Health and Medical Education Department

2.2 National Health Mission- Kashmir Region

A Performance Audit of the implementation of National Rural Health Mission (NRHM)[33] in the State was included in the Audit Report of the Comptroller and Auditor General of India for the year ended 31st March 2016. Due to the then prevailing situations in the Kashmir region since July 2016, Audit of the implementation of the Mission could not be completed for the Kashmir region. A Performance Audit of the implementation of Mission in the Kashmir region completed subsequently, brought out the following significant points:

Highlights

- **The percentage utilisation of funds under the programme ranged between 74 and 83 *per cent* during 2012-13 to 2016-17. There was also delay in release of funds to State Health Society by the State Finance Department ranging between 09 days and 153 days.**

(*Paragraphs: 2.2.7 and 2.2.7.1*)

- **1,076 out of 2,103 health institutions (51 *per cent*) in Kashmir Division were in hired accommodations. There was shortage of 40 Community Health Centres and 975 Sub-Centres as of March 2017 *vis-a-vis* the population criteria of National Health Policy. None of the Sub-Centres/ Primary Health Centres/ Community Health Centres had been upgraded to the level of Indian Public Health Standards in the Kashmir region during 2012-17.**

(*Paragraphs: 2.2.8, 2.2.8.1 and 2.2.8.2*)

- **Unplanned execution of infrastructure projects led to delays and their non-completion, resulting in unproductive expenditure of ₹3.26 crore, blocking of ₹three crore and liability of ₹two crore.**

(*Paragraph: 2.2.8.3*)

- **The availability of health care human resources in the 12 District Hospitals in Kashmir region *vis-a-vis* Indian Public Health Standards was 93 *per cent* for medical specialists and 50 *per cent* for nurses and para medical staff. No post was sanctioned separately for Blood Banks in 12 District Hospitals against required 72 posts as per Indian Public Health Standards. There was overall shortage of 340 (25 *per cent*) and 3,816 (62 *per cent*) para-medical staff in 50 Community Health Centres and 557 Primary Health Centres/ New Type Primary Health Centres respectively as compared to Indian Public Health Standards.**

(*Paragraph: 2.2.9*)

2.2.1 Introduction

The National Rural Health Mission was launched by the Government of India (GoI) in April 2005 to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections and to reduce the Maternal Mortality

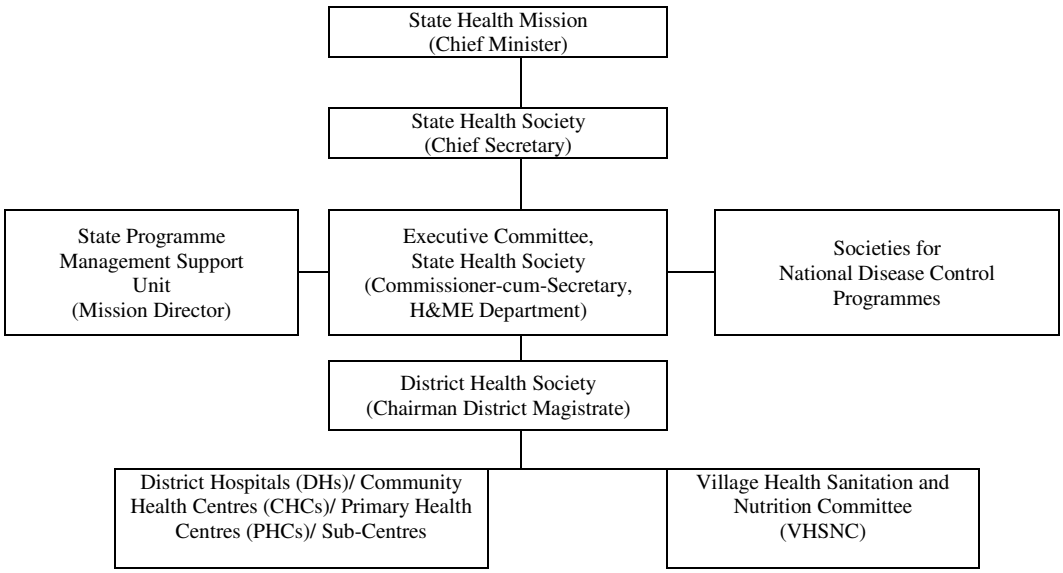
[33] Now National Health Mission (NHM)

Ratio (MMR), Infant Mortality Rate (IMR) and the Total Fertility Rate (TFR). A Performance Audit of the implementation of NRHM in the State appeared as para 2.1 in the Audit Report of the Comptroller and Auditor General of India for the year ended 31 March 2016. However, due to the then prevailing situation in the Kashmir region since July 2016, Audit of the implementation of the Mission could not be completed for the Kashmir region.

2.2.2 Organisational Structure

The organisational structure for implementation of NHM in the State is given below:

Chart-2.2.1



2.2.3 Audit Objectives

The Audit Objectives of the Performance Audit were to ascertain whether:

- the activities of the Mission in improving Reproductive and Child Health (RCH) were properly planned;
- the Mission's financial management was efficient and effective;
- there was availability of adequate physical infrastructure and health care professionals and the quality of health care was ensured;
- steps had been taken by the State towards progressing and achieving the Sustainable Development Goal (SDG) of healthy life and well-being; and
- the mechanism of data collection, management and reporting existed and monitoring mechanism and internal control system were in place and effective.

2.2.4 Scope of Audit and Methodology

The Performance Audit conducted between March 2017 and July 2017 reviewed the implementation of the Mission in the Kashmir region of the State covering the period from 2012-13 to 2016-17. Records of the Director Health Services (DHS) Kashmir region, four District Health Societies, four District Hospitals, eight Community Health Centres (CHCs), 16 Primary Health Centres (PHCs) and 41 Sub-Centres (SCs) in Kashmir region selected on the basis of Simple Random Sampling without

Replacement method were test-checked in Audit. An entry conference was held on 17th May 2017 with the Commissioner-Secretary, Health and Medical Education (H&ME) Department by the Accountant General, wherein Audit objectives, scope, and methodology were discussed.

The Audit findings were discussed by the Accountant General (Audit) with the Principal Secretary, H&ME Department in an exit conference held on 13th December 2017 and replies of the Department/ Government have been incorporated at appropriate places.

2.2.5 Audit Criteria

The Audit criteria for assessing the various activities under the Mission were derived from the following sources:

- Guidelines issued by the GoI/ State Government regarding implementation of the programme;
- Programme Implementation Plans for the years 2012-13 to 2016-17;
- Jammu and Kashmir (J&K) Financial Rules and Book of Financial powers; and
- Indian Public Health Standards (IPHS).

2.2.6 Planning and Survey

With a view to following bottom up approach, planning and budgeting process is required to begin at the Block level, with preparation of Block Health Action Plan (BHAP), based on inputs/ discussions with the implementing units. BHAPs are to be consolidated to form an integrated District Health Action Plan (DHAP), which is to be further consolidated at the State level. The State Programme Implementation Plan (SPIP) is to be prepared every year by the State Health Society (SHS) by aggregating the DHAPs for submission by end of December to the GoI for approval by end of February every year.

Test-check of the records of eight[34] CHCs in four test-checked districts showed that the annual BHAPs during 2012-13 to 2016-17 had not been prepared at the Block level and not submitted to the respective DHSs. Moreover, timelines for submission of SPIPs to the GoI were not adhered to and the SPIPs for 2012-13 to 2016-17 were submitted after delay of two to three months, which resulted in delayed approvals by GoI.

[34] CHCs: Bijbehara, Shangus (Anantnag); Beerwah, Kremshore (Budgam); Keller, Zainapora (Shopian); Khaltsi, Nubra (Leh)

2.2.7 Financial Management

The funding pattern under the Mission was in the ratio of 85:15 between the GoI and the State Government upto the year 2011-12 and thereafter, in the ratio of 90:10. Prior to 2014-15, funds were transferred by the GoI directly into the account of SHS through e-transfer mode. Since 2014-15 onwards, funds were released to the State Finance Department by the GoI wherefrom these were transferred to SHS through Treasury route. The position of funds available and expenditure incurred there against under the Mission during 2012-17 is depicted below:

Table-2.2.1: Availability of Funds and spending under the Mission

(₹ in crore)

Year	Opening balance	Releases by GoI	State share	Total funds available	Expenditure (*per cent*)	Closing balance
2012-13	131.09	134.01	51.65	316.75	235.47 (74)	81.28
2013-14	81.28	345.15	34.82	461.25	342.26 (74)	118.99
2014-15	118.99	265.13	19.00	403.12	323.22 (80)	79.90
2015-16	79.90	361.49	76.00	517.39	416.47 (80)	100.92
2016-17	100.92	365.61	42.95	509.48	422.90 (83)	86.58
Total		**1,471.39**	**224.42**		**1,740.32**	

The utilisation of funds ranged between 74 and 83 *per cent* during 2012-13 to 2016-17, which impacted implementation of the Mission, as available funds of 17 to 26 *per cent* remained unutilised.

