



PARLIAMENT OF INDIA
RAJYA SABHA

**DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON
HEALTH AND FAMILY WELFARE**

ONE HUNDRED SIXTH REPORT

**Demands for Grants 2018-19 (Demand No. 42)
of the Department of Health and Family Welfare
(Ministry of Health and Family Welfare))**

(Presented to the Rajya Sabha on 8th March, 2018)

(Laid on the Table of Lok Sabha on 8th March, 2018)



Rajya Sabha Secretariat, New Delhi
March, 2018/Phalguna, 1939 (Saka)

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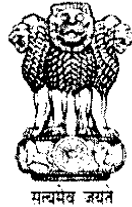
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COMPOSITION OF THE COMMITTEE

(2017-18)

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Jairam Ramesh
6. Shri Ashok Siddharth
7. Shri K. Somaprasad
8. Dr. C. P. Thakur
9. Shri Ronald Sapa Tlau
10. Shrimati Sampatiya Uikey

LOK SABHA

11. Shri Thangso Baite
12. Shri Nandkumar Singh Chouhan (Nandu Bhaiya)
13. Dr. (Ms.) Heena Vijaykumar Gavit
14. Dr. Sanjay Jaiswal
15. Dr. K. Kamaraj
16. Shri Arjun Lal Meena
17. Shri Anoop Mishra
18. Shri J.J.T. Natterjee
19. Shri Mahendra Nath Pandey
20. Shri Chirag Paswan
21. Shri C. R. Patil
22. Shri M.K. Raghavan
23. Dr. Manoj Rajoria
24. Dr. Shrikant Eknath Shinde
25. Shri Gyan Singh

26. Shri Bharat Singh
27. Shri Kanwar Singh Tanwar
28. Shrimati Rita Tarai
29. Shri Dasrath Tirkey
30. Shri Manohar Utawal
31. Shri Akshay Yadav

SECRETARIAT

Shri P.P.K. Ramacharyulu, *Additional Secretary*

Shri J. Sundriyal, *Joint Secretary*

Shri Rakesh Naithani, *Director*

Shri Dinesh Singh, *Additional Director*

Shri Bhupendra Bhaskar, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

Shri Pratap Shenoy, *Committee Officer*

Shrimati Gunjan Parashar, *Research Officer*

INTRODUCTION

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorised by the Committee to present the Report on its behalf, hereby present this 106th Report of the Committee on the Demands for Grants (Demand No.42) of the Department of Health and Family Welfare, Ministry of Health and Family Welfare, for the year 2018-19.

2. The Committee held two sittings on 12th and 13th February, 2018 for examination of Demands for Grants (2018-19) of the Department of Health and Family Welfare and heard the Secretary (Ministry of Health and Family Welfare) and other Officers thereon.

3. The Committee considered the Draft Report and adopted the same in its meeting held on 6th March, 2018.

4. The Committee while making its observations/recommendations has mainly relied upon the following documents:-

- (i) Detailed Demands for Grants of the Department of Health and Family Welfare for the year 2018-19;
- (ii) Annual Report of the Department for the year 2017-18.
- (iii) Detailed Explanatory Note on Demands for Grants of the Department of Health and Family Welfare for the year 2018-19;
- (iv) Projection of outlays for the schemes to be undertaken by the Department during the Financial Year 2018-19;
- (v) Written replies furnished by the Department to the Questionnaires sent to them by the Secretariat; and
- (vi) Presentation made by the Secretary (Ministry of Health and Family Welfare) and other concerned officers.

5. For facility of reference and convenience, observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

NEW DELHI;
March 8, 2018
Phalguna 17, 1939 (Saka)

PROF. RAM GOPAL YADAV
Chairman,
Department-related Parliamentary Standing
Committee on Health and Family Welfare,
Rajya Sabha.

LIST OF ACRONYMS (NHM SECTOR)

AFHCs	:	Adolescent Friendly Health Clinics
ANMs	:	Auxiliary Nurse and Midwife
ASHAs	:	Accredited Social Health Activists
AWWs	:	Anganwadi Worker
BE	:	Budget Estimate
CDs	:	Communicable Diseases
COTs	:	Clinical Outreach Teams
CHCs	:	Community Health Centres
CHPC	:	Comprehensive Primary Health Care
EAC	:	Externally Aided Component
EAG	:	Empowered Action Group
ECP	:	Emergency Contraceptive Pills
EPC	:	Empowered Programme Committee
FP-LMIS	:	Family Planning Logistic Management and Information System
FY	:	Financial Year
GDP	:	Gross Domestic Product
GoI	:	Government of India
HMIS	:	Health Management Information System
H&WC	:	Health and Wellness Centre
ICMR	:	Indian Council of Medical Research
IFR	:	Total Fertility Rate
IMR	:	Infant Mortality Rate
IUCD	:	Intrauterine Contraceptive Device
IPV	:	Inactivated Polio Vaccine
IGNOU	:	Indira Gandhi National Open University
JE	:	Japanese Encephalitis
JSY	:	Janani Suraksha Yojana
LINs	:	Long Lasting Insecticidal Nets
MCH	:	Model Maternal and Child Health
MPV	:	Mission Parivar Vikas
MMR	:	Maternal Mortality Ratio
MoHFW	:	Ministry of Health and Family Welfare
NACO	:	National AIDS Control Mission
NCDC	:	National Centre for Disease Control
NCDs	:	Non Communicable Diseases
NBSUs	:	New Born Stabilization Units
NHM	:	National Health Mission
NRHM	:	National Rural Health Mission
NUHM	:	National Urban Health Mission

NHP	:	National Health Policy
NHPS	:	National Health Protection Scheme
NSS	:	National Service Scheme
NCD	:	Non-Communicable Disease
NPS	:	National Strategic Plan
NPCDCS	:	National Programme for Prevention and Control Cancer, Diabetes, Cardio-Vascular Diseases and Stroke
OCP	:	Oral Contraceptive Pill
OOP	:	Out of Pocket Expenses
PFMS	:	Public Financial Management System
PHCs	:	Primary Healthcare Centres
PMMVY	:	Pradhan Mantri Matru Vandana Yojana
POP	:	Progesterone Only Pills
PPFP	:	Post Partum Family Planning
PPIUCD	:	Post Partum Intrauterine Contraceptive Device
PSU	:	Public Sector Unit
RCH	:	Reproductive and Child Health
RKS	:	Rogi Kalyan Samitis
RMNCH+A	:	Reproductive Maternal Newborn Child and Adolescent Health
RNTCP	:	Revised National Tuberculosis Control Programme
RSBY	:	Rastriya Swasthya Bima Yojana
RE	:	Revised Estimate
SHS	:	State Health Societies
S1PV	:	Sabin Strains Inactivated Polio Vaccine
SCIs	:	State Cancer Institutes
TCCCs	:	Tertiary Care Cancer Centres
UIP	:	Universal Immunization Programme
UHCs	:	Universal Health Coverage
UTs	:	Union Territories
VHSNCs	:	Village Health and Nutrition Committees
WHO	:	World Health Organisation

ACRONYMS (HEALTH SECTOR)

AIIMS	:	All India Institute of Medical Sciences
AIDS	:	Acquired Immuno Deficiency Syndrome
AD (HQ)	:	Additional Director (Headquarters)
ART	:	Anti Retroviral therapy
BCG	:	Bacillus Calmette-Guerin
BCGVL	:	Bacillus Calmette-Guerin Vaccine Laboratory
BE	:	Budget Estimate
CRI	:	Central Research Institute
CDL	:	Central Drug Laboratory
CD4	:	Cluster of differentiation 4
cGMP	:	Current Good Manufacturing Practice
CoE	:	Centre of Excellence
CPWD	:	Central Public Works Department
CDSCO	:	Central Drugs Standard Control Organization
CNCI	:	Chittaranjan National Cancer Institute
DPT	:	Diphtheria, Pertusis and Tetanus
DCG (I)	:	Drug Controller General of India
DNIT	:	Detailed Notice Inviting Tender
DoNER	:	Ministry for Development of North Eastern Region
DoPT	:	Department of Personnel & Training
DoE	:	Department of Expenditure
DUAC	:	Delhi Urban Art Commission
DFG	:	Demands for Grants
Dr. RML	:	Dr. Ram Manohar Lohia Hospital
DGHS	:	Director General of Health Services
DHR	:	Department of Health Research
DMRC	:	Delhi Metro Rail Corporation
ETP & STP	:	Effluent Treatment Plant and Sewage Treatment Plant
ECG	:	Electro Cardiography
EFC	:	Expenditure Finance Committee
EPF	:	Employees' Provident Fund
FWSs	:	Family Welfare Schemes
FSWs	:	Female Sex Workers
FSSAI	:	Food Safety and Standards Authority of India
GAVI	:	Global Alliance for Vaccines and Immunization
GIAs	:	Grant-in-aids
GNCTD	:	Government of National Capital Territory of Delhi
HVPI	:	Haemo-Vigilance Programme of India

HVAC	:	Heating, Ventilation and Air Conditioning
HSCC	:	Hospital Services Consultancy Corporation
HSSC	:	Healthcare Section Skill Council
HIV	:	Human Immunodeficiency Virus
HLL	:	Hindustan Latex Limited
HITES	:	HLL Infra Tech Services Ltd.
HSS	:	HIV Sentinel Surveillance
IUCD	:	Intra uterine Contraceptive Device
INI	:	Institutions of National Importance
IUI	:	Intra uterine Insemination
IBBS	:	Integrated Behavioural and Biological Surveillance
IDU	:	Injecting Drug Users
IVF	:	In-vitro Fertilization
ICMR	:	Indian Council of Medical Research
JSY	:	Janani Suraksha Yojana
JPNATC	:	Jai Prakash Narayan Apex Trauma Centre (AIIMS)
KSCH	:	Kalawati Saran Children's Hospital
LHMC	:	Lady Hardinge Medical College
MoHFW	:	Ministry of Health and Family Welfare
MoU	:	Memorandum of Undertaking
MSM	:	Men who have Sex with Men
NIB	:	National Institute of Biologicals
NICPR	:	National Institute of Cancer Prevention & Research
NLCPR	:	Non-Lapsable Central Pool of Resources
NEIGRIHMS	:	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences
NCC	:	National Coordinating Centre
NCA	:	National Centre of Ageing
NABL	:	National Accreditation Board Laboratory
NCR	:	National Capital Region
NCD	:	Non-Communicable Diseases
NDMC	:	New Delhi Municipal Council
NGO	:	Non-Government Organization
NPCDCs	:	National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular Disease and Stroke
NACP	:	National AIDS Control Programme
NOTP	:	National Organ Transplant Program
NACO	:	National AIDS Control Organization
NBCC	:	National Buildings Construction Corporation

OT	:	Operation Theatre
OPD	:	Out-patient Department
OSD	:	Officer on Special Duty
PII	:	Pasteur Institute of India
PPIUCD	:	Post-partum Intrauterine Contraceptive Devices
PPFP	:	Postpartum Family Planning
PSUs	:	Public Sector Undertakings
PFMS	:	Public Fund Management System
PGI	:	Post-Graduate Institute
PGIMER	:	Post-Graduate Institute of Medical Education & Research
PORB	:	Pension and Other Retirement Benefit
PMSSY	:	Pradhan Mantri Swasthaya Suraksha Yojana
PLHIV	:	People Living with HIV/AIDS
RE	:	Revised Estimates
RR	:	Recruitment Rule
RIMS	:	Regional Institute of Medical Sciences
RIPANS	:	Regional Institute of Paramedical and Nursing Sciences
SCI	:	State Cancer Institute
SFC	:	Standing Finance Committee
SJH & VMMC	:	Safdarjung Hospital and Vardhaman Mahavir Medical College
SOFTel	:	Strengthening of Food Testing Laboratories
SACS	:	State AIDS Prevention and Control Societies
SSKH	:	Smt Sucheta Kriplani Hospital
TCCC	:	Tertiary Care Cancer Centre
TT	:	Tetanus Toxoid
TG	:	Transgender
UC	:	Utilization Certificate
UIP	:	Universal Immunization Programme
UPSC	:	Union Public Service Commission
UTs	:	Union Territories
UTI-TSL	:	UTI Infrastructure Technology And Services Limited
YFV	:	Yellow Fever Vaccine

REPORT

PART-A

National Health Mission (NHM)

INTRODUCTION

1.1 The National Health Mission (NHM) encompasses two sub-missions. the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas. Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable and quality health care services that are accountable and responsive to people's needs.

National Rural Health Mission (NRHM):

1.2 As per information given in the Annual Report 2017-18 of the Ministry of Health and Family Welfare. NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the Mission is to establish a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels and to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

National Urban Health Mission (NUHM):

1.3 NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating the access to quality primary health care. NUHM covers all State capitals, district headquarters and other cities / towns with a population of 50,000 and above (as per Census 2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under NRHM.

II. BUDGETARY ALLOCATION

2.1 Rs 30129.61 crore has been provided in BE 2018-19 in Demand No. 42 for the National Health Mission. This consists of ₹ 30126.61 crore under revenue account and ₹ 3.00 crore under capital account.

2.2 An allocation of ₹ 30801.56 crore had been made in RE 2017-18 for the National Health Mission. This consisted of ₹ 30,786 crore under revenue account and ₹ 15.00 crore under capital account.

2.3 Allocation made for the various components of NHM for 2018-19 is as below:-

1	Budget 2018-19		
	Revenue	Capital	Total
	2	3	4
National Health Mission			
47. National Rural Health Mission			
47.01 RCH Flexible Pool including Routine Immunization Programme, Pulse Polio Immunization Programme, National Iodine Deficiency Disorders Control Programme etc.	7411.40	—	7411.40
	-2157.89	—	-2157.89
Net	5253.51	—	5253.51
47.02 Health System Strengthening under NRHM (Support from National Investment Funds)	9752.82	—	9752.82
47.03 Flexible Pool for Communicable Diseases	4779.20	—	477.20
	-2851.20	—	-2851.20
Net	1928.00	—	1928.00
47.04 Flexible Pool for Non-Communicable Diseases, Injury and Trauma	1004.67	—	1004.67
47.05 Infrastructure Maintenance	5693.41	—	5693.41
47.06 Forward Linkages to NRHM	27.49	—	27.49
47.07 Strengthening of State Drug Regulatory System	206.00	—	206.00
47.08 Pilot Schemes (Sports Medicine, Deafness, Leptospirosis Control, Control of Human Rabies, Medical Rehabilitation, Oral Health, Fluorosis)	40.00	—	40.00
47.09 Human Resources for Health			
47.10 Prime Minister's Development Plan for Jammu and Kashmir	273.71	—	273.71
47.11 Strengthening the National Programme Management of the NRHM	100.00	—	100.00
TOTAL - National Rural Health Mission	24279.61	—	24279.61
48. National Urban Health Mission	875.00	—	875.00
49. Tertiary Care Programs			
49.01 National Mental Health Programme	50.00	—	50.00
49.02 Capacity Building for Trauma Centres	150.00	—	150.00
49.03 National Programme for prevention and control of Cancer, Diabetes, cardio-vascular Disease and Stroke	295.00	—	295.00

1	2	3	4
49.04 National Programme for Health Care for the Elderly	105.00	—	105.00
49.05 National Programme for Control of Blindness	30.00	—	30.00
49.06 Telemedicine	55.00	—	55.00
49.07 Tobacco Control Programme and Drug De-addiction Programme	62.00	3.00	65.00
Total - Tertiary Care Programs	747.00	3.00	750.00
50. Human Resources for Health and Medical Education			
50.01 Upgradation/Strengthening of Nursing Services (ANM/GNM)	66.00	—	66.00
50.02 Strengthening/Upgradation of Pharmacy School/College	5.00	—	5.00
50.03 District Hospital -Upgradation of State Government Medical Colleges (PG Seats)	452.25	—	452.25
50.04 Strengthening Government Medical Colleges(UG Seats) and Central Government Health Institutions	794.07	—	794.07
50.05 Establishing New Medical Colleges (upgrading District Hospitals)	2887.68	—	2887.68
50.06 Setting up of State Institutions of Para-medical Sciences in States and Setting up of College of Para-medical Education	20.00	—	20.00
Total - Human Resources for Health and Medical Education	4225.00	—	4225.00
TOTAL National Health Mission	30126.61	3.00	30129.61

2.4 Allocations for 2017-18 under Demand No.42 is given below:-

1	Budget 2017-18			Revised 2017-18		
	Revenue	Capital	Total	Revenue	Capital	Total
2	3	4	5	6	7	
National Health Mission						
47. National Rural Health Mission						
47.01 RCH Flexible Pool including Routine Immunization Programme. Pulse Polio Immunization Programme. National Iodine Deficiency Disorders Control Programme etc. (Support from National Investment Funds)	5966.60	--	5966.60	11113.29	--	11113.29
	-1400.00	--	-1400.00	-3568.22	--	-3568.22
Net	4566.60	--	4566.60	7545.07	--	7545.07

