

## CHAPTER – I : PERFORMANCE REVIEWS

### HEALTH AND MEDICAL EDUCATION DEPARTMENT

#### 1.1 National Rural Health Mission

*The Government of India launched the National Rural Health Mission (NRHM) in April 2005 to provide accessible, affordable and reliable health-care to the rural population, especially the vulnerable sections of the society. The Plan of Action includes increasing public expenditure on health, reducing regional imbalances in health infrastructure, decentralization and district management of health programmes, community participation and operationalising community health centers into functional hospitals. A mid-term review of the implementation of the programme was undertaken to highlight the areas of concern and issues that need to be addressed for successful achievement of the objectives set out for the Mission. Performance review of the Mission activities during the period 2005-09 showed that implementation plans were not based on proper surveys; basic facilities were lacking in a large number of health centres and various maternal/child health programmes and disease control programmes were not performing to the targeted levels.*

#### Highlights

- **Household survey had not been conducted and base line survey was conducted partially. State level annual programme implementation plans were prepared without any inputs from districts, defeating the purpose of decentralised planning.**

*(Paragraph: 1.1.7.1)*
- **No new health centre was constructed in the State. Basic facilities were also not available in many of the health centres audited. Though OPD services were running on daily basis, IPD, emergency, diagnostic and blood storage facilities were partial. Mobile medical units had not been procured, affecting targeted improvement of health-care service in remote/difficult areas.**

*(Paragraphs: 1.1.10.1 and 1.1.10.3)*
- **Shortage of manpower against requirement as per sanctioned strength and NRHM norms ranged between six and 91 per cent in SCs, six and 100 per cent in PHCs and six and 94 per cent in CHCs.**

*(Paragraph: 1.1.11.1)*
- **Maternal and Child health programmes and various disease control programmes have not been able to provide adequate satisfaction to the targeted beneficiaries.**

*(Paragraphs: 1.1.15.1 to 1.1.15.3)*
- **Monitoring and planning committees had not been constituted at any level.**

*(Paragraph: 1.1.22.1)*

### **1.1.1 Introduction**

The National Rural Health Mission (NRHM) was launched in April 2005 by the Government of India (GOI) throughout the country for providing integrated health-care services to the rural population, especially the poor and vulnerable sections of the society. The objectives of the Mission, to be achieved during the period 2005-12, are as follows.

- provision of accessible, affordable, accountable and reliable health-care facilities in the rural areas;
- involving community in planning and monitoring;
- reduction in child and maternal mortality and total fertility rate for population stabilisation;
- prevention and control of communicable and non-communicable diseases, including locally endemic diseases;
- revitalizing local health traditions and mainstreaming AYUSH and
- promotion of healthy life styles.

The Mission aims to bridge the gaps in rural health-care through increased community ownership, decentralization of the programmes, inter-sectoral convergence and improved primary health-care. It further envisages increasing expenditure on health, with a focus on primary health-care, from the level of 0.9 *per cent* of GDP (1999) to two to three *per cent* of GDP over the Mission period (2005-2012). Jammu and Kashmir is one of the 'high focus' States under the Mission.

### **1.1.2 Organisational structure**

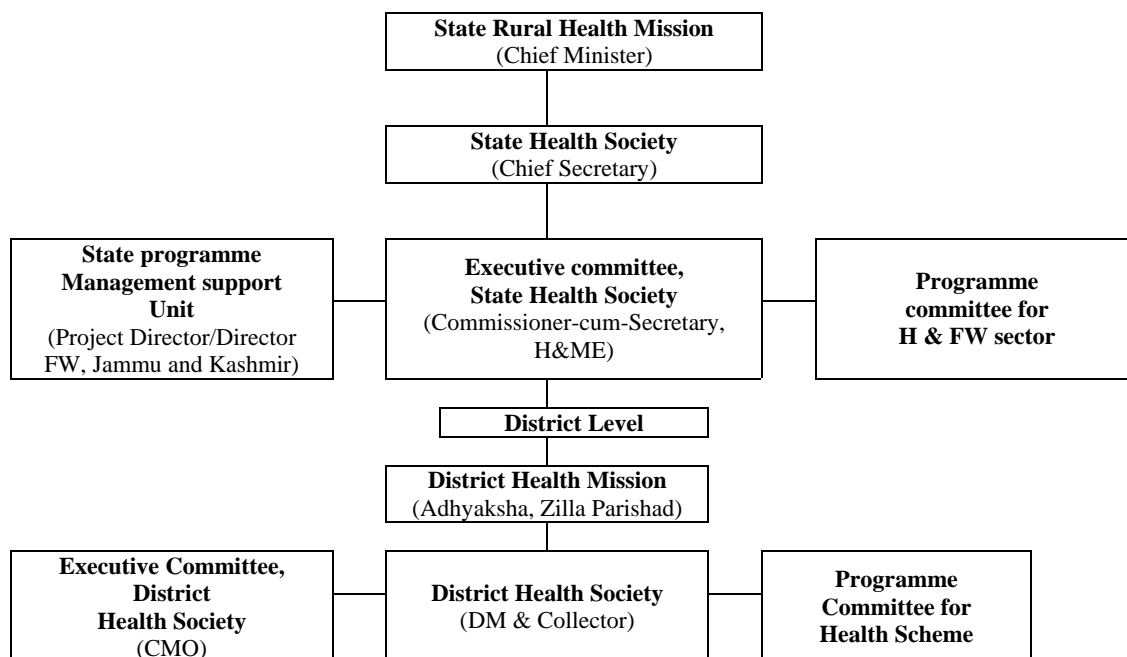
At the State level, the Mission is implemented under the overall guidance of the State Health Mission (SHM), headed by the Chief Minister. The activities are carried out in the State by the State Health Society (SHS). The Governing Body of the SHS, headed by the Chief Secretary, is responsible for approval/endorsement, review of implementation of Annual State Action Plans, inter-sectoral coordination, etc. The Executive Committee of the SHS, headed by the Principal Secretary, Health and Medical Education Department is responsible for approval of proposals received from districts and other implementing agencies, execution of the approved Action Plans including release of funds for the programmes. The State Programme Management Support Unit (SPMSU) acts as the Secretariat to the SHM as well as the SHS and is headed by a Mission Director. The SPMSU includes technical experts like Chartered Accountants, Masters of Business Administration and Management Information System specialists.

At the district level, every district has a District Health Mission (DHM), headed by the Chairperson of the District Development Board and an integrated District Health Society (DHS). The Governing body of DHS is headed by District Development Commissioner (DDC) and the Executive body is headed by DDC or Chief Medical Officer (CMO).

The organisational structure for implementation of the programme is given below:

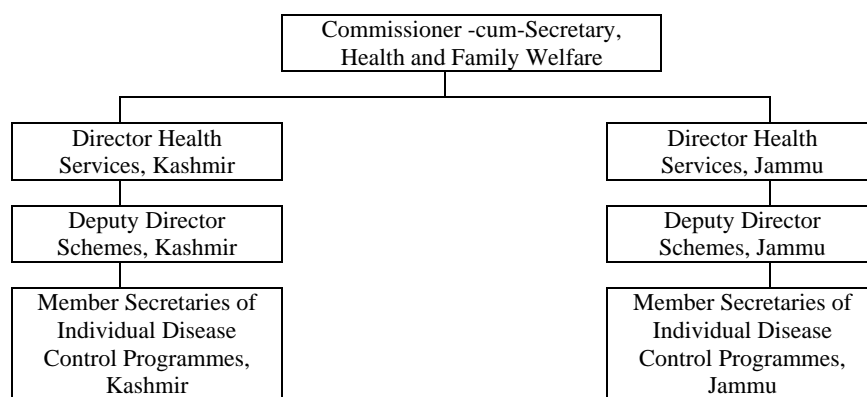
- (A) For the components of Reproductive and Child Health (RCH), NRHM Flexipool, Immunisation, NVBDCP<sup>1</sup> (Finance only), NPCB<sup>2</sup> (Finance only).

**Chart-1.1.1**



- (B) For the components of Revised National TB Control Programme (RNTCP), NVBDCP, NPCB etc.

**Chart- 1.1.2**



### 1.1.3 Scope of Audit

The performance audit was carried out during October 2008 to May 2009 and covered the implementation of the programme during 2005-09. Records of the State Health Society (SHS), six<sup>3</sup> out of 14 District Health Societies (DHSs), 18 out of 85 Community Health

<sup>1</sup> National Vector Borne Disease Control Programme

<sup>2</sup> National Programme for Control of Blindness

<sup>3</sup> Anantnag, Baramulla, Leh, Rajouri, Poonch, Doda

Centres (CHCs), 34 out of 375 Primary Health Centres (PHCs) and 69 out of 1,907 Sub-Centres (SCs), were examined in detail. The audit covered an expenditure of Rs. 27.67 crore (11 *per cent*) out of the total expenditure of Rs. 252.63 crore during this period.

Districts were selected by PPSWR<sup>4</sup> method and CHCs, PHCs, and SCs were selected through SRSWOR<sup>5</sup> method.

#### **1.1.4 Audit objectives**

The objectives of the performance audit were to verify whether:-

- planning for the implementation of the Mission as well as monitoring and evaluation procedures at various levels led to an effective health-care delivery system;
- public spending on health sector during 2005-09 increased to the desired level and release of funds, utilization and accounting thereof was proper;
- the Mission achieved capacity building and strengthening of physical and human infrastructure at different levels as planned and targeted;
- the system of procuring drugs, supplies and logistics was efficient and effective and ensured improved availability of drugs, medicines and services etc.;
- the implementation of information, education and communication (IEC) programme was efficient, cost effective and result-oriented;
- the performance indicators and targets fixed, especially in respect of reproductive and child health-care, immunization and disease control programmes were achieved and
- accessible, affordable and accountable public health delivery system for the targeted population, especially socially and economically deprived groups, women and children, was created as envisaged.

#### **1.1.5 Audit criteria**

Audit findings were benchmarked against the following criteria:

- Guidelines issued by the GOI/State Government and related instructions issued from time to time.
- Programme Implementation Plans for 2005-09.
- Memorandum of Understanding with GOI.

#### **1.1.6 Audit methodology**

An entry conference was held on 6<sup>th</sup> April 2009 with the Commissioner-cum-Secretary, Health and Medical Education Department, wherein audit objectives, scope, criteria and methodology were discussed. During the meeting, the Department also made a presentation on the status of implementation of NRHM in the State. At the conclusion of audit, the findings were discussed in an exit conference with the Principal Secretary,

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<sup>4</sup> Probability Proportionate to Size With Replacement

<sup>5</sup> Simple Random Sampling Without Replacement

Health and Medical Education Department on 26 August 2009 and the replies of the Government have been incorporated in the report at appropriate places.

### **Audit findings**

The important audit findings arising out of the review are discussed below.

#### **1.1.7 Planning and project formulation**

NRHM strives for decentralized planning and implementation arrangement to ensure that need-based and community-owned District Health Action Plans form the basis for interventions in the Health sector.

##### **1.1.7.1 Baseline and facility surveys**

The Mission envisages carrying out preparatory studies, mapping of services and household and facility surveys to be conducted at village, block and district levels. The household survey, besides identifying underserved/unserved areas, was to assess the health-care requirements at the grass root level and the aim of facility survey was to assess the baseline status of availability of existing health-care facilities in SCs/PHCs/CHCs. The State Health Society (SHS) was to conduct these surveys by March 2008 through local community action by involving trained Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Auxiliary Nursing Midwives (ANMs), etc. which were to be finalised by the State Health Resource Centre (SHRC). The DHS/SHS, apart from imparting training to ASHAs, AWWs and ANMs, were required to maintain an authentic central database and develop a mechanism for ensuring reliability and integrity of survey data and use the baseline survey results for future planning.

It was seen in audit that household survey had not been conducted. Facility surveys were got conducted partially through a private firm<sup>6</sup> which conducted the survey at block level only without visiting the health centres (SCs/PHCs). No database on the survey findings was maintained either at the SHS or in the audited DHSs.

##### **1.1.7.2 Perspective and annual plans**

The SHS was required to prepare a Perspective Plan for the entire Mission period (2005-12) and annual State level Programme Implementation Plans (PIPs) covering the gaps in the health-care facilities, areas of intervention and probable investment. At the districts level, a Perspective Plan as well as the Annual District Health Action Plans (DHAPs) were to be prepared by the DHS and approved by the District Health Mission (DHM). The State level Perspective Plan was to be prepared by aggregating the district level Perspective Plans.

The NRHM focuses on the village as an important unit for planning; however, the Mission did not insist on Village Health Action Plans (VHAPs) for the first two years (2005-07). Therefore, the DHAPs were to be prepared on the basis of Block Health Action Plans (BHAPs) in the first two years and subsequently on the basis of BHAPs and the VHAPs.

<sup>6</sup> M/S EPOS Health India Limited

The State level PIP is to be prepared every year by the SHS by aggregating the DHAPs for submission to the GOI by mid-December for approval and release of funds by mid-April every year.

It was seen in audit that annual plans were not prepared at the village, block and district levels. Therefore, annual State level PIPs were prepared (2005-09) by the SHS without inputs from the districts. Also, the PIPs were sent to GOI belatedly during all the years (2005-09).

State level and district level Perspective Plans (2005-12) were prepared belatedly (December 2007) through a private firm. As the plans were deficient in certain areas, the SHS directed (May 2009) the firm to revisit almost all activities for preparation of a comprehensive plan. This had not been done (October 2009).

### **1.1.8 Community participation**

#### **1.1.8.1 Village Health and Sanitation Committees (VHSCs)**

Village Health and Sanitation Committees (VHSCs) had to be formed in each village within the overall framework of the *Gram Sabha* with representation from disadvantaged categories such as women, SCs/STs/OBCs/Minorities. The VHSC is responsible for village level health planning and monitoring and setting up of a revolving fund at the village level for providing referral and transport facilities for emergency deliveries as well as immediate financial needs for hospitalization, for which an annual untied grant of Rs. 10,000 is to be provided to each VHSC. The data collected by the ANMs, AWWs and other grass roots functionaries of the health facilities were required to be monitored and validated by the community before their submission to higher authorities for utilization in the monitoring and planning process.

Against 7,537 VHSCs to be constituted by the end of March 2008, 6,788 VHSCs had been constituted at the close of December 2008, which worked out to 90 *per cent* achievement.

For effective implementation of the programme, one of the pre-requisites for receipt of funds by the VHSCs was opening of a bank account by the VHSC. As seen from the progress reports, at the State level, 2,595 VHSCs had not opened their accounts as of December 2008. In five<sup>7</sup> out of six test-checked districts, 593 out of 1,441 VHSCs had not opened their accounts. It was, however, seen that no funds had been provided to the test-checked VHSCs, including the VHSCs which had opened their accounts, by the SHS with the result that revolving funds could not be set up in these VHSCs despite allocation of Rs. 7.54 crore by the GOI during 2007-08. The Block Medical Officers stated that the Village heads/*Sarpanchs* were reluctant to open accounts with their own money, as no provision for advancing money to VHSCs for opening of bank accounts had been kept in the Mission guidelines.

#### **1.1.8.2 Rogi Kalyan Samitis (RKSs)**

Rogi Kalyan Samitis (RKSs) were to be constituted at all health-care centres up to PHC level with representation from the legislature, health officials, leading members of the community, SCs/STs/OBCs/minorities, NGOs, local CHC/PHC in-charge and leading

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<sup>7</sup>

Anantnag, Doda, Leh, Poonch and Rajouri



donors. The Governing Body and the Executive Body of the RKSs were required to hold meetings quarterly/monthly for reviewing the functioning of health-care facilities and recommend improvements to the DHS, on which timely action was to be taken by the Society. Specific funds were to be released to the RKSs in a timely manner to enable them to carry out the functions entrusted to them and they were required to submit a monthly report to the DHS. One of the objectives of the RKS was to develop a Citizen's Charter for each level of health facilities and ensure its display appropriately to make health-care applicants aware of their health rights and facilities. Compliance with Citizen's Charter was to be ensured through operationalisation of a Grievance Redressal Mechanism.

Scrutiny of data relating to composition of RKSs in six test-checked districts showed that though the RKSs were formed at all levels, these did not have adequate representation from NGOs/SCs/STs/OBCs. In two<sup>8</sup> out of six test-checked districts, the executive bodies had not been formed. Regular meetings for reviewing the health-care facilities had not been held as per the schedule in any of the test-checked districts. As a result, no recommendation for improvement of health-care system had been sent to the DHSs.

- SHS/DHS provided Rs. 2.22 crore to 52 RKSs in the six test-checked districts, during 2005-09. These Samitis were able to utilise only 61 per cent (Rs. 1.36 crore) and the balance Rs 86.13 lakh have been lying unutilised with them as of March 2009.

- Though Citizen's Charter was developed in district hospitals, at CHC and

PHC levels, it was mostly non-existent<sup>9</sup>. Though the system for receipt of suggestions/complaints was partially in place, the complaints received were not on record at any of the health facilities test-checked.

- User charges, to be levied by RKSs, were not being levied/collected at 10 out of 34 test-checked PHCs.



Citizens charter at DHS Rajouri

Thus, RKSs were virtually non-functioning after their formation, which adversely affected the regular management and monitoring of the activities of the health centres.

### 1.1.8.3 Community interaction

Community interaction was to be catalysed through conducting public hearings (*Jan Sunwai*) or public dialogues (*Jan Samvad*) which were required to be conducted at PHC, block and district levels once or twice in a year as events open to all. Health *Melas* were also to be organized to bring a range of health services to the community and make them aware of their entitlements.

<sup>8</sup> Poonch and Rajouri  
<sup>9</sup> 13 out of 18 CHCs and 5 out of 34 PHCs had Citizen's Charter

No health *Melas* been organized in four<sup>10</sup> out of the six audited districts with the result that the mechanism of interaction with the community and mid-course feedback could not largely be achieved. At the State level, four Health *Melas* had been organised by the end of March 2008. Information relating to conduct of Health *Melas* during 2008-09, though called for, was not provided by the SHS. This affected the intended objective of communitisation of activities of the Mission, thereby, weakening the goal of providing accountable health-care services to the rural public.

#### **1.1.8.4 Integration of existing health programmes**

The Mission aims at an architectural correction in the health-care delivery system through convergence of various existing stand alone disease control programmes of the Union Ministry of Health and Family Welfare (MoHFW). For this, financial integration of various health programmes/projects like (a) Reproductive and Child Health (RCH), (b) additionalities under NRHM, (c) immunisation and (d) disease control programmes, was to be done with effect from 1 April 2007 for ensuring centralised processing of funds, accountal of expenditure, monitoring of UCs and audit arrangements. However, actual merger with financial integration had taken place in respect of two programmes/projects viz., NPCB and NVBDCP<sup>11</sup> only whereas the integration of programmes like IDSP<sup>12</sup>, NPCB<sup>13</sup> NIDDCP<sup>14</sup> had not taken place as of March 2009 and these vertical programmes continued to be funded by each programme division in the Ministry of Health and Family Welfare (MoHFW). The SHS was involved only in incorporating action plans of these societies in the Mission PIP. This resulted in implementation of these programmes outside the ambit of NRHM framework and in a disjointed manner at the State and the District levels. Hence, the desired architectural correction remained unfulfilled.

#### **1.1.9 Financial Management**

Funds are released by the GOI through two separate channels-(a) the State Finance Department for Direction and Administration, rural and urban family welfare services and grants to State Training Institutions and (b) directly to the SHS and other vertical societies, by the concerned Programme Division in the MoHFW under each programme. Vaccines, drugs, equipment, etc. are procured centrally and supplied to the State as grants-in-kind based on requirements.

The position of funds received and expenditure incurred thereagainst during the period (2005-09) is given below:

**Table 1.1.1**

*(Rupees in crore)*

Year	Opening balance	Releases by GOI	State share	Total	Expenditure (percent)	Closing balance
2005-06	21.92	69.72	-Nil-	91.64	30.49 (33)	61.15
2006-07	61.15	44.95	-Nil-	106.10	41.50 (39)	64.60
2007-08	64.60	162.70	-Nil-	227.30	71.03 (31)	156.27
2008-09	156.27	71.17	12.46*	239.90	109.61 (46)	130.29

(Source: Data provided by the SHS/Member Secretaries of individual disease control programmes/ Director, Family Welfare), \*Includes Rs. 5.06 crore released on 18.03.2008 and accounted for in 2008-09

- <sup>10</sup> Doda, Rajouri, Poonch and Leh  
<sup>11</sup> National vector borne disease control programme  
<sup>12</sup> Integrated disease surveillance Project  
<sup>13</sup> National programme for control of blindness  
<sup>14</sup> National iodine deficiency disorder control programme



The under-utilisation was due to delay in finalisation of annual PIPs as brought out in the preceding paragraphs and tardy implementation of various Mission components at health centre level. The under-utilisation resulted in non-achievement of targets in areas like infrastructure and services identified in the PIPs, as brought out in subsequent paragraphs.

#### 1.1.9.1 Annual Maintenance Grant

Against the 'annual maintenance grant' of Rs. 0.50 lakh payable to each PHC housed in a Govt. building, the SHS had released Rs. 32.50 lakh and Rs. 52.50 lakh to 65 and 105 PHCs housed in rented private buildings during 2006-07 and 2007-08, respectively, resulting in avoidable extra expenditure of Rs. 85 lakh. The Project Director stated (November 2008) that the releases were made on the information furnished by the Directors, Health Services, Kashmir and Jammu. It was also stated that the excess amount would be recovered. The possibility of recovery was, however, remote as the PHCs had utilised these amounts on maintenance of the rented buildings as observed in three<sup>15</sup> out of 34 test-checked PHCs. However, the State Government projected the maintenance grant in respect of 375 PHCs in PIPs for 2008-09 and 2009-10, and received Rs. 1.08 crore in excess, which is held by the SHS (March 2009).

#### 1.1.9.2 Maintenance of accounting records

NRHM guidelines prescribe maintenance of Cash Book on double entry system along with ledger accounts and audit by Chartered Accountants (CA). Cash Books were not maintained on double entry system at SHS (except in 2007-08) and in three<sup>16</sup> out of six districts test-checked (2005-09). Nor had any ledger account been maintained as envisaged under the guidelines. Cash book at DHS, Doda was written (May 2009) upto October 2008 and no Cash Books were maintained by Kandi Block and PHC Siot (Rajouri district), Mandi block (Poonch district) for 2008-09 and Sopore and Tangmarg blocks of Baramulla (except 2008-09). Reasons, though called for, were not assigned.