Further, there was short release of funds by the GoI against the approved GoI Resource Envelope during 2012-13 to 2016-17, as indicated below:

Table-2.2.2: Status of release of funds by the GoI

(₹ in crore)

Year	Administrative approval of SPIP by the GoI[35]	GoI Resource Envelope	Funds Released by the GoI	Percentage release of funds *vis-a-vis* approved Resource Envelope
2012-13	312.54	209.75	134.01	64
2013-14	392.37	381.55	345.15	90
2014-15	544.93	436.36	265.13	61
2015-16	689.53	368.00	361.49	98
2016-17	571.75	393.82	365.61	93
Total	**2,511.12**	**1,789.48**	**1,471.39**	**82**

Against approved SPIPs of ₹2,511.12 crore and the GoI Resource Envelope of ₹1,789.48 crore, the GoI released ₹1,471.39 crore (82 *per cent*) during 2012-13 to 2016-17. The percentage release of funds *vis-à-vis* approved GoI Resource Envelope ranged between 61 *per cent* and 98 *per cent* during 2012-13 to 2016-17.

2.2.7.1 Delay in release of funds and diversion

Audit noticed delay in release of funds and diversion as well as irregular expenditure of Mission's funds, which adversely impacted the timely and effective implementation of the Mission. A summary of specific cases noticed in Audit is given below:

[35] Includes supplementary plan of ₹41.78 crore for 2012-13; ₹163.33 crore for 2013-14 and ₹30.45 crore for 2015-16

Table-2.2.3: **Deficiencies in Financial Management**

Sl. No.	Guidelines/ Rules	Actual Position and Audit observation	Response of the management and further observation of Audit
1.	Funds to the implementing agencies to be released within 15 days from the date of receipt from the GoI.	There were delays ranging between 09 days and 153 days in release of funds (₹308.61 crore) to SHS by the State Finance Department during 2016-17.	Mission Director stated (November 2017) that the delay is procedural involving securing of sanctions from Finance Department for advance drawal and transfer of amount from the State treasury to the State Health Society.
2.	Funds allocated for any activity/ scheme approved in the SPIPs should not be diverted or re-appropriated without approval of National Programme Coordination Committee.	(i) ₹40 lakh meant for construction of Sub-centre Horzey, Leh was diverted towards construction of Sub-centre Nimmo, Leh, which was not approved in the SPIP 2012-13 and 2013-14. (ii) ₹50 lakh meant for construction of SDH Khansahib was diverted towards construction of SDH Chattergam, which was not approved in the SPIP 2013-14. As such, a total of ₹0.90 crore of the Missions fund was diverted for the purposes not approved.	(i) Mission Director stated (November 2017) that no authorisation for diversion of funds was sanctioned by the Mission; however, the authorisation for diversion of funds was sanctioned by the LAHDC Leh. (ii) Mission Director stated (November 2017) that the approval for diversion of funds for construction of SDH Chattergam was conveyed by the Administrative Department in March 2015.
3.	Instruction (3) below Rule 8-5 of the Jammu and Kashmir Financial Code Volume-1 provides that the open tender system, i.e., invitation to tender by public advertisement should be used for procurement purposes.	Procurement was done without any policy framework and supply orders for purchase of Equipment/ surgical items worth ₹6.86 crore were placed during 2011-12 to 2015-16 without any competitive bidding/ on the basis of Directorate General Supplies and Disposals rates/ on the basis of purchase orders of other health institutions such as Government Medical College Srinagar, Post Graduate Institute of Medical Education & Research Chandigarh, All India Institute of Medical Sciences Delhi, Sheri Kashmir Institute of Medical Sciences Srinagar. etc.	Department stated (March/ November 2017) that due to non-finalisation of the rate contracts by the Rate Contract Committee, procurements were made on the basis of preceding years with the permission of purchase committee.
		An expenditure of ₹4.74 crore was incurred on procurement of the medicines/ drugs/ machinery/ Equipment and furniture/ fixtures for providing medical facilities at Shri Amarnathji Yatra 2013 during the year 2013-14 without invitation of the tenders for making purchases. Although the Department had Rate Contract Committee, still the purchases were made on the rate contracts of other institutions/ agencies like AIIMS New Delhi, PGI Chandigarh, GMC Srinagar, SKIMS Srinagar, Banaras Hindu University, Tamil Nadu Medical Service Corporation, etc., without exploring the prices afresh and without comparison.	Director Health Services Kashmir while admitting (August 2017) the fact that the purchases of drugs and medicines for Amarnathji Yatra had been made on the rate contracts of other health Institutions, stated that this was due to non-finalisation of rate contract by the DHS Kashmir.

Thus, financial management of the Mission in the Kashmir region was weak, which manifested in non-utilisation of available funds in full, delayed release of funds to the implementing agencies, diversion of funds for purposes not approved and procurements without complying with the provisions of the Financial Code.

2.2.8 Physical Infrastructure

As per NHM guidelines, physical infrastructure (District Hospitals/ Sub-District Hospitals/ CHCs/ PHCs/ SCs) were required to be created from funds allocated for the purpose. The year-wise quantum of funds proposed, allocated and expended during 2012-17 for construction/ completion of District Hospitals/ Sub-District Hospitals/ PHCs/ SCs was as under:

Table-2.2.4: **Quantum of funds proposed, allocated and expended for creation of physical infrastructure**

(₹ in lakh)

Year	Funds proposed for DHs/ SDHs/ PHC/ SCs	Funds approved by GoI	Funds received from SHS	Expenditure incurred by Executing agencies
2012-13	5,342	2,763.43	2,763.43	3,420.15
2013-14	6,340	5,468.00	4,568.86	4,568.86
2014-15	5,500	5,000.00	5,242.00	5,242.00
2015-16	5,654	2,875.00	2,575.00	2,575.00
2016-17	7,500	1,431.68	1,124.18	1,124.18

There was shortfall in funds received *vis-a-vis* funds proposed as a result of which physical targets could not be achieved as detailed below:

Table-2.2.5: **Details showing targets and achievements for construction of SCs/ PHCs/ CHCs**

(In numbers)

Year	SCs		PHCs		CHCs	
Targets: T Achievements: A	T	A	T	A	T	A
2012-13	7	3	15	8	8	3
2013-14	7	5	30	10	4	2
2014-15	0	0	25	7	12	4
2015-16	0	0	30	8	20	6
2016-17	0	0	20	10	10	7

Audit noticed that 1,076 out of 2,103 health institutions (51 *per cent*) in the Kashmir Division were functioning from hired accommodations. In the four test checked districts, out of 667 health institutions, 366[36] (55 *per cent*) were in rented accommodations. Mission Director admitted (November 2017) that due to non-availability of funds as well as State land, these health institutions are functioning in the rented accommodations as there is no provision for compensation of land under NHM funds.

2.2.8.1 Availability of Health Institutions

As per National Health Policy (NHP) norms for hilly/ tribal/ difficult areas, there should be one Community Health Centre (CHC) for a population of 80,000, one Primary Health Centre (PHC) for a population of 20,000 and one Sub-centre for a population of 3,000 in the State. As of March 2017, there were 2,103 health institutions (District Hospitals-(DHs): 12; CHCs/ Sub-District Hospitals (SDHs)/ Trauma Hospitals: 50; PHCs/ Mini Maternity centres (MMCs): 232; New Type Primary Health Centres (NTPHCs): 325; and Sub-Centres (SCs)/ Medical Aid Centre (MACs): 1,484) in the Kashmir region as a whole; a shortage of 40 CHCs and 975 SCs as per the population criteria of NHP.

- There were 667 health institutions in four test checked districts (Anantnag: 212; Budgam: 220; Shopian: 76 and Leh: 159); a shortage of nine CHCs (Anantnag: 8 and Shopian: 1) and 352 SCs (Anantnag: 215; Budgam: 105 and Shopian: 32), whereas 64 PHCs (Anantnag: 8; Budgam: 33; Shopian: 3 and Leh: 20) were in excess of the required number as per population norm fixed under NHP. The

[36] Anantnag: 153; Budgam: 140; Shopian: 55; Leh: 18

Mission Director stated (November 2017) that as per population norms there is no shortage of CHCs and SCs in the Kashmir Division, however, as per Rural Health Statistics norms there is shortage of CHCs and SCs due to topography of the State. It was also stated that proposals for establishment of CHCs and SCs are being reflected in the House Committee for identifying the gaps in the Health sector and the approval for establishment of new CHCs and SCs in Kashmir Division is awaited from the competent authority.

- The State Government had accorded (October 2014) sanction for establishment of 396 new SCs and hiring of equal number of (396) Auxiliary Nurse-cum-Midwife (ANM) in Kashmir region under the Mission. Audit noticed that all the SCs were established in rented accommodation and only 300 ANMs were hired as of March 2017. In four test-checked Districts 114 SCs (Anantnag: 36, Budgam: 45, Shopian: 15 and Leh: 18) sanctioned were established and were operating in rented accommodations. Mission Director admitted (November 2017) that only 300 ANMs have been engaged as of 2017.
- State Government had also accorded (October 2014) sanction for upgradation of 217 Sub-centres in Kashmir region to the level of New Type Primary Health Centres (NTPHCs) with equal number of posts of medical officers (Allopathic) and 217 casual workers to work as nursing orderlies (NOs). Audit found that the purpose of upgradation of these 217 SCs could not be served as only 30 nursing orderlies were hired and all 217 SCs were without medical officers. In four[37] test-checked districts none of the 61 SCs upgraded as NTPHCs had been provided with the required facilities by way of additional human resources and other infrastructure indicating that only nomenclature of the SCs were changed to NTPHCs thereby defeating the purpose of upgradation of SCs to NTPHCs. Mission Director stated (November 2017) that all the 217 NTPHCs are presently functioning with internal adjustments.