1	2	3	4	5	6	7
47.02 Health System Strengthening under NRHM(Support from National Investment Funds)	8383.26	--	8383.26	8396.18	--	8396.18
47.03 Flexible Pool for Communicable Diseases	2838.48 -1478.48	-- --	2838.48 -1478.48	4604.77 -1956.44	-- --	4604.77 -1956.44
Net	1360.00	--	1360.00	2648.33	--	2648.33
47.04 Flexible Pool for Non-Communicable Diseases. Injury and Trauma	955.00	--	955.00	955.00	--	955.00
47.05 Infrastructure Maintenance	5517.54	—	5517.54	5517.54	--	5517.54
47.06 Forward Linkages to NRHM	26.18	—	26.18	26.18	--	26.18
47.07 Strengthening of State Drug Regulatory System	52.35	--	52.35	52.35	--	52.35
47.08 Pilot Schemes(Sports Medicine. Deafness. Leptospirosis Control. Control of Human Rabies. Medical Rehabilitation. Oral Health. Fluorosis)	39.79	--	39.79	30.03	--	30.03
47.09 Human Resources for Health	--	--	--	--	--	--
47.10 Prime Minister's Development Plan for Jammu and Kashmir	287.93	--	287.93	287.93	--	287.93
47.11 Strengthening National Programme Management of the NRHM	--	--	--	--	--	--
Total - National Rural Health Mission	21188.65	—	21188.65	25458.61	—	25458.61
48. National Urban Health Mission (Support from National Investment Fund)	752.05	--	652.05	652.05	--	752.05
49. Tertiary Care Programs						
49.0 National Mental Health Programme	35.00	--	35.00	45.00	--	45.00
49.02 Capacity Building for Trauma Centres	190.00	--	190.00	150.00	--	150.00
49.03 National Programme for prevention and control of Cancer, Diabetes, cardio-vascular Disease and Stroke	300.00	--	300.00	300.00	--	300.00

1	2	3	4	5	6	7
49.04 National Programme for Health Care for the Elderly	110.00	--	110.00	81.00	--	81.00
49.05 National Programme for Control of Blindness	25.00	--	25.00	25.00	--	25.00
49.06 Telemedicine	40.00	--	40.00	39.90	--	39.90
49.07 Tobacco Control Programme	10.00	--	15.00	25.00	10.00	25.00
TOTAL - Tertiary Care Programs	710.00	15	725.00	650.90	15.00	665.90
50. Human Resources for Health and Medical Education	60.00	--	60.00	60.00	--	60.00
50.01 Upgradation/Strengthening of Nursing Services (ANM/GNM)						
50.02 Strengthening/Upgradation of Pharmacy School/College	5.00	--	5.00	5.00	--	5.00
50.03 District Hospital -Upgradation of State Government Medical Colleges (PG Seats)	165.00	--	165.00	165.00	--	165.00
50.04 Strengthening Government Medical Colleges(UG Seats) and Central Government Health Institutions	480.00	--	480.00	480.00	--	480.00
50.05 Establishing New Medical Colleges (upgrading District Hospitals)	3300.00	--	3300.00	3300.00	--	3300.00
50.06 Setting up of State Institutions of Para-medical Sciences in States and Setting up of College of Para-medical Education	15.00	--	15.00	15.00	--	15.00
Total - Human Resources for Health and Medical Education	4025.00	--	4025.00	4025.00	--	4025.00
Total National Health Mission	26675.70	15.00	26675.70	30786.56	15.00	30801.56

2.5 The Department has informed that the plan allocation for different components under NHM for 2018-19 is less than the projected requirements however during the F.Y. 2018-19, special allocation of ₹1200 crore has been allocated for Comprehensive Primary Health Care (CPHC) to be delivered through 1.5 lakh health and wellness centres. Against the projected plan outlay of ₹ 34882.32 crore under NHM, funds to the tune of ₹30129.61 crore has been allocated for the F.Y. 2018-19. The inadequate increase

in outlay is likely to affect the following activities:

1. Up-scaling of existing initiatives e.g. strengthening of Health facilities to IPHS standards,
2. Establishing SHCs, PHCs and CHCs as per the norms,
3. Expansion of new vaccines of Pneumococcal Vaccine, Measles Rubella and Rota Virus to all states.
4. Implementation of new interventions particularly those relating to Non Communicable Diseases,
5. Strengthening of District Hospitals.

2.6 The Department has further informed that the following measures have been taken to offset the effect of shortfall of funds:

- Due to the revised Centre-State funding pattern under NHM after the 14th Finance Commission, the total outlay for Centre and State would be ₹ 38,626.00 crore for the F.Y. 2018-19 with central share of ₹24,908 crore. This enhanced outlay would certainly help in scaling up few more activities under NHM.
- National Health Policy (NHP) 2017 advocates that States should raise expenditure on health to 8% of their total Government spending. Further, as per the MoU with the State Governments, the State Governments are required to increase health budget by 10% annually.
- The Fourteenth Finance Commission has more than doubled the grant for local bodies and recommended that nearly all of this money should be spent on improving basic services. The commission has fixed the grant of Rs 2.87 lakh crore which should go directly to the Gram Panchayats and Municipalities, without any share for other levels. Under NHM, based on proposals in Programme Implementation Plan (PIP), provision of appropriate matching support to local bodies could be made, if the local bodies invested in strengthening healthcare delivery.
- Union Government has included cess for health and made a provision of health and education cess which is expected to generate ₹11000 crore additionally.

2.7 To a question on the increase in State health budgets post the implementation of the 14th Finance Commission, the Department in its written reply has informed that:

- Most of the States have increased their health budget during the 12th Plan. On the basis of information made available by the States, there is a total increase of 20% in State health budget during the 12th Plan. A statement showing the status on State Health Budget is at Annexure-1.
- The States are required to increase their Health budget by at least 10% annually as per the MOU with the states under the NHM. Many States have increased their health budget beyond minimum 10% indicating more investment in health sector. The States who have failed to increase their State health budget at BE stage generally get additional budget during the RE stage, other-wise the 2nd tranche of release is restricted.

- In general, the North Eastern States face difficulty in increasing their State health budget by at least 10%. To provide some sort of accommodation, it is ensured that an average annual increase of last 3 years should be at least 10%.

Recommendation

2.8 The Committee notes that against the projected outlay of ₹ 34882.32 crore under NHM (Plan), funds to the tune of ₹30129.61 crore has been allocated for the F.Y. 2018-19 leaving a shortfall of ₹ 4752.71 crore. In comparison to the RE 2017-18 allocation of ₹ 30786.56 crore, the allocation for 2018-19 is abysmally less. The Committee supports the contention of the Department that the shortfall in allocations for NHM for 2017-18 *vis-a-vis* its projected demand for funds will adversely impact the following health initiatives / programmes:-

- Up-scaling of existing initiatives e.g. strengthening of Health facilities to IPHS standards;
- Establishing SHCs, PHCs and CHCs as per the norms;
- Expansion of new vaccines of Pneumococcal Vaccine, Measles Rubella and Rota Virus to all States;
- Implementation of new interventions particularly those relating to Non Communicable Diseases; and
- Strengthening of District Hospitals.

The National Health Policy (NHP) 2017 has envisaged a target of 2.5 percent of GDP as health expenditure by the Government (Both Centre and States) by 2025. However, keeping in view the scaling down of various activities due to reduced budgetary allocations, and the Central share in health funding stagnating at 0.3 percent of GDP, the achievement of targets set for 2025 would remain a pipedream. The Committee is therefore of the view that the allocations provided for 2018-19 is not in line with the pious vision set in NHP 2017 and is opposite to the vision envisaged. The Committee therefore strongly recommends that the Department should approach the Ministry of Finance to provide enhanced allocations for NHM in right proportion which helps actualize the health schemes under NHM and also facilitate the reaching of the targets of 2.5% of GDP by 2025.

2.9 In reply to a question as to what is the quantum of government expenditure on health as a proportion of GDP. the Department shared the figures of the last four years as per the Economic Survey 2017-18:

Year	Combined Public health expenditure as a percent of GDP
2014-15	1.2
2015-16	1.1
2016-17 (RE)	1.5
2017-18 (BE)	1.4

2.10 On being asked as to what incentives Ministry propose to extend to State Government to increase spending on health and what criteria have been fixed by the Centre for providing incentives to the State Governments. in view of the varying degrees on health indicators amongst States. the Department in its written reply informed that presently the States are incentivised / dis-incentivised up to 10% of the Central allocation on compliance of various health indicators. The Empowered Programme Committee (EPC) of the NHM has recommended the proposal to increase the % of incentives/ dis-incentives to States up to 20% of Central allocation. The States are proposed to be incentivised on the basis of increase in public expenditure and share of expenditure on primary health as % of their budget. States are also incentivised based on the improvements in health outcomes/ implementation of health sector reforms and not on historical status.

Recommendation

2.11 The Committee note that States are being incentivized on the basis of increase in public expenditure and share of expenditure on primary health as % of the State budget. Further States are also being incentivized based on the improvements in health outcomes / implementation of health sector reforms and not on historical basis. The Committee would like Government to make an assessment impact on the incentivisation scheme for all States and Union Territories on a quarterly basis and for this an integrated Centre-State software system for quarterly assessment may be put in place in a time bound manner.

2.12 On being asked about the financial performance of National Health Mission (NHM) (head-wise) during 2015-16, 2016-17 and 2017-18, the Department in its written reply, shared the following figures:-

Major Head	Actual Expenditure 2015-16 Plan	Actual Expenditure 2016-17 Plan (₹ in Crore)	Actual Expenditure 2017-18
3601	17,849.60	18,400.04	19,167.45
3602	195.78	259.67	180.89
2552	0.00	0.00	0.00
2211	117.56	125.33	30.55
2210	119.44	130.89	90.94
TOTAL	18,282.38	18,915.93	19,469.83

2.13 As regards the BEs and REs in the years 2015-16, 2016-17 and 2017- 18 for NHM (head-wise) and the actual figures *vis-a-vis* the approved outlays, the Department in its written reply has provided the data as under:-

Major Head	2015-16		2016-17		2017-18	
	BE	RE	BE	RE	BE	RE
1	2	3	4	5	6	7
3601	15,898.76	16,080.02	16,606.78	17,365.45	19,105.47	22,928.27
3602	295.00	175.02	179.88	307.78	304.39	308.25

(₹ In Crore)

1	2	3	4	5	6	7
2552	1797.10	1797.06	1900.00	2000.00	2,194.07	2,568.58
2211	120.34	88.55	128.11	134.71	143.55	98.56
2210	183.80	154.36	185.22	192.06	193.22	207.00
TOTAL	18,295.00	18,295.01	18,999.99	20,000.00	21,940.70	26,110.66

(₹ In Crore)

Major Head	2015-16		2016-17		2017-18	
	Approved Outlays (BE)	Actual	Approved Outlays (BE)	Actual	Approved Outlays (BE)	Actual
3601	15,898.76	17,849.60	16,606.78	18,400.04	19,105.47	19,167.45
3602	295.00	195.78	179.88	259.67	304.39	180.89
2552	1797.10	0.00	1900.00	0.00	2,194.07	0.00
2211	120.34	117.56	128.11	125.33	143.55	30.55
2210	183.80	119.44	185.22	130.89	193.22	90.94
TOTAL	18,295.00	18,282.38	18,999.99	18,915.93	21,940.70	19,469.83

[MH-2552-Non functional head and therefore expenditure transferred to 3601 towards functional head through re-appropriation and MH-2552 is shown as zero.]

Recommendation

2.14 The Committee notes that the actual figures *vis-a-vis* the approved outlays have drastically been reduced overall and head wise in 2017-18. The Committee feels that such significant reduction under the head does not augur well for the 'health' for which allocation is made. The Committee believes that reduction in 'actual figures' *vis-a-vis* the 'approved outlays' is not due to slow utilization of funds. The Committee would like to be apprised of the reasons for slow utilization of funds. The Committee also recommends that the Government should not reduce funds on basis of utilization but instead put in place a system for assimilation and proper utilization funds allocated.

Delay in Transfer of Funds

2.15 As regards to a pointed query as to whether the Department has put in place software which would track fund movement through Treasury Route at each successive stage starting with the initial release from the Centre till the money reaches implementing Agencies, the Department has informed that in order to remove procedural delays and administrative deficiencies the Union Health Secretary *vide* D.O. No. G-25020/3/2017 dated 24th November, 2017 has written letter to Chief Secretary of all States to intimate Ministry of Health & Family Welfare and Ministry of Finance the amount of compensation paid towards

interest as per the stipulated rate where the delay was more than 15 days. Further, the Ministry has implemented Public Financial Management System (PFMS) software for tracking fund balances on real time basis at the level of state, district and different facilities. PFMS software has been developed by the office of Controller General of Accounts, Ministry of Finance. The CGA is working on the linkage of State Treasury to PFMS. Once such linkage is established it would be possible to track the delay in transfer of funds from the Treasury to the SHS online. Presently, the Ministry is collecting the information on delay in transfer of funds from Treasury to State Health Societies (SHS) from the States.

Recommendation

2.16 The Committee appreciates that the Controller General of Accounts, Ministry of Finance is working on linkage of State Treasury to PFMS would help in tracking the delay in transfer of funds from Treasury to the SHS online. The Committee is of the view that the process is not being implemented in a time-bound manner and the Department of Health and Family Welfare should actively take up the matter with the State Governments for appropriate redressal of deficiencies and faster transfer of funds to State Health Societies.

III. NATIONAL HEALTH PROTECTION SCHEME (NHPS)

3.1 The Department of Health and Family Welfare in its power-point presentation has informed that Hon'ble Finance Minister announced to launch a flagship National Health Protection Scheme (NHPS) to cover over 10 crore poor and vulnerable families (approx. 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization. The proposed NHPS will replace the existing Rashtriya Swasthya Bima Yojana (RSBY) by increasing the coverage from earlier proposed ₹ 1 lakh to ₹ 5 lakh and targeting more beneficiary families.

3.2 The NHPS will provide cost coverage of upto ₹ 5 lakh annually to a poor family for hospitalization in an embannelled public or private hospital. The Rashtriya Swasthya Bima Yojana provided limited coverage of only ₹ 30,000/-.

3.3 On being asked the reasons the reduction in revenue allocation for Rastriya Swasthiya Bima Yojana (RSBY) from ₹ 975.00 crore made in BE 2017-18 to Rs 470.52 crore at RE stage and the actual utilization figures, the Department in their written reply have informed that Revenue allocation of ₹ 975.00 crire was reduced to ₹ 565.52 Crore and not to ₹ 470.52 Crore. This reduction may be attributed to following reasons:

- (i) This ministry had moved a proposal for another scheme with enhanced cover of ₹ 1 lakh per family. However, this proposal is still pending with the Cabinet. Therefore, such States that were waiting for the new scheme to be launched did not submit any proposal and meanwhile stopped implementation of RSBY.
- (ii) Funds as central share of premium under RSBY of approximately ₹ 450 crore were only released for such States that submitted their proposal during the year 2017-2018.

3.4 On the utilization status of allocation of Rs 25.00 crore for RSBY made in BE 2017-18 under the capital account, the Department in its written reply have informed that the amount of ₹ 25.00 crore was allocated for capital purpose in connection with setting up of office premises for the proposed scheme

with enhanced cover of 1 lakh. This could not be utilized during the period as the Cabinet approval for the scheme remained pending. Thus the fund was surrendered with Budget division.

3.5 On being asked how the revenue allocation of ₹ 1950.00 crore along with the capital allocation of ₹ 50.00 crore has been given in 2018-19 for RSBY would be utilized and what are the activities proposed to be undertaken under this head, the Department in its written reply have informed that the budget requirement will depend on pace of acceptance transition rollout of the scheme by the states. At present juncture, the budget provision appears adequate bearing in mind that the states (excluding NE & Hill states) will also have to contribute their share of 40%. Shortfall, if any will be met through additional resources at RE stage. Further, ₹ 2000 crore is proposed to be utilised for payment of balance premium for states implementing RSBY & for implementing NHPS announced by Hon'ble FM in his budget speech for 2018-19.

3.6 The Department has informed that the RSBY would be subsumed in the NHPS for which an allocation of ₹ 2000 crore has been made.

Recommendation

3.7 **National Health Protection Scheme (NHPS) announced in the Budget 2018-19 is the "world's largest government funded healthcare programme" with 50 crore prospective beneficiaries. An allocation of ₹ 2000 crores has been made in BE 2018-19. The new scheme is just a modifications of the earlier scheme *i.e.*, RSBY. Over half the target beneficiaries proposed to be covered under the NHPS already stand covered today by existing government supported schemes. What would indeed have been a step forward is if it covered out-patient treatment as well, but that is lacking. Many States have in fact opted out of RSBY in favour of state-run schemes, and some States are trying out the trust-based model. A recent comprehensive review on various studies related to RSBY (Prinja, 2017) revealed that in majority of studies (8 out of 14) there was increase in Out of Pocket Expenditure related to RSBY, while only 2 of 14 studies showed reduction in expenditure. NSS data on RSBY shows that enrolment is quite low, only 57% of eligible are enrolled and less than 12% of the eligible persons got their hospitalisation covered through RSBY. The Committee, therefore, recommends that the Government should from a Committee to analyze the failures of RSBY and ensure that inadequacies plaguing the operation and implementation of RSBY are not repeated. The Committee also recommends that the NHPS must have first claim on the proceeds collected from Health and Education Cess and fund constraint should not be allowed to come in the way of implementation of NHPS.**

IV. NATIONAL RURAL HEALTH MISSION

A. RCH Flexible Pool including Routine Immunization Programme, Pulse Polio Immunization Programme, Immunization Programme, National Iodine Deficiency Disorders Control Programme.

4.1 The objective of RCH Flexible Pool is to reduce Total Fertility Rate (TFR). Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). It assures reproductive health and choice to citizens and contribute thereby to stabilization of population consistent with the goals enshrined in the National Population Policy 2000 and 11th & 12th Five Year Plan. It aims at providing need based. client centered. demand driven and quality services to the beneficiaries with a view to improve the health status of Infant. Women and Children. Establishment of Adolescent Friendly Health Clinics (AFHCs).

