

**Press Brief on Performance Audit of**  
*'Public Health Infrastructure and Management of Health Services  
in Rajasthan'*

In accordance with Article 151 of the Constitution of India, Comptroller and Auditor General of India (CAG) submits his Audit Reports to the Governor of State for laying on the table of the Legislature. Accordingly, Report of Performance Audit on *'Public Health Infrastructure and Management of Health Services in Rajasthan'* - Government of Rajasthan, has been laid on the table of the State Legislature on 07 March 2025. As per procedure, the Report of the CAG stand referred to the Public Accounts Committee of the State Legislature.

Health is a vital indicator of human development and a basic ingredient of economic and social development. A robust public health infrastructure and effective management of health services are utmost important to ensure good health of citizens.

This Performance Audit is an assessment of the healthcare services provided in the State of Rajasthan. It examined whether Government of Rajasthan took adequate measures to ensure adequate availability of infrastructure and healthcare services, drugs, medicines, equipment and human resources to beneficiaries. The Performance Audit covered the period 2016-22.

Audit observed that there was shortage of Doctors, Specialists, Nurses and Paramedics in the Primary, Secondary and Tertiary Healthcare Institutions.

Audit noticed that essential minimum assured services like General Surgery, Dental Care, Paediatrics, Burn Ward, ENT, Ophthalmology, Orthopaedics, and Accident and Trauma Wards were deficient in IPD of the Government Medical Institutions (GMIs). Deficiencies were also noticed in services such as Emergency, Intensive Care Units, Blood Banks of GMIs.

There was non-availability of adequate Radiology (in 12 DHs out of 34 DHs), Pathology (partially available in all 34 DHs), Dietary (in 18 DHs out of 34 DHs), Ambulance (in Seven DHs out of 34 DHs) and Mortuary (in one DH out of 34 DHs) services as per IPHS in the test-checked GMIs.

There was shortfall of availability of essential drugs in test-checked GMIs and district drug warehouses in the State.

Audit observed that medicines issued to medical units were less than the quantity demanded and that there were delays in finalizing rate contracts. It was also observed that purchase orders were placed when the buffer stock was much less than the prescribed buffer level.

Delays were noticed in receipt of quality test reports from the laboratories which delayed the issue of medicines by the warehouses to the medical units, resulting in non-availability of medicines at the medical units.

It was found that test-checked GMIs purchased drugs locally without batch test reports.

Equipment required as per Indian Public Health Standards (IPHS) in various categories were not available in the test-checked GMIs.

There was shortage of healthcare infrastructure across the desert, tribal and plain areas of the State. The State Government did not have a concrete plan to address the shortage and prioritise areas with shortfall for setting up of healthcare infrastructure.

Deficiencies were noticed in the provision of basic amenities like separate toilet facilities for male and female, electricity, and potable drinking water in the Government Medical Institutions (GMIs) of the State.

Capital Expenditure constituted only 6.67 *per cent* of the total expenditure on healthcare.

The percentage of out-of-pocket expenditure to total health expenditure decreased in Rajasthan during the period 2016-20. However, it constituted 47.40 *per cent* of total healthcare expenditure during 2019-20, indicating low financial protection available to households towards healthcare payments in the State.

There was non-availability of required tests, non-conduct of yoga sessions and inadequate screening of Non-Communicable Diseases in adults in the Health and Wellness Centres established under *Ayushman Bharat* scheme in the State.

There were delays in issuing and renewing of drug manufacturing licenses and regular annual inspections were not carried out in any of the test-checked manufacturing units.

Action against firms manufacturing Not of Standard Quality drugs was significantly delayed.

Audit observed that neither the composition nor the functioning of Rajasthan Medical Council was in accordance with the requirements of Rajasthan Medical Act and Pharmacy Inspectors had not been appointed in the State by State Pharmacy Council.

Rajasthan had not formulated any vision/ roadmap/ strategy for achievement of Sustainable Development Goals (SDGs).