAGEMENT

Para 6.2 **Expenditure on Health Sector by the State vis-a-vis National Health Policy norms**

Paragraph 2.4.3.1 of NHP 2017 envisages increase in the health expenditure by Government as a percentage of GDP from the existing 1.15 *per cent* to 2.5 *per cent* by 2025 and increase State sector health spending to more than eight *per cent* of their budget by 2020.

The Government spending on health sector has increased from ₹ 4,008.24 crore (8.45 *per cent* of total expenditure of State) in 2016-17 to ₹ 9016.97 crore (12.51 *per cent* of total expenditure of State) in 2021-22. Against the target of raising public health expenditure to 2.5 *per cent* of the GDP (by 2025), the expenditure on health by the State Government increased from 0.65 *per cent* (2016-17) of the GSDP to 0.79 *per cent* (2021-22) of GSDP. As such, there is still scope for the Government to increase public expenditure on Health Sector. It was also noticed that Government has not prepared any roadmap to increase the expenditure on Health Sector.

Government did not offer any comment in its reply dated 13 December 2023.

Action taken by the Department

The Health Department did not offer any comments stating Matter of record.

The Audit observed that Detailed action plan for increasing the expenditure on Health Section may be included and the Health Department submitted revised ATN and stated that :-

.

GNCTD is consistently increasing budget allocation and expenditure in the health sector to align with National Health Policy (NHP) norms.

Budget Highlights (2021–2025):-

2016-17: ₹5,239 crore (Base Year)
2017-18: ₹5,710 crore
2018-19: ₹6,700 crore
2019-20: ₹7,498 crore
2024–25 (RE): ₹8,857 crore
2025–26 (BE): ₹12,826 crore (13 of State Budget and 69% increase over previous year)

Infrastructure & Service Expansion:-

168 Ayushman Arogya Mandirs operational 4 new hospitals inaugurated 19 hospital projects in progress across Delhi. Strengthening of Mobile Health Services, School Health Scheme, and Telemedicine

Planning Perspective:

Budget share exceeds NHP's 8% benchmark GSDP ratio remains below 2.5% due to Delhi's high GSDP base.

A phased roadmap is being followed:

Short-term: Improve fund utilization

Medium-term: Invest in infrastructure and preventive care

Long-term: Monitor GSDP ratio through annual reviews

These developments reflect GNCTD's sustained commitment to health sector strengthening and progressive alignment with NHP goals.

On the observations of the Committee that what proportion of funds (Rs. 12826 crore) allocated in Budget 2025-26 have been spent. The Health Department vide letter dated 26.12.2025 has provided the detail as under:-

Department wise Expenditure Report from 01.04.2025 to 23.12.2025 as on 24.12.2025				
(Rs. In Crores)				
S.No.	Agency/Department under H&FW	BE 2025-26	Expenditure upto 23rd Dec. 2025	% of BE
1.	Directorate of Health Services (Including DSHM, DSACS, Society Hospital and MCD-Health)	6133.99	1996.83	32.55
2.	Directorate of Ayush (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy)	153.44	111.53	72.69
3.	Drug Controll Department	16.71	10.33	61.82
4.	Public Work Department	383.63	238.11	62.07
5.	Health & Family Welfare	961.06	296.01	30.80
6.	University College of Medical Science (UCMS)	200.00	0	0.00
7.	Department of Food Safety	25.42	15.36	60.42
8.	Directorate of Family Welfare (including ASHA)	184.20	94.94	51.54
9	All Hospitals and Colleges	4767.85	3196.58	67.04
	Total	12826.3	5959.74	46.46

The aforesaid information as provided by the Health Department vide letter dated 26.12.2025 is also in respect of status given by the Department in respect of para 6.5.1

Para: 6.3 Revenue and Capital Expenditure

Revenue expenditure includes establishment expenses, Grants-in-aid to various Institutions (NHM, AYUSH, etc.), expenditure on training programmes, immunisation Programme, family planning programmes, Employees State Insurance Scheme, various schemes/ programmes of State/ Central Government, assistance to other Non-Governmental Institutions, purchase of medicines, etc. Capital Expenditure includes construction/ major repairs of buildings of Health institutions, acquisition of land, etc.

Out of the total expenditure of ₹ 35,314.42 crore incurred on health during2016-22, Revenue Expenditure was ₹ 32,691.07 crore (92.57 *per cent*) while Capital Expenditure was ₹ 2623.35 crore (7.43 *per cent*).

Action Taken by the Department

DFW:

All expenditure incurred by Dte. of Family Welfare(DFW), GNCTD is Revenue in nature. No Capital expenditure is being incurred by this Directorate.

DSHM:

DSHM has received grants only in Revenue Section. No grants have been released under capital expenditure head.

Matter of Record.

Para: 6.4 Expenditure on Health infrastructure

The Department had allocated budget ranging from ₹ 518.26 crore to ₹ 1440.50 crore for different projects relating to healthcare infrastructure during
the period 2016-17 to 2021-22 the detail as per Table 6.2 is as under:-.

Year	Budget Allocation	Actual expenditure	Saving	Percentage of saving
2016-17	625.49	337.04	288.45	46.12
2017-18	518.26	235.78	282.48	54.51
2018-19	706.24	152.48	553.76	78.41
2019-20	746.7	249.45	497.25	66.59

2020-21	866.5	399.58	466.92	53.89
2021-22	1440.50	1249.02	191.48	13.29

It can be seen from the above that during 2016-17 to 2021-22, 13.29 per cent(2021-22) to 78.41 *per cent* (2018-19) of allocation on health infrastructure remained unutilised.

Action Taken by the Department

Matter of record. Further the major Infrastructure project of Health Department since 2021-22 was primarily related to 4 Greenfield Hospital Projects, 13 Brownfield Hospital Projects and 7 ICU Hospital Projects. Work in all 3 categories of major infra projects of H & FW in under progress.

On the observations of the Audit that Actions taken for preparing a reliable budget may be included in the ATN. Detailed Action plan for ensuring utilisation of allotted budget and timely completion of all hospital projects may be included, the Health Department submitted revised ATN and stated that :-

PWD is the executing agency of the infrastructure projects (4 Green Field, 13 Brown Field & 7 ICU Bedded Hospital projects). Work is under progress in all these projects. Project monitoring is in place. Fund allocation for these projects has been provisioned as per the approved cost and progress intimated by the PWD. Further, Cabinet has approved the operation and maintenance of 11 Hospital Projects (Green Field under construction) through Public Private Partnership mode and engagement of a Transaction Advisor in this regard. Once Transaction Advisor is engaged, concessionaire would be onboarded in 9 months. PWD has been directed to complete Brown Field Hospital Projects within the sanctioned cost.

Para:6.5 **Financial provision and management of Centrally Sponsored Schemes (CSS)**

Para:6.5.1 **Flow of Funds**

Delhi State Health Society (DSHS) prepares a Programme implementation Plan(PIP) in line with the broad guidelines provided by MoH&FW, *GoI*. NHM was 100 *per cent* sponsored by the Central Government, but with effect from 2018-19, Central and State Governments provides 60:40 shares respectively to DSHS.

The total expenditure during 2016-22 was ₹ 1002.2 crore and ₹ 510.71 crore was lying unspent in the bank accounts of DSHS and its 11 IDHSs (31 March 2022).

Reasons for under-utilisation of funds were vacancies in various posts of contractual/outsourced staff approved under NHM, shortfall in conducting trainings, workshops, outreach activities etc., delay in approval of activities andshortage of staff in NLEP programme, shortfall in 'Monitoring, Evaluation &Supervision' activities under National Vector Borne Disease ControlProgramme (NVBDCP) etc.

Audit findings relating to implementation of selected Centrally Sponsored Schemes are covered under Chapter VII of this Report.

Action Taken by the Department

The details of year wise Grant receipt, expenditures funds positions under NHM Delhi from FY 2022-23, FY 2023-24 and provisional statement FY 2024-25 given below :-

S. No.	Financial year	Opening Balance	GIA received	Interest received	Expenditure	Interest/GIA return	Balance
		Amount in Lacs					
1.	2022-23	39,872.50	3384.20	1189.10	24279.10	546.2	19620.40
2.	2023-24	19620.40	16328.90	152.3	28086.80	1553.20	6461.60
3.	2024-25	6461.60	32272.30	153.9	29495.50	200.4	9191.90

Summmary percentage of Expenditure from FY 2022-23

S.No.	Financial Year	% Expenditure
1.	2022-23	55.31
2.	2023-24	81.30
3.	2024-25	76.24 (Prov)

Summary Expenditure increase yearly

S.No.	Financial Year	Expenditure (in Lacs)
1.	2022-23	24279.1
2.	2023-24	28086.8
3.	2024-25	29495.5 (Prov)

Summary of unspent Balance in last three financial years

S.No.	Financial Year	Unspent Balance (in Lacs)
1.	2022-23	19620.4
2.	2023-24	6461.6
3.	2024-25	9191.9 (Prov)

In view of the above statement NHM Delhi has been improving their performance on yearly basis in last three financial years after implementation of SNA.

On the observations of the Audit that future action plan with timeline for increasing the fund utilisation and to conduct programmes and activities which were not conducted earlier as mentioned in the paragraph may be attached, the Health Department submitted revised ATN and stated that

DSHM

DSHM is governed as per annual approvals received in State Program Implementation Plan from MoHFW, GoI.

The vacant posts approved under DSHM are being recruited for implementing activities under various programs.

Activities for various Programs like National Mental Health Program have been initiated after recruitments done for the program.

It is pertinent to mention that the expenditure is improving across years.

Para: 6.5.2 Delay in remittances of funds to Delhi State Health Society

MoH&FW, GoI issues sanction orders for NHM programmes to the Pr. PAO,GNCTD under National Health Mission for further remittance to the Delhi State Health Society. The Department of Economic Affairs, Ministry of Finance, has fixed (October 2017) the rate of interest that should be claimed by the State Health Society in cases of delay in transfer of funds from the State treasury for more than 15 days.

Scrutiny of Annual Accounts of DSHS for the year 2020-21 revealed that ₹ 29.93 crore was kept by the Pr. PAO and remitted to DSHS with delays ranging from 81 to 104 days.

Delay in releasing funds to DSHS resulted in funds remaining unspent in2020-21. Further, DSHS did not claim any interest from the Pr. PAO, GNCTDfor delayed remittance of funds.

Action Taken by the Department

An order has been released in 2018 for streamlining the release process of CSS funds in SNA Account.

On the observations of the Audit that Government may intimate the actions taken for avoiding blockage of fund with the intermediary

government agencies, the Health Department submitted revised ATN and stated that:-

DSHM

Government may intimate the actions taken for avoiding blockage of fund with the intermediary government agencies.

The Audit further observed that no information on Action Taken has been furnished. The Health Department vide letter dated 15.12.2025 further stated that currently, Govt Of India releases funds to State Treasury of the GNCTD. After the confirmation of receipt of funds from Principal account office, State Health Society submits the request to Joint secretary planning via demand letter to release funds in SNA account. Thereafter, Joint Secretary (planning) H&FW, initiates the file for release of Central and State Share of CSS Grant to SNA (State Health Society, Delhi). Then the said file is vetted by the planning and finance Department. After the final approval of Planning and Finance Department GNCTD, Joint Secretary H&FW conveys the sanctions release of grants. Based on this, DGHS puts up bill in PAO for credit of funds in SNA Bank. The aforementioned process is very lengthy and it takes time for release of funds. In view of this, Government has initiated implementation SNA-SPARSH Model of GoI i.e "Just-in-Time Release" to avoid such blockage of funds for CSS Schemes.

Para:6.5.3 Delay in submission of Utilization Certificate to MoW&CD, GoI

As per the MoU signed between the Ministry of Health and Family Welfare,
GoI and Department of Health and Family Welfare, the Utilization Certificates for the funds released for National Health Mission are to be submitted within the period stipulated in GF Rules, 2017.

DSHS was required to submit UC in respect of funds received in the preceding financial year in the month of July.

Audit revealed that there were delays in submission of UCs by DSHS from 23to 187 days during the years 2016-21. Reasons for delay were stated to be delay in consolidation of accounting data and Covid-19 pandemic. In the absence of UCs, Audit could not verify whether the funds were utilized for the purpose they were sanctioned for.

Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department

Reasons for delay was already informed to the audit team at the time of performance audit that the delay is because of manual consolidation of accounting data from below district agencies to districts and from districts to State.

From 2022-23 DSHM has started customization of accounting data and tried to streamline timely finalization of audit reports of districts health societies and then consolidated audit report of DSHM on the basis of final audit report submitted by the districts. The details of final audit report along with Utilization Certificate to MoHFW, Govt. of India.

Year	Date of Submission of Audited Account to Govt. of Inda	Remarks
2022-23	07.08.2023	From last two Financial Years Delhi positioned First to Govt. of India.
2023-24	26.07.2024	

Para: 6.6 Utilisation of fund received from Central Government for Covid-19

Under Emergency Covid Response Plan, GNCTD received total funds of ₹ 787.91 crore (Lump sum amount of ₹ 24.67 crore, ₹ 292.22 crore in first phase and ₹ 471.02 crore in the second phase) from GoI. Out of this, GNCTD utilized only ₹ 542.84 crore (November 2021).

The percentage savings under several heads were significant. The reasons for under-utilization of funds for implementation of the programme Covid-19 Emergency Response and Health System Preparedness Package are awaited.

As regards expenditure related to COVID-19 by selected Hospitals, Audit observed that NHM had released a sum of ₹ 55.47 crore and ₹ 31.18 crore during the year 2020-21 to LNH and RGSSH respectively for dealing with Covid Pandemic. RGSSH received additional grant of ₹ 8.25 crore during 2021-22. These funds were mainly utilized for procuring equipment, consumables, accommodation of doctors and other staff, kitchen items, transportation, manpower outsourcing etc. during the COVID period. LNH and RGSSH utilized ₹ 54.18 crore and ₹ 31.05 crore respectively from the grant received during 2020-21.

RGSSH has not shown GIA received from Delhi State Health Mission and expenditure against the same separately from details of regular GIA received/expenditure of the hospital in its accounts. Further, separate Stock Registers or Inventory Records were not maintained in either of the hospitals against procurement and distribution of various items (Drugs, PPE kits, masks, gloves, medical equipment etc.) out of NHM funds. As such, Audit could not verify the expenditure incurred against the NHM fund.

Action Taken by the Department

The detailed table of expenditure given in the para is pertains to the year 2020-21. DSHM only received funds for COVID-19 and disburse the same to the districts, hospital, agencies etc. And booked expenditure on the basis of utilization certificate received from various agencies and departments. In the year 2021-22 Rs.238. 36 Crores were also booked in the final account of DSHM on the basis of UCs received. Details are as below:

Activity	Expenditure (in lacs)
Diagnostic including sample transport	14272.23
Drugs and Supplies including PPE and Masks	769.47
Equipment/facilities for patient care including support for ventilators etc.	3468.34
Temporary HR including incentives for Comm Health Volunteers	2971.32
Mobility Support	1846.73
IT Systems including Hardware & Software etc.	27.85
IEC/BCC	37.03
Training	9.31
Miscellaneous	434.52
Total	**2386.80**

RGSSH-

Due to Covid-19 exigency, there were multiple source of supply of various items i.e. through donations, purchase, CPA, NHM, other govt. agencies due to which separate register were not maintained. Also procurement of consumable items from NHM funds was minimal. For the utilization of all the funds received along with the list of items was submitted to the NHM.

The hospital has fully utilized GIA of Rs. 31.18 Cr received from DSHM during 2020-21 and Rs. 8.20 Cr was utilized out of GIA Rs. 8.25 Cr for the financial year 2021-22 and same was also forwarded to DSHM along with Utilization Certificate.

LNH-

Total expenditure to the tune of 97.67% was incurred for which bifurcation of head-wise expenditure is available with the hospital and same was also forwarded to DSHM along with Utilization Certificate.

Para:6.7 **Delay in release of funds for Covid-19 Vaccination**

The Ministry of Health and Family Welfare (MoH&FW), GoI conveyed sanctions for Grants-in-Aid under the head "COVID-19 Vaccination" to the Department of Health and family Welfare, GNCTD for further remitting it to the Delhi State Health Society (DSHS). The Income and Expenditure Account (2020-21) of the DSHS and relevant sanction orders revealed that MoH&FW released Grant in-Aid of ₹ 9.60 crore in two instalments, ₹ 3.46 crore in January 2021 and ₹ 6.14 crore in March 2021 to the DoH&FW, GNCTD under the head "COVID-19 Vaccination" but these funds were released to DSHS in April and May 2021 only.

DSHS had remitted the funds to the Integrated District Health Societies for further distribution. As per utilisation certificate, ₹ 7.93 crore out of ₹ 9.60 crore remained unspent as of March 2022.

Action Taken by the Department

The Ministry of Health and Family Welfare (MoHFW), GoI conveyed sanctions for Grants-in-Aid under the head "COVID-19 Vaccination" to the Department of Health and family Welfare, GNCTD for further remitting it to the Delhi State Health Society (DSHS). The Income and Expenditure Account (2020-21) of the DSHS and relevant sanction orders revealed that MoHFW released Grant in-Aid of ₹ 9.60 crore in two instalments, ₹ 3.46 crore in January2021 and ₹ 6.14 crore in March 2021 to the DoH&FW, GNCTD under the head"COVID-19 Vaccination" but these funds were released to DSHS in April and May 2021 **as there is normal delay in release of funds to state health society as per para 6.5.2. Please see reply of Para 6.5.2.**

DSHS had remitted the funds to the Integrated District Health Societies for further distribution. As per utilization certificate, ₹ 7.93 crore out of ₹ 9.60 crore remained unspent as of March 2022 this happen as state govt. was released separate funds for COVID vaccination from their own budget that was majorly utilized for vaccination activity.

Process for refund of GoI COVID vaccination funds has been initiated.

On the observations of the Audit that timeline for refunding the Central Fund may be included, the Health Department submitted revised ATN and stated that the file for approval of refund of funds in under process and funds shall be refunded by October 2025.

Para: 6.8 **Under-utilisation of funds by the test checked Hospitals**

Year-wise release and expenditure of funds during 2016-17 to 2021-22 pertaining to test checked hospitals as per Table 6.6 is under

(Rs in crores)

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
LNH						
Budget Allocation	362.64	437.19	508.48	531.79	606.97	730.69
Expenditure	345.64	416.46	473.53	496.59	563.21	717.55
Savings	17	20.73	34.95	35.2	43.76	13.14
RGSSH						
Grant received + Unspent GIA of previous year	51.40	56.74	71.06	70.47	114.28	110.39
Expenditure incurred	36.66	40.68	61.66	20.18	78.89	77.70
Savings	14.74	16.06	9.4	49.88	35.39	32.69
JSSH						
Grant received + Unspent GIA of previous year	56.53	45.24	52.1	54.3	40.81	45.28
Expenditure incurred	28.79	39.14	37.3	32.49	30.09	34.86
Savings	27.74	6.1	14.8	21.81	10.72	10.42
CNBC						
Grant received + Unspent GIA of previous year	76.23	85.13	104.08	99.81	89.94	99.93
Expenditure incurred	64.1	65.05	76.77	79.12	83.63	91.08
Savings	12.13	20.08	27.31	20.69	6.31	8.85

It can be seen from **Table 6.6** that the test checked Hospitals were unable to utilize total available funds during 2016-17 to 2021-22. There was underutilization of allotted funds to the tune of 13 to 71 *per cent* in RGSSH, 13 to 49 *per cent* in JSSH, seven to 26 *per cent* in CNBC and two to seven *per cent* in LNH.

Action Taken by the Department

CNBC

- As per expenditure statement of CNBC, head-wise detail of expenditure for the period from 2016.2017 to 2021.2022 is as under:-

S.No.	Financial Year	Unspent Balance	GIA Sanctioned	Total	Expenditure	Unspent Balance
1.	2016-17	13.73	62.50	76.23	64.10	12.13
2.	2017-18	12.13	73.00	85.13	65.05	20.08
3.	2018-19	20.08	84.00	104.08	76.77	27.31
4.	2019-20	27.31	72.50	99.81	79.12	20.69
5.	2020-21	20.69	69.25	89.94	83.63	6.31
6.	2021-22	6.31	85.69	92.00	91.18	0.82

From the above, it is clear that there is a variation of utilization of funds during the financial year 2021-22 in comparison to the observations at para 6.8. Other detail of expenditure appears to be in order.

JSSH-

Hospital has improved its utilization of funds and currently Rs. 160.59 lakh is laying unutilized funds as on 31.03.2025 which is 2.92% of total grant of 5500 lakhs for the FY 2024-25.

RGSSH-

Statement of GIA received from Govt. of NCT of Delhi during the period 2016-17 to 2021-22 in r/o RGSSH.

(figure in Lacs)

Head	**Permission to unspent Balance used for 2015-16**	**Total GIA received from GNCTD 2016-17**	**Total (B+C)**	**Exp. 2016-17**	**Bal. (D-E)**
GIA (Gen.)	35.55	0	35.6	24.63	10.92
GIA (Sal)	11.39	0	11.4	7.57	3.82
GIA (Cap)	4.46	0	4.46	4.46	0
Total	51.4	0	51.4	36.66	14.74
2017-18					
GIA (Gen.)	10.92	17	27.9	27.25	0.67
GIA (Sal)	3.82	21	24.8	9.58	14.84
GIA (Cap)	0	4	4	3.98	0.02
Total	14.74	42	56.7	41.21	15.53
2018-19					
GIA (Gen.)	0.67	31.25	31.9	31.57	0.35
GIA (Sal)	14.84	8.75	23.6	15.53	8.06
GIA (Cap)	0.02	15	15	9.28	5.74
Total	15.53	55	70.5	56.38	14.15
2019-20					
GIA (Gen.)	0.35	40	40.4	40.34	0.01
GIA (Sal)	8.06	9.75	17.8	17.81	0
GIA (Cap)	5.74	3.75	9.49	5.56	3.93
Total	14.15	53.5	67.7	0.01	3.94
2020-21					
GIA (Gen.)	0.01	40	40	34.73	5.28
GIA (Sal)	0	22	22	21.09	0.91
GIA (Cap)	3.93	0	3.93	3.93	0
Total	3.94	62	65.9	59.75	6.19
2021-22					
GIA (Gen.)	5.28	28.47	33.8	30.58	3.17
GIA (Sal)	0.91	18.54	19.5	16.97	2.48
GIA (Cap)	0	5	5	3.75	1.25
Total	6.19	52.01	58.02	51.03	6.9

LNH-

LNH has utilized more than 95% during the period 2016-17 to 2019-20. However, expenditure was made as per actual requirement during COVID period i.e 2020-21 and 2021-22. As LNH was dedicated COVID hospital and activities for normal patients were not being done.

RGSSH-

Hospital has improved its utilization of funds and currently Rs. 13.87Cr is lying unutilized funds as on 31.03.2025 which is 14% of total grant of 96Cr for the FY 2024-25.

On the observations of the Audit that details of actions taken by the Hospitals and Government for ensuring minimal savings may be included, the Health Department submitted revised reply and stated that:-

CNBC:

As regards to ensuring minimal savings under GIA salary, reasons for savings are for keeping funds for the payment of salary to regular staffs, SRs, JRs and contractual staffs for the month of March payable in April. Under GIA General, there are minimal savings and allocated funds are utilized to maximum extent possible. For GIA capital head, instructions have been issued to concerned user branch/department for speedy and timely process of demands.

RGSSH

ATN for ensuring minimal savings:

Statement of GIA received from Govt. of NCT of Delhi during the period 2016-17 to 2021-22 in r/o RGSSH**.**

(Rs. In crores)

Financial Year	GIA + Unspent Balance	Expenditure	Unspent Balance
2016-17	51.40	36.66	14.74
2017-18	56.74	41.21	15.53
2018-19	70.53	61.66	8.87
2019-20	70.47	70.47	0
2020-21	114.28	78.89	35.39
2021-22	88.81	7.43	12.38
2022-23	80.83	70.38	10.45
2023-24	115.66	95.64	20.02

***Note: The unspent balance included the Revenue Receipts, Interest earned for Bank Accounts and Unspent balance of GIA.**

In view of the above, the hospital has utilized approximately 85% of the total GIA received during the period from 2016–17 to 2023–24. However, during the financial year 2020–21, the hospital could utilize only 69% of the

available funds due to its designation as a dedicated COVID hospital, resulting in the suspension of routine patient services.

The unspent balance from the previous years has been carried forward and subsequently adjusted in the GIA allocations of the next financial years, in accordance with the budgetary provisions.

During the financial year 2024–25, the hospital received a total GIA of ₹84.75 crore from GNCTD, which included ₹7.92 crore as the unspent balance from FY 2023–24. Out of this, ₹82.35 crore has been utilized, leaving an unspent balance of ₹2.40 crore. Thus, the hospital achieved a GIA utilization rate of 97% during FY 2024–25, reflecting the effective and judicious use of funds in the interest of patient care and the smooth functioning of the hospital.

JSSH:

Hospital has improved its utilization of funds and currently Rs. 160.59 lakh is laying unutilized funds as on 31.03.2025 which is 2.92% of total grant of 5500 lakhs for the FY 2024-25. Hence the saving is minimal.

LNH

LNH has utilized more than 95% during the period 2016-17 to 2019-20. However, expenditure was made as per actual requirement during COVID period i.e 2020-21 and 2021-22. As LNH was dedicated COVID hospital and activities for normal patients were not being done.

Para: 6.9 **Absence of separate budget head for drugs**

Standard Operating Procedure on Pharmacy of the Department envisages that "The health facility must specify the budget for drugs under a separate head, "Budget for Drugs". Audit noted that in respect of Lok Nayak Hosptial, budget for drugs was subsumed under the head Supplies & Materials which also covered equipment, surgical consumables, stationery, kitchen items and ration etc. The remaining three selected hospitals receive Grant-in-Aid from the Department under Salaries, General and Capital Asset Heads only. It was therefore, not possible for Audit to segregate expenditure made against purchase of drugs and other items.

CNBC in its reply (August 2022) admitted that its accounts branch was maintaining the records only under three specific heads under which budget has been allotted in the form of Grants-in-Aid.

Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department

LNH-

Total expenditure to the tune of 95% was incurred for which bifurcation of head-wise expenditure is available with the hospital and same was also forwarded to DSHM along with Utilization Certificate. As far as the object head supplies and materials (21) is concerned, it is informed that as per receipt and payment rules, the materials like surgical consumables, kitchen items, ration etc. are required to be incurred out of object head-Supplies and Materials, which was incurred correctly.

CNBC-

Hospital received GIA from Delhi Govt. under three heads i.e GIA-Salary, GIA- Capital & GIA-General for the period from 2016-17 to 2021-22. Accordingly total expenditure also shown in the three heads of Account under which GIA received. CNBC bifurcated an expenditure under GIA-General into various heads. The detail of expenditure booked under Material & Supply is as under:-

S.No.	Financial Year	Expenditure booked for material and supply
1.	2016-17	1072.10
2.	2017-18	1001.97
3.	2018-19	991.81
4.	2019-20	1231.40
5.	2020-21	1062.16
6.	2021-22	1306.45

On the observations of the Audit that Action_taken for ensuring the adherence of SOP of the Department may be included, the Health Department submitted revised ATN and stated that:-

CNBC

Delhi Government is allocating budget to CNBC under 4 heads of accounts. On the basis of budget allocation, expenditure incurred in CNBC is also being booked accordingly. Hence, CNBC is complying with the SOP of Govt of Delhi.

LNH

As per object head -21 (Materials & supplies) issued vide notification dated 16/12/2022 of Department of Expenditure, Ministry of Finance, Govt. Of India.

It will include expenses on various kinds of supplies materials and sores etc. , such as, medical supplies, educational supplies, agricultural supplies, livestock supplies, cleaning materials, hospital drugs and medicines, veterinary drugs, chemicals and fertilizers, lab supplies, spare parts, clothing and teenage."

Hence, the expenditure on account of surgical consumable, stationery, kitchen items and ration related to patient care etc. Is being incurred under MH-2210-01-110-86-00-21 (Materials and supplies) and purchase of equipment is being incurred under object head-52 (Machinery & Equipment).

The Audit further observed that the reply is still silent about the Action Taken to adhere to the Departmental SOP. The health Department vide reply dated 15.12.2025 stated that:-

It is mentioned by Audit that the reply is still silent about the action taken to adhere to the departmental SOP. In this regard it is to inform that as per Demand for grant of GNCTD, the budget for supplies & Material is allocated under the object head 21 only. The expenditure incurred under the object head 21 is done correctly in view of Rule 8 of Delegation of Financial Power (Amendment) rules 2022.

As per rule 8 of DFRP (Amendment) Rules 2022, the description /definition of object Head 21 is as follows:

21- Materials and Supplies: It will include expenses on various kinds of supplies, materials and stores etc. Such as, medical supplies, educational supplies, agricultural supplies, livestock supplies, cleaning materials, hospital drugs and medicines, veterinary drugs, chemicals and fertilizers, Lab supplies, spare parts, clothing and tentage.

It is further as such the expenditure incurred on drugs under object Head 21 is correctly made and request to drop the Para.

ANNEXURE-VI

CHAPTER VII – IMPLEMENTATOION OF CENTRALLY SPONSORED SCHEMES

Para 7.2 Organizational set up

At the State level, Delhi State Health Mission (DSHM) launched in 2006 and headed by the Chief Minister of Delhi, follows the guidelines of the NHM, GoI and implements various health programs of NHM in Delhi. The activities under the NHM are carried out through the Delhi State Health Society (DSHS), an autonomous body of DSHM, which serves as an additional managerial and technology capacity for implementation of health programs under overall aegis of NHM. DSHS has a Governing Body and an Executive Committee chaired by Principal Secretary of the Department and the Mission Director, NHM as its Member Secretary. The State Programme Management Unit (SPMU) acts as secretariat to DSHS and is headed by the Mission Director. There are 11 Integrated District Health Societies (IDHSs) in Delhi. District Collector is the chairperson and Chief District Medical Officer (CDMO) is the Member Secretary of each IDHS.

Action Taken by the Department

Organizational set up is as per audit report.

Para 7.3 Funding pattron

The Ministry of Health & Family Welfare (MoHFW), GoI provides a resource envelope to support the implementation of an agreed Delhi State Programme Implementation Plan (PIP) submitted by the GNCTD to the Centre. Delhi State PIP is the aggregation of eleven District Health Action Plans including activities to be carried out at State level. The Central and State share of Centrally Sponsored Schemes/programmes under NHM was 60:40 from 2018-19 but prior to 2018-19, NHM was fully funded by GoI. Grant-in-aid from GoI is transferred by the GNCTD to the account of DSHS for smooth implementation of programmes under NHM as per government approved operational guidelines.

Action Taken by the Department

Matter of record

Para 7.4 Pattern of Assistance

Pattern of Assistance governs the Grants-in-Aid from Government and other assistance in any form to DSHS, which has to be utilized for various functions as enumerated in the Memorandum of the Association (MoA) and Rules DSHS. MoHFW and Department of Health and Family Welfare (Department), GNCTD signed (May 2019) a Memorandum of Understanding (MoU), revised from time to time, valid upto May 2022. As per the MoU, Delhi State Health Mission (DSHM) is responsible for implementation of the programs/activities envisaged under the Mission. DSHM was also to ensure that funds made available to support the agreed State PIP under this MoU are used for financing the State Program Implementation Plan and for routine expenditure that are the responsibility of the State Government

Action Taken by the Department

Pattern of assistance has been issued by H&FW Department, GNCTD in respect of DSHM. The DSHM has ensured that all expenditures should be made as per approved PIP and guidelines of MOU and pattern of assistance.

Para 7.5 Reproductive, Maternal, New-born Child and Adolescent Health (RMNCH+A)

Para 7.5.1 Funds received and expenditure under RCH Flexipool

RMNCH is funded through RCH Flexible Pool which is one of the components of NHM funding. During 2016-17 to 2021-22, out of total funds of ₹ 164.35 crore available for RMNCH to GNCTD, ₹ 94.98 crore (57.79 *per cent)* remained unutilized. Underutilization of funds ranged from 58.90 *per cent* (2016-17) to 93.03 *per cent* (2019-20) indicating that GNCTD was not implementing the programme adequately. It was also noticed that Closing balance (2018-19) did not match with Opening balance of next financial year (2019-20) in the accounts of DSHS.

During 2016-17 to 2017-18, against the available funds of ₹ 403.92 lakh, only ₹ 40.67 lakh (10.07 *per cent*) was utilised under training component.

The Department replied (March 2022) that due to COVID 19, many hospitals were converted to COVID hospitals, hence regular and preventive child health services were affected. It also stated that human resource is critical and their recruitment was an issue in running the programme. Reply was not acceptable, as the situation was the same during the period prior to pandemic also.

Action Taken by the Department

F.Y 2022-23 to 2024-25. Rs.28.92 Cr was utilized in F.Y 2022-23, Rs. 33.88 Cr was utilized in 2023-24 and Rs. 41.48 Cr was utilized in F.Y 2024-25. Further, the department is working on improving utilization of funds in RCH flexipool.

All the unspent balance along with closing balance of GIA has been matched with the opening balance of next Financial Year. There is no difference as on date.

HFWTC, located at DFW is primarily conducting training related to RMNCH+A which is a small fraction of the training under RCH flexipool. Further the total funds allocated to HFWTC correspond to only a small fraction of the funds provided in RCH flexi-pool.

As per the information available with Training centre, DFW from FY 2015-16 to 2024-25 Rs 28.06, Rs 40.3, 66.13, 108.35, 105.5,46.65, 41.65, 35.9, 74.54 & 238.75 lakhs respectively have been utilized by only HFWTC for the training. Further funds have also being utilized for training at district level. There has been an increase in fund utilization under training head w.r.t HFWTC

On the observations of the Audit that SOP/Guidelines prepared for ensuring efficient utilisation of fund under RCH Flexipool may be submitted, the Health Department submitted revised ATN and stated that :-

SOP has been issued for timely utilization of Budget approved under ROP.

Para 7.5.2 Matwernal Health Care

Maternal health care package with its focus on health of women during pregnancy, childbirth and post-partum was a vital component of NHM due to its profound effect on the health of women, immediate survival of the new-born and long-term well-being of children. Key strategies to improve maternal health included improved access to skilled obstetric care through facility development, increased coverage and quality of antenatal and postnatal care, increased access to skilled birth attendance, institutional delivery, etc. The Delhi Government is implementing various programmes i.e. Janani Suraksha Yojana (JSY), Janani Sishu Suraksha Karyakram (JSSK), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and LaQshya1 etc. for achieving maternal health.

Action Taken by the Department

Matter of record

7.5.3 Strategic interventions under maternal health care

(a) Anti Natel Care

Guidelines for Antenatal Care and Skilled Attendance at Birth, 2010 issued by MoH&FW, GoI aimed to provide four ANCs to all registered pregnant women for ensuring proper investigations like haemoglobin, blood grouping, urine examination, administration of two doses of Tetanus Toxoid (TT) and providing 100 Iron Folic Acid (IFA) tablets. The first ANC was to be provided within 12 weeks, second within 14-26 weeks, third within 28-34 weeks and fourth check-up within 36 weeks up to term of pregnancy to monitor the progress.

Audit noted that that out of 48.97 lakh registered pregnant women, 23.67 lakh (48.33 *per cent*) were not provided all four ANC during April 2016 to September 2022. Further, 18.82 Lakh (38.42 *per cent*) women had registered within the first trimester of pregnancy. There was shortfall in Percentage of women who received Tetanus Toxoid (TT) shots as only 34.89 *per cent* and 28.10 *per cent* women had received TT-1 and TT-2 respectively. Similarly, 59.74 *per cent* pregnant women had received 100 Iron folic acid tablets during April 2016 to September 2022.

Audit observed that Department was not able to keep track of pregnant women who were registered for ANC and ensure whether all of them received stipulated quantum of ANC check-ups, TT and IFA tablets at timely interval.

The Department stated (July 2022) that the reason for shortfall was due to multiple registration of pregnant women for ANC at two or more facilities. It further stated that all the facilities have been instructed to report registered ANC pregnant women on HMIS portal. Reply is not acceptable as the Department should have ensured entry of unique record of pregnant women registered for ANC in the system.

Action Taken by the Department

Number of first trimester registration has now risen to 82% as per RCH portal and 4 ANC checkups per pregnant women has seen a constant improvement with 88% and 23-24 and 90.4% in 24- 25.

Further, it is to mention that number of women is considered Td immunized if she has received 2nd Td or booster.

Tetanus immunization is ensured in all pregnant women, which is authenticated by data as 2.63 lakh women has been covered for Td out of 2.64 women who delivered in 2024-25.

A dedicated RCH Portal of GoI is in place for keeping track of details related to all pregnant woman. Further, RCH 2.0 is in pipeline which once rolled out will further streamline tracking.

Para:7.5.3 (b) Testing of pregnant women for HIV and STIs/RTIs infections

The RMNCH+A Guidelines issued by GoI (January 2013) identified parent-to child transmission of Human Immunodeficiency Virus (HIV) as a major route for new and emerging HIV infections in children and suggested universal confidential HIV screening of PW to be included as an integral component of routine ANC check-up. Sexually Transmitted Infections (STIs) and Reproductive Tract Infections (RTIs) are associated with a number of adverse pregnancy outcomes including abortion, stillbirth, preterm delivery, low birth weight, postpartum sepsis and congenital infection. Therefore, STI/RTI management must be linked to pregnancy care. Audit observed that out of 48.97 lakh PW registered for ANC check-ups during April 2016 to September 2022, 17.72 lakh (36.18 *per cent*) and 9.26 lakh (18.91 *per cent*) were tested for HIV and STIs/RTIs respectively during April 2016 to September 2022. Audit noted that 7,720 instances of pregnant mothers afflicted with HIV were detected during the period. The possibility of more such cases escaping detection due to non-testing of PW could not be ruled out.

The Department stated (July 2022) that the reason for shortfall in HIV & RTI testing is due to duplication/triplication of same PW getting registered at two to three facilities.

Reply is not acceptable as the Department should have ensured entry of unique record of pregnant women registered for ANC in the system.

Action Taken by the Department

STI/ RTI screening and management is part of ANC package and all essential investigations are ensured through release of SOPs ,Checklist and ANC wheel is also provided to Health care workers. Consequently current percentage of HIV and STI tests conducted during 2024-25 as per HMIS 96%

Para:7.5.3 (c) Caearean Section Deliveries

As per WHO, C-sections are effective in saving maternal and infant lives, but only when they are required for medically indicated reasons. The ideal rate for C-Sections should be between 10 and 15 *per cent*. As per NFHS – 5 (2019-21), national average of C-sections deliveries was 21.25 *per cent*. Further, C-section deliveries at private institutions were on higher side (42.8 *per cent*) as compared to those at public health facility centres (17.7 *per cent*).

As per HMIS portal, during April 2016 to September 2022, against 15.94 lakh institutional deliveries, the percentage of C-Section deliveries was 31.67 *per cent*. The variation in percentage ranged between 29.19 *per cent* (2017-18) and 34.66 *per cent* (2021-22).

The Department stated (July 2022) that health facilities were instructed to avoid unnecessary caesarean section. It further stated that caesarean section audit guidelines have been disseminated to all public and private facilities for them to conduct audit and share the report every month. However, Department had not attached the copy of the said guidelines and the date on which the guidelines were issued.

Action Taken by the Department

CS Audit guidelines were circulated on dated 04.02.2022 and followed up with meetings.

On the observations of the Audit that Details of actions taken/Action plan prepared for reducing the percentage of caesarian deliveries may be furnished, the Health Department submitted revised ATN and stated that :-

Action taken

- Core committee and working committee was constituted to deliberate upon the modality and finer details of operationalisation of guidelines of MOHFW.
- State guidelines were formulated and circulated which included documentation on a google form duly approved by the core committee, conduct of daily case based audit and monthly caesarean audit meeting.
- The targeted interventions were identified by facilities and presented in review meeting.
- In order to engage more and more private sector hospitals, workshop was also organised in collaboration with AOGD

Action plan

- Collaboration with Nursing Home Cell to reduce percentage of caesarean section deliveries is being initiated.