4.2 The financial performance under RCH Flexible Pool including Routine Immunization, Pulse Polio Immunization Programme, and National Iodine Deficiency Disorders Control Programme up to 01/02/2018 is as follows:

	B.E.(2017-18)	R.E.(2017-18)	Expenditure	% of Utilisation
RCH Flexible Pool including Immunisation, NIDDCP	4566.60	7545.07	4069.55	89.12% against BE

Status as on 01/02/2018.

Recommendation

4.3 **The Committee finds that out of ₹ 4566.60 crore an amount of ₹ 4069.55 crore has been spent (upto 1st February, 2018) which comes to about 89.12% utilization. However when compared to allocation of ₹ 7545.07 crore allocated at RE stage, expenditure of ₹ 4069.55 crore fares poorly. The Committee observes that RCH is a critical area of intervention for the maternal and child health and for which the funds allocated are made an effective policy tool and used gainfully and optimally. The Committee, therefore, desires to be updated on the actual expenditure figures for 2017-18.**

4.4 As per the Demand No. 42 of Expenditure Budget, the revenue allocation for RCH Flexible Pool was 4566.60 crore in BE 2017-18 which was increased to ₹ 7545.07 crore in RE 2017-18 but again reduced to 5253.51 crore in BE 2018-19. The Department in its written reply has informed that the additional fund of ₹2978.00 crore has been made available at RE Stage. This additional funding is towards Externally Aided Component (EAC) support of ₹2168.00 crore for cost adjustment of bills against vaccines supported through External Supported Agencies (GAVI). EAC adjustments that had remained pending for last 4 years would be adjusted during F.Y. 2017-18 at R.E. stage. Apart from this, there was a committed liability of ₹810 crore in 2017-18 under Domestic Budgetary Support (DBS) which would be settled during the current financial year keeping in view of the need of the Programme.

Recommendation

4.5 **The Committee notes that against Revenue allocation of ₹ 7545.07 crore in RE 2017-18, ₹ 5253.51 crore has been allocated in BE 2018-19 for RCH Flexible Pool. The Committee notes that the Budget has declined by 30.4% from 2017-18 (RE). Further the allocation for Pradhan Mantri Matru Vandana Yojana (PMMVY) which was earlier called the Maternity Benefit Scheme has also decreased by eight percent over 2017-18. Thus overall there is a reduction in allocations for schemes/programmes devoted to maternal and child health. The Committee expresses displeasure over the reduced allocation considering the facts that in India one child dies every 28 minutes and reduced allocations could seriously jeopardize the RCH programme. The Committee fully backs increase in funds for this crucial programme, and therefore recommends that the Department should approach the Ministry of Finance for more funds.**

4.6 On the physical progress under RCH Programme in 2017-18, the Department has informed that:-

The physical progress under Family Planning during 2017-18 is as follows:

During the year	Female Sterilization	Male Sterilization	Total Sterilization	IUCD	PPIUCD
2017-18* (Apr-Dec)	16,49,291	1,066,210	17,55,501	23,65,457	12,20,274

* Up to Dec 2017

4.7 Newer interventions under Family Planning Programme:

- **Mission Parivar Vikas:** The Government has launched Mission Parivar Vikas for substantially increasing the access to contraceptives and family planning services in the high fertility districts of seven high focus states with Total Fertility Rate (TFR) of 3 and above. These 146 districts are from the seven high focus, high TFR states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) that itself constitute 44% of the country's population.
- **Family Planning Logistic Management and Information System (FP-LMIS):** A dedicated software to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities has been set up.
- **Compensation scheme in Sterilization for Clinical Outreach Teams (COT's):** The scheme has been launched in 146 Mission Parivar Vikas (MPV) districts in collaboration with accredited organizations providing Family planning services. The mobile team comprising of trained health care personal and equipment provide family planning services in far-flung, underserved and geographically difficult areas.
- **New Contraceptive Choices:** The current basket of choice has been expanded to include the new contraceptives viz. Injectable contraceptives, Centchroman and Progesterone Only Pills (POP).
- **Redesigned Contraceptive Packaging:** The packaging for Condoms, OCPs and ECPs has now been improved and redesigned so as to influence the demand for these commodities.
- **New Family Planning Media Campaign:** A 360 degree media campaign has been launched to generate contraceptive demand.
- **Enhanced Compensation Scheme for Sterilization-** The sterilization compensation scheme has been enhanced in 11 high focus states (8 EAG states, Assam, Gujarat, Haryana).
- **A new IUCD (Cu 375) with 5 years effectivity** has been introduced in the programme as an alternative to the existing IUCD (Cu 380A with effectivity of 10 years).
- **A new method of IUCD insertion i.e. Postpartum Intrauterine Contraceptive Device (PPIUCD)** has been introduced.
- **Emphasis on Postpartum Family Planning (PPFP) services with PPIUCD and promotion of minilap** as the main mode of providing sterilization in the form of post-partum sterilization to capitalize on the huge cases coming in for institutional delivery under JSY.

Recommendation

4.8 The Committee notes that out of 17, 55,501 sterilizations carried out in 2017-18 (upto December, 2017), the number of female sterilization (16, 49, 291) far outnumber male sterilization (1,066,210). The Committee, in its previous report on Demands for Grants (2017-18) had recommended that sterilization does not mean only female sterilization but should also include male sterilization. The Committee reiterates that Government should take positive steps towards achieving the objective of at least 10% of sterilization being male sterilization as indicated in the 12th Five Year Plan Report.

Maternal Health:**4.9 Physical Progress:**

- Institutional Deliveries: As per HMIS, total 1.30 crores institutional deliveries took place in 2017-18 (April 2017-January 2018). which comes to be 89.5% of Institutional deliveries against total reported deliveries.
- Under Janani Suraksha Yojana (JSY), a total of 46.01 lakhs beneficiaries received benefits of JSY during April- September, 2017.

Recommendation

4.10 The Committee notes that as compared to total reported deliveries, institutional deliveries account for 89.5%. However, the delivery in percentage terms has been static to the percentage in 2017-18. The Committee would, therefore, exhort the Department to increase its focus on uncovered areas where home deliveries cannot be avoided through ANM assisted home deliveries, and ensure that the institutional delivery in percentage terms is increased from 89.5%.

Universal Immunisation Programme:

4.11 Universal Immunisation Programme (UIP) aims to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated. These children have not been covered during the rounds of routine immunization for various reasons. Measles Rubella Campaign is being undertaken in select States for children from 9 months to 15 years of age with the aim of eliminating Measles by 2020. The main features of UIP are as under:-

- Full immunization coverage of the country has reached 81.36 % as per Health Management Information System (HMIS) data (till November month for 2017-18 updated on 12th January, 2018).
- Introduced injectable Inactivated Polio Vaccine (IPV) across the country in 2015-16 to provide additional protection against polio. Till November, 2017, nearly 3.27 crore doses of IPV have been given across the country.
- Introduced Rotavirus Vaccine in 9 States (Andhra Pradesh, Assam, Haryana, Himachal Pradesh, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu and Tripura). Till November, 2017, nearly 1.14 crore doses of Rotavirus vaccine have been given in country.

- Strengthening of routine immunization through four phases of Mission Indradhanush conducted since April 2015 and July 2017. Intensified Mission Indradhnaush was carried out from October 2017 onwards. During these missions, around 3.13 crore children have been reached of which 80.4 lakh children have been fully immunized while 80.5 lakh pregnant women have also been vaccinated with Tetanus Toxoid. The Measles-Rubella (MR) vaccination campaign has been taken up in 15 states in this year. In the remaining 21 states, MR campaign will be undertaken in the next financial year. Till January 2018, Japanese Encephalitis (JE) vaccination campaign for children aged 1-15 years has been completed in 229 districts covering 15.59 crore children and is planned to cover 1 more district by March 2018. JE vaccine has been included in Routine immunization in these districts after completion of the campaign.

4.12 The details of the budgetary allocation for Universal Immunization Programme and the utilization figures (in Rs crore) in the last 3 years are as follows:

Year	BE	Exp.
2014-15	1673.00	1523.23
2015-16	1238.10	1230.14
2016-17	1299.94	1285.26

The State-wise allocation for the operational cost of the last three years is provided at Annexure-3.

Recommendation

4.13 **The Committee notes that the country has made considerable improvement in immunization under the Universal Immunization Programme and the full immunization coverage. However, the Committee impresses upon the Department not to be complacent and recommends that the Department should identify the fresh challenges to immunization. The Committee would also like to be apprised of the status of full immunization in rural areas and urban areas separately, alongwith weaknesses in physical implementation of the programme in rural and urban areas. The Committee has been apprised of adverse events and vaccine failure cases due to non-maintenance of the Cold Chain, which is difficult in a tropical country like India. The Committee recommends that adequate safeguards be maintained to preserve the efficacy of the vaccine.**

Pulse Polio Immunization

4.14 On what is the contribution of public and private sectors in the supply of IPV to Pulse Polio Immunization and whether the Department has taken steps to strengthen uninterrupted supply of IPV for Immunization from Public Sector Institutions to ensure availability of the same at affordable prices, the Department informed that presently no public sector manufacturer is licensed in country for Inactivated Polio Vaccine (IPV) production. At present all 4 IPV manufacturers licensed in country are from private sector. All these private suppliers are dependent on other countries for raw material to produce IPV.

4.15 To provide a more sustainable and affordable supply of IPV, WHO has developed the technology to produce IPV from Sabin strains (sIPV) which is also more safe to produce. Ministry of Health and Family Welfare (MoHFW) requested WHO for technology transfer of sIPV from WHO to public sector

vaccine producers (PSU) in India. WHO approved for technology transfer for one PSU, however sIPV production has not started yet from the PSU.

Recommendation

4.16 The Committee reiterates that though India has been declared as Polio free by WHO in March 2014 and has since maintained the status, prudence demands that all necessary precautions need to be taken to obviate the possibilities of disruption of the supplies on account of an unforeseen crises. The Committee notes that at present all four IPV manufacturers licensed in the country are from private sector. Further, Ministry of Health and Family Welfare has requested WHO for transfer of technology of Sabrin stains (SIPV) to public sector vaccine producers (PSUs) in India. WHO has approved technology transfer for one PSU, however SIPV production is yet to start by the PSU. The Committee strongly recommends that the Ministry of Health and Family Welfare should fast track the production of SIPV by PSU to ensure that the gains made in elimination of Polio are not frittered away.

B. Health System Strengthening under NRHM

4.17 A revenue allocation of ₹ 8383.26 crore was made in BE 2017-18 which was increased to ₹ 8396.18 crore at RE stage. Asked about the reasons for the increases at RE stage alongwith the actual expenditure incurred, the Department informed that there is only a very slight increase of ₹12.92 crore at RE stage during the F.Y.2017-18 which will be utilised for various interventions for strengthening of health systems. The expenditure under Health System Strengthening of NRHM up to 01/02/2018 is ₹7300.90 crore *i.e.* 87.09% of the budgetary allocation in B.E. stage. The entire allocation of Health System Strengthening under NRHM of ₹ 8396.18 crore allocated at RE stage is expected to be fully utilized.

4.18 ₹ 9752.82 crore has been allocated in the revenue allocation in 2018-19 under this head. On how the Department proposes to utilise this increased allocation and the activities proposed to be undertaken under this head, the Department clarified that the steep increase in revenue allocation is due to grant of special dedicated allocation of ₹1200 crore for Comprehensive Health Care to transform Health Sub Centres and Primary Health Centres into Health & Wellness Centres for provision of comprehensive primary care and the fund will be utilised for same purpose. Apart from up scaling of existing activities, the additional allocation will also be utilised for the implementation of programme to prevent and manage Hepatitis including for diagnostics and drugs for treatment of Hepatitis C.

4.19 The Comprehensive Primary Health care includes the delivery of a package of preventive, promotive, curative and rehabilitative services delivered close to communities by health care providers that are sensitive, have an understanding of local health needs, cultural traditions and socio economic realities, and are able to provide care for most common ailments, referral for doctor or specialist consultations and follow-up treatment. Comprehensive Primary Health Care is the first major movement towards India's path to Universal Health Coverage (UHC), a target and basis of Sustainable Development Goal 3 which is health.

Features:

4.20 The Health and Wellness centers at Sub Centres are to be headed by a mid-level service provider with a primary health care team including ANMs, ASHAs, and AWWs, of the sub center area. The mid-

level care provider would either be a B.Sc in Community Health or an Ayurveda or Nurse Practitioner trained through a six-month Bridge course, accredited through the Indira Gandhi National Open University (IGNOU) /other public university that would equip them with primary care and public health competencies.

4.21 The Health & Wellness Centre (H&WC) team would undertake active registration of the population, develop individual health cards and family health folders (moving towards digitization). The H&WC would also undertake basic laboratory tests, using point of care diagnostics, stock and dispense drug supplies especially for non-communicable diseases and would also serve as the hub for active screening, and health prevention and promotion for improved wellness outcomes.

4.22 The Health and Wellness centre is expected to deliver a package of comprehensive primary health care services listed below:

- (a) Comprehensive Maternal Health care services to those sites equipped to service as "delivery point",
- (b) Comprehensive neonatal and infant health care services,
- (c) Comprehensive childhood and adolescent health care services,
- (d) Comprehensive contraceptive services,
- (e) Comprehensive reproductive health services,
- (f) Comprehensive management of communicable diseases,
- (g) Screening and Comprehensive management of non communicable diseases,
- (h) Basic ophthalmic care services,
- (i) Basic ENT care service,
- (j) Screening and basic management of mental health ailments,
- (k) Basic dental health care, and
- (l) Basic geriatric health care services.

4.23 Of these services, several are already being provided through the NHM. The Primary Health Centres transformed as Health & Wellness Centres (H&WCs) will provide services as per Indian Public Health Standards (IPHS)

4.24 Apart from above, the major activities under the head of Health System Strengthening under NRHM include the following:

- Augmentation of infrastructure (Construction of new/up gradation of existing public health infrastructure upto DH level) including enabling a time to care approach
- MCH Wings, Special Newborn Care Units, District Early Intervention Centre
- Health human resources
- Strengthening programme management,

- Patient transport services (including Dial 108- for critical care and Dial 102 -for transporting pregnant women and sick newborns and infants)
- Mobile Medical Units
- Promoting community process including Accredited Social health Activist (ASHA), Village Health Sanitation and Nutrition Committees (VHSNCs), and Rogi Kalyan Samities (RKSs),
- Mainstreaming of AYUSH,
- NHM Free Drugs Services Initiative,
- NHM Free Diagnostics Services Initiative,
- Strengthening of District Hospitals for multi-Specialty care and as training sites for nurses and allied health professionals,
- Pradhan Mantri National Dialysis Programme,
- Kayakalp award Scheme
- Swachh Swasth Sarvatra

Recommendation

4.25 The Committee notes that an amount of ₹ 1200 crore for Health and Wellness Centres (HWCs) towards strengthening primary health care has been announced in Union Budget. However, in last years Union Budget also announcement for establishment of HWCs was made, but till date no such centres have been established anywhere in the country in the meanwhile, the government has invited contribution from the private sector for establishment of HWCs, as the current allocations will pay for only about 10,000 HWCs which is less than 7% of the required, which is not positive for a country like India where out of pocket (OOP) expenses are already high. The Committee while supporting this initiative strongly recommends that the Department provide details about how it would do the funding for the announcement and what is the status of setting up HWCs throughout the country.

C. Flexible Pool for Communicable Diseases

4.26 The Department has informed that a revenue allocation of ₹ 1360.00 crore was made in B.E. 2017-18 which was increased to ₹ 2648.33 crore in R.E. 2017-18 under this head.

4.27 The additional funding is in the form of External Aided Component (EAC). The reasons for increase for additional funding is as under:

- (i) Under Revised National Tuberculosis Control Programme (RNTCP), the additional fund amounting to ₹ 744.00 crores is provided under EAC for The Global Fund Project as the Incentive Funding of US\$ 110 million (₹700 crore) provided to the National TB Control Programme by The Global Fund for the current period under the New Funding Model. The additional funds amounting to ₹ 744.00 crores under EAC allocated in the RE for the year 2017-18 has been provided as matching funding from domestic budget.

- (ii) This additional funding under RNTCP would facilitate to eliminate TB by 2025.
- (iii) Under NVBDCP, the additional funds allocated towards EAC keeping in view of need of the programme and the justification provided. Additional funding towards LLINs commodity is made available for (A) adjustment of Tax against the procurement of LLINs under EAC Components for the States of Odisha, Chhattisgarh & Jharkhand (B) Estimated cost of LLINs as per NPS to be procured under DBS for other high endemic states IRS RDT & Anti Malaria drugs are calculated as per NPS. Cost adjustment against the procurement of Anti TB Drug (MDR & XDR and CBNAAT Machines with Cartridges. The Global Fund to provide adequate matching budgetary support in addition to outlay in the FY 2017-18 as per National Strategic Plan (NPS).
- (iv) Actual expenditures under Flexible Pool for Communicable Diseases against B.E. 2017-18 are as under:-

(₹ in crore)

Programme	B.E. 2017-18	R.E. 2017-18	Actual Expenditure till 01.02.2018
NDCP Flexible Pool	1360.00	2648.33	1020.08

4.28 Further, on being asked as to how the revenue allocation of ₹ 1928.00 crore for 2018-19 proposed to be utilized and whether the allocation is sufficient, and if not, which component of the Pool would be adversely affected, the Department in its written reply has informed that they had proposed for ₹ 2620 crore for the BE of 2018-19 against which budget of ₹ 1928.00 crore is made available. Besides in Budget Announcement for the F.Y. 2018-19, an additional amount of ₹ 600 crore is provided for nutritional support to all TB patients and ₹ 500 per month per patient during the duration of treatment. Apart from this most of the programme activities shall be carried from previous years. Communicable Diseases programmes are major disease specific programmes and all programme activities are having sensitivities and specificities. All efforts shall be made to achieve the target of reducing/eliminating diseases. The Ministry is committed to manage health care activities in the best possible manner keeping in view of the available budget and State share contribution. Further, the Ministry would carry out lots of activities with the help of additional budget made available at R.E. stage towards EAC for the F.Y. 2017-18.