2.2.8.2 Upgradation of Infrastructure

During 2012-17, none of the SCs/ PHCs/ CHCs had been upgraded to the level of the IPHS norms in the Kashmir region. Out of 50 CHCs, only 40 CHCs were upgraded to First Referral Units (FRUs) during 2012-17. Further, no categorisation[38] of Sub-centres as Type 'A' and Type 'B' existed in the Kashmir region. The Deputy Director (P&S) to Directorate of Health Services Kashmir admitted (August 2017) that no Sub-centre in Kashmir region is functioning as Type 'A' and Type 'B.'

Further, 110 out of the existing 557 PHCs/ NTPHCs in the Kashmir region were working 24x7 as of March 2017. In the test checked districts, none of the CHCs and PHCs had been upgraded to FRU during 2012-13 to 2016-17. The Mission Director stated (November 2017) that the process of upgradation of PHCs/ CHCs to FRUs and 24x7 PHCs is being done in a phased manner year after year.

[37] Anantnag: 23; Budgam: 21; Shopian: 06; Leh: 11

[38] Type A sub-centres do not have facility for delivery, but Type B sub-centres have facility for delivery

2.2.8.3 Execution of Health Infrastructure Projects

Audit noticed that unplanned execution of works led to delays and non-completion of buildings, resulting in unproductive expenditure of ₹3.26 crore, blocking of ₹three crore of NHM funds and liability of ₹two crore in the following cases:

- Construction of Sub-District Hospital (SDH) at Sopore taken up in 1995-96 at an estimated cost of ₹23.68 crore (revised ₹56.90 crore) by the Jammu and Kashmir Projects Construction Corporation (JKPCC) was not technically vetted by the Chief Engineer, Roads and Buildings Department/ Design Directorate and was not Administratively Approved. An expenditure of ₹30.96 crore had been incurred on this construction work as of March 2017 which included ₹3.10 crore[39] from Mission funds. Due to non-availability of funds, the JKPCC stopped further execution of the work during 2013-14. Administrative Department directed (August 2014) that the construction of 200 bed IPD Block was not required as per the Medical Council of India norms for a Sub-District Hospital. However, a decision was taken by the Government to continue with the construction of the SDH after taking into account the actual requirement, availability of space and the construction already raised by the JKPCC. Based on the field visit and on the recommendations of the DHS Kashmir, the project cost was restricted to ₹38.52 crore. Despite a lapse of more than 20 years, the construction of the building had not been completed rendering the expenditure of ₹30.96 crore including Mission funds of ₹3.10 crore as unproductive. The Department stated (August 2017) that due to non-submission of Detailed Project Report (DPR) for restricted amount of ₹38.52 crore by the executing agency, the project could not be completed. Further, the Mission Director stated (November 2017) that the building could not be completed as the executing agency revised the project cost to ₹56.90 crore which has not been accepted by the Department.
- The Department took up execution of 20 hospital building projects[40] during 1995-96 to 2012-13 at an estimated cost of ₹347.89 crore, which were targeted to be completed in two working seasons. These projects were taken up without any technical vetting by the Chief Engineer R&B Department or Design Directorate and without the Administrative Approval and countersigning of their drawings by the DHS Kashmir. Despite incurring an expenditure of ₹320.98 crore which included NHM funds of ₹73.17 crore, these works were incomplete as of March, 2017. Due to the poor monitoring mechanism and fund-flow problem, these projects registered time overrun ranging between 4 years to 20 years. The Mission Director stated (November 2017) that these major building projects were not completed in targeted time frame due to non-availability of sufficient funds. However, during the financial year 2016-17 these works have been approved

[39] 2011-12: ₹2.10 crore; 2013-14: ₹one crore

[40] JLNM Hospital Srinagar; District hospitals: Ganderbal, Anantnag, Kulgam, Bandipora, Shopian, Baramulla and Budgam; Sub-district hospitals: Chadoora, Beerwah, Magam, Kokernag, Yaripora, Quimoh, DH Pora, Sogam and Langate; Emergency hospital Qazigund; Trauma hospital Pattan and PHC Batmalloo

under the PM's Package and balance cost of these works amounting to ₹800 crore have been approved by the Department for completion during 2017-18.

- The J&K High Court, while deciding a Public Interest Litigation (PIL), imposed (May 2011) ban on new construction in the areas falling under Pahalgam Development Authority. Despite the ban, the Mission Director released (May 2012) Grants-in-Aid of ₹three crore in favour of DHS, Kashmir for construction of 50 bed Hospital at Pahalgam at an estimated cost of ₹18.69 crore. DHS, Kashmir could not obtain clearance from the High Court for raising the construction and refunded ₹three crore to the Mission Director in December 2012. The amount continued to be lying with Mission Director and has resulted in blocking of ₹three crore. The Mission Director stated (November 2017) that the Government has imposed ban on construction of any structure in Pahalgam area and for obtaining of 'No objection certificate' the matter has been taken up with the District Development Commissioner, Anantnag.
- The Department took up execution of work on construction of Allopathic Dispensary (AD) Gatipora and AD Takiya Immam in district Shopian through the executing agency PWD, R&B Department during the year 2012-13 at an estimated cost of ₹2.34 crore each in anticipation of the Administrative Approval and Technical Sanction. These buildings were targeted to be completed within two working seasons. The Chief Medical Officer, Shopian released an amount of ₹9.00 lakh and ₹7.50 lakh from Mission funds for construction of the AD Gatipora and AD Takiya Imman respectively during 2012-13 and thereafter no funds were released to the executing agency. The skeleton structure of AD Gatipora has reportedly been completed as of March 2016 up to roof level after incurring an expenditure of ₹nine lakh and also the executing agency has created the work done liability of ₹1.50 crore. Similarly, the skeleton structure in respect of the work on construction of AD Takiya Immam upto lintel level of ground floor has been reportedly shown completed as of March 2016 after incurring an expenditure of ₹7.50 lakh, besides creating work done liability of ₹50 lakh. The executing agency suspended the work on construction of AD Gatipora and AD Takiya Immam. The Department could not arrange further funds for release in favour of the executing agency for construction of AD Gatipora and AD Takiya Immam since 2012-13. The work on these two health facilities has been left half way which resulted in unproductive expenditure of ₹16.50 lakh besides creation of work done liability of ₹two crore. The Mission Director stated (November 2017) that the construction of AD Gatipora and AD Takiya Immam in Shopian District were taken up for execution without approval of the Mission Directorate, however, as per the District Development Board decision 2017-18 these works were targeted to be completed during the year 2017-18.
- Despite booking expenditure of ₹1.42 crore (which included ₹1.20 crore from Mission funds), the following two works were not taken up for execution.

Table-2.2.6: Works not taken up for execution despite booking expenditure

(₹ in lakh)

Sl. No.	Name of Work	Year of Start	Estimated Cost	Expenditure incurred		Status of work as of March 2017
				Total	Mission funds	
1.	Construction of Health Secretariat–Swastha Bhawan	2014-15	1,380.00	100.00	100.00	Work not started
2.	Construction of PHC Watkaloo/ Nagbal	2012-13	189.00	42.50	20.00	Work not started
	Total		**1,569.00**	**142.50**	**120.00**	

The Mission Director stated (November 2017) that the construction of Health Swastha Bhawan has now been taken up for execution by JK Housing Board during the year 2017-18 and the building has been completed upto ground floor lintel level. It was also stated that PHC Watkaloo/ Nagbal is presently under construction and the work has been targeted to be completed during 2018-19 subject to availability of funds. The fact remains that the construction works could not be taken up over a period of two to four years despite booking expenditure on these projects which reflected poor planning.

2.2.8.4 Idle investment on Micro Processor based Oxygen Concentrator Plants

The Mission Director released (January 2014) Grant in Aid of ₹four crore to DHS, Kashmir for procurement of Manifold Oxygen Pipeline Plant for four[41] hospitals under Mission Flexipool Fund during the year 2013-14. The Department invited (March 2014) tenders through e-tender notice for supply, installation, testing and commissioning of Micro Processor based Oxygen Concentrator Plant[42] with allied equipment including cost free maintenance for two years post commissioning period.