- A difference of Rs. 2.43 crore for the years 2005-06 to 2007-08 was noticed between the Financial Management Report (Rs. 60.56 crore) and funds actually utilised (Rs. 58.13 crore) by the SHS as of March 2008. The Project Director stated that part expenditure had been disallowed by the CA due to non-production of vouchers by the DHSs, at the time of audit by the CA. The Joint Director (P&S), H&MED stated (October 2009) that there existed a variation of Rs. 9.96 lakh and Rs. 4.61 crore for the years 2005-06 and 2006-07 respectively, out of which Rs. 2.26 crore were cleared during 2007-08, leaving a variation of Rs. 2.5 crore as of March 2008. However, the details of uncleared amounts pertaining to the period 2005-07, were not furnished, in absence of which audit could not verify whether the amounts having been left un-audited during these years were actually cleared in full or not.
- Supporting vouchers for Rs. 29.18 lakh spent at district and block level of Rajouri and Poonch districts<sup>17</sup> were not produced to audit. It was stated that the vouchers

<sup>15</sup> PHCs Changa, Malanoo, Bhalla of Doda District

<sup>16</sup> Doda, Poonch and Rajouri

<sup>17</sup> DHS Rajouri- Rs. 11.33 lakh, Block Kandi-Rs. 15.04 lakh, PHC Siot- Rs. 1.29 lakh, PHC Jamola-Rs. 0.07 lakh and SCs, PHCs Block Surankote Poonch- Rs. 1.45 lakh

were not traceable from the records. In the absence of supporting vouchers, the veracity of the expenditure of Rs. 29.18 lakh can not be vouched.

- No reconciliation was conducted between GOI, SHS, DHS, Blocks and with the banks, which resulted in excess release of Rs. 41.60 lakh<sup>18</sup>. It was stated that the excess amount released would be recovered.
- Rupees 6.95 lakh released (2007-09) by the SHS to District Hospital, Rajouri (Rs. Five lakh) and two health centres<sup>19</sup> by the DHS, Rajouri/Doda was not received (June 2009) by these health centres even after gaps of six months to one year. The Medical Superintendent, District Hospital, Rajouri and In-charge SC, Jawahar Nagar, Rajouri informed (May 2009) that they had no knowledge of any such amounts having been released by the SHS/DHS, whereas the MO, PHC, Bhagwah, Doda informed (April 2009) that the amount had been wrongly credited into a different bank account and efforts were on to recover the said amount. This is indicative of the fact that periodic reconciliation of accounts of SHS/DHS with that of the field units had not been conducted.

### **1.1.9.3 Untied funds**

Untied funds were to be utilised for activities such as minor modifications, *ad hoc* payment for cleaning, transportation of emergency cases to referral centres, purchase of bleaching powder and disinfectants, provision of running water, repair of soak pits, etc. Similarly, Annual Maintenance Grant was to be utilised for maintenance of SCs, PHCs and CHCs which include minor modifications to the health centres.

The intended purpose of untied funds and AMG is to facilitate health centres to meet urgent yet discreet activities that need small sums of money. Audit scrutiny showed that out of Rs 1.43 crore expended in the test-checked health centres, Rs. 18.24 lakh (13 *per cent*) were spent on purchase of furniture, stationery, office expenses, etc. which was prohibited under the guidelines. As the health centres used these funds to meet their routine requirements under office expenses, the intended purpose was defeated. The concerned BMOs/MOs/In-charge, CHC/PHC/SC stated that in the absence of guidelines, the funds could not be utilised on approved activities. The reply is incorrect, as the guidelines are appended with each release order while releasing the funds.

### **1.1.10 Capacity building**

The Mission envisages creation of infrastructure/buildings for health centres (District hospitals, CHCs, PHCs and SCs) and strengthening of the existing ones after assessment of existing load and requirement for creation/up-gradation in view of potential increase in the number of patients after improvement of services.

#### **1.1.10.1 Physical infrastructure**

A target of providing one SC for a population of 4,000 (3,000 in tribal areas), one PHC for population of 25,000 (20,000 in hilly and tribal areas) and one CHC for population of 1,00,000 (80,000 in hilly and tribal areas) was set under the Mission.

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<sup>18</sup> Rs. 17 lakh by SHS to DHS Kupwara, Rs. 17.10 lakh by DHS Doda to 4 blocks and Rs. 7.50 lakh by Block Mandi (Poonch) to 6 PHCs

<sup>19</sup> Rs. 1.75 lakh to PHC Bhagwah, Doda and Rs. 0.20 lakh to SC Jawahar Nagar, Rajouri

The position of infrastructure required as per norms, available in the State as on 1<sup>st</sup> April 2007 and that to be created by the end of the Mission period and by March 2009, is as under:

Table 1.1.2

(In numbers)

Particulars	Sub centre	PHC	CHC	District hospital
Requirement as per norms Based on PIP 2007-08 projections. Total population of the State: 1.01 crore (2001 census)	3,381	489	121	22
Existing as on 1 April 2007	1,907	375	85	14
Additional requirement to be completed in the Mission period 2005-12	1,474	114	36	8
To be completed up to March 2009 as per PIP 2007-08	Not targeted	80	21	8
Constructed up to March 2009	Nil	Nil	Nil	Nil

(Source: PIPs/Progress Reports of Director Health Services)

Against additional requirement of 1,474 SCs, 114 PHCs, 36 CHCs and eight District hospitals, the Department targeted construction of 80 PHCs, 21 CHCs and eight District hospitals by the end of March 2009. However, no new health centre had been constructed in the State during this period.

An amount of Rs. 20 crore earmarked (2007-2008) by the GOI for construction of new SCs/PHCs had not been utilised due to non-release of funds by the SHS to the line departments. There was an overall shortage of 44 *per cent* SCs, 23 *per cent* PHCs and 30 *per cent* CHCs in the State as of March 2009. Reasons for non-release of the funds, though called for in audit, were not assigned.

- The Department initiated up-gradation of existing CHCs to bring those up to Indian Public Health Standards (IPHS). 68 CHCs (estimated cost: Rs. 8.94 crore) out of 85 CHCs, taken up (April 2006 to January 2008) for up-gradation within three to four months, only 22 CHCs (32 *per cent*) had been up-graded as of March 2009. Of the 22 up-graded<sup>20</sup> CHCs, only 18 had been handed over<sup>21</sup> to the Department as of March 2009. The Director Health Services, Jammu stated that the executing agencies would be requested to expedite completion of remaining works. The Director Health Services, Kashmir, did not furnish any reasons for the delayed executions.
- Works on five<sup>22</sup> out of 68 CHCs taken up for up-gradation (estimated cost: Rs. 86.14 lakh), on which Rs. 26.50 lakh (out of Rs. 84.41 lakh) had been spent were held up for the last one to three years due to change in site, land dispute, lack of designs, etc. The Director Health Services, Jammu, while stating (September 2008) that the works would be started soon, was silent about the reasons for non-identification of proper sites to avoid land disputes and non-framing of designs in time to accomplish the task.
- Out of Rs. 96.33 crore released (2006-09) for 157 works relating to strengthening/up-gradation of PHCs/CHCs/Sub-district hospitals/district hospitals,

<sup>20</sup> Jammu Division: 14, Kashmir Division: 08

<sup>21</sup> Jammu Division: 10, Kashmir Division: 08

<sup>22</sup> Bani, Darhal, Kalakote, Kandi and Mandi

the DHSs<sup>23</sup> released Rs. 83.51 crore<sup>24</sup> to the implementing agencies during 2007-09, retaining Rs. 12.83 crore (Director Health Services, Kashmir: Rs. 5.04 crore; Jammu: Rs. 7.79 crore) which had been lying unspent as of March 2009. The Director Health Services, Kashmir stated that land was not identified for construction. The reply should be viewed in the light of the fact that the land was to be identified by the Department while projecting the demand in the PIP. The Director Health Services, Jammu stated that funds could not be released due to non-finalisation of Detailed Project Reports (DPRs).

### **1.1.10.2 Status of infrastructure at health centres**

The Mission targeted provision of certain guaranteed services for different levels of health centres as per the norms of Indian Public Health Standards (IPHS). However, critical gaps in infrastructure could not be filled to a significant extent despite availability of funds as can be seen from the position of availability of services in the test-checked health centres depicted below.

**Table 1.1.3**

Particulars	Sub-centres	PHCs	CHCs
<b>Number of health centres test-checked</b>	<b>69</b>	<b>34</b>	<b>18</b>
Centres housed in private buildings	46	8	1
Buildings in bad condition	45	11	5
Poor cleanliness	19	8	1
Citizen's charter not displayed	66	29	5
Complaint box not maintained	69	27	5
Separate utilities for men and women not present	67	24	6
Operation theatres not existing	NA	33	5
Labour rooms not present	66	13	2
Separate male/female wards not present	NA	28	3
No waiting rooms	NA	20	12
No provision for water supply	45	8	1
No provision for water storage	69	20	6
No sewerage facilities	NA	21	7
No bio-waste disposal facility	69	34	18
No electricity	62	2	-
No standby power	NA	23	-
No telephone facility	69	33	7
No computers	NA	32	4
No accommodation for staff	67	22	11

Source: Data furnished by the SCs/PHCs/CHCs,

\*Percentage with reference to audited health centres

While the envisaged guaranteed services at CHCs were partial, at the SC and PHC level, a majority of these services were not being provided despite availability of funds.

<sup>23</sup> Jammu and Kashmir

<sup>24</sup> Jammu: Rs. 38.38 crore; Kashmir: Rs. 45.13 crore

Illustrative photographs of working conditions of health centres are given below:



Unhygienic waste disposal at CHC Gandoh, Doda (Left), CHC Bhaderwah, Doda (Right)



Clean Medical wards (CHC Bhaderwah)

Unclean medical ward (DH Rajouri)



OPD room at PHC Hariwatnoo, Tangmarg

Make-shift Labour room at PHC Hariwatnoo

### 1.1.10.3 Facilities at health centres

The status of various facilities in the 69 SCs, 34 PHCs and 18 CHCs test-checked in audit was as under:

- The Mission provides for daily OPD services at each PHC and CHC. It was encouraging to see that the OPD service was running on daily basis in all the PHCs and CHCs.





*OPD in CHC Sunderbani*

- The Mission provides for six and 30 bed in-patient services at the PHC and the CHC respectively. Only eight out of the 34 PHCs (Jammu: 0, Kashmir: 8) had functional in-patient service with full bed strength. Remaining 20 PHCs (Jammu: 12, Kashmir: 8) had in-patient service with only one to five beds and in the remaining six PHCs (Jammu: 6) the service was not available.

Further, only 11 CHCs (Jammu: 5, Kashmir: 6) had functioning in-patient service with full complement of 30 beds. Availability of beds in the remaining seven CHCs (Jammu: 4, Kashmir: 3) ranged between 10 and 24.

- The Mission stipulates an operation theatre at each CHC. However, only ten CHCs (Jammu: 4, Kashmir: 6) had a functional operation theatre, three CHCs (Jammu: 2, Kashmir: 1) had a non-working/defunct operation theatre and five (Jammu: 3, Kashmir: 2) had no operation theatre.



*Functional Pathological Laboratory at PHC Hariwatnoo, Tangmarg*



*Under-construction Labour room, operation theatre and blood bank at CHC Gandoh, Doda. Equipment already received.*

- Under the Mission, every PHC and CHC is to have a labour room for safe delivery. Labour room was available in 21 out of 34 PHCs (Jammu: 10, Kashmir: 11) and in 16 out of 18 CHCs (Jammu: 8, Kashmir: 8) checked in audit.
- Essential diagnostic services were envisaged to be provided by the PHCs and CHCs. It was seen in audit that in 23 PHCs, (Jammu: 12, Kashmir: 11) diagnostic services were available whereas remaining 11 PHCs (Jammu: 6, Kashmir: 5) had no



facilities for laboratory services. Full diagnostic services were available in all 18 test-checked CHCs (Jammu: 9; Kashmir: 9).

The Mission provides for blood storage facilities at every CHC. However, only two CHCs (Jammu: 0, Kashmir: 2) out of 18 test-checked had this facility.

	
<p><i>Non-functional blood bank at CHC Sunderbani, Rajouri</i></p>	<p><i>Labour room at CHC Gandoh, Doda</i></p>
	
<p><i>Well maintained OPD room PHC Siot, Sunderbani, (Rajouri)</i></p>	<p><i>Well maintained wards PHC Balshama, Rajouri</i></p>

- NRHM provides for 24 hour emergency services for management of injuries and accidents, first-aid, dog/snake/scorpion-bite cases, etc. and stabilization of patients before referral by posting three staff nurses at PHCs.

It was seen in audit that only 18 out of 34 PHCs (Jammu: 5, Kashmir: 13) were providing emergency services. The lack of services in other PHCs was due to non-availability of staff/equipment, etc.

- The Mission aims to provide AYUSH services in accordance with the local tradition by providing an AYUSH doctor at PHCs and at CHCs. However, no AYUSH practitioner was provided at 15 out of 34 PHCs (Jammu: 0, Kashmir: 15) and 9 out of 18 CHCs (Jammu: 0, Kashmir: 9). Thus, the aim of mainstreaming of AYUSH services in NRHM has largely remained un-achieved.
- A Mobile Medical Unit (MMU) was to be provided in every district, particularly in hilly districts, to enable outreach services. Records showed that no Mobile Medical Unit was procured by the State despite the GOI releasing Rs. 6.94 crore during 2007-08 for the purpose. The amounts has been lying unspent with the SHS as of

March 2009, which seriously affected the goal of providing reliable and quality medical care at the doorstep of rural population.

### **1.1.11 Human resource**

The NRHM aims at providing adequate qualified/trained manpower at all levels of health centres.

#### **1.1.11.1 Shortage of manpower**

As per the norms, every SC should have at least two ANMs, each PHC must have at least two Medical Officers and three Staff nurses and each CHC should be provided with seven Specialists. The status of manpower at the audited SCs/PHCs/CHCs is detailed below:

**Table 1.1.4**

<b>Particulars</b>	<b>Total cases found</b>	<b>As percent of total number audited</b>
<b>SUB CENTRES (TOTAL NUMBER AUDITED 69)</b>		
Without two ANMs	63	91
Without one regular ANM	4	6
Without one MPW	24	35
<b>PRIMARY HEALTH CENTRES (TOTAL NUMBER AUDITED: 34)</b>		
Without a Medical Officer (Allopathic)	11	32
Without an AYUSH Medical Officer	15	44
Without any Medical Officer	2	6
Without three Staff Nurses	26	76
Without one Staff Nurse	10	29
Without a Nurse Mid-wife	34	100
Without a Lab Technician	6	18
<b>COMMUNITY HEALTH CENTRE (TOTAL NUMBER AUDITED: 18)</b>		
Without a General Physician	12	67
Without a General Surgeon	10	56
Without an Obstetrician & Gynaecologist	17	94
Without a Paediatrician	14	78
Without an Anaesthetist	10	56
Without nine Staff Nurses (two of them may be ANMs)	15	83.
Without one Staff Nurse	1	6
Without a radiologist	10	56

(Source: Data furnished by the SCs/PHCs/CHCs)

The above table indicates the widespread shortage of critical manpower at the health centres. Status of availability of manpower at State level was not maintained by the State.

#### **1.1.11.2 Appointment of contractual staff**

The NRHM guidelines fixed the range for posting of medical/para-medical staff in CHCs, PHCs and SCs. The position of the number of staff required and that posted thereagainst during 2005-08 in four<sup>25</sup> out of the six audited districts is detailed in the table below. The position of the staff as of March 2009 was not provided.

<sup>25</sup> Rajouri, Poonch, Doda and Leh

Table 1.1.5 Targets and achievements/Requirement of staff in four test-checked districts as on 31.3.2008

Name of the post	Staff required as per NRHM norms	Men in position (31.3.2006)	Shortage as on 31.3.2006 (percentage)	Contractual staff		Overall shortage ending March 2008
				Targeted for engagement during 2005-08	Actually engaged during 2005-08	
Medical Officer	156	64	92 (59)	83	10	82 (53)
Specialist Doctor	147	43	104 (71)	6	0	98 <sup>26</sup> (67)
AYUSH practitioner	78	22	56 (72)	42	42	14 (18)
ANM	1,041	471	570 (55)	102	63	507 (49)
Staff Nurse	381	129	252 (66)	88	42	210 (55)
Pharmacist	99	127	(-) 28	0	0	0
Lab Technician	99	104	(-) 5	11	11	0
Other medical/paramedical staff	-	-	-	84	44	0
District Programme Manager (DPM)	4	0	4 (100)	4	4*	0
District Finance Manager (DFM)	4	0	4 (100)	4	3*	1 (25)
District Data Manager (DDM)	4	0	4 (100)	4	3*	1 (25)
Block Programme Manager	23	0	23 (100)	23	17	6 (26)
<b>Total</b>	<b>2,036</b>	<b>960</b>	<b>1,076 (53)</b>	<b>451</b>	<b>239</b>	

(Source: Data furnished by the DHS)

\* One each DPM, DFM and DDM left the job in District Doda during 2008-2009

As on 31 March 2006, there was a shortage of 1,076 (53 *per cent*) personnel in four test-checked districts. While the shortage of doctors and specialists ranged between 59 and 71 *per cent*, the shortage of technical staff was in the range of 55 and 72 *per cent*. In the remaining two test-checked districts, the shortages could not be ascertained due to overlapping of manpower between general and NRHM. As per the Mission guidelines, the Department could appoint contractual staff to fill the vacancies. However, as against targeted recruitment of 451 personnel, only 239 (53 *per cent*) personnel had been appointed during 2006-08, due to non-recruitment by the concerned District Development Commissioners (DDCs), who are vested with powers to recruit the contractual staff. It was also seen that local residence criteria in appointments, envisaged under the Mission guidelines in 103 cases, had not been adhered to. The DHSs stated that the appointment of the contractual staff was the responsibility of the DDCs to whom the matter had been referred to from time to time.

### 1.1.11.3 Engagement 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 ASHA was expected to act as an interface between the community and the public health system. The job of ASHA included mobilisation of children for vaccination, encouraging institutional deliveries, increasing anti-natal checkups (ANCs), etc. No fixed remuneration has been fixed for ASHA under the Mission. However, they are to be paid on the basis of number

<sup>26</sup>

Six regular specialist doctors posted during 2006-08 in Leh

of cases of immunisation, institutional deliveries, etc. brought by them out of funds provided under Immunisation and *Janani Suraksha Yojana (JSY)*.

The status of engagement of ASHAs in the test-checked districts as of March 2009 is given below.

**Table 1.1.6**

Name of the district	Total rural population (2001) (In lakh)	Number of ASHAs required	Number of ASHAs engaged (March 2009)	Gap Excess(+)/ Shortfall (-)
<b>Total for the State</b>	<b>76.27</b>	<b>7627</b>	<b>9764</b>	<b>2137</b>
Anantnag	10.04	1,004	1,281	(+) 277
Baramulla	9.73	973	1,365	(+) 392
Leh	0.89	89	241	(+) 152
Doda	6.44	644	700	(+) 56
Rajouri	4.50	450	410	(-) 40
Poonch	3.49	349	294	(-) 55
<b>Total</b>	<b>35.09</b>	<b>3,509</b>	<b>4,291</b>	<b>(+) 782</b>

(Source: Data furnished by the DHS)

Against a requirement of 3,509 ASHAs, 4,291 ASHAs had actually been engaged in the six audited districts as of March 2009. The overall position at the State level, based on census 2001, too showed that there was excess deployment of ASHAs against the target numbers. The excess deployment may be attributed to scattered population in the hilly districts of the State.

The following shortcomings in engagement of ASHAs were seen in audit.

- In 118 cases, ASHAs were selected in contravention of the norms (formal education upto eighth class ).
- The role/responsibility of ASHAs were required to be popularised by the facilitators in the villages through interaction with the community; however, it was not done in any of the villages of audited districts.
- Block facilitators were not engaged to evaluate the performance of ASHAs. Further, closure of *Janani Suraksha Yojna (JSY)* scheme from April 2007 to January 2009 and subsequent non-payment of incentive to beneficiaries resulted in under-performance by the ASHAs in bringing cases for institutional deliveries and other allied activities entrusted to them during this period. This can be gauged from the fact that the antenatal care (ANC) check-ups fell from 48 per cent in 2005-06 to 40 per cent in 2008-09.



*Meeting of ASHAs in progress, CHC Gandoh*

### **1.1.11.4 Training**

One of the aims of the NRHM was capacity building of human resources through skill up-gradation of the medical and support personnel by imparting periodical training to them. The details in this regard are tabulated below:

Table 1.1.7: Details of training provided

Post	2006-07		2007-08	
	T*	A**	T	A
ASHA	700		9,500	
	Module I	685		8,815
	Module II	Nil		7,091
RMP/TBA	2,000	1,658	-	29
ANM	498	549	164	63
Staff Nurse	200	132	-	20
Medical Officer	322	262	78	64
Programme Manager	0	0	28	25
<b>Total</b>	<b>3,720</b>	<b>3,286</b>	<b>9,770</b>	<b>9,016</b>

(Source: Status reports of SHS), # Data for 2008-09 not provided by the SHS

\* Targets; \*\* Achievements

The Department had not set any target for training in 2005-06 and data relating to training for 2008-09 was not provided to audit.

### 1.1.12 Procurement of drugs and supplies

The Mission norms provide for preparation of a drug policy/formulary list of drugs with an objective of procuring drugs that are economically priced, safe and effective. Under the Mission, the aim of a drug policy/formulary list of drugs is to use a limited number of carefully selected medicines, based on the agreed clinical guidelines for better supply of medicines and rational prescriptions. It also aims at controlling expenditure and allowing procurement of drugs economically with competitive drug prices and simplified supply management procedures.

It was noticed in audit that neither a drug policy nor a common formulary or essential drug list had been formulated for ensuring better and rational supply of medicines. However, the purchases were made through the centralised State Level Purchase Committee.

Further, out of Rs. 6.23 crore released for procurement of medicines, during the years 2005-09, Rs. 5.28 crore had been utilised by the State Government and the balance Rs. 95.33 lakh had remained unutilised due to inability of the SHS to procure drug kits ordered in June 2007. Order for supply of various drug kits (First Referral Unit (FRU) Kits- 28, CHC Kits-52, PHC Kits-334, RTI/STI Kits-28, SC Kits-3814 and ASHA Kits-9500) at a cost of Rs. 5.79 crore was placed (June 2007) with a firm<sup>27</sup> for supply within 45 to 60 days. The supplier had not supplied the entire lot of the ordered quantity and kits worth Rs. 86 lakh (FRU Kits-28 and CHC-52) had not been received as of March 2009. The Department had not pursued the matter with the supplier for supply of the balance quantity for about one and a half years despite availability of funds which had affected the delivery of health-care services at health centres.