Recommendation

4.29 **The Committee notes that out of ₹ 2648.33 crore allocated in RE 2017-18, an expenditure of only ₹ 1020.08 crore has been spent till 04th February, 2018. While, the Committee supports the Department's need for increasing funds in its fight against communicable diseases, it would like the Department to ensure expenditure monitoring and fiscal discipline and also avoid rush of expenditure before the fiscal end.**

D. Flexible Pool for Non-Communicable Diseases, Injury and Trauma

4.30 On what has been the actual expenditure under this head in 2017-18 and whether the fund allocated was sufficient keeping in view the increasing burden of non-communicable diseases in India, the Department

has informed that during the F.Y. 2017-18, the expenditure under Flexible Pool for Non Communicable Diseases up to 01/02/2018 is ₹ 576.77 crore. According to the Ministry, keeping in view the expenditure trend of previous years, it is expected that the entire budgetary allocation of ₹955 crore will be utilised. With the available fund allocation of ₹ 955.00 crore, the present approved activities under NCD Flexible Pool for the F.Y. 2017-18 would get covered.

4.31 The Committee has sought to know the reasons for increasing the revenue allocation for this Pool to ₹ 1004.67 crore in 2018-19, the details of utilization of increased allocation including the adequacy or otherwise for tackling the non-communicable diseases, injury and trauma. The Department in its written reply has informed that the increase in revenue allocation for F.Y. 2018-19 has been done keeping in view of launch of Programme for Screening, referral and management of common NCDs such as Hypertension, Diabetes, 3 common cancers and COPD. However, beside the NCD flexipool, the health systems strengthening under the NRHM and NUHM is helping address the NCD disease conditions.

Recommendation

4.32 The Committee observes that despite, the health systems strengthening under the NRHM and NUHM may help to address the NCD diseases, fund constraint should not come in the way of reduction in disease burden, in view of the increasing burden of non-communicable diseases in the country. The Committee therefore recommends that the Department should approach the Ministry of Finance and seek enhanced allocation at RE stage with adequate justification.

E. Strengthening of State Drug Regulatory System

4.33 Revenue allocation for the Strengthening of State Drug Regulatory System was ₹ 53.25 crore in 2017-18. The Department has informed that during the current financial year, only ₹52.35 crore has been allocated against a projection of ₹250 crore and the entire allocated amount has been released to States. Additional requirement of ₹382.64 crore was projected at the supplementary stage and RE stage. However, no additional amount has been allocated.

4.34 On a query as to how the revenue allocation of ₹ 206.00 crores in BE 2018-19 is proposed to be utilized and whether the proposed amount is sufficient and if not, what would be the bare minimum requirement of funds under this head, the Department has informed that the Scheme was to be implemented during the three financial year's viz. 2015-16, 2016-17 and 2017-18, however, the competent authority has approved its continuation for further two years, viz. 2018-19 and 2019-20 with total financial implication of ₹412 crore spread over these two years. The Ministry has proposed an allocation are ₹206 crore (*i.e.* 50% of the total requirement during the extended period of the scheme), in BE 2018-19 but this amount is not sufficient to cater the proposals from 24 States, which would require expenditure of ₹567 crore. The Ministry had anticipated an amount received of ₹382.64 crore during 2017-18, which was not made available as therefore this year's liabilities will also add up to the liabilities of the next year, *i.e.* 2018-19, making ₹206 crore insufficient to meet the expenditure.

Recommendation

4.35 The Committee strongly supports the Departments need for increase in funding as sought by it in its Demands under this head. It strongly recommends the Department to approach the Ministry of Finance for seeking the enhanced allocation at RE stage.

V. NATIONAL URBAN HEALTH MISSION (SUPPORT FROM NATIONAL INVESTMENT FUND)

5.1 The allocation for National Urban Health Mission (NUHM) was reduced from ₹752.05 crore in BE 2017-18 to ₹ 652.05 crore in RE of 2017-18. The Department in its written reply has informed that NUHM is a new programme launched towards the end of 2013-14. The pattern of expenditure under NUHM has shown an increasing trend since the launch of the programme. The year-wise expenditure details are as under:-

Year	Releases (₹ in crore)	Expenditure (₹ in crore)	% of increase in Expenditure
2013-14	662.23	10.13	2%
2014-15	1,345.82	431.34	32%
2015-16	725.00	752.38	104%
2016-17	491.37	1,248.47	254%

In view of the unspent balance available with the states, the allocation was reduced at the RE stage.

5.2 On being asked as to how the revenue allocation of ₹ 875.00 crore is proposed to be utilized and whether the allocation is as per projected demand, the Department has informed that keeping in view the increasing expenditure trend and improved absorption capacities under NUHM, the revenue allocation of ₹875.00 crore has been projected for FY 2018-19. Approvals will be conveyed based on the requirements posed by the States/UTs in their respective PIP. The additional requirement, if any, may be raised in the Supplementary Budget. It is noteworthy that RCH, UIP and all disease control programmes covers both the rural and urban areas. Further, the DHs and SDHs in urban areas are approved under the NRHM Health System Strengthening component.

Recommendation

5.3 The Committee notes that the funds remain under utilised due to unspent balances available with the States. The Committee is of the view that no doubt in a federal structure States are free to spend their funds as per their wishes but the Centre should act as a facilitator and guide them to ensure that the funds allocated are utilised optimally. The Committee is constrained to observe that even after five years of its launch, this crucial Scheme suffers from fund under-utilization. The Committee, therefore, would like the Department to frame guidelines of financial prudence in consultations with States and particularly help the poor performing States to ensure that funds allocated are utilised to the fullest extent possible.

VI. TERTIARY CARE PROGRAMS

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDS)

6.1 The Department has informed that the allocation of BE and RE for the year 2017-18 under the Strengthening of Tertiary Care Cancer Facilities Scheme of NPCDCS was ₹300 crore. The actual expenditure under the scheme during 2017-18 is ₹251.21 crore (upto 7th February, 2018). Proposal for

setting up of 15 State Cancer Institutes and of 18 Tertiary Care Cancer Centre have been approved. The proposal for setting up of 4 SCIs and 7 TCCCs are budgeted to be approved during 2018-19. The second installment for already approved proposal will be released as necessary. However, the allocation for 2018-19 has been decreased to ₹295.00 crore against the demand in BE of ₹590.16 crore which was projected to meet the committed liabilities and new proposals approved by the Standing Committee. The release will be made as per availability of funds.

Recommendation

6.2 The Committee accords high priority to cancer care programme and opines that it requires urgent and unrequited support since the scourge of cancer is becoming a menace day by day. It, therefore, strongly recommends that the Department should approach the Ministry of Finance to seek funds at RE stage in view of urgent increase in fund allocation for this programme.

VII. HUMAN RESOURCES FOR HEALTH AND MEDICAL EDUCATION

(i) District Hospital - Upgradation of State Government Medical College (PG seats)

7.1 While scrutinizing the demands of the Ministry, the Committee desired to know the actual utilization figures for the allocation made in 2017-18 and the reasons for massive increase in allocation from ₹ 165.00 crore in RE 2017-18 to ₹ 452.25 crore in the 2018-19. In reply, the Department informed that out of allocation of ₹165 crore made in 2017-18, ₹151.336 crore have been released to States/UTs and Administrative Approval of remaining amount of ₹13.664 crore issued to UT of Chandigarh Administration for incurring expenditure on accounts of works under the Scheme at Govt. Medical College, Chandigarh for increasing PG seats during FY 2017-18. The Phase-I of this scheme is concluding during the FY 2018-19 and a Budgetary allocation of ₹152.25 crore has been sought on account of remaining liabilities of this Phase-I. In addition, this Ministry is also launching Phase-II of the scheme for creation of 4000 PG seats in Government Medical Colleges of the country and for initiating this Phase-II, an initial budgetary provision of ₹300 crore has been sought.

7.2 Regarding the physical performance in 2017-18, the Department informed that under the above scheme, approx. 1500 PG seats have been created in approved Government Medical Colleges till 31.12.2017.

7.3 The Ministry has shared the names of the medical colleges upgraded under this scheme, State-wise, year-wise for the last five years which is at Annexure-04.

Recommendation

7.4 The Committee recommends that the Department should ensure that the liabilities of phase-I of the project upgradation of State Government Medical Colleges (PG Seats) are liquidated and the phase-II of the project is initiated and adheres to timelines set.

(ii) Establishing New Medical Colleges (upgrading District Hospitals)

7.5 The Department in its written reply have informed that out of allocation of ₹3300 crore for 2017-18, an amount of ₹3235 crores has been released to States/UT under the Scheme.

7.6 The Committee notes that there is a decrease in revenue allocation of ₹ 2887.68 crore made in 2018-19. The Department in their written reply have informed that Phase-I of the scheme is concluding

during the FY 2018-19 and a Budgetary allocation of ₹2887.68 crore has been sought on account of remaining liabilities of this Phase-I. In addition, this Ministry is also launching Phase-II of the above scheme for establishment of 24 new medical colleges by up-gradation of existing District Hospitals in 8 States and for initiating this Phase-II, an initial budgetary provision of ₹600 crore has been sought. Further, there is shortfall to the extent of ₹200 crore against the projected demand of ₹3087.68 crore.

7.7 The Committee has sought the names of medical colleges including their progress update, college-wise, State-wise, the colleges where cost and time overruns have taken place in the upgradation process and the colleges where up-gradation was done within the prescribed time schedule. The Department have shared the list of such colleges which is at Annexure-5. According to the Department, as per agreed terms of MoU, the recurring expenditures and cost incurred in excess of approved cost will be borne by the concerned States/UT. Out of 56 approved new medical colleges, 8 new medical colleges *i.e.* at Port Blair (A&N Islands); Rajnandgaon (Chhattisgarh); Sarguja (Chhattisgarh); Gondi a (Maharashtra); Nahan (Himachal Pradesh); Chamba (Himachal Pradesh); Baripada [Mayurbhanj] (Odisha) and Koraput (Odisha) are functional under the Centrally Sponsored Scheme namely, 'Establishment of new Medical Colleges attached with existing district/referral hospitals'. The State Governments have been instructed to complete the works/formalities to establish remaining new medical colleges by December, 2018.

Recommendation

7.8 The Committee notes that although an announcement for establishment of 24 new medical colleges by upgrading District Medical Colleges has been made, the allocation in this head has been reduced by 12 percent which is going to adversely impact the programme. The Committee believes that with the justifications, the Ministry has come before it should become a strong case for enhancing the funds at RE stage from the Ministry of Finance.

PART-B
HEALTH SECTOR

BUDGETARY ALLOCATION

1.1 The Department of Health & Family Welfare under Ministry of Health & Family Welfare has been allocated ₹ 52800.00 crore under Demand No. 42 against the projected demand of ₹ 66,700.66 crore for the year 2018-19. This is only a 2.43% increase from the year 2017-18 for the two sectors viz. National Health Mission and Health Sector leaving a shortfall of ₹ 13900.66 crore. The budgetary allocation for health sector alone is ₹ 20670.39 crore at BE 2018-19.

1.2 The trend of expenditure vis-a-vis Budget Estimate, Revised Estimate and Actual Expenditure of the Department of Health & Family Welfare for the year 2015-16, 2016-17 and 2017-18 is given below:

(₹ in Crores)

Financial Year	Budget Estimates (BE)	Revised Estimate (RE)	Actual Expenditure (AE)	Trend of Expenditure w.r.t. RE(%)
2015-16	31050.00	32819.00	33121.41	100.92
2016-17	37061.55	38343.33	36493.50	95.18
2017-18	47352.51	51550.85	39381.08 (upto 31.1.18)	76.39

1.3 From the table above, it can be seen that the utilization of funds for the years 2015-16 and 2016-17 has been satisfactory and in the year 2017-18 upto 31.1.2018, the actual expenditure w.r.t. RE is 76.39%.

Recommendation

1.4 **The Committee is constrained to express its deep displeasure over the lower budgetary allocation to the Department of Health and Family Welfare, thus leaving a shortfall of approximately 21% of funds against the projected demand i.e. ₹ 13900.66 crore. Given the mandate of the Department, with respect to the Health Sector which includes implementation of schemes/ programmes, Hospitals/ Institutions etc., adequate fund needs to be given for development of health infrastructure of the country that directly affects the population of the country. The Committee feels that making adequate provisions for health infrastructure in the country is the prime responsibility of the Government which cannot be shrugged off and therefore the Department must take up the issue with the Ministry of Finance for enhancing the budgetary allocation at the RE stage as per the originally conceived plan / strategy so that health infrastructure in the country is strengthened and healthcare delivery system is improved to cater to the healthcare needs of the country. The Committee also hopes that the Department would judiciously utilize the remaining funds by the end of the financial year 2017-18 upholding the principles of fiscal discipline and sound financial management.**

1.5 The approved outlay for Health sector vis-a-vis an actual expenditure figure for the year 2017-18 is as under:

(₹ In Crore)

Approved Outlay for 2017-18

Revenue	Capital	Total	Actual Expenditure
16193.00	3468.81	19661.81	15266.62

1.6 The Committee has been given to understand that a total of ₹ 15,266.62 crore has been utilized (upto 31.1.18) against the allocation of ₹ 20,278.77 crore (RE) during the year 2017-18 which is 75.28% utilization of funds and the balance funds are targeted for full utilization in the last two months of the financial year. It was also informed that an additional fund of ₹ 412.00 crore has been provided in RE 2017-18 to Safdarjung Hospital, New Delhi for completion of ongoing projects of Emergency Block and Super-Speciality Block. Similarly, additional funds have been provided to All India Institute of Medical Sciences, New Delhi. North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, Regional Institute of Medical Sciences (RIMS), Imphal, for their projects.

1.7 The Department in its written replies explained that under Health Sector the amount of unspent balances as on 30/09/2017 is ₹ 3739.48 crore. The reasons cited for the unspent balance are (i) delay in execution of work by CPWD (ii) non release of payment to HSCC, (iii) delay in procurement of equipments, (iv) non availability of sites for initiating construction work among various than other reasons. The Committee observes that there is an unspent balance of Rs 2682.65 crore under PMSSY alone for various reasons.

1.8 The Department has also submitted that to ensure maximum utilization of funds for different developmental activities and to offset the effect of shortfall of funds, following initiatives have been taken by the Department:

- (i) Utilisation of funds is reviewed by various committees formed at different levels to ensure fiscal discipline. Meetings are also held regularly to review utilization of funds and these are attended by Implementing Agencies. Generally, these works are of Civil or Electrical nature or procurement of heavy equipments. Sometimes due to unforeseen and extraneous reasons, which include time and cost over-runs, court cases etc., the implementation undergoes a change.
- (ii) During review, the physical and financial progress is taken into account and realistic assessment is done. Budget is revised in accordance with this assessment during First Supplementary, during RE/BE exercise, Second Supplementary, Third Supplementary and Final Estimates stage. All efforts are made to utilize funds so that least funds are surrendered.
- (iii) An online Scheme Monitoring System has also been launched to ensure optimal utilization of funds.

1.9 The expenditure figures under various heads as furnished by the Department are as follows:

(₹ in Crore)

Schemes/Programmes	BE	RE	AE (upto 31.1.18)	% expenditure w.r.t. BE	% expenditure w.r.t. RE
Central Government Health Scheme (CGHS)	1246.65	1236.84	981.93	78.77	79.39
CDSCO	378.49	215.00	92.38	24.41	42.96
PMSSY	3975.00	3175.00	2326.68	58.53	73.23
Family Welfare Scheme	754.96	787.87	494.78	65.54	62.79
NACO	2000.00	2163.06	1568.63	78.43	72.51
NCDCP	57.46	35.76	35.19	61.24	98.40
Other Autonomous Bodies	650.73	647.53	485.75	74.64	75.01
FSSAI	133.58	185.58	126.44	94.65	68.13

1.10 From the table above, it has been noticed that utilisation of funds is more or less satisfactory in all categories except in CDSCO (42.96%), FSSAI (68.13%) and Family Welfare Schemes (62.79%). On close scrutiny of the utilization figures, it is observed that the percentage figures have improved because of the allocation at RE stage has reduced as compared to BE stage allocations. This reflects that the Department has not been able to effectively put to use the allocations made at BE stage.