Regular review meetings at facility, district and state level are being taken.

Para:7.5.3 (d) **Discharging of mothers within 48 hours of delivery and Post Natal Care**

As part of Post Natal Care (PNC), a PW has to stay for minimum 48 hours after delivery. NRHM guidelines also provide that the first 48 hours of the post-partum2 period followed by first one week are the most crucial period for the health and survival of both the mother and the new-born. In all cases, at least three postnatal visits to the mother and six postnatal visits to the newborn are to be made within six weeks of delivery/birth. In case of home based delivery, the first visit should take place within twenty-four hours of birth. In case of institutional deliveries, second and third visit should occur on third and seventh day after delivery.

From the status of post partum check up of mothers during pril,2016 to September 2022, the Audit noted that

- out of 15.94 lakh cases of reported institutional deliveries during April 2017 to September 2022, mothers were discharged within 48 hours of Delivery in 6.46 lakh cases (40.54 *per cent).*
- out of 16.71 lakh deliveries, only 8.27 lakh (49.45 *per cent*) mothers received post-partum check-up between 48 hours and 14 days after delivery.

According to National Rural Health Mission guidelines, the first 48 hours after delivery are the most critical in the entire post-partum period. Most of the major complications of the post-partum period, such as postpartum hemorrhage and eclampsia, which can lead to maternal death, occur during this period. Thus, due to inadequate hospital facilities, medical care of mother and the new born especially during the 48 hour post-delivery in all cases could not be ensured.

The Department stated (July 2022) that due to high bed occupancy rate in hospitals, there was doubling of women with their new-born on one bed and to avoid an increased risk of infection for mothers and new-born, the health facilities were discharging mothers within 48 hours of delivery for non-high risk deliveries. It also stated that hospitals have been instructed to discharge women after 48 hours of delivery.

As per RCH portal, during 2016-17 to 2021-22, only 55,015 PW (2.92 *per cent*) received all the prescribed PNC check-ups out of 18.88 lakh women registered for PNC whereas 6.29 lakh (33.35 *per cent*) women registered for PNC did not receive any PNC. Thus, Department was not able to keep track of women registered for PNC and did not ensure that all of them received stipulated quantum of PNC check-ups at timely interval.

Action Taken by the Department

In case of institutional deliveries all delivered women are strictly monitored for 48 hrs before discharging as per guidelines. Some of the women leave earlier than 48 hours against medical advice for personal reasons and some were discharged due to bed shortage. However, under current scenario many delivery points have expanded/ are under expansion to increase bed strength**.**

In case of Home deliveries, all women have been visited by ASHAs for PNC and New born care as per HMIS data. As such delivery of post natal care is being implemented more robustly since 2023 with introduction of a new scheme "Optimising postnatal care.

On the observations of the Audit that Actions taken / Action plan for increasing the beds in Maternity wards may be submitted. Also details of immediate measures taken for ensuring minimum 48 hours of stay in hospital after the delivery may be submitted, the Health Department submitted revised ATN and stated that :-

Action Taken/ Action Plan

- Constant efforts have been put in by the state to increase the number of Maternity beds. New hospitals have been started namely Indira Gandhi Hospital, Ambedkar Nagar Hospital and Burari hospital.
- Also MCH wings have been added to existing hospitals including RTRM, ABGH, GGSGH, Dr. BSA and GTB Hospitals.
- Expansion has also been made by other agencies like MCD and CGHS with Lady Hardinge Medical College coming up with a MCH wing & MCD adding 2 delivery points namely Mata Gujri Hospital and PUHC Fatehpur Beri in West and South districts respectively.
- Above efforts have/ will soon add Approximately 1000 Maternity beds in Delhi

Immediate Measures

- Advisory for reiteration of the guidelines for stay after delivery.

Para 7.5.3 (e) **Home based deliveries not attended by trained health professional**

Government of India (GoI) considers a Skilled Birth Attendant (SBA) to be a person who can handle common obstetric and neonatal emergencies and is able to timely detect and recognize when a situation reaches a point beyond his/her capability, and refers the woman/new born to an appropriate facility without delay. SBA is defined as a trained health

professional for conducting deliveries e.g. Doctor/Nurse/Auxiliary Nurse and Midwife (ANM) whereas Non-SBA includes Trained Birth Attendants, relatives, etc.

NFHS-5 report also noted that home births conducted by skilled health personnel3 reduced to 2.3 *per cent* during 2019-21 from 3.6 *per cent* in 2015-16. Further, Home Based New-born Care (HBNC) stipulates home visit by ASHA for early detection of disease and promoting hygienic practices.

As per HMIS portal, during April 2016 to September 2022, out of 77,485 home based deliveries, only 2,076 (2.68 *per cent)* were attended by SBA.

Thus, home based deliveries under hygienic conditions and under the supervision of Skilled Birth Attendant (SBA) were not being ensured. The Department stated (July 2022) that SBAs are available in the community at the time of delivery, but in most cases, Dais were conducting delivery for such clients, therefore, is recorded as non-SBA.

Reply confirms the fact that in most cases, deliveries were attended by Dais who may not have adequate training to deal with various complications that may arise during childbirth.

Action Taken by the Department

The department is now working on preventing home deliveries in a mission mode with home delivery audit process being put in place. The home deliveries have shown constant downward trend and now the institutional delivery rate stands at 98.8%.

The state promotes 100% institutional deliveries and Health care workers prepare birth plan accordingly and even skilled birth attendants do not conduct home deliveries.

The number of deliveries by non SBA has reduced from 11120 in 2019-20 to 3172 in 2024-25

Para 7.5.3 (f) Low birth weight (LBW) babies

WHO defined Low Birth Weight (LBW) babies as infants with a birth weight of 2,499 grams or less. At the National Level, average LBW is 12.4 *per cent*. As per programme guidelines, low birth weight (LBW) are more likely to have impaired growth, higher mortality and risk of chronic adult diseases.

RCH programme under NHM provides *inter alia* screening of pregnant

women for anaemia and Iron Folic Acid (IFA) supplementation, Calcium supplementation etc. during pregnancy.

The status of ANCs to all registered pregnant women has been discussed in para 7.5.3 (a) wherein only 59.74 *per cent* pregnant women had received 100 Iron folic acid tablets during April 2016 to September 2022.

As per HMIS portal, during April 2016 to September 2022, 3.55 lakh (22.10 *per cent)* out of 16.06 lakh weighed at birth were born with LBW. Percentage of LWB during the said period ranged between 19.60 *per cent* (2017-18) to 26.04 *per cent* (2021-22).

It can be seen that LBW hovered around 22 *per cent* which was more than the national average of 12.4 *per* cent which indicates that the efforts of GNCTD in ensuring proper care to PW was inadequate.

The Department stated (July 2022) that instructions have been issued to all facilities to conduct nutritional counselling, testing haemoglobin levels of all PWs and linking undernourished PW to nearest Anganwadis for nutritional support/dietary supplement.

Action Taken by the Department

The number of women provided full course of IFA has been continuously increasing over the years and data of last two years is 518375 and 576496 as per HMIS data respectively which signifies that all pregnant women are now getting full course of IFA tablets.

Multipronged efforts to improve outcome of pregnancies have been undertaken in past few years and data of Low birth weight in 2024-25 is 21% .

It is pertinent to mention that a lot of High risk pregnant women come to Delhi for deliveries for tertiary care services from adjoining states-possible reason why LBW is more than national average of LBW which is 18% as per NFHS 5 data.

On the observations of the Audit that the Action Plan/SOP prepared for reducing the percentage of low-birth-weight babies may be furnished, the Health Department submitted revised ATN and stated that :-

Action Taken

- Birth weight of baby can be improved by good monitoring of pregnant womenIntensive trainings have been undertaken on quality antenatal care starting from training of trainers at state level and cascading at district and facility levels.
- Investigations for screening for high risk factors have been ensured through improved lab services including outsourced labs. Focus on

intrauterine growth monitoring was intensified through modification of MCP card with inclusion of charting of symphysio fundal height growth with advancing pregnancy-

- Attention paid to high risk pregnancy tracking (regular meetings by CDMOs)-
- Discussed at length in state level meeting on Child Death Review under chairmanship of Secretary (H&FW).
- Simplified SOP/ Checklist was prepared & was made integral part of ANC register

Plan

- Extended collaboration with the development partner ARMMAN for high risk tracking is in pipeline (A tech plus touch approach)

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Para 7.5.3.(g) Maternal Death Review (MDR

Maternal Death Review (MDR) is an important strategy to improve the quality of obstetric care and reduce maternal mortality. Every health facility is required to conduct death audit of all deaths happening in the facility and send the reports to CMO of the district concerned. The MDR Committee of CMO is required to review all the reports and take adequate steps to prevent such deaths wherever possible in future.

The audit noted that only 1983 (52.50 *per cent*) of the maternal deaths occurred in Delhi during April 2016 to September 2022 were reviewed. In the absence of comprehensive review of maternal deaths, Government was not in a position to institute measures to prevent maternal deaths due to similar reasons in future.

The Department stated (August 2022) that all districts conduct MDR regularly under the chairmanship of CDMO within their permissible limits. Further, the staff working in the districts and at facilities were involved in Covid related activities in Financial Year 2020-21.

The reply is not acceptable as percentage to MDR review prior to COVID-19 ranged between 37.70 *per cent* (2018-19) to 60.62 *per cent* (2017-18) only.

Action Taken by the Department

MPCDSR guidelines have been issued to all facilities and trainings conducted. The review rate is now 87% and instructions have been issued from Secretariat also for regular review by District Magistrates.

Para: 7.5.4 **Implementation of Schemes**
Para: 7.5.4.1 **Janani Suraksha Yojna**

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under NHM being implemented since 2005 with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among PW below poverty line, SC PW, ST PW etc. This scheme integrated cash assistance with delivery and post-delivery care. As per Guidelines, the cash assistance of ₹ 700/- under JSY was admissible only to mothers belonging to BPL families who hailed from rural areas and ₹ 600/- to those from urban areas in Delhi, being a high performing State.

During the period 2016-21, only 50,975 PW (54 *per cent)* were registered under JSY for benefits against target of 94,000. Percentage of PWs registered against the target during the said period ranged between 27 *per cent* (2020-21) to 72 *per cent* (2016-17).

Overall, only 51 *per cent* of the budget was utilized during 2016-17 to 2020-21. Percentage utilization of funds during the said period ranged between 23 *per cent* (2020-21) to 70 *per cent* (2017-18).

Department stated (March 2022) that deserving people belonged to migratory population and they did not have complete documents such as Bank account, Aadhaar card etc. It also stated that due to change in payment to DBT mode, the district and facility staff including account personnel's were not conversant in making payment via PFMS Portal and the JSY registration could not be boosted much in view of the very low amount of incentive. Audit also analysed the data in selected three districts, which revealed that –

- Only 254 (5.32 *per cent*), 5,372 (5.72 *per cent*) and 1821 (3.23 *per cent*) PW were identified as beneficiaries to be paid incentives against 4,772, 93,897 and 56,405 deliveries reported in South-East, North-West and New Delhi districts respectively during 2018-19 to 2020-21.

- Out of 254, 5,372 and 1,821, only 18 PW, 773 and 72 PW belonging to South-East, North-West and New Delhi Districts respectively got incentives during the period 2018-19 to 2020-21. The reason for not paying the incentive under the scheme was not found in the reports.

Thus, the reply is not acceptable as the Department failed to provide financial support even to the identified beneficiaries. Moreover, the staff deployed at the facilities were not made conversant for streamlining the payment through PFMS. This showed lackadaisical attitude of the Department towards disadvantaged people.

Action Taken by the Department

Challenges as mentioned in the reply have been reduced by better documentation by ASHAs and shift to Digipay mode. Uptake of the scheme has improved since the last audit, % expenditure on the scheme against approvals has escalated over years and entire approved budget has been utilised in FY 2024-25.

On the observations of the Audit that Details of SOP framed and actions taken for ensuring the financial support to all identified beneficiaries may be furnished, the Health Department submitted revised reply and stated that Guidelines for Janani Suraksha Yojna issued by Ministry of H&FW are being followed.

Para: 7.5.4.2 Janani Shishu Suraksha Karyakram (JSSK)

(a) Out of pocket expenditure per delivery under JSSK

The objective of the JSSK scheme was to provide free and cashless service to all PW and sick neonates accessing public health institutions. As per National Family Health Survey-5 (NFHS-5) report for the period 2019-21, the out of pocket expenditure per delivery in Public health Centres (urban areas) in Delhi was ₹ 2,577.

The Department stated that out of pocket expenditure per delivery was ₹ 8,518 during 2015-16 which declined to ₹ 2,548 in 2019-21. Fact remains that the objective of providing PW free delivery in public health institutions including cases of Caesarean section could not be achieved.

(b) Free diet and other facilities to PW

The success of the scheme depends on the knowledge of entitlements of the service seekers and the capacity of the state to deliver service commitments. Total number of PW registered as per HMIS portal for ANC for the period 2016-17 to 2020-21 was 41.64 lakh, out of which only 12.50 lakh beneficiaries4 (30 *per* cent) benefited by availing free services such as diet, transportation, drug and consumable etc.

Overall, only 22 *per cent* and 70 *per cent* beneficiaries availed free transport and free diet facilities respectively. Percentage of beneficiaries who availed free transport during the said period ranged between 14 *per cent* (2019-20) to 28 *per cent* (2018-19) and who got free diet ranged between 63 *per cent* (2018-19) to 80 *per cent* (2016-17).

The Department stated (March 2022) that PW are provided a number of services during their antenatal services and during delivery services i.e iet, drugs and consumables, blood transfusion, diagnostics and transport. Therefore, so much record keeping for each individual PW and sick infant is

practically not feasible by health facilities for each service. Thus, they provide an approximate figure in proportion to PW registered for ANC and deliveries conducted by health facilities.

(c) Inconsistency of data in JSSK Scheme

As per Annual Reports for the years 2017-18 to 2020-21, 9.83 lakh Beneficiaries got free drugs and consumables and 6.62 lakh got free diet. However, as per HMIS portal, only 7.59 lakhs and 5.37 lakhs beneficiaries availed free drugs and consumables and free diet respectively. The same data inconsistency was found in diagnostic services as well.

The Department stated (March 2022) that it is making efforts for uniformity in submission of report.

(d) Complaints/grievance cases under JSSK

Grievance redressal guidelines issued by Ministry of Health and Family Welfare, GoI *inter alia* stipulates setting up a health helpline system through help desks, call centre and web portal. As per Annual Reports, no complaints/ grievance related to free entitlements was received during 2016-21. It shows that either State and District level JSSK/RCH Nodal officers were not reporting grievances cases or the Department did not create and disseminate information about the redressal mechanism, if any, amongst general public.

The Department stated (March 2022) that Delhi Government is making all efforts to provide free services under JSSK scheme. If any complaints received from PW or her relative at any facility, they are addressed there and then. Audit is of the view that even if the complaints are addressed, they need to be analysed for systemic deficiencies and corrective action and therefore, proper records need to be maintained in this regard.

Action Taken by the Department

All Govt hospitals provide free Diet, Drugs and Diagnostics to all delivering pregnant women. Facilities are supported through JSSK funds as per gaps and full utilization of funds allocated have been done in last 2 financial years after multiple interventions to streamline the utilization.

All hospitals have indigenous kitchens except Maternity homes where the diet is being provided through JSSK.

In Delhi, CATS services are very responsive and prompt and transport of pregnant women is one of their mandates besides trauma.

Delhi has a grievance redressal online system(PGMS portal) and state is in process of establishing SUMAN helpline where grievances related to pregnant women will be addressed.

On the observations of the Audit that Details of SOP and Guidelines issued for ensuring the free services to all pregnant women so as to further reduce the out of pocket expenditure may be furnished, the Health Department submitted revised ATN and stated that Guidelines for Janani Shishu Suraksha Karyakram issued by Ministry of H&FW are being followed.

Para: 7.5.4.3 **Pradhan Mantri Surakshit Matritva Abhiyan programme**

(a) **State and District Level meetings not conducted under PMSMA Programme**

As per ope establishment of State and District Level Coordination Committees and regular meetings were required to be conducted to spearhead the programme in the right direction. Audit observed that although the State Level Committee was constituted in May 2016, only one meeting was conducted (May 2016) during the years 2017-18 to 2020-21 and no meeting was held at District level. Thus, there was no state and district level coordination and monitoring of the scheme.

The Department stated (July 2022) that all districts were instructed (June 2016) to identify District PMSMA Nodals for constitution of a District Level Committee and names were to be shared with the Government. It urther stated that details of District Level Committee were not shared by districts. This shows lack of monitoring for ensuring compliance on the instructions issued by Department

(b) **Coverage of PW under the scheme**

As per information furnished by the Department, total 3.82 lakh PW were registered under PMSMA. As per guidelines, one ultrasound is recommended for all PW during 2nd/3rd trimesters of pregnancy. The percentage of PW who underwent USG test on the fixed day during the period 2016-17 to 2020-21 ranged between 8.84 *per cent* (2019-20) to 16.56 *per cent* (2018-19).

During 2016-17 to 2020-21, Audit noted that 16,557 (4.33 *per cent*) out of 3.82 lakh PW registered under PMSMA were identified as high-risk PW. The percentage variation of high risk PW identified during 2016-17 to

2020-21 ranged between 1.61 *per cent* (2018-19) to 10.74 *per cent* (2020-21). Out of 16,557 identified high risk PW, details of only 7164 cases (44.75 *per cent*) were shared with respective ANMs and ASHAs of different blocks of urban areas for follow up.

As regards to the shortfall in the percentage of women who received USG on the fixed day, Department stated (July 2022) that if USG is conducted in routine antenatal clinics by facilities, the number of USGs will automatically decrease.

The reply is not convincing as no information regarding actual number of PWs who underwent USG at routine antenatal clinics was furnished in support of reply.

(c) Counselling Services to PW

PMSMA guidelines provide that before leaving the hospital/facility, every PW needs to be counselled, individually or in groups, for acquiring knowledge relating to nutrition, post-partum family planning, etc. Department did not maintain any data of counselling services provided to PW in the absence of which Audit could not verify whether these were actually provided.

(d) Monthly report not submitted to MoHFW, GoI

PMSMA guidelines stipulate that ANMs are to compile the information of the services provided during PMSMA and submit the same to facility In-charge who in turn would submit it to the District authorities. States must compile the reports submitted by the districts and submit it to MoHFW within 15 days of conducting the camps as required under PMSMA. Audit noted that District-wise reports to be submitted to MoHFW were not compiled by the Department. There were 506 facilities registered on the portal which were required to upload monthly reports on the portal. During 2018-19 to 2021-22, facilities uploading monthly reports on the portal ranged between 60 *per cent* (2019-20) and 25 *per cent* (2018-19) depicting incomplete reporting of the scheme.

The Department stated (July 2022) that PMSMA portal was launched much later after the launch of PMSMA program and in the last two years, many facilities have enrolled on PMSMA portal but some organizations such as CGHS, Private facilities etc. were not participating actively in PMSMA programme and therefore, not consistently submitting the reports on PMSMA portal.

Reply is misleading as it did not comment on lack of reporting in respect of facilities directly under its supervision.

(e) Specific services not provided to pregnant women under the Programme

As per guidelines, ANM and Staff Nurses are required to ensure that all basic laboratory investigations are done before the beneficiary is examined by the OBGY/Medical Officer.

The Audit noted that the overall percentage of PW who underwent basic laboratory investigations for haemoglobin, blood group, urine albumin and HIV was 46 *per cent,* 12 *per cent,* 18 *per cent* and 46 *per cent* respectively.

It can be seen from the above table that only 47.16 *per cent* (1,98,494 out of 4,20895) PW registered had received antenatal by OBGYN specialist and MBBS doctors during the period from April 2016 to September 2022.

The Department stated (July 2022) that reason could be some error in understanding the data by health facilities, therefore appropriate data was not submitted.

The reply is not acceptable as audit comment is based on beneficiaries registered under PMSMA programme only and data integrity was also Department's responsibility.

Action Taken by the Department

(a) Currently all districts have constituted District Level SUMAN Committees, as PMSMA Committees have been subsumed under SUMAN as per MoHFW guidelines. The committee meetings are happening at state and district levels

(b) PMSMA programme is being effectively implemented and monitored and percentage of high-risk women identified is 23% in 2024-25 against the target of 15%. All pregnant women undergo atleast one 1 ultrasound either in Govt Hospitals or through JSSK funds.

(c) Facilities provide counseling as part of comprehensive Antenatal care (recorded in ANC register and also by doctors and nurses at the time of discharge after delivery.)

(d) Currently regular monthly reporting is being done on PMSMA portal by the facilities after every PMSMA day (9th of every month) essentially by all Delhi govt and MCD facilities

(e) 9th of every month is observed as PMSMA day and specifically high-risk women are called for additional check-up as per due list provided by ASHAs.

On the observations of the Audit that the Department may confirm whether all the targeted pregnant women were being provided benefits under PMSMA. If there is shortfall, future Action Plan may be furnished, the Health Department submitted revised ATN and statated that :-

Action plan for strengthening PMSMA

- Advisories to delivery points and other healthcare facilities for strengthening the Abhiyan
- Strengthening monitoring on 9th of every month along with addressal of gaps found on monitoring
- Encouraging more and more volunteers from private sector through appeals and advocacy
- Expanding collaboration with ARMAAN for management of high-risk pregnancy
- Posting the newly joined specialists on 9th of every month to primary facilities

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Para: 7.5.4.4. LaQshya programme under NHM

LaQshya Programme launched in 2017 aims to improve quality of care in Labour Room and Maternity Operation Theatres (OTs) in public health facilities which will be assessed through NQAS (National Quality Assurance Standards). Every facility achieving 70 *per cent* score on NQAS was to be certified as LaQshya certified facility.

As per guidelines, all LaQshya related data was required to be uploaded on the portal for prompt report generation as well as visualization of dashboard to monitor progress. Department stated (December 2021) that LaQshya portal was made live from 19 July 2019 and it was using DSHM State Portal for submission of internal assessment of hospitals under NQAS and LaQshya.

The implementation of the programme could not be examined in Audit as the Department neither provided data from LaQshya/ DSHM portal nor did it provide access to above portals.

However, Audit noted that against a target of 18 facilities in 2020-21, only three public health facilities were certified as LaQshaya certified facilities under the programme.

The Department stated (July 2022) that three more hospitals are in process for certification.

Action Taken by the Department

Six more hospitals have been certified for LAQSHYA till date making number of total LaQshya certified 12 delivery points as on date.

On the observations of the Audit that Timelines for certifying the remaining facilities may be submitted, the Health Department submitted revised ATN and stated that Hospitals LaQshya certified in 2025. National-3 (Satyawadi Raja Harish Chandra Hospital, Babu Jagjiwan Ram Hospital, Bhagwan Mahavir Hospital) State-1 (LokNayak Hospital)

The Audit further observed that The reply is not relevant to Audit comment as timelines not furnished. The Health Department vide reply dated has stated that In the LaQshya programme under NHM already 11 hospitals have National Certificate and 3 hospital have sate certificate. Rest will be done Dec 2026.

Para: 7.5.4.5. **Health care of children through MAA (Mothers' Absolute Affection) Programme**

Para: 7.5.4.5 (a) **Shortage of straff for MAA**.

Staff nurse, RMNCH+A counsellors and medical officers were responsible for communication and counselling of mothers/caregivers on Infant and Young Child Feeding (IYCF). As per the Annual report MAA programme (2020-21), Audit noted significant shortage of staff in respect of Medical officer (32 *per cent)* and Staff nurse (58 *per cent*). Shortage of staff indicates low priority assigned to infant/child health services by the Department.

Department stated (May 2022) that there was shortage of staff, but recruitment of staff was not under the Directorate of Family Welfare.

Reply is not acceptable as GoI had approved human resources every year in the Record of Proceeding and Directorate of Family Welfare/DSHM should have ensured that vacant posts were filled timely.

Action Taken by the Department

Will be taken up by DSHM in next cycle of recruitment planned for current year.

On the observations of the Audit that 1. Action Plan for ensuring staff for implementing MAA programme may be furnished, the Health Department submitted revised ATN and stated that:-

DFW

There is no guidelines as regard to dedicated staff or approved staff for MAA program. The MAA program is being looked after by ANMs or Nursing Officers (regular/NHM contractual) and their recruitment does not fall.

The audit further observed that The department didn't provide any action-plan to ensure adequate staff for MAA program, the Health Department submitted reply dated and stated that ANMs are not approved under DSHM specifically for MAA program. If the program division requires additional ANMs, the same shall be submitted to GoI in Supplementary PIP 2026-27 for approval. The existing ANMs need to be strengthened through capacity building for better implementation of the program. 10 ANMs have been approved for LMUs (Lactation Management Unit) in Supplementary PIP of 2025-26, for which budget has been allocated to districts. The recruitment of vacant posts on ANM will be ensured by 31.03.2026.

Para:7.5.4.5. **Shortage of dedicated space/room for breastfeeding mothers**

(b)

As per Guideline of MAA, all health facilities should have a dedicated space/room for breastfeeding mothers who come for consultation and desired a private space for breastfeeding. It was noticed that space/room for breastfeeding was available at only 205 out of 338 health facilities/Centres under MAA Programme in Delhi.

The Department stated (May 2022) that most of the health facilities/Centres were providing all health care services inclusive of Immunisation/ANC only in two rooms.

Action Taken by the Department

Despite the space constraint in health facilities w.r.t. dedicated space/room for breastfeeding mothers, the specified areas have been marked/ allocated for the same in all the facilities.

Para:7.5.4.5. **MAA coordination Committee not constituted**

(c)

As per Guideline of MAA, a Coordination Committee formed at State level may oversee the implementation of suggested activities mentioned in the guidelines.

Audit found that no MAA coordination committee was constituted by the Department.

The Department stated (May 2022) that activities under MAA programme are being monitored and reviewed at the facility, District and State levels. Reply is not acceptable as, in the absence of coordination committee, activities cannot be monitored adequately.

Action Taken by the Department

In May 2024 also, the following response had been submitted "The MAA coordination committee was primarily suggested for roll out of the program implementation in year 2016, there was no information on constituent members of the committee in the guidelines. Nonetheless, MAA program is being fully implemented and successfully run in Delhi."

However, for compliance of this audit report, proposal for constitution of MAA coordination Committee has been initiated.

On the observations of the Audit that Timeline for constituting the coordination committee may be furnished, the Health Department submitted revised ATN and stated that The Coordination Committee has been constituted vide order dated 3/9/2025.

Para: 7.5.4.6 Home based new born care programme(HBNC)

As per operational guidelines of HBNC, the key activities under HBNC constitute "Care for every new-born through a series of home visits by a ASHA in the first six weeks of life, extra home visits for preterm and low birth weight babies by ASHA or ANM, and follow up for sick new-born after they are discharged from the facilities".

During 2016-17 to 2020-21, 47.89 *per cent* (6.26 lakh out of 13.08 lakh) infants registered, got home based new born care and extra home visits by ASHAs after they were discharged from healthcare facilities. Further, against a target of 1.6 lakh new-born to be visited under HBNC in Delhi, the achievement was only 55,593 (33.17 *per cent*) during 2020-21.

Action Taken by the Department

As per the HBNC reports compiled by ASHA Resource Cell (ARC), DSHM, 117400 no. of newborns received all scheduled home visits under HBNC against target of 138988 Live births in the ASHA catchment area for Q-2 to Q-4 of F.Y. 2023-24 i.e. 84.46%.

HBNC coverage for F.Y. 2024-25 is 177766 newborns received all scheduled home visits under HBNC against target of 208822 Live births in the ASHA catchment area i.e. 85.13% HBNC coverage. The afore-mentioned reports show improvement from 33.17% during 2020-21 to 85.13% in F.Y. 2024-25.

Para: 7.5.4.7 **Implementation of Severe Acute Malnutrition (SAM) Programme**

Severe acute malnutrition is defined as very low weight-for-height/length, or a mid-upper arm circumference < 115 mm, or by the presence of nutritional edema. Lack of exclusive breast feeding, late introduction of complementary feeds, feeding diluted feeds containing less amount of nutrients, repeated enteric and respiratory tract infections, ignorance, and poverty are some of the factors responsible for SAM. Children with SAM have nine times higher risk of dying than well-nourished children.

As per NFHS-5 (2019-21), 21.8 *per cent* of under-5 children were underweight (weight-for-age), 30.9 *per cent* were stunted (height-for-age) and 11.2 *per cent* wasted (weight-for-height) and 4.9 *per cent* children were severely wasted (weight-for-height). Further, as per NFHS-5 (2019-21), 69.2 *per cent* of children in age group 6 months-59 months were anemic.

As per guidelines, every district should have one Nutrition Rehabilitation Centre (NRC). Eight NRCs were operational (against the requirement of 11) since 2017-18. In March 2019, GoI directed that NRC should be 10 bedded. As per revised norms, only two NRCs (August 2022) remained operational in Delhi and the remaining six NRCs did not fulfil this criterion but no other facility fulfilling the criteria was designated as NRCs by the Department. Thus, as per revised norms there were only two NRCs in 11 districts of Delhi.

Further, posts of Medical Officer, Cook cum Caretaker, Attendant and Medical Social Worker were not filled-up in these two functional NRCs, as required under guidelines of SAM.

Action Taken by the Department

There are 5 functional 10 bedded NRCs in Delhi at KSCH, HRH, LNH, BMH and CNBC till March 2025 with Cook cum Caretaker, Attendant and 3 Nutritionists in place in all functional NRCs. NRC at IGH is expected to be functional soon.

Proposals for recruitment of 2 Nutritionists have already been sent to HR (DSHM) for needful action.

On the observations of the Audit that timelines for setting up the remaining NRCs may be submitted, the Health Department submitted revised ATN and stated that setting up the remaining NRCs required trained manpower for which requisitions have been sent to concerned Authorities to recruitment power against requisitions.

The Audit further observed that the timeline for setting up the remaining NRCs not furnished, the Health Department vide reply dated 15.12.2025 further stated that:-

SAM- Recruitment of Medical Officers is completed and result is under submission for approval. MOs will be posted by the end of Decemebr 2025. Recruitment Rules for Nutritionist have been finalised. Recruitment fir the same will be completed by 31.3.2026.

Para: 7.5.4.8 **Implementation of Rashtriya Bal Swasthya Karykaram under NHM**

The Government of India launched (February 2013) the Rashtriya Bal Swasthya Karyakram (RBSK) which envisages setting up of District Early Intervention Centres (DEIC) at the district hospital level. As per scheme guidelines, at least three dedicated Mobile Health Teams in each block would be engaged to conduct screening for children in the age group of 6 to 18 years.

Audit found that GoI approved RoP in 2018-19 for implementation of RBSK through Comprehensive New-born Screening (CNS) wherein the Department had set target (2020-21) of operationalising three District Early Intervention Centres. Audit noted that no DEIC/ Mobile Health Team was constituted (May 2022).

Further, the Delhi Government launched (January 2020) the Neonatal Early Evaluation Vision (NEEV) program which is for screening of around 1.5 lakh new-born babies in two years for visible functional and metabolic defects. However, Mission NEEV became functional only in November 2021 and only 21,237 children were screened (March 2022). The cases were referred for appropriate follow-up.

Department stated (May 2022) that it will establish one Centre of Excellence –Early Intervention Centre at LNH and three DEICs at other hospitals to cover identified health conditions for early detection.

Action Taken by the Department

One Centre of Excellence–Early Intervention Centre at Lok Nayak Hospital (COE-EIC-LNH) has been established and operational since October

2021 and 2 more DEICs are functional at Swami Dayanand Hospital (since March 2023)& Guru Gobind Singh Govt. Hospital (since May 2024).

1 DEIC at Chacha Nehru Bal Chikitsalya shall be functional soon in current F.Y 2025-26. No funds have been approved for MHTs in Delhi.

Under Mission NEEV, 56 birthing facilities are participating in newborn screening program and 144509 newborns out of 150061 live births have been screened in F.Y. 2024-25.

On the observations of the Audit that timeline for 100% screening of targeted group may be furnished, the Health Department submitted revised ATN and stated that:-

Decision was taken for submission of proposal for Mobile Health Teams for 100 % screening of children, to be proposed in the next NHM PIP. Presently, No Human Resource (HR) is approved in ROP for screening of School Children as per RBSK mandate.

Further, efforts are being taken to roll out RBSK MHT based screening in collaboration with School Health Scheme, DGHS and Directorate of AYUSH, to initiate by December 2025. Meeting already convened on 08/09/2025.

The Audit further observed that no timelines for 100% screening of the target group furnished. The Health Department vide letter dated 15.12.2025 stated that:-

One new District Early Intervention Centre (DEIC) at CNBC is operational since 23 rd September 2025, in addition to Two already functional Two DEICs at Swami Dayanand Hospital and Guru Gobind Singh Govt. Hospital and One Centre of Excellence–Early Intervention Centre at Lok Nayak Hospital (COE-EICLNH). Decision was taken by Secretary (H&FW) for submission of proposal for Mobile Health Teams (MHTs under RBSK) for 100% screening of children, to be proposed in the next NHM PIP. For provisional PIP 2026-27, 94 MHTs for screening of children is being proposed for implementation of 100% screening of targeted group under the RBSK program in next F.Y 2026-27.

Para: 7.5.5. Discrepancies in Child Death review (CDR)

Child Death Review is an important strategy to understand the geographical variation in causes leading to new-born and child deaths, and thereby initiating state-specific child health interventions. Analysis of child deaths provide information about the medical causes of death, helps to identify the gaps in health service delivery and social factors that contribute to child deaths.

As per operational guidelines of Child Death Review, First Brief Investigation (FBI) shall be conducted for all child deaths. The FBI should be done within two weeks after the notification of death and report should be submitted to Block Medical Officer (BMO) within one month of notification of death. Further, reports prepared by office of the District Nodal Officer (DNO) were to be shared every month in the meeting of the District Child Death Review Committee7 (DCDRC). Subsequent to DCDRC meeting, the DM shall review a sample of cases submitted to him by the DNO/CMO.

Further, a State Level Task Force (SLTF) headed by Principal Secretary (Home and Family Welfare) was constituted in April 2017 for circulation of key decisions to all stakeholders with clear timeline for action. The SLTF was to meet every six months or earlier. State Nodal Officer (SNO) will compile reports from all districts for onward transmission to the national level in the State level Reporting Form (Form 5d).

Audit noted the following:

i) First brief investigation was conducted in 798 cases (3.65 *per cent*) out of 21,870 child deaths reported during 2017-18 to 2020-21. Further, no review of child death was conducted by DMs as required under the guidelines.

The Department stated (May 2022) that the family of the deceased child moves to their ancestral village after death of child. It also stated that review by DM was not possible as in some districts, DCDR committee was not formed. Reply is not acceptable, as it is the responsibility of the State Government to obtain the medical causes of death within two weeks after the notification of death.

ii) During 2017-18 to 2020-21, only 17 DCDRC8 meetings were conducted by eight districts for analysis of death cases.

The Department stated (May 2022) that prescribed number of meetings could not be held due to delay in formation of DCDR committees in few districts.

iii) Only one meeting was held by SLTF during 2017-21 which indicates that lessons learnt from child death reviews were not being circulated amongst stakeholders for necessary corrective action.

The Department stated (May 2022) that multiple mails were sent to the districts and compiling of State reports could be initiated only from

October 2020.

Reply confirms inadequacy in reviewing child deaths and delay in taking corrective action.

iv) Audit noted that the SNO did not compile CDR Reports of all districts and so did not forward the same to national programme managers in the Ministry of Health and Family welfare during 2016-21. Further, the Department instructed in March 2018 that RCH Nodal Officers of all districts are required to ensure reporting on CDR and its submission on 5th of every month to the State headquarters, but Districts had started sharing CDR reports only from October 2020, which was sent to GoI after Compilation.

The Department stated (May 2022) that there was delay in reporting from hospitals.

The reply is not acceptable, as the Department was responsible for ensuring timely receipt of reports from the hospitals for compilation and submission to GoI.

Action Taken by the Department

i) Review of child death was conducted by DM in North West district in F.Y. 2024-25. Further, DO letter dated 01/05/2025 has also been issued by Special Secretary H&FW cum Mission Director, DSHM, to District Magistrates of all districts to conduct regular mandated DM level Child Death and Maternal Death Review (CDR) meetings.

ii) All the 11 districts have DCDR committee in place and DCDR level meetings are being held.Total 18 CDR meetings were held in F.Y. 2024-25.

iii) Since last reply in May 2022, 1 STLF meeting on CDR had been held for F.Y. 2022-23 and 1 STLF meeting on CDR for F.Y. 2023-24 was held on 10/4/2024 and Minutes of Meeting have been disseminated.

iv) CDR Reports of all districts are being compiled at the State level and Quarterly & Annual Child Death reports are being forwarded to national programme managers in the Ministry of Health and Family welfare on quarterly basis.

On the observations of the Audit that Action plan for ensuring monthly meetings of all District CDR Committee may be included, the Health Department submitted revised ATN and stated that:-

1. State Task Force for CDR meeting was convened on 04/07/2025 under chairmanship of Secretary H&FW, GNCTD.

2. Explanations were sought from respective CDMOs regarding non conduct of DCDR, and reply has been submitted that regular DCDR meetings will be ensured.

Para: 7.5.6 Child Immunization

Routine immunization is an important strategy for child survival, focusing on preventive care to reduce morbidity against preventable iseases. As per HMIS portal, coverage of children up to one year of age during April 2016 to September 2022 in respect of some vaccines was much less than the desired 100 *per* cent, such as BCG (82.70 *per cent*), OPV-0 (70.03 *per cent*), DPT-1 (3.87 *per cent*), Measles (89.48 *per cent*) and Hepatitis-B (66.86 *per cent*). The coverage of immunization in other age groups (i.e above one year) could not be ascertained as data in this regard was not furnished by the DSHS. Further, all children in the age group of nine months to five years were required to be administered nine Vitamin 'A' doses. However, only 13.80 lakh (65.03 *per cent*) out of 21.22 lakh children were administered the first dose and information on number of infants who were given remaining Vitamin-A doses (except doses 5 & 9) was not captured at the State level.

Reply of the Department was awaited.

Action Taken by the Department

Intensification of Immunization Efforts have taken place in the past few years, wherein the coverages have changed as mentioned below:

BCG & OPV-0 – In the year 2024-25, the BCG coverage has been reported as 2,70,467 against reported Births of 2,66,527, **which comes to a coverage 102%**. Similar coverage figures for OPV-0 and Hepatitis-B are also reported, since BCG, OPV-0 and Hepatitis-B are given at birth.

DPT – 1 – DPT-1 evaluation not recommended as per comment above. However, in the year 2024-25, the Pentavalent coverage has been reported as 2,89,570 against a target of 3,01,449, which comes to a coverage of 96%, which is above the recommended coverage of >95% by MoHFW, GoI. Measles – In the year 2024-25, the MR-1 coverage has been reported as 97.66% and MR-2 (including MMR) coverage has been reported as 92.77%.

Vitamin A administration, though mentioned in the National Immunization Schedule (NIS) by Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), is neither supplied by GoI along with the vaccines, nor is reviewed as an Indicator under Immunization Programme.

Vitamin A Solution is a part of the Essential Drug List (EDL) in the State of Delhi, and is given through regular checkups.

Para: 7.5.7 Comprehensive Abortion Care

According to RMNCH+A guidelines, eight *per cent* of maternal deaths in India are attributed to unsafe abortions. Besides this, women who survive unsafe abortion are likely to suffer long-term health complications. Therefore, safe and comprehensive abortion care is an essential component of overall pregnancy care. Under NRHM, 24x7 PHCs were to provide abortion by Manual Vacuum Aspiration (MVA) facilities and medical methods, whereas comprehensive Medical Termination of Pregnancy (MTP) services were to be available at all district hospitals and Sub-district level hospitals with priority given to Community Health Centres as delivery points.

Audit observed that MTP services were not provided in seven (16 *per cent*) out of 44 sub-district/district level hospitals and 20 (87 *per cent*) out of 23 CHCs. Thus, the Government failed to ensure adequate facilities as envisaged under RMNCH+A for safe abortion.