### 1.1.13 Information, Education and Communication

The Information, Education and Communication (IEC) strategy under the Mission aims to facilitate awareness and dissemination of information regarding availability of and

<sup>27</sup>

M/S Karnataka Antibiotics Limited

access to quality health-care for the poor, women and children in rural areas. The focus of IEC activities during the period 2005-08 was on themes like *Janani Suraksha Yojana* and institutional deliveries, routine immunisation, Post Natal Diagnostic Test and girl child breast feeding, positioning of ASHA, diseases control programmes, contraceptive choice, spacing, etc.

As per the norms, allocations upto Rs. 10 per capita are to be made at national, state and district levels for carrying out a variety of activities involving communities and also the media. Further, the allocations are to be spent equally (one third) at the three levels i.e. national, state and district level. Funds available at the district level were meant for carrying out the activities at the block and village levels also.

Scrutiny revealed that though an IEC bureau was set up, it had not undertaken any activity at the block/village levels. Against an amount of Rs. 2.18 crore provided (2005-08) by the GOI under IEC to the SHS, only Rs. 92 lakh (42 *per cent*) had been expended on 18 different activities<sup>28</sup> covering IEC and balance was lying with the State/District authorities. The expenditure was in the ratio of 67:33 at State and district levels against the permissible ratio of 50:50. No funds were spent at block/village level thereby violating the provisions of the guidelines. No data for 2008-09 was made available by the SHS. As per the information provided by the SHS, no training in IEC activities for State and block level officers had been planned or provided. Only 17 district level officers had been trained in the State (2005-08). No evaluation of IEC activities had been conducted.

#### **1.1.14 Performance Indicators**

The impact of NRHM would largely be reflected through various performance indicators like the total fertility rate (TFR), infant mortality rate (IMR), material mortality rate (MMR), institutional deliveries, status of immunisation, etc.

The State indicators vis-a-vis national indicators for the health sector are given in the table below.

**Table 1.1.8**

<b>Item</b>	<b>Jammu and Kashmir</b>	<b>India</b>
Crude Birth Rate (SRS 2007)	19.0	23.1
Crude Death Rate (SRS 2007)	5.8	7.4
Total Fertility Rate (SRS 2007)	2.3	2.7
Infant Mortality Rate (SRS 2007)	51	55
Maternal Mortality Ratio (SRS 2004-2006)	NA	254

(Source: Web site of NRHM)

While the status of health profile of the State has been quite encouraging vis-à-vis the performance indicators available for the country, these can be further improved if there is proper fund management/utilisation and various sectors involved are covered in conformity with the guidelines issued for implementation of the Programme.

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<sup>28</sup> Activities like display of advertisements through electronic and print media, exhibitions, health *melas*, seminars, wall hangings, etc.



### 1.1.15 Reproductive and Child Health II (RCH-II) programme

The RCH-II under the Mission aims to reduce maternal/infant mortality and total fertility rate and promote family planning, immunisation, etc. to achieve population stability and register all the pregnant women before they attain 12 weeks of pregnancy to provide them necessary services/medicines. Under the maternal health, the RCH II aims to reduce maternal and infant mortality rates to 100 per lakh and 30 per thousand respectively, by 2010. The important services for ensuring maternal health and care include antenatal care (ANC), institutional delivery care, post natal care and referral services.

#### 1.1.15.1 Maternal health

Registration of pregnant women is the basic requirement for delivery of services. Besides, early detection of complications during pregnancy by four prescribed antenatal check-ups is an important intervention for preventing maternal mortality and morbidity. The RCH II programme emphasised Iron Folic Acid (IFA) administration for pregnant women. Prophylaxis against anaemia in a pregnant woman requires a daily dose of large Iron Folic Acid tablets for a period of 100 days. It was seen in audit that while the ANC check-ups have still to cover extensive ground, the IFA administration declined alarmingly.

It was seen that the number of registered pregnant women increased during 2005-08 but decreased marginally during 2008-09. At the State level<sup>29</sup>, the number of registered pregnant women, who got three/four ANC check-ups, declined from 48 *per cent* in 2005-06 to 40 *per cent* during 2008-09. However, in the audited districts the position had increased from 25 to 37 *per cent*. The number of registered pregnant women, at the State level, who were provided with 100 days of IFA tablets, witnessed a declining trend from 63 to 23 *per cent* during 2005-09 due to poor response of pregnant women which can primarily be attributed to stoppage of JSY payments to beneficiaries as brought out in paragraph 1.1.11.3 and non-availability of tablets during 2008-09 due to non-receipt of these tablets from the GOI. In the audited districts, it declined from 59 to 36 *per cent*. The district level and State level data is given in **Appendix 1.1**.

Year-wise details for the State, as a whole, are depicted in the following table.

**Table: 1.1.9**

Year	No. of pregnant women		
	Registered at any health centre	Received third/fourth antenatal checkups	Received 100 days of IFA tablets
2005-06	3,05,121	1,47,391 (48)	1,92,701 (63)
2006-07	3,95,571	1,44,767 (37)	1,77,323 (45)
2007-08	4,01,464	1,27,912 (32)	1,63,373 (41)
2008-09	3,90,266	1,56,637 (40)	89,485 (23)

(Source: Progress Reports/Data furnished by the SHS)  
(Figures in parenthesis indicate percentage)

#### 1.1.15.2 Tetanus Toxoid immunization

Two doses of tetanus toxoid have been prescribed for all pregnant women to immunise the mother and neonates from tetanus. It was seen in audit that no improvement was

<sup>29</sup> Data furnished by SHS

achieved; however, there was a slight decline as detailed below.

At the State level, the number of targeted pregnant women, who were provided with two doses of TT immunization during 2005-09, declined from 70 to 64 *per cent*.

**Table 1.1.10: State level TT immunisation**

Year	Target	Achievement (Percentage)
2005-06	3,44,239	2,40,410 (70)
2006-07	3,75,800	2,69,468 (72)
2007-08	3,84,800	2,68,331 (70)
2008-09	3,71,657	2,37,947 (64)

(Source: Progress Reports/Data furnished by the SHS/DHS)

In the audited districts, the TT immunization declined from 80 to 70 *per cent* as depicted in the following table.

**Table: 1.1.11: District level TT immunisation**

District	TT immunisation (in thousand)							
	2005-06		2006-07		2007-08		2008-09	
	T	A	T	A	T	A	T	A
Leh	2,306	2,173	2,713	2,700	3,489	3,300	1,342	954
Anantnag	62,954	62,954	64,262	64,262	56,143	56,143	19,468	19,468
Rajouri	13,235	13,041	17,745	14,155	18,271	14,331	19,190	16,270
Doda	23,885	11,998	24,363	15,491	24,850	13,801	25,347	16,594
Baramulla	29,062	14,731	38,072	11,625	25,245	15,229	31,815	12,676
Poonch	NA	10,170	11,210	11,368	14,656	12,958	13,360	11,360
<b>Total</b>	<b>1,31,442</b>	<b>1,04,897 (80)</b>	<b>1,58,365</b>	<b>1,19,601 (76)</b>	<b>1,42,654</b>	<b>1,15,762 (81)</b>	<b>1,10,522</b>	<b>77,322 (70)</b>

(Source: Progress Reports/Data furnished by the SHS/DHS)

### 1.1.15.3 Institutional delivery

To encourage institutional delivery, the Janani Suraksha Yojana provided all pregnant women in low performing States and BPL pregnant women in high performing States a cash compensation<sup>30</sup> for undergoing institutional delivery irrespective of their age and number of children with them. The ASHA who helped the pregnant woman also received a cash compensation of Rs. 600 per case.

It was seen that at the State level, the number of targeted pregnant women who underwent institutional delivery during 2005-09 ranged between 58 and 86 *per cent* and women who received cash assistance ranged between one and 10 *per cent* as depicted in following table.

**Table 1.1.12**

Year	Target	Achievement	JSY Payment
2005-06	1,20,000	85,135 (71)	663 (01)
2006-07	1,31,925	1,13,698 (86)	11,462 (10)
2007-08	1,77,263	1,51,144 (85)	10,038 (07)
2008-09	2,62,609	1,51,783 (58)	No data

(Source: Data furnished by the Director Family welfare and status report of SHS)

<sup>30</sup> Rs. 700 upto 31.03.2007 and Rs. 1400 with effect from 01.04.2007

In the audited districts, only one to 11 *per cent* of the total women who underwent institutional deliveries during 2005-09 had been paid cash assistance and that too with delays ranging between one to seven months due to non-provision of imprest with ANM and non-availability of funds under the JSY scheme.

It was seen in audit that the aim of encouraging institutional delivery was hampered by large scale non-availability of 24x7 delivery services at PHCs. At the State level, out of total 375 PHCs, only 96 PHCs had facility of 24x7 delivery services. The facility assessment at 34 audited PHCs revealed that the facility of 24 hour delivery services was available only at 18 PHCs. The non-availability of delivery services was attributed to insufficient staff and non-availability of labour rooms at the PHCs.

#### **1.1.15.4 Obstetric care**

Essential obstetric care includes antenatal care, supply of essential obstetric drugs, neonatal resuscitation and equipment for new born, etc. Information made available to audit shows that 15 out of 18 CHCs test-checked had no emergency obstetric care, including the facility of caesarean section, due to absence of specialists in obstetrics and gynaecology, anaesthetist, functional operation theatre, adequate infrastructure, support staff, blood storage facility, etc.

#### **1.1.15.5 Postnatal services**

Postnatal services include immunisation, monitoring the weight of the child, physical examination of the mother, advice on breast feeding and family planning, etc. It was seen in audit that customer response to postnatal services was poor and in two<sup>31</sup> out of the six audited districts, the number of registered women who visited health centre for postpartum care during 2005-09 ranged between five and nine *per cent* only. No records in this regard were maintained in any of the health centres in the remaining four<sup>32</sup> test-checked districts.

#### **1.1.16 Reproductive health care**

##### **1.1.16.1 Reproductive Tract Infections and Sexually Transmitted Infections**

The scheme envisages establishment of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI) clinics at each district hospital and first referral unit/CHC.

Information regarding RTI/STI clinics established in district hospitals and CHCs in the State was not available at SHS. However, all the audited district hospitals and 10 out of 18 test-checked CHCs had RTI/STI clinics. In four CHCs, the laboratory for RTI/STI diagnosis was not fully equipped.

##### **1.1.16.2 Medical termination of pregnancy**

Medical termination of pregnancy (MTP) is permitted in certain conditions under the MTP Act, 1971. The programme envisaged need-based training to medical officers and nurses, provision of equipment and operation theatre and MTP kits at district hospitals, CHCs and PHCs. The relevant records of the facilities for MTP in health centres were not

<sup>31</sup> Anantnag and Leh

<sup>32</sup> Poonch, Rajouri, Doda and Baramulla

made available by SHS. However, the facility of MTP was found to be available in 12 out of 18 CHCs and 14 out of 34 PHCs audited.

### **1.1.16.3 Spacing methods**

Family planning under the Mission includes terminal method to control total fertility rate (TFR) and spacing method to improve couple protection ratio, to achieve the goal of population stabilisation. The terminal method of family planning includes vasectomy for male and tubectomy for female. At the State level, no targets were fixed for 2005-08. For 2008-09, the shortfall ranged between 19 and 33 *per cent* against targets set for tubectomy and vasectomy.

During 2005-09, at the State level, the proportion of vasectomy to the total sterilisation was only five *per cent*. In audited districts, vasectomy operations constituted 0.4 to 28 *per cent* of the total sterilisation, indicating a gender imbalance impacting the programme. The proportion of vasectomy has not increased even after the launch of the non-scalpel vasectomy.

While female sterilisation is the most commonly adopted method, the programme emphasises laparoscopic tubectomy as preferable to conventional tubectomy. At the State level, the performance of laparoscopic tubectomy was at 67 *per cent* of total female sterilisations, whereas in audited districts, it stood at 70 *per cent*. The reason for low performance was seen to be lack of trained doctors in all PHCs and CHCs and lack of adequate equipment.

Oral pills, condoms and Intra Uterine Device (IUD) insertions are the prevailing spacing methods of family planning to regulate fertility and promote couple protection ratio. Even though the use of spacing methods as such was low, among the total spacing method users, around 92 *per cent* accounted for condom alone and seven *per cent* for oral pills and only one *per cent* for IUD, as depicted in the following table.

Table 1.1.13

Year	Oral pills cycle		IUD insertion		Distribution of condoms	
	T	A	T	A	T	A
2005-06	1,63,127	1,44,976	37,836	29,076	22,94,000	11,78,673
2006-07	1,76,580	1,51,124	33,940	29,890	19,24,700	19,75,934
2007-08	2,03,589	1,81,299	38,284	26,173	22,35,528	30,55,446
2008-09	2,30,621	1,90,113	30,301	26,093	38,88,417	21,85,972
<b>Total</b>	<b>7,73,917</b>	<b>6,67,512</b>	<b>1,40,361</b>	<b>1,11,232</b>	<b>1,03,42,645</b>	<b>83,96,025</b>

(Source: Progress Reports/data furnished by SHS/DHS)

Free distribution of condoms and oral pills were found satisfactory and were available at all the audited SCs, PHCs and CHCs.

The position stated in the foregoing paragraphs is indicative of the fact that significant deficiencies in the Maternal and Child health programmes exist and these have not been able to attract adequate customers as they may not be entirely satisfied with the services being rendered.

### 1.1.17 Immunisation and child health

Strengthening of services to improve child survival with focus on preventive aspects such as control of vaccine preventable diseases, diarrhoea, and acute respiratory infection among infants and children of less than five years, is a major component of the Mission.

At the State level, the overall shortfall in achievement of full immunisation of children between zero to one age group covering BCG, Measles, DPT and OPV ranged from six to 25 *per cent* during 2005-09. Similarly, for secondary immunisation, children in age group of five to six years were required to be administered Diphtheria and Tetanus (DT) and two doses of Tetanus Toxoid (TT) at the age of 10 and 16 respectively. The shortfall in achievement of the targets in the secondary immunisation ranged from nine to 31 *per cent* for DT, 25 to 54 *per cent* for TT (above 10 years) and 38 to 60 *per cent* for TT (above 16 years) during the same period as depicted in the following table.

Table 1.1.14

(In thousands)

Year	Target	Achievement				FI <sup>33</sup>	DT		TT(10)		TT(16)	
		BCG	Measles	DPT	OPV		T	A	T	A	T	A
2005-06	332	312	278	284	284	278	255	233	204	152	190	109
2006-07	344	316	286	296	296	286	337	245	328	163	310	125
2007-08	354	310	276	299	299	276	341	263	316	144	329	204
2008-09	360	295	270	275	275	270	347	240	347	185	323	135
<b>Total</b>	<b>1,390</b>	<b>1,233</b>	<b>1,110</b>	<b>1,154</b>	<b>1,154</b>	<b>1,110</b>	<b>1,280</b>	<b>981</b>	<b>1,195</b>	<b>644</b>	<b>1,152</b>	<b>573</b>

(Source: Progress Reports/Data furnished by SHS/DHS)

In the case of the audited districts, the overall shortfall in achievements of full immunisation of children between zero to one age group covering BCG, Measles, DPT and OPV ranged from 16 to 35 *per cent* during 2005-09. The shortfall in achievement of the targets in the secondary immunisation ranged from 12 to 48 *per cent* for DT, 40 to 56 *per cent* for TT (above 10 years) and 63 to 70 *per cent* for TT (above 16 years) during the same period.

The shortfall in immunisation resulted in incidences of vaccine preventable infant and child diseases. Out of six audited districts, in Leh and Anantnag Districts, incidence of diseases like Whooping Cough and Measles was reported during 2005-09. However, there is no trend of increase in incidences.

The Pulse Polio Immunisation campaign stipulated conducting of two National Immunization Days (NIDs), six Sub-National Immunization Days (SNIDs) and additional rounds during 2005-09, which had been conducted fully. However, one new pulse polio case was detected in Jammu district during the period.

None of the audited CHCs and PHCs had been provided with complete sets of cold chain maintenance equipment<sup>34</sup> as of March 2009 to support immunisation programme as per the Mission document.

<sup>33</sup> Fully immunised

<sup>34</sup> Walk-in coolers, Icelined freezers, Refrigerators, Walk-in freezers, Deep freezers

Table 1.1.15

Equipment	Availability of functional cold chain maintenance equipment	
	(Out of 18 audited CHCs)	(Out of 34 audited PHCs )
Walk-in coolers	4	Nil
Icelined freezers	16	6
Refrigerators	11	Nil
Walk-in freezers	2	Nil
Deep freezers	17	3

(Data furnished by CHCs/PHCs)

The Mission emphasises Vitamin ‘A’ solution for all children less than three years of age. Prophylaxis against blindness amongst children due to deficiency of Vitamin ‘A’ requires the first dose at ninth month of age alongwith measles vaccine and the second dose alongwith DPT/OPV and subsequently three doses at six monthly intervals.

At the State level, there was a shortfall between 38 and 76 *per cent* in first dose and between 59 and 88 *per cent* in second to fifth Vitamin doses against the target of immunisation during 2005-09. In the audited districts, the overall shortfall ranged between 57 and 94 *per cent*. The main reason for short supply of Vitamin A at health centres during 2005-09 was due to inadequate supply by the GOI.

### 1.1.18 National Programme for Control of Blindness (NPCB)

The NPCB aims to reduce prevalence of blindness cases to 0.8 *per cent* by 2007 through increased cataract surgery (46 lakh by 2012), school eye screening and free distribution of spectacles, collection of donated eyes and creation of donation centres and eye banks and strengthening of infrastructure by way of supply of equipment and training of eye surgeons and nurses.

Scrutiny revealed the following:

- At the State level (population: 1.01 crore), the number of cataract surgeries<sup>35</sup> performed annually during 2005-09 ranged between 15,209 and 20,931, which is in the range of 150 and 206 operations per lakh of population. In the six audited districts (population: 39.85 lakh), the number of catops performed annually during 2005-09 ranged between 1,014 and 2,373, which was in the range of 25 to 60 operations per lakh of population which was much lower than the desired level of 600 catops per lakh population per annum under the Mission. The under performance in catops can be directly linked to non-availability of eye-surgeons. In the six audited districts, as against a requirement of 24 eye-surgeons, only six eye-surgeons were posted in 18 CHCs and 6 district hospitals.
- The programme envisages training of teachers in Government and Government-aided schools, for screening refractive errors among students and free distribution of spectacles to the students having refractive errors. None of the teachers was trained in the State. 34,382 cases<sup>36</sup> of refractive errors were detected among 4,13,295 students<sup>37</sup> screened by the various health centres in the State during

<sup>35</sup> Includes catops conducted by Government hospitals, NGOs, catops camps and by others (private practioners)

<sup>36</sup> Jammu region : 7,399 cases, Kashmir region : 26,983 cases

<sup>37</sup> Jammu region : 2,37,259 students, Kashmir region : 1,76,036 students



2005-09. However, only 972 (three *per cent*) free spectacles<sup>38</sup> were distributed among the students in the State due to their non-procurement despite availability of funds. No free spectacle was issued in Kashmir region. In the six audited districts, there was no information available with the DHSs regarding distribution of free spectacles.

- Development of eye bank is an important activity to address corneal blindness. As of March 2009, no eye bank was set up in any of the audited districts.

Evidently, very little has been done to reduce prevalence of blindness under the Mission which has mainly been due to non-posting of adequate number of eye-surgeons at the hospitals, non-impacting of training to the teachers and non-establishment of eye banks as envisaged under the Mission guidelines.

### 1.1.19 Revised National Tuberculosis Control Programme (RNTCP)

The main objective of RNTCP was to diagnose and detect at least 70 *per cent* of tuberculosis cases and to ensure a cure rate of at least 85 *per cent* of smear positive cases through Direct Observed Treatment Short course (DOTS). The year-wise details of targets and achievement under the RNTCP regarding sputum examination and case detection were as under:

Table 1.1.16

Year	Sputum examination			Detection of new Sputum positive cases		
	Target	Achievement		Target	Achievement	
		Number	Per cent		Number	Per cent
2005-06	39,003	56,905	146	3,900	3,279	84
2006-07	40,504	77,206	191	4,050	4,188	103
2007-08	41,663	70,377	169	4,166	6,035	145
2008-09	71,732	74,769	104	7,173	5,904	82
<b>Total</b>	<b>1,92,902</b>	<b>2,79,257</b>	<b>145</b>	<b>19,289</b>	<b>19,406</b>	<b>101</b>

(Source: Progress Reports/Activity Reports of RNTCP)

It is heartening to note that in the areas of sputum examination and detection, the achievements were exceptionally high and can be justly termed as a resounding success. The outcome of treatment under RNTCP as of March 2009 is detailed in the following table.

Table 1.1.17

TB Patients							
Year	Registered	Cases evaluated	Cured + treatment completed	Died	Failures	Defaulters	Transferred out
2005-06	1,638	1,585	616	27	4	37	7
2006-07	8,199	7,648	3,212	198	87	296	48
2007-08	11,159	10,511	8,758	493	177	621	127
2008-09	12,773	12,773	11,205	553	121	507	387
<b>Total</b>	<b>33,769</b>	<b>32,517</b>	<b>23,791</b>	<b>1,271</b>	<b>389</b>	<b>1,461</b>	<b>569</b>

(Source: Progress Reports/Activity Reports of RNTCP)

The cure rate was encouragingly very high at 88 *per cent* in 2008-09, though at the State level, the facility was available in 162 (out of 460) PHCs/CHCs only. Services for treatment of tuberculosis were available at 17 (out of the 18) test-checked CHCs and only

<sup>38</sup>

Jammu region : 972 spectacles (2005-06: 882 and 2008-09: 90), Kashmir region: Nil

at seven (out of 34) PHCs. Evidently, much higher cure rate can be achieved with wider availability of treatment facility in PHCs/CHCs in the State.

#### **1.1.20 National Leprosy Elimination Programme (NLEP)**

The NLEP aims to eliminate leprosy by the end of the 11<sup>th</sup> Plan. It also aims to ensure leprosy prevalence rate of less than one per ten-thousand of population. There were 1,973 cases of leprosy in the State as of March 2009 with decline in incidence of new cases from 264 in 2006-07 to 205 cases in 2008-09.

The Mission envisages facilities for diagnosis and treatment of leprosy at all health centres up to PHC level. However, as per data available at the Societies for disease control, only 25 out of 85 CHCs and 160 out of 375 PHCs in the State had the facility for diagnosis of leprosy as of March 2009. None of the 34 audited PHCs had the facility for diagnosis of leprosy, though it was available in 15 out of 18 CHCs.

#### **1.1.21 Integrated Disease Surveillance Project (IDSP)**

The IDSP aims to establish a decentralized State-based system of surveillance for communicable and non-communicable diseases, so that timely and effective public health action can be initiated in response to health challenges. The project has four components, viz. (a) establishing and operating a central level disease surveillance unit, (b) integrating and strengthening disease surveillance at the state and district levels, (c) improving laboratory support and (d) training for disease surveillance and action.