Audit noticed that the Department placed supply orders (March 2015) in favour of three firms separately for three individual items required for installation and commissioning of Micro Processor based Oxygen Concentrator Plant. Supply Order for supply, installation, testing and commissioning of Micro Processor based Oxygen Concentrator Plant was placed (March 2015) with the firm who quoted lowest rates for item No. 1 of the tender notice at the rate of ₹70.50 lakh each (total value of supply order was ₹2.82 crore). Another Supply order for supply of four number of 125 KVA Diesel Gen (DG) Sets with allied accessories at the rate of ₹seven lakh per set was placed (March 2015) with another firm that quoted lowest rates for item No. 3 of the tender notice. Supply order for supply, installation, testing and commissioning of four numbers of control panel and 100 KVA Servo Stabiliser for Oxygen concentrator plant was placed with the third firm at the rate of ₹3.51 lakh per stabliser. The firm in whose favour order for supply of DG Sets was placed, informed (March 2015) that since it had participated in the tendering process for complete set, including oxygen plant, stabiliser and DG sets, it would not execute the supply for DG Sets only.

[41] JLNM Hospital Srinagar, District Hospitals Anantnag, Baramulla and Kulgam

[42] Of 300 LPM (Minimum) Capacity at 93 plus/ minus two *per cent* purity

Out of four Oxygen plants, one plant for District Hospital Baramulla was installed and commissioned, one plant though installed at JLNM Hospital was not commissioned and remaining two plants for District Hospitals Anantnag and Kulgam had not been installed/ commissioned (August 2017) due to lack of piping etc. Thus, the failure to ensure installation and operation of Manifold Oxygen pipeline plant for three district hospitals has resulted in idle investment of ₹2.11 crore[43]. The Mission Director stated (November 2017) that Oxygen plants at three hospitals have been commissioned in August 2017 and in case of JLNM hospital it will be completed soon. However, the fact remains that the DG sets were not supplied by the firm and three Oxygen plants were installed/ commissioned after more than two years from date of their procurement.

2.2.8.5 Availability and functioning of Critical Care Ambulances

The Mission Director NRHM released (January 2011) ₹2.60 crore in favour of DHS Kashmir for procurement of 13 Critical Care Ambulances at the rate of ₹20 lakh per ambulance. Supply order for fabrication of the ambulances, including installation of equipment was placed in February 2013 with a firm but was subsequently withdrawn in September 2013 due to difference in the specifications in the NIT and the machinery/ equipment to be installed in the ambulances.

Audit noticed that the Department failed in finalising rate contract for procurement of the critical care ambulances and the funds of ₹2.60 crore remained un-utilised for about five years since January 2011 and were transferred to J&K Medical Supplies Corporation (JKMSC) in November 2015 for procurement, which is still awaited (August 2017).

The Deputy Director (P&S), Directorate of Health Services, Kashmir while admitting (August 2017) that the funds could not be utilised as of March 2015 due to the approved rate contract being sub-judice stated that the Mission Director released (September 2016) funds for procurement of critical care ambulance in favour of Managing Director, Jammu and Kashmir Medical Supplies Corporation (J&KMSC) Limited.

Thus, not making 13 Critical Care Ambulances available to district hospitals in the Kashmir region despite funds for the same being available for last six and half years shows non-serious approach towards public health.

However, the Mission Director stated (November 2017) that J&KMSC has purchased the Ambulances and eight ambulances have been issued to the DHS, Kashmir and are presently functioning in the Districts. The fact remains that the funds could not be utilised for more than six years and five ambulances were still awaited.

2.2.9 Human Resources availability

NHM envisages setting up of Indian Public Health Standards (IPHS) at each level of health delivery system as benchmark for providing minimum service guaranty at these levels. The IPHS were developed and released in January-February 2007 by

[43] Cost of three plants at the rate of ₹70.50 lakh per plant

Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India and were revised in 2012.

Financial support is provided to States under NHM to strengthen the health system by engaging doctors, nurses and specialists on contractual basis based on the requirements proposed by States in their annual Programme Implementation Plans.

The position of staff in 12 District Hospitals, 50 CHCs/ SDHs, 557 PHCs/NTPHCs and 1,425[44] SCs in the Kashmir region as of 31 March 2017 is detailed in ***(Appendix-2.2.1)***. Position of medical and paramedical staff in these institutions as of 31 March 2017 is indicated in the table below:

Table-2.2.7. Position of Medical and Para Medical staff in various Health Institutions of Kashmir Division

Name of post	Essential number of staff as per IPHS-2012	Sanctioned strength of the facility	Men in-position	Shortage (-)/ Excess (+) against IPHS norms (*per cent*)	Shortage (-)/ Excess (+) against sanctioned strength of the facility (*per cent*)
(1)	**(2)**	**(3)**	**(4)**	**(5)= (4-2)**	**(6)= (4-3)**
District Hospitals (DHs)					
Doctors	348	347	322	-26 (*7*)	-25 (*7*)
Nurses and Para Medical	912	249	453	-459 (*50*)	+204 (*82*)
Blood Bank	72	0	0	-72 (*100*)	0
Community Health Centres (CHCs)					
Doctors	600	750	691	+91 (*15*)	-59 (*8*)
Nurses and Para Medical	1,350	1,000	1,010	-340 (*25*)	+10 (*1*)
Primary Health Centres (PHCs)					
Doctors	557	1,154	1,154	+597 (*107*)	0
Nurses and Para Medical	6,127	2,311	2,311	-3,816 (*62*)	0
Sub-centres (SCs)					
Auxiliary Nurse Midwifery (ANM)	2,850	1,616	1,541	-1,309 (*46*)	-75 (*5*)

Although the State has adopted the IPHS norms after the launch of NHM, the department has not proposed targets and timelines for achievement of IPHS standards in respect of nurses and para medical staff and blood banks. The availability of health care human resources in 12 District Hospitals in Kashmir region *vis-à-vis* IPHS norms was 50 *per cent* for nurses and para medical staff. There was shortage of 340 (25 *per cent*) and 3,816 (62 *per cent*) in 50 CHCs and 557 PHCs/NTPHCs respectively in respect of nurses and para medical staff as compared to IPHS norms. No post was sanctioned separately for blood banks in 12 District Hospitals against requirement of 72 as per IPHS norms. Against the IPHS norm of 2,850 ANMs, only 1,541 were available in 1,425 SCs of Kashmir Division.

Although the over-all position of doctors in the CHCs and PHCs/ NTPHCs compared to IPHS norms was satisfactory, there were shortages of 25 and 59 *per cent vis-a-vis* sanctioned strength in District Hospitals and CHCs respectively. As stated by the Director Health Services, Kashmir this was primarily due to reluctance of doctors to join on contract basis.

[44] Does not include 59 Medical Aid Centres details whereof regarding men-in-position was not available

The Deputy Director (P&S), DHS, Kashmir and the Mission Director stated (August/ November 2017) that the vacant posts have already been referred to the Public Service Commission/ Subordinate Services Recruitment Board (SSRB) and shall be filled up in due course of time. Further, the sanctioned strength has been reviewed in light of newly created health units for creation of posts. It was also stated that in view of huge financial implications involved in creation of various posts in one go, the Department shall consider creation of additional posts in phased manner depending upon the availability of resources.

2.2.9.1 Availability of ASHAs

Under the Mission, a trained female community health worker called Accredited Social Health Activist (ASHA) is to be provided in each village in the ratio of one per population of 1,000 people or less for large isolated habitations. The job of ASHA includes tracking of children upto full immunisation stage, accompanying the pregnant ladies to the institution for delivery and facilitating ante-natal checkups (ANCs). The position regarding deployment of ASHAs in Kashmir Division during the years 2012-13 to 2016-17 is depicted below:

Table-2.2.8: Position of ASHAs

Year	Selection of ASHAs	
	Targets	Achievements
2012-13	6,490	6,119
2013-14	6,490	6,383
2014-15	6,490	6,385
2015-16	6,490	6,368
2016-17	6,490	6,379

Against the target of selection of 6,490 ASHAs during the last five years, 6,379 ASHAs were in position, as of 31 March 2017. It was observed that out of 6,379 ASHAs, only 4,750 ASHAs (74 *per cent*) were provided with drug kits. Further, it was noticed that 311 ASHAs selected in four test-checked districts (Anantnag, Budgam Leh and Shopian) were not provided with drug kits as of March 2017. In reply to Audit observation, the Deputy Director (P&S), Directorate of Health Services, Kashmir stated (August 2017) that due to paucity of funds, there was shortage in distribution of drug kits to ASHAs. The reply is not tenable as ₹52.46 lakh under ASHA Kits component of the programme remained unutilised in Kashmir Division during 2013-14 and 2014-15 which was refunded to the Mission Director. In his reply, the Mission Director stated (November 2017) that funds for new drug kits were projected in Project Implementation Plan 2017-18, which has been approved by the GoI. The drug kits will be procured shortly and issued to the remaining ASHAs.

As per Mission guidelines, an ASHA should be a literate woman with formal education upto 10^{th} standard which could be relaxed only if no suitable lady with this qualification was available. Audit noticed that out of 2,130 ASHAs engaged in four test checked districts 1,412 ASHAs (66 *per cent*) were below 10^{th} standard and 86 ASHAs were illiterate. The Mission Director stated (November 2017) that ASHAs are being selected by Village Health Sanitation and Nutrition Committees (VHSNCs) which have been instructed to give preference to women qualified up to 10^{th} standard.