Department stated (July 2022) that Comprehensive Abortion Care (CAC) in Delhi is being provided through all district and sub-district hospitals that were serving as delivery points. Regarding existing maternity homes in Delhi, designated as CHC Non-FRU, only three maternity homes were providing CAC services.

The reply is not acceptable as the Department was well aware of the shortage of CAC services and as such, these services should have been provided through more maternity homes.

Action Taken by the Department

52 Public Health facilities are providing CAC services as per annual report in F.Y 2024-2025 Several webinars(2) and cluster workshops(5) for groups of districts and trainings (skill based-1 batch) have been conducted in last 2 years as efforts towards provision of MTP services in all maternity homes. . At present 5 maternity homes in Delhi, designated as CHC Non-FRU are providing CAC services.

On the observations of the Audit that All actions taken/action plan prepared for ensuring Comprehensive Abortion Care (CAC) facility at all the District/sub district level hospitals and CHCs may be furnished, the Health Department submitted revised ATN and stated that:-

1. State Task Force for CDR meeting was convened on 04/07/2025 under chairmanship of Secretary H&FW, GNCTD.

2. Explanations were sought from respective CDMOs regarding non conduct of DCDR, and reply has been submitted that regular DCDR meetings will be ensured.

The Audit further observed that the reply is not relevant to Audit comments on CAC. The Health Department vide reply dated 15.12.2025 further stated that :-

Actions taken for ensuring Comprehensive Abortion Care (CAC) facility at all the District/sub district level hospitals and CHCs

1. Notification of Forms I,II and III

2. Notification Of District Level Committee
3. Notification of 17 Medical boards for MTP beyond 24 weeks

4. Review meeting with all districts on CAC services taken meetings attached.

5. Advisory issued on Quality CAC services, Mandated reports of all MTPs on Form II & HMIS, Availability and utilization of MVA syringe at CAC delivery points /Registered MTP centres.

Action plan prepared for 2025-26

1. MMA training-2 batches to train 20 medical officers-completed on 11-9-25 and 19-11-25.

2. Procurement of MMA drugs.(Mifepristone 200mg done)

3. Quarterly review meeting with districts on CAC services. Done on 12.08.25 and MOM shared on 19.09.25

Para: 7.5.8 Achievement of targets for Sterilization and spacing method

Family planning has undergone a paradigm shift and emerged as a key intervention to reduce maternal and infant mortalities and morbidities. It is well-established that the States with high contraceptive prevalence rate have lower maternal and infant mortalities. Greater investments in family planning can thus help mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induce abortion and eliminate most of these deaths.

With regard to the target and achievement of various components of family planning services, the audit noted that there was maximum

achievement in IUCD insertion (more than 100 *per cent*); while the minimum achievement was in vasectomy services (41 *per cent*). Delhi was lagging behind in achieving the target under different segments of family planning programmes highlighting the inadequacy in implementation of the programme. Reasons for shortfall wre not on record. This indicated that implementation of family planning programme in the State was not adequate and effective.

Action Taken by the Department

In the context of Delhi (2016–21), while the achievement for IUCD insertion exceeded the target (101%), the achievement for vasectomy remained notably low (41%). This trend supports the shift towards **temporary methods**, fulfilling the changing contraceptive needs of the population made to promote vasectomy (NSV) among men with completed family. Special fortnights are observed in the months of July and November every year.

Further, several focused program and activities are being implemented:

1. Capacity Building and Training Initiatives:
2. IEC activities:
3. Expansion of Service Provider Base:

- Efforts are being made to increase the number of trained service providers offering Non-Scalpel Vasectomy (NSV) services to ensure wider accessibility and availability.

4. Observation of Key Campaigns**:**

- Events like World Population Day and the Vasectomy Fortnight Campaign are celebrated with full zeal and vigour to promote male involvement in Family Planning.
- Special outreach activities, camps, and media engagement are conducted during these occasions to spread awareness.

To summarize, it is pertinent to mention here that currently Delhi is one of the 10 states which have seen the roll out of Long Acting Reversible Contraceptives like S/C MPA and implants which have been rolled out in 2016 and 2023 respectively which have a efficacy as good as sterilization and are also less invasive/convenient and are more acceptable. While permanent methods may show reduced uptake, this should not be interpreted as a failure of the family planning program, but rather a reflection of evolving demographic preferences and improved access to a wider contraceptive method mix.

The effective implementation of the program is evident from the data of National Family Health Surveys (NFHS) Delhi tabulated below

Indicator	NFHS-4 (2015-16)	NFHS-5 (2019-21)
Any Method	54.9%	76.4%
Any Modern Method (%)	48.6%	57.7%
Total unmet need (%)	15.0%	6.1%
Unmet need for spacing (%)	4.5%	2.0%
Unmet need for Spacing (%)	10.5%	4.1%
Total Fertility Rate	1.8%	1.6%

Coverage of eligible couples using various methods of contraception during 2024-25 as per HMIS is 14556 permanent sterilization, 100165 IUCDs, 43683 MPA injections, 279690 oral contraceptive packets, 5038078 Condom pieces. Around 2700 women have benefitted from the new sub-dermal contraceptive Implant.

Para: 7.6 Acredited Social Health Activist (ASHA)

ASHA works as an interface between the community and the public health system to promote health care at household level. ASHAs would reinforce community action for universal immunisation, safe delivery, new-born care and prevention of waterborne and other communicable diseases. As per guidelines, ASHA must be primarily in the age group of 25 to 45 years and literate with formal education up to Eighth Class. Further, GoI prescribed two levels of training for ASHAs, viz. induction training (in module I to V, of 23 days over 12 months) and capacity building (in module VI to VII, in four rounds of five days each).

Audit observed that there was a marginal shortage of five *per* cent (309 out of 6,345) of ASHA as of March 2021. 196 ASHA's did not have the desired education of upto 8th standard. Training to ASHAs was also inadequate as only 2,446 (40.52 *per cent*) ASHAs were provided induction training (module I to V).

Further, Home Based Care for Young Child training was due for 3,989 (66.08 *per cent*) ASHA's and non-communicable disease (NCD) training was due for 2,165 (35.87 *per cent*). However, 96 *per cent* ASHAs were imparted capacity building training (Modules 6 and 7). Department's reply was awaited (December 2022).

Action Taken by the Department

S.No.	Observations	Reply

1.	Regarding ASHA Modular Training	Total 27 days GOI-approved training schedule is being followed by the state for newly selected ASHAs over 12 months: induction module =8 days, Module-6 (Round-1) = 7 days, Module 7(Round-2)= 7 days, Round-3=5 days
2.	Marginal Shortage of 5% of ASHA target	The number of ASHA in position is dynamic which is based on selection and attrition. All efforts are made to keep number of ASHAs in place as per approved number of ASHAs in Delhi. At present 6338 ASHAs(98%) are in place against the approved 6481 ASHAs in Delhi
3.	Regarding ASHA Educational Qualification	As per the ASHA selection guidelines, there is a relaxation clause only in cases where no suitable person is found in the community for a specific area.
4.	Regarding 40.52% ASHAs were trained in Induction Module	The Module IV was replaced with induction module in 2015 only and ASHHAs who were selected prior to this launch were provided Module IV training. Accordingly, by 2021-22, 5882 ASHAs were trained (Module-IV and induction module) against in position 6153 ASHAs. At present around 99% ASHAs are trained (Module IV and induction module)
5.	Regarding 66.08% ASHAs trained due for HBYC module & 35.87% ASHAs training due for NCD module	HBYS and NCD modules were introduced in 2018 by GOI and it was implemented in proposed 5 Districts on pilot basis. During FY-2020-21 & 2021-22, all ASHA trainings were put on hold due to the COVID-19 pandemic and all ASHAs were fully involved in COVID- related activities such as community awareness, contact tracing, and follow up services for home isolation. At present , 5637 and 5826 ASHAs are trained in HBYC and NCD modules respectively.

Para: 7.7 **Lapses in data collection and reporting system under HMIS**

Health Management Information System (HMIS) is a Government to Government (G2G) web-based management information system that has been put in place by Ministry of Health & Family Welfare (MoHFW), GoI to monitor NHM and other Health programmes. HMIS has been utilised in grading of health facilities, identifications of aspirational districts, review of State Programme Implementation Plan (PIPs), etc. Further, HMIS captures facility-wise information i.e. service delivery on monthly basis, training data on quarterly basis and Infrastructure on annual basis.

As per HMIS report, for 2020-219, shortfall in reporting on portal was noticed in health centres such as Community health Centres (50 *per cent)*, sub-district hospitals (28 *per cent)* and district hospitals (14 *per cent*).

Common validation rules for HMIS data provides that number of doses of OPV1, OPV2 and OPV3 vaccines administered should be equal to that of DPT1, DPT2 and DPT3 respectively. Audit noted that against 14.86 lakh OPV1 vaccine administered during 2016-17 to 2020-21, the number of DPT1 was only 65,169 which raises questions regarding accuracy of the data.

Action Taken by the Department

OPV should be compared with PENTAVALENT-1 + DPT-1, instead of just DPT, since DPT-1/2/3 doses have long been replaced in the National Immunization Schedule (NIS) by Pentavalent Vaccine – 1/2/3 doses.

OPV-1 coverage is similar to Pentavalent-1 + DPT-1 coverage.

HMIS Data of past 9 years for the same is as below:

Year	OPV-1 coverage	Pentavalent-1+DPT
2016-17	306118	312891
2017-18	307321	313689
2018-19	317830	323704
2019-20	307453	315672
2020-21	247024	255572
2021-22	263990	271699
2022-23	295509	300999
2023-24	295572	300937
2024-25	286823	292347

Para:7.8.1 NCD Clinics, Cardiac Care Unit (CCU) and Day Care Facilities for cancer patients not established

As per Operational Guidelines of NPCDCS, 2013 issued by DGHS, MoH&FW, GoI, all districts shall have regular Non-Communicable Diseases (NCD) clinic for screening, management and counselling and awareness generation etc. Four bedded Cardiac Care Units (CCUs) were to be established/strengthened in identified district hospitals. Identified district hospitals were to provide a day care chemotherapy facility for the cancer patients on simple chemotherapy regimens alongwith necessary equipment.

Audit noted that the Government did not establish any of the above institutions/facilities in Delhi even after nine years thereby depriving the people of Delhi of adequate treatment facilities. Audit noted that Department had not proposed for establishment of clinics in the PIPs for approval by the MoH& FW, GoI.

Department accepted (August 2022) that NCD Clinics could not be established. With regard to CCUs, department stated that CCUs were not

established due to absence of a dedicated fund and day care chemotherapy facilities for cancer patients were not provided as major hospitals provide such facilities.

The reply is not acceptable as proposals for setting up CCUs were not taken up by the Department in the PIPs with the GoI. Further, day care chemotherapy facilities envisaged were over and above those available in major hospitals.

Action Taken by the Department

10 NCD Clinics has been established in 11 districts (2023-24). 03 Day care centres are already functional in Delhi State Cancer Institute , Institute of Liver & Biliary Services and at TCCC Lok Nayak Hospital.

Further, 06 hospitals have been approved for establishment of District Day Care Cancer Centres & remaining districts have also been linked with existing/ approved hospitals.

Para: 7.8.2 Training of Medical and Para Medical Staff

As per operational Guidelines of NPCDCS 2013, State NCD Cell is responsible for organizing state and district level trainings for capacity building. Training was to be provided to Medical Officers, Medical Specialists, ANMs/Health Workers, Programme Officer, Programme Coordinator, Finance cum Logistics Officer, DEO etc.

During 2018-19 to 2020-21, ₹ 36 lakh was sanctioned for training against which only ₹ 0.73 lakh was incurred. Audit noted that only six trainings programmes were organized at state level and 10 at district level during 2016-21. Only 10 *per cent* (84 out of 806) Medical Officers and 16 *per cent* (281 out of 1759) ANMs were given training.

Department stated (August 2022) that trainings could not be organized due to unavailability of dedicated fund, delay in receipt of ROP and COVID 19.

Reply is not acceptable as sufficient funds were available with DSHS during 2018 to 2021.

Action Taken by the Department

During F.Y. 2023-24 total 210 Medical Officers , 662 ANMs and 09 PHNOs were trained at both State & district level. During F.Y. 2024-25 total 273 Medical Officers, 655 ANMs, 39 PHNOs/ LHVs and 398 DEOs were trained.

Para:7.8.3 Public Awareness Activities not conducted

The State NCD Cell is responsible to conduct public awareness regarding health promotion and prevention of NCDs. For Information, Education & Communication (IEC) activities, ₹ 50 lakh was approved each year for 2018-19 to 2020-21.

Audit noted that only ₹ 5.46 lakh (3 *per cent)* was incurred during the period 2018-19 to 2020-21. Thus, adequate efforts were not made to create awareness about the Scheme amongst general public.

Department stated (August 2022) that funds were not utilized due to Record of Proceeding being received in last week of August and June for the years 2018-19 and 2019-20 respectively and also due to Covid-19 in 2020-21. Department further stated that due to frequent change of State Programme Officer (SPO) as also the main focus being on Population based screening (Pilot Project) during 2019-20, sufficient budget could not be utilised.

Despite late receipt of approval, Department could have made efforts to utilize the funds available for IEC activities as and when received.

Action Taken by the Department

IEC Activities conducted during F.Y. 2023-24 were as following at state & district level:

- World Hypertension day (17.05.2023) celebrated through various awareness generation activities (Health talks, NukkadNataks, distribution of pamphlets & educational material (EAST & West District) and screening camps.
- Celebration of World Cycle Day on 03.06.2023
- Celebration of International Yoga Day on 21.06.2023 by conducting yoga activities in all health facilities.
- Celebration of World Heart Day on 29.09.2023 by conducting various screening cum awareness generation activities i.e. Health Talks, Group discussions meetings etc.
- IEC activities during health Mela under "Ayushman Bhav" campaign
- Celebration of World Diabetes Day on 14th November 2023 by conducting various screening cum awareness generation activities i.e. Health Talks, Group discussions meetings, Poster competitions, Munadis etc.
- Awareness generation activities during "Viksit Bharat Sankalp Yatra" which was conducted from 20.11.2023 to 25.01.2024.
- Celebration of World Cancer Day on 4th February 2024.

IEC Activities conducted during F.Y. 2023-24 were as following at state & district level:

- Celebration of World Hypertension Day on 17.05.2024 through special screening activities and various awareness generation activities such as health talks, Focus group discussions etc.
- Celebration of International Yoga Day on 21.06.2024 by organizing Yoga camps at 170 slums sites across Delhi in collaboration with WHO India and NGOs and health talks were given in health facilities

- Celebration of World Heart Day: World Heart Day (29.09.2024) was celebrated by conducting special screening drive in all health centers and hospitals. Health Camps were organized at DC/DM offices and DGHS (HQ).Various awareness generation activities (Quiz competition, Health talks, focus group discussions, distribution of IEC pamphlets etc.)
- Celebration of World Diabetes Day on 14th December 2024 at health facilities through special screening activities along with awareness generation activities i.e. Quiz competition / health talks/ Poster Compition/ Group discussion.
- Celebration of World Cancer Day: World Cancer Day (04.02.2025) was celebrated in all health facilities. Various awareness generation activities were conducted I.e. NukkadNatak, Health talks, Focus group discussions and Poster competitions.
- Rubber stamps (620) have been procured and distributed in all health centers with findings of NCD screening readings for stamping on OPD registration slip.

Screening of NCDs and preventive health checkup was done of staff working under Vanijya Bhawan, Department of Commerce, Govt. of India in the campaign “Swachhata hi Sewa (SHS) 2024.

Para: 7.8.4 Review Meeting

State NCD Cell is responsible for monitoring the programme through review meetings on a quarterly basis to assess physical and financial progress and discuss constraints in implementation of the programme. Review meetings were to be held every quarter to monitor the programme.

During 2016-17 to 2020-21, only eight review meetings were held against the prescribed 20 meetings.

Department stated (August 2022) that review meetings could not be held due to administrative reasons, frequent change of SPO and Covid-19 pandemic.

The reply is not acceptable as reasons cited are purely administrative in nature.

Action Taken by the Department

Total 07 review meetings (both Physical & Virtual) were conducted during 2023-24 and Total 09 review meeting (both Physical & Virtual) were conducted during 2024-25.

Para:7.8.5 Shortage of Staff for implementing of NPCDCS

All posts proposed in the PIP and approved in ROPs every year by the Government of India are to be filled up by Delhi State Health Mission. For these posts, first time recruitment rules were to be finalized by the DSHM, which was not done.

Audit noted that the posts of State Programme Officer, State Programme Coordinator and Finance-cum-Logistics Consultant were vacant and the work was being looked after by officials from other offices as additional charge. At district level also, the posts of District Programme Officer, District Programme Coordinator and Finance-cum-Logistics Consultant were vacant.

Department stated (August 2022) that the proposal for filling up sanctioned post under the programme was initiated, however, it was not approved due to pending finalization of recruitment rules for the sanctioned posts.

Reply is not acceptable, since Department was responsible for timely finalization of recruitment rules.

Action Taken by the Department

Will be taken up by DSHM in next cycle of recruitment planned for current year.

On the observations of the Audit that Action Plan with timelines may be furnished for filling the vacancies under NPCDCS, the Health Department submitted revised ATN and stated that - **DSHM** Recruitment for vacant posts under NTEP is under process. Recruitment for vacant posts under

other programs shall be taken up in upcoming phases of recruitments. The recruitment shall be completed by end of F.Y 2025-26.

Para: 7.9.1 Training of Eye surgeons, Nurses not conducted

Para 3 of Pattern of Assistance, NPCB&VI envisaged training of personnel, supply of high-tech ophthalmic equipment, strengthening follow up services and regular monitoring of services by which programme objectives were to be achieved. Audit noticed that no trainings for Eye Surgeons and Nurses were conducted during 2016-21.

District Programme Officer (North West) stated (April 2022) that due to shortage of staff and administrative reasons, trainings could not be conducted and needful would be done in due course.

Action Taken by the Department

National Program Division, NPCBVI, Government of India. Nominations for the said trainings were consistently forwarded during the period 2016–2021 and training were conducted.

It may be noted that the nominations have been sent for the year 2024–25, and two Eye Specialists have successfully completed training to date.Training of doctors, residents, PG's is being continuously done under different specialties of ophthalmology in GNEC. Approximately 50 doctors including SR's, PGS and JR's are being trained every year.

CME's are being conducted on regular basis from the funds allocated by MAMC to GNEC as an associated hospital. GNEC is already having sufficient number of ophthalmic equipment's for performing investigations and surgery and a streamlined follow-up services/module for treated patients.

Para:7.9.2 Screening Camp for Refractive error detection and free distribution of spectacles

Para 3 of Pattern of Assistance, NPCB&VI envisaged reduction in the backlog of blindness through identification and treatment of blind and organize screening of school children for detection of refractive errors and other eye problems and provide free glasses to poor children. Screening of school going children would go a long way in controlling occurrence of blindness through early detection

Audit noticed that regular annual screening was not done by all three selected districts (New Delhi, North West and South East) during 2016-17 to 2020-21. No teacher was trained by any of the three IDHSs for screening of school children for refractive errors during 2016-21.

DPO (North West) stated (April 2022) that due to administrative reasons, teacher's training could not be organised and needful would be done in due course.

As regards free distribution of spectacles, Department had distributed free spectacles to only 37 *per cent* (17,106 out of 46,300) children targeted during 2016-22.

DPO (North West) stated (April 2022) that due to unavailability of spectacles on GEM portal, the same could not be distributed. Reply is not acceptable, as Department could have explored other sources for procurement.

Action Taken by the Department

The observation has been duly noted. Screening of school children for refractive errors is carried out on a regular basis in the school campus. A total of 14280 spectacles were distributed during the period 2016-2021.

During the year 2024-25, 2651 spectacles were distributed to School Children. Efforts will be intensified to ensure full achievement of the spectacle distribution targets during the financial year 2025–26.

On the observations of the Audit that Detailed action plan with milestones for achieving 100 per cent screening of school students may be furnished, the Health Department submitted revised ATN and stated that :-

DGHS:

Routine eye screening of school students is being conducted under the School Health Scheme of DGHS in Delhi Government Schools.

Detailed Action plan with milestones for achieving 100 percent screening of School Students from the School Health Scheme, DGHSis as given below:

Action Plan of School Health Scheme for one Academic Year:

1. School Health Scheme has 13 teams, at present, for the screening of students of Government and Government Aided schools of Delhi.
2. All the students who are screened, are also screened for refractive errors.
3. A total of approximately 2.20 lakh students will be screened in one academic year, including eye screening, as per following details:

a. First quarter of Academic year: 30,000 (low due to summer vacations in schools)
b. Second quarter: 70,000
c. Third quarter: 70,000
d. Fourth quarter: 50,000 (final examination)

4. There are a total of 17.9 lakh students in Government and Government Aided schools of Delhi, out of which around 2.2 lakh students are expected to be screened in the one academic year. (Copy of the action plan submitted by the Head of Office, School Health Scheme, DGHS attached for ready reference). Screening of School Students are also carried out by the districts for free Spectacle Distribution in Schools (Approx. 8800 spectacles are to be distributed to school students as per Budget allocation in the ROP 2025-26 of the Govt. Of India).

Para: 7.9.3 Data/information on MIS portal not updated

A web portal has been designed by GoI for NPCB&VI to enter data /information at Central Level, State level and District level. Audit examination of the portal revealed that the necessary data/information e.g. number of patients, details of hospitals, details of NGOs, details of screening camps etc. has not been entered completely. The portal was also not updated at State level/District level.

DPO (North West) stated (April 2022) that due to administrative reasons and shortage of staff MIS portal could not be updated and needful would be done in due course

Action Taken by the Department

All the districts are provided with MIS EXPERTS and MIS Asst. to update data on relevant portal. There is a separate NPCBVI portal being maintained by Govt. of India. Now, Data at the State level is consistently maintained, with Monthly Progress Reports being regularly submitted to the Government of India in a timely manner.

Para: 7.9.4 District Ophthalmic Board and Redressal Committee not found

As per guidelines of NPCB&VI, a District Ophthalmic Board consisting of Eye Specialists was to be constituted to examine children and adolescents admitted to blind schools. The State Government was also required to constitute a Redressal Committee for all disputes pertaining to programme implementation including NGO participation.

Audit observed that Redressal Committee was not constituted by DSHS and the selected three IDHSs did not form District Ophthalmic Board. DPO (North West) stated (April 2022) that due to administrative reasons, Ophthalmic Board could not be formed and needful would be done in due course.

Action Taken by the Department

The observation is taken on record. The process for constitution of the Redressal Committees/Boards at both State and District levels has been initiated in accordance with NPCBVI guidelines and shall be completed in one month time.

Nevertheless, it may be pertinent to mention that the grievance redressal mechanism is already in place at the State level, wherein grievances are addressed by the State Program Officer, NPCBVI. Additionally, District Committees have been formed to address program-related matters, such as procurement and MOUs.

On the observations of the Audit that Timelines for constitution of Ophthalmic Boards at District levels and Redressal Committee at State level may be furnished, the Health Department submitted revised ATN and statted that :-

DGHS:

Directions have already been issued regarding the formation of District Ophthalmic Boards. However, these could not be constituted due to the non-availability of specialists in retina, cornea and paediatric ophthalmology in some of the districts. We have been receiving queries from the Districts regarding composition of members, roles and responsibility of the members of the District Ophthalmic Board under NPCBVI. Clarification has been sought from Govt. of India on dated 13th June 2025. Reply from GOI is awaited.

Regarding the State-Level Redressal Committee, the file for its constitution has already been moved, and the process is currently underway

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Para: 7.10 National Tobacco Control Programme

The main objectives of the National Tobacco Control Program (NTCP) are awareness/sensitization/training and enforcement of tobacco control Acts (Cigarette and Other Tobacco Product Act 2003). Other activities include implementing tobacco control in coordination with various department like police, transport, food safety, etc. to make Delhi tobacco free.

Audit noted the following:

- **State Level Coordination Committee and Tobacco Cessation Centres (TCCs)**

As per National Tobacco Control Program (NTCP) guidelines 2015, every State is required to form a State Level Coordination Committee10 (SLCC). This committee would be responsible for the overall implementation of National Tobacco Control Programme and provisions of Cigarette and Other Tobacco Product Act 2003, in the State. The Guidelines further provide for quarterly meetings to be held to review the progress of work. Audit noted that State Level Coordination Committee (SLCC) was not constituted (May 2022).

DSHS had to set up Tobacco Cessation Centres (TCCs) to help those people who wish to quit tobacco consumption in any form. Audit noted that DSHS has targeted setting up of 33 Tobacco Cessation Centres (three in each district) during 2019-20 and 11 additional TCCs (one in each district) during 2020-21. However, only one Tobacco Cessation Centre11 was established against the targets of 44 TCCs (July 2022).

Department stated (November 2022) that SLCC has been constituted. As regards TCCs, it was stated that work for establishment of TCCs in other districts is under process.

- **Enforcement squads/ teams not formed**

As per NTCP guidelines 2015, every district is required to constitute an enforcement squad for monitoring compliance with tobacco control laws in their jurisdiction and for taking action against any violation in the district. Audit noted that none of the three selected districts (South, New Delhi and North West) had constituted enforcement squad team during 2016-21 (except North West District which constituted the squad only for the year 2016-17).

Department stated (November 2022) that Delhi is one of few States /UTs which has its own tobacco law since 1997 and all the districts have teams for enforcement of tobacco laws and their constitution may be different from the constitution prescribed in the guidelines.

Reply is not acceptable as no documentary evidence in support of the reply was attached.

- **Lack of monitoring of Challan Books distribution**

As per NTCP 2015 operational guidelines, Challan books should be printed at State level or as decided by the State and distributed to all concerned authorities12 in the State to impose and collect fine against violation of Cigarette and Other Tobacco Product Act (COTPA). The amount so collected should be used for tobacco control activities. Enforcement and monitoring of provisions of COPTA 2003 was to be ensured by State Tobacco Control Cell (STCC).

Audit noted that total number of Challan books printed with allotted series at State Tobacco Control Cell (STCC) was not on record. Further, the system of distribution of Challan books to all concerned authorities in the State during the period 2016-21 was also defective, as printed Challan books were not serially distributed to the agencies concerned and 231 Challan books were missing. Moreover, there was no mechanism set up by STCC for reconciliation of issued Challan books and total fine recovered. As per records made available to audit, STCC had collected fine of ₹ 81.47 lakh during 2019-20 whereas Delhi Police had collected fine of ₹ 90.17 lakh during eight months period (May 2019 to December 2019). STCC also failed to provide sufficient number of Challan books to Delhi Police and Delhi Police got printed four thousand Challan books from May 2018 to July 2020 (about two years). As per record, no consent was taken by Delhi Police from State Tobacco Control Cell for printing of Challan books.

Thus, the possibility of misuse of the challan books and fine collected from the violators cannot be ruled out. Moreover, there was no record about revenue actually generated from challan books and the amount utilized for tobacco control activities.

- **Irregular running of Hookah bars**

As per study report13, Hookah produces high toxic substances and gases like carbon monoxide, tar, metals and other carcinogenic chemicals which can increase the risk of cancer and heart problems and is just as much harmful as cigarette smoking. The Cigarettes and Other Tobacco Products Act is being implemented by STCC.

Audit noted that STCC was pursuing the matter of illegal hookah bars in restaurants with Delhi Police since April 2014. Examination of STCC records revealed that 20 restaurants/eating houses (June 2016) were serving hookah bars without license. STCC (July 2017) had found presence of significant amount of nicotine in the seized samples. Audit found that records relating to action taken against such hookah bars was not available with State Tobacco Control Cell. Moreover, STCC has not maintained any register of inspection/surprise checks in hotels/restaurants.

Government stated (November 2022) that action against hookah bar is being taken by the STCC/DTCC in coordination with Delhi Police.

Reply is not acceptable as documents regarding action taken by STCC/DTCC against illegal hookah bars running in these restaurants /eateries/hotels, were not found in the records during audit nor furnished with reply.

Action Taken by the Department

The State Level Coordination Committee (SLCC) has been constituted under the chairmanship of Chief Secretary on 16.06.2022 in National Tobacco Control Programme.

Presently, 4 Tobacco Cessation Centres (TCCs) are functional in three hospitals and one in DGD. Further, 33 Tobacco Satellite Cessation Centres (TSCSs) are functional in all districts of NCT of Delhi. Copy of list & order attached.

Challan books are now being distributed to DTTC in sequential order. Further, as per the decision of then SPO-NTCP Challan numbers were issued to Delhi Police and ex-post facto approval on the same was received from Secretary (H&FW), GNCTD. The Challan details also being received from DTCC & Delhi Police and being submitted to MoHFW, GoI. (Challan detail from 2016-17 to 2021-2021 is attached with this reply).

The amount generated through challans goes to treasury of NCT of Delhi. This amount is indirectly being used under the programme as Government of National Capital. Territory of Delhi share the expenditure of all the programme under NHM including NTCP by providing the budget in common envelop in the ratio of 60:40, and each year many training and IEC activities are being done by using the amount received in NHM envelop from Central Government and State Government.

All types of Hookah Bars have been banned by Delhi Government vide order dated 03.08.2020 and same decision was reiterated again vide order 14.10.2021 (copy attached). It is also informed that 13 cases are under sub-judice in Hon'ble Delhi High Court regarding withdrawal of these orders.

On the observations of the Audit that Supporting documents stated to be attached were not found attached. On the basis of reply, the following further information/details may be submitted:-

1. Current status of availability of enforcement teams in all districts may be confirmed. If not, timeline for constituting the same.
2. Actions taken with regard to 231 challan books missing

The Health Department submitted revised ATN and stated that :-

NTCP

- As per the operational guidelines NTCP 2012, a State Level Coordination Committee (SLCC) is required to be constituted at the

state level. The SLCC was constituted on 05.05.2014 as informed earlier and as per the submission of then SPO NTCP, but due to non-availability of executive order, proposal was again moved in the month of February 2020. However, due to. COVID-19 pandemic, it could not be processed in 2020-2021 and 2021-2022. Now, the State Level Coordination Committee (SLCC) has been constituted under the chairmanship of Chief Secretary on 16.06.2022 in National Tobacco Control Programme.

- Presently, 4 Tobacco Cessation Centres (TCCs) are functional in three hospitals and one in DGD. Further, 33 Tobacco Satellite Cessation Centres (TSCSs) are functional in all districts of NCT of Delhi. Copy of list & order attached.

Enforcement squad in all 11 districts of NCT have been constituted. Copies of enforcement order are attached with this reply.

Challan books are now being distributed to DTTC in sequential order. Further, as per the decision of then SPO-NTCP Challan numbers were issued to Delhi Police and ex-post facto approval on the same was received from Secretary (H&FW), GNCTD. The Challan details also being received from DTCC & Delhi Police and being submitted to MoHFW, GoI. (Challan detail from 2016-17 to 2021-2021 is attached with this reply).

The amount generated through challans goes to treasury of NCT of Delhi. This amount is indirectly being used under the programme as Government of National Capital. Territory of Delhi share the expenditure of all the programme under NHM including NTCP by providing the budget in common envelop in the ratio of 60:40, and each year many training and IEC activities are being done by using the amount received in NHM envelop from Central Government and State Government.

All types of Hookah Bars have been banned by Delhi Government vide order dated 03.08.2020 and same decision was reiterated again vide order 14.10.2021 (copy attached). It is also informed that 13 cases are under sub-judice in Hon'ble Delhi High Court regarding withdrawal of these orders.

Para: 7.11 National Laprosy Eradication Programme

As per National Health Policy 2017, the proportion of Grade-2 cases amongst new cases will become the measure of community awareness and health systems capacity to carry out leprosy elimination, keeping in mind the global goal of reduction of Grade-2 disability to less than one per million by 2020. The policy envisaged proactive measures targeted towards elimination of leprosy from India by 2018**.**

Audit observed that Grade-2 cases amongst new cases remained above 10 per million during 2016-17 to 2019-20 but came down to 4.50 per

million in 2020-21. Although this shows a significant improvement, the occurrence was still much above the desired level of one per million. In spite of this, GNCTD did not implement Leprosy Case Detection Campaign (LCDC) instituted by GoI in August 2016 aimed at elimination of leprosy by 2018. Activities under LCDC included two days State level workshop, Orientation training for field level workers etc. which would have facilitated early detection of Leprosy cases and prevention of Grade-2 disabilities. GoI had also written (May 2018) to GNCTD that the incidence of Grade-II disability in Delhi were consistently high during the last three years and requested for conducting LCDC activities. However, GNCTD did not conduct any activity and no annual target was fixed for leprosy control/eradication.

Reply of the Department was awaited.

Action Taken by the Department

LCDC activities were duly conducted in the years 2016, 2017, 2018, and 2019 in accordance with NLEP guidelines. Relevant reports for these LCDC rounds are enclosed herewith for ready reference.

However, the campaigns could not be undertaken in the years 2020 and 2021 due to restrictions and challenges posed by the COVID-19 pandemic. Despite this disruption, LCDC remains a regular annual activity under the NLEP and continues to be implemented as per the prescribed national guidelines.

On the observations of the Audit that the short term and long term strategy of the State Government for implementing the central scheme NLEP in an efficient manner so as to eradicate leprosy may be furnished, the Health Department submitted revised ATN and stated that:-

Short-Term Strategy:

1. Rapid Case Detection
   - Intensify active case detection through house-to-house visits, 17 Leprosy Case Detection Campaigns (LCDC), and ASHA-based surveillance in high-burden areas. Also conducting LCDC twice a year for effective case detection and spreading awareness in the community.
   - Effectively implementing IEC in the community about leprosy, tele helpline no. for addressing queries of people and QR code for self assessment.
   - Engage private healthcare providers and AYUSH practitioners to expand diagnostic access and case reporting.

   - Identify hidden cases by prioritizing interventions in migrant populations and hard-to-reach areas

   - Conducting Focused leprosy campaigns in the areas where G2D case or child case is detected.

2. Immediate Treatment and Follow-up
   - Ensure 100% MDT initiation for all diagnosed cases within one week.
   - Set up monthly follow-up protocols with mandatory screening of household contacts for up to 5 years. Along with this, repeat contact tracing and screening after 6 months.

   - Provide Single Dose Rifampicin (SDR) to eligible contacts, particularly in high-priority districts (PR>1, ie. New Delhi, South and Shahdara district).
   - Conduct health care camps and self 18 care camps in leprosy colonies and healthcare facilities of Delhi.

3. Address Stigma and Promote Awareness

   - Conduct intensive community awareness campaigns using mass media, schools, and workplaces.
   - Implement Sparsh Leprosy Awareness Campaigns (SLAC) and Bal Jagrukta Abhiyaan for children's education on early symptoms and self and household members' screening.
   - Collaborate with NGOs to spread awareness and facilitate early treatment-seeking behaviour.

4. Surveillance and Data Management

   - Ensure timely updation of cases on Nikusth portal.
   - Conduct regular monitoring visits in the high priority districts.

   Long-Term Strategy

1. Achieve Transmission Interruption
   - Target zero new indigenous child cases for 5 consecutive years at the district level.
   - Expand retrospective contact tracing and surveillance to proactively identify hidden infections.
   - Scale up SDR-PEP (Single Dose 19 Rifamicin) implementation and ensure continuity of care for migrant and underserved populations.

2. Institutionalize Capacity Building
   - Continuity of capacity building of healthcare staff and refresher trainings in the state.
   - Integrate leprosy education into broader health programs, such as tuberculosis, School health scheme, RBSK etc.

3. Making leprosy a notifiable disease in Delhi

   - Making leprosy a notifiable disease would ensure data reporting from private institutions and notification of every case detected in Delhi. This would in turn help in effective case follow-up, contact tracing and case management and disability prevention.

4. Strengthen Partnerships

- Institutionalize collaboration with private hospitals, community health workers, and academic institutions for referral systems, research, and patient rehabilitation.

5. Social Inclusion and Rights-Based Approaches. 20

- Ensure legal protections and access to welfare schemes for affected individuals.
- Promote mental health support services for patients facing social isolation and discrimination through effective counselling.
- Repeal discriminatory laws against people affected by leprosy.

6. Research and Innovation

Collaborating with institutions conducting research on leprosy treatment and prevention. One such initiative is being implemented in Delhi through MIP vaccine implementation research in 3 high priority districts of Delhi.

Para: 7.12 **National Mental Health Programme(NMHP) Not Implemented**

As per paragraph 4.7 National Health Policy 2017 on mental health, it is required to work on the main fronts which include increasing/creation of specialists trough public financing and develop special rules to give preference to those willing to work in public systems, create network of community members to provide psycho-social support to strengthen mental health serves at primary level facilities and leverage digital technology in a context where access to qualified psychiatrists is difficult. Para 13.4 of National Health Policy also provides that training community members to provide psychological support to strengthen mental health services in the country. Collaboration with Government would be an important plank to develop a sustainable network for community/locality towards mental health.

Audit observed from the accounts of the DSHS that there was an opening balance of ₹ 92.20 lakh on 1 April 2016. Further, DSHS earned interest of ₹ 21.32 lakh during 2016-21, but nil expenditure was incurred and whole amount of ₹ 1.13 crore remained unspent as of 31 March 2021. This clearly shows that the above programme has not been implemented by the Society. The reasons for non-implementation of the programme are awaited.

Action Taken by the Department

The program has merged under DSHM in the F.Y 2024-25. Recruitment has been done in November 2024.

IHBAS is implementing NMHP through District Mental Health Programme (DMHP) in 5 Districts and includes community outreach clinics, IEC activities and training. The Central funding was routed through Delhi State Health Society. The said amount of Rs.92.20 lakh in the year 2016 pertained to the starting of DMHP services in one of the new Districts. However, due to non merger of the NMHP scheme/Project between DSHS/DSHM with IHBAS, the fund was never released to the Nodal Centre.

The process of merger was completed in January 2025 (copy of office order in this regard is attached) and currently DSHM/DSHS is implementing the programme (including recruitment of staff). IHBAS is providing the technical assistance for the same. There is plan for expansion of services under NMHP to all the 11 Districts (from existing 5 Districts with inclusion of 6 new Districts). The DSHM/DSHS is receiving funds from NHM for the implementation of the programme.
So, it is submitted that the programme of NMHP has been implemented in Delhi State during the year 2016 and till date.

There was no period of non-implementation of the programme.

Para: 7.13 Implementation of National Programme for the Health Care for the Elderly (NPHCE)

The Ministry of Health & Family Welfare had launched the "National Programme for the Health Care of Elderly" (NPHCE) during 2010-11 to address various health related problems of elderly people. The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the international and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of senior citizen. The programme is State oriented and basic thrust of the programme is to provide dedicated health care facilities to the senior citizens (>60 year of age) at various levels of primary, secondary and tertiary health care.

The Audit considering the PIPs, RoPs and consolidated utilization certificates, the budget provision and expenditure incurred on National Programme for Health Care of the Elderly (NPHCE) by NHM, NCT of Delhi during the period 2016-17 to 2021-22 observed that DSHS received ₹ 34.50 lakh against approved amount of ₹ 431.54 lakh. However, DSHS has incurred only ₹ 8.17 lakh (1.89 *per cent*) against the ₹ 431.54 lakh approved

during the period 2016-22. As per the Records of Proceeding (RoP) of DSHS for the period 2020-21, GoI approved 38 posts of Nurses for Geriatric Care (22), Physiotherapist/Occupational Therapist (04) and Consultant Medicine (MD) (12) under the NPHCE, but all the posts remained vacant as of March 2021.

Action Taken by the Department

A number of IEC activities and printing activities done in the health facilities under the program. Physiotherapy unit was strengthened in hospitals. Three day training on Comprehensive Geriatric Assessment (CGA) for Medical Officers under NPHCE was conducted in MAMC. 28.09% fund was utilized in 2024-2025. Recruitment and filling of post is being taken under DSHM.

On the observations of the Audit that a concrete plan for efficient utilization of allotted funds under NPHCE along with timelines for filling up the posts be furnished, the Health Department submitted revised ATN and stated that:-

NPHCE (DGHS)

The budget allocation was already made to 11 districts in April, at the beginning of the financial year. The IDOP fortnight celebration is planned for October, and the allocated budget will be utilized accordingly.