The project was launched in the State during 2007-08. The State Surveillance Unit (SSU) was established in October 2007 and District Surveillance Units (DSU) were established in all the districts. None of these was, however, operational as of 31 March 2009 due to non-installation of requisite network. Ten persons were trained during 2008-09.

The goal of setting up a network of surveillance units was not fulfilled as computers, V-Sat and allied equipment to be provided to these District Surveillance Units (DSUs), were not installed (March 2009) by GOI. Strengthening of laboratories for sustaining surveillance activities by way of networking was incomplete with the result that the activities of the project had not been undertaken during 2005-2009.

#### **1.1.22 Monitoring**

##### **1.1.22.1 Monitoring committees**

The Mission envisages planning, implementation and monitoring through participation of NGOs and community-based organizations (CBOs). As per the NRHM framework, Health Planning and Monitoring Committees were to be formed at State, District, Block and PHC levels to ensure regular community-based monitoring of activities and facilitating relevant inputs for planning with representatives from *Gram Panchayats*, self help groups, user groups, legislature and NGOs/CBOs. It was seen in audit that monitoring through these channels prescribed by the Mission was non-existent.

No Health Planning and Monitoring Committees were formed at any level. Non-formation of committees adversely affected community-based monitoring as well as the planning process at all levels.

Monitoring committees were to be constituted by the Rogi Kalyan Samitis to visit hospital wards and collect patient feedback. The reports of the monitoring committees were to be considered by the RKS for remedial action. The committees were to send monthly monitoring reports to the District Development Commissioner. No monitoring committees had been constituted and records of patient feedback and action taken thereon had not been maintained.

Every district was required to publish annually a public report on health. However, none of the districts had published the public report. In the absence of the district report, the communities, which were to be involved in planning and monitoring of the activities under the Mission, did not have adequate information on the developments taking place in the district.

#### **1.1.22.2 Management Information System (MIS)**

Each District Health Society was to develop a computer-based Management Information System and report monthly to the State Health Society. The SHS was to consolidate the MIS reports of the districts and send them to the GOI on monthly basis.

No targets were set for computerisation of districts/blocks to be connected through MIS network. Though all 14 districts were connected through network, except 107 blocks (March 2009), these were not generating and furnishing monthly MIS reports to higher levels. Only status reports were being sent by districts to SHS through E-mail.

In the absence of effective and regular MIS reporting, watch of higher authorities on the progress made under various activities of the Mission suffered and internal control mechanism got diluted.

The Ministry of Health and Family Welfare had prescribed a model MIS for all the districts and States. It was, however, seen in audit that the reports were being collected by health centres and submitted to the District Health Society/State Health Society without any analysis of data collected at health centre and district level.

#### **1.1.23 Conclusion**

The performance audit review showed that the status of health profile of the State has been quite encouraging vis-à-vis the performance indicators available for the country. These can be further improved if there is proper fund management/utilisation and various sectors involved are covered in conformity with the guidelines issued for implementation of the Programme. There are large gaps in planning as well as implementation of the Mission activities in the State even after four years of launching the programme. This is evidenced by the findings that no new health centre was put in place, essential services and amenities were not available in many centres and there was critical shortage of technical manpower. Maternal and child health programmes have not made much headway. Planning, implementation and monitoring of the programme through participation of NGOs and community-based organisations was non-existent.

#### **1.1.24 Recommendations**

- The State Health Society, besides completing the facility survey, needs to ensure completion of household surveys to formulate the district and lower level plans.

- The SHS needs to map the available health facilities and infrastructure at health centres and initiate measures to expedite the pace of construction of health centres. Support infrastructure like electricity, standby power, adequate water supply, staff accommodation and telephones, etc. need to be provided to ensure improvement in quality of health services.
- Critical diagnostic and radiological services as well as blood storage facility, operation theatre and labour room need to be made functional at all centres. Posts sanctioned for providing medical services need to be filled on a priority basis.
- The design of ASHA scheme may be revised to provide assured earnings to them to ensure their effective participation.
- Maternal health programme needs to be implemented in its entirety covering all the essential areas like registration, reporting and tracking of pregnancies, IFA administration, immunization, antenatal and postnatal care and referral matters.
- Mobile Medical Units may be provided in each district to ensure outreach of medical services in remote/difficult areas.
- Drug policy/formulary drug list needs to be formulated.
- Monitoring and reporting mechanism under the programme should be activated.

## HOME DEPARTMENT

### 1.2 Modernisation of Police Forces

*Government of India (GOI) introduced the 'Modernisation of Police Forces' (MPF) scheme in 1969 for capacity building of the State Police Forces to meet the emerging challenges to internal security. The scheme, modified in 2000-01, was extended for a period of ten years to meet the deficiencies in basic infrastructure like Police Stations/Police Posts and police housing, modern weaponry, mobility, communication, forensic science equipment and skill up-gradation by imparting training to the manpower. Review of the implementation of the scheme in the State showed that achievements have been mixed, with areas like housing for personnel and offices, mobility, security equipment, communication and computerization, etc. still facing deficiencies while areas like weaponry and training have been augmented.*

#### Highlights

- **Five year perspective plan was not prepared. Annual Action Plans were prepared on *ad hoc* basis as no State Level Empowerment Committee (SLEC) had been formed.**  
(Paragraph: 1.2.7)
- **The target of construction of various types of buildings had not been achieved despite availability of funds and deficiency existed in almost all the types of infrastructure.**  
(Paragraph: 1.2.10)
- **The deficiency of vehicles for mobility at police station level stood at 72 per cent against the overall deficiency of 39 per cent in the force, indicating non-prioritisation of deployment of vehicles at basic policing units.**  
(Paragraph: 1.2.12)
- **Achievement regarding imparting training to the personnel of the Force was satisfactory.**  
(Paragraph: 1.2.15)
- **Computerisation of various offices/units was partial and systems under-utilised.**  
(Paragraph: 1.2.17)
- **Lack of monitoring and evaluation of the scheme resulted in non-assessment of the impact of the scheme.**  
(Paragraph: 1.2.21)

#### 1.2.1 Introduction

Government of India introduced (1969) the scheme of Modernisation of Police Forces (MPF) to augment the operational efficiency of the State police to face the emerging challenges to internal security effectively. The Scheme was revised during 2000-01 and extended for a period of ten years, to make good the deficiencies in basic police infrastructure identified by the Bureau of Police Research and Development (BPR&D).

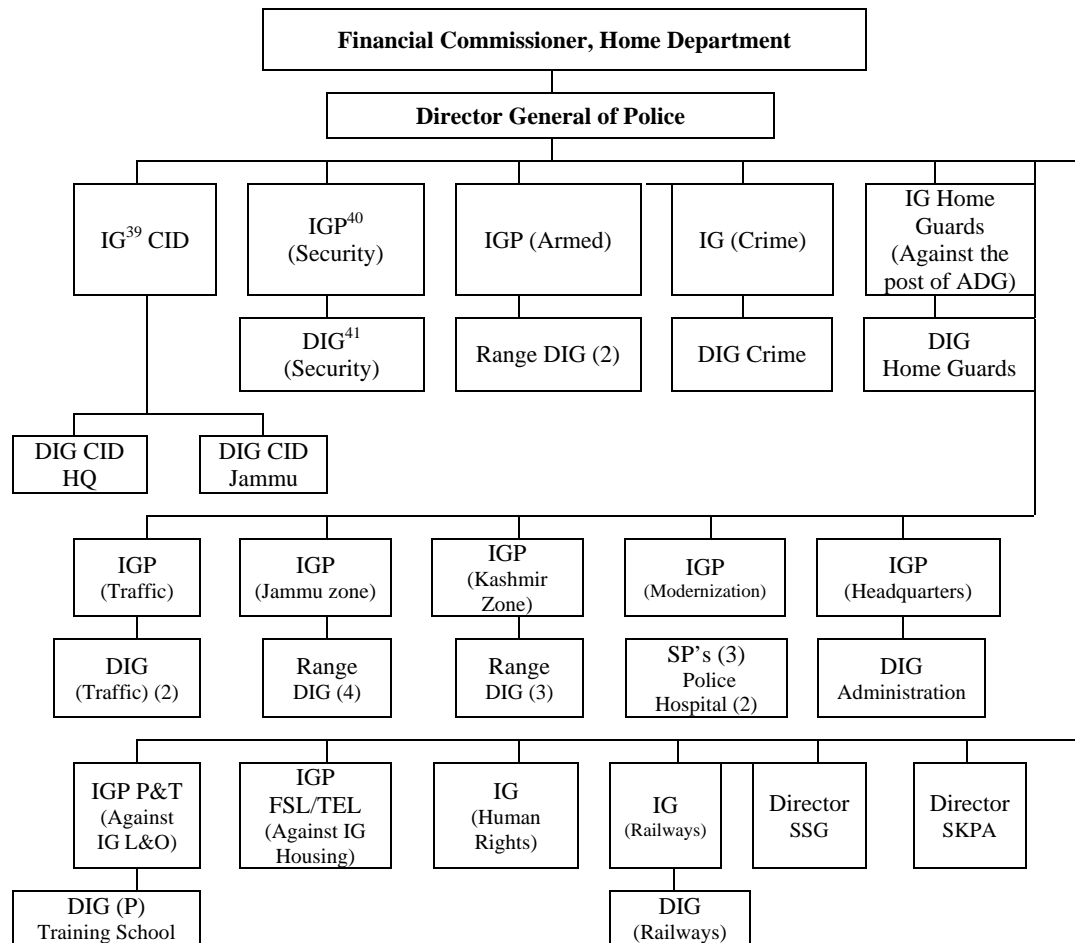
The components covered under the scheme were (a) Construction (residential as well as non-residential buildings) (b) Mobility (c) Weaponry (d) Equipment and

(e) Communication system including Computerisation. Under the revised scheme effective from 2003-04, the State of Jammu and Kashmir is placed under category ‘A’ and receives 100 per cent Central grants.

### 1.2.2 Organisational setup

The State Police Department is headed by the Director General of Police, who is assisted by 14 Inspectors General of Police (IGPs), two Directors, 19 Deputy Inspectors General of Police (DIGs), 219 Senior Superintendents of Police (SSPs)/Superintendents of Police (SPs) and other supporting officers. The Inspector General of Police (Headquarter), PHQ is the overall in-charge for implementation of the programme.

Chart-1.2.1: Organisational Structure



### 1.2.3 Scope of audit

Implementation of the MPF scheme during the period 2004-09 was reviewed in audit between February and April, 2009 by a test-check of records in the offices of the DGP, Managing Director, Jammu and Kashmir Police Housing Corporation (JKPHC), Executive Engineer, Police Construction Division (PCD) and allied offices. Besides,

<sup>39</sup> Inspector General  
<sup>40</sup> Inspector General of Police  
<sup>41</sup> Deputy Inspector General of Police



records of 22 (out of 176) police stations<sup>42</sup>, three<sup>43</sup> out of 26 Armed/IRP police battalions, two<sup>44</sup> Forensic Science Laboratories and four (out of seven) training centres<sup>45</sup> were also test-checked.

#### 1.2.4 Audit objectives

Audit objectives were to assess whether:

- the Annual Action Plans were framed in accordance with the scheme guidelines;
- funds provided under the scheme were utilized for the intended purpose;
- various components of the scheme were implemented economically and efficiently and targets fixed for each component were achieved;
- equipment purchased and assets created have been utilised and maintained properly;
- training imparted was adequate and
- implementation of the scheme was monitored effectively.

#### 1.2.5 Audit criteria

Audit findings were benchmarked against the following criteria:

- GOI instructions/guidelines on the scheme;
- Perspective Plan and Annual Action Plans approved by the GOI;
- Bureau of Police Research and Development (BPR&D) guidelines/norms;
- Financial Rules of the State Government for purchase of equipment and execution of works and
- Targets fixed by the GOI/State Government for various components.

#### 1.2.6 Audit methodology

An entry conference was held with the Inspector General of Police (Headquarters) in February 2009 wherein audit objectives, criteria and methodology were discussed. At the conclusion of the audit, the audit findings were discussed with the Inspector General of Police (Headquarters) in an exit conference on 8 October 2009.

#### Audit findings

The major audit findings are discussed below.

#### 1.2.7 Planning

The scheme guidelines provide for the State Government to prepare five year Perspective Plans (PPs) and Annual Action Plans (AAPs) indicating therein the specific projects which are to be implemented in each year. These plans were to be approved by a State

<sup>42</sup> Kashmir Division: 12; Jammu Division: 10

<sup>43</sup> Jammu and Kashmir Armed Police 3<sup>rd</sup>, 6<sup>th</sup> battalion and IRP 15<sup>th</sup> battalion

<sup>44</sup> Jammu and Srinagar

<sup>45</sup> PTS Vijaypur, PTS Manigam, PTS Kathua, STC Sheeri

Level Empowered Committee (SLEC), headed by the State Chief Secretary, with Home Secretary and DGP as members.

It was seen in audit that the State had neither prepared the PP for 2004-09 nor had it constituted a SLEC. The AAPs were, however, prepared by the Police Headquarters (PHQ) and sent to the GOI through the State Home Department but without approval of SLEC. As a result, the planning remained informal, *ad hoc* and to a certain extent directionless, as reflected in various shortfalls brought out in the succeeding paragraphs.

There were delays of about one to one and a half months in submission of AAPs to the GOI during 2004-09, with consequent delay in release of funds to the State Government. As a result, the funds provided to the State under various components viz., equipments, housing, etc. could not be utilized in the relevant financial year. Though the AAPs were framed for ensuring procurement of equipment and execution/completion of various works in a time bound manner, yet, it was noticed that despite availability of funds, the targets for procurement of equipment and execution/completion of works had not been achieved and huge unspent balances had accumulated over the years with the Department/executing agencies as brought out in the subsequent paragraphs.

### **1.2.8 Financial management**

Under the revised scheme effective from 2003-04, the State has been placed under category 'A' where it receives 100 *per cent* central grants. The utilisation of funds allotted as per the AAPs is carried out at three levels viz., at the Central level by the Ministry of Home Affairs, GOI (MHA), at the State level by the Department and by the two executing agencies involved in the construction activities viz., Police Construction Division (PCD) and Jammu and Kashmir Police Housing Corporation (JKPHC). Major portion of weapons and crucial equipment is procured by the MHA and the items are received by the State in kind. Apart from this, funds for construction activities were received directly by the JKPHC from the MHA, whereas the PCD received funds both directly from the MHA and also through the PHQ. Funds for components like equipment (security, crime/FSL, communication, medical, traffic, etc.) and vehicles were released by the MHA to State Finance Department for further release to the Department viz., State Police Headquarters (PHQ), for procurement of the items identified in the AAPs and to PCD for construction activities.

#### **1.2.8.1 Budgetary allocation and expenditure**

The position of funds required as per AAPs released by the GOI and expenditure incurred thereagainst during 2004-09 is indicated in the following table.

Table 1.2.1

(Rupees in crore)

Year	Funds released	Allotment/Expenditure						Total utilisation (percentage)
		MHA		State				
		A	E	PHQ		Construction		
				A	E	A	E	
2004-05	111	38	38	30	28	43	10	76 (68)
2005-06	109	30	30	31	30	48	26	86 (79)
2006-07	88	7	7	31	26	50	53	86 (98)
2007-08	115	15	15	58	43	42	45	103 (90)
2008-09	118	4	4	58	31	56	25	60 (51)
<b>Total</b>	<b>541</b>	<b>94</b>	<b>94</b>	<b>208</b>	<b>158</b>	<b>239<sup>46</sup></b>	<b>159</b>	<b>411 (76)</b>

(Source: AAPs and Information furnished by the PHQ, PCD and JKPHC)

The component-wise expenditure incurred during 2004-09 was as follows:-

Table 1.2.2: Component-wise expenditure

(Rupees in crore)

Component	Funds released 2004-09	Expenditure					
		2004-05	2005-06	2006-07	2007-08	2008-09	Total
Construction	239	10	26	53	45	25	159
Mobility	115	20	30	5	34	21	110
Weaponry	84	29	11	16	15	10	81
Communication	9	03	02	0.57	-	-	5
Other equipment	94	14	17	12	9	4	56
<b>Total</b>	<b>541</b>	<b>76</b>	<b>86</b>	<b>86</b>	<b>103</b>	<b>60</b>	<b>411</b>

(Source: Information furnished by the PHQ, PCD and JKPHC)

The GOI released the full quantum of funds against the approved AAPs during 2004-09 and no cuts were imposed on any account. The funds earmarked for procurement of items/equipment directly by the MHA had been utilised fully in the respective years of allotment. However, at the State level, the approved plans of 2004-06 were implemented as late as in 2008-09, which affected the implementation of the scheme. The under-utilisation had been due to release of funds at the fag end of the year from the GOI and subsequent delays ranging between six and 42 months in releases by the State to the Department. The Department/construction agencies also could not utilise full funds released during 2004-09 as the overall utilisation of funds ranged between 49 and 98 *per cent* and huge balances<sup>47</sup> under different components remained unspent as at the end of March 2009.

Non-utilisation of funds was attributed by the Additional Inspector General (Prov/Tpt), PHQ, to delay in release of funds by the State Government. The Accounts Officer (Budget), Finance Department stated (April 2009) that the funds were released to the line department on the basis of demand and capacity to spend. This is indicative of the fact that the Department did not plan properly the implementation of various items spelt out and approved in AAPs as the funds had been released by the GOI with reference to AAPs.

<sup>46</sup> JKPHC: Rs. 177.44 crore ; PCD: Rs. 61.03 crore.

<sup>47</sup> State: Rs. 39.44 crore; Department: Rs. 11.81 crore and Construction agencies: Rs. 78 crore

### 1.2.8.2 Utilisation certificates

The scheme guidelines *inter-alia* provide for submission of a certificate at the end of each year by the State Home Department to the MHA (GOI) to the effect that the funds earmarked have been utilised fully and fruitfully.

It was seen that the construction agencies had submitted periodic utilisation certificates to the PHQ. However, records pertaining to submission of annual utilisation certificates during 2004-09 either by the PHQ to State Home Department or by the latter to the MHA, though called for, were not made available to audit. The DGP, however, forwarded (September 2009) a utilisation certificate depicting the utilisation of funds during 2001-09 submitted (May 2009) by the PHQ to the State Home Department. A comparison of the utilisation statement with the statements of annual allotment/expenditure (2004-09) furnished separately to audit by the Financial Advisor & Chief Accounts Officer (FA&CO), PHQ and two construction agencies showed a variation of Rs. 20 crore<sup>48</sup> in the unspent balance as at the end of March 2009. The reasons for variation, though called for were not furnished (October 2009).

### 1.2.8.3 Fund management

Instances of poor fund management leading to under-utilisation of funds, seen in audit, are discussed below:

- For 11 works<sup>49</sup> approved during 2003-06, the PCD was identified as the executing agency. However, Rs. 1.26 crore meant for these works were erroneously placed (2004-06) at the disposal of the PHC by the GOI and were unnecessarily retained and transferred (January/March 2007) to PCD after about two to three years of release.
- Against Rs. 23 crore released (2003-07) to JKPHC for 81 works, the works were completed at a cost of Rs. 20.33 crore resulting in savings of Rs. 2.67 crore which were retained by the PHC. The CAO, JKPHC stated (March 2009) that the savings were retained as the financial status of works was awaited from the EEs, which was being sought.
- An amount of Rs. 40 lakh was released (March 2008) by the GOI for execution of two<sup>50</sup> works through PCD. The funds had not been released by the State Government (Finance Department) to the PHQ/executing agencies with the result that the works were not taken up for execution as of March 2009.
- The guidelines prohibit diversion of funds from the programme funds for any item/activity other than modernization. It was, however, seen that funds amounting to Rs. 2.22 crore were irregularly re-appropriated (March 2007) by the State Government for payment of ex-gratia relief and salaries. The State Finance Department stated that excess funds surrendered during the year were re-appropriated under other heads on the proposal of the State Home Department. It was further stated that re-appropriation was a demand management issue and did not constitute any

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<sup>48</sup> UCs submitted by PHQ to State Home Department: Rs. 110 crore, Total unspent balance as per the statements furnished separately by the PHC, PCD and PHQ to Audit: Rs. 130 crore.

<sup>49</sup> 2003-04: One work; 2004-05: 06 works; 2005-06: 04 works

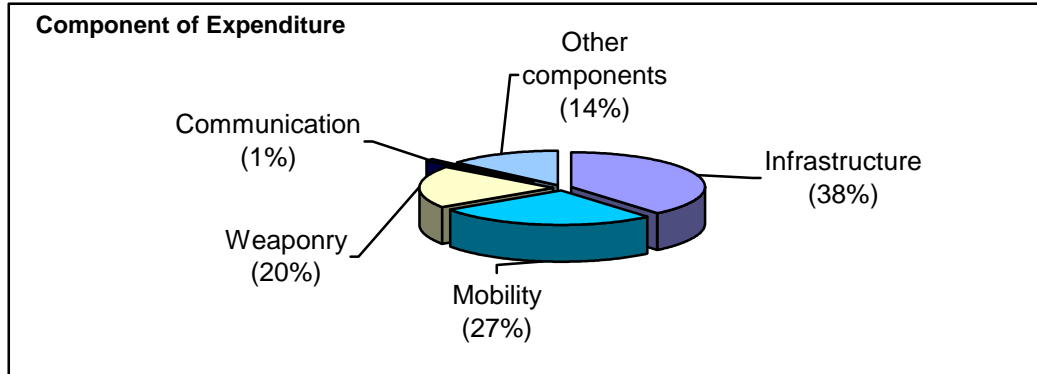
<sup>50</sup> Construction of Model Police station building at Nishat, Srinagar: Rs. 20 lakh; Construction of Model Police station building at Harwan, Srinagar: Rs. 20 lakh

diversion. The response only underscores the fact that the scheme funds retained by the Finance Department were utilised by the Government to meet its day to day expenditure.

### 1.2.9 Programme implementation

As mentioned under funds management, the Department could utilise only Rs. 411 crore as against Rs. 541 crore provided by the Government of India during 2004-09. Percentage of funds expended on various components of the scheme is given below:

Chart - 1.2.2



The implementation of various activities under each of these components is discussed in the following paragraphs.