2.2.9.2 Training of Medical and Para-medical staff

The position of targets *vis-a-vis* achievements in respect of trainings provided to medical and Para-medical staff in Kashmir region during the period 2012-13 to 2016-17 is given in the table below:

Table-2.2.9: Status of training

Year	Medical Officers		Staff Nurses		ANMs	
	Targets	Achievements (Percentage)	Targets	Achievements (Percentage)	Targets	Achievements (Percentage)
2012-13	124	67 (54)	104	86 (83)	222	193 (87)
2013-14	182	138 (76)	192	180 (94)	308	213 (69)
2014-15	636	321 (50)	324	221 (68)	810	298 (37)
2015-16	230	133 (58)	232	180 (78)	312	241 (77)
2016-17	322	197 (61)	249	238 (96)	412	361 (88)
Total	**1,494**	**856**	**1,101**	**905**	**2,064**	**1,306**

Training was imparted to 856 out of 1,494 Medical Officers (MOs) during 2012-17 and shortfall ranged between 24 to 50 *per cent*. Similarly, shortfall in imparting training to staff nurses and Auxiliary Nurse Midwifery (ANMs) ranged between 4 to 32 *per cent* and 12 to 63 *per cent* respectively.

The Mission Director stated (November 2017) that proposed targets were in respect of both regular and contractual staff, however, due to deficiency of manpower in the Department, nominations received for training remained a problem. Besides, the resource persons for all such trainings were to be trained outside State which consumed ample time and led to shortfall against the targets. Audit is of the view that training goes a long way in capacity building and should be given due priority.

2.2.10 Quality of Health Care

2.2.10.1 Implementation of Quality Assurance at Facility level

Quality Assurance Programme was rolled out in the State during the year 2016-17 and State Quality Assurance Committee (SQAC) and District Quality Assurance Committees (DQACs) were constituted in October 2016. It was noticed that out of ₹113.09 lakh released during the year 2016-17 under this component, an amount of ₹38.53 lakh was released to District Health Societies for trainings and assessment under Quality Assurance and ₹74.56 lakh was released to DHS, Kashmir/ Jammu for payment of pending liability of ASHAs.

The District Quality Teams (DQT) were required to function at District Hospitals. Further, in-charge of Health Facility was to form an Internal Quality Assurance Team. Audit observed that District Quality Teams and Internal Quality Assurance Teams although constituted (October 2016) in the test-checked districts of Anantnag, Budgam, Shopian and Leh but no assessments were conducted.

A quarterly feedback was to be taken on a structured format by the Hospital Manager as patient satisfaction survey. This feedback was to be analysed to see the lowest performing attributes and further actions were to be planned accordingly. Audit noticed that no patient satisfaction surveys were conducted in test-checked districts.

Under the quality assurance programme, all health facilities were to establish procedure for death and medical Audit. While death Audits were to be conducted for all deaths happening at the facility, medical Audit and prescription audit was to be done on a representative sample drawn from medical records. Emphasis was to be placed on maternal and infant death Audits and also death/ failure/ complication following sterilisation.

Audit noticed that 36 maternal deaths and 462 infant deaths had occurred at facilities in four test-checked Districts during the period from 2013-14 to 2016-17 but death Audits were conducted in respect of 19 maternal and 312 infant deaths only and all these deaths were not reported to District or State Quality Assurance Committee. No medical Audit and prescription Audit had been conducted as prescribed.

The Mission Director stated (November 2017) that after the quality assurance programme has been rolled out in Kashmir Division, the Districts are in the process of constitution of DQTs and assessment shall soon start in the each District Hospital.

2.2.10.2 Availability of drugs/ medicines at Health Centres

List of essential drugs approved as per the IPH Standards for CHC contain 172 medicines/ drugs. Audit found that 72 (42 *per cent*) to 142 (83 *per cent*) items of the approved list of medicines/ drugs were not available[45] in eight test-checked CHCs during 2016-17.

Women in the reproductive age require a weekly dose of iron folic acid tablets for prevention of iron deficiency anaemia. DHS, Kashmir could not purchase these tablets due to non-availability of rate contract. It was observed that out of an amount of ₹6.51 crore, an expenditure of ₹80 lakh (12 *per cent*) was incurred on purchase of iron folic acid tablets during 2012-13 to 2014-15 and ₹5.71 crore remained unutilised. The Department stated (August 2017) that the funds of ₹5.71 crore could not be utilised due to non-finalisation of the rate contract as the matter was sub-judice. The Mission Director stated (November 2017) that procurement process faced a peculiar situation due to handing over of procurement system to J&KMSC constituted in May 2013, which could not take off for almost two years. The rate contracts could not be finalised either by the Departmental Purchase Committees or by the J&KMSC. It was also stated that J&KMSC has started the procurement process now and at present there is no dearth of iron folic acid tablets in Kashmir Division.

2.2.10.3 Emergency Response System - Non-functional Health Helpline services

Health emergency response system is critical in providing rapid health services. National ambulance services under NHM provides for patient transport ambulance through operation of dial 108/102 ambulance service. 108 is predominantly an emergency response system primarily designed to attend to patients of critical care

[45] CHC Bijbehara: 104 items of medicines/ drugs (60 *per cent*); CHC Shangus: 121 items (70 *per cent*); CHC Beerwah: 96 items (56 *per cent*); CHC Kremshore: 127 items (74 *per cent*); CHC Zainapora: 72 items (42 *per cent*); CHC Keller: 142 items (83 *per cent*); CHC Nubra: 118 items in (69 *per cent*) and CHC Khaltsi: 137 items (80 *per cent*)

trauma and accident victims etc., whereas 102 service essentially consists of basic patient transport aimed to cater to the needs of pregnant women and children though other categories can also take benefit and are not excluded. Audit noticed the following deficiencies:

- Patient transport services through helpline dial-108 was not operationalised (March 2017) in Kashmir Division. An amount of ₹20 lakh released during 2013-14 by the Mission Director NHM in favour of the DHS Kashmir for establishment of Health Helpline (108) was refunded during the same year without utilisation.
- The DHS, Kashmir awarded (September 2013) a project "Vehicle Tracking and Management System" (VTMS) for establishing a Control Room/ Call Centre and also for installation and commissioning of GPS and Fuel Sensors in 250 ambulances in favour of a firm. An amount of ₹10.13 lakh was paid to the firm against 57 ambulances in July 2014. The Department did not monitor the functioning of GPS and Fuel Sensor systems installed in these ambulances and the purpose for which these systems were installed had not been achieved as GPS system remained non-functional in the ambulances. Audit also noticed that the firm did not provide the 24x7x365 service for 102 ambulance service and no expenditure was incurred on account of the operational cost of the Control Room i.e., recurring charges for toll free calling services with five lines and recurring charges for VTMS Software Application Components. The Control Room for 102 ambulance service did not remain functional in Kashmir Division since its establishment in 2013-14. The award of the contract was terminated in February 2015. As such, despite an expenditure of ₹10.13 lakh no purpose has been served.
- 190 Ambulances available in four test-checked districts, as of March 2017 had not been fully equipped with essential medical equipment.

Thus, quality of health care under the Mission in the Kashmir region fell short of desired standards. The Mission Director stated (November 2017) that the operationalisation of ambulances could not be done due to cost escalation but the same is being re-tendered now. It was also stated that 102 ambulance service presently available in Jammu Division, shall be implemented in the whole State after the retendering process is completed and rates are finalised.

2.2.11 Reproduction and Child Health (RCH)

Planning and Budgeting for RCH should cover all the related components, such as Maternal Health, Child Health and Family Planning which plan to reduce IMR/ MMR/ TFR as per National Programme Implementation Plan of RCH-II.

2.2.11.1 Maternal Health

The 'Framework of Implementation' of the Mission (2012-17) has laid down outcome indicators to be achieved upto the end of 12th Five Year Plan (2012-17) *vis-a-vis*, reduction of maternal and infant mortality rates to 100 per one lakh live births and 25 per thousand live births respectively and reduction of total fertility rate (TFR) to

2.1. The important services for ensuring maternal health care include antenatal care, institutional delivery care, post-natal care and referral services.

2.2.11.1 (a) Registration and Antenatal care of pregnant women

One of the major aims of safe motherhood is to register all pregnant women before they attain twelve weeks of pregnancy and provide them with services such as four ante-natal checkups, iron folic acid tablets and two doses of tetanus toxoid (TT). It was noticed that no registered pregnant woman got second and third ante-natal (ANC) checkups in Kashmir region, however the number of registered pregnant woman who got fourth ANC checkup ranged between 62 *per cent* and 100 *per cent* of the total pregnant women registered during 2012-13 to 2016-17. In four test-checked districts, the checkups ranged between 64 *per cent* and 96 *per cent* of the total pregnant women registered during 2012-13 to 2016-17. The Mission Director stated (November 2017) that the Department is making efforts so that all the ANC checkups are done with the introduction of Mother and Child Tracking System.

2.2.11.1 (b) Administration of Iron Folic Acid

As per supplementation interventions by Ministry of Health and Family Welfare, GoI, 100 mg of elemental iron and 500 mcg of folic acid daily for 100 days during pregnancy followed by same dose for 100 days in the post-partum period has been recommended for pregnant and lactating women.

