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PRESS RELEASE

On

The Report of the Comptroller and Auditor General of India

on

Public Health Infrastructure and Management of Health Services

for the Period ended March 2022

Government of Union Territory of Jammu and Kashmir

Report No. 02 of 2025

(Performance Audit - Civil)

This Report has been prepared in accordance with the provisions of Section 72 of the Jammu and Kashmir Reorganisation Act, 2019. The Report was forwarded to the Government of Jammu and Kashmir on 17 November 2025. The Report has been laid on the table of the Jammu and Kashmir legislature on 30.03.2026.

This Report covers matters arising out of the Performance Audit of Health and Medical Education Department. The Performance Audit covering the period from 2016-17 to 2020-21 (data updated to 2021-22 wherever feasible) was conducted from December 2021 to December 2022.

Key findings:

As per National Family Health Survey (2019-21) and Sample Registration System (SRS) Bulletin 2020, the health indicators in Jammu and Kashmir (J&K) in respect of Infant Mortality Rate (16.3 against national average of 35.2), Neonatal Mortality Rate (9.8 against national average of 24.9 per 1,000 live births), death rate (4.6 against national average of 6 per 1000 population) and girl children born (976 against national average of 929) for every 1,000 boys were better than the national average.

However, for health indicators like mothers whose last birth was protected against neonatal tetanus, mothers who consumed iron folic acid tablets for 100 days (29.8 *per cent* against national average of 44.1 *per cent*) and 180 days (15.9 *per cent* against national average of 26 *per cent*), average out-of-pocket expenditure per delivery in a public health facility (₹ 5,145 against national average of ₹ 2,916) births delivered by Caesarean section in public (42.7 *per cent* against national average of 14.3 *per cent*) and private (82.1 *per cent* against national average of 47.4 *per cent*) health facilities and sex ratio of the total population (females per 1,000 males) the national indicators were better than UT.

In respect of Sustainable Development Goals (SDGs), the UT adopted 34 indicators out of 41 indicators at the national level, covering 12 targets at UT level out of 13 targets at national level.

As far as Ayushman Bharat (AB) is concerned, we have included findings related to Health & Wellness Centres (HWC) and have also considered implementation of AB while making recommendations in various areas of health sector.

There were persistent shortages in all the cadres in the health institutions. Government had not ensured availability of posts in the health sector as the sanctioned posts were not in keeping with the population to be served, affecting the health services adversely. This shortage was quite high in several key posts such as doctors, staff nurses, paramedical and other staff who play a very important role in delivering comprehensive healthcare to the beneficiaries.

Available manpower including the crucial manpower has not been distributed uniformly across the districts. Against the sanctioned strength of 46,115 posts, the UT of J&K had 30,745 (67 *per cent*) doctors, nurses and paramedical staff as of March 2022. One government doctor was serving a population of 2,191 (2,461 in case of allopathic doctors) in the UT of J&K. The ratio of availability of doctor was better than the States of Haryana (one allopathic doctor per 6,212 persons) and Punjab (one allopathic doctor for 6,390 persons).

There was skewed distribution of manpower as shortfall of overall manpower was lowest (11.52 *per cent*) in Kulgam District and highest (43.55 *per cent*) in Kishtwar District.

There was a shortage of specialists in Health and Medical Education Department (H&MED). Shortage of manpower in District Hospitals (DHs) had affected delivery of medical services resulting in either the patients having to wait in queues outside the OPDs for a long time or compelling the patients to approach other hospitals having such facility.

Under the National Health Mission (NHM), shortage of doctors, paramedical staff and nurses in the UT of J&K was respectively 19 *per cent*, 08 *per cent* and 16 *per cent* in 2021-22. In the six sampled Districts, although most of the emergency services were available in all the sampled District Hospitals except DH, Handwara. Availability of Emergency Operation Theatre was not available in seven SDHs (out of 18 test-checked). Blood storage unit was not available in 10 SDHs (out of 18 test-checked) and nine CHCs (out of 10 test-checked).