Further, directions have already been given to the DNOs to distribute the appropriate amounts to hospitals. Instructions have also been issued to facilitate the procurement of required items. Maximum efforts are being made to ensure effective utilization of the allocated budget.

Recruitment of human resources will be carried out at the level of DSHM. The requisition for filling staff positions will be placed before DSHM for approval under the NPHCE programme.

The Audit further observed that timeline for filling up the vacant post has not been furnished. The Health Department vide reply dated 15.12.2025 stated that Recruitment of all vacant posts under NPHCE will be completed by 31.6.2026.

ANNEXURE-VII

CHAPTER VIII – ADEQUACY AND IFFECTINGNESS OF THE REGULATORY MECHNISM

Para:8.2 **Implementation of norms and regulations by Regulatory Bodies**

Para:8.2.1 **Delhi Medical Council**

Delhi Medical Council (DMC) is a statutory body constituted in September 1998 through Delhi Medical Council Act, 1997 by the Government of NCT of Delhi. Delhi Medical Council is vested with powers, duties and functions of regulating the practice of modern scientific system of medicine in NCT of Delhi. All medical practitioners are required to renew their registration every five years. 56,742 out of total 1,34,958 Registered Medical Practitioners (RMPs), constituting 42 *per cent*, had not renewed their registration as of May 2022.

Action Taken by the Department

Matter of Record

2.On the observations of the Audit that Actions Taken for ensuring renewal of registration by medical practitioners may be submitted, the Health Department submitted revised ATN and stated that:-

Delhi Medical Council Registration Certificate – Renewal Process

The Delhi Medical Council (DMC) registration certificate is valid for a period of **five years**, as mentioned on the certificate itself.

Doctors can **apply for renewal online** by visiting the official DMC website: www.delhimedicalcouncil.org. To initiate the renewal process they need to log in by using their credentials and complete the application form along with payment of the requisite fee, which can also be paid online.

Once the renewal application is processed, the **renewed registration certificate** is sent to the **registered email ID**. Additionally, the certificate can be downloaded directly from the DMC website by logging in with your individual credentials.

Para: 8.2.1.1 Action against Quacks

As per Section 26 of the Act, any person who falsely claims to be registered with the DMC, on conviction, shall be punished with a fine up to rupees five thousand. Further, Section 27 of the Act envisages that any person practicing modern medicine without getting registered, shall be punishable with rigorous imprisonment up to three years or fine up to rupees twenty thousand or both.

Complaints against quacks received in DMC Office are forwarded to Chief District Medical Officer (CDMO) to carry out inspection and send the reports to DMC. Disciplinary Committee, DMC requests police authority concerned to register FIRs against persons found practicing modern medicine without having proper authorization.

Test check of records revealed that no survey/inspection was carried out by the CDMOs concerned in 14 complaints1 out of 928 received between February 2017 and January 2022 even after delays of 126 to 2289 days.

Audit noted that during 2016-2022 (up to September 2022), police had registered FIRs against 40 persons (12 *per cent*) out of 335 persons who were practicing medicine without required qualifications. DMC did not actively pursue cases where action was not initiated by the police.

Further, Anti-Quack Response Team (AQRT) of DMC had not conducted any surprise raid/inspection to prevent practice of modern scientific system of medicine by unauthorized persons.

Such inaction allows the quacks to operate with impunity as the envisaged deterrence is non-existent.

DMC stated (November 2022) that complaints could not be disposed of timely due to delay in inspection/ survey by the CDMOs concerned against unqualified medical practitioners/ quacks. DMC further stated that police is requested to register FIRs against such persons who are practicing medicine without holding required qualification but in spite of repeated requests police failed to register the FIRs.

Reply is not acceptable as it is the overall responsibility of the DMC to prevent unqualified persons from practicing medicine in Delhi.

Action Taken by the Department

It is submitted that the complaint against unqualified medical practitioners, received in the office of the Delhi Medical Council, is forwarded to the concerned Chief District Medical Officer, Govt. of NCT of Delhi (which falls under the jurisdiction the Directorate General of Health Services, Govt. of NCT of Delhi) with a request that an inspection/ survey be

undertaken at the place of unqualified medical practitioner/ practitioners, and to send an inspection report to the office of Delhi Medical Council, as the surveys/inspections for identifying the quacks in the NCT of Delhi are conducted by the team of the concerned Chief District Medical Officer under the Directorate General of Health Services, Govt. of NCT of Delhi at the premises of individual/ individuals who is/are alleged to be practicing medicine without holding any requisite qualification. Further, if a survey/inspection report received from the office of the Chief District Medical Officer (Directorate General of Health Services, Govt. of NCT of Delhi) gives a finding of practice in allopathic system of medicine by an unqualified person, a Notice To Show Cause is issued to unqualified medical person wherein he/she is directed to stop practicing allopathic(modern scientific system of medicine), forthwith and to appear in Delhi Medical Council and show to show cause why this order should not be enforced. Then, subsequent to show cause notice to such a person, a closure order is passed, refraining him/her from practicing in allopathic system of medicine. A copy of the Closure Order is also sent to the concerned Chief District Medical Officer and the Police for compliance report. Accordingly, the Police is requested to register F.I.R. against such person under Section 27 of the Delhi Medical Council Act, 1997 alongwith other provisions of law, if any. If the compliance report discloses that the unqualified person is still practicing, inspite of Closure Order, as passed by the Delhi Medical Council, criminal prosecution under Section 27 of the Delhi Medical Council Act, 1997 is initiated.

Further, in the cases, as highlighted by the Principal Accountant General (Audit), in its reference, in which no reply/response/survey report/inspection report has been received in the office of the Delhi Medical Council, inspite of repeated reminders; again reminders have been sent to the office of respective Chief District Medical Officer to conduct survey and to send the report, so that further necessary action can be taken, in this regard.

Also, in cases in which no information regarding the registration of F.I.R. has been received, as highlighted by the Principal Accountant General (Audit), in its reference, Reminder letters in respect of theses quacks have been dispatched, seeking status of registration of FIR from the concerned police station.

It is further submitted that the primary basis for initiating the anti-quackery proceedings against an unqualified person is generally the reports submitted to the Delhi Medical Council by the office of the Chief District Medical Officers, Directorate of Health Services, Govt. of NCT of Delhi. However, since the evidence provided in such reports, is not cogent enough, as no drugs/medical equipment is seized, since neither the office of the Drug Controller nor the police are generally involved in the raids, it becomes imperative to request the police to register F.I.R. in such matters, so that evidence is collected to initiate successful prosecution in Court of Law.
With that objective, requests are being sent to the police for registration of F.I.R. Unfortunately, there seems to be lack of alacrity on the Police

Department, as in many cases, the requests for registration of F.I.R. remain unanswered or no information regarding the fate of request for registration of F.I.R. is shared by the police with the Delhi Medical Council. Neither the Police Department nor Government Agencies fall within the jurisdiction of the Delhi Medical Council.

Quackery being social menace requires a joint collaborative effort of all stock holders including the Police, Government Agencies.

It is, therefore, requested that necessary instruction may kindly be issued to concerned Chief District Medical Officer, Directorate of Health Services, Govt. of NCT of Delhi to provide the reports in time bound manner with evidence i.e. seizure of drugs/medical equipment, list of allopathic medicine or other proof of practicing allopathic medicine, so that the punitive action can be taken. Further, necessary instruction may also kindly be issued to the Police Department to give consideration to the requests of registration of F.I.R. by the Delhi Medical Council.

On the observations of the Audit that Actions taken by the Department for sensitizing the CDMOs to conduct timely inquiry and the Police Department for registering FIR may be submitted, the Health Department submitted revised ATN and stated that:-

Inspection and Legal Action Against Quackery: Coordination with CDMO Offices and Police Authorities:-

It is stated that the offices of the Chief District Medical Officers (CDMOs) are requested to conduct inspections/surveys of medical establishments (clinics/nursing homes) and to submit inspection reports to the office of the Delhi Medical Council (DMC) within 15 days.

Further, it is requested that whenever the Office of the CDMO conducts such inspections, the inspection team must obtain the following documents from the medical practitioner and submit them along with the inspection report to the DMC to facilitate further necessary action:

1. Letterhead of the clinic.
2. Visiting card of the medical practitioner.
3. Photo identity card of the person practicing.
4. Photograph of the clinic's display board.
5. Photograph of the practitioner at the clinic.
6. Photograph of medicines available at the clinic.
7. List of medicines available at the clinic, including other medical appliances (e.g., BP apparatus, stethoscope, nebulizer, IV set, weighing machine, etc.).
8. Attested photocopy of educational qualifications.
9. Copy of the agreement with the landlord (if applicable).
10. Copy of OPD register/slip.

It is also requested that the inspection report specifically mention the system of medicine (Allopathic /Ayurvedic /Unani/Homeopathy) in which the practitioner is operating.

As a part of follow-up with the police **the DMC also sought updates regarding**:

- Registration and status of FIRs
- Progress of investigations/case status
- Copy of the FIR, including details of any arrest made in the particular case
- Information on anticipatory and/or regular bail applications, if filed by the accused

This information was essential for the DMC to provide appropriate assistance to the Hon'ble Court during the adjudication of such bail matters.

The cooperation of the Police Department was crucial and was respectfully emphasized, as it plays a vital role in curbing the menace of quackery, which poses a serious threat to public health and safety in the NCT of Delhi.

On the observations of the Committee that whether the Department has taken any action against Quacks, if so the Department may provide detail. The Health Department vide letter dated 26.12.2025 informed the Committee that Department has taken action and directions have been issued to all CDMOs to submit action taken report on priority basis of the pending 14 complaints of Quacks received between February 2017 and January 2022 (Case IDs – 48317, 2144, 42265, 44319, 48356, 43256, 44222, 55178, 302428, 302414, 302426, 302420, 302588 and 302584).

Para: 8.2.1.2 **Laxity in disposal of complaints (misconduct/medical negligence) made against Medical Practitioners**

Under section 21 of the Act, DMC was to setup a Disciplinary Committee of six members chosen from members of council to conduct enquiry of misconduct/ medical negligence of registered medical practitioners against whom complaints are made. DMC may enquire into complaints against medical practitioners either suo-moto or on the basis of any complaint through the Disciplinary Committee. As per instructions of Medical Council of India (MCI), all complaints received against registered medical practitioners related to unethical practice shall be resolved within six months from date of receipt of such complaints by all state medical councils.

During the years 2016-17 to 2020-21, DMC received 1451 complaints out of which 49 complaints, 42 complaints and 120 complaints were still pending even after delays of 181-360 days, 361-660 days and above 660 days respectively whereas 26 complaints, 689 complaints and 118

complaints were disposed of after delay of 181-360 days, 361-660 days and above 660 days respectively.

DMC stated (November 2022) that complaints against doctors could not be disposed of timely or are still pending due to delay in constitution of the council amid COVID pandemic.

The reply is not acceptable as most of the complaints pertain to pre COVID period when Council was in existence.

Action Taken by the Department

It is submitted that complaint of medical negligence/professional misconduct against registered medical practitioner is examined by the Delhi Medical Council through its Disciplinary Committee and the Executive Committee respectively. After reconstitution of the Delhi Medical Council, then, the process for reconstitution of the various Committees of the Delhi Medical Council including the Disciplinary Committee, Executive Committee, etc. is initiated. The delay/pendency of the cases were/are occurred due to following grounds.

Delay in reconstitution of Council for its term 2015-2020

It is submitted that Delhi Medical Council for the period 2016-2017 to 2019-2020 was functioning under its term 2015-2020. After completion of due process of reconstitution of the Delhi Medical Council for its said term in accordance with the provisions of the Delhi Medical Council Act, 1997 and Delhi Medical Council, 2003, the Government of NCT of Delhi was requested to notify the new Council vide note No.DMC/F.29/Elections/2/2014/241954 dated |1* December, 2014. Further, a letter No.DMC/F.29/Elections/3/2015/242468 dated 14" January, 2015 was sent to the Government of NCT of Delhi with a request to expedite the notification of the reconstituted New Council of all the members. Subsequently, the Council was reconstituted vide notification dated 13th March, 2015

No.F.32/13/2009/H&FW/1985-91. Further, the matter related to reconstitution of the Delhi Medical Council was challenged before the Hon'ble High Court of Delhi in a writ petition. As a result, the said notification was stayed by the Hon'ble High Court of Delhi. Later, the said petition was disposed by the Hon'ble Court of Delhi and accordingly, Govt. of NCT of Delhi issued a notification dated 28th September, 2015. Again, the reconstitution of the Delhi Medical Council was challenged before the Hon'ble High Court of Delhi in W.P. (C) 6208/2015 7CMR No. 2228/2015, matter tiled

*Anil Goyal Versus Govt. of NCT of Delhi &Ors and in W.P. 9948/2015 & CM No.24183/2015 matter titled Anil Goyal Versus Government of NCT of Delhi &Ors. Later, the said petitions were disposed by the Hon'ble High Court of Delhi. Accordingly, another notification dated 24"h November, 2015

was issued by the Govt. of NCT of Delhi regarding the constitution of the Delhi Medical Council. Accordingly, the process for election of the President, Delhi Medical Council, Vice-President, Delhi Medical Council and the constitution of various Committees i.e. Disciplinary Committee, Executive Committee, etc. were initiated.

Delay in reconstitution of Council for its term 2020-2025

The Delhi Medical Council for the period 2020-2021 is functioning under its term 2020-2025. The due process for reconstitution of Delhi Medical Council for its said term was initiated in the month of February, 2020, as the last Council term (2015-2020) was completing on 12th March, 2020. It is further submitted that due to COVID-19 pandemic, the complete lockdown in the country was enforced in the month of March, 2020; due to which, the due process of reconstitution of the Delhi Medical Council was delayed. Further, after completion of due process for reconstitution of Delhi Medical Council for its said term in accordance with the provisions of the Delhi Medical Council Act, 1997 and Delhi Metical Coni, 2003, the Government of NCT of Delhi was requested to notify the new Council vide note No.DMC/F.29/Elections/2/2020/291824 dated 08th September, 2020. Subsequently, the Council reconstituted the present Delhi Medical Council vide notification (F.1 12/H&FW/ 2020/ Council/DMC/2092-98) dated 08th October, 2020. Accordingly, the process for election of the President, Delhi Medical Council, Vice-President, Delhi Medical Council and the constitution of various Committees i.e. Disciplinary Committee, Executive Committee, etc. were initiated.

Delay in receipt of documents/records

It is submitted that for determining the issue/issues involved with the complaint/ complaints, various documents/ records are essential for the same, which were/are sought by the Delhi Medical Council from the complainant, respondent doctor/ doctors/ hospital/ hospitals/ police, various institutions, etc.; the delay in receipt of which result in delay in disposals of the matters.

Cases referred by the Court/Police

It is submitted various matters/cases were referred by the National Human Rights Commission, High Court/District Courts/Police, etc. wherein the Delhi Medical Council was bound for examination and to determine the matter within a time frame; due to which, various cases which even though received on later date, were taken up for examination earlier and disposed accordingly.

In view of the above grounds, it is most respectfully submitted that the complaints of medical negligence/ professional misconduct against a registered medical practitioner were/are pending and could not be disposed in due course of time, as a result, the backlog of pending cases have

increased exponentially and all efforts are being made to expeditiously determine these complaints, as early as possible.

On the observations of the Audit that an Action Plan with timeline may be furnished for the disposal of pending complaints, the Health Department submitted revised ATN and stated that:-

Status of Complaints Received by Delhi Medical Council (01.01.2016 to 31.12.2021)

As per Regulation 8.7 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 — which is binding on the Delhi Medical Council — complaints pertaining to medical negligence or professional misconduct are required to be decided within six months from the date of receipt.

The status of complaints received during the period 01.01.2016 to 31.12.2021 is as follows:

- Total Complaints Received: 1,738
- Complaints Disposed: 1,691
- Complaints Pending: 47

The Council remains committed to ensuring the timely and efficient disposal of complaints in compliance with the prescribed regulatory framework.

However, it is important to note that delays may occasionally occur due to administrative or procedural issues, which may be beyond the control of the Council.

It is also pertinent to mention that due to the dissolution of the Delhi Medical Council by the Government of NCT of Delhi on 19th June 2025, the adjudication of complaints is currently not feasible, as the existing disciplinary framework within the Council no longer exists. Once the DMC is reconstituted, all pending complaints related to medical negligence and professional misconduct will be taken up and addressed at the earliest.

Para: 8.2.2 Delhi Nursing Council

Delhi Nursing Council Act, 1997 (DNC Act) along with Delhi Nursing Rules was notified in June 2001. Section 3 of DNC Act stipulates constitution of Delhi Nursing Council with members to be notified by the State Governments. Further, as per Section 4 (1), the term of office of a member (other than ex-officio member) shall be three years from the date of nomination or until a successor has been duly nominated, whichever is earlier. GNCTD was required to notify the election for members of the

council. The Delhi Nursing Council (DNC) was to maintain the data base of available practicing nurses in the state and to serve as an agency to develop nursing staffing norms, recruitment policy and other nursing related policies.

Delhi Nursing Council's main responsibilities were:

- To conduct election of council members
- To provide registration to nurses and renew their registration every five years
- To provide registration to newly setup nursing institutions
- To conduct periodical inspection of nursing institutions
- To verify credentials of nurses working in health Institutions in Delhi

It was observed in audit that although DNC was initially constituted in June 2001, it was not reconstituted regularly by holding elections and notifying fresh members after three years. As a result DNC was not constituted from June 2004 to January 2006, January 2009 to August 2013, August 2016 to July 2017 and from July 2020 to May 2022. Thus, in 21 years after the Act came into effect, DNC was not in existence for more than eight years to carry out the functions mandated by the DNC Act.

DNC replied (November 2022) that elections for members of the Council were conducted in 2020 but declared null and void by GNCTD due to some irregularities in the election process and fresh elections have been initiated.

Thus DNC, which was to develop nursing staffing norms, recruitment policy and other nursing related policies was almost dysfunctional which may have resulted in other deficiencies as given below:

- As per Section 19 of DNC Act, the registrar was to print and publish the names of registered nurses, midwives, auxiliary nurse midwives/ female health workers and female health assistants/ health supervisors every year but DNC had not published the above list since its establishment in May 2002. DNC stated (November 2022) that there was no online facility for general public/nurses/employers of nurses to apply for registration and verification of registration. The process of online registration/renewal/verification etc. will be started once the vendor for it is selected through GeM portal.

- Section 17 the of DNC Act stipulates that only persons registered under the Act shall practice as a nurse. Further, as per Section 26 (1), any person who acts in contravention to this shall, on conviction, be punished with fine up to two thousand rupees for first offence, five thousand rupees for second offence, and ten thousand rupees for subsequent offence. The nursing institutions/organizations/homes are required to send the list of nurses working in their establishment to DNC every year for verification of their credentials.

Audit observed that out of 1229 nursing homes/hospitals/institutions Employing nurses for providing health care services to public, 48 to 1044 institutions sent the list of nurses for verification during the years 2016 to 2022 and 780 upto September 2022.

DNC stated in November 2022 that it has issued circulars from time to time, for registration and renewal of license of nurses to practice in Delhi. DNC received verification of registration certificates from various institutions and the same were verified by it. Though the situation improved in the years 2021-22 and 2022-23 (up to September) but it remained laggard during the period 2016-21.

- Guidelines issued under Sections 22 (1) & (3) of DNC Act also envisage inspection of the institutes to assess its suitability with regard to physical infrastructure, clinical facility and teaching faculty in order to give permission to start the programme and thereafter, every year till the first batch completes the programme. Permission is to be given year by year till the first batch passes out and thereafter every three years to ensure that the institution is functioning as per the prescribed standards.

Audit noted that there were 37 nursing training institutions functioning in Delhi out of which 20 institutes were inspected with delays of seven to 41 months. Out of the six new institutes affiliated with DNC during the audit period, prescribed number of annual inspections of four institutes was not carried out.

The regulatory mechanism to ensure quality nursing services was hampered during the period DNC did not exist. Due to lack of periodic monitoring of healthcare institutions employing nurses, it could not be ensured if only qualified persons were employed. Further, due to shortfall in inspections of nursing training institutions by DNC, assurance could not be derived on the functioning of these institutions.

DNC stated in its reply (November 2022) that due to COVID pandemic, inspections were put on hold as institutions were working online. The reply is not acceptable as most of the inspections pertained to pre-COVID period.

Action Taken by the Department

Delay in notification/constitution of the member of Delhi Nursing Council

Delhi Nursing Council Rules 2001 section 3(b) Registrar is responsible for election of three principals of ANM, GNM & B.Sc. nursing programs (one from each) affiliated with Delhi Nursing Council. The same was conducted by the previous Registrar/Returning officer and rest of final constitution of Delhi Nursing Council is carried by department of Health & Family Welfare. It gets delayed due to administrative reasons.

However, the election of three principals were conduct in 2020 and declared null and void by the Government of NCT of Delhivide letter No. F.127/H&FW/2021/Council/DNC/95-100 dated 24/03/2022 (CD# 112645474) due to certain irregularities in the election process.
Again election was conducted by Returning Officer/Registrar of Delhi Nursing Council under section 3(1)(i) of Delhi Nursing Council Act 1997 GNM and B.Sc. Nursing programs vide letter No. F. 2(1)(1)/DNC/2016/13000-13002 dated 21/08/2003. Many letter were also send in this regard dated 16/04/2024, 20/05/2024, 26/06/2024, 12/09/2024 and 17/04/2025.
Now final procedure of constitution of Delhi Nursing Council is under process.

On the observations of the Audit that A timeline for completion of the process of constitution of DNC may be submitted, the Health Department submitted revised ATN and stated that The process for constitution of Delhi Nursing Council is under process, as soon as the process is completed, the file will be submitted for approval of the competent Authority to constitute the body of Delhi Nursing Council The Audit further observed that No timeline for completion of the process of constitution of DNC has been furnished, the Health Department vide reply dated 15.12.2025 further stated that

The file for constitution of the body of Delhi Nursing Council is under process and under consideration of the Higher Authority. The body of Delhi Nursing Council is likely to be constituted by 31.03.2026.

Inadequate verification of Nurses employed in Health Care Institutions

Delhi Nursing Council circulated the circulat to employers every year for registration and renewal of licence of Nurses to practice in Delhi and same is upload on the Delhi Nursing Council website.

Delhi Nursing Council received verification of registration certificates of Nurses from various institutes/Hospitals and same were verified by the Delhi Nursing Council.

Delhi Nursing Council has also started online verification of registration certificate of Nurses registered in Delhi Nursing Council. The employer can verify the registration certificate of the candidate before the appointing them.

Delhi Nursing Council (DNC) also published the list of registered Nurses in DNC website w.e.f. May 2002 to till date.(copy enclosed)

On the observations of the Audit that Attached documents not found, the Health Department submitted revised ATN and provided the requisite documents for perusal vide reference link of published list on Delhi Nursing

Council website i.e. delhinursingcouncil.com sub link – Registered Nurses list of ANM & sub link-Registered Nurses list of RN & RM

Inadequate inspection of nursing training to institutes

Due to COVID-19 pandemic situation inspection were withheld as institution were working online. Indoor patients were limited to COVID only as per Govt. policy.

And before COVID inspection were delayed due to non-constitution of Delhi Nursing Council owing to administrative reasons. The institute was closed since 2022.

Further, the constitution of DNC is for only three years. However, things are coming back to normal. Hence, inspection of the institutes are planned and conducted.

Delhi Nursing Council now timely conducting regular and surprise inspection of the nursing training institutes to maintain the standard of Nursing education in the NCT of Delhi .

Para:8.2.3 Delhi Pharmacy Council

The Delhi Pharmacy Council (DPC), constituted in the year 1959 under the Pharmacy Act, 1948, registers pharmacists and regulates pharmacy services in Delhi. Pharmacy Practice Regulations (PPR) were notified by GoI in January 2015 for regulating and enhancing the status and practice of pharmacy profession in the country. It seeks to lay down a uniform code of pharmacy ethics, responsibilities of pharmacists towards patients, job requirements of a pharmacist, role of a community pharmacist, etc. Section 29 of the Pharmacy Act requires the State Government to maintain a register of pharmacists in Delhi. All the pharmacists are to renew their registration every year for which the required fee is to be paid.

Audit noted the following:

- DPC was not functional since July 2018 as it had failed to hold elections for the council. DPC replied (December 2022) that election was held in November 2021

- Even after seven years of notification by GoI in 2015, Pharmacy Practice Regulations were not notified by GNCTD. DPC replied (December 2022) that the said regulations can only be implemented after re-notification in Delhi Gazette which is still pending with the GNCTD.

- DPC had not maintained updated data of pharmacists. DPC replied (December 2022) that after initiation of online process, updated data of pharmacists will be maintained.

Action taken by the Department

DPC was not functional since July 2018 as it had failed to hold elections for the council. DPC replied (December 2022) that election was held in November 2021.

The matter of record, however the 7th Pharmacy Council of Delhi has been constituted on 4th November, 2024 and the period of 7th Pharmacy Council of Delhi is upto November, 2026.

Even after seven years of notification by GoI in 2015, Pharmacy Practice Regulations were not notified by GNCTD. DPC replied (December 2022) that the said regulations can only be implemented after re-notification in Delhi Gazette which is still pending with the GNCTD.

Pharmacy Practice Regulations by the GNCT Delhi is being in process and it will be notified by the GNCT of Delhi shortly.

The Audit observed that the Timeline for notifying the Pharmacy Practice Regulations may be furnished, the Health Department submitted revised ATN and stated that Advice from Law Department on the subject matter sent by H&FW Department to Registrar, Delhi Pharmacy Council vide letter dated 12/09/2025.

The Audit further observed that No timeline for notifying Pharmacy Practice Regulations Furnished. The Health Department vide letter dated 15.12.2025 stated that The Delhi Pharmacy Council is in process to implementation of Pharmacy Regulations, 2015 and Pharmacy Practice (Amendment) Regulation-2021, notified by the Pharmacy Council of India. The Process is likely to be completed by 31.01.2026.

DPC had not maintained updated data of pharmacists. DPC replied (December 2022) that after initiation of online process, updated data of pharmacists will be maintained.

The Delhi Pharmacy Council has already been implemented the online system since March, 2021 and updated date of registered Pharmacists are being maintained since online system inception.

Para:8.2.4 Drug Controller of Delhi

The Drugs Control Department (DCD) is headed by Drugs Controller of Delhi. It regulates manufacture of drugs and cosmetics and sale of drugs in Delhi. It is also responsible for enforcement of Drugs and Cosmetics Act 1940, and Drugs and Cosmetics Rules 1945.

Drug Policy of NCT of Delhi was framed in 1994 to ensure availability of safe and effective drugs, good quality control and assurance system. It provided for strengthening of Drug Inspectorate Units and Quality Control Laboratory for withdrawal from circulation of products found to be of sub-standard quality. Rules 51 and 52 of Drugs and Cosmetics Rules, 1945 stipulates all premises licensed for manufacture and sale of drugs, cosmetics and homeopathic medicines have to be inspected not less than once a year.

Besides, Blood banks were required to be inspected annually by a team of Drug Inspectors (DI) of Central Drugs Standard Control Organization (CDSCO) and State Licensing Authority.

Audit noted the following deficiencies during 2016 -17 to 2022-23 (Up to September 2022):

- There was overall shortage of 52 *per cent* staff in different cadres including 63 *per cent* shortage in key staff of Drug Inspector. Drug Control department stated (December 2022) that steps are being taken to fill 26 vacant posts of Drug Inspector from UPSC. UPSC has already published advertisement on 08 October 2022 for the same.

- The overall shortage of inspection of drug selling units and drug manufacturing units was more than 85 *per cent* and 61 *per cent* respectively. DCD accepted (August 2022) that there was severe shortage of staff and

- steps have been taken for filling up of vacant posts of Drugs Inspectors. Only 169 inspections out of required 448 inspections of 74 to 78 Blood banks was conducted by the team.

DCD accepted (August 2022) the shortfall in inspections and attributed this to shortage of staff. It also stated that efforts are being made to increase the number of inspections of Blood banks.

Such shortage in technical staff in carrying out the mandated work of DCD of collecting, testing and analyzing drug samples severely compromised the ability of DCD in performing these functions.

Action taken by the Department

25 new Drugs Inspectors have joined this department till 23.05.2025 after recruitment through UPSC, who are being imparted training in order to prepare them to perform their official duties in efficient manner.

On the observations of the Audit that (1).Action Plan and timelines for filling the remaining vacancies may be furnished (2) Action Plan with timelines and targets for the inspections of maximum number of selling and manufacturing units may be furnished, the Health Department submitted revised ATN and submitted that :-

1. As mentioned in para 2.4
2. Target for the inspections of maximum number of selling and manufacturing are as follows:

a) 20 sales units per month for Drugs Inspectors designated to look afterwork pertaining to sales of drugs

b) 6 manufacturing units per month for Drugs Inspectors designated to look after the work pertaining to manufacturing of drugs/cosmetics.

Para:8.2.4.1 Drug Testing Laboratory

The Drug Testing Laboratory (DTL), DCD started functioning from 2002 and conducts testing of drugs and cosmetic products for quality control. The testing capacity of Lab was 2950 samples (2020-21). Further, DTL is notified for testing only non-biological products and biological products are sent to Regional Drugs Testing Laboratory (RDTL) Chandigarh. Gap Analysis Report2 (November 2018) had recommended upgradation and capacity enhancement of the existing laboratory (5000 samples per annum) and development of new microbiological drug testing laboratory. It also recommended 60 technical staff for enhancing the testing capacity.

Audit findings in respect of DTL are as under:

- NABL provides government, industry associations and industry in general with a scheme of Conformity Assessment Body's Accreditation which involves third-party assessment of the technical competence of testing including medical and calibration laboratories, proficiency testing providers and reference material producers. Audit noted that DTL was not accredited by NABL as of August 2022.

Government stated (December 2022) that it has already started documentation work required as per ISO-17025 (accreditation standard) and that the laboratory will be NABL accredited after its upgradation. The fact remains that DTL was yet to be accredited by NABL though it was established in 2001.

- DTL had not established microbiological drugs testing laboratory nor it had increased the capacity of existing lab up to 5000 tests per annum. The Government stated (December 2022) that as per the request made by it to The Central Government, an emergency arrangement for testing of such samples of drugs has been made and accordingly only a limited sample was sent to RDTL Chandigarh.

Regarding targeted capacity for testing of 5000 samples per annum it was stated that it can be achieved only after completion of both the phases of upgradation as per Gap Analysis Report.

- Against the sanctioned strength in 16 technical posts, only 9 staff were available (September 2022).

The Department informed (December 2022) that the process for filling up of vacant posts has been initiated.

Action taken by the Department

The previous infrastructure of DTL was requiring lots of equipment as per norms of NABL/ ISO-17025/GLP. Accordingly, renovation of the Laboratory was undertaken keeping in view the guidelines notified in ISO-17025. The laboratory is in process of documentation work required as per ISO-17025. Procurement of sophisticated equipments is under process. The Laboratory shall be going for NABL accreditation after complete upgradation of Laboratory.

Sanction order for renovation/re-modeling of Microbiology section of Drugs Testing Laboratory on turnkey basis has been conveyed to PWD for further processing. Tendering process has been awarded by PWD.

The total strength of technical posts (JSO & SSA) are 15, out of which 06 posts are filled (01 Regular & 05 on Contract). Recruitment against vacant posts of SSA is under process in DSSSB.

On the observations of the Audit that Detailed action plan with timelines for upgradation of laboratory and Microbiological section and for filling the vacancies may be furnished, the Health Department submitted revised ATN and stated that :-

1. Status of filling the vacancies of JSO & SSA in Drug Testing Laboratory is as per para 2.4.
2. 33% advance payment for renovation of Microbiology Section of Drugs Testing Laboratory on turnkey basis have been made to PWD and upgradation of Microbiological section has already been initiated and is expected to be completed within this financial year 2025-26.

Para:8.2.4.2. Sample testing by the Drugs Control Department

i. Further, Expert Committee3 had *inter alia* recommended (November 2003), that States should plan to take more samples to check the quality of drugs manufactured and sold in the market. It

was observed that the samples were being collected mainly to keep surveillance on the quality of drugs moving in the market and on receipt of specific complaints about the quality of a particular drug.

ii. The total number of licensed firms (sales and manufacturing establishments), the number of samples tested at DTL was 0.73 to 1.76 *per cent* and at Regional Drug Testing Laboratory (RDTL), Chandigarh, ranged upto 0.25 *per cent* during 2019-20 to 2022-23 (till Sept 2022).

iii. In respect of samples collected from manufacturing establishments and sent for testing at DTL, failure rate ranged from 15.38 *per cent* (2019-20) to 21.43 *per cent* (2020-21) whereas the failure rate of samples collected from sales establishments ranged up to five *per cent* during 2019-20 to 2021-22. The samples sent for testing of biological products at RDTL, Chandigarh were miniscule compared to the number of units/establishments dealing with biological products. The failure rate of biological samples tested at RDTL, Chandigarh for the period 2019-20 to 2021-22 was up to 21.43 *per cent* for sales establishments and between 50 *per cent* and 100 *per cent* for manufacturing establishments. During 2022-23 (upto 30 September 2022) no sample was sent for testing to RDTL Chandigarh. It is pertinent to mention that biological products include vaccines, blood and its components, etc. which tend to be heat sensitive and susceptible to microbial contamination. A small amount of contamination can destroy a whole batch and cause serious health problems if consumed.

Government stated (December 2023) that the Drugs and Cosmetics Act and Rules framed there under do not necessitate drawing of samples of drugs from each and every licensee unit. Moreover, the Department is working with meager strength of Inspectorate staff against the recommended strength. It further stated that they have taken steps for filling up of vacant posts of Drugs Inspectors from UPSC. Regarding sending of limited samples to RDTL, Chandigarh, it was stated that samples of biological products were taken for test and analysis only on complaint basis.

The reply has to be viewed in the light of the recommendations of the expert committee stating *inter alia* that States should plan to take more samples to check the quality of drugs manufactured and sold in the market.

As regard to complaint based practise of testing biological products, this may not be an optimal measure to ensure the quality of biological products available in the market.

Action taken by the Department

Twenty-Five new Drugs Inspectors have joined this department till 23.05.2025 after recruitment through UPSC, New Delhi, who are being

imparted training in order to prepare them to perform their official duties in efficient manner.

The Audit observed that Action Plan with timelines and targets for the inspections of maximum number of selling and manufacturing units of medicines may be furnished, the Health Department submitted revised ATN and submitted that Sample testing capacity is expected to be enhanced after the new staff recommended by DSSSB joins the Drugs Testing Laboratory. The new staff recruitment is expected to be completed in this financial year 2025-26. As soon as the new staff is recruited, sample testing capacity by Drugs Control Department shall be enhanced

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Para: 8.2.4.3 **Lack of compliance to National Blood Policy**

Objective 3.1 of the National Blood Policy (NBP) stipulates setting up of Vigilance Cell under DCD to ensure minimum standards for testing, processing and storage of blood and its components. Audit noted that Vigilance Cell was not set up by DCD (September 2021). Thus the objective for ensuring minimum standards for testing, processing and storage of blood and its components could not be achieved.

DCD stated (August 2022) that after filling up the vacant posts of Inspectors, a dedicated Vigilance Cell for Blood banks will be set up.

Similarly, objective 8.4 of NBP prescribes creation of a separate Blood Cell with trained officers/inspectors for proper inspection of Blood banks and enforcement of conditions mentioned in the license. Audit noted that DCD, NCT of Delhi had not created separate Blood Cell (September 2021).

DCD stated (August 2022) that after filling up the vacant posts of Inspectors, a separate Blood Cell for Blood banks will be set up.

Action taken by the Department

Twenty-Five new Drugs Inspectors have joined this department till 23.05.2025 after recruitment through UPSC, New Delhi, who are being imparted training in order to prepare them to perform their official duties in efficient manner. After the training is completed, the department ensures to setup a Vigilance Cell for Blood Centre (Formerly called Blood Banks) / Blood Cell under DCD in compliance to the National Blood Policy.

On the observations of the Audit that A timeline for setting up of Blood Cell and vigilance cell under DCD may be furnished, the Health Department submitted revised ATN and stated that In compliance to National Blood Policy, Blood Cell and vigilance cell have been created vide office order no. 18(3)/76/DC/Estt./372 dated 26.06.2025.

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Para:8.2.4.4. Huge pendency of test report of samples

As per Sub-rule (1) of Rule 45 of the Drugs and Cosmetics Rules 1945, the government Analyst shall cause to be analyzed or tested such samples of drugs and cosmetics as may be sent to him by Inspector or other persons under the provisions of Chapter IV of the Act and shall furnish the reports of the results of test or analysis in accordance with these rules within a period of sixty4 days of the receipt of the sample. Audit noted that during the years 2019-20 to 2021-22, test results of 1,463 samples were received in DCD after the prescribed time period (60 days).

Delay in testing of samples increases the probability of sub-standard drugs getting distributed and consumed by unsuspecting general public with potential harm to the persons consuming the same.

DCD stated (August 2022) that due to renovation of infrastructure in Delhi Testing Laboratory, testing was delayed along with non-availability of protocol/method of analysis, working standards, chemicals required for the tests and non-functioning of instruments required for analysis. As on date, there is no untested pending sample received in DTL, Delhi.

Action taken by the Department

The total strength of technical posts (JSO & SSA) are 15, out of which 06 posts are filled (01 Regular & 05 on Contract). Recruitment against vacant posts of SSA is under process in DSSSB. One attempt to fill JSO post on deputation was made, but no candidate was found eligible. Another attempt would be made shortly. Department has already acquired few more testing equipments. Further steps have been taken for regular procurement of deficient chemicals and Working Standards.

Once the manpower is recruited through DSSSB, reports from DTL, Delhi would be released in the prescribed time bound manner.

On the observations of the Audit that a timeline for completing upgradation process of DTL and for ensuring timely sending of test reports may be submitted, the Health Department submitted revised ATN and stated that 33% advance payment for renovation of Microbiology Section of Drugs Testing Laboratory on turnkey basis have been made to PWD and upgradation of Microbiological section has already been initiated and is expected to be completed within this financial year 2025-26. Sample testing capacity and timely delivery of test reports is expected to be enhanced after the new staff recommended by DSSSB joins the Drugs Testing Laboratory. The new staff recruitment is expected to be completed in this financial year 2025-26. As soon as the new staff is recruited, timely delivery of test reports by Drugs Control Department shall be ensured.

Para:8.2.5 Accreditation status of test checked hospitals

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. In the selected hospitals, neither LNH nor RGSSH was accredited by NABH.

NABL provides for third-party assessment of quality and technical competence of testing and calibration laboratories.

None of the four labs of LNH/MAMC were accredited by NABL. In case of RGSSH two out of three labs were not accredited. In the absence of proper accreditation of Clinical Establishments (CEs), running of CEs in Delhi without ensuring minimum standards of health care facilities and services cannot be ruled out.

Government replied (December 2023) that process for NABL accreditation of Bio-chemistry lab has been initiated.

Action taken by the Department

MAMC- The HIV laboratory, which is a part of the Department of Microbiology, MAMC, has been accredited NABL as per the International Standard ISO 15189 for the past eleven years. The HIV Laboratory successfully transitioned from the old accreditation standard (i.e.ISO15189:2012) to the new accreditation standard, i.e. ISO 15189:2022, in 2023, with the expanded the scope of accreditation, which now includes all assays that are being performed by the laboratory, such as tests forHIV serology based on the principles of Immunochromatography, lmmunofiltration, lmmunodot, & ELISA; and Absolute CD4+ T-lymphocyte count by flow cytometry.The rest of laboratories of the department arein the process and for the same work is beinginitiated and, in this direction, recently,training on the new accreditation standard, i.e.ISO 15189:2022 has been provided to allfaculties.

RGSSH- Biochemistry&Microbiology Lab are in the process of developing SOPs and documentations has been started so that laboratory can proceed towards NABL accreditation in due course of time in RGSSH.

LNH- The Accreditation of Bio-Chemistry Lab of LNH has been completed in the M/o October 2024.