### 1.2.10 Infrastructure

The scheme envisaged provision of basic infrastructure like Police Stations (PSs), Police Posts (PPs), barracks and housing for upper and lower subordinates quarters (USQs/LSQs) in accordance with the Bureau of Police Research and Development (BPR&D) norms. The position of infrastructure available with the Department, as depicted in the AAPs/progress reports as on 1 April 2004 and 31 March 2009, submitted to the GOI is tabulated below:

Table 1.2.3

(In number)

Type of building	Position as on 01.01.2004		Position as on 31.03.2009		Additions claimed during 2004-09
	Requirement	Availability	Requirement	Availability	
LSQs	56,879	3,536	61,432	5,895	2,359
USQs	3,470	477	6,837	954	477
<b>Total</b>	<b>60,349</b>	<b>4,013</b>	<b>68,269</b>	<b>6,849</b>	<b>2,836</b>
Police stations	169	145	176	164	19
Police out posts	151	53	149	104	51
Barracks	-	-	222	138	138

(Source: AAPs and progress reports of the construction agencies)

It was, however, seen in audit that the figures reported to the GOI far exceeded the actual achievements during the years 2004-09. The comparative position of the availability conveyed to the GOI annually in AAPs vis-a-vis the actual physical achievements during the years 2004-09 is tabulated below.

Table 1.2.4

(In number)

	2004-05	2005-06	2006-07	2007-08	2008-09
<b>Figures of availability reported to GOI in the AAPs</b>					
LSQs/USQs	4,013	3,212	3,212	5,225	6,849
Police Stations	145	72	160	161	164
Police Posts	53	89	89	94	104
Barracks	-	123	123	133	138

(Source: Annual Action Plans)

Table 1.2.5: Actual physical achievement (2004-09)

	2004-05	2005-06	2006-07	2007-08	2008-09
LSQs/USQs	-	264	248	110	62
Police Stations	14	8	4	1	-
Police Posts	-	5	3	1	-
Barracks	19	24	3	2	-

(Source: Physical achievements of construction agencies depicted in progress reports/utilisation certificates).

Evidently, depiction of available LSQs/USQs was erratic and varied considerably from the actual number of works approved under AAPs and physical achievements. Due to non-maintenance of records of actual availability of LSQs/USQs by the Department and non-furnishing of the requisite information, though called for (April/August/September 2009), the position at the beginning and end of the period 2004-09 could not be assessed.

#### 1.2.10.1 Works approved and completed during 2004-09

The position of works approved in AAPs and completed during 2004-09 is given in the following table.

Table 1.2.6

(In number)

Particulars	Housing Units	Other works	Total
Spill over works as at 1 April 2004	400	33	433
Works approved during 2004-09 as per AAPs	1,200	545	1,745
<b>Total</b>	<b>1,600</b>	<b>578</b>	<b>2,178</b>
Works completed as of March 2009	684	299	983
<b>Percentage of completion</b>	<b>43</b>	<b>52</b>	<b>45</b>

(Source: AAPs and Progress reports/utilisation certificates of the Construction agencies)

As of March 2009, 1,195 works were incomplete for periods ranging upto six years due to reasons like improper fund management as brought out in preceding paragraphs and non-availability of land, site disputes, unplanned executions, etc. as discussed in the subsequent paragraphs. It was also seen that out of Rs. 238.47 crore released (2004-09) to the agencies (JKPHC & PCD) for construction activities, only Rs. 159.92 crore (67 per cent) had been spent on execution of works as of March 2009.

The non-completion of approved works adversely impacted the aim of providing housing (residential/non-residential) infrastructure to the police personnel.

#### 1.2.10.2 Housing

The National Police Commission recommendations provide for 100 per cent satisfaction level for housing units (LSQs/USQs) whereas the BPR&D norms prescribed a



satisfaction level of around 80 *per cent* for the LSQs and 90 *per cent* for USQs. The all India average satisfaction level in respect of housing units as per BPR&D (2000-01) stood at 40 *per cent*.

Based on the Departmental figures of 2004-05 of available housing infrastructure and the actual physical achievements<sup>51</sup> during 2004-09, the overall status of infrastructure as at the end of March 2009, arrived at by audit, is tabulated below:

**Table 1.2.7: Status of Residential units as on 1 April 2004/31 March 2009**

(In number)

Type of building	Position as on 01.01.2004		Position as on 31.03.2009	
	Sanctioned/ Requirement*	Availability (percentage)	Sanctioned/ Requirement*	Availability (percentage)
<b>Housing</b>				
LSQs	56,879/22,752	3,536(16)	61,432/24,573	3,986 (16)
USQs	3,470/1,388	477(34)	6,837/2,735	711 (26)
<b>Total</b>	<b>60,349/24,140</b>	<b>4,013 (17)</b>	<b>68,269/27,308</b>	<b>4,697 (17)</b>

(\*At the satisfaction level 40 *per cent*)

Against the all India satisfaction level (40 *per cent*), the level of satisfaction was dismal 6.65 *per cent* (as of March 2004). To attain even all India average satisfaction level, there was requirement of additional 20,127 units in the State as on 1 April 2004. Against this, only 1,200 housing units<sup>52</sup> were projected in the AAPs during 2004-09, out of which only 364 units had been constructed as of March 2009. Combined with the added units (320) from the spill over works (400) as on 1 April 2005, 684 units were constructed during 2004-09. Thus, the satisfaction level as of March 2009 was just 6.88 *per cent* against the average national satisfaction level of 40 *per cent*. In last five years, the Department was able to improve the satisfaction level by meagre 23 basis points. The reasons for huge deficiency was primarily due to non-completion of the housing units already approved and also projection/approval of lesser number of housing units for construction during 2004-09. Reasons for projection of less number of LSQs/USQs vis-à-vis the scale of deficiency, though called for (March 2009), were not intimated.

The DGP intimated (September 2009) that the Department had constructed 5,249 LSQs/USQs under the seventh, eight and ninth Finance Commission Awards (FCAs)<sup>53</sup> and 1,300 LSQs/USQs<sup>54</sup> under MPF scheme during 2001-09. It was, however, intimated (October 2009) that no housing units had been constructed under the FCAs during 2004-09 which means that these housing units existed as of 1 March 2004. It is evident that the Department had no data/information on the housing units as even the claims made under FCA (5,249 units) do not conform to the figures (4,013 units) of availability conveyed to the GOI in 2004-05. The year-wise break up of physical achievements of housing units approved under MPF scheme during 2004-09, though called for (October 2009), was not intimated.

### 1.2.10.3 Police Stations (PSs)/Police Posts (PPs)

Construction of buildings for PSs/PPs was one of the priority areas under the scheme.

<sup>51</sup> As depicted in physical progress reports of construction agencies

<sup>52</sup> LSQ: 500 and USQ: 700

<sup>53</sup> 7<sup>th</sup> FCA: LSQs-1323, 8<sup>th</sup> FCA: LSQs-2355 and USQs-54, 9<sup>th</sup> FCA: LSQs-1517

<sup>54</sup> LSQs-700 and USQs-600

The position of sanctioned PSs/PPs and availability thereof is tabulated below:

**Table 1.2.8**

(In number)

Type of building	Position as on 01.01.2004			Position as on 31.03.2009		
	Sanctioned/ Requirement*	Availability	Shortage (percentage)	Sanctioned/ Requirement*	Availability*	Shortage (percentage)
Police stations	169	145	24 (14)	176	172	4 (2)
Police out posts	151	53	98(65)	149	62	87 (58)

(\* As worked out by the audit)

At the beginning of 2004-05, the Department claimed a deficiency of only 24 PSs (14 per cent) and 98 (65 per cent) PP buildings.

However, construction of 54 PSs (estimated cost: Rs 12.58 crore) and 35 PP (estimated cost: Rs 6.04 crore) buildings were approved in the AAPs during 2004-09. Of these, only 27 PSs and nine PP buildings had been completed as of March 2009. The approval of more PS buildings than the claimed deficiency indicates that the claims made at the beginning of year 2004 were not based on facts. Further, figures of availability reported to GOI in the AAPs are not based on the factual position.



Model Police Station, Gandhi Nagar, Jammu

It was also seen in audit that despite release of the full requirement of Rs. 6.94 crore, construction and up-gradation of 22 PSs and 11 PPs<sup>55</sup> approved in the AAPs 2004-08 had not been completed even after delays of one to four years. Delay in completion of these smaller but essential works, which could have ordinarily been completed in one or two working seasons, defeated the objective of modernization, besides exposing the infrastructure and frontline manpower in these areas to risk.

#### **1.2.10.4 Barracks**

The deficiency of Barracks for Jawans was not assessed during 2004-05. The Department, however, showed a requirement of 222 barracks with a capacity of 50 personnel each (total targeted accommodation 11,100 personnel) in the AAP for the year 2008-09. Construction of 111 barracks<sup>56</sup> was approved in the AAPs during 2004-09 at a cost of Rs. 20.39 crore, out of which only 48 (43 per cent) had been completed as of March 2009. Against the requirement of 222 barracks, only 138 (62 per cent) barracks with intake capacity of 6,900 personnel were available as of March 2009. Test-check of records of constructions agencies showed that construction of 33 barracks, for which full allocation of Rs. 10.87 crore had been released by the GOI against the AAPs 2004-08, had not been completed (March 2009) by the executing agencies even after delays ranging from one to four years, primarily due to delay in acquisition of land. The

<sup>55</sup> 2004-05: 09 works (PP: 03, PS: 06); 2005-06: 09 works (PP: 04, PS: 05);  
2006-07: 09 works (PP: 01, PS: 08); 2007-08: 06 works (PP: 03, PS: 03)

<sup>56</sup> 2004-05: 28 works; 2005-06: 61 works; 2006-07: 06 works; 2007-08: 11 works; 2008-09: 05 works

incomplete barracks included 22 barracks located in far off, remote and sensitive areas like Doda, Poonch, Rajouri, etc.

Due to poor progress in construction of LSQs and USQs and non-completion of barracks, the objective of humanizing the police and relieving them of the pressure of long and varied hours under stress and still maintaining balance remains far from being achieved.

### 1.2.10.5 Unplanned executions

Cases of unplanned executions, seen in audit, which contributed to the overall tardy execution of the approved works, are detailed below.

#### Non-execution/abandoning of approved works

One hundred and three works relating to housing (LSQs/USQs), office buildings, etc. were approved during 2004-08 and an amount of Rs. 18.92 crore was released to the construction agencies<sup>57</sup>.

Table: 1.2.9 Works approved but not taken up/abandoned

(Rupees in lakh)

Year	No of works approved	Works not taken up		Work in progress		Works taken up but abandoned	
		No. of works	Approved cost	No. of works (Approved cost)	Expenditure	No. of works (Approved cost)	Expenditure
2004-05	11	8	93.00	-	-	3 (55)	11.16
2005-06	61	42	648.00	5 (276)	120.06	14 (95)	20.65
2006-07	15	13	184.00	-	-	2 (56)	17.56
2007-08	16	15	365.00	-	-	1(30)	0.28
<b>Total</b>	<b>103</b>	<b>78</b>	<b>1,290.00</b>	<b>5 (276)</b>	<b>120.06</b>	<b>20 (236)</b>	<b>49.65</b>

(Source: Physical progress reports of JKPHC/PCD)

Out of 103 works approved in annual plans, only 25 works were taken up for execution, of which, five works (approved cost: Rs. 2.76 crore) continued to be in progress as of March 2009 and the remaining 20 works (approved cost: Rs. 2.36 crore) were abandoned after spending Rs. 49.65 lakh thereon due to non-availability of land, land disputes, disputes with piece workers, non-finalisation of site plans, etc. and the works had not been resumed for the last one to five years.

In remaining 78 works, which were not taken up, a revised proposal (December 2006) for executing 17 alternate works in place of 15 works was approved (March 2007) by the GOI. Out of these, only six works were completed, six were under progress and four works, for which Rs. 63 lakh were earmarked, had not been taken up for execution as of March 2009. Further, one work for which Rs. 20 lakh had been released, had been abandoned after incurring expenditure of Rs. 9.88 lakh.

#### Non-construction of Administration Block of vigilance Organisation

An amount of Rs. 50 lakh was released (2007-08) to JKPHC for construction of Administration Block for the Vigilance Organization at Srinagar. However, the work had not been taken up as of March 2009 despite release of a further amount of Rs. one crore in August 2008. The Administrative Officer, JKPHC informed (March 2009) that the land identified for undertaking the construction was not found suitable and the Organization had been asked for acquisition of alternate land for the proposed

<sup>57</sup>

JKPHC: 73 works, PCD: 30 works

construction. This shows that the work had been included in AAPs without ensuring proper site.

#### **Cost overrun due to delay in completion of works**

Test-check showed that nine works approved (2002-06) at a cost of Rs. 9.50 crore had been completed after incurring an expenditure of Rs. 11.09 crore due to belated execution (2005-08), resulting in cost overrun of Rs. 1.59 crore. The excess expenditure so incurred was met from other works, thereby impairing the execution of 18 works which required funds ranging between Rs. 3.33 lakh and Rs. 35 lakh for completion.

Thus, non-availability of land free from encumbrances besides cost overrun and diversions led to non-completion of approved works indicating poor planning. Funds continued to be parked with the construction agencies, hindering the progress in achieving the objective.

#### **1.2.10.6 Incorrect reporting**

Instances of repetition of works in different AAPs, detected by audit, are detailed below:

##### ***Drawal of funds twice for same work under different AAPs***

Against the estimated cost of Rs. 24 lakh for construction of Police Station building at Dessa, Doda, projected in AAP 2004-05, full quantum of funds were received during 2004-05. However, the work was again included in the AAPs for 2005-06 and 2006-07 as new work and Rs. 30 lakh were demanded/received during these years. Similarly, against the estimated cost of Rs. 15 lakh for construction of SHQ quarters at Zanskar, Kargil, full allocation was received during 2007-08. However, during 2008-09 the work was again shown as a new one (estimated cost: Rs. 12 lakh) and Rs. 10 lakh were demanded/received. However, no work had been undertaken and the amounts had been lying un-utilised with the State as of March 2009. Drawal of funds twice for the same work, indicated lack of planning and monitoring on the part of the Department. The Deputy Director (P&S), PHQ while accepting the fact, stated (April 2009) that the matter was being taken up for relocation of these works and proper care would be taken in future while preparing AAPs.

##### ***Drawal of additional fund by false reporting***

Construction of SDPO Office, Saddar, Srinagar was approved in the AAP 2004-05 at a cost of Rs. 25 lakh and Rs. 10 lakh were released (December, 2004/February 2005) to JKPHC. The Department claimed (September 2005) to have achieved 40 *per cent* progress on the work and demanded additional Rs. 15 lakh for completion of the work, which was approved and funds (Rs. 15 lakh) were released (March 2006) for completion of the work during 2005-06. However, it was seen that the Department had subsequently (December 2006) shown the work as not taken up due to non-availability of land and proposed (December 2006) relocation of this work alongwith 14 other works. The relocation was approved (March 2007) by the GOI and 17 new works were approved in place of the existing works including the SDPO, Saddar building. Reasons for misreporting, though called for, were not intimated.

### **1.2.10.7 Asset management**

To safeguard against the loss/misuse of assets and also to help assess the future requirement as well as provide for the periodical maintenance and repairs of assets, maintenance of records relating to assets is essential. It was seen that assets registers, giving full details with regard to updated position of land, building, etc. with their status and extent to which they were possessed or used by the Department, had not been maintained by the PHQ.

Periodical physical progress reports furnished by the construction agencies had not been maintained at PHQ as the essential data<sup>58</sup> had not been incorporated in the physical progress reports, furnished to the PHQ. The requisite data, though called for by audit as already highlighted in para 1.2.10, was also not furnished by the construction agencies. Records, giving full details about the year-wise availability of various categories of housing/building infrastructure at the beginning of each year, those proposed in the annual action plan and those completed/taken over by the Department during each year under the programme or any other programme had not been maintained. As such, the correctness of the availability/achievements reflected in the AAPs and that communicated to the GOI could not be verified in audit in absence of the details. The Deputy Director (P&S) stated that physical progress reports were being prepared on the basis of information provided by the executing agencies and their collection would take some time. Non-maintenance of the basic records indicated lack of application on the part of the Department in monitoring the programme for timely completion of the schemes.

### **1.2.11 Weaponry**

In view of the security scenario in the State, the replacement of outdated and unserviceable weapons and provision of modern and sophisticated weaponry for the force is one of the major components of the scheme. Though the BPR&D norms (March 2000) placed the State alongwith other States in normal weapon authorisation scale, the State, necessitated by the demand arising out of a sensitive security situation, deviated from the norms both in terms of quantity and the category/type of weapons, in its projections to GOI from time to time, for which funds were provided by the GOI.

It was reassuring to note that the shortage of almost every type of basic arms/ammunition, which the State was facing in 2004-05, had been made good during 2004-09 and the Department was in possession of sufficient stock of arms/ammunition as of March 2009 except for AK-47 rifles. Against a requirement of 5,000 AK-47 rifles projected in AAP 2008-09, procurement of 2,443 AK-47 rifles was under process as of January 2009.

Against Rs. 83.76 crore released for 69 items of arms and ammunition during 2004-09, Rs. 81.03 crore (97 *per cent*) had been utilised and most of the items of arms and ammunition had been procured as of March 2009. The procurement had been possible due to release of funds by the GOI directly to the Ordnance Factories.

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<sup>58</sup> Date of start, target date of completion, actual date of completion, date of handing over of each completed work to the user department

### 1.2.12 Mobility

One of the major thrust areas of the scheme was to increase the mobility of the State Police Force so that challenges to internal security are faced effectively and the response time is reduced. Huge deficiency of vehicles existed in the Department as on 1 April 2004, as detailed in the following table:

Table 1.2.10

(In number)

Particulars	Position as on 31.3.2004					Position as on 01.02.2009				
	Type of vehicle				Total	Type of vehicle				Total
	Heavy	Medium	Light	Motor cycles		Heavy	Medium	Light	Motor cycles	
Requirement as per BPR&D norms	1,158	1,205	1,825	1,522	5,710	1,220	1,582	4,510	1,665	8,977
Special Requisition	-	168	1,122	84	1,374	-	-	-	-	-
Available	437	700	2,277	278	3,692	539	1,070	3,492	411	5,512
Total deficiency	721	673	670	1,328	3,392	681	512	1,018	1,254	3,465
Deficiency (percentage)	62	56	36	87	59	56	32	23	75	39

(Source: Data provided by the PHQ)

Though the position of holding had improved with the deficiency percentage coming down from 59 to 39 over the last five years, yet in absolute terms, the deficiency had increased from 3,392 to 3,465 during the period. Against an outlay of Rs. 115.10 crore in the AAPs for 2004-09, Rs 109.60 crore (95 per cent) had been utilised in procurement of 1,389 vehicles of different types during 2004-09. The Department stated (April 2009) that the deficiency of vehicles had not come down because the size of the Force had increased with the creation of new districts/battalions.

As per BPR&D norms, the scheme had to concentrate on purchase of field vehicles required for basic policing in the first instance. At State level, the position of availability of various types of vehicles with the Police Stations and the Armed battalions as of 31 March 2009 was as under.

Table 1.2.11

(In number)

Particulars of vehicles	Battalions- Total strength: 26				Police Stations-Total strength: 176			
	Authorised per battalion as per BPR&D norms	Total Requirement	Holding	Shortage (percent)	Authorised per station as per BPR&D	Total Requirement	Holding	Shortage (-)/ Surplus (+) (percent)
Heavy vehicles	29	754	241	513 (68)	-	-	1	(+) 1
Medium vehicles	8	208	197	11 (5)	-	-	80	(+) 80
Light Vehicles	13	338	208	130 (38)	2	352	142	(-) 210 (60)
Motor cycles	5	130	70	60 (46)	3	528	5	(-) 523 (99)

(Source: Data provided by the PHQ)

In the battalions, at the State level, the deficiency was acute in respect of heavy vehicles, light vehicles and motor cycles. In Police Stations, the availability of light vehicles was 40 per cent and motor cycles a mere one per cent. Even taking into account 80 medium vehicles provided to the police stations in place of light vehicles, the deficiency in this category as of March 2009 was 37 per cent.



Records relating to availability of vehicles with three<sup>59</sup> test-checked Battalions and 22 Police Stations<sup>60</sup> as of April 2009 showed the following position:

Table: 1.2.12

(In number)

Particulars	Battalions			Police Stations		
	Requirement	Holding	Shortage (percentage)	Requirement	Holding	Shortage (percentage)
Heavy vehicles	87	14	73 (84)	-	-	-
Medium vehicles	24	13	11 (46)	-	9	-
Light Vehicles	39	17	22 (56)	44	20	24 (55)
Motor cycles	15	1	14 (93)	66	02	64 (97)
<b>Total</b>	<b>165</b>	<b>45</b>	<b>120 (73)</b>	<b>110</b>	<b>31</b>	<b>79 (72)</b>

(Source: Departmental Records)

The deficiency at selected PSs and Battalions was above the overall departmental deficiency. This indicated non-prioritisation of distribution of available vehicles among the basic policing units, thereby adversely impacting the mobility of the Force. The claim (April 2009) of the Department, that in view of the overall deficiency of vehicles, the vehicles allotted to the Battalions were sufficient, should be seen vis-à-vis the fact that against an overall deficiency of 39 per cent, the deficiency stood at 73 per cent in battalions and 72 per cent in Police stations as of March 2009.

### 1.2.13 Response time

‘Response time’ is the time-lag between the receipt of information about an incident/registering First Information Report and the arrival of police at the incident scene. It was seen that two<sup>61</sup> out of the 22 test-checked PSs had not maintained the data relating to time of occurrence of crime and police reporting at the scene of incident. The Average Response Time (ART) of 20 PSs during December, 2004 and December, 2008 is detailed below.

Table 1.2.13

Office	Number of PSs	ART as in December (in minutes)		PSs where there was no improvement.
		2004	2008	
SSP Jammu	5	29	25	Nagrota
SSP Udhampur	5	109	136	Udhampur, Chenani and Kud
SSP Srinagar	5	164	87	Batmaloo, Sheerari, Ram Munshi Bagh.
SSP Anantnag	5	18	16	Kokernag
<b>Average Response Time</b>		<b>80</b>	<b>66</b>	

(Source: Departmental Records)

From the table there was an overall improvement in the ART, which decreased marginally from 80 minutes in the year 2004 to 66 minutes in the year 2008. Thirteen PSs out of 20 reported an improvement whereas the remaining seven PSs showed no change in the ART.

<sup>59</sup> Jammu Kashmir Armed Police 3<sup>rd</sup> and 6<sup>th</sup> battalions and IRP 15<sup>th</sup> battalion

<sup>60</sup> Jammu Division: 10, Kashmir Division: 12

<sup>61</sup> Police stations Dooru and Bijbehara in Kashmir Division.

### **1.2.14 Equipment**

Provision of modern and sophisticated equipment to all the wings of Police is one of the major components of the scheme. Though full funds for procurement of different types of equipment viz., security, bomb detection and disposal, crime detection, communication, etc. approved in AAPs during 2004-09 were provided by the GOI, delays in procurement at the State level had resulted in under-utilisation of the allotted funds. The status of various types of equipment with the Department and augmentation made during the review period is detailed in the succeeding paragraphs.