The Outpatient Department (OPD) services of ENT, Psychiatry, Ophthalmology and Skin & VD were not available in eight, nine, six and 13 DHs respectively. Moreover, all the required essential OPD services were not available in all 18 test-checked Sub-District Hospitals (SDHs) and all OPD services as required as per IPHS norms were not available in the 10 test-checked Community Health Centres (CHCs). Registration counters were also not found adequate in Tertiary Level Hospitals (TLHs) and District Hospitals (DHs).

All In-patient Department (IPD) services as per IPHS 2012 norms were available in only three DHs out of six test-checked DHs. In respect of 28 sampled SDHs/ CHCs, all IPD services were available in only seven SDHs and one CHC. OT services were available

in all test-checked DHs. Out of sampled 18 SDHs, OT facility was available in 11 SDHs. Out of 52 sampled PHCs, only two PHCs (Majalta and Achabal) had OT facility for surgical procedures such as Vasectomy, Tubectomy and Hydrocelectomy.

Ambulance service was available in all test-checked DHs and SDHs/ CHCs except SDH Langate. However, ambulance service was available in only 19 out of 52 sampled PHCs.

The Discharge Rate was more than 90 *per cent* in five out of six sampled DHs (except DH Ramban) which indicated that the hospitals are providing healthcare facility to the patients efficiently. The referral out rate in respect of five out of six sampled DHs was less than 10 *per cent* whereas the referral out rate in respect of DH Ramban was higher as compared to other HIs. It was also observed in case of DH Ramban that there was shortage of doctors, non-availability of essential drugs and poor availability of equipment.

Audit assessed availability of drugs against essential drugs list (EDL) as notified by the H&MED and equipment listed in IPHS norms. There was shortage of essential drugs and equipment in all test-checked HIs. Availability of the prescribed essential equipment was also found deficient in test-checked institutions. There was delay in finalisation of rate contracts that would have had adverse impact on timely supply of drugs/ equipment to the health institutions. There was delay in empanelment of laboratories for testing and analysis of drugs and in furnishing of test/analysis reports by empanelled laboratories. Non-implementation of e-Aushadhi/ Drug and Vaccine Distribution Management System for the entire chain of drug supply was also observed.

Estimation, planning and creation of requisite infrastructure facilities are essential for ensuring the provision of optimum level of healthcare facilities. There was inadequate availability of Sub-Centres (SCs) and CHCs in the UT of J&K. In the six sampled Districts, there was shortage of SCs (45 *per cent*) and CHCs (81 *per cent*).

Although the requisite number of Health and Wellness Centres (HWCs) have been upgraded, there was shortage of infrastructure, availability of services, human resources, diagnostic services etc. in the HWCs in the six selected Districts. Out of 415 construction works taken up for execution under National Health Mission, Prime Minister's Development Programme (PMDP) and Languishing Projects programme, 177 works were completed, and 238 works remained incomplete. Works under District Plan, National Bank for Agriculture and Rural Development (NABARD) and Border Area Development Programme (BADP) remained incomplete either due to dispute or non-execution of balance works. Out of sampled 10 CHCs, six CHCs did not have beds as per norms. Out of 18 sampled SDHs, 11 SDHs had less than 31 beds. Out of 52 selected Primary Health Centres (PHCs), seven PHCs were functioning without beds and 33 PHCs were lacking required number of beds as per Indian Public Health Standards (IPHS) 2012.

Total expenditure of GoJ&K during 2016-17 to 2021-22 was ₹ 3,60,198.78 crore while expenditure on the health sector was ₹ 25,127.63 crore against budget allotment of ₹ 30,513.98 crore. Expenditure on Health sector *vis-a-vis* total expenditure of the erstwhile State/ UT Government had increased from 5.84 *per cent* in 2016-17 to

7.98 *per cent* in 2021-2022. Expenditure on the health sector accounted for 6.98 *per cent* of the total expenditure of the erstwhile State/ UT for the period 2016-17 to 2021-22. The expenditure on Health sector to erstwhile State/ UT GSDP had increased from 2.25 *per cent* in 2016-17 to 2.95 *per cent* in 2020-21 but decreased to 2.80 *per cent* during 2021-22. Further, the shortfall in utilisation of allotted funds ranged between three *per cent* and 26 *per cent* during the period 2016-22.