On the observations of the Audit that Name of lab with tentative timeline for completing the process of accreditation in MAMC/LNH and RGSSH may be submitted, the Health Department submitted revised reply and stated that :-

RGSSH - Microbiology Lab: The Microbiology Laboratory at RGSSH is in the process of developing Standard Operating Procedures (SOP) and documentation so that laboratory can apply for NABL accreditation in 3 years. Biochemistry Lab: The Biochemistry Laboratory at RGSSH is in the process of developing Standard Operating Procedures (SOP) and documentation so that laboratory can apply for NABL accreditation in 3 years.

LNH:-

1. The laboratory is currently working towards the national certification under the NQAS programme launched by MOHFW, Govt. Of India

2. LIS/HIS is an integral and essential requirement for the NABL accreditation. The laboratory is currently working`` towards getting LIS enabled and once the LIS and HIS is in place, the laboratory will proceed with NABL accreditation process. Expected time line. 1 year.

MAMC:- The clinical Biochemistry, LN Hospital, under the department of Biochemistry, MAMC, New Delhi was granted Accreditation in accordance with ISO:15189:2012 by NABL on 23.08.2024. Laboratory of Pathology department, MAMC is not NABL accredited and exact time line cannot be provided as there is persistent shortage of staff which has been communicated to authorities on regular basis.

The process for NABL accreditation of Laboratory of Microbiology has been initiated and it is anticipated to get accreditation over the coming year i.e. till September 2026.

Para:8.2.6 Bio Medical Waste Management

The Bio-Medical Waste (Management & Handling) Rules, 1998 were notified by GoI in 1998 which was amended and superseded by the Bio-Medical Waste Management Rules, 2016 (BMW Rules). These Rules *inter alia* lay down the procedures for collection, handling, transportation, disposal and monitoring of BMW with clear roles for waste generators and Common Bio Medical Waste Treatment Facility (CBMWTF). The Delhi Pollution Control Committee (DPCC) has been designated as prescribed authority to implement these rules in the National Capital Territory of Delhi. In order to implement the BMW Management Rules, a Bio-medical Waste Management Cell (BMW Cell) was formed in 2001 in the Directorate General of Health Services for promoting, facilitation and monitoring the Biomedical Waste (Management & Handling) Rules 1998 in the health care facilities in Delhi.

In order to successfully implement BMW Rules, it was imperative for DGHS to maintain a detailed database of number and category of occupiers/health care providers operating in Delhi. As per Section 4 (g) of BMW Rules, all health care workers and others, involved in handling of

BMW were to be provided training at the time of induction and thereafter at least once every year by the respective organisations. Rule 3C of BMW Rules stipulate that hospitals generating BMW should obtain authorization from DPCC and also send an annual report of quantity of BMW generated and disposed to DPCC.

Audit noted that

- DGHS/BMW Cell did not maintain details of health care facilities available in Delhi to plan, implement and monitor its activities relating to management of BMW. Department stated (December 2022) that inventorisation of occupiers and data on bio medical waste generation, treatment & disposal is done by DPCC as per the list of prescribed authorities and the corresponding duties under schedule-III of BMW Rules, 2016. Audit is of the view that in order to create coordination between various agencies for successful implementation of BMW rules it is imperative for DGHS/BMW cell to maintain a detailed database of number and category of occupiers/health care providers operating in Delhi. Moreover, the Health Secretary is the chairman and DGHS is one of the members of the Advisory Committee formed for overseeing implementation of BMW Rules in Delhi.

- All deviations from the prescribed procedure for management of BMW by CBMWTFs were to be reported by every CDMO to Delhi Pollution Control Committee (DPCC) and DGHS twice a month. DGHS did not maintain records relating to receipt of any such report nor did it develop a monitoring mechanism for compliance to BMW rules. Department (December 2022) accepted the facts.

- As per the Outcome Budget of GNCTD, Annual Reports of DGHS and reply furnished by the Government (February 2023), number of healthcare workers under DGHS who were provided BMW management training during 2016-17 to 2021-22 ranged between 24.91 *per cent* and 78.05 *per cent*. For 2020-21, Department stated (December 2022) that training was organized through online mode due to Covid-19 pandemic.

Government stated (December 2023) that every district has constituted an independent District Level Monitoring Committee under the chairmanship of District Magistrate to oversee the implementation of BMW rules.

Reply is not acceptable as DGHS/BMW cell is overall responsible for implementation of BMW rules.

Action taken by the Department

- Implementation of Bio-medical Waste Management Guidelines: While the Directorate General of Health Services (DGHS) ensures the

implementation of bio-medical waste management guidelines as stipulated, nevertheless the audit recommendation is well-received to ensure further implementation under its ambit.

- District Level Monitoring Committees (DLMCS):

DLMCs have been established in all districts of Delhi. These committees are now actively functioning in coordination with respective Chief District Medical Officers (CDMOs) for collaborative oversight. The audit's observation regarding the need to ensure further augmentation of the robust monitoring mechanism is acknowledged and will be addressed

District Nodal Officers for the Biomedical Waste (BMW) program are actively involved. Additionally, other programs such as the Kayakalp or Quality Assurance Program also incorporate BMW training. DGHS ensures regular training of BMW workers under its administrative control, and the audit observation regarding further consideration is well-taken.

- Regular Periodic Training for Health Workers:

Regular periodic training for health workers is conducted through various platforms within the district. CDMOs and District Nodal Officers for the Biomedical Waste (BMW) program are actively involved. Additionally, other programs such as the Kayakalp or Quality Assurance Program also incorporate BMW training. DGHS ensures regular training of BMW workers under its administrative control, and the audit observation regarding further consideration is well-taken.

Para:8.2.7 **Medical and Death Audit Committee Not constituted**

As per IPHS, review of mortality that occurs in the hospital shall be done on fortnightly basis. As per the Standard Operating Procedure (SOP) issued by the DSHM, each hospital has to constitute an Internal Medical and Death Audit Committee. The committee was set up in LNH (July 2020), RGSSH and JSSH (May 2020) and CNBC (January 2022) for examining Covid deaths only. Even in Covid death cases, 707 deaths (March to June 2020) in LNH and 42 deaths (March to May 2020) in RGSSH were not subjected to such audit, thereby depriving hospitals the feedback for making informed decisions in clinical care.

Government did not offer any comment in its reply dated 13 December 2023.

Action taken by the Department

CNBC- In this regards it is submitted that CNBC has Medical and Death audit committee.

JSSH- Death & Medical Audit Committee has been constituted in JSSH & doing the regular auditing of the death file.

On the observations of the Audit that The status of functioning of Internal Medical and Death Audit Committee in LNH and RGSSH may be furnished, the Health Department submitted revised ATN and stated that :-

RGSSH - The Committee conducts regular and systematic audits of all in-hospital deaths. It is dedicated to reviewing clinical management, identifying system or process-related gaps, and formulating actionable recommendations aimed at enhancing patient safety and improving the overall quality of care. All relevant records including audit worksheets, case files, and minutes of meetings are maintained.

LNH - Committee for Internal Medical and Death Audit is functional and regular meetings are conducted to audit death and medical cases.

On the observations of the Committee that whether Internal Medical and Dealth Audit Committee have been constituted and functioning in all the Hospitals as per prescribed norms. The Health Department vide letter dated 26.12.2025 informed that Committee that Internal Medical and Dealth Audit Committee have been constituted and functioning in Most of Hospitals.

CHAPTER IX – SUSTAINABLE DEVELOPMENT GOALS -3

Para: 9.2 Implementation and monitoring of SDG-3

In Delhi, various health programmes are implemented by District Programme Officers (DPOs) under the supervision of State Programmme Officers (SPOs). DFW stated that several committees/boards were monitoring schemes related to healthcare services for achieving SDG-3 goals.

An examination of individual indicators revealed Delhi was seriously lacking under two indicators, viz. case notification rate of Tuberculosis[2] and suicide rate. Total case notification rate of Tuberculosis (TB) per lakh population in 2019-20 was as high as 544 against the SDG target of 242 cases and an average of 177 cases in India.

Further, suicide rate per lakh population in Delhi was 12.7 as compared to national average of 10.4 and SDG target of 3.5 (2020). Since there was no monitoring mechanism for watching achievement of goals under SDG-3, audit could not ascertain as to whether adequate attention was being given to these two aspects of SDG-3.

In its reply the DFW stated (August 2022) that all the processes are being implemented as per the National and State Policy directives.

Audit observations regarding deficiencies in implementation of schemes for reducing case notification rate of tuberculosis, viral hepatitis infections and neo-natal mortality rate are discussed in the succeeding paragraph.

Action taken by the Department

Reasons for High TB Notification Rate in Delhi:

As per National TB Prevalence Survey in India (2019-2021), 747/lakh is the TB Prevalence of Delhi.

TB Prevalence is high in Delhi as compared to India which is 312, Reasons being- Migrant Population, Sub-optimal living conditions in slums/un-authorised colonies (Overcrowding, Lack of Ventilation/Sunlight etc), Malnutrition, patients from neighboring States coming to Tertiary Care Hospitals of Delhi and being diagnosed in Delhi, Patients from all over North India are being diagnosed at NITRD & RBIPMT specialized TB Hospitals in Delhi adding to the TB Burden of Delhi. Due to Active Case Finding activities, more cases are being diagnosed which were missed and put on treatment on time. This will help in breaking the chain of transmission of Tuberculosis. Missed cases being notified leads to higher notification rate of TB cases in Delhi

On the observations of the Audit that Action Plan with timelines for achieving the SDG 3 goals in the case of TB and suicide may be included, the Health Department submitted revised ATN and stated that :-

DGHS (TB)

Action Plan with timelines for achieving the SDG 3 goals in the case of TB has been provided

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Para: 9.3 Revised National Tuberculosis Control Programme (RNTCP)

The Ministry of Health and Family Welfare, GoI issued technical and operation guidelines for Tuberculosis Control 2016 and guidelines on Programmatic Management of Drug Resistant TB (PMDT) 2017 under RNTCP.

Deficiencies noticed in implementation of the Programme were as under:

- **Awareness activities not conducted by State TB Cell:** Information, Education and Communication (IEC) activities/advocacy campaign is very important and an integral part of the action plan to eliminate TB through which awareness is created amongst all stakeholders and general public about TB and directly observed therapy.

Audit noted that although State TB Cell planned to conduct/execute IEC activities during 2016-17 to 2020-21, proposals for the same were never finalized and no IEC activity was conducted during 2016-17 to 2020-21. The budget for IEC activities for 2016-21 was ₹ 642.15 lakh against which an expenditure of only ₹ 16.10 lakh was incurred.

In its reply, the SPO (RNTCP) stated (July 2022) that all the IEC activities could not be carried out during 2016-21 due to administrative delay.

Government stated (December 2022) that due to COVID in 2020-21 and 2021-22 mass public gatherings could not be held for general public awareness.

Reply is not acceptable as IEC activities were not conducted even prior to Covid-19.

- **Not-forming/delay in formation of District DR-TB Committee:**

PMDT guidelines 2017 provides for a district DR-TB Committee to be formed in chest clinics of all district DRTB Centres. DR-TB Centres

are responsible for initiation and management of uncomplicated DR-TB patients like RR-TB or H mono/poly DR-TB in a district.

Audit observed that out of 25 chest clinics in DRTB Centres, five chest clinics did not constitute DR-TB Committee (June 2022) and four chest clinics had formed committee with delays ranging from 12 to 36 months. Reasons for not conducting regular meeting on monthly basis was attributed (May 2022) to Covid-19, but the reply was silent about the period before Covid-19.

Government stated (December 2022) that constitution of district TB Committee is under process.

Further, as per instructions issued by GoI (25 June 2018), all State Governments were required to create TB Forum (by 31 October 2018) to end TB by 2025.

Audit noticed that no district TB Forum was constituted in two chest clinics and these were constituted with delays of 8 to 26 months in 18 chest clinics. Moreover, not even a single meeting was held in 15 chest clinics to discuss such an important issue.

- **Monthly performance review meetings not conducted:** As per RNTCP guidelines, performance review meeting was required to be conducted by District TB officer (DTO) on monthly basis.

Audit observed that only 111 performance review meetings were conducted by the DTOs against the prescribed 180 meetings, during 2017-21.

Reasons for short conducting of meeting was attributed (May 2022) to Covid-19, however the reply is silent to period prior to Covid-19.

- **Inadequate evaluation visits to districts:** Operational guidelines 2016 provides for the State Internal Evaluation Team to evaluate at least two districts per quarter with an aim to cover all districts at least once in 3-4 years and to review the overall performance of the district and to give their valuable suggestions/recommendations so that specific areas which need improvement in the quality of program could be achieved. Audit noticed that internal Evaluation Team had visited and evaluated only 13 out of 25 chest clinics located in 11 districts during 2016-20 against the prescribed 32 (two districts per quarter) visits. Audit further observed that 13 chest clinics have never been evaluated by the internal Evaluation Team during 2016-17 to 2019-20 whereas as per guidelines all districts were to be covered at least once in 3-4 years.

Government stated (December 2022) that quarterly visits were conducted, but during COVID-19, these evaluations visits could not be conducted.

Reply is not acceptable as no documents/reports of quarterly visit reports were available with them.

- **Inadequate monitoring of PMDT activities:** As per PMDT uidelines, 2017, activities of PMDT were to be monitored and supervised through visits to Designated Microscopic Centres (DMCs)/ TB units etc. periodically by supervisory staff. As per the guidelines, district TB officers were required to visit TB units 3 to 5 days a week, Medical Officers of District Tuberculosis Centre were to visit TB units every month and DMCs/CHCs/PHCs every quarter and Medical Officers-TB Control were required to visit DMCs every month. It was observed that these prescribed supervisory visits were not conducted by any of the designated officers.

DTO stated (May 2022) that it was not feasible for the DTO to conduct supervisory visits. Further, due to shortage of Medical Officers- TB Control, these activities could not be conducted.

- **Shortage of staff in DDR-TB Centre and Tuberculosis Units:** As per technical and operation guidelines for Tuberculosis Control 2016, one permanent Senior Treatment Supervisor (STS) and one Senior Treatment Laboratory Supervisor (STLS) was to be posted in Tuberculosis Units (TU) per 1.5 to 2.5 lakh population for appropriate monitoring.

Audit observed that in the selected districts, NDMC chest clinic and South- East district was having only one STS and two STLS against requirement of four STSs/STLS. Further, posts of District PPM Coordinator, District Programme Coordinator and District Accountant and Driver were also vacant and no full time Medical Officer - Tuberculosis Control (MOTC) was recruited/posted. Also, there was no post of Counsellor in the clinic.

DTO accepted (May 2022) that there was a need to create a post of Counsellor for DDR-TB Centre and due to non-availability of Counsellor, the mental health assessment of TB patients was not carried out.

Government stated (December 2022) that the concerned authority has been repeatedly apprised of vacant positions and the need for recruitments as per the National Tuberculosis Elimination Programme guidelines.

- **Status of training of District Tuberculosis Officers (DTOs) at national level:** As per RNTCP structure organogram, DTOs posted in each district should be trained at national level and are responsible for the overall planning, training, supervision and monitoring of the programme in the district.

Audit observed that out of the three selected districts, only two DTOs had received the training at national level.

- **Drugs not tested for quality:** As per the protocol developed by Central TB Division, random samples of second-line Anti TB Drugs were required to be picked up from all stocking points in the field and sent for testing by an approved independent drug testing laboratory to ensure that quality of drugs is continuously maintained and remains the same throughout the supply chain of drugs.

Audit noted that in the three selected districts, no random samples of second-line Anti TB Drugs were ever picked from the stocking points and tested for quality during the period under audit.

- **Absence of contract for pest control:** PMDT guidelines stipulate that the drug store should be free from all types of pests, rodents etc. and a contract for pest control should be entered into by the Government.

Audit observed that the State TB Cell, Gulabi Bagh had no contract for pest control with any pest control agency or done through any other source. The same situation was found in NDMC chest clinic, Nehru Nagar chest clinic and Dr. BSA chest clinic, Rohini also. In the absence of pest control, it could not be ensured in audit whether medicines/ drugs were kept safe from pests and rodents.

Government stated (December 2022) that a caretaking agency which provides such services in premises where State drug store and district drug store is available. Reply is not tenable as no documentary evidence was furnished to Audit in support of the reply.

- **Hygro-thermometers not installed:** As per technical and operation guidelines for Tuberculosis Control 2016, Hygro-thermometers were to be installed in District Drug Stores (DDS) to monitor humidity and temperature on a daily basis for storage of second-line Anti-TB drugs by the Store in-charge.

Audit observed that second line drug store of State3 and districts, had installed Hygro-thermometer, but the records to monitor humidity and temperature were not maintained by the Store in-charge and never reviewed by the Officer-in-charge. Therefore, it could not be ascertained in audit whether the second line Anti-TB drugs were kept at the required temperature so that efficacy of drugs could be ensured.

Audit also observed that Air Conditioners and Hygro-thermometre were not installed at the BSA chest clinic which shows that second line Anti-TB drugs were not kept at the required temperature.

- **Autoclave not procured:** State TB Cell proposed (November 2018) for procurement of 96 laboratory consumable-autoclaves for Chest Clinics/PHIs which were approved by the competent authority in December 2018.

Audit noted that autoclaves have not been procured (May 2022) due to

insufficient fund.

- **Nutritional support incentive not paid to notified TB patients:** Under the scheme of Nikshay Poshan Yojana (NPY), all notified TB patients are to be benefited @ of ₹ 500 per month (minimum) with effect from April 2018 as most of the patients were suffering from malnutrition mainly due to poverty. Nutrition support increases the ability to fight the disease.

Audit observed that payment of ₹ 72.94 crore to 2.60 lakh beneficiaries was pending for the period 2018-19 to 2022-23 (November 2022).

Further, in NDMC chest clinic, New Delhi, out of total 22,793 beneficiaries eligible for incentives for nutritional support, payments were made to only 13,241 beneficiaries and payment of ₹ 1.48 crore was still to be made to 9,552 beneficiaries. Similarly, in MCD chest clinic and hospital, Nehru Nagar, payments were made to 38,890 beneficiaries and payment of ₹ 4.22 crore was still to be paid to the 38,272 beneficiaries (as of May 2022).

Government stated (December 2022) that due to non-availability of funds and non-availability of bank details of patients from outside Delhi, there has been delays in fund disbursement.

Reply is not tenable as sufficient funds were lying unspent with DSHS.

- **Spittoon, disinfectant and reusable masks not provided to TB Patients:** As per technical and operation guidelines for Tuberculosis Control 2016, spittoons, disinfectants and reusable masks were to be provided to TB patients.

Test check of records of NDMC chest clinic and MCD chest clinic and hospital revealed masks were not provided to patients thereby compromising with hygiene in these clinics.

- **Post treatment follow-up not conducted and feedback not obtained:** Scrutiny of treatment cards of TB patients revealed that no follow up of clinical, sputum and chest X-ray of treated patients was conducted after 6, 12, 18 and 24 months by NDMC chest clinic and MCD chest clinic and hospital, Nehru Nagar during the period 2016-2021. Further, in these clinics, no feedback was obtained from 2587 Drug Resistance (DR) TB patients, as required in PMDT guidelines 2017.

Government stated (December 2022) that all patients are advised for regular follow up after therapy, but few come and feedback is not being taken from the patients.

- **Audit of death due to TB not conducted:** As per RNTCP guidelines 2016, Death audit of deaths of all TB Patients was required to be conducted by Medical Officer. The guidelines further provide that District Tuberculosis Officer (DTO) has to conduct death review of all MDR (Multi Drug Resistant) TB patients who died, with a view to understand the cause leading to death and to take appropriate action to prevent them. It was observed that 1188 deaths occurred in the selected three chest clinics during 2016-21, out of which 108 died due to MDR-TB. However, Death audit was not conducted in these Clinics nor any MDR-TB cases reviewed by the DTO.

Government stated (December 2022) that verbal Death audit is being done at most of the chest clinics.

The reply is not tenable as, in the absence of proper records, it would not be possible to analyse causes and take appropriate action.

The above deficiencies in implementation of RNTCP indicates that adequate attention is not being given to achievement of SDG in this regard by the Government.

Action Taken by the Department

The Delhi State RNTCP/NTEP is being implemented through a decentralized flexible mode through 25 Chest Clinics equivalent to DTC. Out of 25 Chest Clinics, MCD are running 12, GNCTD-10, NDMC -1, GoI-1and NGO-1 chest clinics respectively. The NGOs and Private Medical Practitioners are participating in the implementation of the RNTCP/NTEP in a big way.
Infrastructure Delhi NTEP-

State TB Training & Demonstration Centre (STDC)	1
District TB Centers(DTCs)	25 Chest Clinics
TB Unites (TU)	38
Designated Microscopy Centers (DMC)	190
Intermediate Reference Laboratory (IRL) (Please mention names)	1. IRL New Delhi TB Center 2. IRFL AIIMS Medicine Department
Culture & Drug Sensitivity (C&DST) Labs (eclsuding IRL) (Please mention names)	1. NRL NITRD Mehrauli (C&DST Lab for 4 Chest Clinics of Delhi) 2. RBIPMT C&DST Lab
Liquid Culture Laboratories for 2nd line DST(please mention names)	IRL- New Delhi TB Centre IRL- AIIMS Medicine Department NRL NITRO Mehrauli
Cartridge Based Nucleic Acid Amplification Testing (VBNAAT) Lab	32 CBNAAT Sites covering all Chest Clicks 40 Medicines from NTEP and 9 Machines from individual institutes
No. of TrueNat Sites	47 TrueNet Sites (29 DUO, 17 UNO, 1Quattro)
Nodal Drug Resistant TB Centre (DRTBC) (MDR TB Wards)	Nodal DR-TB Centre: 4 1) DRTB Cenre RBIPMT 2) DRTB Centre LN Hospital

	3) DRTB Centre AIIMS 4) DRTB Centre NITRD MDR TB Wards at RBIPMT, NITRD
District Drug Resistant TB Centre (DDRTBC) (MDR TB Wards)	District DR-TB Centre :25(all 25 Chest Clics have District DRTB Centers) (MDR TB Ward-2 at CC Patparganj & Nehru Nagar)

1. Delhi already met SDG target NMR- 12 U5MR- 25 in 2018(NMR- 10, U5MR-19) and sustainingthe same. SRS 2021(NMR - 8,U5MR-14)As per CRS report of Delhi, the Maternal Mortality rate has decreased from 0.55 in 2019 to 0.49 in 2022,to 0.45 in 2023 showcasing a positive trend in maternal health outcomes.

2. No data of Maternal Mortality Ratio for comparison with 70 as benchmark for Delhi is available on SRS.However, India's Maternal Mortality Ratio is 97 as per SRS 2020, which is to be reduced to 70.

3. Data from the National Family Health Surveys (NFHS) in Delhi shows improvement in access to reproductive services:

- Any Method Usage: Increased from 54.9% in NFHS-4 (2015–16) to 76.4% in NFHS-5 (2019–21).
- Any Modern Method Usage: Rose from 48.6% to 57.7%.
- Total Unmet Need for Contraception: Declined from 15.0% to 6.1%.
- Unmet Need for Spacing: Reduced from 4.5% to 2.0%.
- Unmet Need for Limiting: Dropped from 10.5% to 4.1%.
- Total Fertility Rate: Decreased from 1.8 to 1.6.

Also, the implants too have been added in basket of choice for contraception, with a good uptake seen in the State of Delhi, as already 2594 insertions have been done since its inception in November 2023.

Point wise Action Taken -

- **Awareness activities not conducted by State TB Cell:-** TB Elimination activities along with health messages i.e. Free treatment, free diagnostics, Direct benefit transfer Scheme and Ni-kshay Mitra etc amongst all stakeholders/general public various activities have been carried out i.e.

• Active Case Finding activities (ACF) are going on in Vulnerable groups Night Shelters, Slums, Prisons, Drug Addicts, Old Age Homes, Ashram, Homeless Population. TB Screening of residents (1208) at three Sheltor Homes (Asha Kiran Rohini,Asha Jyoti Hari nagar, Asha Deep Narela) was conducted in Aug 2024 and 13 TB patients were diagnosed.

- Under the TB Free Delhi Initiative, Active Case Finding activities were conducted at five Munucipal Wards & 5 Villages (Rawta, Deurala,Jaunti,Nizampur,Qutubgarh) 23606/26730 (885) were screened, 254 (1%) were identified as Presumptive cases and 7 (3%) TB patients were diagnosed and Public Health action has been initiated for all.

- 302 TB Champions (Cured TB Patients) are actively participating in Active Case Finding, Counselling of patients and Counselling of House Hold Contacts for TPT in 25 Chest Clinics.

- Under the Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA), Donors (Ni-kshay Mitra) provide nutritional Support to consented TB patients. As of now, 660 Ni-kshayMitras have registered under Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA) and TB patients are provided Nutritional Food Baskets by DSIIDC, PPCL-IRCS,DTL-IRCS through DSCSC , individual donors, Corporate Organizations, Elected Representatives, Rotary Club, Indian Air Force, Central TB Division Officials etc.

- In the IITF held from 14th Nov – 27th Nov 2023, stall on NTEP was kept where advocacy and awareness campaign was held. The stall was visited by various Health Officials and was well appreciated by the Health Officials. More than 5 Lac public visited the stall. During IITF from 14th Nov 2024, stall on NTEP has been kept where advocacy and awareness campaign like NukadNattak and Puppet shows were held.

- Under Viksit Bharat Sankalp Yatra, 767 Health camps were held under all 25 Chest Clinics, 28300 people were screened for TB, 4356 (15%) presumptive cases were referred for TB, 71 new Ni-kshay Mitra were registered and 401 NPY Bank Accounts of TB patients were collected.

- 100 Days TB campaign is being implemented in all the 11 Districts of Delhi. During the Campaign, vulnerable population are being screened for TB. Chest X ray is being done as screening tool. Presumptive cases are subjected to CBNAAT and TrueNat tests. In Delhi 49% of Vulnerable population has been screened for TB. Chest X Ray has been done in 42% of vulnerable population in Delhi as compared to 15% India average. NAAT testing has been done in 61% of vulnerable population as compared to 54% India average. 57% of Beneficiaries have been paid all benefits of DBT-NPY (NikshayPoshanYojna) in Delhi as compared to 45% India average.

- Every year World TB day is celebrated on 24th March. Accordingly TB awareness activities like community Meetings, NukadNataks, School Health awareness activities like Painting competition on TB/Essay competition/ speech competition on TB etc, Street Plays,RoadRallys to create awareness among the Public, IEC material distribution in OPDs of Hospitals/Dispensaries/Mohalla Clinics, CMEs involving Hospital Doctors, Private Care Providers, Nursing Staff , Paintings on Wall depicting Health messages, awareness campaigns in Metro Stations etc were conducted across the Delhi State starting one week before and one week after the World TB day.

• The IEC Materials i.e, Pamphlets, Brochures, are being distributed to the general public and in OPD of Hospitals & Dispensaries to create awareness about TB. Posters and Sandees have been made on TB-related topics like symptoms, treatment, prevention of TB, Importance of TB Preventive Treatment, Role of Adult BCG Vaccination, 100 Days Campaign, Nikshay Poshan Yojna, Nikshay Mitras, and are being displayed at all the Hospitals, Dispensaries to create awareness about the facilities available in the National TB Elimination Programme (NTEP). Comics for Children on TB Topics are being made to distribute in Schools, Bags, Caps, T Shirts & Notebook are distributed to school children during Essay Competitions & Painting Competitions on TB.

- **Not-forming/delay in formation of District DR-TB Committee:-**All the Chest Clinics in Delhi are having District DR-TB Committee for management of DRTB Patients and functioning a per the guidelines. Also all the districts are having District TB Forum.

- 25 District DRTB Committee are functional in 25 Chest Clinics
- 11 District TB Forum are functional in 11 Revenue District wise

- **Monthly performance review meetings not conducted:-**As per the Central TB Division, GoI guidelines,regular review meetings are being held on monthly basis to review the performance of chest clinics.

Review Meetings are conducted by State with DTOs of 25 Chest Clinics as per GoI Guidelines-

- In 2023-24, 4 Quarterly NTEP review meeting have been conducted out of 4
- 4 PMDT Review Meetings were conducted out of 4
- In 2024-25, 4 Quarterly NTEP review meeting have been conducted out of 4
- 4 PMDT Review Meetings were conducted out of 4

- **Inadequate evaluation visits to districts:-**As per the Central TB Division, GoI guidelines, to review the performance of chest clinics State Internal Evaluations are being done two chest clinics per quarter, covering eight chest clinics per annum. Accordingly, in the next 3 to 4 years, all the chest clinics will be covered.

In 2023-24 , State Internal Evaluations at 7 Chest Clinics were conducted out of 8

In 2024-25, State Internal Evaluations at 7 Chest Clinics were conducted out of 8

- **Inadequate monitoring of PMDT activities:-**For ensuring smooth & effective PMDT activities the District TB Officers and Medical Officers have been directed to conduct regular periodical supervisory visits to

the DMC/DOT Centres to improve the quality of services and identifying any gaps in implementation.

DTOs visit all the DMC/DOT Centre once in a quarter as per GoI Guidelines

SHORTAGE OF STAFF POINT NOT GIVEN

- **Status of training of District Tuberculosis Officers (DTOs) at national level:-** Accordingly, all the DTOs of the respective districts have undergone national-level training to equip them with the necessary skills and knowledge to effectively manage the TB control program in their respective districts, and all the DTOs are trained at the National level.

Following New DTOs were trained at National Institute NITRD-

DTO CC Nehru Nagar- 9-19 January 2023
DTO CC BSA Hospital-16-28 Sep 2024
DTO CC BJRM Hospital- 21 April – 3 May 2025
DTO CC Malviya Nagar- 21 April – 3 May 2025
DTO CC Ch Desraj- 21 April – 3 May 2025
DTO CC LNH- 15-27 April 2024
DTO CC Patparganj- 13-25 Jan 2025
DTO CC Karawal Nagar – 13-25 Jan 2025
DTO CC DDU Hospital – 16-28 Sep 2024
DTO CC RKM- 15-27 April 2024
DTO CC LNH -15-27 April 2024

- **Drugs not tested for quality :-**All the Second Line Anti TB Drugs are being provided to the State Drug Store through CMSS by the Central TB Division, GoI after conducting the required Lab. Testing and after obtaining the successful Lab. Report. However, random samples have also been picked up for testing by the Central TB Division as & when required.

In 2023-24 & 2024-25, no samples were picked by Central TB Division

- **Absence of contract for pest control :-** The State Drug Store and District Drug Stores are free from pests, rodents, etc. and medicines are being kept safe from pest and rodents.

However, periodical pest control has been conducted at the state and districts store by the parent institution.

- **Hygro-thermometers not installed :-** Now all the drug stores viz. State Drug Store and District Drug Stores are equipped with Hygro-thermometers to monitor humidity and temperature on a daily basis. All the State Drug Store and District Drug Stores haveAir conditioner

to store the drugs at the required temperature. Accordingly, all the Store Incharge has been directed to monitor the humidity & temperature on the regular interval on a daily basis and keep record of the same.

Hygrometers are installed at State Drug Store and Temerature and Humidity is maintained and daily record keeping is done

- **Autoclave not procured:** All the DMCs are enrolled with Bio Medical Waste Agencies and the infected waste at the DMCs are put in 5% phenol and kept in the solution for overnight before being taken by the Biomedical Waste Management Agencies on a regular basis. So the process of sterilization and decontamination is in place at all the DMCs in the Chest Clinics.

- **Nutritional support incentive not paid to notified TB patients:** All the chest clinics had been directed to clear the pendency of Nutritional support Incentive under Nikshay Poshan Yojana for all the notified TB patients. Accordingly, in the F.Y. 2024-25, an amount of Rs. 36.50 Crore has been disbursed through Direct Benefit Transfer (DBT) to the 85411 eligible TB Patients in Delhi.

- **Spittoon, disinfectant and reusable masks not provided to TB Patients:-**To maintain the hygiene at the chest clinics, the sufficient amount of disinfectant & masks have already been provided for utilization by the staff as well as TB Patients.

Masks have been supplied to all the Chest Clinics In 2024, 25100 Masks were issued to Chest Clinics by State Drug Store

In Chest Clinic BSA Hospital 2100 Masks were supplied by State Drug Store in 2024

In Chest Clinic NDMC, 5800 Masks were supplied by State Drug Store in 2022

In Chest Clinic Nehru Nagar, 2500 Masks were issued by State Drug Store

- **Post treatment follow-up not conducted and feedback not obtained:**Regular follow up and feedback are being obtained at all the chest clinics by the respective supervisory staff as well as medical officer of the district for evaluating the clinical review of the patients.

Records of Post Treatment Follow up are updated in Treatment cards of patients at Chest Clinics

- **Audit of death due to TB not conducted:** Death audit are being conducted at all the chest clinics by the DTO/MO and same is being reported to the State. Death Audit Forms are filled at Chest Clinics and records are maintained at Chest Clinics.

On the observations of the Audit that Details of actions taken for filling the vacant posts may also be submitted, the Health Department submitted revised ATN and stated that :-

DGHS (TB)
Advertisement for 14 various posts under NTEP (total 192 vacancies) was issued in the month of March-2025 and all process of recruitment will be completed upto 30th September2025

Para: 9.4 Lapses in implementation of National Viral Hepatitis Control Program

India is committed to progressively move towards elimination of viral hepatitis B and C and control other virus induced hepatitis which is in line with India's global commitment towards achieving SDG-3 by 2030. With this end in view, Government of India launched National viral hepatitis Control Program (NVHCP) for prevention and control of Viral Hepatitis. Audit noted that neither budget was demanded by the Delhi State Health Mission nor fund were released by the GoI (except ₹ 62.00 lakh released by the GoI under NVHCP during 2019-20 which remained unspent)

Action taken by the Department

The current status of NVHCP in Delhi is:

- **State Program Steering Committee** was constituted under the chairmanship of Secretry Health
- One **Model Treatment Centre (MTC) is Functioning at Lok Nayak Hospital-** conducting Screening and viral load testing for Hepatitis B & Hepatitis C and Treatment of eligible positive patients for Hepatitis B & C.
- **8 Treatment Centres (TCs)** have been designated in 7 Districts. Screening and treatment facilities have been started with availability of Rapid Diagnostic Kits for Hepatitis B & C

- **Rapid Diagnostic Kits** were procured and made available to MTC and TCs. All the **medicines are supplied by Govt of India** as per the demand generated by model treatment centre and treatment centres.

- Various **Trainings of medical officers** for providing treatment to eligible uncomplicated patients were conducted in coordination with NVHCP (GOI) and ILBS. 3 batches of approx. 30 participants in each were trained during 2024-25.

- Surveillance of **Hepatitis A and Hepatitis E** on IHIP portal

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	Jan-25	Feb-25	March-25	Apr-25
Lab Confirmed Hepatitis A cases	384	281	293	294
Lab confirmed Hepatitis E cases	42	33	50	58

- **Display of IEC material** in health facilities and distribution of pamphlets etc for prevention and control of Viral Hepatitis.
- Various **meetings were held with Central Program Division** for guidance
- Provision of **Hep-B vaccination to Health Care workers** under program. First lot of vaccines is received from Govt of India.
- **Intersectoral coordination** with RCH program, Dialysis program, State Blood transfusion Council and AIIDS Control program for screening and data sharing
- Provision of making **State Reference Lab at Institute ofliver and biliary sciences (ILBS)** under NVHCP
- During the **FY 2025-26 a total of Rs. 1151.59 Lakh were approved** as per Record of proceedings (Rs 766.71 lakh cash grant and Rs 384.88 Lakh as kind grant)

As indicated above the various key activities under NVHCP are now being undertaken and will be further strengthened

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Para:9.5 Private Hospitals/Nursing Homes for providing critical care to new born babies not empanelled

The SDG-3 targets to end preventable deaths of newborns by 2030, by reducing neonatal mortality rate to at least as low as 12 per 1,000 live births. As per NFHS 2019-21, the neo-natal mortality rate and infant mortality rate of NCT of Delhi was 17.5 and 24.5 per 1,000 live births respectively which is still high as compared to many other States/UTs in India.

The guidelines issued vide Office Memorandum (OM) dated 9 October 2019 by the DGHS states that NABH accredited hospitals with 100 beds or more having more than five ICU beds & NABH accredited standalone nursing homes for new born care having at least 10 NICU beds are to be empanelled by DAK for providing critical care (NICU/PICU/ICU) to eligible patients. In this regard, empanelled hospitals/centres shall be paid at package rates fixed by DAK.

Audit noted that despite lapse of more than two and a half years from the date of issue of OM, no private hospital/nursing home was empanelled for providing critical care to the new born babies.

DAK stated (July 2022) that despite all efforts, none of the private hospitals turned up for empanelment and that the issue shall be taken up in the next meeting of the Governing Body. Government further stated (February 2023) that another request letter for the same will be issued to all hospitals after approval from the competent authority.

Reply is not acceptable as besides initial circulation of above mentioned OM, only a single request letter was issued by Delhi Arogya Kosh[5] in February 2020, to all private hospitals for empanelment. This shows insensitivity of the Department towards taking a step further in reducing neo-natal mortality rate by providing advanced medical care/facilities to eligible patients.

Action taken by the Department

Delhi have implemented Ayushman Bharat PM-JAY scheme and it may address the issue of neonatal ICU for eligible AB PM-JAY beneficiaries.

Further, the Department will take up the matter with help of nursing home cell for the empanelment of private hospital /nursing home for critical care of new born babies.

On the observations of the Audit that Concrete action plan with timelines prepared by the Government for reducing the infant mortality rate through Central or State Schemes may be submitted, the Health Department submitted revised ATN and stated that :-

State has action plan in place to reduce infant mortality rate with clear activity wise targets which are being monitored regularly.

DAK has adopted Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPM-JAY) a flagship scheme from 11 April 2025. The empanelled hospitals under the scheme provides the critical care to New Born Babies. The NICU/SNCU beds are available for admission and treatment for critically ill babies.

ANNEXURE-IX

CHAPTER X – IMPLEMENTATION OF PROGRAMMES, SCHEMES /PROJECTS /SERVICES OF GNCTED

Para: 10.1.1 Treatment of EWS patients by Identified Private Hospitals

As per High Court orders, each Government Hospital (GH) was to set up special referral centres to refer EWS patient to Identified Private Hospitals (IPH) within two weeks (i.e. 5 April 2007). The IPHs were required to send a detailed report to DGHS after providing treatment to EWS patients. Audit noted that 19 out of 47 GHs[4] in Delhi had not established referral centres even after a delay of more than 15 years (as of June 2022). Apart from this, the EWS Cell under DGHS was also issuing referral letters to EWS patients

Action Taken by the Department

It is informed that all Delhi Government Hospitals have functional EWS/ DAK helpdesk and a dedicated Nodal Officer nominated by the Medical Director/Director/ Medical Superintendent of the concerned Government Hospital.

Further, the Directorate of Health Services also conducted a training session of Nodal Officer of all Delhi Government Hospitals.

On the observations of the Audit that Details of actions taken /put in place for ensuring referral centres at all government hospitals other than of Delhi Government may also be furnished, the Health Department submitted revised ATN and stated that :

In pursuance to the observation it is informed that hospitals run under autonomous mode and Central Government Hospitals has also deputed Nodal Officer and has functional office for the help of patients. AIIMS, Delhi has nominated Dr. Vikas H and Dr. RML Hospital has nominated Dr. Umesh Tiwari as Nodal Officer.

Further, it is also informed that a helpdesk is already functional in all identified private hospitals also for assisting the patients.

Para:10.1.2 Underutilisation of OPD and IPD facilities in IPH for EWS

There were total 9,116 beds available in 60 IPHs out of which 925 beds were to be reserved for EWS patients. Thus, there were 22.80 lakh bed-days available in IPHs for EWS patients during the period from January 2016 to September 2022. Information about the total OPD patients treated by these IPHs were not provided by DGHS.

Audit observed that utilisation of free facilities available for EWS patients at IPH was very poor. Even if it is presumed that all the patients referred to IPH were for IPD and each patient was admitted for average seven days, the bed-days utilization would be 6.565 lakh indicating that only about 28.77 *per cent* of the facilities available were utilised. The underutilisation of free OPD and IPD services at IPH needs to be viewed seriously especially In view of the fact that total 13.89 crore patients6 have taken treatment in Delhi GHs in the same period i.e. 2016-17 to 2021-22.