#### **1.2.14.1 Security equipment**

In view of the increased threat perception, provision of adequate security equipment, including Bomb Detection and Disposal (BDD) equipment, is an essential pre-requisite for the preparedness of the force.

- It was seen that 45 different types of security equipment like metal detectors, CCTVs, bomb detection and disposal equipment, baggage scanners, jammers, night vision devices, etc. were approved for procurement at a cost of Rs. 42.88 crore during 2004-09. However, the Department could utilise only Rs. 16.05 crore (37 *per cent*) as of March 2009. Out of 33 items approved during 2004-08, 12 items (36 *per cent*) were fully procured, whereas eight (24 *per cent*) equipment had been procured partially and the remaining 13 (40 *per cent*) items had not been procured at all despite availability of funds. None of the 12 items approved in AAP 2008-09 had been procured as of March 2009. The Additional Inspector General (Prov & Tpt), PHQ attributed (April 2009) the non-procurement/delayed procurement to delayed release of funds, technical nature of the equipment resulting in poor response to NITs or non-receipt of timely offers against NITs, involvement of experts in testing of equipment before selection and requirement of security clearance from MHA for installation of certain sensitive equipments.
- Seven items approved during 2004-07 were procured with delays of 1 to 3 years, which resulted in incurring of extra cost of Rs. 3.87 crore due to cost escalation.  
The AIG (Prov & Tpt), PHQ stated (April 2009) that the items were of technical nature and the procurement of these items was time consuming.
- Against the AAP for 2006-07, the Department procured (February 2008) eight Explosive Detectors from a Mumbai-based firm at a cost of Rs. 1.08 crore and issued (June 2008) those to the security wing of Police. As reported (February 2009) by the Special Security Group (SSG) Jammu, three Detectors were not giving satisfactory performance. The performance report in respect of the remaining five Detectors was awaited.

It was seen in audit that the State Level Purchasing Committee (SLPC) had approved the equipment despite having gone through performance reports on it from various end-users including Punjab Police, who had not found the device working upto the desired level. Reasons for according approval for procurement of such under-performing equipment were, however, not assigned.

### 1.2.14.2 Crime and Forensic Science Laboratories (FSL)

For up-gradation of the crime investigation system in the State, GOI released Rs. 6.75 crore during the period 2004-09 for procurement of 85 items for crime branch and the FSLs. The Department could spend only Rs. 2.20 crore (33 *per cent*) during 2004-09 and the balance funds had been lying with the Department. Out of 57 items approved during 2004-08, the Department had procured 15 items (26 *per cent*) fully, seven items (12 *per cent*) partially and 35 (62 *per cent*) items were not purchased at all. None of the 28 items approved during 2008-09 had been procured as of March 2009. Due to non-procurement of approved equipment, the crime branch and the forensic science laboratory had not been able to benefit fully from the scheme despite availability of funds. The AIG (Prov/Tpt) attributed (April 2004) delays in procurement to technical nature of the items, some of which are imported or are Propriety Article Certificate (PAC) based.

- One Computer Comparison Microscope with printer for ballistic examination was approved for Rs. 12 lakh in the AAP 2005-06. The Department delayed the process of import of the equipment by more than two years and finally placed an order in July 2008 and procured (March 2009) the equipment at a cost of Rs. 64.38 lakh resulting in cost overrun of Rs. 52.38 lakh. The extra cost was met from the unspent balances under the component and had not been got regularised/approved from GOI. The AIG (Prov/Tpt), PHQ cited (April 2009) procedural delays as the reasons for delayed procurement.
- A Universal Testing Machine procured (March 2003) for Rs. 14 lakh for FSL, Jammu had been lying un-utilised as of March 2009, due to non-availability of technical consultation in the area of its operation. The Deputy Director FSL, Jammu stated (July 2009) that the technical consultation for the installation of the equipment was in progress.

### 1.2.14.3 Communication equipment

Having an efficient communication system is essential, particularly in the State, which is under constant security threat. Keeping the fact in view, the MHA had directed (August 2004) up-gradation of the communication system of the State Police. It was seen that out of Rs. 9.67 crore released between 2004 and 2009 for procurement of 68 items, only Rs. 4.89 crore (51 *per cent*) had been spent by the Department on this component, as of March 2009, thereby, affecting the modernisation process significantly. Despite availability of funds, out of 59 items approved for procurement during 2004-08, the Department had been able to procure 29 (49 *per cent*) items fully, one (two *per cent*) item partially and 29 (49 *per cent*) items had not been procured at all. None of the nine items approved in the AAP 2008-09 had been procured as of March 2009.

Apart from delay in release of funds to the Department, the shortfall in procurement of the equipment was mainly due to unplanned procurement as detailed below:

- Rupees 16.51 lakh had been spent on establishment (March 2008) of five<sup>62</sup> Coral Digital Exchanges without ascertaining whether the system had software for providing dial 100 facility. Though the exchanges were functional, the dial 100

<sup>62</sup> Baramulla, Budgam, Civil Secretariat Srinagar, District Police Line Udhampur and Police Control Room Jammu

facility, which was one of the essential facilities to be provided through the exchanges, was not available, thereby, denying the public of this important service.

- A dedicated satellite based Integrated Police Communication Network (POLNET) aimed at integrating all police stations through better voice, fax and data transmission capabilities was approved (August 2002) by the GOI for implementation by the end of December 2004 (extended upto March 2006) and Rs. 5.38 crore released (between August 2002 and March 2007), for the project. One of the essential components of the project involved erection of towers. The work of supply, installation and commissioning of 140 towers was allotted (October 2006) to a firm for completion within six months. As per the terms of the contract, full payment was to be made after completion of the project. However, after execution of part works, the firm had insisted on release of payments at periodical intervals, which was not agreed to by the Department. As a result, after erection of 65 towers as of April 2008, work on the remaining towers was suspended by the firm. The matter has not been resolved as of March 2009. Apart from this, POLNET equipment<sup>63</sup> worth Rs. 2.29 crore, procured (2002-05) by the Department, had been lying un-utilised (March 2009) due to non-erection of the towers and commissioning of the system. The AIG (Prov/Tpt), informed (April 2009) that equipment like Gensets and batteries had been used for charging of wireless equipment at remote locations and also during power cuts. Thus, failure of the Department in ensuring commissioning of POLNET deprived the Police Force of a reliable communication network besides hampering the proposed sharing of State wide database of crimes and criminals with the National Crime Records Bureau.

#### **1.2.14.4 Training equipment**

During 2004-09, Rs. 50 lakh were released by the MHA for procurement of 21 items of training aids but the State police could utilise only Rs. 24 lakh (48 *per cent*). Of the 16 items approved during 2004-08, only four (25 *per cent*) items had been procured. None of the five items approved during 2008-09 had been procured as of March 2009. The AIG (Prov/Tpt), PHQ attributed (April 2009) non-procurement to revision of decision about the utility of an equipment<sup>64</sup>, non-availability of the items in the market<sup>65</sup> and non-release of funds by the State. Thus, shortfall in procurement of training aids deprived police training schools of significant up-gradation.

#### **1.2.15 Training**

BPR&D norms (2000) stressed the need for a minimum of one training course to be imparted to every employee in five years, which corresponds to training at least 20 *per cent* of the Force each year. The Department has seven police training

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<sup>63</sup> VSAT terminals (through MHA: Rs. 1.73 crore), Gensets, Lattice triangular MAST, SMF Batteries, etc. (State : Rs. 56 lakh)

<sup>64</sup> Short X shooting system

<sup>65</sup> Cut body models of vehicles

academies/schools<sup>66</sup>, having an intake capacity of 5,600 trainees, where about 32 different types of training courses, including specialised courses, are conducted. The State police personnel are also deputed for training outside the State/country. The position of police personnel deputed for training during 2004-08 was as follows:

Table 1.2.14

Rank	Men-in Position as on 1/4/2009	Persons Trained 2004-09						Total
		Basic Training Course	Pre-promotion course	Specialised courses		Foreign training	Bomb disposal VIP security	
				Inside State	Outside State			
<b>Gazetted Officers</b>								
SSP/SP	219	0	0	208	242	17	0	467
DSP	362	109	0	996	209	2	0	1,316
<b>Total</b>	<b>581</b>	<b>109</b>	<b>0</b>	<b>1,204</b>	<b>451</b>	<b>19</b>	<b>0</b>	<b>1,783</b>
<b>Upper Level Subordinates</b>								
INSP	782	0	0	997	193	1	0	1,191
SI's	2,063	31	404	1,716	422	0	2	2,575
ASI's/PSIs	3,088	139	1,041	812	77	0	0	2,069
<b>Total</b>	<b>5,933</b>	<b>170</b>	<b>1,445</b>	<b>3,525</b>	<b>692</b>	<b>1</b>	<b>2</b>	<b>5,835</b>
<b>Lower Level Subordinates</b>								
HC	10,655	31	2,469	1,355	123	0	0	3,978
SGCT/Constables	44,646	10,492	7,297	11,581	678	0	64	30,112
<b>Total</b>	<b>55,301</b>	<b>10,523</b>	<b>9,766</b>	<b>12,936</b>	<b>801</b>	<b>0</b>	<b>64</b>	<b>34,090</b>
<b>Grand Total</b>	<b>61,815</b>	<b>10,802</b>	<b>11,211</b>	<b>17,665</b>	<b>1,944</b>	<b>20</b>	<b>66</b>	<b>41,708</b>

(Source: Departmental records)

As can be seen from the above table, the overall percentage of training imparted to the Officers/personnel stood at 67 per cent during the five year period (2004-09), which corresponds to training of 13 per cent of the force annually which was higher than the national average of five per cent (BPR&D 2000). Out of six new IR battalions raised during 2004-09, five had already completed their basic training and one battalion was under going training as of March 2009.

### 1.2.15.1 Training infrastructure and aids

The training institutes ought to have sufficient infrastructure/facilities, weaponry, training aids, etc. based on the norms fixed by the BPR&D.

It was seen that the requirement of infrastructure and authorisation of various types of training aids/equipment were not available with any of the four audited training centres/institutes and as such audit could not verify the sufficiency of the available infrastructure/training equipment. However, based on the information furnished by the training centres, it was seen that there were deficiencies in basic infrastructure like parade grounds<sup>67</sup>, residential accommodation for trainees/trainers<sup>68</sup> and class rooms. Similarly, the deficiencies in training aids and arms/ammunition for training existed in almost all the audited training centres.

<sup>66</sup> Sher-e-Kashmir Police Academy (SKPA) Udhampur: 1000, SPS, PTS Kathua: 1000, PTS Manigam: 1000, STC Sheeri: 1000, STC Talwara: 1000, PTTI Vijaypur: 600

<sup>67</sup> PTS Vijaypur, PTS Manigam

<sup>68</sup> PTS Vijaypur, PTS Manigam, PTS Kathua, STC Sheeri

### 1.2.16 Forensic Science Laboratory (FSL)

The State has two Forensic Science laboratories, one each at Jammu and Srinagar. Apart from this, as per the BPR&D norms, a mobile FSL unit is to be provided in each district. It was seen in audit that the State had mobile FSL in 14 out of 22 districts as of March 2009. The status of manpower, training and the cases investigated in the two FSLs is discussed below.

#### 1.2.16.1 Manpower

The sanctioned strength of the two FSLs, 14 mobile FSL units and one mini FSL (SKPA Udhampur) as of March 2009, stood at 215 posts, out of which 43 posts (20 per cent) were vacant. Most of the vacancies existed in the operationally crucial posts of Scientific Officers, Laboratory Assistants and Drivers.

The shortage of staff in crucial areas had affected the disposal of investigation cases as discussed in the subsequent paragraph.

#### 1.2.16.2 Investigation

Facility for conducting tests in areas like chemistry and toxicology, physics and ballistics, biology, serology, document, lie detection, photography, finger printing, etc. is currently available in the State FSLs. However, cases relating to DNA, narco-analysis and brain-mapping are still referred outside the State due to non-availability of the facilities in the State.

The details of cases received, disposed off and pending in the two FSLs during 2004-09 were as under:

Table 1.2.15

Year	Backlog cases	Cases received	Total cases	Cases disposed off	Pending cases (percentage)
2004-05	472	3,544	4,016	3,497	519 (13)
2005-06	519	3,262	3,781	3,083	698 (18)
2006-07	698	3,509	4,207	3,532	675 (16)
2007-08	675	3,381	4,056	3,516	540 (13)
2008-09	540	3,390	3,930	3,422	508 (13)

(Source: Information provided by the Department)

Out of 508 cases pending as at the end of March 2009, only three cases were two year old, 122 cases (24 per cent) one year and the remaining cases pertained to the current year (2008-09). The Dy. Director, FSL, Jammu stated (July 2009) that the pendency was due to shortage of manpower.

### 1.2.17 Computerisation

‘Crime and Criminal Information System’ (CCIS) of the National Crime Records Bureau (NCRB), envisaging computerisation of police functions across the country was introduced in the State in 1995-96. The objective of the scheme is to store crime and criminal related data at State Crime Records Bureau (SCRB)/District Crime Records Bureaus (DCRBs) and make its retrieval easy and faster to support crime detection as well as its instant transmission to NCRB for the national database. Another scheme viz., ‘Common Integrated Police Application’ (CIPA) was also introduced by NCRB (2004) to automate the processes relating to crime and criminals at Police Station level for reducing



manual registers and eliminating duplicate and redundant record keeping. In addition, other applications viz. Finger Print Analysis and Criminal Tracking System (FACTS) developed by M/s CMC Ltd., Vehicle Coordination Software (VCS) for keying in data related to stolen and seized vehicles, Organised Crime Information System (OCIS) for creating data base of criminals involved in organised crime developed by NCRB were operational in SCRB. Moreover, Passport Verification System/Line of Control (LOC)/Pak Occupied Kashmir (POK)/Service Verification developed by NIC was also operational (2007) in the Criminal Investigation Department (CID) wing.

CCIS, CIPA, FACTS, VCS, Passport/LOC/POK/Service verification system applications were reviewed in audit.

Organised Crime Information System (OCIS) could not be covered as the Department did not share its contents. Apart from above, audit visited the State Police Headquarters, (PHQ) for audit of planning and implementation of the computerisation projects. It was seen in audit that none of the audited applications was running satisfactorily in any of the offices/police stations, as its effective implementation had been marred at various stages by delays in site preparation, delivery of hardware and peripherals to sites, acquisition of non-customised application software, inadequate trainings to system handling personnel, inadequate/erroneous data feeding and non-provision of a dedicated network to exchange information between various offices/police stations, DCRB and NCRB as detailed below.

- Although the hardware (One Server, One Node and One UPS of 2 KVA capacity for each site) for CCIS was provided (1995-96) by NCRB for 16 DCRBs (out of 25) for capture of data from January 1996 and integration thereof with the national database, the computerisation of records was started belatedly in the year 2000 and the system was partially functional in twenty three locations as of October 2008. The Department had captured only 57 per cent<sup>69</sup> FIRs in the system registered between the years 2000 and October 2008 and all manual functions were running in parallel with the computer system. Thus, even after more than 12 years of introduction of the scheme, capturing of current as well as backlog data remained grossly incomplete. The inadequate system implementation, as such, had defeated the envisaged purpose of the project.
- Under CIPA, 92 police stations were to be computerised in two phases<sup>70</sup> for which funds for infrastructure like site preparation, electrification, furniture, etc. were to be provided out of funds earmarked for Police Modernisation whereas the hardware was to be provided by the NCRB and software by the National Informatics Centre (NIC). The implementation of Phase-I and Phase-II was to be completed by December 2005 and October 2006 respectively. Though the hardware for phase-I was received from NCRB during 2006-08, owing to delay in identification of police stations, site preparation, submission of feedback of the software (provided for test-run) to NCRB and provision of allied infrastructure, the implementation under phase-I had been completed belatedly (October 2008). The implementation under Phase-II had also got delayed due to non-preparation of sites in time and none of the targeted sites had been made functional as of April

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<sup>69</sup> 1,11,449 out of 1,95,279 FIRs

<sup>70</sup> Phase-I: 23 sites and Phase-II: 69 sites

2009. In all the 13 audited locations, it was seen that the implementation was partial due to non-customization of the software to meet the local requirements, whereas in eight<sup>71</sup> of the 13 test-checked locations, apart from non-customisation of software, non-preparation of the sites as per approved design, inadequate networking, electric fittings, etc. had resulted in partial implementation. The Department attributed (November 2008) the delay to belated response of NCRB in customising the software and non-availability of hand holding persons to be provided by the NIC. It may be mentioned here that the Department had failed to give timely feedback on testing of the software and ensuring timely preparation of the sites. Besides, the Department had also not utilised the services of technical assistants provided by the NIC for training of handholding persons and backlog data entry.

- Audit analysis of the database of CCIS, CIPA, VCS and Passport /LOC/POK/Service Verification software showed cases of inadequate data feeding, duplication of data, non-utilisation/under-utilisation of available software modules, non-uniformity of Master data, erroneous/bogus data entry.
- Under CCIS all the States had been given the responsibility to make the crime data available to the National Server at NCRB on a regular basis so as to control crime effectively and maintain public order. Even after eight years of implementation of CCIS, no connectivity between Police Stations, DCRBs and SCRB had been established and the data was still being transferred from DCRBs to SCRB on media tapes. As a result, the objective of timely data sharing with NCRB and among the police Stations, DCRBs and SCRB remained unachieved. The Department stated (April 2009) that connectivity was under process.
- The Department had not documented an IT security policy for ensuring a well defined procedure for ensuring risk free IT set up. Audit observed that no policy existed for change of passwords at periodical intervals. Physical and environmental controls aim at ensuring that the assets of the Project are not put to any physical risk. Audit, however, observed that no fire extinguishers, fire alarm and smoke detectors had been put in place at any of the computerised locations, thereby, exposing the system and data to the risk of fire.
- Business Continuity Plan (BCP) and Disaster Recovery Plan (DRP) envisage development of a written plan containing the recovery procedures for continuation of the Departmental activities in the event of any disaster. No such formal BCP/DRP had been formulated by the Department. Most of the hardware was not safeguarded against breakdown as there was no Annual Maintenance Contract for their maintenance. The hardware was lying dysfunctional at most of the locations and no anti-virus software was found loaded in the systems.

### **1.2.18 Manpower**

The BPR&D norms (March 2000) emphasize the importance of raising manpower in the ratio of increase in population. The High Powered Committee of MHA also stressed (October 2006) the need for filling up vacancies on priority basis. It was also suggested

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<sup>71</sup> Baramulla, Anantnag, Kulgam, Karan Nagar Srinagar, Kupwara, Pulwama, Kathua, Udhampur

that 10 *per cent* representation be given to women in Police. The position of sanctioned strength and men-in-position for all levels of the Force as of March 2009 was as follows.

Table 1.2.16

Rank	Sanctioned strength	Men-in-position	Shortage(-)/ Surplus (+) (percentage)
<b>Overall Force Strength</b>			
Position as on 31.03.2009	69,048	61,851	(-) 7,197 (10)
<b>Gazetted Officers (GOs)</b>			
DGP/ADGPs	5	3	(-) 2 (40)
IGPs	14	14	-
DIGs	22	19	(-) 3 (14)
SSPs/SPs	223	219	(-) 4 (02)
Assistant Commandants/DSPs	514	362	(-) 152 (30)
<b>Upper Subordinate level</b>			
Inspector	790	782	(-) 8 (1)
Sub-Inspector	2,594	2,063	(-) 531 (20)
Assistant Sub-Inspector	3,453	3,088	(-) 365 (11)
<b>Lower Subordinate level</b>			
Head Constable	11,943	10,655	(-) 1,288 (11)
Selection Grade Constable /Constable	49,490	44,646	(-) 4,844 (10)

(Source: Data provided by the PHQ)

It was further seen that the representation of women in the Force was two *per cent* only.

### 1.2.19 Impact of the Modernisation Scheme on the striking power of the State Police

Jammu and Kashmir is a militancy affected State with several militant organisations active in the State. One of the major objectives of the modernisation programme was to improve the striking power of the force to combat militant activities. The impact can be gauged from the following:

#### 1.2.19.1 Number of persons killed, injured and arrested

The position of civilians, police personnel and extremists killed during 2004-09 (March 2009) is given below:-

Table 1.2.17: Militancy related killings 2004-09

Year	Number of persons killed			Number of persons injured		
	Civilians	Policemen	Extremists	Civilians	Policemen	Extremists
2004	678	97	915	1,640	251	18
2005	530	68	871	1,256	154	17
2006	421	71	571	1,061	154	5
2007	151	25	439	403	80	3
2008	75	16	219	56	195	2
2009 (upto March)	05	04	49	10	08	02

(Source: Data provided by the PHQ/SCRB)

While it is heartening to note that there has been a significant improvement in the overall situation and reduction in militancy related incidents, it can not be deduced that it was a result of implementation of the scheme alone but active vigilance by the force in collaboration with other para-military forces deployed in the State.

### 1.2.19.2 Crime rate

The position of incidents of crimes reported during 2004-09 (31 March 2009) is given in the table below:

Table 1.2.18: Incidents of Crime

Nature of crime	2004	2005	2006	2007	2008	2009 (upto March)
Murder	816	647	487	318	239	46
Robbery	1,608	1,565	1,522	1,671	1,478	492
Theft	1,908	1,862	1,888	2,004	2,118	659
Rioting	1,116	1,222	1,197	1,209	1,814	225
Abetment of Suicide/dowry death/	161	202	220	264	271	56
Kidnapping	735	748	789	758	701	153
Rape	218	201	250	288	221	53
Communal Riots	0	2	22	0	28	0
Cheating	414	403	463	489	387	112
Road accidents	6,288	5,669	5,609	5,874	5,340	1,213
Misc. Crimes	7,927	7,594	8,340	8,640	7,959	1,577
<b>Total</b>	<b>21,191</b>	<b>20,115</b>	<b>20,787</b>	<b>21,515</b>	<b>20,556</b>	<b>4,586</b>

(Source: Data provided by the PHQ/SCRB)

It would be seen from the above table that numbers of murders, robbery, kidnapping, cheating, etc. have decreased slightly but there was substantial increase in incidents of theft, rioting, communal riots and other miscellaneous crime.

Thus, though the incidents of militancy and extremism had come down remarkably, the crime rate decreased only marginally.