The objective of *Janani Suraksha Yojana* (JSY) under NHM was to reduce the maternal and infant mortality rate. The percentage of institutional deliveries remained in the range of 92 *per cent* and 95 *per cent* during 2016-2022. During 2016-22, cash incentives under JSY were provided to beneficiaries ranging between 56 *per cent* and 73 *per cent* of institutional deliveries in erstwhile State/ UT of J&K. However, in six selected Districts cash incentives were provided to 97 *per cent* beneficiaries. Maternal mortality and infant mortality had decreased from 132 to 84 and 2,288 to 2,108 respectively during 2016-22.

In the six sampled Districts, maternal deaths declined from 31 to 23 during 2016-21 and again increased to 31 during 2021-22, whereas infant deaths declined from 234 to 76 during 2016-22.

Under *Janani Shishu Suraksha Karyakram* (JSSK), an initiative to assure free services to all pregnant women and sick new-borns accessing public health institutions, achievements in respect of targets for deliveries to be benefitted declined from 90 *per cent* to 77 *per cent* during 2016-21. The achievement increased to 95 *per cent* in 2021-22.

The achievement against the targets in respect of sick new-borns to be treated was more than the targets fixed in four years (2017-18 to 2019-20 and 2021-22).

Against target of 13,49,948 doses each for BCG, OPV, PV, IPV, Hep-B, DPT-B, and Measles, the achievement had ranged between 71 *per cent* and 94 *per cent* whereas the achievement in respect of DPT-5, TT-10 and TT-16 was 64, 56 and 40 *per cent* respectively during 2016-22 in the erstwhile State/ UT of J&K.

There was lack of an adequate mechanism whereunder drug samples were to be referred to State Drugs Controller (SDC) for testing on regular basis. For registration and regulation of the Clinical Establishments (CEs), no survey was conducted to ascertain the actual number of CEs eligible for registration. As a result, the possibility of CEs operating without registration could not be ruled out. There was disparity in rates of various pathological/radiological tests. Requisite annual reports were not submitted by some of the Health Care Facilities (HCFs) under Bio-Medical Waste (BMW) Management Rules, 2016 and authorisation was not obtained by the occupier or operator handling BMW in all cases.

Some of the Recommendations proposed are:

- The Government should consider revising the sanctioned strength of Health Department at par with the IPHS norms and posting of staff in health institutions at par with the sanctioned strength in the primary, secondary and tertiary healthcare institutions. Government should bring out a long-term strategy and policy to reduce variations in doctor-population ratio across districts.
- Government should ensure availability of all OPD services, IPD services, emergency services, OT services, maternity services and ICU services in all health institutions and basic diagnostic services at secondary level health facilities as prescribed under IPHS norms. Steps should be taken to improve and strengthen auxiliary and support services to improve overall healthcare experience.
- Availability of essential drugs and equipment should be ensured at all health institutions. Delay in finalisation of rate contracts should be avoided to ensure timely supply of drugs/equipment to the health institutions. e-Aushadhi/ Distribution Management System (DVDMS) portal should be utilised optimally by end users for maintenance of stocks and distribution of items to their sub-stores and to the patients.
- The Government may look into the issues of delays in commencement and completion of planned infrastructural works with a view to remove bottlenecks and ensure speedy completion.
- Government may consider utilising the allocated budget to ensure availability of ample and quality healthcare infrastructure and services to the people. Government may release funds to the State Health Society well in time for effective utilisation of funds in programme implementation.
- The targeted number of inspections may be carried out to ensure quality of the drugs and drug samples may be referred to State Drug Controller for testing on regular basis. Government may ensure that all utilities generating Bio-Medical waste comply with the provisions with regard to authorisation and submission of annual returns.