Audit observed that iron folic acid tablets were administered to pregnant women ranging between 13 *per cent* and 54 *per cent* in Kashmir region during the period 2012-13 to 2016-17. In four test-checked districts, iron folic acid tablets were administered in the range of 11 *per cent* and 55 *per cent* of pregnant women during the same period. The Mission Director stated (November 2017) that due to non-availability of rate contract for iron folic acid tablets procurement could not be made in bulk despite funds being released to Director Health Services, Kashmir.

2.2.11.1 (c) Tetanus toxoid immunisation

The provision of quality ante-natal care, including two tetanus toxoid injections has been envisaged under the programme. During the period under review, 45 *per cent* to 55 *per cent* of pregnant women were fully immunised in the Kashmir region. The position in test-checked districts was comparatively better, as between 92 *per cent* and 95 *per cent* of pregnant women were fully immunised in these districts during 2012-13 and 2016-17. The Mission Director stated (November 2017) that all efforts are being made to maximize the achievements so as to achieve the desired objectives and aims of the NHM.

2.2.11.1 (d) Pregnant woman not accompanied by ASHAs

The ASHAs are responsible for facilitation of ante-natal checkups and for accompanying the mothers upto health institution for delivery. Audit noticed that only upto 59 *per cent* of women who delivered at health institutions in Kashmir region were accompanied by ASHAs during 2012-13 to 2016-17, which indicated poor performance of ASHAs. The Mission Director stated (November 2017) that the role of ASHA is to facilitate and ensure timely ANC checkups and promote institutional

delivery. It is not mandatory for ASHA to accompany the pregnant woman to the hospital for delivery. It was also stated that to further strengthen the role of ASHA in facilitating pregnant women for institutional delivery, ASHA support structure at each level beginning from ASHA Facilitator to State Programme Manager, has been put in place. However, the fact remains that between two and four *per cent* of pregnant women registered during 2012-17 had home deliveries.

2.2.11.2 Institutional Deliveries

To promote safe institutional delivery, the Janani Surakhsha Yojana (JSY) provided all pregnant women a cash compensation of ₹1,400 in rural areas and ₹1,000 in urban areas with cash free services, which included free medicines/ consumables during the period of delivery and free referral transport from hospital to home. The ASHA who accompanied the pregnant woman was to be given cash compensation of ₹600 per case. The position of institutional/ home deliveries and compensation provided during the years 2012-13 to 2016-17 in the Kashmir region was as follows:

Table-2.2.10: Position of deliveries and compensation

Year	Total No. of pregnant women registered	Total No. of deliveries	Home deliveries (Percentage)	Compensation provided to No. of pregnant women (Percentage)
2012-13	1,90,685	99,529	4,018 (4)	68,398 (69)
2013-14	2,32,029	1,03,604	2,874 (3)	84,250 (81)
2014-15	2,07,232	1,02,976	2,431 (2)	62,489 (61)
2015-16	1,99,116	99,089	2,525 (3)	62,489 (63)
2016-17	2,26,570	1,03,669	1,932 (2)	73,981 (71)

Audit noticed that percentage of home deliveries in the four test-checked districts ranged between 0.16 and two *per cent* of pregnant women registered during 2012-13 to 2016-17. The compensation was provided to beneficiaries ranging between 64 *per cent* and 100 *per cent* of the total deliveries in these districts. Further, out of 1.25 lakh deliveries in four test-checked districts, only 0.89 lakh beneficiaries (71 *per cent*) were assisted by ASHAs during 2012-17.

The Mission Director stated (November 2017) that traditionally most pregnant women shift to their maternal home before their delivery due dates and are as such, not accompanied by the corresponding ASHA for institutional delivery.

All pregnant women who deliver at any health institution in normal condition is to be retained for at least three days i.e. 72 hours so that she could stabilise and also look after the child she has delivered. However, between 37 *per cent* and 53 *per cent* of the women having institutional deliveries in Kashmir Division were discharged within 48 hours of delivery during 2012-17. In four test checked districts it was noticed that between 18 *per cent* and 70 *per cent* of the women having institutional deliveries were discharged within 48 hours of delivery during 2012-17.

The Mission Director stated (November 2017) that mothers who deliver at public health facilities are encouraged to stay at hospital for a minimum of 48 hours post-delivery which has improved after the introduction of Janani Shishu Suraksha Karykram (JSSK). Efforts are being made to motivate mothers for stay in hospital for minimum of 48 hours post-delivery during which they are provided free diet and drop

back transport facility to home. The bed strength of hospitals is also being increased to accommodate more mothers.

2.2.11.2 (a) Janani Shishu Suraksha Karykram (JSSK)

JSSK is an initiative to assure free services to all pregnant women and sick neonates accessing public health institutions. The scheme envisages free and cashless services to pregnant women including normal deliveries and caesarean operations and also treatment of sick newborn (upto 30 days after birth) in all Government health institutions across the State.

Audit check of records showed that ₹2.37 crore was incurred by seven test checked units (DHs: Budgam and Leh; CHCs: Bijbehara, Shangus, Beerwah, Kremshore and Zainapora) on purchase of drugs/ medicines on the basis of *Dasti*[46] quotations in a non-transparent manner without ascertaining reasonability of rates through wide publication and without invitation of tenders during 2012-13 to 2016-17. In reply to Audit observation the Convener District Health Society, Budgam stated (November 2017) that the purchases were made on emergent basis and in future proper procedure shall be followed and all codal formalities shall be completed at block and district hospital level while making the purchases. The Mission Director stated (November 2017) that few essential drugs are being purchased on *dasti* quotations, the districts are being instructed from time to time to adhere to all the codal formalities for such purchases.

2.2.11.2 (b) Janani Suraksha Yojana

The programme guidelines provide that all payments under Janani Suraksha Yojana (JSY) to the expectant mother shall compulsorily be made in one instalment, including compensation amount for sterilisation, wherever applicable, at the time of discharge from the hospital/ health centre. The main objective of JSY was to promote institutional deliveries to reduce IMR, MMR.

In Kashmir Division out of 4.95 lakh women beneficiaries who delivered in the hospitals and were entitled to receive incentive under the scheme only 3.52 lakh beneficiaries were paid incentive during 2012-17, thereby depriving 1.43 lakh women (29 *per cent*) from availing the benefit under the scheme. Further, out of 13,780 home deliveries, incentive was not paid to 11,546 women (84 *per cent*) who were entitled for benefits under the scheme during 2012-17.

Audit check of records in four test-checked districts (Anantnag, Budgam, Shopian and Leh) showed that out of 1.25 lakh institutional deliveries only 1.11 lakh beneficiaries were paid incentive during 2012-17 thereby depriving 0.14 lakh women (11 *per cent*) from availing the benefit under the scheme. Further, out of 1,903 home deliveries in these districts, incentive under the scheme was not paid to 1,593 women (84 *per cent*) during 2012-17.

Further, under JSY, an incentive of ₹1,400 is to be paid to mother beneficiaries for institutional deliveries in rural areas on production of proof of rural residential address like domicile certificate, referral slip submitted by ANM/ ASHA. Otherwise, she

[46] Proforma bills being obtained from the local dealers for effecting purchases

would be paid only 1,000/- as an urban beneficiary. The said benefit to the mother should be paid at the health facility immediately after the delivery and before discharge, but not later than seven days of the delivery. Audit check of records, however, showed that payment of incentive was made to the mother beneficiaries in test-checked medical blocks after delay ranging between one day and 972 days during 2012-13 to 2016-17. In District Hospital Budgam, it was noticed that 4,738 beneficiaries were shown as paid at the rate of ₹1,400 without obtaining proof of rural residence as specified in the guidelines. As a result, the authenticity of payment of ₹62.95 lakh could not be established in Audit. The referral slips of the basic health facilities (PHC/ CHC) were not on record.

The Mission Director stated (November, 2017) that all the mothers who deliver in public health facility are not paid JSY incentive as some beneficiaries don't have bank accounts or do not submit the requisite documents. JSY incentive is paid to such mothers who are registered on MCTS/ RCH portal and have Aadhaar seeded bank account, which is now mandatory for direct bank transfer mode of payment.

2.2.11.2 (c) Maternal deaths

RCH-II was launched with the objective to reduce maternal mortality rate and infant mortality rate. The position of maternal and infant deaths in Kashmir region during the years 2012-13 to 2016-17 were as under:

Table-2.2.11: Position of maternal and infant deaths

Year	No. of deaths	
	Maternal	Infant-Still Births
2012-13	65	1,672
2013-14	70	1,927
2014-15	74	2,212
2015-16	85	1,700
2016-17	64	2,278
Total	**358**	**9,789**

As can be seen from the table above, the maternal mortality had gradually increased from 65 in 2012-13 to 85 in 2015-16, which indicated that the objective of reducing maternal mortality under the Mission remained unfulfilled. Audit noticed that a mechanism to get regular and complete information about maternal and neonatal deaths for maintaining a district-wise database was not in place in the test checked districts. However, in four test-checked districts, there were 78 maternal deaths (0.06 *per cent*) and 2,917 still births (two *per cent*) out of 1.25 lakh institutional deliveries during 2012-13 to 2016-17. The Mission Director stated (November 2017) that the Department is hopeful that with the improved reporting and appropriate action, the number of maternal deaths shall be further reduced.