Audit also examined consolidated data of utilization of EWS facilities in IPHs for a period of six months (January to June 2022) compiled by EWS cell, DGHS from information provided by IPHs. It was observed that only 60,192 (36 *per cent*) of total 1,67,425 EWS bed-days7 and only 2,85,882 (52 *per cent)* of total 5,49,818 mandated free EWS OPD services were availed In spite of quality OPD and IPD service being available at IPHs free of cost, the same could not be utilised due to inadequate referral system.

Action Taken by the Department

Hon'ble High Court of Delhi in W.P. (C) 2866/2022 has provided the mechanism of referral accordingly, directions were issued from time-to-time to increase the referral to Identified Private Hospitals.

The Audit observed that Details of actions taken for increasing the referral from Delhi Govt Hospitals may be submitted, the Helth Department submitted revised reply and submitted that :-

Hon'ble High Court of Delhi in W.P. (C) 2866/2022 has provided the mechanism of referral accordingly, directions were issued from time-to-time to increase the referral to Identified Private Hospitals.

A weekly training of new joinee & Medical Officers of the hospitals was fixed every week during the Month of April & May, 2023 to make them aware of the schemes of the Government and increase EWS referrals.

Further, a meeting was also been convened under the chairpersonship of DGHS on 23rd February, 2024with all the Nodal Officers of Delhi Govt. Hospitals for proper utilization of free beds in IPHs.

Para:10.1.3 Strengthening of referral system

GNCTD had decided to deploy (April 2015) Liaison Officers (LO) in IPHs and linked Government Hospitals to facilitate treatment of EWS patients and maintain a record of complaints received from EWS Patients and to forward the same to the concerned departments and also send monthly/quarterly report to DHS (HQ). Additional Secretary (H&FW) and In-

charge of EWS Cell had also directed (October 2017) that GHs should ensure that the number of referral from government hospitals be increased exponentially and directed LOs posted in IPHs to facilitate outdoor and indoor treatment and admission of EWS Patients. IPHs were also required to admit EWS patients directly for treatment in emergency. The nodal officer of the linked8 government hospital was required to visit and verify the genuineness of the EWS patient admitted in emergency.

Audit noted that only 22 LOs were appointed for 43 IPHs (December 2020) with 12 LOs supervising more than one IPH. No LO was appointed in 14 hospitals. Audit also noted that LOs were not sending monthly and quarterly reports of EWS patients to DGHS on regular basis. Records relating to complaints received from EWS patients were also not maintained by LOs. The LOs posted in IPHs did not maintain the daily round register.

Besides, LOs were to be imparted training by DGHS for effective implementation of duties. Audit noted that no training was given to Los.

Action Taken by the Department

Government Nodal Officers has been nominated in all Government Hospitals.

Further, training session was conducted by DGHS to hospitals doctors and hospitals administrations were directed to conduct the training of new doctors joined to their hospitals.

Communications have also been made with hospitals from DGHS to increase the referral of patients.

On the observations of the Audit that Details of action taken for ensuring strict adherence to guidelines by Liason Officers may be submitted, the Health Department submitted revised ATN and stated that :-

All Liaison Officers has been directed to ensure strict adherence to guidelines without fail and to resolve the grievance of the patients visiting the patients. Further, vide email dated 27-03-2025 direction has been issued to hospital and Liaison Officers to perform a weekly inspections of the hospitals so that there would not be any shortcomings. The copy of email also provided by the department

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Para:10.1.4 Deficiencies in Separate Referral Centre in DGH

No separate staff or space was earmarked by DGHS for the referral centre. Existing staff of EWS Cell was assigned the referral work also. There was lack of basic facilities like sitting arrangement, availability of water, toilet etc. Patients and their relatives were seen sitting on the stairs.

Action Taken by the Department

Separate referral system has been made and dedicated staff has been deputed for referral system. Further, District referral centres apart from the hospitals have been made so that patients would not have to travel to DGHS for the referrals.
Presently, patients could get themselves referral from Delhi Government Hospitals; EWS Branch and District Referral Centres located in 11 Districts.

Para:10.1.5 **Record management of EWS patient by DGHS/IPHs**

As per guidelines (September 2011) framed in compliance to Delhi High Court order, IPHs were to furnish EWS patient details to DGHS, such as name, father's name, age, whether referred or admitted on their own, Diagnosis, etc. on daily basis through email. It was also to maintain, *inter alia,* records of identification and verification of EWS patients. Such records should be produced to the officers designated by the GNCTD for monitoring free treatment to the eligible category of EWS patients in the IPD and OPD. However, it was observed that IPHs were not submitting the reports to DGHS as per guidelines.

In the absence of essential records, audit could not ascertain compliance of free treatment of EWS patients in IPHs as per the High Court judgement.

Action Taken by the Department

Identified Private Hospitals have been directed from time-to-time to provide the monthly report, quarterly report of the patients being treated in their hospitals. Identified Private Hospitals are also providing the name wise complete details of the patients undergoing IPD treatment in IPH.

On the observations of the Audit that It may be confirmed whether the hospitals are providing the patient details on a daily basis. If not, Actions taken for ensuring the same may also be furnished, the Health Department submitted revised ATN and stated that yes, Hospitals are providing daily patient wise details for OPD and IPD both.

Para: 10.1.6 **Monitoring**

With the aim of ensuring availability of free OPD/IPD facilities to EWS patients in hospitals (IPH and Government Hospitals), DGHS assigned (September2016) Additional Directors and CDMOs of DGHS to visit particular Government hospital/IPHs. At least one hospital was to be visited every day and every night beginning, 19th September 2016 and continued until further notice.

The report of the visit should be e-mailed by noon next day on the email address: dirdhs@nic.in. Audit noted that only one visit was conducted against the required 56,8409 visits.

Further, a monitoring committee was constituted by the Government to monitor the implementation of free treatment to EWS patients in IPHs in accordance with Court direction.

Audit noted that only 23 inspections in respect of 20 IPHs (out of 60) were conducted during the audit period. The inspection proforma included important items such as free facilities available in the hospital, whether there is a separate ward for EWS patients, number of patients admitted at the time of inspection, total number of dialysis in the previous month etc. Audit observed that these were not filled completely.

Moreover, inspection reports were neither communicated to the IPH concerned nor follow up visit was conducted to ensure compliance. Thus, absence of required visits coupled with inadequate follow-up of visits shows that the work of the monitoring committee was deficient.

Action Taken by the Department

The Directorate of Health Services is conducting regular monitoring of the beds and admissions. Government Liaison Officers have been posted in the hospitals itself so that proper monitoring could be done and patients could be benefitted.

Furthermore, apart from inspection by Monitoring Committee and Surprise Inspection, a weekly inspection has also been mandated by Liaison Officers for proper monitoring mechanism.

On the observations of the Audit that Actions taken/Action plan prepared for ensuring stipulated number of inspections by monitoring committee and for further follow-up with IPHs may be submitted, the Health Department submitted revised ATN and stated that Direction has been issued to hospital and Liaison Officers to perform weekly inspections of the hospitals so that there would not be any shortcomings. The weekly inspection reports are regularly being received from hospitals.

Further, a calendar of inspections by Monitoring Committee has also been sent for approval to DGHS.

Para 10.1.7 Inadequate complaint redressal mechanism

As per reply given to an RTI application by DGHS, 10,30,352 complaints were received[10] in EWS Branch up to December 2021. There was no system to watch timely disposal of complaints. Thus, the number of EWS complaints received and disposed could not be ascertained in audit. No oversight mechanism was in place to watch the redressal of complaints. Examination of complaint files revealed that most complaints pertained to refusal of free treatment, not providing medicines/drugs, charging for bed/diagnosis/consultation etc. The reply of the complaints received from IPHs were forwarded to the complainants without verifying its correctness. Los posted in the IPHs were not directed to verify complaint and reply.

Audit test checked complaint files of 18 IPHs. It was observed that:

- Complaints of 39 patients were pending for 132 to 1661 days for reply from IPHs.
- 21 patients had complained about denial of free treatment and incurring expenditure.
- 32 patients complained that they were denied free medicine.
- Two patients had complained of harassment.

Action taken by the Department

EWS Branch is doing a timely disposal of grievance. There is 100% disposal of grievance received through PGMS; LG Listening Post and CPGRAMS.

On the observations of the Department that EWS Branch is doing a timely disposal of grievance. There is 100% disposal of grievance received through PGMS; LG Listening Post and CPGRAMS, the Health Department submitted revised ATN and stated that :-

(RGSSH) - Majority of the complaints have already been addressed and disposed of within the stipulated time cases due to valid and unavoidable circumstances.

The delay in disposal of a few complaints was primarily due to:

a. Interdepartmental file movement, requiring coordination across approvals and resolution.
b. Incomplete documentation or inadequate justification provided by complainants, necessitating further follow-up and verification.
c. In several instances, complainants visited very late despite repeated requests or did not appear on the scheduled dates, which also contributed to delays.
d. The period from March 2020 to March 2022 was significantly impacted by the COVID-19 pandemic, during which regular operations, grievance redressal mechanisms, and administrative workflows were disrupted due to lockdowns and emergency duties.
e. Despite these challenges, most complaints were resolved on time, and all efforts were made to ensure fairness and accountability.

Actions steps Taken for Speedy Disposal:

a. Strengthening interdepartmental coordination to reduce file movement delays .
b. Regular monitoring and follows-up with departments handling grievance redressal.
c. Improved communication with complainants to ensure timely submission of required documents and prompt attendance.
d. Adherence to protocols outlined in CPGRAMS, PGMS, and Citizen Charter for transparent and accountable grievance handling.
e. We remain committed to timely grievance resolution and continuous process improvement to ensure better patient satisfaction and administrative efficiency.

At present NO complaint is pending on PGMS, LG Listening Post and CPGRAMS.

EWS Cell (DGHS)

The listed 39 grievance has been disposed of by the EWS Branch, however, it was showing pending for disposal from the backend of PGMS team.

EWS Branch functioning under DGHS makes all possible efforts to attend the grievance in 1 working day and resolve the grievance with positive/ satisfaction of the applicant.

Para:10.1.8 Lack of awareness programmes

Audit noted that no awareness program was carried out during last five years by the DGHS/GNCTD to create awareness among all stakeholders. There was lack of awareness amongst doctors including resident doctors regarding provision of free treatment, free medicines and consumables being provided in IPHs.

Action taken by the Department

Training session was conducted by the Directorate of Health Services to hospitals doctors and hospitals administrations were directed to conduct the training of new doctors joined to their hospitals. Further, all private hospitals has been directed to install a board size 10 ft x 6 ft on their entrance or between the two gate of the hospital main gate and compliances has been received from the private hospitals for installation of the same. Further, in all emergency or reception area boa

Similarly, Government hospitals were also directed to set-up a referral centres in the Government Hospitals which have also been set-up by the Government Hospitals.

Para: 10.1.9 Referral of EWS patients in LNH

During January 2016 to June 2022, only 3,362 patients and 209 patients were referred for OPD and IPD respectively to IPHs by LNH. Thus, LNH had referred an average of one EWS patient daily for OPD and one EWS patient per month in IPD. During the same period, LNH had provided treatment to 3,116 average OPD patients daily and 7,607 average per month in its IPD facilities. Despite high OPD cases per doctor and high bed occupancy, LNH did not identify and refer eligible EWS patients to IPH for treatment.

Action Taken by the Department

Training session was conducted by the Directorate of Health Services to hospitals doctors and hospitals administrations were directed to conduct the training of new doctors joined to their hospitals.
LokNayak Hospitals has designated a dedicated Nodal Officer, EWS in hospital itself to increase the referral.

On the observations of the Audit that Details of actions taken and trainings conducted for increasing the awareness amongst doctors regarding referral of EWS patients to IPHs may be intimated, the Health Department submitted revised ATN and stated that :-

A weekly training of new joinee & Medical Officers of the hospitals was fixed every week during the Month of April & May, 2023 to make them aware of the schemes of the Government and increase EWS referrals.

Further, a meeting was also been con under the chairpersonship of DGHS on 23rd February, 2024 with all the Nodal Officers of Delhi Govt. Hospitals for proper utilization of free beds in IPHs.

Para: 10.1.10 Dialysis facility for EWS Patient in IPH

The Department had directed (October 2017) all IPHs to furnish to DGHS details such as number of dialysis machines and number of sessions performed by each machine per day to earmark 25 *per cent* of total machines or 25 *per cent* of the total sessions in each IPHs for EWS patients. No action was prescribed in the said direction in case of non-compliance by IPHs. Audit nted that none of the IPHs has furnished the requisite information to DGHS.

Action Taken by the Department

The IPH has reserved the slots for EWS patients in their hospitals and dialysis facilities to EWS patients in IPH are undergoing.

On the observations of the Audit that Actions taken for obtaining information of dialysis by IPHs may be included in the ATN, the Health Department submitted revised ATN and stated that :-

Email has been sent to all identified private hospitals for providing the information of dialysis by IPH.. Further, the information about dialysis has been made compulsory in weekly inspection report. The details of dialysis machines and number of patients undergoing dialysis have already been provided in earlier reply..

Observations And Recommendations Of The Committee

Para: 10.1.11 IPD beds for EWS patients not earmarked

In order to facilitate indoor admission of EWS patients and to prevent the IPHs from earning unwarranted profit from the beds reserved for such patients, Health department, GNCTD had directed all IPHs to earmark and label 10 *per cent* bed across all facilities as "FREE BED" in a permanent and conspicuous manner. All IPHs should ensure that no paid patient is admitted on the earmarked beds. Compliance was to be ensured by Medical Director based on vetting by LO/Nodal officer.

Audit noted that no compliance report was forwarded by LO/Nodal officer concerned.

Action Taken by the Department

IPD beds have been earmarked by Identified Private Hospitals and compliances have been received from all the hospitals. Further, a weekly inspection has been mandated by the Directorate of Health Services in order to identify any deficiency against the guidelines.

It is made sure by Liaison Officer that no paid patients are admitted in EWS IPD beds and daily rounds are being undertaken by Liaison Officers.

Para:10.1.12 Display Board for EWS

Each IPH shall affix at least one board (size 10 feet x 6 feet) between main entry and exit gate on the external boundary of the hospital in vernacular language regarding free treatment to EWS patients to the extent of 10 *per cent* IPD and 25 *per cent* OPD. The compliance report along with photograph was to be sent by each hospital to EWS cell latest by 1 November 2017.

Audit noted that none of the IPHs had furnished the compliance report.

Action Taken by the Department

All private hospitals has been directed to install a board size 10 ft x 6 ft on their entrance or between the two gate of the hospital main gate and compliances has been received from the private hospitals for installation of the same.

Further, in all emergency or reception area boards has been installed with bed availability details and contact persons.

Para :10.1.13 Real Time occupancy of free bed through website as well as display board

Every IPH's reception area, emergency waiting area and admission counter must display real time availability of free beds. The same information must also be shown in the website of hospital concerned. A compliance report in this regard was to be sent to DGHS latest by October 2017. Audit noted that no compliance report was available with DGHS.

Thus, due to inefficient referral system, weak monitoring and poor complaint redressal mechanism, the Government could not ensure the full utilisation of free treatment facilities available to EWS patients in IPHs.

Government did not offer any comment in its reply dated 13 December 2023.

Action Taken by the Department

In all emergency or reception area boards has been installed with bed availability details and contact persons.

Further, a web portal on DSHM website has been made available for public for showing the availability of free beds in IPHs.

Furthermore, a monthly patients-wise details is being sent by IPH. Liaison Officers has been asked to personally monitor the updation of bed availability.

Para:10.2.1 Non-maintenance of patient wise data benefitting from schemes

During 2016-17 to 2021-22, DAK had incurred ₹ 175.22 crore for providing benefits to eligible patients under these schemes[11]. As per pattern

of assistance, DAK was required to maintain proper account of the amounts received and assistance rendered including the details of beneficiaries.

Audit however noted that DAK had not maintained scheme-wise details of beneficiaries. Similarly, DAK did not regularly seek UCs and details of unspent amount lying with government hospitals. On being pointed out, DAK replied (August 2022) that scheme wise details of beneficiaries are not being prepared due to shortage of staff and utilization of the financial assistance is now being updated as and when UCs are received. The Government further informed (February 2023) that now the patient-wise details for all the schemes are being maintained.

The reply is not acceptable. DAK should follow up receipt of pending UCs when due and seek remittance of unspent balances. Moreover, in the absence of records of beneficiaries to whom treatment was rendered, amount expended under different schemes could not be verified.

Action Taken by the Department

A patient-wise record was available for financial assistance scheme to Government Hospitals and hospital-wise details was maintained for the additional schemes. An email for such was sent to implement this on 17.3.25 to all empanelled centers and details is now collected in excel format. Patient-wise details, hospital/ Imaging Centre wise details for the scheme is now being maintained by the Delhi Arogya Kosh.

Further, the non-submission of Utilization Certificate by the hospital was brought before the Governing Council in its 16th meeting and the Governing Body resolved Member Secretary shall write letter to the Medical Superintendent of the concerned hospital / Head of concerned Departments of AIIMS for providing utilization certificate. Further, it was also resolved that Chairman, DAK shall write a D.O. letter to Minister of Health & Family Welfare, MoHFW, GoI regarding non-submission of utilization certificate by hospitals run by Central Government and AIIMS.

Moreover, this Branch has written letter No. 22/7512/Misc/DAK/2023/122 dated 31-01-2024 to all hospitals for submission of Utilization Certificate and in response to the aforementioned letter the hospitals has provided the utilization certificates. The copy of Utilization Certificate received is attached as 'UC-1'.
As recommended by the Inspecting Officer the department is seeking Utilization Certificates & details of unspent balances lying with hospitals and requesting them to refund the unspent balance at the earliest. A letter dated 18-02-2025 has also been sent to AIIMS Hospitals and letter is also being sent to all other Government hospitals for submission of UC & details of unutilized balances. The copy of letter dated 18-02-2025 is annexed at 'UC-2'.

Para:10.2.2 Aadhar-based/biometric tracking of patients

The Lieutenant Governor of Delhi had directed (16 January 2018) to develop a system of online Aadhar-based/biometric tracking of patients to ensure proper follow-up and to prevent any malpractices. GNCTD had also approved (August 2019) development of an online mobile application for tracking of patients and record maintenance.

Audit noted online Aadhar-based/biometric tracking of patients was not implemented as of February 2023.

Action taken by the Department

Delhi Arogya Kosh is a registered society that continues to evolve in response to emerging healthcare needs and technological advancements. In alignment with its commitment to transparency and efficiency, the organization is currently in discussions with leading government agencies to implement and procure an app-based biometric monitoring system. This initiative aims to enhance the tracking and management of healthcare services in a more streamlined and accountable manner. Further, In this matter a meeting was conducted under Chairmanship of Learned Chief Secretary and direction was given to the IT department to take up the matter. Further, Ayushman Bharat PM-JAY Scheme has been rolled over in Delhi and as per the direction of governing council the integration of DAKs scheme on Ayushman Bharat Portal is being started.

On the observations of the Audit that A timeline for implementing biometric system and road map for integrating the scheme on AB Portal may be submitted, the Health Department submitted revised reply and stated that :-

A flowchart has been prepared and shared with NHA for integration of the scheme with AB portal. The NHA has sought a details of scheme in a format. The same has been prepared and to be submitted to NHA for further process. The expected maximum timeline is approximately six months.

Para:10.2.3 Non-maintenance of information on transfer of medico-legal victims

As per DAK guidelines[12] all private nursing homes/hospitals were to provide cashless treatment to medico-legal victims of road accident, acid attack and thermal burn injury, where the incident has occurred in NCT of Delhi. If nursing homes/hospitals are not equipped to handle such cases, they should transfer victim to an appropriate higher centre with requisite facilities and accordingly inform DAK within 24 hours. In case the transfer/referral is not found satisfactory, DAK may issue Show Cause Notice under Delhi Nursing Homes Registration Act, 1953 as to why

registration of the private nursing home/hospital concerned should not be cancelled.

Audit observed that no information regarding transfer of medico-legal victims to another medical establishment was being sent by the nursing home/hospitals and no mechanism was developed for receiving information of such transfers from private nursing homes/hospitals. In four complaint cases, referring hospitals had transferred patients without intimation to DAK. Audit noted that in these cases no action was initiated by DAK.

DAK stated (July 2022) that due to shortage of staff, monitoring of transfer of medico-legal victims of road accident from one private hospital/nursing home to another higher medical establishment could not be ensured and staff handling the complaint cases shall be assigned this work from now onwards. Thus in the absence of monitoring mechanism treatment of medico-legal victims during golden hour carries the risk of denial.

The Government assured (February 2023) that online database will be available soon for tracking such patients.

Action taken by the Department

The Integrated Road Accident Database (IRAD) system has been implemented in Delhi for the registration of all Medico-Legal Cases (MLCs). Initially, its usage was not made mandatory to ensure that hospitals did not refuse treatment to patients in the larger public interest. However, it is now directed that the entry of all MLC patients on the IRAD portal shall be made compulsory to enable real-time tracking and monitoring of patient details.

On the observations of the Audit that Orders/Instructions issued in this regard may be submitted, the Health Department submitted revised ATN and stated that The Orders issued in this regard for entering of data in i-RAD portal is annexed 10.2.3.

Para:10.2.4 Awareness on Schemes run by DAK

Memorandum of Association of DAK provides for communication of health education activities, preparation and distribution of publicity material relevant to the basic aims and objectives of the Society.

Audit noted that publicity of basic aims and objectives of the Society was carried out on three occasions (2014, 2017 and 2019) through distribution of catalogue/booklets/advertisement in newspaper/website. Orders for displaying information of the schemes in government hospitals was issued only once in 2017. Besides, the Department failed to show any efforts made by it for publicity of free dialysis scheme.

DAK stated (July 2022) that advertisement for creating awareness in general public was done widely through leading newspapers on 2 March 2019. As regards advertisement of free dialysis, it stated that the scheme was initiated as a temporary measure till the time 100 additional dialysis machines are procured. Government further replied (December 2022) that dialysis was a part of free surgery scheme and was included in the package adopted by DAK.

Accordingly, no separate advertisement was done for dialysis. Government further stated (February 2023) that during September 2022, articles regarding the schemes of DAK was published in leading newspapers. Reply is not tenable as regular publicity needs to be made through various modes.

Action taken by the Department

Delhi Arogya Kosh is a registered society under the Government of NCT of Delhi. The Government has periodically undertaken awareness initiatives regarding the scheme in leading newspapers.

On the observations of the Audit that Publicity measures taken in Government Hospitals may also be included in the ATN, the Health Department submitted revised ATN and stated that Government hospitals was directed to affix the board in the conspicuous place for the information of the patients. Further, training of the Government doctors was also conducted so that they could also sensitize and inform the needy patients about the scheme.

Para:10.2.5 Inadequate referral of patients under free high-end diagnostic test and surgery scheme

Free surgery scheme of DAK provides for sending eligible patients from identified Delhi government hospitals to empanelled private hospitals when the allotted date for specified surgery is beyond one calendar month or when the specified surgery is not performed in the government hospital. Similarly, in Free high-end diagnostic test scheme, patients from identified Delhi government hospitals, polyclinics, Delhi government dispensaries and mohalla clinics are referred to empanelled diagnostic centres.

DAK did not carry out any assessment to verify the effectiveness of steps taken to reduce waiting period, by referring the patients to the empanelled hospitals and diagnostic centres. However, examination of records of the selected hospitals revealed that patients had to wait up to eight months in case of surgery and upto three months for diagnostic purpose, as discussed in paragraphs 3.2.4.1 and 3.5.1 of this report. Government stated (February 2023) that sensitization meeting/training

regarding schemes was held with all Nodal officers of GNCTD in the month of September 2022.

Action Taken by the Department

Government hospitals have been sensitized and a training session for TOT was conducted by DAK for the doctors of all Government Hospitals. Accordingly, the patients referrals have increased and the data for patients benefitting with the scheme is as under:

Year (FY)	Free High End Radiological Diagnostic Tests Scheme	Cashless Specified Surgery Scheme	RTA Scheme	Cashless Dialysis
	No. of beneficiaries	No. of beneficiaries	No. of beneficiaries	No. of beneficiaries
2021-22	104146	2150	5456	1688
2022-23	115358	5218	3698	2212
2023-24	246350	6974	6664	2772

Para :10.2.6 Irregular reimbursement to empanelled hospitals/diagnostic centres

As per a condition of DAK authorisation form, patients concerned shall certify on the bill of the diagnostic centre/hospital regarding no payment made by him/her for the test/surgery.

Audit noted that 437 bills (27 *per cent)* out of 1600 did not bear the required certificate of 'No payment'. Thus, reimbursement was made to the hospitals/diagnostic centres without ensuring the same.

Proper authorisation of payment in all cases were not followed to prevent exploitation of needy eligible patients by private empanelled hospitals and diagnostic centres.

The DAK stated (August 2022) that 'No payment' certificate shall be ensured.

Action taken by the Department

Delhi Arogya Kosh is making all necessary steps to ensure that no bills is approved which does not bear the "no payment made by him/her" is

certified by patients on the bills, feedback form is made compulsory for all the bills. Before releasing the payment to the emplaned hospital and imaging centres, DAK also makes random telephonic calls to confirm the treatment and payments status from the beneficiary.

Para:10.2.7 Payment to medico-legal victims without ensuring their medical insurance status

Reimbursement of bill for treatment to Medico-legal victims of road traffic accident, acid attack and thermal burn injury was subject to admission of the victim in lowest economy category throughout their period of stay and the victim not being covered in any insurance scheme. 17,815 patients had availed the benefits (2018-19 to 2020-21) for which payment of ₹ 28.97 crore was made to the hospitals concerned.

Audit noted that no mechanism was in place to check whether patients were under any government/private medical insurance scheme before making payment to the hospitals concerned.

Government while referring to OM dated 15 February 2018 stated (February 2023) that no such condition was mentioned in the Cabinet Decision and the approval of Hon'ble Lieutenant Governor. Hence, information regarding insurance status was not sought from the hospitals/victims.

Reply of the Government is incorrect as the issue flagged in the OM referred above is related only to amendment in the eligibility criteria in respect of domicile and income status of the victim for receiving cashless treatment and did not exempt the Department from ascertaining the status of patients with regard to coverage under health insurance schemes.

Action taken by the Department

The treating hospital is duly sensitized to handle such matters appropriately. Upon exhaustion of the insurance limit, the continuation of treatment shall be facilitated through financial support from the Delhi Arogya Kosh, ensuring uninterrupted medical care to the patient as per OM dated 09-10-2019.

On the observations of the Audit that Copy of orders/instructions issued in this regard may be submitted, the Health Department submitted revised ATN.

Para:10.2.8 Grievance Redressal Mechanism

DAK did not furnish any complaint register/data showing patient wise

complaints received physically or through email for the audit period. Complaints received through PGMS, emails and in physical form were not recorded in any register and were dealt in a file separately.

DAK stated (August 2022) that all complaints received physically as well as through email are now being recorded in a register and it is making all efforts to address these grievances in a time bound manner.

Government further replied (December 2022) that most of the complaints of DAK are received through online mode on PGMS/CPGRAM/LG Listening posts and only few are being received on hard copy. A record of PGMS complaints, CPGRAM & LG Listening was shared with the Audit Team. Till March 2022, a total number of 810 grievances were received in PGMS and disposal by this Branch was 100 *per cent*.

Reply is not acceptable as DAK in its reply dated August 2022 has expressed inability to submit the records of complaints due to a fire incident in July 2019 and misplacing of complaint file thereafter. Through reply dated June 2022 it was also stated that data of complaints received through CPGRAMS & LG Listening post could not be provided due to non-availability of downloading facility in the respective portal. Data of complaints received physically or through email was also not provided as the same was not being prepared. As far as year wise PGMS complaints are concerned, only number of complaints received and disposed of were provided instead of year wise complete details and action taken thereof as requisitioned by audit.

Action taken by the Department

The complainant may submit their grievance either in person or via email to the office of the Delhi Arogya Kosh. Upon receipt, the matter is taken up with the concerned hospital with due diligence. Appropriate action is initiated, and efforts are made to resolve the grievance promptly and fairly in accordance with the applicable guidelines and policies.

Para:10.2.9 Comparison of Ayushman Bharat and DAK schemes of GNCTD

Cost of funding of PM-JAY (Ayushman Bharat) is shared between Central and State Governments. The primary objectives of PM-JAY are to provide comprehensive coverage for catastrophic illnesses, reduce catastrophic out-ofpocket expenditure, improve access to hospitalization care, reduce unmet needs, and to converge various health insurance schemes across the States. The scheme provides a defined health benefit cover of ₹ 5 lakh per family per year for hospitalised treatment including three days of pre-hospitalization and 15 days of post-hospitalization expenses. Services include approximately 1,387 procedures covering all the costs related to treatment, including but not limited to drugs, supplies,

diagnostic services, physician's fees, room charges, surgeon charges, OT, and ICU charges.

Eligibility for benefits under the scheme is based on the Socio-Economic and Caste Census data 2011 and include categories such as washermen/chowkidars, ragpickers, mechanics etc. in urban areas. the beneficiaries covered per thousand registered members under Ayushman Bharat scheme in three states were significantly higher than the beneficiaries covered per thousand eligible population under the DAK scheme. Similarly, amount spent per thousand registered population in Ayushman Bharat scheme was also higher than expenditure per thousand eligible population in DAK scheme.

Action taken by the Department

Delhi ArogyaKosh scheme is being run for patients visiting Government Hospitals only and benefits are provided to such patients if the treatment is not available in government hospital hence the expenditure and beneficiaries are comparatively lower than AB- PMJAY in other states where patient visits the private hospitals directly without any referral.

Now, Ayushman Bharat PM-JAY scheme is implemented in Delhi and formally launched by Hon'ble Chief Minister on 05th April, 2025. Further, as per the direction of governing council the integration of DAKs scheme on Ayushman Bharat Portal is being started.

Para:10.3. Jan Aushadhi Generic Pharmacy not established

Setting up a Jan Aushadhi Pharmacy at Indraprastha Apollo Hospital was approved by GNCTD (June 2016) with the objective of providing Drugs /logistics /consumables and improved pharmacy services to the Economically Weaker Section (EWS) patients undergoing treatment. However, Jan Aushadhi Generic Pharmacy was not established at Indraprastha Apollo Hospital as of July 2022.

DGHS replied (July 2022) modalities for operationalization of the proposed pharmacy could not be finalized. Reply of the Department shows its insensitivity towards the EWS patients.

Action Taken by the Department

As on date, the Drugs Control Department has granted 513 licenses in NCT of Delhi to Pradhan Mantri Bhartiya Jan aushadhi Kendra.
This project was processed for seeking a policy decision in the matter as the Delhi Government was committed to ensure availability of 100% free drugs

to the patients visiting Delhi Government Health Facilities for treatment. As of now, PM-JAK are being opened in the hospitals.

On the obserevations of the Department that Functional status of Jan Aushadhi Generic Pharmacy at Appollo Hospital of EWS patients may be confirmed, the Health Department submitted revised ATN and stated that :-

The Drugs Control Department has granted 540 licenses in NCT of Delhi to Pradhan Mantri Bhartiya Janaushadhi Stores as on 17.07.2025 (List Enclosed). Including 22 Delhi Govt. Hospitals has been opened and registered under Drugs Control Department till date.

The Audit further observed that Functional status of Jan Aushadhi Generic Pharmacy at Appollo Hospital not provided. The Health Department submitted reply dated 15.12.2025 and stated that :-

This department has no role to play in establishment of infrastructure of Jan Aushadhi Pharmacy at any hospital, including Indraprastha Apollo Hospital. Once the infrastructure of Jan Aushadhi Pharmacy at any hospital is ready, it applies to Drugs Control Department for grant of drugs license for opening of Pradhan Mantri Jan Aushadhi Kendra. As per available office records, no application for grant of drugs license for opening of Pradhan Mantri Jan Aushadhi Kendra at Indraprastha Apollo Hospital is pending in this department as on date. Further, the application for grant of drugs license shall be processed on priority as per relevant provisions as and when it is received in the department.

Para:10.4 Health Helpline Services not established

GNCTD had announced (June 2018) a 24x7 health helpline for providing health advice and counselling service by doctors/ paramedics/counsellors to people of Delhi. Budget provision of more than ₹ one crore was made during 2017-18 to 2021-22. Audit noted that no expenditure was made on the scheme as tendering process was not finalised (June 2022).

DGHS stated (March 2022) that helpline would be integrated in the proposed Delhi Health Information Management System (DHIMS). The fact remains that a service envisioned in 2018 is yet to be implemented.

Action taken by the Department

The mandatory lockdown restrictions and other restrictions and other administrative limitations imposed in starting of year 2020 due to COVID-19 had adversely impact the tender process of HIMS, Health Card and Health Helpline projects.

Health Helpline project was to be integrated with HIMS project. The tender was floated through e-procurement portal and was opened in Feb 2021. The Pre-Qualification and Technical Evaluation was conducted. The tender was cancelled on the financial stage. And there after the file was moved for approval of further re-tender and Finance Department advice to float of tender of GeM portal. Due to termination of Master Service Agreement of HIMS project on 14.03.2023, the tendering process of Health Helpline Services could not be initiated and it will be initiated after selection of vendor for HIMS project as Health Helpline project is to be integrated with HIMS Project.

Hence, all efforts are being made to establish the Health Helpline Services by the department at the full earnest.

On the observations of the Audit that Timeline for establishment of Health Helpline Services 24x7 in Delhi may be provided, the Health Department submitted revised ATN and submitted that As Delhi govt. has on boarded all its hospitals on to NextGen e-hospital platform, the NIC team has replied on 11 Sep 2025, that NextGen e-Hospital HMIS application is not having a public facing interface. GNCTD may setup its own citizen centric helpline number for providing assistance to the patients. NIC can provide the data available in NextGen e-Hospital (HMIS) through APIs to GNCTD to support its helpline operations.

The Audit further observed that Timeline for establishment of Health Helpline Services 24x7 not furnished. The Health Department vide reply dated 15.12.2025 submitted that NIC has conveyed inability to provide a public interface i.e. Health Helpline and asked the Department to set up its own Health Helpline. The Department is exploring alternate methods. After the approval of the competent authority, action as approved will be taken regarding the Health Helpline.

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On the observations of the Committee that What steps are been taken by the Department for setting up the Health Help Line after NIC has declined to do so. The Health Department vide letter dated 26.12.2025 has informed the Committee that the Department is exploring alternate options and after the approval of the Competent Authority, action as approved will be taken regarding the Health Help Line on priority basis.

Para:10.5 Health Card Scheme not implemented

During 2015-16 to 2020-21, Delhi Government *inter alia* had repeatedly announced in its budget speeches (2015-16, 2016-17 and 2020-21) implementation of individual Health Card to people of Delhi for registration and treatment in different Delhi government hospitals. The Card

would include demographic and clinical details and would be helpful in facilitating enrolment in health schemes of GNCTD. Notice inviting expression of Interest was issued in February 2018. Audit however noted that the scheme could not be implemented (June 2022) as tenders were not finalised.

Action Taken by the Department

Delhi Cabinet has approved the scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (ABPM-JAY), which incorporates a unique health card- Ayushman card.

On the observations of the Audit that Action plan to provide Health Card to all citizens of Delhi may be furnished, the Health Department submitted revised ATN and stated that no. 3714 dated:20.02.2025 of the GNCTD, it is required to implement Ayushman Bharat Digital Mission in its full earnest across healthcare facilities in Delhi. Delhi govt. has on boarded all its hospitals on to NextGen e-hospital platform which is incompliance with guidelines of ABDM in generating ABHA ID for all beneficiaries availing healthcare services from its hospitals and other facilities.

ABHA ID is a virtual health ID number generated by the system. As per the existing norms of GOI all the benefits pertaining to Healthcare service delivery can be delivered seamlessly across any health care facility of India.

The Audit further observed that Action plan to provide Health Card to all citizens of Delhi not furnished in the ATN. The Health Department vide reply dated 15.12.2025 stated that Creation of ABHA IDs is an ongoing process and are being created for Delhi Citizens in community through ASHA Workers and in Hospitals through HIMS. Till date i.e. 12-12-2025, Total 97,58,175 ABHA IDs of citizens of Delhi have been created.

Para: 10.6 **Delay in implementation of Health Information Management System**

Delhi government in its budget speech (2016-17) had proposed implementation of Health Information Management System (HIMS) in Delhi for connecting all government hospitals, poly-clinics, mohalla clinics etc. Audit noted that the work was awarded only in June 2022. An amount of ₹ 5.31 crore was incurred for conducting feasibility study and preparation of scope of work etc. Thus, the Department could award the work only after a gap of seven years from announcing the same.

Action Taken by the Department

Due to the mandatory lockdown restrictions/other restrictions and other administrative limitations imposed in starting of year 2020 due to COVID-19 had adversely impact the tender process of HIMS.

Further, it stated the expenditure of Rs.3.59 Crore was incurred on HIMS project till March, 2023. The remaining expenditure had been incurred for the COVID War Room (H&FW) Department.
Now, the Department is actively pursuing the implementation of NextGen e-Hospital application in all Delhi Government Hospital.

On the observations of the Audit that Action Plan with timelines for implementing eHospital system in all its government hosptials may be furnished. Government may confirm whether the eHospital has the facility to connect all health institutions in Delhi and is a replacement for HIMS earlier envisaged by the Government, the Health Department submitted revised ATN and stated that Delhi govt. has on boarded all its hospitals on to NextGen e-hospital platform as a replacement for earlier HIMS and started OPD/Casualty/IPD registration modules. Subsequent to these modules hospitals have been instructed to implement all other modules like IPD, LAB and radiology etc. in a phased manner and ensure availability of infrastructure like network, bandwidth and hardware etc in a timely manner.

Para:10.7 **Hospital Management Information System/e-Hospital not established**

Government of India urged (December 2015) all State government hospitals to implement 'e-Hospital' application developed by NIC. Accordingly, in October 2017, Department of Health & Family Welfare, GNCTD directed all hospitals to implement e-Hospital to automate all major functional areas.

Audit noted that none of the test checked hospitals had implemented e-Hospital/HMIS. In LNH, although 35 computers were purchased (January 2021), the implementation of e-Hospital/HMIS was still pending.

LNH stated (May 2022) that implementation of separate HMIS is in process in the Department. The fact remains that the hospital is yet to establish the system or an alternative.

Action taken by the Department

The Department is making all the efforts for the implementation of HMIS as soon as possible.

On the observations of the Audit that Concrete Action Plan with timelines may be submitted for implementation of Hospital Management Information System, the Health Department submitted revised ATN and stated that :-

Delhi Govt has on boarded all its hospitals on to Next Gen e-hospital platform as a replacement for earlier HIMS and started OPD/Casualty/IPD registration modules. Subsequent to these modules hospitals have been instructed to implement all other modules like IPD, Lab and radiology etc, In a phased manner and ensure availability of infrastructure like network, bandwidth and hardware etc in a timely manner as enclosed as .

Para: 10.8 Delhi Healthcare Corporation (DHC)

With the aim of shifting non-clinical and administrative work such as tendering, contract management, etc. from the doctors including specialists and paramedics in government hospitals, the Delhi Healthcare Corporation (DHC) was incorporated (May 2016) as a public limited company to provide these support services in all health units of GNCTD.

Audit noted that DHCL had not started operation. Besides, ₹ 5 crore was given to DHCL from Delhi Aarogya Kosh (DAK) scheme in 2016-17 and interest accrued thereon remained unutilized (March 2022).

Action taken by the Department

The matter is under consideration. Rs. 5 crore given to DHCL has been returned back to DAK.

On the observations of the Audit that Reasons for not forming the Delhi Healthcare Corporation along with future Action Plan in this regard may be submitted, the Health Department submitted revised ATN and stated that DHCL was initially formed however; further implementation could not take placed as the matter has been subjudice in Delhi High Court.

Para: 10.9 Tele-medicine facility

Department of Health, GNCTD took up (Febuary 2016) a project for implementation of Tele-medicine network in NCT of Delhi, being funded by the Department of Information Technology (DeitY), GoI. Despite availability of budget, audit noted that no expenditure was incurred in the scheme since its inception due to delays in finalization of space for tele-consultation centers in peripheral hospitals (March 2022).