Recommendation

1.11 **Keeping in view the fact that only two months of last quarter of the financial year are left for utilizing more than 33% of available funds, the Committee expresses its displeasure that three important component of health i.e. regulator of food (FSSAI), regulator of drugs (CDSCO) and Family Welfare Scheme have not been able to utilize the funds allocated in general and in specific consonance with the guidelines issued by Ministry of Finance. While total utilization of funds is to the tune of 75% in the current fiscal year has been satisfactory, the expenditure under some of the heads shows lop-sided approach and lack of focus in planning the activities with available financial resources.**

1.12 **The Committee has been informed by the Department that as per the Economic Survey 2017-18, the combined public health expenditure as a percent of GDP has also reduced to 1.4 % with BE (2017-18) from 1.5% with RE (2016-17). The Committee feels that had the Department done prudent assessment of the requirements of various programs and schemes under health sector, the results would have been much better in terms of effective utilization of physical resources available therein. The Committee, therefore, recommends that the Department must reorient its strategy to ensure optimum utilization of available resources for the intended purpose under all the heads in terms of stipulation raised by Ministry of Finance. The Committee further recommends that the Department must enhance the absorption capacity of scheme implementing**

agencies besides strengthening the monitoring bodies to minimize such instances of under utilisation of funds.

1.13 The projected demand of the Department of Health and Family Welfare for the health sector for the year 2018-19 under both Capital & Revenue funds and extent of shortfall is as under:

(₹ in Crore)

Projection of estimate 2018-19			Actual allocation 2018-19			Shortfall in allocation		
Revenue	Capital	Total	Revenue	Capital	Total	Revenue	Capital	Total
23294.99	7223.35	30518.34	18002.99	2667.40	20670.39	5294.00	4555.95	9847.95

1.14 The Department has informed that owing to shortfall in allocation, implementation of the Programmes/ Schemes in the Health Sector may not be affected as the same would be offset by way of projection of Supplementary Demands for Grants in the first batch of the Supplementary Demands and shortfall in allocation will also be projected in Revised Estimates 2018-19 proposals.

1.15 For the year 2018-19, ₹ 20,670.39 crore has been allocated against the projected demand of ₹ 30,518.34 crore leaving a shortfall of ₹ 9,847.95 crore. The Secretary, Department of Health & Family Welfare during her deposition before the Committee highlighted the projections of the Department *vis-a-vis* allocations made under key schemes/institutions of Health Sector as given below:

(₹ in Crores)

Sl. No.	Schemes/Institutions	BE 2018-19		
		Projections	Allocations	Allocations in (% of the actual projected amount.
1	PMSSY	8398.20	3825.00	45.54
2.	NACO	3508.78	2100	59.84
3.	FSSAI	342.90	141.60	41.29
4.	AIIMS, New Delhi	3701.71	3018.00	81.52
5.	CGHS Pensioners	1815.65	1558.86	85.85
6.	PGI, Chandigarh	1748.12	1207.98	69.10
7.	RIMS, Imphal	558.81	201.40	36.04
8.	NEIGRIHMS Shillong	450	212	47.11

1.16 From the information provided in the table above, it is evident that insufficient allocations have been made under various key schemes compared to the projections made therein. In the critical schemes like PMSSY and FSSAI, allocations are less than 50% of the projected amount. Similarly, for the institutions in the Northeast region *viz.* RIMS, Imphal and NEIGRIHMS. Shillong, the allocated funds are only 36% and 47% of the projected amount respectively.

1.17 The Secretary has also informed the Committee about the new streams of Financing that have been introduced this year for additional requirement of funds for schemes under health sector, which are enumerated as under:

- (i) Revitalizing Infrastructure and Systems in Education (RISE)
- (ii) To raise ₹ 1 lakh crore in next four financial years to fund educational institutions including those of health.
- (iii) Higher Education Funding Agency (HEFA) will be structured to fund infrastructure and research in medical Institutions for RISE.
- (iv) Capital funding of Central Sector projects and projects of existing institutions.
- (v) Health Cess: Existing 3% education cess to be replaced by 4% health and education cess and estimated amount of Rs 11.000 crore is expected to be raised through it
- (vi) India Infrastructure Finance Corporation Limited (IIFCL) that will help to finance major infrastructure projects by making investments in educational and Health infrastructure on strategic and larger societal benefit considerations.

Recommendation

1.18 **The Committee observes that against the projected demand of ₹ 30518.34 crore for 2018-19 under the Health sector, the total allocations in BE 2018-19 is only to the tune of ₹ 20,670.39 crore thus leaving a shortfall of ₹ 9,847.95 crore. In comparison to the RE 2017-18 allocations of ₹ 20,278.77 crore, the increase in BE is only ₹ 391.62 crore which is mere 1.93 % only. Considering the vast number of on-going projects under the Health Sector, this allocation is insufficient, which the Committee feels, would lead to delay in the implementation of projects in forthcoming years. The Committee also takes note of the new streams of financing as submitted by the Secretary that the requirement of additional funds would be taken care of by the new schemes *viz.* RISE, HEFA, Health Cess and IIFCL. The Committee, therefore, strongly recommends that the Department must persuade the Finance Ministry for higher budgetary support to fulfill the obligations of the capital projects and to avoid cost escalations and request for supplementary allocations for funds to fill the gap of insufficient funds for various projects. The Department must ensure that implementation of the Programmes / Schemes in the Health Sector is not affected due to shortfall in allocations.**

1.19 **The Committee observes that the overall allocations for the health sector have only been increased marginally over the revised estimates of the current year, as the result of which the allocations for the key schemes/institutions/programs have been categorically curtailed. As regards the Northeast regions of the country, on one hand, the Government is promoting development work under various sectors while on the other hand, the Government has neglected the healthcare sector of north east by slashing the budgetary allocations for RIMS, Imphal and NEIGRHIMS, Shillong. It is a matter of concern to the Committee that the key schemes under health sector**

among others have got their budgetary allocations reduced by more than 50 per cent of the projected demand. The Committee, therefore, feels that given the allocations made in 2018-19, the mismatch between the public and private medical facilities in terms of quality, affordability and modernization of healthcare in the country would perpetuate at the same dwindling level. Hence, the Committee strongly recommends that the Government must strive towards minimizing this imbalance by focusing their efforts in judicious assessment of the needs of the program and utilizing the available funds appropriately in the better interest of masses of the country. The Committee, therefore, is of firm view that the Department should not wait for the additional amount of funds as suggested to be given by the new streams of financing and instead approach the Finance Ministry for additional funds to accelerate the implementation of ongoing projects to ensure continuance of development oriented activities.

1.20 In response to a query regarding the details of pending Utilization Certificates (UCs) of the last 10 years with a year-wise break up and the incurring amount the Department has furnished the following information:

(a) Details of UC for Health as on 31.01.2018

Sl. No.	Financial Year	No. of UC Due	UC Due Amount (in ₹)	No. of UC Received	UC Received Amount (in ₹)	Outstanding UCs	Outstanding UC Amount (in ₹)
1	2011-2012	1453	44,70,66,68,383	852	37,86,68,32,902	601	6,83,98,35,481
2	2012-2013	912	38,21,46,55,639	506	33,45,98,80,510	406	4,75,47,75,129
3	2013-2014	986	42,50,68,29,781	459	37,45,24,32,531	527	5,05,43,97,250
4	2014-2015	196	24,93,66,51,853	182	24,42,56,91,077	14	51,09,60,776
5	2015-2016	60	4,80,64,60,711	49	4,37,97,10,711	11	42,67,50,000
GRAND TOTAL		3607	1,55,17,12,66,367	2048	1,37,58,45,47,731	1559	17,58,67,18,636

(b) Details of UC for NACO as on 31.01.2018

Sl. No.	Financial Year	No. of UC Due	UC Due Amount (in ₹)	No. of UC Received	UC Received Amount (in ₹)	Outstanding UCs	Outstanding UC Amount (in ₹)
1	2011-2012	276	7,44,97,59,783	276	7,44,97,59,783	0	0
2	2012-2013	226	7,13,22,74,651	221	7,07,70,68,069	5	5,52,06,582
3	2013-2014	114	3,43,62,66,359	111	3,41,30,49,000	3	2,32,17,359
4	2014-2015	0	0	0	0	0	0
5	2015-2016	1	47,45,543	0	0	1	47,45,543
GRAND TOTAL		617	18,02,30,46,336	608	17,93,98,76,852	9	1,69,484

1.21 The Committee observes that the Utilization Certificates (UC) amounting to ₹ 12 Lakhs for the FY 1993-94 is pending. It has been given to note that the details of UCs are being uploaded regularly on

the web portal by the various PAOs/Pr.AO. Necessary reports are generated for monitoring the UC status. All agencies receiving funds are required to be on PFMS before funds are released to them. The Ministry of Finance has given a timeline to cover various categories of schemes. The PFMS is used to monitor the unspent balances of agencies/autonomous bodies. Most of Autonomous Bodies of eminence are on PFMS and are using the module meant for Autonomous Bodies.

Recommendation

1.22 The Committee observes that as on 31.01.18, a total number of outstanding UCs for Health is 1559 amounting to the sum of ₹ 17,58,67,18,636 spanning over the years 2011-2016. The Committee is deeply concerned that over a sizeable number of utilization certificates are pending involving huge amount of funds and therefore, strongly recommends the Department to have continuous assessment of the new monitoring modules. The Department needs to find out the workable strategies to resolve the pendency issues so as to release the huge amount of funds for better utilization on the development activities in the Health Sector.

II. SAFDARJUNG HOSPITAL AND VARDHMAN MAHAVIR MEDICAL COLLEGE (VMMC), NEW DELHI

2.1 In response to a query regarding utilization of funds during the year 2016-17, the Department submitted that 99.09% of funds were utilized by the end of 2016-17. For the year 2017-18 upto 08/2/2018 a sum of ₹ 988.44 crore have been utilized out of ₹ 1413.35 crore allocated at RE stage. As regard the actual expenditure under capital and revenue heads, details upto 08/02/2018 are given as under:-

(₹ In Crores)			
Major Head	Allocated BE 2017-18	Allocated RE 2017-18	Expenditure upto 08.02.2018
Capital: 4210 Major Head	170.50	582.50	293.90
Capital: 4216 Housing	30.00	5.66	3.66
Revenue: 2210 SJH	891.26	811.26	679.25
Revenue: 2210 VMMC	13.93	13.93	11.63
TOTAL	1105.69	1413.35	988.44

2.2 The achievements made during the year 2017-18 (upto February, 2018) are given as under:-

Budget Outlay Plan ₹ In Crore	Targets	Achievement upto Feb, 2018
1	2	3
Revenue & Capital for SJH & VMMC ₹1105.69 Crore.	<ul style="list-style-type: none"> To implement Emergency Block to provide improved & efficient emergency trauma care services to patients, to Reduce gross death Ratio to <5% Provision for Original Works Civil & Elect. 	<ul style="list-style-type: none"> Emergency block implemented to provide improved & efficient emergency trauma care services to patients. Rs 17.00 Cr. has been utilized for Original Works Civil & Elect.

1	2	3
	<ul style="list-style-type: none"> • Provision for Procurement of Machinery & Equipment 	<ul style="list-style-type: none"> • ₹9.00 cr. has been utilized for procurement of Machinery & Equipment
	<ul style="list-style-type: none"> • Provision for Annual Maintenance of entire Electrical Services & Civil Works in the Hospital 	<ul style="list-style-type: none"> • ₹ 16.00 cr. utilized for the Annual maintenance of Hospital and College
	<ul style="list-style-type: none"> • Additional Infrastructure Work 27% OBC quota for construction of 5 lecture theatre and auditorium & student hostel 	<ul style="list-style-type: none"> • Approval awaited from MoH&FW for construction of additional infrastructure

2.3 As regards the progress made under of Emergency and Super Specialty Block (SSB), the Committee has been given to understand that services in the New Emergency Block has been operationalized w.e.f. 07.02.2018. Civil work of Super Specialty Block has been completed and the completion certificate from local authorities has also been obtained. A few equipments have already been procured and installation of such equipments is at various stages. The process of procurement of remaining equipments is at various advanced stages. It has also been informed that the completion of work of SSB could not be done on time due to delay in granting approval by Atomic Energy Regulatory Board (AERB) for cyclotron (a medical instrument), procurement of medical equipment, etc. NDMC has been approached to grant completion certificate, which is still awaited. The time and cost overruns of the project are under examination in the Ministry.

Recommendation

2.4 **The Committee is happy that the budgeted funds are being utilized for speedy construction of emergency block which has been made operationalized to provide improved and efficient trauma care services to the patients. It is also noted that ₹ 9.00 crore has been utilized for procurement of machinery and equipments and ₹ 16.00 crore has been utilized for annual maintenance of hospital and college. The Committee, however, observes that approval is awaited from Ministry of Health and Family Welfare for additional infrastructure work under 27% OBC quota for construction of 5 lecture theatres, auditorium and student hostel. The Committee is of the view that when financial and physical resources are available, such important projects should not be held back due to delay in completion of administrative procedures.**

2.5 **The Committee, however, appreciates Departments' efforts for speedy implementation of Emergency Block at Safdarjung Hospital which would share the burden of the hospital in catering to the emergency care needs of the trauma victims. Since, there is a dire need for super specialty and emergency blocks, the Committee strongly recommends to the Department to make all out efforts to accelerate the operationlization of these projects by getting completion certificate from NDMC other requisite approvals for procurement of equipments. All out efforts should be made to get all the important formalities completed so as to avoid time and cost overruns in terms of infrastructure and simultaneously manpower be deployed in a time bound manner.**

2.6 In response to a query regarding the projected demand for the Safdarjung Hospital and VMMC, the Department has informed the Committee that the BE 2018-19 allocation is as per the projected demand

and there is no shortfall of funds on the functioning of the hospital. The Department has stated that there are no ongoing projects / institutes in VMMC.

2.7 As regard the status of vacancies post-wise and cadre-wise in Safdarjung and VMMC, the Department has provided the following information:

	Sanctioned	Filled	Vacant
CHS Post cadre Posts	579	470	109
Group A (Non-medical)	59	14	46
Group B (Gazetted)	72	34	38
Group A *(Tenure Based)	1111	1010	101
Group B (Paramedical)	1435	1131	304
Group C	08	05	03
TOTAL	3264	2664	601

2.8 The Department in its written submissions has stated that out of the 1144 regular posts created under the redevelopment plan, only 408 posts were approved in the first phase for which recruitment is being done. Out of 188 faculty posts created, 86 have already joined and for the remaining unfilled posts, recruitment process has been initiated. The process for recruitment of nurses on contractual basis for 121 posts created under the redevelopment plan has been initiated. The recruitment process to the 222 posts of Senior and Junior Residents has been completed. The status of 408 posts created on regular basis under Redevelopment Plan is at Annexure A.

2.9 As regards the step taken up to fill up the vacant posts, the Department has submitted that continuous efforts are being made to fill up the vacant posts from time to time by way of sending requisitions to the Union Public Service Commission (UPSC), direct recruitment by the institutions, framing/amendments of recruitment rules (RR), etc. Due to pending finalization of RRs, the recruitments are made to various positions through contractual basis. Besides, to meet the requirement of man-power in the hospital, *ad-hoc* arrangements are also made through outsourcing of manpower etc.

2.10 The Department has also informed that out of 2764 posts created on outsourced basis, a proposal for creation of 1445 posts of nursing personnel on regular basis has been initiated against the outsourced posts. In addition, 148 posts of Senior Resident and 74 posts of Junior Resident have also been created and action to fill up all posts of Senior Residents is being initiated, while the posts of Junior Residents have already been filled up. It has also been informed that 128 Nursing officers are working on contract basis against the vacant regular posts.

Recommendation

2.11 **The Committee observes that out of 3264 sanctioned posts under various categories, 2664 posts are filled up while 601 posts are vacant. Out of 408 posts created on a regular basis under the Redevelopment Plan, 165 posts under various categories would be filled up on contract basis. For 113 posts of Staff Nurses, a letter seeking permission to fill up the posts on a regular basis on existing recruitment rules has been issued and 6 posts of radiographer will be filled up on**

contract basis till they are filled up on regular basis. The Committee also notes the efforts made by the Department in filling up the large number of vacant posts during previous year. The Committee feels that filling up the posts on contract basis is a stop gap arrangement which will not go a long way. The Committee is of the considered view that inordinate delay in recruitment of doctors would hamper the functioning of the new critical care facilities. Moreover, deployment of adequate number of non medical workforce including technical, and paramedical also play vital role in smooth running of the hospital. The Committee, therefore, strongly recommends for advertising all the posts and taking immediate action to fill up the posts on contract basis effectively. The Committee further recommends that Department must accelerate the administrative procedures to fill up the vacant posts on regular basis within a specified timeframes.

2.12 As regards the progress made in making IVF lab at Safdarjung Hospital fully functional. the Department has informed that the building and lab for IVF has been established and the manpower has been recruited. Continuous efforts are being made to expedite the operationalisation of IVF lab. Tender has been floated for procurement of equipments required in the lab.

Recommendation

2.13 **The Committee is unhappy over the casual response of the Department regarding the setting up of IVF lab at Safdarjung Hospital. Despite Committee's persistent recommendations in the past, the IVF lab is still at the nascent stage with limited manpower and equipments. The IVF facility in Safdarjung Hospital is of paramount importance and it needs to be equipped with state-of-art equipments and devices. Therefore, the Committee recommends the Department should take up the matter on priority basis and expedite the administrative procedures involved therein to avoid inordinate delays in procuring equipments and recruiting specialty doctors and staff in order to make IVF a fully functional facility.**

2.14 It has been brought to the notice of the Committee that there are two hospitals of Super specialties of Cardiac care in Delhi *i.e.* AIIMS and GB Pant Hospital where due to a long waiting list, cardiac patients are waiting for two to three years for their operation. Due to non availability of Super Specialty doctors and staff, the Super specialty building of 800 beds is not functional. In this regard, AIIMS, Delhi has sent a proposal to Government that New building of Super Specialty in Safdarjung Hospital may be given to AIIMS as there are adequate doctors /staff in the cardiac department of AIIMS and the same can be made functional without any additional expenditure. The authorities AIIMS and Safdarjung Hospitals are, however, not taking any decision in this regard.