Thus, performance of the Mission (RCH) in the Kashmir region was not as per the prescribed norms and hence not satisfactory. No registered pregnant women got second and third ante-natal checkups, administration of iron folic acid dosages remained below 54 *per cent* and tetanus toxoid immunisation below 55 *per cent*. Further, 41 *per cent* of the women who had institutional delivery were not accompanied by ASHAs. Compensation/ incentive under the JSY to all eligible

beneficiaries were not being given and there was increase in maternal death since 2013.

2.2.12 Family Planning

The objective of the National Family Planning Programme is that all women and men in the reproductive age group will have knowledge of and access to comprehensive range of family planning services thereby enabling families to plan and space their children to improve the health of women and children. Target-free approach based on unmet needs for contraception, equal emphasis on spacing and limiting methods and promoting children by choice in the context of reproductive health are the guiding principles in this regard.

2.2.12.1 Permanent method

The permanent method of family planning includes vasectomy (male sterilisation) and tubectomy (female sterilization). The position of targets and achievements in various permanent methods in the Kashmir Division during the years 2012-13 to 2016-17 was as under:

Table-2.2.12: Targets and achievements under permanent method

Year	Vasectomy		Tubectomy and Laparoscopy[47]	
	Targets	Achievements (Percentage)	Targets	Achievements (Percentage)
2012-13	3,242	52 (2)	12,969	4,206 (32)
2013-14	3,308	50 (2)	13,232	2,626 (20)
2014-15	3,374	22 (1)	13,497	2,590 (19)
2015-16	3,392	56 (2)	13,570	2,295 (17)
2016-17	3,450	92 (3)	13,801	2,391 (17)
Total	**16,766**	**272 (2)**	**67,069**	**14,108 (21)**

As can be seen from the table above, the percentage achievement under vasectomy was very low and ranged between one and three *per cent* and under tubectomy/ laparoscopy between 17 *per cent* and 32 *per cent* during 2012-13 to 2016-17. Further, proportion of vasectomy to the total sterilisation was only two *per cent* whereas 98 *per cent* of sterilisations were tubectomy/ laparoscopy during 2012-13 to 2016-17 which pointed towards gender imbalance. The Mission Director stated (November, 2017) that community participation and acceptance for 'No Scalpel Vasectomy' (NSV) has been minimal despite sensitisation and motivational campaigns by the Department of Family Welfare. However, efforts are being made to counsel and educate the beneficiaries for better acceptance of NSV methods.

2.2.12.2 Spacing methods

The intra uterine contraceptive device (IUCD), oral contraceptive pills (for women), and condoms are three contraceptive methods of family planning to help space children. The targets and achievements under these components is depicted below:

[47] Targets and achievements of Tubectomy and Laparoscopy shown together by the Department

Table-2.2.13: Targets and achievements under spacing methods

Year	Oral Pill Cycles		IUCD insertion		Distribution of condoms	
	Targets	Achievements (percentage)	Targets	Achievements (percentage)	Targets	Achievements (percentage)
2012-13	1,14,952	1,30,302 (113)	22,106	14,520 (66)	14,85,532	7,85,344 (53)
2013-14	1,17,285	1,31,457 (112)	22,555	8,748 (39)	15,15,687	8,23,614 (54)
2014-15	1,19,631	1,53,353 (128)	23,006	8,482 (37)	15,46,000	9,68,385 (63)
2015-16	1,20,276	1,86,131 (155)	23,130	8,409 (36)	15,54,338	11,44,839 (74)
2016-17	1,22,328	1,87,521 (153)	23,525	8,371 (36)	15,80,856	10,19,409 (64)

The achievements under oral pill cycles *vis-a-vis* targets fixed was satisfactory but in respect of IUCD, the achievement during 2012-13 to 2016-17 was between 36 *per cent* and 66 *per cent.* Similarly the achievements in distribution of condoms ranged between 53 *per cent* and 74 *per cent.* The Mission Director stated (November 2017) that the Department is working at improving the achievements in respect of spacing methods.

2.2.13 Immunisation and child health

(I) Indicators of child health relate to the immunisation status of children, details pertaining to exclusive breastfeeding, prevalence of diarrhoea and acute respiratory infection (ARI) and more importantly their nutritional status in terms of grade III/IV malnutrition. Table below gives a summary of targets and achievements under the routine immunisation in Kashmir region during 2012-13 to 2016-17.

Table-2.2.14: Targets and achievements under routine immunisation

Year	Targets (for all vaccines)	Achievements (for all vaccines)			
		Upto one year	Above one and half year	Above five years	Above ten years
2012-13	1,29,049	1,25,652	56,023	63,473	90,964
2013-14	1,28,339	1,17,229	56,370	68,835	84,992
2014-15	1,29,705	1,06,725	56,589	74,600	73,305
2015-16	1,30,685	1,18,372	78,046	92,880	84,318
2016-17	1,32,150	1,14,341	41,164	90,964	81,560

Audit observed that the targets were not fixed on the basis of household surveys for achieving universal immunisation and the overall shortfall in achievements of the target fixed for immunisation of children between zero to one age group ranged between 02 *per cent* and 18 *per cent* and of one to 1 ½ age group ranged between 40 *per cent* and 69 *per cent* during 2012-13 to 2016-17. The routine immunisation prevents infants and children against diseases like measles, whooping cough, diphtheria, etc. The year-wise details of incidence in the Kashmir region in respect of these diseases was as follows:

Table-2.2.15: Incidence of vaccine preventable diseases in infants and children

(Cases in number)

Year	Name of Disease				
	Diphtheria	**Whooping cough/ pertussis**	**Measles**	**ARI for less than five year infants**	**Diarrhoea**
2012-13	11	61	609	2,937	14,066
2013-14	3	26	948	2,657	13,384
2014-15	5	3	712	1,503	12,383
2015-16	1	0	281	1,534	13,015
2016-17	4	0	186	1,818	13,966
Total	**24**	**90**	**2,736**	**10,449**	**66,814**

(II) Audit also noticed shortfall in Vitamin A coverage with low mega doses each year of children in 9-36 months ranging between 14 *per cent* and 52 *per cent* till 1st dose, 15 *per cent* to 53 *per cent* in 2nd dose and between 23 *per cent* and 72 *per cent* in 3rd to 5th dose against the targets fixed during 2012-13 to 2016-17.

The Mission Director stated (November 2017) that the targets are fixed on the basis of estimated population as per under five mortality rate and birth rate and not on the basis of household surveys for achieving universal immunisation. It was also stated that there is improvement in immunisation with decline in the vaccine preventable diseases during 2012-17. However, the fact remains that despite decrease over the last five years, there has been a marginal increase in three vaccine preventable diseases during 2016-17 in comparison to 2015-16.

2.2.14 Performance Indicators

The main objective of the Mission is to reduce the Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR). The position in the State under 'Framework of Implementation' of the Mission and Millennium Development Goals (MDG) were as follows:

Table-2.2.16: Performance indicators

Indicator	Unit	Framework of Implementation		Expected outcomes by the end of 31 March 2016	Position as per SRS[48]-2016		
		(2005-12)	(2012-17)		J&K	All India	Best performing State
IMR	Per 1,000 live births	30	25	26	24	34	10 (Kerala)
MMR[49]	Per 1,00,000 live births	100	100	100	26	61	61*
TFR	-	2.1	2.1	2.1	1.7	2.3	1.6 (Delhi and West Bengal)

(* MMR figures in respect of Kerala of 2011-13 as available in the Economic survey Report 2016-17)

48 Sample Registration System (SRS)

49 MMR = (Total reported maternal deaths/total reported live births)*1,00,000. The MMR figures of J&K and all India worked out on the basis of data regarding maternal deaths and reported live births for the year 2015-16 as available in the Economic Survey Report 2016 of J&K State

As per the Sample Registration System 2016, IMR, MMR and TFR in Jammu and Kashmir State was 24, 26 and 1.7 respectively, whereas expected outcomes by the end of 31 March 2016 were 26, 100 and 2.1. Position of the State was better as compared to All India position, but it needs to do more to catch up with the best performing State.

2.2.15 Monitoring and Evaluation

The four major approaches to monitoring and evaluation under the Mission include use of data from population surveys, commissioning implementation research or evaluation studies, use of Health Management Information System (HMIS) data and field appraisals and reviews. The Health Planning and Monitoring Committees (HPMCs) were to be formed at PHC, Block, District, and State levels to ensure regular community based monitoring of activities at respective levels, along with facilitating relevant inputs for planning.

Audit checks of records showed that HPMCs to assess the progress made under various activities were not constituted at any level. Further, hard copies of monthly HMIS reports were not submitted by the DHSs to the SHS which was mandatory as per guidelines. The Mission Director stated (November 2017) that the proposal for constitution of HPMCs at PHC, Block, District and State level is being initiated to ensure regular community based monitoring of activities and facilitate relevant inputs for planning. The process for collection of hard copies of monthly HMIS reports has been initiated from the current financial year.