Action taken by the Department

e-Sanjeevani tele-medicine facility of GOI is already implemented in GNCTD covering 13 specialties including Ayush w.e.f. August 2024.

Para: 10.10 Tele-Radiology Services

GNCTD had proposed (2016-17) setting up of Tele-radiology service to facilitate image transmission and reporting of X-ray films in all radiological/ imaging diagnostic facilities for further timely action. It was also envisaged that this service will be useful where there is shortage of man power, especially Radiologists, in the peripheral hospitals.

Audit noted that the scheme was not implemented even after a gap of five years since the proposal due to not furnishing requisite details i.e. the numbers, age analysis, functionality and human resources deployed by all the concerned hospitals of Delhi government.

DGHS stated (February 2022) that the draft tender documents is being prepared.

Para: 10.11.1 Lack of coordination between DGHS and GNCTD hospitals

During audit, it was noticed that there was lack of coordination in Government within their own agencies, departments and institutions providing health facilities. DGHS has a Hospital Coordination Cell (HCC), coordinating with Delhi government hospitals on day-to-day basis for sharing/ seeking information. Audit noticed that despite having HCC, DGHS could not get complete information required (July 2016) to assess the status of existing radiology equipment available in the Delhi government's hospitals with regards to numbers, age analysis, functionality etc., as only 29 out of 38 hospitals had responded (February 2022) in spite of repeated reminders. Thus, DGHS could not ascertain the number and status of CT and MRI machines, which are high end radiology equipment in GNCTD hospitals.

Action taken by the Department

DGHS and Delhi Govt. Hospitals has separate charter of duties and responsibilities. However for any kind of coordination now there is smooth flow of details/information/duties between them and H&FW headquarter is ensuring the same.

On the observations of the Audit that Department may clarify whether it has ensured complete information of hospitals at Hospital Coordination Cell, the Health Department submitted revised ATN and stated that It is important to clarify that the Directorate General of Health Services (DGHS) is primarily responsible for primary healthcare resources and exercises administrative control over Primary Health Centers and Dispensaries only. While Hospitals and their Medical Superintendents (MS) function as independent Heads of Departments (HOD), separate from the DGHS, the DGHS lacks direct administrative authority over hospitals. Consequently, the DGHS rely on hospitals to provide information in a formal and request-based manner, rather than through direct coercion.

The Audit further observed that the reply is not relevant to Audit comment as the department is responsible to ensure coordination between DGHS and Delhi Govt. Hospitals for smooth functioning of Hospital Coordination Cell.

The Health Department vide reply dated 15.12.2025 stated that It is humbly reiterated and clarified that the Directorate General of Health Services (DGHS) is primarily responsible for primary healthcare resources and exercises administrative control over Primary Health Centres and Dispensaries only. While Hospitals and their Medical Superintendents (MS) function as independent Heads of Departments (HOD), separate from the DGHS, the DGHS lacks direct administrative authority over hospitals. Consequently, the DGHS must rely on hospitals to provide information in a formal and request-based manner, rather than through direct coercion. It is important to mention that all the hospitals through their MSs report directly to the H & FW Department, Delhi Secretariat.

On the observations of the Committee that what action has been taken by the Deaprtment regarding lac of coordingation between DGHS and GNCTD Hospitals as it was earlier informed that the coordination is not satisfactory as it contains only the version of DGHS. The Health Department vide letter dated 26.12.2025 informed the Committee that to improve the coordingation between DGHS and GNCTD Hospitals, the Department of Health is started collecting the information on regular intervals and ensure the same will be continued.

ANNEXURE-X

CHAPTER XI– AYUSH

Para:11.3.1 Sub-optimal utilization of funds

(i) Utilization of funds under important heads in Tibbia College & Hospital: A & U Tibbia College was allocated budget of ₹ 16.55 crore under the head 'Supply & Material' and 'Machinery & Equipment' out of which only ₹ 9.41 crore was utilized during the period 2018-19 to 2021-22 leaving ₹ 7.14 crore (43 *per cent*) unutilised.

Budget was not allotted under the head 'Machinery & Equipment' during the year 2016-17 and 2019-20. Audit noted that during 2018-19 to 2021-22, there were savings ranging from 15 *per cent* to 96 *per cent* under two heads.

Department stated (May 2023) that funds could not be utilised due to conversion of hospitals to Covid Care Centre and Covid Vaccination Centre. Reply is not tenable as savings were noticed under the heads 'Machine & Equipment' and 'Supply & Material' despite lack of essential equipment during pre and post Covid period.

(ii) Under-utilisation of funds for Machinery and Equipment in hospitals: Audit noted that during five out of seven years under audit scrutiny, the unutilized funds under the head 'Machinery and Equipment' in SHMC ranged between 23.12 *per cent* and 77.45 *per cent* (upto December 2022). There were savings despite the fact that SHMC had no working Ultrasound machine during the entire audit period, whereas, working X-Ray machine was not available since 2019-20. This indicates lackadaisical approach of the hospital in acquiring the essential equipment for providing service to patients.

Similarly, in NHMC, ₹ 51 lakh out of ₹ 90 lakh (57 *per cent*) under the head Machinery and Equipment could not be utilized during the period under audit.

Government attributed (December 2023) sub-optimal utilization of funds to non-materialization of procurement by the CPA due to technical reasons till 2017-18 and non-completion of codal formalities due to shortage of time in 2019-20 and 2021-22.

GNCTD and hospitals failed to utilize the allotted funds and they should make realistic plans to ensure optimum utilization of funds.

(iii) Publicity of Ayush: One of the vision of Directorate is to popularize AYUSH system through school education programmes and media. Directorate spent only ₹ 9.81 lakh out of ₹ 34.66 lakh (28 *per cent)* for publicity of Ayurveda and Unani systems during the period 2016-2023.

Action taken by the Department

The Audit observations have been noted for compliance and steps have been taken to ensure full utilization of funds under the head. In the F.Y. 2024-25 under Major Head M&E, institute could not utilize the fund because the fund was reserved for procurement of X-Ray machines in the said Head and the process of procurement of X-Ray machine and Sonography machine was at the final stage but as per the direction of Competent Authority to provide the services on PPP mode, the procurement could not be finalized. Hence the budget could not utilized.

NHMC- The codal formalities regarding purchase of X-Ray machine and ultra sound machine could not be completed due to technical issues leading significant portions of unutilized fund during these years.

It is informed that Directorate of AYUSH has undertaken IEC activities and published IEC materials on Yoga, Millets, Unani system of medicine, Heat stroke, Medicinal plant Ashwagandha, various diseases etc. The expenditure on IEC activities is as below:

Year	**Expenditure on IEC**
2023-24	Rs.4,34,592/-
2024-25	Rs.4,15,392/-

Dr.B.R.Sur

Year	**Budget**	**Total Expenditure**	**% Utilization**
2023-24	3300000	3298962	99.97%
2024-25	4000000	3984920	99.62%

It is also informed that the X-ray machine is installed and is start functioning w.e.f. 01.01.2024.

The ultrasound machine and Poly sonography machine has been bought during the Financial year 2024- 2025 and starts functioning from March 2025.

On the observations of the Audit that Government may include the details of actions taken or SOPs prepared for ensuring efficient and timely use of fund, the Health Department submitted revised ATN and stated that :-

SHMC

In this regard all the Nodal Officers assigned for Procurement purpose have been duly sensitized and directed to utilize the funds under procurement head of budget timely as per GFR 2017.

NHMC

To streamline the process of procurement and timely use of fund, a dedicated procurement cell has been created. The SOP has also been prepared for procurement cell to streamline the timely procurement.

Para: 11.3.2 **Rush of Expenditure in closing months of financial year**

Rule 56(3) of GFR states that rush of expenditure beyond 15 *per cent*, particularly in the closing months of the financial year shall be regarded as a breach of financial propriety and shall be avoided.

Audit noted that during 2016-22, 15 *per cent* to 100 *per cent* expenditure in A&U Tibbia hospital and SHMC were incurred in the month of March under three heads viz. M &E, S&M and OE in contravention of the above rule. In the case of SHMC, the Government attributed (December 2023) it to last minute approval of proposals for procurement and settlement of pending claims. It was further stated that all nodal officers and branch in-charges have been directed to ensure that all proposals are finalized in a time bound manner. In respect of A&U Tibbia College, Department assured (May 2023) that the GFR will be adhered to in future.

Action taken by the Department

AUTCH: The Audit observations have been noted for compliance and Hospital is making efforts to expedite the procurement to ensure timely utilization of funds received under 'Supply & Medicine' and 'Machinery & Equipment'.

The institute has initiated the proposal of procurement of classical medicines through GeM, the procurement of proprietary medicines through open tender each at final stage.

On the observations of the Audit that Government may include the details of actions taken or SOPs prepared for ensuring efficient and timely use of fund, the Health Department submitted revised ATN and submitted that :-

SHMC

In this regard all the Nodal Officers assigned for Procurement purpose have been duly sensitized and directed to utilize the funds under procurement head of budget timely as per GFR 2017.

NHMC

To streamline the process of procurement and timely use of fund, a dedicated procurement cell has been created. The SOP has also been prepared for procurement cell to streamline the timely procurement.

Para:11.4.1 Inadequate built up area of the departments of A & U Tibbia College

Indian Medicine Central Council (Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012, prescribes built up area of departments of an Ayurveda College. There were shortfall in the built up area of departments of Tibbia College

Less space than the minimum prescribed area could hamper functioning of departments.

A& U Tibbia College stated (May 2023) that the college is functioning from a heritage building and there are restrictions to modify the building. Further it stated that it has planned to build a multi-storeyed building for academic departments.

Action taken by the Department

The Tibbia College had prepared the proposal to build new Academic Blocks as per the Minimum Standards of Education prescribed by NCISM. However, due to lack of vacant land for construction due to encroachment, same could not be materialized. The steps for removal of encroachment as per the Delhi Tibbia College (Takeover) Rules have been taken and a Gazette Notification declaring the properties of Tibbia College has been notified on 30.04.2025. The academics departments will be built up as soon as the space will be available.

Para 11.4.2 Lack of monitoring mechanism for Physical and Financial progress of work

During 2016-17 to 2022-23, 116 works relating to repair/maintenance/construction amounting to ₹ 17.12 crore were sanctioned to PWD by A& U Tibbia College.

Audit noted that PWD neither submitted any physical/financial progress or completion certificate to the hospital nor was requested by the hospital. Similarly, SHMC had completion certificates in respect of only

nine out of 20 works which were carried out. Thus, there was no monitoring mechanism in hospitals to ensure timely completion of works. The hospitals stated (May 2023) that monitoring of work and regular meetings with the PWD authorities are being done. In the case of SHMC, Government stated (December 2023) that completion certificates in respect of the works have been called from PWD.

Reply is not acceptable as no documents related to monitoring of work and regular meeting by hospitals with PWD authorities was annexed with the reply.

Action taken by the Department

The A & U Tibbia College has developed the monitoring mechanism for Physical and Financial progress of PWD works. Now, the PWD submits their progress report quarterly and a PWD committee has been constituted to monitor the work.

B R SUR Homeopathic Hospital-

The PWD authorities vide their letter dated 04.12.2023 informed the work Completion of remaining work out of total 20 work has been completed. Likewise done in A&UTC now the PWD submits their progress report quarterly and a PWD committee has been constituted to monitor the work.

Para: 11.4.3 **Delay in completion of works in hospitals**

Audit noted that in respect of A & U Tibbia College & Hospital only 48 out of 61 civil works[7] sanctioned were completed during 2016-17 to 2022-23. Out of 48 works completed, two works were completed on time whereas 25 works costing ₹ 2.91 crore were completed with delays up to six months, 18 works costing ₹ 3.92 crore were completed with delays of six to 12 months and three works of ₹ 99.80 lakh were completed with delays of more than one year.

In respect of remaining works, two works were foreclosed, one work pertained to year 2016-17 was not taken up as plan was not approved and one work pertained to 2018-19 could not be taken up as permission for the work was not obtained from Delhi Jal Board. Nine works pertaining to year 2021-22 to 2022-23 are still in progress even after expiry of stipulated date of completion. Delay in completion of work could have affected the quality of services being provided.

Hospital stated (May 2023) that delays were due to Covid and suspension of works and adherence to DPCC guidelines to control pollution.

Reply is not acceptable as delay in completion of works were noticed during pre and post Covid period.

Action taken by the Department

The A & U Tibbia College & hospital has constituted a Committee in April 2024 to review progress of work being undertaken by PWD to ensure its timely completion. The PWD submits its progress report of the works on quarterly basis.

Para: 11.4.4 Inadequate facilities for storing drugs

Directorate of AYUSH has no proper drug store for keeping Ayurvedic medicines procured for dispensaries as medicines were temporarily stored in a guest house of A&U Tibbia College & Hospital.

Similarly, in A&U Tibbia College & Hospital, there was no permanent store for storage of Ayurvedic and Unani medicines. Medicines were being kept in three places i.e. Canteen and two temporary tin sheds without assessing whether these structure met drug storage standards. It was also noticed that medicines were kept without having the facilities of racks were touching the floor and walls, rendering them susceptible to damage.

As suitable site was identified for constructing Drug store for the Directorate and for Tibbia College and Hospital and preliminary estimate amounting to ₹ 3.49 crore was intimated by the PWD in March 2020 for approval which was revised to ₹ 4.11 crore (December 2022) .

Audit noted that the proposal was not approved by the competent authority.

Government intimated (December 2023) that a temporary Drug store of around 4000 sq.feet has been constructed for storage of medicines. However, the reply was silent on the approval of the preliminary proposal by the competent authority and start of construction thereafter.

Action taken by the Department

It is informed that a Drugs store of around 4000 Sq. Feet has been constructed by the PWD in March 2023 and medicines are being stored in the same.

On the observations of the Audit that Action plan for permanent set up of Medicine store may be included, the Health Department submitted revised ATN and stated that The land for permanent setup of medicine store

has been identified and the same will be constructed from the Grant in Aid to be received under National Ayush Mission (NAM).

Para 11.4.5 Unavailability of canteen/kitchen facilities in test checked hospitals

As per Indian Medicine Central Council (Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012, there should be canteen facility with sitting arrangement for about hundred persons in the college premises with built up area of 150 sq. meter (for intake of 61-100 students) . Similarly, Schedule I (B) (Infrastructure Requirement of College) of MSR, 2013 provides for canteen facility in the Homoeopathic college premises.

A& U Tibbia College with an annual intake of 189 students has total enrollment of 800 students and 123 staff (March 2023). Besides, on an average 550 patients had visited the hospital per day during 2021-22. Similarly, SHMC has total enrollment of 315 students and 86 college staff.

Audit noted that no canteen/kitchen facilities were available in both the test checked hospitals and the premises earmarked for Canteen in A & U Tibbia College were being utilized for storage of medicines.

Government stated (December 2023) that the process for establishment of canteen in SHMC has since been initiated by uploading the tender on GeM. With regard to A&U Tibbia hospital, it was stated that the process of starting canteen service has been initiated.

The fact remains that canteen facility did not exist in either the hospitals.

Action taken by the Department

The A & U Tibbia College & Hospital has already constructed the canteen for students and staff. The proposal has been initiated to hire the canteen services through GeM portal and will be completed shortly. Further, the Hospital has hired kitchen services from GeM portal for the admitted patients.

On the observations of the Audit that Actions taken/Action Plan in this regard of BR Sur Medical College may also be included, the Health Department submitted revised ATN and stated that The kitchen service is already available with SHMC. The tender for kitchen services was awarded to M/s.Jai Mithila Catering Services Pvt. Ltd., through GeM portal.

The Canteen services was available till February-2025. The new tender is being floated on GeM Portal and it will be completed as per time limit provided in GeM.

Para:11.4.6. Unavailability of Cadavers in Tibbia College

A&U Tibbia College and Hospital is a prestigious medical institution of GNCT of Delhi providing undergraduate and postgraduate education to the students in Ayurveda and Unani. The curriculum of their course and Medical College Standards issued by the GoI requires teaching of Anatomy and dissection of cadavers to students.

Audit noted that no cadaver/mummified body was available in the Anatomy Department of Tibbia college since 2020 and the Hospital had initiated the process to obtain cadaver in November 2022 only, after a delay of more than two years.

The Department stated (May 2023) that efforts are being made to get the cadaver for study purpose.

Action taken by the Department

The College has made efforts to get cadavers for anatomy students in the College. Two cadavers were received from the DDU Hospital in 2023-24 and two cadavers have been donated by Dadhichi Dehdan Samiti.

Para:11.4.7 Running unauthorized Private Pharmacy in the premises of the Hospital

Audit noted that A&U Tibbia Hospital had allotted a space of 20 Sqm to a private agency8 for running a medical shop in June 2012 at a monthly lease amount of ₹ 3000. The lease deed of the pharmacy was cancelled (July 2014) and eviction process initiated by the hospital. The eviction process was halted by the ADM (April 2016) as the lease deed did not contain any clause for termination. Subsequently, the hospital filed a case in District Court in April 2019 against the order passed by the ADM after almost three years. It was observed that the case was rejected by the Court as the case was not filed on time.

Due to administrative delay on the part of the hospital, the pharmacy could not be evicted (December 2022) and was running unauthorized in the hospital premises since July 2014. Moreover, audit noted that patients were compelled to buy medicines from the private pharmacy as most of the medicines were either not available in the hospital or were available for small periods of time during the year 2018-19 to 2019-20.

A & U Tibbia College stated (May 2023) that efforts are being made to evict the unauthorized pharmacy from the premises of hospital but hospital remained silent on the other issues.

Action taken by the Department

The observations of Audit have been noted for appropriate action. Presently the matter is subjudice.

Para: 11.5.1 **EDL for Ayurveda, Yoga, Unani, Siddha and Homoeopathy medicines not updated on regular basis**

In order to provide essential medicines free of cost to the people visiting its health facilities, the Government of NCT of Delhi framed (April 1994) a Drug Policy based on the essential medicines concept. The objective of the policy was to make available a limited number of good quality medicines to be procured at reasonable prices, thus enabling the medicine budget to be used for a much larger number of patients. Audit noted that the policy aimed at preparation of a list of drugs, every year, by a Special Committee.

Audit noted that EDL of Ayurveda, Unani and Homoeopathy drugs for dispensaries were updated only once in 2018 during the period under audit and the EDL of A& U Tibbia College & Hospital was not updated after 2015.

Government stated (December 2023) that based on the National List of Essential Ayush Medicines published by Ministry of Ayush in 2022, the Department has reviewed and adopted the new EDL for Ayurveda and Unani medicines. Regarding homoeopathy, updated EDL is under submission for approval of the competent authority.

Action taken by the Department

The Directorate of AYUSH had prepared its EDL based on the EDL published by Ministry of AYUSH in 2013 consisting of only generic medicines from pharmacopoeia, formulary and authoritative texts. Same was revised in 2018 to make it concise and appropriate for the need of subset of population residing in this geographical zone. Now, the Ministry of AYUSH has published "National List of Essential AYUSH Medicines (NLEAM)" in 2022 which has 201 Ayurvedic and 200 Unani medicines. While preparing EDL by the department, following considerations have been made:

1. Need based selection for primary health services
2. Safety & Efficacy
3. Widespread use
4. Ease of Availability
5. Evidence base

6. Cost effectiveness

Based on the NLEAM published by Ministry of Ayush in 2022, the Department had reviewed its EDL on above parameters and prepared its EDL on 05.12.2022 consisting of 110 Ayurvedic and 109 Unani medicines. The EDL has again been revised on 07.01.2025 and has 141 medicines.

EDL for Homoeopathic Medicines has been updated/revised on 08/12/2023 and published in Jan-2024 and consists of 200 medicines.

Para: 11.5.2 **State Drugs Testing Laboratory not set up**

One of the objectives of National Ayush Mission (NAM), GoI is to provide Grants-in-aid to State Drug Testing Laboratories (SDTL) for testing of Ayurveda, Unani, Sidda and Homoeopathic drugs.

Audit noticed that no proposal was initiated by the Directorate of AYUSH (December 2022) for establishing SDTL whereas the Directorate had assured to set up the same in response to audit observations incorporated in the CAG Audit Report for the year ended March 2017. Moreover, ₹ 95 lakh released by GoI to set up a drug testing lab for Indian System of Medicine was also not used and was refunded to GoI.

Audit noted that Directorate of AYUSH had got tested 6940 samples of Ayurvedic and Unani drugs from 11 government approved labs and incurred ₹ 6.90 crore for testing of Ayurvedic and Unani medicines during the years 2016-17 to 2022-23. Homoeopathic drug samples are being sent for testing to Pharmacopoeia Commission for Indian Medicine and Homoeopathy, Ghaziabad, in a routine manner even though the same has been declared (22 March 2021) as an Appellate laboratory for testing of drugs by Central Government.

The Government stated (December 2023) that setting up of a laboratory is not cost-effective due to limited number of samples.

Reply is not acceptable, as it did not share cost-benefit analysis report with audit in view of the fact that on an average, more than ₹ one crore a year was being incurred on testing of samples.

Action taken by the Department

Setting up of a State Drugs Testing Lab is one of the components of National AYUSH Mission. The implementation of NAM is under active consideration of the Government. The State Drugs Testing Lab will be set up after establishment of Society under NAM in Delhi. In the meanwhile, Government of India in consultation with Government of NCT of Delhi has authorized 11 laboratories for testing of ISM medicines. Further, the Appellate Lab of Government of India is also located in the NCR. For the teaching purpose, Tibbia College has entered into MoU with Delhi Pharmaceutical Sciences & Research University (DPSRU). This Directorate is conducting testing of the complaint-based samples and the samples of medicines purchased to ensure distribution of good quality medicines to the public.

On the observations of the Audit that An Action plan with timelines may be included, the Health Department submitted revised ATN and stated that The Delhi Government has already approved the constitution of Delhi State Ayush Society under National Ayush Mission (NAM) vide its Cabinet Decision No.3219 dated 08.07.2025. The proposal for setting up of State Drugs Testing Lab will be submitted in the State Action Plan for the year 2025-26 for the consideration of Ministry of AYUSH.

Para: 11.5.3.1 **Sample testing not done for Ayurvedic, Unani and Homoeopathic drugs purchased**

Operational Guidelines for Free Drugs Service Initiative issued (June 2015) by M/o Health and Family Welfare, GoI, stipulates that on receipt of test reports from empanelled laboratories, the batches which 'Pass' the testing are to be released for further distribution.

During the period 2016-18, Drug Control Cell did not conduct quality testing of batch-wise samples of drugs before distribution to dispensaries as envisaged in above said guidelines. Audit noticed that Directorate of AYUSH purchased Ayurvedic and Unani medicines amounting to ₹ 22.22 crore for supply to dispensaries during the same period. Similarly, the test checked Homoeopathic College (SHMC) distributed the medicines procured on the basis of quality reports provided by the supplier along with the supply.

Government stated (December 2023) that the medicines were procured from government agencies during the reported period and presently all supplied medicines are being tested before distribution to dispensaries. In case of SHMC it was stated that guidelines/SOP has been received (September 2023) from Directorate of AYUSH and assured to comply with it.
The fact remains that the Directorate of AYUSH did not adhere to the guidelines
regarding quality testing of medicines procured for ensuring the efficacy and safety of drugs distributed to patients.

Action taken by the Department

During the year 2016-18, the medicines were procured by Directorate of AYUSH from Government of India Firms/CPSUs. The supplies were received from the suppliers with testing report in Form 50 as per the available protocol. Subsequently, as per the recommendations of last Performance Audit (2012-17), a condition was added in the NIT and the agreement with firms for batch-wise sample testing. Presently all supplied medicines are being tested before distribution to dispensaries.

B.R Sur Homeopathic Medical College-

As per circular of Directorate of ISM&H all the Homoeopathic Medicines are pre- checked/tested from 13 authorized Delhi government labs and seller send them with supply of the medicines and all essential drugs are available in the Hospital.

Para: 11.5.3.2 Not conducting drugs test according to standards of Ayurvedic and Unani Drugs

As per Rule 168 of Drugs and Cosmetics Rules, 1945, standard for identity, purity and strength as given in the edition of Ayurvedic Pharmacopoeia of India are to be complied. State Licensing Authority, Directorate of AYUSH had granted license to approved labs for carrying out tests of identity, purity, quality and strength of drugs.

Test check of bills for drugs testing of Ayurvedic and Unani medicines revealed that only three tests for microbiology, specific pathogens and heavy metals were conducted whereas tests to establish the identity and purity of raw materials and strength were not being conducted.

Government stated (December 2023) that due to the complex nature of Ayurvedic and Unani medicines, raw material testing is feasible only before preparation and strength testing is not available, only qualitative testing is available.

However, the fact remains that the Government did not ensure the purity, quality and strength of drugs at their own level.

Action taken by the Department

Rule 160 of the Drugs & Cosmetics Rules provides for identification and testing of Raw materials used in the preparation of Ayurvedic & Unani medicines subject to availability of such tests for genuineness and maintenance of such records by the manufacturer. During inspections of the manufacturing units carried out by the Drugs Control Cell, these records were inspected. Further, the testing of Ayurveda and Unani medicines is done as per the protocols prescribed by the Pharmacopoeial Laboratory for Indian Medicines, Government of India.

Para: 11.5.3.3 **Non-adherence to quality assurance guidelines**

Operational Guidelines for Free Drugs Service Initiative issued (June 2015) by M/o Health and Family Welfare, GoI, stipulates that the labels details viz. manufacturer's name, manufacturing license number, logo or monogram of the company on the medicine samples will be concealed by indelible ink, coded with a secret number and would be sent to one of the NABL accredited empanelled Laboratory for analysis.

It was, however, observed that the samples of medicines for distribution in dispensaries were sent to the laboratory by Drugs Store, for testing, without concealing the details of the manufacturers, thereby, compromising with the provisos of the guidelines.

Department stated (May 2023) that labelling is done as per rule 106 A of Drug and Cosmetics Rules, 1945.

The reply is not tenable as the said rule deals with labelling and packing of Homoeopathic medicines whereas audit observation is regarding the procedure to be adopted while sending the samples to lab for testing.

Action taken by the Department

The audit observations have been noted for compliance and medicines for testing are being sent as per guidelines.

Para:11.5.3.4 **Avoidable expenditure on quality testing of Ayurvedic and Unani drug samples**

It was observed that as per the terms & conditions of tenders for purchase of Homoeopathic medicines, Homoeopathy Wing, Directorate of AYUSH recover the cost of samples testing of Homoeopathy drugs from the suppliers of medicines. However, it was noticed that no such condition was incorporated in the tender document issued for purchase of Ayurvedic and Unani medicines resulting in the cost of sample testing of Ayurvedic and Unani medicines being borne by the Directorate.

Directorate incurred an amount of ₹ 93.40 lakh during the period from 2019-20 to 2022-23 for testing of samples supplied by the manufacturer.

Government stated (December 2023) that testing was being done from the budget earmarked for testing of market and complaint samples. Reply is not acceptable as the Directorate could have recovered the cost of testing of Ayurveda and Unani samples had it incorporated the similar clause in its tender document.

Action taken by the Department

It is informed that as per the tender conditions, each supplier firm is mandated to provide its supplies with test report in Form 50. Further, in the fresh tenders of AYUSH, clause of cost of testing to be borne by the manufacturer has been inserted.

Para: 11.5.4 **Availability of Essential Drugs in test checked Hospitals**

(i) A & U Tibbia Hospital: Directorate of Ayush approved (last updated 2015) Essential Drug List of 117 Ayurveda and 92 Unani medicines for Ayurveda/Unani hospitals as per their requirement, which should be available with hospitals/pharmacies at all times in adequate quantity.

It was noticed that only 44 to 81 (38 to 69 *per cent*) out of 117 Ayurvedic medicines and 25 to 69 (27 to 75 *per cent*) out of 92 Unani medicines were available in Tibbia College & Hospital annually during the audit period 2016- 17 to 2022-23.

Further, it was noticed that almost all the stock of medicines exhausted twice, in January 2019 and February 2022, but the hospital procured medicines only in March 2020 and November 2022, after a delay of 14 and nine months respectively. Audit also noticed that due to unavailability of drugs, Tibbia Hospital procured some medicines in crude form in March 2019 to make alternative arrangement for the patients.

(ii) SHMC: There were 200 Essential Drugs approved by the Directorate for Homoeopathic hospitals. Audit noted that 37 drugs/medicines were not available in the hospital for very long periods despite being part of the EDL list.

A & U Tibbia Hospital stated (May 2023) that the medicines could not be procured due to cancellation of tenders and also due to blacklisting of L1 firms. In case of SHMC, the Government stated (December 2023) that besides keeping a buffer stock of frequently prescribed medicines, digital database of essential medicines has also now been prepared to mitigate the problem of stock-outs. Moreover, medicines which were not available have now been purchased.

The fact remains that the hospital management failed to ensure availability of sufficient quantity of medicines in the hospitals.

Action taken by the Department

The A & U Tibbia College had procured all medicines as per the budget against the EDL of 130 in FY 2024-25. Further, the procurement process for FY 2025-26had already been initiated through GeM for the FY 2025-26. the procurement of proprietary medicines through open tender is at final stage. The institute is taking efforts for timely procurement to maintain the essential drugs in hospital.

B.R Sur Homeopathic Medical College-

It is also informed that now all the total 200 Essential Drugs i.e. 100% of EDL are available in the Hospital.

On the observations of the Audit that ensure 100% of EDL of ayurveda and unani medicines may be included, the Health Department submitted revised ATN and stated that For timely procurement and to maintain EDL, the demand for medicines is taken from the consultants in the month of March i.e. before start of the Financial Year.

The consolidated demand is accordingly processed for procurement and it is ensured that medicines are timely procured.

Para:11.5.5. Loose dispensing of medicines

EDL (Ayurveda) guidelines published by the GoI discourage loose dispensing of medicines and suggested to procure medicines in standard pack sizes based on the weekly requirement of medicines for the patients as medicine quality gets altered when these are distributed in envelops due to the presence of salt in medicines, and medicines in big containers also get spoiled due to moisture in the environment.

Audit noted that 27 Unani and 22 Ayurvedic crude medicines procured in bulk and processed and prepared by the A & U Tibbia Hospital were distributed to the patients in loose form which was neither safe from moisture nor hygienic/safe to carry.

Hospital accepted the fact and stated (May 2023) that due to cancellation of tenders, the packed medicines could not be procured, hence, some alternative arrangement was made by procuring medicines in crude forms.

Action taken by the Department

The Audit observations have been complied with and the medicines are being procured in smaller packs (Churna 50 gms, Tablets/vati 40 N, Syrups/Asavas 100 ml and Oils 50 ml) for distribution to the patients.

Para: 11.5.6.1 **Shortage of essential equipment/tools in the Hospital**

Equipment and tools play a vital role in the functioning of a hospital. They help healthcare professionals to provide accurate diagnoses, effective treatments, and safe surgical procedures, as well as ensure infection control and patient comfort.

During 2017-18, departments of A & U Tibbia Hospital were directed (July 2017) to submit requirement of essential instruments/ equipment (Consumable/ Non Consumable) for procurement. 14 departments had assessed requirement of 855 quantities of 184 different items.

Audit noted that against the above requisition, A & U Tibbia hospital had purchased (July and October 2018) only 177 quantities of 44 items after delay of 12 to 15 months. Thus, 43 to 87 *per cent* of items required in different departments were not purchased affecting patient health care services in the hospital. The hospital authority had not made any efforts to procure balance quantity of items since 2018.

Department stated (May 2023) that some equipment had been procured during the last year and rest are being procured.

Fact remains that the hospital did not have all the essential instruments/ equipment necessary for providing due care to patients.

Action taken by the Department

The Audit observations are being complied with and proposal for procurement of instruments and equipments has been initiated. The demand from the various departments has been obtained.

On the observations of the Audit that An Action Plan with timelines may be included with the ATN, the Health Department submitted revised ATN and stated that In this regard it is submitted that all the essential equipment/tools have been made available in SHMC.

Para: 11.5.6.2 **Medical equipment in AU Tibbia College & Hospital not utilized**

A & U Tibbia Hospital had procured four equipment costing ₹ 45.98 lakh in March 2018 with two year free AMC and five year guarantee period and same were installed in the pathology lab

Audit noted that although the equipment were installed in the lab, no test was conducted by the hospital. The free AMC and guarantee period had also expired.

Further, it was also noticed that 31 different items[9] in the pathology lab were out of order since March 2018 which affected the complete functioning of pathology lab in the hospital and no functional machine/equipment/chemical kits were available in the pathology lab.

Similarly, it was noticed that in maternity ward, two equipment i.e. Foetal doppler and patient monitor amounting to ₹ 6.69 lakh were not put to use since its purchase (September 2018).

Department stated (May 2023) that the equipment could not be utilized due to Covid pandemic. Reply is not acceptable as it was found that these equipment were lying idle before and after the Covid period.

Government stated (December 2023) that purchase of reagents for pathology lab is in final stage.

Action taken by the Department

The observations of Audit have been complied with. Several tests (RA Factor, CRP, HIV, HCV, VDRL, Widal, MP, Dengue, ABO Blood Grouping, UPT, Semen Analysis, Urine R/M, Stool R/M) are presently being conducted in hospital pathology lab. Procurement of chemicals / reagents required for other machines is being made. As per the recommendation, the hospital has taken measures to start instruments/equipment in Pathology and Maternity

On the observations of the Audit that An Action Plan with timelines may be included with the ATN, the Health Department submitted revised ATN and stated that the tests are available at Tibbia College/Hospital and timely procurement is being done.

Para: 11.5.6.3 Idle stock of Ventilators in Tibbia Hospital

A & U Tibbia hospital had received 34 Ventilators in September and November 2021 during COVID.

Audit noted that the ventilators were not installed and were lying in the store of the hospital due to lack of experts and facilities such as medical gas pipeline. Moreover, the hospital has not taken any steps to handover these ventilators to other needy institutions.

The hospital stated (May 2023) that ventilators were received during third wave of Covid for constituting ICU in the hospital. Due to decline of Covid, the same could not be utilized.

Government stated (December 2023) that the hospital had sent email to medical superintendents of all hospitals to handover ventilators but no reply was received. With regard to installation of medical gas pipeline, demand for budget has been sent.

Fact remained that ventilators were not put to use and were lying idle in A&U Tibbia college.

Action taken by the Department

Hospital made efforts to handover the ventilators to other hospitals. Email sent to Medical Superintendents of all hospitals. Email sent to Hospitals working under Central Govt. but no reply has been received so far. Further, as per the direction of the Competent Authority, the unutilized ventilators are being shifted to central inventory at Mahrishi Valmiki Hospital, GNCTD.

On the observations of the Audit that Action Plan for further utilisation of ventilators may be included, the Health Department submitted revised reply and stated that As per the direction of the Competent Authority, the unutilized ventilators are being shifted to central inventory at Maharishi Valmiki Hospital, Govt. of NCT of Delhi. These ventilations will be distributed to allopathic hospitals by them

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Para: 11.6.1 Shortage of staff in AYUSH

There was huge shortage of staff in Ayush Directorate and its four colleges and hospitals. Overall shortage of staff in the Ayush departments was 57.97 *per cent* as of March 2023.

Thus, health facilities under AYUSH Directorate were not equipped with adequate human resources to provide efficient and effective healthcare services.

Action taken by the Department

There are total 257 sanctioned posts in A and U Tibbia College and Hospital. Presently 135 posts filled on regular basis and 24 posts filled on outsourced basis (MTS/NO).

The institute has published advertisement in 2022 for recruitment of 48 Assistant Professors (Ayur. &Unani) through UPSC out of which 29 Assistant Professors have joined. Recruitment of remaining posts is under process.

NHMC: Total Sanction Post in NHMC &Hospital reg. medical staff is 138 (Doctors-92, Nursing Staff- 28 and Paramedical Staff -18) out of which 100 posts are filled- (Doctors-62, Nursing Staff- 23 and Paramedical Staff - 15) as on date. Regarding vacant 38 posts (Doctors- 30 post, appointment of teaching staff is under process by the level of Directorate of AYUSH), (Nursing Staff- 5 post process of posting through GeM portal is in pipeline).

B.R Sur Homeopathic Medical College-

The concerned cadre controlling authorities have been requested time and again to fill the vacant staff position at the earliest.

On the observations of the Audit that A future Action Plan for filling the vacancies of all colleges, Directorate of Ayush and Homoepathic Wing may be included, the Health Department submitted revised reply and stated All the vacant post of Associate Professor (Homeopathy) have already been Notified to UPSC. 12 Assistant Professor (Homeopathy) have joined and remaining posts will be filled soon. 02 Medical Officer (Homeopathy) have also joined in Directorate of AYUSH. Further, the recommendation against the remaining posts is being process for issuing offer of appointment. The vacant post of Associate Professor (Ayurveda & Unani) shall be submitted to UPSC shortly. In respect of vacant post of Pharmacist(Ayur) and Pharmacist(Unani), requisition was sent to DSSSB, now, DSSSB has published advertisement No.1/25 for Pharmacist(Ayurveda) and Adv. No.2/2025 for Pharmacist(Unani).

NHMC: Regarding filling of the post of doctors (25 posts), appointment of teaching staff is under process by the level of Directorate of AYUSH. Regarding filling of the post of Nursing Staff (06 Posts), letter send to respective department time to time .
Regarding filling the post of Paramedical Staff (03 posts) letter sent to respective department time to time.

Para: 11.6.2 **Shortage of staff in Medical College Hospitals**

• **Shortage of doctors, nurses and paramedical staff**:

Significant staff shortages in the cadres of doctors (51.89 *per cent*), paramedical staff (55.93 *per cent*) and nurses (32.21 *per cent*) were noticed in the four medical colleges attached with hospitals detail as mentioned in **Table 11.6** is as under :-

Category	Tibbia College		CBPACS		SHMC		NHMC		Total		Shortageof staff	
	SS	MIP	SS	MIP	SS	MIP	SS	MIP	SS	MIP	Nos.	%
Doctors	90	41	101	60	55	27	97	37	343	165	178	51.89
Paramedical staff	26	6	55	19	15	11	22	16	118	52	66	55.93
Nurses	60	19	47	46	13	11	28	25	149	101	48	32.21

- The only posts of Physiotherapist and Dentist and all the five posts of house Physicians in SHMC remained vacant during the audit period.

- The only posts of O.T Technician, ECG Technician and Laboratory assistant were vacant in SHMC as of March 2023. In NHMC, the only post of Physical Training Instructor, Assistant Dietician, Biochemist, Operation Theatre Technician etc. were found vacant during the audit period. SHMC and Tibbia Hospital stated (May 2023) that filling of the vacancies is under process.

Action taken by the Department

The institute has published advertisement in 2022 for recruitment of 48 Assistant Professors (Ayur. & Unani) through UPSC out of which 29 Assistant Professors have joined. 26 Nursing Orderlies are working on outsource basis. There are 21 Nursing officers are working. Recruitment of remaining posts is under process.

B.R Sur Hospital-

The latest cadre wise i.e. doctors, Nurses and Paramedical staff are as under:

Category	SS	MIP	Shortage of staff	
Doctors	56	23	22	40%
Paramedical	15	11	4	26%
Nurses	13	13	Nill	0%

On the observations of the Audit that A future Action Plan for filling the vacancies of doctors, paramedical staff and nurses of all colleges may be included in the ATN, the Health Department submitted revised ATN and stated that the Department will ensure that the vacancies are notified to recruitment agencies immediately.

Para:11.6.3 Shortage of teaching faculties in Medical Colleges

There are four AYUSH medical colleges in which undergraduate and postgraduate courses in Ayurveda, Unani and Homoepathy are offered as per student intake.

There were huge shortage of teaching faculties in the medical colleges under AYUSH.

- The post of Principal remained vacant in three out of four colleges. There was overall shortage 63 *per cent* of Professors, 71 *per cent* of Associate Professors and 27 *per cent* of Assistant Professors in the medical colleges. There were 100 *per cent* vacancies of Professor and Associate Professor in A & U Tibbia College.