Recommendation

2.15 **The Committee is expresses its anguish that on the one hand there is long waiting duration of two to three years to avail the super-specialty of cardiac care by cardiac patients in AIIMS and G. B. Pant, on the other hand 800 beds of super-specialty new building of Safdarjung Hospital remain under-utilized due to non-availability of super specialty doctors and staff. Under the said circumstances, the Committee recommends that either the Government must arrange super specialty doctors and staff at Safdarjung Hospital for optimum utilization of available 800 beds in Super-specialty new building failing which the proposal of AIIMS to transfer/ handover super specialty new building of Safdarjung Hospital to AIIMS be approved without delay. The Ministry needs to appreciate that there is adequate number of doctors and staff in AIIMS Cardiac Department for optional utilization of super specialty of cardiac care facility of new building of**

Safdarjung Hospital which otherwise remain under-utilized. Sooner the decision is taken better would be in the interest of cardiac patients.

III. DR. RAM MANOHAR LOHIA (RML) HOSPITAL, NEW DELHI AND PGIMER, DR. RML HOSPITAL, NEW DELHI

3.1 The status of the funds earmarked for the hospital under current year 2017-18 is given as under:

(₹ in crore)

	BE	RE	AE (as on 8th February, 2018)
Dr. RML Hospital	505.56	479.36	462.32
PGIMER, Dr. RML Hospital	51.31	51.31	37.45

3.2 The Department has informed that the allocation of ₹ 562.49 crore made in BE (2018-19) is slightly inadequate and demand of the hospital for additional funds would be met through supplementary Demands for Grants. The details regarding the manner in which funds are going to be utilized is as under:

(₹ in crores)

	BE (2018-19)		Total
	Capital	Revenue	
Dr. RML Hospital	50.00	458.12	508.12
PGIMER Hospital	3.73	50.64	54.37

3.3 As regards the achievement of physical targets during 2017-18, the Secretary, informed the Committee that a new Dharmashala (42 Rooms) has been inaugurated in January, 2017, pathological lab with diagnostic services has been upgraded, upgradation and renovation of all 16 operation theaters (OTs) has been taken up for completion, solar system for generation of electricity is under completion and Effluent Treatment Plant (ETP) would be made operational shortly. The Committee was also apprised of one on-going project of construction of "New Hostel Block" with 824 rooms at an outlay of ₹ 178.00 crore.

Recommendation

3.4 The Committee notes that the almost 96% and 73% of allocated funds have been utilized at Dr. RML hospital and PGIMER, Dr.RML hospital respectively. The Committee, however, is dismayed to observe that the timelines set for on-going project construction of New Hospital Block with 824 rooms at an estimated cost of ₹ 178.00 crore is three years but the construction work is at initial stage despite the fact that 12 months have already elapsed. The Committee, therefore, strongly recommends that the Department must put in place a stringent monitoring mechanism from the very initial stage to ensure timely completion of the project and fix accountability of the concerned authorities in case there is time and cost overruns.

3.5 In response to the query regarding the projects made under eviction and re-settlement of jhuggi dwellers by Government of NCT for the construction of Modern Maternal Care Centre, the Department has informed that the plot is currently occupied by jhuggi dwellers. A joint survey was conducted in the year 2016. After that the demand of ₹ 1.83 crore was raised to Dr. RML hospital for Rehabilitation of

jhuggi dwellers. Accordingly 50% of the amount *i.e.* ₹ 91,50,000/- was paid to Delhi Urban Shelter Improvement Board (DUSIB) on 24.05.2017. Further, a revised demand of ₹ 1.65 crore was received on 07-06-2017. Subsequently, full payment was made to DUSIB for the same. Although, the matter is regularly being followed with DUSIB, however, no response from them has been received in this regard.

Recommendation

3.6 The Committee is not convinced with the response of the Department on the progress of eviction and re-settlement of jhuggi dwellers for the Modern Maternal Care Centre in NCT of Delhi. The Committee therefore recommends that the matter should be taken up with the officials of Delhi Urban Shelter Improvement Board (DUSIB) on priority basis as despite full payment of compensatory amount, no progress has been made since June, 2017. The Committee further recommends that speedy action must be taken for suitable settlement of jhuggi dwellers. Keeping into account the best interest of the jhuggi dwellers, the construction of modern Maternal Care Centre must be commenced without delay.

3.7 In response to the query regarding steps taken to augment the hospital infrastructure, the Department has furnished the following information:

- (i) Three Operation Theatres in New ECS Building are being added to upgrade the services.
- (ii) 15 bedded ICU is being added in Ist Floor Operation Theatre.
- (iii) Laundry Services are being upgraded in 2 shifts for ultimate 24 Hrs. Laundry Services.
- (iv) Super Specialty OPD consisting of 10 Rooms for 6 days a week in both the shifts *i.e.* in morning and evening will be started shortly.
- (v) OPD area is being widened and air conditioned to accommodate more patients and make it more comfortable for patients.
- (vi) Plan to connect all the floors of ECS Building to all the floors of Trauma Building for fire escape and patient comfort.
- (vii) Plan to start essential Bio-Chemistry Tests round the clock for 7 days a week.
- (viii) First floor of Cafeteria of PGIMER will be converted into Seminar Hall for conferences in addition to the existing auditorium.
- (ix) Nephrology Urology & Transplantation (NUT) centre is being proposed on the vacant land measuring 0.89 acre near the Hospital.
- (x) Effluent Treatment Plan (ETP) is going to be made operational shortly.
- (xi) Upgradation and renovation of all the 16 OTs is being done in phased manner for better patient care.
- (xii) Procurement of 5 High Technology Patient Transport Ambulance, 2 staff cars and one 52 seater bus is under process.
- (xiii) Project to consider MBBS course and its associated medical college building is under active consideration.

(xiv) Project to start a para medical college and re-construction of Nursing College is under active consideration.

(xv) Proposal to construct a forensic medicine department building is also under active consideration.

(xvi) A proposal for creation of 1051 new posts of different categories is also under consideration.

Recommendation

3.8 The Committee takes note of various initiatives being taken by the Department to enhance the infrastructure of the Dr. R.M.L hospital to match with the modern health care facilities. In view of the past record of slow pace of construction of projects at Dr. RML Hospital, the Committee strongly recommends that Department should make all-out efforts to prioritize the projects alongwith a robust monitoring mechanism in place for speedy completion of each project. The implementing authorities/agencies need to be made accountable for the execution and implementation of the project without time and cost overruns. The Committee further recommends that Dr. RML Hospital being the most visited hospital by the patients, execution of all the projects should not hamper the routine functioning of the hospital.

3.9 As regards the vacancy position in respect of Dr. RML Hospital, the Committee has been given to understand that out of 3735 sanctioned posts under various categories, 2779 posts have been filled up and 956 posts are lying vacant. In PGIMER, Dr. RML Hospital, out of 246 sanctioned posts, 215 posts have been filled up while 31 posts are lying vacant.

Recommendation

3.10 The Committee observes that despite efforts being made to fill up the vacant posts, large number of posts are lying vacant under various categories of Dr. RML Hospital. The Committee is apprehensive that for an overcrowded hospital, such a gap in workforce would adversely affect the smooth functioning of the hospital in general and health of the critical patients in particular. This is a matter of concern for the Committee. The Committee is also disappointed to note the 31 vacant posts in PGIMER when the Institute is offering various Specialty and Diploma courses in medical education. The Committee, therefore, strongly recommends that Department should strive to facilitate the process of filling up the vacant posts at the earliest.

IV. PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

4.1 The PMSSY has been launched in 2006 with the objectives of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to augment facilities for quality medical education in the country. It has two components:-

(i) Setting up of AIIMS like Institutes'.

(ii) Upgradation of existing State Government Medical Colleges (GMCs)/Institutions.

4.2 As per the information furnished by the Department, the utilization status of funds for the year 2016-17 and 2017-18 is as under:-

<i>(₹ in Crore)</i>			
Year	BE	RE	AE
2016-17	2450.00	1953.24	1982.26
2017-18	3975.00	3175.00	2361.31 (as on 9th February, 2018)

4.3 The details of project-wise requirement of funds and allocations made thereon along with the completion timelines w.r.t. GMCs and AIIMS like insitutions of Phase I, II, III, IV, V, VA and VI as furnished by the Department is at *Annexure B*.

4.4 The achievements of various phases of PMSSY are given below:-

	Status of New AIIMS		Status of GMC Upgradation	
	AIIMS	Status	GMC	Status
Phase - I	Six AIIMS			
	• Bhopal	Functional	13	• 10 Completed
	• Bhubaneshwar			• 03 Under Progress
	• Jodhpur			
	• Patna			
	• Raipur			
	• Rishikesh			
Phase -II	Two AIIMS	Residential	06	• 03 Completed
	• AIIMS in West Bengal <i>shifted to Phase IV</i>	complex completed.		• 03 Under Progress
	• Rae Bareli, Uttar Pradesh	Tenders are floated for Hospital and Medical College building		
Phase -III			39	• All DPRs approved • All tenders awarded and work in progress
Phase -IV	West Bengal, Andhra Pradesh, Maharashtra and Purvanchal, Uttar Pradesh (04 AIIMS)		13	• 12 Gap Analysis finalized • 08 DPRs approved
Phase -V	Jammu, Kashmir, Punjab, Tamil Nadu, Himachal Pradesh, Assam, Bihar (07 AIIMS)			
Phase -V(A)			02	• 02 DPRs approved • 01 Tender awarded
Phase -VI	Jharkhand and Gujarat (02 AIIMS)			

4.5 The Committee has noted the status of new AIIMS like institutes and upgradation of Government Medical Colleges (GMC) under PMSSY scheme. Under phase I, 6 AIIMS are functional and out of 13 GMCs, 10 GMCs have been upgraded while the upgradation work is in progress at remaining 3 GMCs. As regards Phase II of PMSSY, out of two AIIMS, one in west Bengal has been shifted to Phase IV and at the second one in Rai Bareli, Uttar Pradesh, residential complex has been completed and tenders have been floated for hospital and medical college building. Out of 6 GMCs, upgradation work is under progress at the remaining three GMCs. As regard Phase III, 39 GMCs have been taken up for the upgradation work. All DPRs have been approved and all tenders have been awarded and work is in progress.

4.6 The Department has also informed that in phase IV, 4 AIIMS have been announced at West Bengal, Andhra Pradesh, Maharashtra and Purvanchal, Uttar Pradesh. The present status of the physical progress made at AIIMS, Kalyani, West Bengal; AIIMS, Manglagiri, Andhra Pradesh and AIIMS, Nagpur, Maharashtra indicates that the agency has been selected for awarding of work of construction of residential complex and OPD Block by the executing agency through bidding process and work is in progress since September, 2017. The amount of funds released for these institutes are ₹ 71.03 crore, ₹ 54.51 crore and ₹ 54.84 crore respectively. Also, retendering has been done for constructions of Hospital Block and Academic campus. With regard to AIIMS Gorakhpur, it was informed that pre-investment activities like soil survey and topographical survey has been done. Again the work of construction of boundary wall is in progress, executing agency for project has been finalized, master plan and concept plan has been finalized and tender have been floated for award of work. Rs 11.31 crore of funds have been released. The tentative date of start of work is 1st April, 2018 and date of completion of work is 31st March, 2020. With regard to 13 GMCs under Phase IV of PMSSY, 08 DPRs have been approved and gap analysis for 12 GMCs has been finalized. As regard Phase V, 07 AIIMS have been declared at Jammu, Kashmir, Punjab, Tamil Nadu, Himachal Pradesh, Assam, and Bihar. In case of AIIMS, Bhatinda, Punjab, ₹ 16.46 crore have been released and tentative date for start of work is 1st May, 2018. The construction of boundary wall is on progress, architectural consultant has been appointed and master plan and concept plan is under finalization. As regards AIIMS, Guwahati, Assam, ₹ 5.00 crore have been released and a tentative date for start of work is 1st January, 2019. The executing agency has been appointed; pre-investment activities are in progress and survey to assess the land filling requirement is underway. As far as AIIMS, Bilaspur, Himachal Pradesh, is concerned, the cabinet has approved the project on 3rd January, 2018. As regards AIIMS Jammu and AIIMS Kashmir, ₹ 48.33 crore and ₹ 42.51 crore respectively have been released and pre-investment activities are in progress. Also, the EFC is under preparation, design consultant is under finalization and sites are yet to be handed over by the State Government. The tentative revised timeline for commission of projects including procurement of medical equipments is year 2022 and 2024 respectively. As regards AIIMS, Tamil Nadu, site selection is in process as per challenge method. As regards, AIIMS, Bihar, State Government is yet to identify sites.

4.7 As far as Phase V (A) is concerned, it is given to note that 2 GMCs have been approved for upgradation, DPRs have been approved for both of them and has been awarded at IMS, BHU and the tender has been floated for upgradation work of Sree Chitra Tirunal Institute of Medical Sciences and Technology (SCTIMST), Thiruvananthapuram. The funds of ₹ 21.46 crore and ₹ 10.00 crore respectively have been released so far. As regards Phase VI, two AIIMS at Deoghar, Jharkhand and Gujarat have been announced where EFC is under submission at Jharkhand and site selection process is in progress at AIIMS, Gujarat.

4.8 The Secretary, Department of Health and Family Welfare in her deposition before the Committee in its meeting on 13th February, 2018 submitted that the projected demand for PMSSY scheme was ₹ 8398.20 crore out of which only ₹ 3825.00 crore have been allocated. The Department in its written submissions has also informed that infrastructure development works of new AIIMS as well as for the upgradation of Government Medical Colleges (GMCs) under PMSSY can be financed through HEFA. Under this mode only limited amount would be needed to be escrowed against which upto around 10 times the escrowed amount is likely to become available for meeting capital expenditure requirement for funding the new AIIMS and upgradation of Government Medical Colleges. Keeping the limited availability of the budget vis-a-vis the projected estimates and the additional extra-budgetary source through HEFA as mentioned above, the estimates have been rationalized. It has been kept in view that the revenue expenditure for the operationalisation of services in the existing 06 AIIMS as well as other revenue expenses needs to be fully provisioned for under the budget. While a smaller amount is needed for provisioning escrow arrangement, some funds also need to be kept for ensuring fund availability during transition phase and also for repayment of loans obtained from HEFA. Keeping this in mind, the available budgetary resources has been bifurcated into the revenue and capital side.

4.9 The Committee has been informed that under Phase I & II, following institutes including AIIMS suffered in terms of both augmentation of infrastructures and capital equipment due to time and cost delays:

Sl. No.	Institutes	Progress	
		Construction	Procurement
(A) Setting up of new AIIMS			
1	Bhopal	90 %	91.29 %
2	Bhubaneswar	97 %	91.05 %
3	Jodhpur	99 %	78.86 %
4	Patna	92 %	81.28 %
5	Raipur	93 %	91.17 %
6	Rishikesh	95 %	78.38 %
7	Raebareli	4 %	—
(B) Up-gradation of Government Medical Colleges			
1	KMC, Kolkata	90%	85%
2	BJMC, Ahmedabad	100%	95%
3	GMC, Mumbai	N.A.	95%
4	PGIMS, Rohtak	95%	85%
5	GMC, Madurai (By TNMC)	65%	50%

4.10 The main reasons submitted by the Department for the delay are delay in site specific issues. With respect to construction of AIIMS like institutions at Bhopal, Bhubaneswar, Patna, Jodhpur, Raipur, Rishikesh and Rae Bareli delay is mainly related to inadequate bid responses in some cases. poor performance of design consultants and Project Consultants (PCs) and the contractors. non-availability of land etc.

4.11 As regards the steps taken by the Department to expedite the implementation of the PMSSY scheme. it was informed that the system of assigning the construction work to executing agencies on turnkey basis with empowerment to handle all contractual matters at their end has been introduced. The executing agencies have been mandated to deploy and use Project Management Software to bring about improved project management at their end. The Ministry has also developed an online dashboard to facilitate a closer and more effective monitoring. The functional AIIMS have been empowered with greater delegation of powers in construction, procurement and administrative matters. The procedure for procurement of medical equipment has been simplified and made more efficient with greater delegation and empowerment of the Procurement Support Agency (PSA) entrusted with the work of procurement of medical equipments.