2.2.16 Conclusion

Financial management was weak, which manifested in non-utilisation of available funds in full, diversion of funds for purposes not approved and procurements without complying with the provisions of the Financial Code. There were shortages of 40 CHCs and 975 Sub-centres in the Kashmir Division as of March 2017, about 51 *per cent* health institutions in the Kashmir Division were in hired accommodation and none of the SCs/ PHCs/ CHCs had been upgraded to the level of IPHS in Kashmir division during 2012-17. The availability of health care human resources in the 12 District Hospitals in Kashmir region *vis-a-vis* Indian Public Health Standards was 93 *per cent* for medical specialists and 50 *per cent* for nurses and para medical staff. No post was sanctioned separately for Blood Banks in 12 District Hospitals against required 72 posts as per Indian Public Health Standards. There was overall shortage of 340 (25 *per cent*) and 3,816 (62 *per cent*) para-medical staff in 50 Community Health Centres and 557 Primary Health Centres/ New Type Primary Health Centres respectively as compared to Indian Public Health Standards. Targets fixed under various family planning measures and immunisation were not achieved and there was prevalence of vaccine preventable infant and child diseases.

2.2.17 Recommendations

In light of the Audit findings, the Government may consider to:

- Strengthen the financial controls over release of funds and their utilisation;
- Devise a mechanism for early completion of various incomplete infrastructural projects;
- Phase out a detailed plan to upgrade the health care institutions to the IPH Standards; and
- Impart training to the human resources for capacity building.

The matter was referred to the Government in August 2017; reply was awaited (December 2017).

Appendix-2.2.1

(Reference Paragraph: 2.2.9; Page No: 40)

Position of manpower in DHs, CHCs, PHCs and SCs in Kashmir Division

A. Position of manpower in 12 District Hospitals (DHs) of Kashmir Division						
Name of post	**Essential number of staff as per IPHS-2012 for one DH**	**Total number of staff for 12 DHs**	**Sanctioned strength of the facility**	**Men in position**	**Shortage (-)/ Excess (+) against IPHS norms**	**Shortage (-)/ Excess (+) against sanctioned strength of the facility**
Manpower-Medical						
Medicine	2	24	14	14	-10	0
Surgery	2	24	14	14	-10	0
Obstetrics & Gynecology	2	24	21	19	-5	-2
Pediatrics	2	24	10	8	-16	-2
Anesthesia	2	24	21	19	-5	-2
Ophthalmology	1	12	5	4	-8	-1
Orthopedics	1	12	11	8	-4	-3
Radiology	1	12	4	4	-8	0
Pathology	1	12	6	5	-7	-1
ENT	1	12	7	6	-6	-1
Dental	1	12	17	17	5	0
MO	11	132	210	199	67	-11
Psychiatry	1	12	7	5	-7	-2
Ayush Doctor	1	12	0	0	-12	0
Total	**29**	**348**	**347**	**322**	**-26**	**-25**
Nurses and Para Medical						
Staff Nurse	45	540	102	315	-225	213
Laboratory Technician	6	72	28	26	-46	-2
Pharmacist	5	60	28	28	-32	0
Storekeeper	1	12	0	0	-12	0
Radiographer	2	24	7	7	-17	0
ECG Technician/ Echo	1	12	0	0	-12	0
Ophthalmic Assistant	1	12	21	14	2	-7
Dietician	1	12	0	0	-12	0
Physiotherapist	1	12	7	7	-5	0
OT Technician	4	48	28	28	-20	0
CSSD Assistant	1	12	0	0	-12	0
Social Worker	2	24	0	0	-24	0
Counsellor	1	12	0	0	-12	0

Dental Technician	1	12	21	21	9	0
Dark Room Assistant	2	24	7	7	-17	0
Rehabilitation Therapist	1	12	0	0	-12	0
Bio-Medical Engineer	1	12	0	0	-12	0
Total	**76**	**912**	**249**	**453**	**-459**	**204**
Manpower-Administration						
Hospital Administrator	1	12	0	0	-12	0
Housekeeper/ Manager	1	12	0	0	-12	0
Medical Record Officer	1	12	0	0	-12	0
Medical Record Assistant	1	12	0	0	-12	0
Accounts/ Finance Assistant	2	24	0	0	-24	0
Administrative Officer	1	12	0	0	-12	0
Office Assistant Gr. I	1	12	0	0	-12	0
Office Assistant Gr. II	1	12	0	0	-12	0
Ambulance Service (1 Driver + 2 Technician)	3	36	35	35	-1	0
Total	**12**	**144**	**35**	**35**	**-109**	**0**
Blood Bank						
Staff Nurse	3	36	0	0	-36	0
Male/ Female Nursing Attendant	1	12	0	0	-12	0
Blood Bank Technician	1	12	0	0	-12	0
Sweeper	1	12	0	0	-12	0
Total	**6**	**72**	**0**	**0**	**-72**	**0**

B. Position of manpower in 50 Community Health Centres (CHCs) of Kashmir Division

Name of post	Essential number of staff as per IPHS-2012 for one CHC	Total number of staff for 50 CHCs	Sanctioned strength of the facility	Men in position	Shortage (-)/ Excess (+) against IPHS norms	Shortage (-) / Excess (+) against sanctioned strength of the facility
Block Medical Officer/ Medical Superintendent	1	50	50	50	0	0
Public Health Specialist	1	50	50	50	0	0
Public Health Nurse (PHN)	1	50	0	0	-50	0
General Surgeon	1	50	50	50	0	0
Physician	1	50	50	38	-12	-12
Obstetrician &Gynecologist	1	50	50	35	-15	-15
Pediatrician	1	50	50	28	-22	-22
Anesthetist	1	50	50	40	-10	-10
Dental Surgeon	1	50	50	50	0	0
General Duty Medical Officer	2	100	350	350	250	0
Medical Officer – Ayush	1	50	0	0	-50	0

Staff Nurse	10	500	350	270	-230	-80
Pharmacist	1	50	50	50	0	0
Pharmacist – Ayush	1	50	0	0	-50	0
Lab. Technician	2	100	100	100	0	0
Radiographer	1	50	100	90	40	-10
Ophthalmic Assistant	1	50	50	50	0	0
Dental Assistant	1	50	50	50	0	0
Cold Chain & Vaccine Logistic Assistant	1	50	0	0	-50	0
OT Technician	1	50	50	50	0	0
Multi-Rehabilitation/ Community Based Rehabilitation Worker	1	50	0	0	-50	0
Counsellor	1	50	0	0	-50	0
Registration Clerk	2	100	0	0	-100	0
Statistical Assistant/ Data Entry Operator	2	100	0	0	-100	0
Accounts Assistant	1	50	0	0	-50	0
Administrative Assistant	1	50	0	0	-50	0
Dresser (certified by Red Cross/ Johns Ambulance)	1	50	0	0	-50	0
Ward Boys/ Nursing Orderly	5	250	250	350	100	100
Driver	1	50	100	100	50	0
Total Number of CHCs in Kashmir: 50	**46**	**2,300**	**1,850**	**1,801**	**-499**	**-49**
C. Position of manpower in 557 Primary Health Centres (PHCs) of Kashmir Division						
Name of post	**Essential number of staff as per IPHS-2012 for one PHC**	**Total number of staff for 557 PHCs**	**Sanctioned strength of the facility**	**Men in position**	**Shortage (-)/ Excess (+) against IPHS norms**	**Shortage (-) / Excess (+) against sanctioned strength of the facility**
Medical Officer- MBBS	1	557	1,154	1,154	597	0
Accountant cum Data Entry Operator	1	557	0	0	-557	0
Pharmacist	1	557	577	577	20	0
Nurse-midwife (Staff-Nurse)	3	1,671	254	254	-1,417	0
Health worker (Female)	1	557	577	577	20	0
Health Assistants (Male)	1	557	0	0	-557	0
Health Assistants (Female)/ Lady Health Visitor	1	557	72	72	-485	0
Laboratory Technician	1	557	254	254	-303	0
Multi-skilled Group D worker	2	1,114	0	0	-1,114	0
Sanitary worker cum Watchman	1	557	577	577	20	0
Total Number of PHCs in Kashmir: 557	**13**	**7,241**	**3,465**	**3,465**	**-3,776**	**0**

D. Position of manpower in 1,425 Sub-centres (SCs) of Kashmir Division						
Name of post	**Essential number of staff as per IPHS 2012 for one SC**	**Total number of staff required**	**Sanctioned strength of the facility**	**Men in position**	**Shortage (-)/ Excess (+) against IPHS norms**	**Shortage (-) / Excess (+) against sanctioned strength of the facility**
ANM/ Health Worker (Female)	1	1,425	1,425	1,381	(-) 44	(-) 44
Health Worker (Male)	1	1,425	191	160	(-) 1265	(-) 31
Safai Karamchari	1	1,425	1,425	1,402	(-) 23	(-) 23
Total	**3**	**4,275**	**3,041**	**2,943**	**(-) 1,332**	**(-) 98**