- Though the seats for students were enhanced from 128 to 158 (25 *per cent*) from academic session 2019-20 in A & U Tibbia College, teaching staff was not increased proportionate to the increased number of seats.

- It was noticed that in place of regular faculty, 15 General Duty Medical Officers were deployed for teaching purpose in SHMC.

Shortage of teaching staff in medical colleges may adversely impact on the quality of medical education and also on healthcare delivery.

The Government stated (December 2023) that the process of filling of vacant posts has already been undertaken in Homoeopathic wing. In the case of Ayurveda and Unani wings, medical officers and pharmacists have joined the department and the rem

Action taken by the Department

In AUTCH, as per the RR, there is a provision of recruitment at entry level as Assistant Professor and 100% promotion scheme under DACPS. The institute has published advertisement in 2022 for recruitment of 48 ssistant Professors (Ayur. &Unani) through UPSC out of which 29 Assistant Professors have joined. In June 2023, 08 Assistant Professors promoted as Associate Professors and in the year 2024, 24 Associate Professors promoted as Professors. Recruitment of remaining vacant post of teaching faculty is under process.

On the observations of the Audit that a future Action Plan for filling the remaining vacancies of teaching posts may be included in the ATN, the Health Department submitted revised ATN and stated that The Department will ensure that the vacancies are notified to recruiting agencies immediately.

Para:11.7.1 Enquiry window in SHMC not available

SHMC provides health care through General OPDs and special clinics in pediatrics, geriatrics, gynecology and family planning, lifestyle disorders, thyroid disorders, psychiatry, arthritis, respiratory disorders, skin diseases, renal stones, eye, ENT and physiotherapy. The annual patient turnover in OPD ranged from 61,630 (2016-17) to 42,285 (2022-23 till 24 January 2023).

Audit noted that the hospital did not provide any enquiry window for OPD to facilitate and help patients seeking information about hospital services.

Government stated (December 2023) that an enquiry window has now been opened for OPD.

Action taken by the Department

Now, the Help Desk is in operation.

Para:11.7.2 Deficiency in Citizens Charters

Citizens' Charters initiative is a response to the quest for solving the problems which a citizen encounters, day in and day out, while dealing with organizations providing public services. Citizen Charter of SHMC did not provide information on availability of family welfare, maternity and childcare services, immunization services and ambulance services. Further, Citizen Charter of SHMC was not available in local language.

Government stated (December 2023) that Citizen Charter has been revised and submitted to the PWD for preparation of boards.

Action taken by the Department

The Citizen Charter is available and being displayed both in English and Hindi at the prominent place of the Hospital.

Para:11.7.3.1 **Declining trend of IPD patients and low bed occupancy in AYUSH Hospitals**

The number of patients admitted in IPDs in the four hospitals was as as per **Table 11.10** is as under:-

Year	Tibbia	SHMC	NHMC	CBPACS	Total
2016-17	6068	275	8692	8073	23108
2017-18	4958	272	12498	8071	25799
2018-19	4909	232	11972	8990	26103
2019-20	2786	217	8261	8834	20098
2020-21	324	0	7490	2452	10266
2021-22	1466	44	2859	2550	6919
2022-23 (uptoDecember2022)	1744	46	5653	3344	10787

It can be seen from **Table 11.10** that number of patients visiting IPD declined during the audit period from 23,108 in 2016-17 to 20,098 in 2019-20 (pre-covid period) and further decreased to 10,226 (2020-21), 6,919 (2021-22) and 10,787 (upto December 2022).

Government stated (December 2023) that due to Covid pandemic, hospitals were declared as a Covid Healthcare Centre and most of the staff was diverted to other Covid quarantine centres and IPD services were closed for general public.

Reply is not acceptable as the patient footfall in Tibbia Hospital and SHMC had declined prior to Covid 19 also.

Action taken by the Department

In 2024 IPD increased in comparison to previous years. The admission in IPD declined due to non availability of medicines. Medicines could not be procured due to single source agency on GeM. Now the institute has procured the medicines and efforts are being made to increase the bed occupancy.

B.R SUR Hospital-

During the period 2016 to 2018 the admission of patient in IPD was at handsome rate. But during the period 2019-to 2022 due to prevailing Covid epidemic the Patient admission was not allowed. Now, there is substantial Improvement in patient admission in IPD.

On the observations of the Audit that Detailed Action Plan for ensuring the essential facilities and availability of medicines so as to increase the IPD footfalls may be included, the Health Department submitted revised ATN and stated that:-

SHMC:-Now, the situation has improved w.r.t IPD admissions and is in upward trend in SHMC. Further, the Department has initiated the following action plan to increase the IPD footfall of the Hospital as under:-

Online Presence and Reputation:- A well maintained website and active social media presence is created. This includes providing comprehensive information about IPD services, doctors, facilities and any specialized treatment provided. Actively monitor online reviews and respond to feedback to demonstrate responsiveness and commitment to patient satisfaction.

Foster Community Relationship:-
Community centers, schools and other organizations are collaborated to raise awareness about the Hospital's IPD services. Health camps and screenings will be done to organize free health camps and screening in the Community to attract potential patients and introduce them to the hospital facilities.

Implement robust referral Programs:- Referring patients by doctors, staff and by any other patients to the IPD is encouraged by the administration.
The Doctors in the OPD are instructed for referring the patients to IPD by providing clear cut instructions.

Optimize Patient Experience:-
Streamline the admission and discharge procedures to minimize waiting times and improve convenience. A welcoming and comfortable environment in the IPD is created with amenities such as comfortable waiting area, clean room, safe & clean Drinking water etc..

Utilize Data Analytics:-
Data is analyzed to identify areas where the IPD can improve its cervices and attract more patients.

Other Considerations:-
Better communication and coordination between different departments within the hospital to ensure a smooth patients journey is promoted.
Specialized IPD Services or treatments that cater to specific patients to attract a wider range of patients are offered.

It is ensured that IPD services care free of cost.

Para: 11.7.3.2 **Low bed occupancy in AYUSH Hospitals**

Number of IPD beds available in Tibbia College, CBPACS, SHMC and NHMC were 240, 210, 50 and 100. Bed occupancy rate in AYUSH Hospitals was very low.

During the period from 2016-17 to 2021-22, bed occupancy rate ranged from 2.14 to 39 *per cent* in A&U Tibbia Hospital, 28.21 to 77.76 *per cent* in CBPACS, 0.22 to 1.39 *per cent* in SHMC and 13 to 38 *per cent* in NHMC.

Thus, the infrastructure in AYUSH hospitals was not optimally utilized. Absence of essential facilities like operation theatre (Paragraph 11.7.14), ultrasound (Paragraph 11.7.5), staff shortage (Paragraph 11.6.2) and absence of casualty ward (Paragraph 11.7.13) in hospitals could be reasons for underutilization of IPD facilities.

Action taken by the Department

Now the bed occupancy rate has increased gradually and steadily. The improvement in patient admission is also evident, which is as under: –

In 2024 IPD increased in comparison to previous years. The admission in IPD declined due to non-availability of medicines. Medicines could not be procured due to single-source agency on GeM. Now the institute has procured the medicines and efforts are being made to increase the bed occupancy.

On the observations of the audit that Detailed Action Plan for ensuring the essential facilities and availability of medicines so as to increase the IPD footfall may be included, the Health Department submitted revised ATN and stated that SHMC is same as given in reply to above para.

Para:11.7.4 **Absence of Medical Record Department (MRD) in A & U Tibbia Hospital**

Chapter XII of Hospital Manual states that medical record keeping has importance in efficient patient health care. Medical Record Department (MRD) should maintain complete records in all respects in safe custody and compile a monthly report of medical statistics required for hospital administration. Ayurveda & Unani Tibbia hospital did not have an MRD in the absence of which mandatory data such as patient attendance record, observation and follow-up record, referral record within and outside hospital, treatment record etc. were not being maintained as per Hospital Manual.

Tibbia College accepted (May 2023) the audit observation and stated that MRD could not be set up as there was no post sanctioned for MRD.

Action taken by the Department

Hospital has set up the MRD. Assistant Statistical officer has been deputed to look after the MRD.

Para:11.7.5 Non-functional Radiology Department in Hospitals

Radiology department is an essential part of any hospital, playing a critical role in the diagnosis and treatment of many medical conditions. However, radiology diagnostic facilities were not available in the test checked hospitals due to unavailability of functional equipment.

Only one X-ray machine was functional in A&U Tibbia Hospital during the period 2016-17 to 2019-20 and in SHMC from 2016-17 to 2018-19.

The hospital authorities failed to procure the above equipment even though sufficient funds were available under the head Machine and Equipment in respect of SHMC (2016-22) and A&U Tibbia Hospital (2018-22).

Absence of radiology equipment in a hospital may adversely impact diagnosis services. This may also discourage patients from availing treatment through Indian System of Medicine.

Hospital stated (May 2023) that initiative is being taken to make the radiology department functional. In case of SHMC, Government stated (December 2023) that as on date, X-Ray machine with CR system has been installed, however, license to operate the same is awaited from AERB.

Action taken by the Department

The institute was in the process of procuring X-Ray Machines in 2024, but later on, as per the decision, these facilities is to be started on PPP Mode; therefore, X-Ray machine has not been procured.

B.R Sur Hospital-

The License to operate the X-ray machine had been awaited from the AERB, the same has now been received on 21.12.2023. Now, the X-ray Machine is fully in operation w.e.f. 01.01.2024.

On the observations of the Audit that A timeline for installing Xray machine through PPP mode may be included in the ATN, the Health Department submitted revised ATN and stated that the matter is being

taken up. The x-ray machine will be fully functional by the end of this Financial Year.

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Para:11.7.6 **Pathology lab in A&U Tibbia Hospital not functioning**

Pathology lab is an integral part of any hospital or medical facility. These labs_play a critical role in diagnosis, treatment, and management of diseases. The number of lab tests conducted at A & U Tibbia Hospital as mentioned in **Table 11.12** is as under:-

Sl.No.	Year	No.of test conducted
1	2016	1,63,095
2	2017	2,03,229
3	2018	1,89,717
4	2019	7,084
5	2020	1,344
6	2021	3,488
7	2022	8,021

It can be seen from above table that the number of tests conducted during the period 2016-22 have significantly declined from the year 2019. Audit noted that out of 44 types of lab tests that were being conducted up to 2018, only 12 tests were being conducted as of February 2023 due to unavailability of required chemicals and functional equipment.

A&U Tibbia College stated (May 2023) that the number of lab tests decreased due to COVID during 2019-2022 and the hospital had outsourced lab tests during the said period. It further stated that efforts are being made to make the lab fully functional. Government stated (December 2023) that process of purchasing kits/reagents for pathology lab is in the final stage.

The fact remains that despite availability of pathology equipment (para 11.5.6.2) the Government could not provide pathology services. (December 2023).

Action taken by the Department

Several tests (RA Factor, CRP, HIV, HCV, VDRL, Widal, MP, Dengue, ABO Blood Grouping, UPT, Semen Analysis, Urine R/M, and Stool R/M) are presently being conducted in hospital pathology lab. Procurement of chemicals / reagents required for other tests is in final stage.

On the observations of the Audit that A timeline for making the pathology lab fully functional may be included in the ATN, the Health Department submitted revised ATN and stated that Procurement has already been initiated and Lab will be fully functional by September, 2025.

Para:11.7.7 **Non-functional Maternal and Child Health (MCH) unit in the Hospital**

Maternity wards are important in hospitals because they provide specialized care for women during pregnancy, childbirth and postpartum. It provides prenatal care, including check-ups, ultrasounds, and other tests to monitor the health of the mother and baby and also provide care after delivery, including breastfeeding support, postpartum check-ups for the mother, and care for the newborn.

Audit noticed that MCH ward was not functioning in the A & U Tibbia Hospital since March 2021 and the number of pregnant women admitted for delivery has continuously declined since 2016-17.

Tibbia Hospital stated (May 2023) that the Maternity and Child Health Services were discontinued during COVID period and the building was handed over to PWD for renovation and to set up oxygen beds.

Fact remains that the MCH unit is still not functional even after the decline of the Covid pandemic and no alternative arrangement was made for MCH units during the renovation period.

Action taken by the Department

The maternity was discontinued during Covid period and the building was handed over to PWD for renovation. Now, the maternity unit has been started.

Para:11.7.8 **Computerized Central Registration System in hospitals not implemented**

A computerized central registration system is an essential component of hospital management, as it helps streamline the patient registration process and ensures accurate record-keeping and saves a lot of time.

During the scrutiny of records provided by the Department, it was noticed that online registration system was not established for OPD and IPD registration and pharmacy counters in the selected hospitals i.e. Tibbia Hospital and SHMC.

Hospitals stated (May 2023) that suitable action is being initiated for post creation and for computerization of registration counters. Government stated (December 2023) that a proposal has been submitted to the competent authority for creation of four computerized counters of registration in SHMC. With regard to A&U Tibbia hospital, study has been done for creation of computerized central registration.

Action taken by the Department

The A & U Tibbia hospital has started computerized Registration for Ayurveda and Unani. AR study has been done for creation of counters for computerized central registration. The same is under submission for the concurrence of FD.

B.R SUR Hospital-

The Department is in process to make Registration Counter fully computerized. However, it is partially Computerized right now.

On the observations of the Audit that A detailed action plan with timelines for completing the process may be included in the ATN, the Health Department submitted revised ATN and stated that :-

SHMC:- The Computerization of registration counter has been implemented w.e.f. 01.07.2025 in full swing.

A&U Tibbia College:- In A&U Tibbia College, registration of hospital services is computerized and presently the Hospital is on e-Hospital portal

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Para:11.7.9 **Shortfall in optimal utilization of seats in Medical Colleges**

A & U Tibbia College offers both Bachelor of Ayurvedic Medicine and Surgery (BAMS) and Bachelor of Unani Medicine and Surgery (BUMS) courses where as CBPACS offers only BAMS course. Similarly, SHMC and NHMC offers BHMS course in their college. There were shortfall in admission against the sanctioned seats during the period from 2016-17 to 2022-23 in the undergraduate courses offered by the Medical colleges

A&U Tibbia college stated (May 2023) that in the case of BUMS, reserved seats for SC/ST were not filled as most of the SC/ST applicants did not possess the mandatory qualification of studying Urdu subject at the level of 10th Class.

With regard to BHMS course, Government stated (December 2023) that the seats remained vacant due to migration of students.

Action taken by the Department

The percentage of vacant seats in BUMS course declined since academic year 2023-24 and 2024-25 in comparison to previous years. The Vacant seats are due to non availability of SC/ST students. The Institute has taken efforts to utilize the vacant seats by filling up these posts by conversion policy of Mo Ayush, GoI.

B.R Sur Hospital-

The counseling of GGSIPU Delhi University on different dates, the counseling of GGSIPU held prior to that of DU usually. Students opts out DU after getting selected, which causing the shortfall. However, the situation is improved, the current admission data is as under:

Year	Course	Total Seats	Admitted students
2023-24	UG	63	63
	PG	06	06
2024-25	UG	63	57
	PG	06	06

On the observations of the Audit that Actions taken by the other two colleges i.e. CBPACS and NHMC may also be included, the Health Department submitted revised ATN and stated that :-

CBPACS:-

In CBPACS admissions are being conducted through centralized counselling by AACCC(All India Quota (AIQ) and GGSIPU (State Quota (SQ) and Foreign Quota (FQ) (Through ICCR) based on the NEET and AIAPGET result declared every year. The details of students admitted under various categories for the Academic years 2023-24 and 2024-25 are as follow:-

Year	**Course offered**	**Total seat**	**Admitted students**	**Remarks**
2023-24	UG	75	AIQ-11/11 SQ-59/59 FQ-1/5 Total Admission 71/75	04 seats of foreign nationals remained vacant.
	MD. MS (Ay)	51	AIQ-26 SQ-25 Total Admission 51/51	No Vacant Seat
2024-25	UG	106	AIQ-16/16 SQ-83/83 FQ-2/2 Total Admission 49/49	No Vacant Seat
	MD. MS (Ay)	49	AIQ-25/25 SQ-24/24 Total Admission 49/49	No Vacant Seat

NHMC

Year	No. of Seat Available		Admitted students		Remarks
	UG	PG	UG	PG	The undergraduate (BHMS) admission process was delayed and officially commenced on 01/11/2022, in accordance with the directive issued by the Ministry of AYUSH dated 17.10.22
2022	125	09	80	09	The seats reserved for Govt. of India nominee (J&K) and for foreign national candidates were vacant
2023	125	09	122	09	
2024	125	09	121	09	
2025	125	09	122	09	

Para:11.7.10 Non accreditation of Hospital and Laboratories from NABH and NABL

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation program for healthcare organizations. Accreditation results in improved quality of care and patient safety.

National Accreditation Board of Laboratories (NABL) certificate provides a ready means for patients to identify and select reliable testing, measurement and calibration services that are able to meet their needs. It also provides increased confidence in testing/calibration reports issued by the testing, calibration and medical testing laboratories which emphasize on accuracy and reliable results.

A&U Tibbia Hospital and SHMC were not accredited by NABH and its laboratories were not accredited by NABL.

A & U Tibbia College stated (May 2023) that it has applied (August 2022) for NABH accreditation. Government informed (December 2023) that process for NABL and NABH accreditation has been initiated in SHMC.

Action taken by the Department

A&U Tibbia College and Hospital has been accredited in 2024 by NABH (AELC). NHMC has applied for NABH accreditation. Presently on site assessment has been completed and NC reply stage on first round.

B.R Sur Hospital-

The Hospital has accredited under NABH w.e.f. 30.01.2025 to 29.01.2027 vide letter No. NABH/EAH-2023-00574/L01/2025/3120 dated 02.04.2025. The Hospital has got accredited under NABL w.e.f. 27.11.2024 for 03 years

On the observations of the Audit that Details of Action Plan with timelines for making the Lab at A & U Tibbia College fully functional with NABL accreditation may be included, the Health Department submitted revised ATN and stated that The Pathology Lab in respect of A&U Tibbia College will be applying for NABL accreditation in the current Financial year 2025-26.

Para:11.7.11 **Yoga and Naturopathy System of treatment**

Yoga focuses on the prevention of diseases and treatment of many lifestyle related disorders. Naturopathy aims to eliminate diseases and morbid matter from body to restore health through natural methods including alternative therapies. National Health Policy, 2017 envisages introduction of Yoga much more widely in schools and work places as part of promotion of good health as adopted in National AYUSH Mission (NAM).

AYUSH Directorate under GNCTD has not introduced or implemented any programme for encouraging yoga practice among school children and general public. Further, Directorate has not appointed yoga instructor in any of its dispensaries.

Government stated (December 2023) that State Advisory Board for Yoga and Naturopathy has now been constituted. Due to COVID pandemic, the meeting of Board could not be held and efforts are being made to introduce Yoga and Naturopathy in school education.

Action taken by the Department

The National AYUSH Mission, a Centrally sponsored Scheme, provides grant-in-Aid for various components including deputing Yoga instructors in Public Health services. The implementation of NAM is under process. The Yoga & Naturopathy Services will be started after implementation of Same. Presently, one Yoga Instructor has been deputed from Morarji Desai National institute of Yoga and Naturopathy for giving services in RWA near Vasundhara Enclave Dispensary.

On the observations of the Audit that future Action Plan for implementing Yoga practice at schools and amongst public by the GNCTD may be included, the Health Department submitted revised ATN and stated that The Delhi State AYUSH Society under National Ayush Mission (NAM) has been approved by the cabinet of Ministers of Govt. of NCT of Delhi vide Cabinet Decision No.3219 dated 08.07.2025. The Society will work towards bringing benefits of traditional systems of medicines to public of Delhi. It is proposed to start Yoga facilities at 50 AYUSH Units in the current financial year under National Ayush Mission (NAM).

Para:11.7.12 **Deficiencies in Hospital Disaster Management**

As per Disaster Management Act (DMA), 2005 the Department has to operationalize medical response plan and deployment of Quick Response Team (QRT) during any crisis (earthquake, fire, flood, building collapse etc.) to mitigate the suffering and providing quality emergency medical response and care to save lives and minimize the effect of injuries. For this, regular mock drills are to be conducted to keep the staff trained and well prepared for any untoward incident so that they can handle the situation efficiently and minimize casualties.

It was, however, seen that only one mock drill (March 2023) was held in SHMC during the entire audit period. Joint physical inspection and scrutiny of the records in SHMC revealed the following shortcomings:

(i) First floor balcony obstructs the way for entry of the fire fighting vehicle.
(ii) Smoke detectors were not found functional at seven places, whereas, it was not installed in one room.
(iii) Evacuation plan routes for fire exit were not found displayed in the hospital.

Government informed (December 2023) that fire related deficiencies have now been corrected, evacuation plan routes displayed and functional smoke detectors installed, in all places.

Action taken by the Department

The A & U Tibbia Hospital has constituted Disaster Management Committee as per the guidelines and prepared the Disaster Plan. Mock drills are conducted in the hospital periodically. Mock drills have been conducted at NHMC on regular basis.

B.R Sur Hospital-

The Hospital Authority has taken up the matter with PWD authorities and it will be resolved shortly.

On the observations of the Audit that A timeline for resolving the issue at BR Sur. Hospital may be included, the Health Department submitted revised ATN and stated that **SHMC:** In this regard, it is informed by Nodal Officer(PWD) that the issue will be resolved within 03 months.

Para:11.7.13 **Unavailability of Emergency/Casualty ward in the Hospital**

A casualty ward, also known as an emergency department, plays a crucial role in a hospital as it provides immediate medical attention to patients who are in urgent need of medical care.

As per Indian Medicine Central Council (Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012, a hospital shall have minimum eight OPDs including Aatyayika (Emergency).

Audit noted that no Aatyayika (Emergency) ward was functioning in the A & U Tibbia Hospital.

Hospital stated (May 2023) that in case of emergency, patients are being referred to nearby allopathic government hospital.

The fact remains that A & U Tibbia hospital does not have its own emergency
and causality unit.

Action taken by the Department

The hospital has isolated two beds in case of Emergency. As there are restrictions as per the law to use modern medicines, emergency ward has not been established as per the NCISM.

Para:11.7.14 **Unavailability of Operation Theatre Unit**

Schedule I (A) of MSR 2013 (Requirement of an attached hospital to Homoeopathic colleges) provides that there should be an operation theatre unit in the hospital consisting of operation theatre, preparation room, post-operative recovery room, space for Sterilized Linen, labour room, rooms for surgeon/obstetrician/assistant and nursing staff room. Further, in schedule III of MSR, 2013, it is also stated that a well-equipped and functioning operation theatre shall be provided for day to day working. However, the above mentioned facilities were not available in SHMC.

Government stated (December 2023) that due to space constraints, limited resources and non-availability of accident and emergency services, OT unit could not be established.

Action taken by the Department

There is constrained of infrastructure in the hospital nevertheless OT will be made available very shortly and the matter is in process.

Para:11.8.1 **GNCTD is not implementing programmes under National Ayush Mission (NAM)**

GoI provides grant under National Ayush Mission (NAM) for upgradation/construction of AYUSH hospitals/dispensaries, supply of medicines, setting up of OPD clinics at Primary Health Centres/hospitals etc. It also provides grant for upgradation of government/government aided medical colleges and for creation of new colleges. The main objectives of the Mission are providing preventive, promotive, curative and rehabilitative health care. Support is also provided for Yoga Wellness Centre, Tele-medicine, Sports medicine, IEC activities, Training and capacity building for staff etc. under the flexible component of the grant.

During 2014-15 & 2015-16, ₹ 7.26 crore was released to GNCTD under NAM. Audit noted that only ₹ 3.43 crore was utilized and ₹ 3.83 crore was lying unutilized with GNCTD/Directorate and the Directorate did not submit Utilization Certificate to GoI (December 2022).

GNCTD was required to set up State AYUSH Society for implementing the NAM and submit State Annual Action Plan for receiving funds from GoI. Audit noted that GNCTD did not set up State AYUSH society nor did it submit State Annual Action plan for availing financial benefit for improving the infrastructure and health services under AYUSH.

Further, there was no State Public Health Schemes under AYUSH of GNCTD for providing preventive, promotive, curative and rehabilitative health care on musculoskeletal disorders particularly osteoarthritis, non-communicable diseases, maternal & neo-natal care, mobile medical services, geriatric & palliative care, and promotion of healthy lifestyle in schools. The citizens in Delhi also could not avail the benefit of these services covered under NAM as the same was not implemented.

Directorate stated (May 2023) that the refund of unutilized amount is under process. Regarding constitution of State Ayush Society, the Government stated (December 2023) that as per policy decision of GNCTD, the society was not constituted. It further stated that the matter regarding setting up of State Ayush Society shall be processed again.

Action taken by the Department

Matter of record. However, the proposal for establishing State AYUSH Society for implementation of National AYUSH Mission is under active consideration of the Government. The Cabinet Approval for the implementation of the NAM is anticipated within two months.

Para 11.8.2 **Health Wellness Centres under NAM not established**

Union Cabinet approved operationalization of 12,500 AYUSH Health and Wellness Centres (AHWCs) under Ayushman Bharat Scheme for implementation through National AYUSH Mission with a financial outlay of ₹ 3399.35 crore for a period of 5 years from 2019-20 to 2023-24.

The main objectives of AHWCs are to establish a holistic wellness model based on AYUSH principles and practices to empower masses for self-care to reduce the disease burden, out of pocket burden and to provide informed choice to the needy public.

For upgradation of Ayush Dispensaries to AHWCs, Central Government had earmarked a fund of ₹ 6.85 lakh as non-recurring cost and ₹ 9.37 lakh per annum as recurring cost per Ayush dispensary. Funds were provided for appointing yoga instructors, conducting refresher courses to medical officers, IEC, IT networking and establishing herbal garden etc. in each Ayush Dispensary.

Audit noted that GNCT of Delhi did not implement the Ayushman Bharat and National Ayush Mission schemes and hence did not avail the funds for establishing AYUSH Health Wellness Centers.

Directorate stated (May 2023) that a proposal for establishing State Ayush Society under NAM is under consideration.

Action taken by the Department

As soon as NAM is implemented in the state of Delhi, the Health Wellness Centre as per norms will be set up in due course.

Para :11.9.1 **Inadequate inspections of manufacturing and selling units**

Drugs Control Cell of Directorate of AYUSH ensures the quality of Ayurvedic and Unani drugs by testing samples of drugs at government approved labs Section 162 of the Drugs and Cosmetics Act, 1940 envisages that it shall be the duty of an inspector authorized to inspect all the premises licensed for manufacture of Ayurvedic or Unani drugs within the area allotted to him not less than twice a year and to satisfy himself that the conditions of the license and the provisions of the Act and Rules made there under are being observed.

As of March 2023, there were 114 units manufacturing and selling of Ayurveda and Unani medicines registered with Drugs Control Cell. The number of inspections conducted during 2016-22 as detailed under **Table 11.15,** is as under:-

Year	No. of mandatory Inspections were to be done	No. of inspections conducted	Shortfall (in *percent)*
2016-17	104	89	15(14)
2017-18	130	126	4(3)
2018-19	138	108	30(22)
2019-20	138	109	29(21)
2020-21	172	116	56(32)
2021-22	210	115	95(45)
2022-23	228	93	121(53)
Total	**1120**	**756**	

It can be seen from above table that Drugs Control Cell had conducted only 756 inspections (67.5 *per cent*) against 1120 mandatory inspections in respect of units manufacturing and selling Ayurveda and Unani medicines. There was an increasing trend in shortfall of inspection which was high as 53 *per cent* in 2022-23 Thus, the monitoring mechanism to ensure quality of drugs was inadequate.

Further, the Drugs Control Department of DGHS responsible for inspection of manufacturing units of homoeopathic drugs did not furnish the inspection data Therefore, audit could not examine regulatory mechanism in respect of homoeopathic system of medicine.

Government replied (December 2023) that the mandate of two inspections per year was reduced to one inspection in five years as per Ministry of Ayush notification in October 2021.

The reply is not acceptable as the referred amendment is regarding verification of conditions of licence whereas inspection of manufacturing units were required to be conducted twice in a year as per Section 162 of the Drug and Cosmetics Act, 1940.

Action taken by the Department

It is submitted that the mandate of two inspections per year was reduced to one inspection in five years as per Ministry of Ayush notification dated 04 October 2021. The Drugs Control Cell of Directorate had conducted inspections accordingly. However, in view of Audit Observation, the number of inspections were increased and are as below:

Year	Total number of firm	Number of Inspections
2022-23	107	211
2023-24	110	207
2024-25	110	201

Para :11.9.2 Delhi Bhartiya Chikitsa Parishad

Delhi Bhartiya Chikitsa Parishad (DBCP) was established in January 2001 for providing registration of medical practitioners of Indian Systems of Medicine. It has to maintain live register of practitioners, prepare a code of ethics to regulate professional conduct of practitioners, inquire into the complaints and to take suitable action against practitioners and also to check practice of Bhartiya Chikitsa by unqualified persons in NCTD.

21 member DBCP is headed by a President and assisted by the Registrar who is the Chief Executive Officer of DBCP. 683 Ayurvedic practitioners and 266 Unani practitioners have been registered with DBCP during 2022-23.

Audit noticed the following irregularities in the functioning of DBCP.

GNCTD had dissolved the DBCP in July 2015 and DBCP was not re-constituted (December 2022). The essential activities for regulating the practice of Indian System of Medicine such as disciplinary action against practitioners, inquiring into complaints against quacks etc. were not being performed. As per practice, the complaints received were forwarded to the Anti-Quackery Cell, DGHS, GNCTD for necessary action.

It was noticed that seven posts of staff including one Registrar was approved by the Lt. Governor in March 2008, but Recruitment Rules (RRs) for the post of registrar and other staff have not yet been framed/approved (March 2023).

Further the DBCP has not prepared audited annual accounts since 2017-18 and has not maintained cash book since 2018-19.

Action taken by the Department

The process of reconstitution of the DBCP has been started, Returning Officer has been appointed and will be reconstituted shortly. The cash books have been prepared till 2024-25.

On the observations of the Audit that a timeline for re-constitution of the DBCP may be included and further, action taken for finalizing the Annual Accounts since 2017-18 may be submitted, the Health Department submitted revised ATN and stated that it is submitted that in reference to the order No.7(7)/2021/DBCP/Pt.file/1549-1552 dated 17.6.2025 issued by Secretary(Health) and Order No.F.No.7(7)/2021/DBCP/Pt.file/2651-2654 dated 01.07.2025 issued by the Director(AYUSH), a committee is formed to prepare the detailed mechanism and modalities for conducting elections of ten members of Delhi Bhartiya Chikitsa Parishad by Personal Voting. Accordingly, two meetings were conducted in by the ADM Central District/Returning Officer, DBCP elections on dated 11.07.2025 & on 21.07.2025 and the draft is prepared for onward submission to the Government. Further, regarding finalizing the Annual Accounts, it is to submit that the accounts are ready.

Para :11.9.3 Examining Body for Para Medical Training in Bharatiya Chikitsa

GNCTD under the provisions of Section 33 of the Delhi Bharatiya Chikitsa Parishad (DBCP) Act, 1998, constituted an 'Examining Body for Para Medical Training for Bharatiya Chikitsa, Delhi' in March 2011 for the purpose of holding qualifying examination for para-medical training and prescribing the courses of study and training for the said examination and other matters related to para-medical training such as pharmacists, nursing courses, panchkarma technicians etc.

Audit noticed the following irregularities in the functioning of Examining Body for Para Medical Training for Bharatiya Chikitsa:

a) Although GNCTD sanctioned 15 posts (July 2018) of different categories, the Recruitment Rules (RRs) were not finalised and approved by GNCTD (March 2023).

b) Examining Body in its meeting in November 2014 finalised the bye-laws and syllabus of six para medical courses11, but the same has not been finally approved by the GNCTD (December 2022).

c) As per pattern of assistance, Examining Body shall raise resources to work on self-sustaining basis within a period of 3-5 years from the date of release of first grant-in aid (GIA). However, it has not achieved this goal. It received grant from GNCTD during 2016-17 to 2021-22.

Thus, even after 12 years of formation of 'Examining Body for Para Medical Training for Bharatiya Chikitsa, Delhi', the objectives of DBCP Act could not be achieved.

Action taken by the Department

The Examining Body for paramedical training in Bhartiya Chikitsa had prepared draft of six paramedical courses however same were not approved. The course contents of similar courses in other institutions/States have been studied and are being examined for notifying the courses. Same will be intimated in due course.

On the observations of the Audit that detailed Action Plan for making the Examining Body fully functional may be submitted, the Health Department submitted revised ATN and stated that the Examining Body for paramedical training in Bhartiya Chikitsa is redrafting the course contents and it is endeavoured to get these notified by the end of this year.

Para :11.9.4 Delhi Homoeopathic Anusandhan Parishad (DHAP)

DHAP was constituted as an autonomous body to initiate, aid, develop and coordinate research in homoeopathy and registered under the Registrar of Societies, Delhi. It was noticed that DHAP was not functional since 2017-18 and no financial aid or activity was performed. Likewise, no meetings of DHAP were held during 2016-17 to 2022-23.

Government stated (December 2023) that the proposal for decision regarding functioning of DHAP has since been submitted to competent authority.

Action taken by the Department

After completing internal audit by Audit department of GNCTD for financial year 2016-23, Hon'ble Minister of Health being President of General body of DHAP through Secretary (HFW)/ Chairman of Executive Committee of DHAP has decided for dissolution of D.H.A.P. as DHAP is not performing any activity since 2017 and has not been restructured since May 2017.

After that process for closure of bank account was initiated and the bank account was closed on 29/01/2025.

The process of verifying the physical Assets of D.H.A.P. and as per directions of President of General body of DHAP for taking all its assets in account at Homoeopathic Wing of Directorate of AYUSH is under active consideration.

Para:11.9.5 No mechanism to regulate practices of paramedics of Ayurveda and Unani

There is no regulatory mechanism to register the pharmacists, nurses and panchkarma technicians of Ayurveda and Unani and to regulate their practice in Delhi. A Registration Regulations Committee had been constituted by Examining Body in December 2022 for formulating the Regulations for registering para-medics of Ayurveda and Unani. However, the Regulations were not formulated (March 2023).

Action taken by the Department

Since there are no guidelines from Ministry of AYUSH, Government of India for registration of Pharmacists and other paramedical staff, same had not been implemented. However, the statutes of other States/UTs are being examined to adopt best practices for registration of AYUSH Paramedical Staff. Same will be intimated in due course.

Para:11.9.6 **Inspection of units selling Ayurvedic and Unani medicines not conducted**

To check the sale of Ayurvedic and Unani medicines which are manufactured without a valid license, Department used to lift samples of Ayurvedic and Unani medicines from the retail/wholesale shops. Audit noted that the Department did not conduct surveys and raids to seize random drug samples for quality checking since June 2020. Resultantly, GNCTD was not in a position to ensure the quality of Ayurvedic and Unani medicines sold in the region.

Action taken by the Department

The Drugs & Cosmetics Act 1940 and rules made there under do not provide for the license for sale of Ayurveda & Unani medicines. However, Drugs Control Cell of Directorate of AYUSH conducts regular market surveys and tests medicines to ensure good quality of Ayurveda & Unani medicines.

The details of inspections conducted after being pointed out by Audit may be included.

Total No of Inspections/Visits of units selling ASU medicines have been done by the Drugs Control Cell of Directorate of AYUSH are as under:-

S.No.	Year	Inspection Conducted
1.	2023-24	35
2.	2024-25	71
3.	2025-26(1ST Qtr)	29

Para:11.9.7 **Shortfall in training of health care workers on Bio Medical Waste Management**

As per Sec 4 (g) of the Bio Medical Waste Management Rule, 2016, it will be the duty of the occupiers to provide training to all its health care workers and others involved in handling of bio medical waste at the time of induction and thereafter at least once every year. There was shortfall in training of health care workers ranging from 16 to 44 *per cent* during the audit period in SHMC.

Government stated (December 2023) that on the basis of suggestion of audit, training of all staff members has been conducted in batches. It was further stated that henceforth training of all staff members shall be ensured at the time of induction and at least once in a year.

Action taken by the Department

Regular trainings for Interns, PG Scholars and other staff are being conducted to sensitize on BMW management at A & U Tibbia College & Hospital.

B.R Sur Hospital-

In this regard it is stated that the training for BMW guidelines and its amendments has been imparted all the healthcare workers at the time of induction and further, at least once in a year. It is also stated that 100% staff has been trained as per BMW guidelines and its amendments.

Para:11.9.8 **License for procurement of alcohol/spirit not obtained**

The Homoeopathy Central Council (Minimum Standards Requirement of Homoeopathic Colleges and attached Hospitals) Regulations 2013, provides for obtaining of license/permission (and its renewal) for procurement of alcohol/spirit. Since the Homoeopathic medicines contain alcohol which in turn acts as one of the pharmaceutical vehicles, it is imperative for SHMC to obtain license for its procurement. Scrutiny of records, however, revealed that the requisite license is yet to be obtained by SHMC from the authority concerned.

Government stated (December 2023) that license has been obtained. However, copy of the same was not found attached with the reply.

Action taken by the Department

It is submitted that the Hospital has license for procurement of Alcohol / spirit vide license No. P5/2023/08980 valid upto 31.05.2025. The renewal for license for the year 2025-26 is under process.

Para:11.9.9 **Footfall of patients in SHMC below the minimum standards required for Homoeopathic College**

As per the Homoeopathy Central Council (Minimum Standards Requirement of Homoeopathic Colleges and attached Hospitals) Regulations 2013, a minimum per day average of patients in IPD is required to be 30 *per cent* of IPD beds in the previous year. It was however, noted that except for 2016 wherein the average number of patients per day in IPD touched the benchmark, i.e. 15 (30 *per cent*), in the remaining period, the average number of patients per day ranged between two (four *per cent*) and 14 (28 *per cent*).

Regulations further provide for a minimum of 200 patients in OPD during last one calendar year (365 days) in Colleges having intake capacity of students ranging between 61 and 100. It was however, noted that the average number of patients in OPD ranged between 114 and 167 during 2020 to 2022.

Government stated (December 2023) that efforts to increase footfall has now been taken by restarting physiotherapy unit, starting dietary consultation, admitting patients in day care in IPD along with organizing various outreach community activities on a regular basis.

Action taken by the Department

In this regard, it is submitted that IPD / OPD Services were closed during Covid - 19 as per DDMA order. Now, the both the Services has been restored and since then number of patients in OPD has been increased from 114/ day to 200 patients / day.

On the observations of the Audit that an Action Plan for increasing the footfalls in SHMC may be included, the Health Department submitted revised ATN and stated that :-

SHMC:- To boost the patient footfall at SHMC following strategies have been followed:-

E-Hospital and Central Registration:-

A centralized registration system has been initiated and will streamline the patient intake and reduce the wait time.

Signage and IEC materials:-

A clear and visible signage indicating hospital services, departments and direction is being installed at various prominent places. Distribution of Information, Education and Communication materials such as brochures, pamphlets, citizen charter and posters highlighting hospital services and specialties will be taken out.

Social Media and Online presence:

Social media platforms are being used to share health tips, promoted hospital services.
Creation of information content such as posters and videos showcasing hospital expertise and services is being carried out.

Health camps and community Outreach:-

Organizing health camps in local communities around the institution providing free consultation and promoting hospital services.
By establishing peripheral OPDs in nearby areas increasing accessibility and outreach.

Patients Support and Engagement:-

The institution has developed a citizen charter, outlining patients rights and responsibilities. Help desk for senior citizens providing assistance with registration and other services has been provided. The trained designated staff will provide assistance to senior citizen and other patients with special needs.

National Programs and initiatives:

The Hospital organizes National programs such as family planning pakhwada, National TB Programs, Anti Tobacco campaign to promote hospitals services and expertise.

It has established a dedicated OPD for senior Citizen on Sunday for providing specialized care and attention.

SHMC is organizing awareness program on various health topics promoting preventive healthcare and hospital service.

Project OPDs on identified diseases is being conducted on designated days.

Basic Lab investigations, Medicines, X-ray and USG services are being provided free of cost.
Other services like Eye OPD, ENT, Yoga, Physiotherapy, Diet and Nutrition consultation are provided to needy patients free of cost

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