### 1.2.20 Modernisation of Home Guards

The scheme guidelines envisaged inclusion of a separate sub-plan for Home Guards in the AAPs and allocation of five *per cent* (Rs. 27 crore) of the total plan size (Rs. 541 crore) for mobility, weaponry, training, communication and crowd control equipment for Home Guards. No funds were allocated for modernisation of Home Guards except for the year 2005-06, when Rs. 5.80 crore were approved and released by MHA for procurement of 41 items of equipment, of which only Rs. five crore were released (August 2006) by the Home Department and only Rs. 2.11 crore (2005-06: Rs. 0.15 crore and 2008-09: Rs. 1.95 crore) had been spent. The Department stated (April 2009) that no allocation was projected in the subsequent years as funds released during 2005-06 remained unspent. As a result of non-provision of funds for modernisation of Home Guards as envisaged in the scheme and delay in utilisation of released funds, the Home Guards could not be modernized.

### 1.2.21 Monitoring and evaluation

Guidelines provided for monitoring the physical and financial progress by the State Level Empowered Committee (SLEC) headed by the Chief Secretary. In February 2007, the Home Department proposed to set up the SLEC; however, it was not created. The Government assigned (April 2006) the task of monitoring the scheme to the FA&CAO, Home Department. There was no record of any monitoring. In the absence of an effective monitoring mechanism, there has been considerable delay in implementation of the scheme. No evaluation of the scheme was undertaken to assess its impact.

The Director Finance stated (April 2009) that the SLEC had not been constituted and the order of monitoring by the FA&CAO was name-specific. However, no reasons for lack of monitoring of the scheme by the Department were assigned.

### **1.2.22 Conclusion**

Implementation of the scheme during the review period was satisfactory with regard to the weaponry and training components. However, infrastructure development is a matter of serious concern, as the police personnel were not provided adequate level of housing, secured police stations and outposts despite availability of funds. Inadequate provision of vehicles at the field level is another area of concern as it has a direct bearing on the response time. Communication system including computerisation needs to be addressed on a priority basis, as this would enable the force to share critical information rapidly.

### **1.2.23 Recommendations**

- Perspective Plan should be prepared and Annual Action Plans should flow out of the Perspective Plans.
- Completion of residential housing for Police personnel should be prioritized and POLNET and other communication systems should be commissioned at the earliest.
- Light vehicles and motor cycles should be procured and supplied to Police personnel at the Police Stations/Police Posts to ensure reduction in response time.
- Adequate funds as per norms should be provided and utilised for modernisation of State Home Guards.
- Unspent funds pertaining to years 2004-09 should be utilised on the approved items.
- There is an immediate need for creation of an IT Wing at Police Headquarters for overseeing the implementation of all IT related projects and consolidation of various IT related activities to establish a reliable and efficient information system.
- Time bound targets should be fixed for implementation of CCIS, CIPA and progress thereof ensured through adequate monitoring.
- All Police Stations, District and State Headquarters should be interlinked immediately for optimal utilisation of the data.

## IRRIGATION AND FLOOD CONTROL DEPARTMENT

### 1.3 Implementation of Irrigation Schemes

*The Irrigation and Flood Control Department is entrusted with the job of providing assured irrigation facilities to cultivable/cultivated land in the State by construction, renovation, modernisation and maintenance of irrigation canals/channels/khuls, etc. A majority of the schemes executed by the Department were funded by the GOI. Performance review of the irrigation projects revealed that the schemes had been executed in an unplanned manner and were completed after inordinate delay running upto six years of their envisaged completion date. The irrigation potential created was below the targeted level and utilisation of the potential created was below par in most of the cases.*

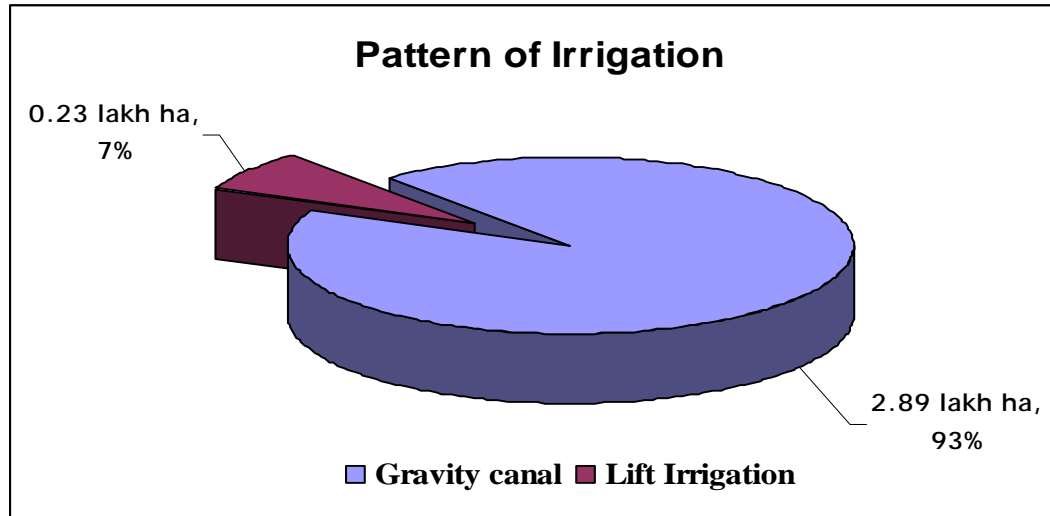
#### Highlights

- **One hundred and seventy three surface minor irrigation schemes approved for execution during 2006-08 could not be taken up for execution in the respective year due to delayed release of funds.**  
(Paragraph: 1.3.8.2)
- **Scheme funds amounting to Rs. 2.48 crore were diverted/utilized on unapproved activities during 2003-09.**  
(Paragraph: 1.3.8.5)
- **Non-fulfilment of pre-requisites before taking up construction of four schemes resulted in unfruitful expenditure of Rs. 2.72 crore besides non-extension of irrigation facilities to 849 hectare.**  
(Paragraph: 1.3.9.3)
- **Twenty three per cent of the 240 tube wells drilled in Jammu Province remained non-functional during 2004-09. As a result, only 41 per cent of the irrigation potential created was utilised.**  
(Paragraph: 1.3.9.6)
- **State/Scheme level committees were not constituted to monitor the implementation the schemes.**  
(Paragraph: 1.3.10)

#### 1.3.1 Introduction

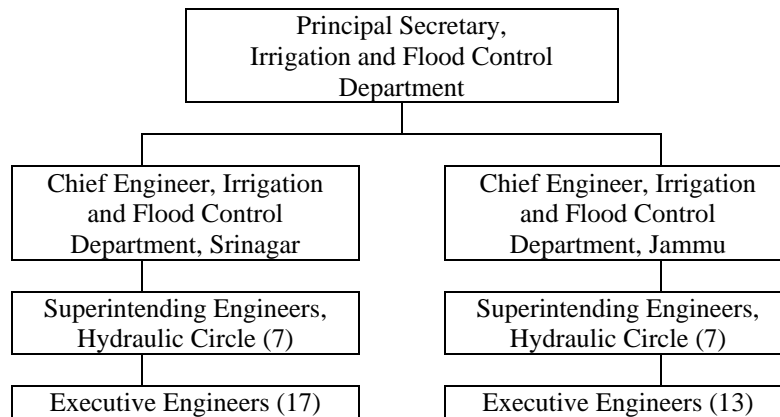
Irrigation and Flood Control Department was created (1959) with the objective of providing assured irrigation facilities to cultivable/cultivated land in the State by renovation/modernization of the existing canals and construction of new canals. Out of the total cultivable area of 3.12 lakh hectare, 2.89 lakh hectare of land (93 per cent) is irrigated through gravity canals and the remaining 0.23 lakh hectare (7 per cent) through lift irrigation schemes, tube wells, tanks, etc.





### 1.3.2 Organisational structure

The organisational set up of Irrigation and Flood Control Department is detailed in the chart below:



### 1.3.3 Scope of audit

A performance review of lift irrigation schemes has been incorporated in the Comptroller and Auditor General's Audit Report for the year 2007-08. The present performance review covers major/medium gravity canals, with special emphasis on minor irrigation schemes funded under Accelerated Integrated Benefit Programme (AIBP) and National Agriculture Bank for Rural Development (NABARD) during the period 2004-09.

The records of two Chief Engineers (Jammu and Srinagar) and 11 divisions (out of 30) were test-checked in audit during the period from April 2009 to July 2009. Out of 380 schemes<sup>72</sup> (Major/Medium 20: Minor: 360) in the State, modernisation/remodelling and construction of 268 schemes<sup>73</sup> were taken up during 2004-09. Out of the 380 schemes

<sup>72</sup> Jammu: 253; Kashmir: 127

<sup>73</sup> Jammu: 173; Kashmir: 95

only 99 schemes<sup>74</sup> were completed during 2004-09 which included 22 schemes taken up during the review period. One hundred and thirty five schemes out of 380 were scrutinised in detail in audit.

#### **1.3.4 Audit objectives**

Performance audit of irrigation schemes was conducted to assess whether:

- Planning of new projects and prioritisation for funding the ongoing schemes was done in a systematic manner;
- Objectives of creating adequate and targeted irrigation potential were achieved and the created potential was utilized fully;
- Funds were released on time and utilized properly;
- The projects were approved properly and executed in an economic, efficient and effective manner;
- Monitoring mechanism was adequate and effective.

#### **1.3.5 Audit criteria**

Audit findings were benchmarked against the following criteria.

- Guidelines of Accelerated Integrated Benefits Programme and National Bank of Agriculture and Rural Development.
- Guidelines issued by Central Water Commission (CWC).
- State Financial Rules and Public Works Account Code, Detailed Project Reports.
- Circulars/Instructions issued by Ministry of Water Resources, CWC and State Government.

#### **1.3.6 Audit methodology**

An entry conference was held with the Principal Secretary to Government of Jammu and Kashmir, Public Health Engineering, Irrigation and Flood Control Department in April 2009 wherein audit objectives, criteria and audit methodology were discussed. Out of 380 Gravity Irrigation Schemes (Major/Medium: 20, Minor: 360), 135 schemes<sup>75</sup> were selected on simple random sampling basis, spread over two Divisions of the State (Jammu: 112; Kashmir 23). Out of the 135 schemes selected for detailed scrutiny, 39 schemes have been physically verified by the Audit team. At the conclusion of audit, the findings were discussed in an exit conference on 7 October 2009 and the replies of the Department/Government have been incorporated in the review at appropriate places.

#### **Audit findings**

The important audit findings arising out of the review are discussed below.

#### **1.3.7 Planning**

The irrigation potential in the State has been assessed at 11.76 lakh hectares against which, 1.13 lakh hectares were planned for creation during the review period.

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<sup>74</sup> Jammu: 77; Kashmir: 22

<sup>75</sup> Jammu: 112; Kashmir: 23

For a State like Jammu and Kashmir, where rural population (75 per cent) is mainly dependant on agriculture, database regarding the irrigation potential created is a pre-requisite for preparation of a perspective plan. However, it was seen in audit that though the State had the database at the provincial level, it did not formulate a Perspective Plan for bridging the gap between the required irrigation potential and the existing potential. Nor did it formulate strategies for utilisation of the created potential. The schemes were selected for execution after formulation of Detailed Project Reports (DPRs) on the basis of what the management called 'perceived local needs'. It was observed that guidelines of AIBP and Planning Commission were not taken into cognizance while planning, prioritising and executing the schemes, as detailed in the succeeding paragraphs.

### 1.3.7.1 Selection of schemes

As per AIBP guidelines, schemes being funded by other agencies were not to be covered under AIBP. It was, however, seen that ineligible schemes had also been covered by the Department under AIBP which are instanced below:

- Three minor irrigation schemes<sup>76</sup> of Doda district (estimated cost: Rs. 1.66 crore), being funded (Rs. 13.53 lakh) under another programme<sup>77</sup> and as such ineligible for funding under AIBP, had been taken up in 2006-07 under the programme in contravention of the guidelines. The schemes were, however, incomplete despite incurring expenditure of Rs. 88.62 lakh thereon as of March 2009. The Executive Engineer, Doda stated that the works were taken up under AIBP to ensure their expeditious completion. The contention of the Department should be viewed in the light of the fact that such a departure even for expeditious completion, is not allowed by AIBP guidelines. Despite funding from various agencies, the Department failed to complete the works within the stipulated time.
- As per the AIBP guidelines, with effect from December 2006, new schemes (Major/Medium) can be included under AIBP only on completion of ongoing schemes on one to one basis. It was seen in audit that though none of the ongoing schemes was completed after December 2006, two new schemes (*Ahaji canal* and *Babul canal*) were started during 2007-08 in violation of guidelines. The Joint Director (Planning) Public Health Engineering, Irrigation and Flood Control Department stated that these schemes were taken up on completion of two major/medium schemes (LIS Lethpora and Igophy Canal). The reply of the Joint Director (Planning) did not take into account the fact that construction of three other new schemes viz. modernization of Dadi canal, Martand canal and Mav *khul* had been taken up on completion of these two schemes.

### 1.3.8 Financial management

**1.3.8.1** The Department receives funds from Government of India (GOI) under AIBP (90:10), NABARD and also some allocation through the State Budget. The position of receipts and expenditure during the years 2004-09 is tabulated below:

<sup>76</sup> Dongroo *khul*, Jathali *khul*, Pranoo *khul*

<sup>77</sup> Rashtriya Sam Vikas Yojna (RSVY)

Table 1.3.1

(Rupees in crore)

Year	Opening balance	Released during the year			Expenditure during the year			Unspent balance
		GOI/ NABARD	State share	Total availability	GOI/ NABARD	State share	Total Expenditure	
2004-05	NA	23.68	12.49	36.17	19.48	12.47	31.95	4.20
2005-06	4.20	26.67	11.26	42.13	29.57	11.26	40.83	1.30
2006-07	1.20	24.30	8.34	33.84	24.79	8.24	33.03	0.71
2007-08	0.71	85.77	7.70	94.18	80.12	7.67	87.79	6.36
2008-09	6.36	157.22	9.62	173.20	110.90	9.61	120.51	52.68
<b>Total</b>		<b>317.64</b>	<b>49.41</b>	<b>379.52</b>	<b>264.86</b>	<b>49.25</b>	<b>314.11</b>	

(Source: Information compiled from departmental records)

Variation of Rs. 10.10 lakh between closing balance and opening balance was not explained by the Department

As can be seen from the above, out of the total availability of Rs. 379.52 crore, the Department utilised Rs. 314.11 crore (83 *per cent*) during 2004-09 resulting in accumulation of unspent balance of Rs. 52.68 crore (March 2009). Evidently, finances had not been a constraint for completion of the irrigation schemes. Despite availability of sufficient funds, the Department was not able to complete the schemes as discussed in the subsequent paragraphs. The Executive Engineers stated that funds could not be utilised due to non-finalisation of tenders, delay in release of funds, sinking of national highway<sup>78</sup>, etc.

### 1.3.8.2 Delay in release of funds

For accelerating the pace of work under AIBP, guidelines envisaged release of funds to the implementing agencies within 15 days from their receipt by the State Government. Test-check showed average delays of about 12 to 379 days in release of funds by the State Government to the Chief Engineers. Delayed release of funds not only resulted in non-utilization of programme funds but also adversely affected the completion of targeted schemes. It was seen that construction of 173 surface minor irrigation schemes approved for execution during 2006-07 (62 schemes) and 2007-08 (111 schemes) could not be taken up for execution in the respective years due to delayed release of funds by the State Government to the implementing agencies, which were taken up for execution in the subsequent years. As a result, only 16 schemes were completed as of March 2009.

### 1.3.8.3 Rush of expenditure

State Financial Rules provide that expenditure should be incurred evenly throughout the year. Test-check showed that expenditure incurred during the last quarter of the years 2004-09 ranged between 56 and 88 *per cent*. Expenditure in March each year ranged between 37 and 79 *per cent* as tabulated below.

Table 1.3.2

Year	Number of Schemes	Total expenditure (Rupees in crore)	Expenditure during last quarter (percentage)	Expenditure in the month of March (percentage)
2004-05	13	0.75	0.66 (88)	0.59 (79)
2005-06	27	1.25	0.70 (56)	0.47 (38)
2006-07	44	5.21	3.52 (68)	2.95 (57)
2007-08	40	10.02	6.30 (63)	4.07 (41)
2008-09	58	15.81	9.28 (59)	7.05 (45)

(Source: Monthly expenditure statements of the test-checked divisions)

<sup>78</sup>

National high way Doda-Kishtwar sunk in 2008-09

Rush of expenditure at the fag end of each year was attributed by the EEs to release of funds by the State Government at the fag end of the year and scarcity of labour for first two quarters of the year which affected the pace of implementation of the programme.

#### 1.3.8.4 Irregular execution of works

- Financial rules provide that no work should be taken up for execution without technical and administrative approval. Audit scrutiny revealed that 12 schemes on which Rs. 11.39 crore had been incurred (March 2009) were taken up for execution without administrative approval and technical sanction.
- Rules provide that no expenditure should be incurred by the EE beyond a permissible limit of Rs. five lakh (revised) on Annual Repairs and Distribution (ARD) without the sanction of Chief Engineer. Test-check showed that four<sup>79</sup> EEs (out of 11 divisions test-checked) incurred a total expenditure of Rs. 12.88 crore during 2003-09 on ARD works though the approval of Chief Engineer was not on record.
- As per rules, the CE/SE are empowered to sanction excess over estimate to the extent of 5 per cent. Scrutiny of records of three (Out of 11 Divisions test-checked) Executive Engineers revealed that 74 works were allotted in excess of estimate as tabulated below:

**Table 1.3.3**

(Rupees in crore)

Executing Division	Number of works	Estimated cost	Allotted cost	Excess
Irrigation Division Handwara	28	174.74	205.89	31.15
Irrigation and Flood Control Division Baramulla	20	94.31	117.80	23.49
Ferozpora Basin Irrigation Division Tangmarg	26	82.92	117.37	34.45
<b>Total</b>	<b>74</b>	<b>351.97</b>	<b>441.06</b>	<b>89.09</b>

(Source: Departmental records)

The EE, Baramulla stated that the increase over estimates was due to extension of works as per site requirements while as EE, Tangmarg replied that the rates quoted by the tenderers never coincide with the advertised cost. In the former case, the fact remains that supplementary agreement had not been executed with the contractor and in the latter case, the reply is in itself an acceptance that estimates were not being framed realistically.

- Financial rules envisage execution of works after ensuring reasonability of rates and economy by inviting tenders. It was seen in audit that 264 works in 9 divisions<sup>80</sup> (out of 11 divisions test-checked) valued at Rs. 8.03 crore were allotted (2003-08) on 'approval basis' without invitation of tenders. The EEs stated that this procedure was adopted to ensure immediate execution to meet the demands of local people and MLAs. The reply did not take into account the

<sup>79</sup> Executive Engineer, Irrigation Division Sumbal Sonawari: Rs. 1.21 crore; Executive Engineer, Irrigation Division Handwara: Rs. 3.53 crore; Executive Engineer, Irrigation Division Baramulla: Rs. 5.40 crore; Executive Engineer, F.B Irrigation Division Tangmarg: Rs. 2.74 crore.

<sup>80</sup> Irrigation Division Handwara, Irrigation Division Baramulla, Irrigation Division Sumbal Sonawari, F.B. Irrigation Division Tangmarg, Irrigation Division-I Jammu, Irrigation Division-II Jammu, Irrigation Division Kathua, Irrigation Division Akhnoor, Irrigation Division Anantnag

crucial codal procedure that works were to be executed only after invitation of tenders and ensuring reasonability of rates.

#### **1.3.8.5 Diversion of funds**

Audit scrutiny of seven divisions (out of eleven divisions test-checked) revealed that funds amounting to Rs. 2.48 crore were diverted/utilised during 2003-09 on unapproved activities/items like construction of a motorable bridge, silt clearance, labour payment of other *khuls*, hire charges of vehicles, POL, furniture, purchase of photocopier machines, levelling equipment, renovation of divisional/sub-divisional office buildings, construction of *Shah Khul* not provided in the scheme report, purchase of Hydraulic Excavator, levelling instrument, renovation of divisional stores, construction of tank, CGI roofing, purchase of fuel, worn out pumps, etc. were also paid by debit to the approved schemes. Diversion of funds, apart from being unauthorized, reduced the availability of funds for the schemes from which the money was diverted, thereby delaying completion of the targeted schemes. The EEs stated that expenditure incurred on silt clearance was due to insufficient funds provided by the State Government for desilting. It was further stated that provision for construction of bridge had been kept in the revised Detailed Project Report (DPR). It may be pointed out here that construction of the said bridge and construction of *Shah khul* were not included in the approved DPRs.

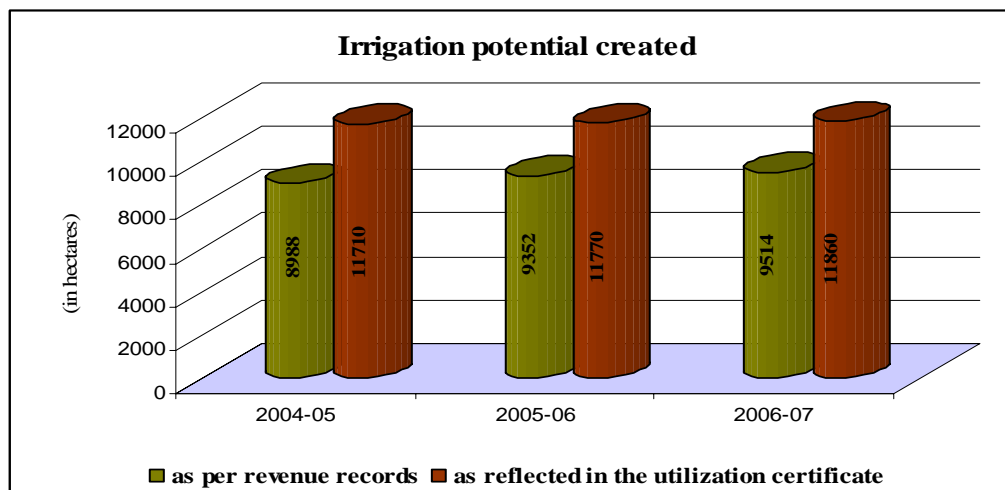
#### **1.3.8.6 Incorrect reporting**

Instances of wrong reporting to the GOI were also seen in audit. Under AIBP guidelines, the Department is required to submit utilisation certificates to the GOI for the released assistance and the subsequent releases were subject to submission of utilisation certificate for the earlier releases.

It was seen that Rs. 44.14 crore were reflected in the utilization certificates submitted to the GOI as having been spent on 173 schemes during 2007-08 and 2008-09 against Rs. 32.52 crore actually spent during the period. Audit scrutiny, however, showed that Rs. 11.62 crore have been lying as unspent balance with the Chief Engineer, Irrigation and Flood Control Department, Jammu, at the end of March 2009. This indicated that the entire amount of the released assistance was reflected as final expenditure, evidently to obtain the next instalment of assistance.