Recommendation

4.12 **The Committee observes that the allocation of PMSSY was slashed from ₹ 3975.00 crore at BE (2017-18) to ₹ 3825.00 crore BE (2018-19) which is a decline of about 4 percent. However, the allocations are 20% more than the RE 2017-18. The projected demand was ₹ 8398.20 crore and a mere amount of ₹ 3825.00 crore have been allocated, which is 54.45% of the projected demand. It has also been stated that funds under Revenue Head (RH) at RE 2017-18 witness an increase from ₹ 927.30 crore to ₹ 1850.10 crore in BE 2018-19 i.e. double of the existing allocation is a moderate estimate considering the number of expansion activities. The Committee also takes note of the new stream of financing where HEFA would be utilized for fund infrastructure and research projects under PMSSY.**

4.13 **The Committee is deeply concerned with the sharp reductions in allocation of funds for PMSSY i.e. ₹ 3825.00 crore in BE 2018-19 against the projected demand of ₹ 8398.20 crore keeping in view the multitude of developmental and upgradation activities under various phases of PMSSY scheme. The Committee fails to comprehend the huge assumptions made by the Ministry that funds for capital projects would be raised by new financing stream HEFA. It is pertinent to note that although six AIIMS like institutions under Phase I of PMSSY are made functional, the construction of hospital complex at these 6 AIIMS are at various stages of completion. As regard 13 GMCs, the upgradation work at 3 GMCs is still pending. The Committee finds several deficiencies related to infrastructure and shortage of faculty & equipments in the AIIMS like institutions. The Committee is perturbed to observe that although the PMSSY project commenced long back in the year 2010 with Phase I projects, still the Department is not able to complete even the phase I projects. Surprisingly, new AIIMS are being announced and are being taken up for construction. The Committee also takes note of the progress made under Phase II, III, IV, and V of PMSSY and status of upgradation of GMCs therein. Keeping all the inhibitive factors in view, the Committee apprehends as to how the Department would be able to accomplish the targets within set timeframes with sub-optimum amount of funds allocated for the purpose. The Committee, therefore, calls upon the Department to direct, in strong terms, the implementing agencies of the undertaken projects to expedite the progress of each project for speedy execution and completion within set timeframes and without cost overruns. Unless the**

implementing agencies are made accountable for the execution and implementation of both the construction and procurement exercise, PMSSY project delays will continue. The Committee also recommends for involvement of other better professional agencies like NBCC or reputed construction majors to ensure cost effective and timely execution especially in projects where HSCC has failed to ensure timely completion.

4.14 The Committee also takes note of the Ministry's reliance upon the new financing stream to offset the shortfall in the budgetary allocations. The Committee is of the view that the availability of funds from this system would be a long drawn process and it would take time to materialize into a workable equation. The Committee, therefore, recommends the Department that a prudent fiscal analysis and a feasible roadmap should be devised for generating and allocating additional financial resources for the PMSSY schemes to ensure continuity in the progress of execution of projects therein. The Department, in view of multitude of project related activities under PMSSY, should readjust its priorities and approach the Ministry of Finance for allocation of additional funds at RE stage so that no project is halted / affected for want of funds.

4.15 In response to a query regarding details of equipment procured under the classification of mandatory U S Food and Drug Administration (USFDA) the following information has been provided by the Department:-

Sl. No.	Phases	Total No. of Equipment Purchased since inception	No. of Equipment out of Column (3) where USFDA standard was mandatory
1	PMSSY I	102	3
2	PMSSY II	48	5
3	PMSSY Amritsar	54	1
4	6 AIIMS	223	14
5	PMSSY III	15	0
	TOTAL	442	23

Recommendation

4.16 The Committee notes that out of total 442 equipments procured, USFDA certification was mandatory for only 23 equipments. The Committee fails to comprehend the reasons for procuring only these 23 equipments with mandatory USFDA certification. The Committee understands that USFDA is a regulatory mechanism for protecting and promoting public health and control and supervision of food and drugs including medical devices with specific reference to the United States but there is hardly any country in the world besides the United States which makes a provision for allowing USFDA as a mandatory condition. The Committee observes that since basic equipments like multiparameter monitor, defibrillator, transport monitor among many others are easily available with Indian manufacturers, therefore, do not essentially need USFDA certification. The Committee also welcomes and takes into consideration the recent circular of the Department of Health and Family Welfare dated 20th February, 2018 on the guidelines regarding requirement / non-requirement of USFDA/CE certification etc. in procurement of

medical devices wherein para 2(ii) it has been stated that for 'quality reasons' doctors would be free to insist on USFDA certification. The Committee is distressed to note that simple devices like multiparameter monitor are being procured with USFDA mandatory certification. The Committee observes that the mentioned circular is just another attempt to camouflage the USFDA requirement in the name of quality and this is going to be a big drain and set back to Indian manufacturers. The Committee, therefore, strongly recommends that the Department should fix certification requirement as USFDA or CE or BIS or any other internationally accepted certification in the interim till BIS standards are established universally so as to leave no option for discretion and its misuse. The Committee also recommends that the matter may also be taken up on priority basis, with the Bureau of Indian Standards (BIS) so that every single equipment procured in India has a BIS standard which would be equivalent to international quality certification.

4.17 The Committee would like to emphasize that the medical device industry of India is a huge market with enormous manufacturing potential. The Committee, therefore, recommends that the Department must make a concerted effort in promoting 'Make in India' program in medical device industry, in coordination with the other government departments. The Committee also strongly recommends that the Department should take up the matter with BIS, so that guidelines / standards for all medical devices are developed and established in time with the international standards and practices relating to procurement of medical devices.

4.18 As regards the status of in-position strength and vacancies vis-a-vis sanctioned posts of faculty and non faculty posts at 6 AIIMS under Phase I and steps taken by Department to fill up the vacant posts and progress made there under, the Department has furnished the following information:

AIIMS	Sanctioned Posts	Posts filled at present	Posts filled up during 2017 out of posts filled at present	Posts vacant at present	Remarks/Progress of recruitment exercises
1	2	3	4	5	6
Bhopal	305	133	93	172	251 posts advertised out of which 116 empanelled. 96 candidates have joined and 9 candidates are unable to join as well as 11 candidates have sought extension. Advertisement for remaining Faculty positions is being advertised shortly.
Bhubaneswar	305	138	11	167	Advertisement for 179 posts of faculty was published in March, 2017. Interview for selection of faculties has been completed and 72 candidates have been empanelled out of which 39 candidates including nursing faculty have

1	2	3	4	5	6
					joined so far (10 Faculty joined in 2017 and 29 joined in 2018 and one candidate joined in 2017 from previous panel. Rest of the candidates would be expected to join over next 2-3 months.
Jodhpur	305	138	49	167	Advertisement for 45 faculty posts has already been advertised and Interviews for the same were held on 17.01.2018. 145 Faculty posts have been advertised, last date for the submission of applications is 28.02.2018.
Patna	305	52	0	253	252 posts were advertised. Appointment orders for 91 Faculty posts have been issued. The selected candidates would be expected to join shortly.
Raipur	305	98	28	207	As all the advertised posts could not be filled up, the vacant posts are again being advertised.
Rishikesh	305	145	88	160	163 posts were advertised in June, 2017 of which 46 Number of Faculty has been empanelled. 15 candidates joined. Rest of the candidates would be expected to join over next 2-3 months.
TOTAL	1830	724	264	1126	

AIIMS	No. of Post Sanctioned	No. of Posts filled at Present	Additional Deployment on Outsourcing Basis	Total HR Availability	No. of posts expected to be filled	
					Upto March, 2018	Additional by June 2018
Bhopal	3776	660	104	764	100	900
Bhubaneswar	3776	793	218	1011	35	874
Jodhpur	3776	603	782	1385	84	671
Patna	3776	965	20	985	720	430
Raipur	3776	986	40	1026	42	985
Rishikesh	3776	195	1384	1579	709	914
TOTAL	22656	4202	2548	6750	1690	4774

Recommendation

4.19 The Committee observes that out of total sanctioned faculty strength of 1830 posts in all the 6 AIIMS, faculty strength position as on 1st January, 2018 is 704 posts. As regards non

faculty strength, total no. of posts sanctioned is 22656 out of which 4202 posts are filled up at present which is mere 18% and additional deployment on outsourcing basis has been done for 2548 posts in all 6 AIIMS. The Committee is of the considered view that despite the Departments' efforts to expedite the filling up of vacancies, a huge number of posts are still lying vacant. Had the Department undertook a critical analysis of the requirement of faculty and non-faculty staff at 6 AIIMS like Institutes, the present status of the vacant posts would have been addressed. The Committee is of the view that since these new AIIMS like Institution are envisaged as mirror image of the existing AIIMS, Delhi, the vast shortage of manpower will crumble even the strongest infrastructure of these 6 AIIMS like institutions. The Committee is at pains to note that the patients with specialty healthcare needs have to suffer despite availability of facilities in their regions just because of the absence of requisite manpower. Patients from States like Bihar, Uttrakhand continue to burden AIIMS, Delhi as AIIMS Patna and AIIMS, Rishikesh are not upto the mark. The Committee, therefore, recommends the Department to accord due priority to fill up the vacant faculty and non-faculty posts under all categories to ensure permanent staff gets in place in all these institutions at the earliest, so that basic healthcare facilities are decentralized in the country and dependence of patients at AIIMS Delhi is be lessened.

4.20 It has also been brought to the notice of the Committee that for the construction of first medical college in the extreme southern part of Northeast region i.e. Mizoram, only ₹ 180.00 crore has been given. The Committee is of the considered view that the amount of ₹ 180.00 crore is too less to construct a medical college. Since there is shortage of doctors across the country in general and especially in Northeastern region, there is a dire need of a standardized medical college for the students of northeastern region (NER) of the country so that they can learn and serve in their native areas. Therefore, the Committee recommends to the Department to enhance the allocation by atleast ₹ 400 crores in order to built a high quality medical college of global standard with adequate infrastructure ad super-specialty facilities of healthcare in Mizoram in lines with the Government's policy of 'Regional balance'.

4.21 In an another matter related to the upgradation of District Hospital, Kohima and for opening of new medical college under the Centrally Sponsored Scheme of "Establishment of New Medical Colleges" attached with existing District/ Referral hospital, it has been brought to the notice of the Committee that, based on the detailed project report prepared by the Government of Nagaland, Government of India approved grant of ₹ 189.00 crore in 2014 for the development of the medical college in the district. In view of the challenges being faced by the Government of Nagaland for ensuring the upcoming public healthcare facility like infrastructure, state of art equipments, IT intervention in healthcare, furniture & fixtures, human resource, hospital plants & engineering support services, the Committee feels that all out efforts must be made in establishing a medical facility to cater to the healthcare needs of the wider portion of population and facilitating the implementation of the provision of 'Healthcare for All'. The Committee is of the considered view that under situation of huge challenges and the financial resource constraints, Nagaland Medical College should be brought under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) and declared as AIIMS like Institution. The Committee, therefore, recommends to the Department that Nagaland Medical College may be included under PMSSY and enhanced budgetary

support may be allocated for the stated purpose so that the cherished objective is achieved within stipulated timeframe.

V. CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

5.1 The allocation and utilization status of Budgetary funds under CGHS during the year 2016-17 and 2017-18 is as under:-

<i>(₹ in Crore)</i>			
Year	BE	RE	Expenditure
2016-17	2120.00	2154.00	2238.00
2017-18	2649.00	2891.00	2274.00

(as on 31.01.2018)

5.2 The Department has highlighted the major achievement of CGHS in opening of New Wellness Centres at Agartala, Aizawl, Imphal, Raipur, Panaji and Kohima. Other achievements include linking of 6.52 lakh Aadhar numbers in CGHS, provisions of online appointment for consultation with CGHS doctors, simplification of treatment at empanelled hospitals by doing away with the need for permission from Government Specialist / CGHS doctors for listed procedures, provision for OPD consultation from specialists of empanelled hospitals and online transfer of CGHS cards of serving employees on transfer to other CGHS cities.

Recommendation

5.3 The Committee notes that the Department has utilized more than 78% of funds allocated in the current fiscal year and appreciates the physical achievements made under CGHS by allowing CGHS beneficiaries to avail specialty consultations from private hospitals. The Committee expects that the Department would be able to utilize the allocated funds by the end of this financial year.

5.4 The projected demand of CGHS under Revenue and Capital heads is ₹ 1477.07 crore and ₹ 53.17 crore and allocations made are ₹ 1251.52 crore and ₹ 53.17 crore respectively. However, the Department has also informed that additional ₹ 300.00 crores are needed in 2018-19 to clear all expected liabilities.

5.5 The Committee has also been given to note that the allocations for the year 2018-19 shall be used for the following activities:-

- (i) Treatment of CGHS beneficiaries: OPD medicines and Consultation facilities are provided all CGHS beneficiaries
- (ii) Hospitalization in Government. empanelled hospitals and non-empanelled under emergency; Reimbursement of cost of Hearing Aid. CPAP, Bi-PAP. etc..
- (iii) Expenditure on Hospitalization and reimbursements in respect of pensioner CGHS beneficiaries is undertaken by CGHS.
- (iv) Establishment and infrastructure to provide these facilities including salaries of the staff.
- (v) Settlement of Credit hospital bills pertaining to CGHS pensioner beneficiaries.

- (vi) Construction of CGHS buildings and improvement of infrastructure and facilities is being undertaken at various CGHS buildings are under different stages of construction and CGHS proposes to complete them. These are at Patparganj, Vasant Vihar, Vikaspuri, Dwarka Sector-9, Dwarka Sector-23, Prasad Nagar, Vasantkunj, Naurojinagar, Rohini Sector-16, Pitampura and Alaknanda and renovation of Faridabad Wellness Centre.

Recommendation

5.6 The Committee notes that the allocations for CGHS for the year 2018-19 is ₹ 1304.69 crore which is approximately 15% less from the projected amount of ₹ 1530.24 crore. The Committee is of the considered view that reduced funds would definitely affect the execution of on-going projects and activities under CGHS. In such a scenario, it is imperative on the part of the Department to economize the expenditure and prioritize the activities to deploy the available resources in more efficient manner. The Committee, therefore, strongly recommends the Department to assess the fund-requirement and plea for more funds at RE stage for qualitative achievements of physical targets under CGHS.

5.7 As regards the status of sanctioned posts and vacancies w.r.t total strength of doctors in CGHS wellness centers across the country and steps taken to fill up the vacant posts. the Department has furnished the following information:

	Sanctioned	Inposition	Vacant Posts
Allopathic Doctors	1848	1412	436
Homeopathic Doctors	70	62	8
Ayurvedic Doctors	82	63	19
Unani Doctors	18	16	3
Siddha	3	2	1

5.8 The initiatives taken by the Ministry to attract GDMOs and Non Teaching specialists to join CGHS to fill up the vacant posts are:-

1. The posting of doctors is normally being made after due consideration of their residence/domicile in order to encourage more doctors to join CGHS.
2. Promotion up to SAG level has been made time bound under the Dynamic Assured Career Scheme vide this Ministry's OM no. A.45012/2/2008-CHS.V dated 29/10/2008.
3. In non-teaching sub-cadre, in order to ensure that the candidates recommended by UPSC join at places outside Delhi, the Ministry has started sending separate requisitions to UPSC exclusively for stations outside Delhi.
4. Recently Government has enhanced the retirement age of CHS doctors upto 65 years.
5. Powers are already vested with Addl. Directors to fill up vacancies of other staff and action is initiated by them to fill up vacant posts. The Ministry of AYUSH is cadre controlling Authority for AYUSH Doctors and recruitment of Ayush Doctors is undertaken through UPSC.

6. To avoid shortage of paramedical staff in CGHS, due to lengthy recruitment process of posts falling under direct recruitment of para-medical staff, powers have been delegated to the ADs of the concerned CGHS city for recruitment of para-medical staff.

Recommendation

5.9 The Committee observes that as per the annual report 2017-18, CGHS is a critical scheme with a beneficiary base of more than 32.12 lakh and serving more than 10 lakhs cardholders. The Committee is, however, constrained to note that despite the Department's efforts in attracting more doctors to join CGHS, out of 1848 sanctioned posts of allopathic doctors, 436 posts are still lying vacant. The Committee feels that the shortage of doctors at CGHS wellness centres is a perennial problem and would continue to exist if concrete measures are not been taken at the right time. The Committee is, therefore, of the considered view that Department must review the strategies to attract GDMOs and specialists to join CGHS wellness centres and do a critical analysis to find out workable solutions for the same. The Committee would like the Department to take holistic assessment to understand the reasons for the persistent shortage of doctors at CGHS wellness centres and make all out efforts to retain the existing doctors and further formulate motivating scheme to enhance the workforce under CGHS to ensure to the continuity in healthcare facilities to CGHS beneficiaries.

5.10 Attention of the Committee has been drawn to the problems being faced by the cancer patients who are senior citizens/pensioners in getting proper treatment in CGHS empanelled hospitals. The Committee feels that these critically ill patients apart from receiving proper treatment need to be handled sensitively and with utmost empathy. Instead of harassment meted out to them by the hospitals due to incomplete paper work etc., the Committee is of the firm view that they should be treated on priority basis. The hospitals should take cognizance of the new rules/regulations of the Ministry which attempts to simplify the process of treatment. The Committee, therefore, recommends that the Ministry should work more towards simplification of paperwork / procedure involved in treatment of cancer patients so that they are not subjected to running from one center to another to complete the formalities for continuance of their treatment. The Ministry should also take action against hospitals harassing senior citizens/pensioners who are cancer patients and depanel them from CGHS if similar instances occur repeatedly.

VI. ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), DELHI

6.1 The utilization status of funds during 2017-18 is as under:-

Years	BE	RE	AE
2015-16	550.00	700.00	700.00
2016-17	1000.00	1005.00	1000.00
2017-18	2400.00	2967.00	2400.00 (as on 31st December, 2017)

6.2 The Committee has been informed that the Ministry has got an allocation of ₹ 3018.00 crore for the year 2018-19 against its projected demand of ₹ 3701.71 crore for AIIMS for completion of ongoing

projects of the Institute. The Committee has been assured that the additional requirement of funds will be projected by the Institute at RE stage (2018-19).