It was also seen that inflated figures of irrigation potential created were reflected in the utilization certificates in respect of Modernization of New Partap Canal (Medium) as given in the chart below:





The Executive Engineer, Irrigation Division, Akhnoor stated that the variation between the two sets of figures would be looked into.

### 1.3.9 Programme performance

The position of the number of schemes under execution, including those taken up for execution during the review period, and those completed in the state is tabulated below:

Table 1.3.4

Mode of irrigation scheme	Total number of schemes under execution			Number of schemes completed during review period	Total number of schemes under execution ending March 2009
	As on April 2004	Taken up during 2004-09	Total		
Major/Medium	16	4	20	3	17
Minor	96	264	360	96	264
<b>Total</b>	<b>112</b>	<b>268</b>	<b>380</b>	<b>99</b>	<b>281</b>

(Source: Departmental records)

Year-wise details of the schemes completed/executed is tabulated below:

Table 1.3.5

Year	Schemes under implementation at beginning of the year	Schemes started during the year	Schemes due for completion during the year	Schemes completed during the year	Incomplete schemes at the end of year
2004-05	112	9	111	Nil	121
2005-06	121	2	112	23	100
2006-07	100	61	100	26	135
2007-08	135	137	129	39	233
2008-09	233	59	228	11	281
<b>Total</b>		<b>268</b>		<b>99</b>	

(Source: Departmental records)

The Department took up 268 schemes for execution during the review period where as 112 schemes were already under execution (April 2004). Out of 380 schemes (Major: 20; Minor: 360), 316 schemes due for completion during 2004-09 from which only 99 schemes (Major: 3; Minor: 96) were completed during the review period with a time overrun of 1-4 years as detailed below:

### 1.3.9.1 Time overrun

Out of 316 schemes due for completion during the review period, only nine schemes were completed in time. Ninety schemes were completed with a time overrun of one to six years. The remaining were incomplete as of March 2009. Out of 135 schemes test-checked, 117 schemes (Jammu: 110; Kashmir: 7) were slated for completion during the review period, out of which only 39 schemes (Jammu: 35; Kashmir: 4) estimated to cost Rs. 14.97 crore were completed at a cost of Rs. 14.95 crore with time overrun of 1-4 years. The balance 78 schemes (Jammu: 75; Kashmir: 3) had not been completed as of March 2009. Delay in completion of schemes resulted in delay in accrual of benefits from the investment. The time overrun was attributed by the EEs to late release of funds. It was also stated that short utilisation of the created potential was due to urbanisation and change in cropping pattern.

### 1.3.9.2 Creation of irrigation potential

The position of irrigation potential created during 9<sup>th</sup> and 10<sup>th</sup> Five Year Plans is indicated in the following table.

Table 1.3.6

(In hectare)

Mode of irrigation	Ultimate irrigation potential	Irrigation potential at the end of 9 <sup>th</sup> plan		Irrigation potential added during 10 <sup>th</sup> plan		Irrigation potential at the end of 10 <sup>th</sup> plan	
		Created	Utilised	Created	Utilised	Created	Utilised
Major/Medium irrigation	250	179.69	168.75	43.30	15.35	222.99	184.10
Minor irrigation	1,108	382.45	366.77	72.22	29.74	454.67	396.51
<b>Total</b>	<b>1,358</b>	<b>562.14</b>	<b>535.52</b>	<b>115.52</b>	<b>45.09</b>	<b>677.66</b>	<b>580.61</b>

(Source: Departmental records)

The irrigation potential utilised at the end of 10<sup>th</sup> plan was 83 *per cent* in case of major/medium irrigation schemes while as it was 87 *per cent* in case of minor irrigation schemes. While the overall irrigation potential utilized was encouraging, the irrigation potential created was only 89 *per cent* and 41 *per cent* in case of major/medium and minor irrigation schemes respectively.

Out of 96 minor irrigations schemes completed (out of 360) during the review period, data collected from the Department showed that against the ultimate irrigation potential of 25,059 hectare, only 20,298 hectare (81 *per cent*) was created as tabulated below:

Table 1.3.7

(In hectare)

Year of completion	Number of schemes	Envisaged Irrigation Potential	Irrigation potential created
2005-06	20	1,872	1,714
2006-07	26	4,745	4,362
2007-08	39	17,635	13,482
2008-09	11	807	740
<b>Total</b>	<b>96</b>	<b>25,059</b>	<b>20,298</b>

(Source: Departmental records)

In five out of 39 completed (out of 135 test-checked) schemes, the potential created was significant (91 to 100 *per cent*) and utilisation commendable (80 to 98 *per cent*) as detailed below:

Table 1.3.8

(In hectare)


Name of the Khul	Ultimate Irrigation Potential	Potential created (percentage)	Potential utilised (percentage)
Left Binkund Canal	242	220 (91)	216 (98)
Shanookote Khul	30	30 (100)	26 (87)
Thudi-II	37	37 (100)	34 (92)
Muradpur Khul	40	40 (100)	32 (80)
Sidhal	95	95 (100)	81 (85)

(Source: Data furnished by the divisions)


However, Audit scrutiny of 39 completed schemes showed that irrigation potential utilised was only 2,403 hectares (62 *per cent*) against the created potential of 4,617 hectares. The reasons for shortfall was due to non-development of land, non-performing of schemes satisfactorily as envisaged, etc.


Audit scrutiny also showed that, in respect of seven completed schemes, against the created irrigation potential of 2,658 hectares, the actual utilisation was only 730 hectares. Low utilisation (27 *per cent*) of the irrigation potential was due to the reasons tabulated against each hereunder:

#### **Under utilised Schemes**

<b>Name of the Scheme: Nalla Khul</b>	<p><b>Specific findings</b></p> <p>Khul section of 490 metres (RD 750M-1140M and 1790-1890M) remained incomplete due to land dispute.</p>
Estimated Cost: Rs. 0.27 crore	
Envisaged irrigation potential: 30 hectares	
Expenditure: Rs. 0.27 crore.	
Potential created ending March, 2009: 30 hectares	
Year of construction: 2006-09	
Potential actually utilised: NIL	
	
<i>Nallah Khul incomplete due to land dispute</i>	

<p><b>Name of the Scheme: Janiar Bowli Khul</b></p>	<p><b>Specific findings</b></p> <p>Damages at head work site were not allowed to be restored by the local residents who apprehended damages to their fields.</p>
<p>Estimated Cost: Rs. 0.14 crore</p>	
<p>Envisaged irrigation potential: 170 hectares</p>	
<p>Expenditure: Rs. 0.14 crore.</p>	
<p>Potential created ending March 2009: 170 hectares</p>	
<p>Year of construction: 2001-07</p>	
<p>Potential actually utilised: 02 hectares</p>	
<div data-bbox="284 499 857 877" data-label="Image"> </div> <p data-bbox="284 888 763 919"><i>Water not flowing into the canal due to damages.</i></p>	
<p><b>Name of the Scheme: Boila Khul</b></p>	<p><b>Specific findings</b></p> <p>Khul section passing through residential area was not allowed by the residents for construction before construction of distributory of the Khul</p>
<p>Estimated Cost: Rs. 0.21 crore</p>	
<p>Envisaged irrigation potential: 48 hectares</p>	
<p>Expenditure: Rs. 0.21 crore.</p>	
<p>Potential created ending March 2009: 48 hectares</p>	
<p>Year of construction : 2004-08</p>	
<p>Potential actually utilised: 03 hectares</p>	
<div data-bbox="284 1232 836 1587" data-label="Image"> </div> <p data-bbox="284 1598 893 1654"><i>Construction of Boila Khul. Work not allowed to be executed by local residents</i></p>	

<b>Name of the Scheme : Raitla Khul</b>	<p><b>Specific findings</b></p> <p>Some work of the Khul not completed due to local dispute. The Khul is planned for completion during 2009-10.</p>
Estimated Cost: Rs. 0.18 crore	
Envisaged irrigation potential: 52 hectares	
Expenditure: Rs. 0.17 crore.	
Potential created ending March 2009: 52 hectares	
Year of construction : 2006-09	
Potential actually utilised: Nil	
	<p><b>Specific findings</b></p> <p>Damages caused due to flash floods at different RDs were not restored due to non-availability of funds.</p>
<i>Damage to Raitla Khul not restored</i>	
<b>Name of the Scheme: Karthai Khul</b>	
Estimated Cost: Rs. 0.19 crore	
Envisaged ultimate irrigation potential: 156 hectares	
Expenditure: Rs. 0.19 crore.	
Potential created ending March 2009: 156 hectares	
Year of construction: 2002-08	
Potential actually utilised: Nil	
<b>Name of the Scheme: Laxmi Mawas canal</b>	<p><b>Specific findings</b></p> <p>Low creation of irrigation potential was due to choked canal near the flume.</p>
Estimated Cost: Rs. 1.55 crore	
Envisaged ultimate irrigation potential: 1,362 hectares	
Expenditure: Rs. 1.49 crore.	
Potential created ending March 2009: 406 hectares	
Year of construction: 2003-08	
Potential actually utilised: 406 hectares	

<b>Name of the Scheme: Construction of sluice gate Shadipora</b>	<p><b>Specific findings</b></p> <p>Low utilisation of irrigation potential was due to low river bed level due to extraction of sand from the river by the locals.</p>
Estimated Cost: Rs. 2.29 crore	
Envisaged irrigation potential: 840 hectares	
Expenditure: Rs. 2.29 crore.	
Potential created ending March 2009: 790 hectares	
Year of construction: 2003-08	
Potential actually utilised: 319 hectares	
 <p><i>Gates in Shadipore canal above the river bed</i></p>	

Reasons for non-utilisation of created irrigation potential are indicative of the fact that *khuls* alignments were not properly surveyed initially to visualise possible local land disputes during actual execution. Non-providing of funds for restoration of damages also resulted in negligible utilisation of irrigation potential actually created at a cost of Rs. 4.76 crore.

Review of the schemes showed that implementation of the programmes suffered due to unplanned execution, unauthorised execution, taking up of ineligible schemes for execution, unfavourable cost benefit ratios, etc. Test instances are discussed in the subsequent paragraphs.

### **1.3.9.3 Execution of works without fulfilment of pre-requisites**

Pre-requisites such as preliminary survey and investigations, sufficient water availability, acquisition of land, environmental and forest clearance and availability of adequate funds were to be fulfilled before proposing schemes for execution. Further, instructions issued (1984) by the Irrigation and Flood Control Department envisaged that work should be done on land without encumbrances. It was observed in audit that in respect of four out of 135 test-checked schemes, construction work was taken up without preliminary survey, geological investigation, forest clearance, etc. Non-fulfilment of pre-requisites led to non-development of canal section and consequently resulted in abandonment/change of proposals as tabulated below:



Table 1.3.9

Name of Scheme	Date of start	Due date of completion	Proposed ultimate Irrigation potential (in ha)	Estimated cost	Expenditure incurred as of March 2009	Reasons for abandonment/change of proposal
				(Rs in crore)		
Construction of Buzzla Khul	2002-03	2004-05	210	0.50	0.22	Work abandoned due to development of sliding zone since February 2005.
Construction of Pranoo khul	2006-07	2007-08	180	0.68	0.38	Head works of <i>Khul</i> damaged by GREF since 2006-07; work not started as of March 2009. Further, construction on <i>Khul</i> section held up for want of forest clearance.
Construction of Thumba Nahoti	2003-04	2004-05	404	2.10 (O) 2.42 (R)	1.86	Work abandoned since March 2008 due to non-approval of changed design and for want of funds.
Construction of Argi Khul	2003-04	2004-05	55	0.36 (O) 1.99 (R)	0.26	Work abandoned since March 2008 due to change of scheme from gravity to lift.
<b>Total</b>			<b>849</b>		<b>2.72</b>	

(Source: Departmental records)

(O: Original cost; R: Revised cost)

Thus non-fulfilment of pre-requisites before taking up construction work of schemes resulted in unfruitful expenditure of Rs. 2.72 crore, besides non-extension of irrigation facilities to 849 hectare of land. In reply, the EEs stated that work in respect of *Buzzla Khul* would be taken up after fresh survey and geological investigation and receipt of forest clearance in respect of *Pranoo Khul*. As regards other two schemes, works were to be taken up after approval of the changed designs and revised proposals. The EE had not addressed these issues before taking up the schemes for execution.

#### 1.3.9.4 Unfavourable cost benefit ratio

For economic viability of an irrigation scheme, cost benefit ratio (CBR) of the scheme should be more than unity. To ensure that a scheme has actually come up to the desired level in respect of creation of irrigation potential and utilisation thereof, it is essential for the Department to work out the cost benefit ratio on actuals after completion of the schemes. It was, however, seen in audit that no such exercise had ever been conducted by the Department to ascertain the cost benefit ratio actually achieved in respect of completed schemes to identify bottlenecks, if any, for its non-achievement for taking remedial action.

Out of the 39 completed schemes, it was seen that ultimate CBR achieved in respect of 16 minor irrigation schemes completed at a cost of Rs. 265.52 crore during 2006-07 and 2007-08 was poor (less than 1) as worked out in audit on the basis of utilization of irrigation potential and actual crop yield per hectare as tabulated below. Audit observed that against the projected cultivable command area of 5,041.10 hectare, the utilised irrigation potential was only 1,232.40 hectare (24 per cent) during 2008-09 as tabulated below:

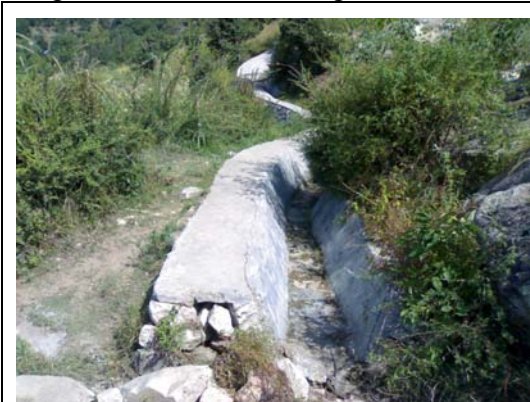
Table 1.3.10

Name of the scheme	Gross value of produce		Expenditure	Envisaged area (in hectare)	Cost Benefit Ratio (as per DPR)	Ultimate projected irrigation	Irrigation potential utilised (2008-09)	Actual Cost Benefit Ratio
	before modernisation	after modernisation						
	(Rs in lakh)		(in hectare)					
Improvement of Kanir Shumnag Khul	200.43	98.16	1.97	842	1:4.75	1599.40	513.20	1:0.13
Remodelling of Ranger Khul	151.11	62.82	1.56	778	1:6.94	1418.00	332.00	1: (-) 0.006
Improvement to Sazwari Canal	33.07	25.95	0.52	600	1:13.13	1100.00	167.20	1:0.48
Narian Khul	1.77	2.46	20.04	24	1:1.08	44	20	1:0.36
Challathani Khul	3.41	2.33	18.00	24	1:1.32	44	14	1:0.25
Gundi Khul	17.11	11.70	26.19	120	1:1.80	160	76	1: (-) 0.15
Chandak Khul	3.14	1.04	29.35	28	1:2.5	48	10	1: (-) 0.11
Potha Khul	7.07	1.47	38.23	70	1:1.80	112	06	1: (-) 0.35
Gunthal Khul	2.71	4.41	18.51	26	1:1.53	40	07	1: 0.67
Salyote Khul	1.69	3.23	7.73	18	1:1.50	31	15	1:0.30
Markas I and II	1.00	2.44	8.37	10	1:1.21	15	12	1:0.32
Nagrota-II	2.90	4.20	12.73	20	1:1.23	35	20	1:0.97
Govindpura Khul	2.81	1.89	12.20	24	1:2.77	91	8	1: (-) 0.03
Bhagwa Khul	7.36	2.13	36.20	135	1:1.38	135	10	1: (-) 0.33
Kaligad Khul	5.34	2.48	22.96	150	1:1.717	100	12	1: (-) 0.07
Kash Khul	3.70	1.70	10.96	80	1:2.96	60.7	10	1: (-) 0.05
<b>Total</b>			<b>265.52</b>	<b>2949</b>		<b>5041.10</b>	<b>1232.40</b>	

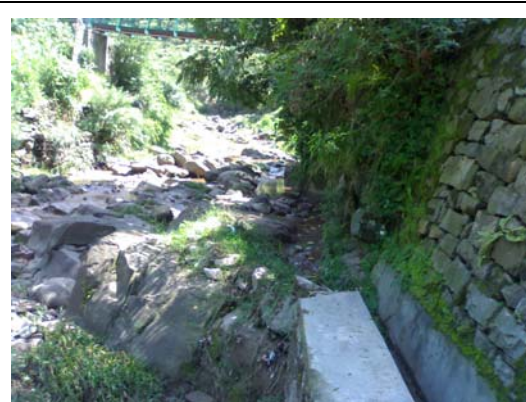
(Source: Departmental records)

Above table indicates, against the projected cultivable command area of 5,041.10 hectare, the utilised irrigation potential was only 1,232.40 hectare (24 per cent) during 2008-09.

Non-achievement of ultimate irrigation potential has resulted in unfavourable cost benefit ratio (less than one). The Executive Engineers stated that canals witnessed damages due to natural calamities, flash floods in hilly areas, change in cropping pattern and delay in development of land which resulted in decrease in irrigated area. The reply should be seen in light of the fact that the schemes were completed during 2005-09 and the projected irrigation potential had never been achieved after their completion. Further, damages should have been got rectified to achieve full utilisation for a favourable CBR.



Poor condition of Bhagwa Khul



Poor head works of Markas I Khul



Poor intake head of Supply channel Narian.

### 1.3.9.5 Water regulatory system

Out of 39 completed schemes, regulatory system (steel gates) to regulate the flow of designed discharge of water in the *canals/khuls* had been provided at head works in only one completed scheme.



Regulatory System of Chaktroo Khul not installed

Regulatory System of Chandak Khul



Regulatory System of Markas Khul not installed

Regulatory System of Mankot Khul not installed.

In reply, the Chief Engineer Irrigation and Flood Control Department, Jammu stated (August 2009) that information in this regard would be furnished on receipt from the divisions. In the absence of regulatory system, the entire *canal/khul* section was exposed



to damages as the entire quantum of *nallah* water was getting diverted into *canal/khul* section.

### **1.3.9.6 Utilisation of tube wells**

Audit scrutiny showed that out of the 240 tube wells existing (March 2009) in Jammu Province for providing irrigation facilities, only 77 *per cent* remained functional on an average during 2004-09. It was seen that out of 9,126 hectare of irrigation potential created, only 3,708 hectares (41 *per cent*) was utilised. On this being pointed out, the EE stated that against the requirement of 960 operational staff members, only 242 operators were posted in the division as on 31<sup>st</sup> March 2009 and the matter had been taken up with the higher authorities for engagement of operational staff. In view of such a critical situation, the drilling of more tube wells in absence of operational staff is fraught with the risk of non-operability.

### **1.3.9.7 Non-recovery of arrears of Abiana**

The position of *abiana* (water charges) assessed, collected and outstanding during the review period is tabulated below:

**Table 1.3.11**

*(Rupees in lakh)*

Year	Opening balance	Assessment	Total demand	Recovery	Balance shortfall vis-a-vis demand
2004-05	334.15	106.79	440.94	102.82	338.12
2005-06	338.12	146.17	484.29	116.13	368.16
2006-07	368.16	135.01	503.17	106.04	397.13
2007-08	397.13	147.64	544.77	129.28	415.49
2008-09	415.49	147.30	562.79	119.17	443.62
<b>Total</b>			<b>2,535.96</b>	<b>573.44</b>	<b>1,962.52</b>

(Source: Departmental records)

Audit observed that the total demand of *Abiana* ranged between Rs. 4.41 crore and Rs. 5.63 crore for the years 2004-05 to 2008-09 against which the recovery has been in the range of Rs. 1.03 crore to Rs. 1.29 crore during the above period. The increase in shortfall from Rs. 3.38 crore (77 *per cent*) in 2004-05 to Rs. 4.44 crore (79 *per cent*) in 2008-09 indicated that the Department had not taken effective measures for recovery of outstanding *Abiana* resulting in piling up of arrears as on 31 March 2009.

### **1.3.9.8 Diversion of polluted water for irrigation**

As per the standards of effluents for abatement of pollution under the Environment (Protection) Rules 1986 for avoidance of untreated sewage water for irrigation, the Department was required to prevent the discharge of untreated sewerage water into irrigation *canals/khuls/channels*, etc. Audit observed that treatment of sewerage water that flowed through irrigation *canals/channels* was not available in the State.

### **1.3.10 Monitoring and evaluation**

The AIBP guidelines stipulate that major/medium irrigation schemes should be monitored at least twice a year and minor schemes monitored periodically on sample basis by Central Water Commission. It was seen that the Commission had been monitoring the major, medium and minor irrigation schemes under AIBP regularly and making recommendations on issues needing attention. The implementing agencies at the

scheme level had been implementing the recommendations in varying degrees in respect of major/medium schemes only and not in respect of minor schemes.

It was stated by the Chief Engineer, Irrigation and Flood Control Department, Jammu that the irrigation schemes were monitored by the concerned District Development Commissioners. The Monitoring reports were, however, not on record at any level. No reply from CE, Kashmir was received and no such records were also found. No State/Scheme level committees had been constituted to carry out monitoring of the schemes nor any independent agency engaged at any level for the purpose. The State Government/CWC/MOWR had also not conducted any study to evaluate the crop yield, cost benefit ratio, measuring of discharge of water, etc. of schemes. Remote Sensing Technology was also not used by the Department to monitor the progress of works.

### **1.3.11 Conclusion**

The objective of speedy development of irrigation potential and its eventual utilisation for the benefit of the farmer was not achieved to the desired extent in the State due to inherent deficiencies in planning, execution and monitoring. Implementation of the schemes was affected due to delay in release/diversion of funds, delays in execution and non-fulfilment of pre-requisites. In the absence of a time bound strategy for systematic harnessing of estimated irrigation potential, there was shortfall in the creation of irrigation potential. Even the irrigation potential created under various schemes was not utilised optimally. Thirty two *per cent* of the 39 completed schemes could not provide adequate irrigation due to land disputes and non-restoration of damages. Consequently, the ultimate cost benefit ratio achieved in respect of some schemes was less than unity.

### **1.3.12 Recommendations**

- Perspective plan needs to be formulated and guidelines approved under AIBP should be adhered to. Only approved schemes should be taken up for execution.
- Adequate funds should be provided and released on a timely basis for approved items of work; diversion of funds to unauthorised activities should be strictly avoided.
- The schemes should be taken up in a planned manner after fulfilling all the pre-requisites. Efforts need to be made to utilise the potential created is utilized to the maximum level
- Appropriate monitoring mechanism should be instituted to ensure that projects are completed on time within the approved budgets and envisaged benefits are derived.