6.3 In response to a query regarding the physical targets set and achieved in various projects at AIIMS, New Delhi in 2017-18 till date and expenditure incurred thereon along with the efforts made by the Department to expedite the execution of projects that were at planning stage last year, the Department has furnished the following information:-

Sl. No.	Name of the Project/Year of Sanction	Estimated Cost (₹ In crore)	Present Status /Reason for Cost overrun, if any.
1	Hostel Block/2010	106.12	95% completed
2	Surgical Block/2010	100.29	99% structure completed
3	Mother & Child Block/2010	290.70	60% completed
4	OPD At Masjid Moth/2014	583.00	60% completed
5	National Cancer Institute at Jhajjar Haryana/2013	2035	55% structure completed
6	Burns & Plastic Surgery/2015	247.85	35% structure completed
7	Hostel Block -IV/2013	32.00	75% work completed
8	New Paid Ward/2015	112.00	25% structure completed
9	Centre for Geriatrics/2016	250.00	Awarded
10	Redevelopment of different campuses of AIIMS/2016	4441.00	MoU signed with NBCC
11	Construction of BSL 3 & 4/2016	8.03	Tender Process Completed
12	Construction of STP/2016	9.70	Tender Process Completed

Recommendation

6.4 The Committee observes that the three projects viz. Hostel Block, Surgical Block and Mother and Child Block of AIIMS, Delhi were sanctioned in the year 2010, however, the work has not yet been completed. The Committee is perturbed to note that AIIMS, being an Institute of National Importance for setting of medical standards for the whole country, has not been able to complete its additional infrastructure since the last eight years. The Committee, therefore, recommends that the Department must keep constant monitoring over the execution of undertaken projects for early completion.

6.5 The Committee is disappointed to note the Department has not furnished the project-wise expenditure details of the ongoing projects at the Institute and has only given the estimated cost and percentage of completion of the projects. The Committee takes strong exception to the manner in which the Department has not shared the information. Nowhere does the data show the targets which were to be achieved in order to assess whether the funds allocated could be actually utilized to achieve the target set and have not actually led to time and cost overruns.

6.6 The Committee is also constrained to observe that instead of giving specific information on the status of undertaken 12 projects, the Department has merely furnished the stages of completion of the 12 projects in percentage. The Committee expects the Department to furnish details of time & cost overruns, revised timelines, efforts made to expedite the progress of pending projects at AIIMS and expenditure incurred till date. The Committee, while strongly disapproving of the manner in which the Department has responded to the queries of the Committee urges the Department to hold consultations with AIIMS, Delhi on quarterly basis to ensure that the progress of ongoing projects are fast tracked so that the implementation and operationalization of undertaken projects can be done in a time-bound manner.

6.7 In reply to a query regarding present status of vacancies vis-a-vis sanctioned strength and efforts made by the Institute to fill up the vacant posts, the information submitted by the Department of Health & Family Welfare as under:

Group	Sanctioned Strength	In-Position	Vacancy	Efforts to fill up the vacant posts
Faculty	883	692	191	Posts of Professors in the Institute are vacant due to pending litigation relating to seniority of two streams of Professors in the High Court of Delhi. The recruitment to other vacant posts of has been/to be initiated.
'A' (Non-Faculty)	624	414	210	The joining process of 313 posts of Nursing Officer and various Non-faculty posts is underway. The recruitment to other vacant posts is underway/to be initiated.

6.8 The Committee is concerned that 191 faculty posts are vacant at AIIMS. One of the reasons cited by the Department is that the posts of professors are vacant due to pending litigation in High Court of Delhi relating to two streams of professors. The Committee fails to understand how the institute is functioning with inadequate faculty and believes that such vacancy situation would affect the standard of education being imparted at the Institute in a long run. The Committee, therefore, strongly recommends for filing up the vacant posts on priority basis and recruitment process to be initiated at the earliest.

VII. REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

7.1 The utilization status of funds to the year 2016-17, 2017-18 is as under:

Years	BE	RE	AE
2016-17	269.00	269.00	269.00
2017-18	190.00	309.83	158.73 (as on 31st January, 2018)

7.2 It is also given to note that the institute had projected a sum of ₹ 558.81 crore. The BE 2018-19 amount of ₹ 201.40 crore will not be sufficient to meet the ongoing developmental works, procurement

of medical equipments and payment of salary. The reduced funds may result in delay of completion of work.

7.3 As regards the progress of the construction activities at the Institute, the Department has furnished the following information :

Sl. No.	Name of Project	Physical Progress
1.	RIMS Phase II Project (Balance Work)	
	i) Package 1A: Construction of PG Ladies for RIMS, Imphal	Work in progress. Overall 38% physically completed. Tender floated for 4th time for the remaining balance work by HSCC. Financial bid opened and HSCC sought approval from RIMS. Clarification sought by the institute vide dt.12/01/2018 from HSCC (I) Ltd. before approval is accorded by the institute.
	ii) Package 1B Construction of PG Gents, UG Ladies Hostel & Nursing Hostel and Development works	
	iii) Package 2 : Construction of OPD Block i/c internal and external Electrical, PHE, Fire fighting, Development works etc.	
2.	Increase of UG seat from 100 to 154 project	Work in progress. Overall 10% physically completed.
	Package - 1	
	i) Construction of Casualty and Blood Bank Block	
	ii) Construction of Maternity and Lecture Hall	
	iii) Construction of Community Medicine & Forensic Medicine Block	
	Package - 2	
	iv) Construction of Hostels and Residential Quarters	

Recommendation

7.4 The Committee is dismayed to observe the budgetary allocations made in 2018-19 for RIMS. As the institute has heavy patient load to the tune of over 40,000 in-patients in a year alongwith providing UG and PG medical education, a robust infrastructure and adequate facilities are of paramount importance for the institute. The current status of physical progress is only 38%, the same as the previous year data, implying that no concrete action has been taken till date to revive the pending projects. The Committee points out that such a slow pace of progress implies

lack of focus and efforts on part of the Department to accomplish the target of undertaken projects which are hanging in midway. Keeping in view the list of projects at RIMS and drastically reduced allocations, the Committee is apprehensive of the completion of undertaken projects in a time bound manner. The Committee, therefore, strongly recommends that the Department must assess the reasons for snail pace of progress and take concrete steps to ensure that a time line be fixed for completion of the undertaken projects with strict monitoring on quarterly basis to assess the pace of implementation of the same.

7.5 In response to a query regarding challenges being faced by the Institute in catering to the medical needs of the people and imparting medical education to the students studying at the Institute and steps taken by the Institute, the Department has furnished the following information:

A. Challenges faced by the institute in catering medical needs of the people	Steps taken up
(a) Infrastructure	
1. Main hospital building is 55 years old, often inundated in water during the rainy season due to low floor level. modern gadgets cannot be kept in the old rooms due to poor wall and ceiling conditions. Out Patient Department is not accessible to persons with disability.	Redevelopment plan of RIMS Hospital on a turnkey basis is being worked out.
2. Very limited observation beds in the Casualty. Floor occupancy rate is very high. No separate facility for trauma care.	Trauma centre is in the process of construction
3. Very limited ICU beds	Under consideration for expansion
4. Operation theatres are outdated. No modular theatre.	Under consideration for construction of new modular OT blocks
5. Limited investigation equipments like MRI(1). CT(1). Ultrasound(2) for the whole 1115 bedded hospital	Purchase of more MRI. CT and Ultrasound are under process
6. Lack of state of art gadgets	Under consideration for purchase for various departments
(b) Manpower	
7. Acute shortage of trained manpower in almost all the clinical departments	Being workout with the Ministry
8. Need to develop Super-specialty hospital by utilising available 24 super-specialists	Being workout with the Ministry
B. Challenges faced by the students in the institute	Steps taken up
1. Acute lack of hostels for both boys and girls	Under construction
2. Acute lack of classrooms for MBBS. BDS. BSc Nursing. BALSP. MPhil courses	Construction yet to start

B.	Challenges faced by the students in the institute	Steps taken up
3.	Acute lack of faculty for BASLP and MPhil courses	Post creation file pending at the Ministry
4.	Lack of examination hall with minimum of 500 sitting capacity	Construction yet to start
5.	Lack of reading rooms in the library	Ladies common room presently utilised as a reading room
6.	Lack of dedicated vegetarian restaurant inside the campus	Under consideration
7.	Lack of campus safety as students are accommodated at various locations including Doctors' quarters.	Campus security strengthened by increasing security posts while hostel constructions are being completed.
8.	Lack of Rural Health Training Centre under Community Medicine due to occupation of the plot of land of the Rural Health Training Centre by armed forces	Matter is being resolved with the Government of Manipur

Recommendation

7.6 The Committee observes that the issues related to infrastructure and manpower at the RIMS, Imphal and the challenges being faced by the students studying therein. The Committee has been given to understand that the re-development plan of RIMS Hospital on turnkey basis is being worked out. The Committee is of the considered view that Department must equate RIMS with the equally important institutions having over 1000 beds for budgetary allocation as it has over 1100 beds and it is the only Institute in India which produces 150 Post Graduate doctors every year. RIMS can become a center for excellence as it has got the human resources and only constraint is the infrastructure. RIMS caters to the healthcare needs of the entire North Eastern States except Assam, hence needs greater support.

7.7 The 'Act East Policy' of Government recognizes the importance of the North East of India as the gateway to the East and thus development of the North Eastern region is a priority in the policy. The Committee, therefore, is of the firm view that while the Government is focusing much to promote the North Eastern region, the health sector must also be focused upon strengthening the healthcare facilities in North East region and RIMS being the oldest institute, catering to the healthcare needs of the majority of people of northeast region, should not be neglected in terms of budgetary allocation for infrastructure, manpower and state of art technology and equipments.

VIII. NORTH-EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES (NEIGRIHMS), SHILLONG

8.1 The utilisation status of funds during 2016-17, 2017-18 is as under:

Years	BE	RE	AE
2016-17	300.00	260.20	245.35
2017-18	200.00	335.00	158.11 (As on 31st December, 2017)

8.2 The Committee has been informed that the Institute has utilized an amount ₹ 39.60 crore & ₹ 96.06 crore out of the allocation of Rs 40.00 crore & ₹ 100.00 crore on account of Grant-in-Aid-General & Grant-in-Aid- Salaries respectively as on 31.12.2017.

8.3 With respect to the on-going projects at the Institute, the Department in its written replies submitted that the Construction of Under Graduate Medical College & Hostels, Regional Cancer Centre and Guest House, Nursing College & Hostels, Internee Hostel and related activities are going on at the Institute. The projects commenced on 24th March, 2017 and 7.71% physical progress is achieved upto December, 2017.

8.4 The projected demand for 2018-19 is ₹ 649.56 crore and the allocations are made to the tune of ₹ 212.00 crore. The Department has stated that the shortfall of funds would impact the ongoing activities at the Institute on account of increasing patient load and expenses related to officers / staff at the Institute, increasing requirement of additional equipments, repair and maintenance of the Institute apart from the ongoing civil work.

Recommendation

8.5 **The Committee observes that as against the allocation of ₹ 335.00 crore to NEIGRIHMS only ₹ 158.11 crore has been utilized till December, 2017 which is less than 50% of the funds which is a matter of concern to the Committee. Given that not more than 33% of funds can be utilized in the last quarter, the possibility of complete utilization of funds is hardly possible to achieve. Had the prudent assessment and subsequent allocation of finances be done with respect of projects and developmental activities at the Institute, the present situation of under-utilization of funds would not have been so worse. The Committee, therefore, strongly recommends that the Department must enhance the absorption capacity of scheme and monitor the progress of undertaken projects for speedy implementation. The Committee also recommends the Department to prioritize and monitor the activities and utilize the available resources efficiently to accomplish the targets set so that enhanced funds can be asked for at RE stage. The Committee, therefore, impresses upon the Department to address the pending issues pertaining to ongoing projects and ensure that all project related formalities be completed in time so that the execution of all the activities should not get stuck due to administrative delays. The Committee however is surprised to note that NEIGRIHMS and RIMS are almost on a equal footing as far as budgetary allocation is concerned despite the fact that RIMS has greater patient load, hospital beds, faculty and PG seats. The infrastructure available in terms of equipment and allied infrastructure at NEIGRIHMS is much better than RIMS but is grossly underutilized. The Committee, therefore, recommends for some sort of a synergy between different health care institutes in the North East and recommends that the infrastructure available at NEIGRIHMS be put to optimum utilization.**

IX. NATIONAL AIDS CONTROL ORGANISATION (NACO)

9.1 The country has achieved the AIDS targets of Millennium Development Goal (MDG) of halting and reversing the AIDS Epidemic. In the MDG era of 2000 to 2015, new HIV infections are estimated to drop from 2.51 lakhs to 86 thousand, a reduction of 66% against a global average of 35%. Similarly, AIDS related deaths are estimated to decline by 54% since 2007 against a global decline of 41%.

9.2 India is committed to achieve "End of AIDS as a public health threat by 2030" being signatory to the United Nation's Sustainable Development Goals. The commitment has been emphasized in National Health Policy (NHP) 2017 that articulated continuation of prevention with focused interventions on the

high-risk communities and prioritized geographies and need to support care and treatment for people living with HIV/AIDS. NHP 2017 aimed to achieve global target of 90:90:90, for HIV/AIDS i.e. 90% of all people living with HIV (PLHIV) know their HIV status. 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression. Other 2020 global targets for HIV/AIDS programme includes (i) Reductions in new HIV cases by 75% from the 2010 level. (ii) Elimination of mother to child transmission of HIV and syphilis. and (iii) Elimination of HIV/AIDS related stigma and discrimination.

9.3 HIV Epidemic: India

- Low Prevalence country (0.25%); more prevalence among people with high risk behaviour
- 3rd largest number of PLHIV in the world (21.1 lakhs)
- 11.82 lakhs PLHIV on ART on 17th December; 2nd largest in world
- 68% decline in new infections since 2000 against global average of 40%
- 59% decline in AIDS related deaths since 2006-07 against global average of 47%

9.4 New Initiatives in NACP IV Test and Treat

- ART to all people living with HIV as soon as detected HIV positive; irrespective of CD4 count & clinical stage of HIV
- 11.81 lakhs PLHIV on ART

Community Based screening

- To improve the reach of HIV counselling and testing services to population unreached so far

Prison Interventions

- Facilitation of HIV/AIDS prevention, testing and treatment services for those in prisons and other correctional institutions

9.5 The status of utilisation of funds allocated under various components/activities during 2016-17 and 2017-18 is as under:-

(₹ in Crore)

Sl. No.	Programme	2016-17		2017-18*	
		Allocation	Utilization	Allocation	Utilization
1	2	3	4	5	6
1.	Grants-in-aid General	922.00	921.98	895.00	707.81
2.	Information Education and Campaign	49.05	46.60	55.00	4.70
3.(i)	Procurement of Drug, Kits etc	658.69	657.81	1094.70	741.26

1	2	3	4	5	6
3.(ii)	Procurement of Condoms	97.28	97.26	40.01	25.77
	Total Procurement	755.96	755.07	1134.71	767.04
4.	Professional Services	17.02	16.92	39.59	19.61
5.	Miscellaneous				
5.(i)	NACO-Miscellaneous	8.97	8.60	37.26	34.48
5.(ii)	Capital	0.00	0.00	1.50	0.00
	Total Miscellaneous	8.96	8.60	38.76	34.48
		1753.00	1749.17	2163.06	1533.63

* Booked Figure up to 11th January, 2018

9.6 The Department has informed that NACO has been allotted additional funds of Rs 163.06 crore at RE stage and with this additionality the funds available to NACO during the current Financial Year 2017-18 are of ₹ 2163.00 crore.

Recommendation

9.7 **The Committee is constrained to express its displeasure that against the allocation of ₹2163.00 crore in 2017-18, against which a total of ₹1533.63 crore has been utilised up to 11th January, 2018 that leaves a gap of ₹629.43 crore to be spent by 31st March, 2018. The Committee recommends that the Department must make Action Plan for optimal utilisation of allocated funds within stipulated period so that from next financial year allocation is made as per projected demand i.e. in accordance with originally conceived plan.**

9.8 In reply to a query, the Department has informed that the appraised EFC outlay for 2018-19 is ₹ 2476.38 Crores. The outlay proposed under Capital Section is ₹ 102 crore with remaining amount of ₹ 2374.00 crores under Revenue Section. A fund of ₹ 2100.00 crores has been allocated under BE 2018-19. It is anticipated that further re-appropriation shall be made of ₹ 376.38 Crores at RE stage during the current Financial Year.

9.9 On being asked about the reasons of increased allocation in capital head and reduced allocation under Revenue head, the Department has informed that the capital head has been increased to ₹ 130.00 crores in anticipation of procurement of viral load testing machines (non-recurring) during the year 2018-19, which shall be additionality to the Metro Blood Bank, anticipated expenditure under capital head. The expected ₹ 376.38 crores at RE level will offset the requirement if any under the revenue section. Additionally, the price of Major ARV drugs have reduced and overall expenditure of the programme will be met.

Recommendation

9.10 **The Committee notes that as against the projected demand of ₹2476.38 crore for 2018-19, NACO has been allocated of ₹2100.00 crore (₹1970.00 crore under Revenue head and ₹130.00 crore under capital head), leaving a short fall of ₹376.38 crore. The Department has informed that the short fall of ₹376.38crore will be re-appropriated at RE stage of the current Financial Year. The Committee express sympathy with the Department that against the funds projected,**

the funds actually received entail a shortfall of ₹ 376.38 crore. The Committee, therefore, recommends that in order to ensure that the scheme under NACO do not suffer due to shortfall in funds, the Department make take a proactive due diligence exercise and approach the Ministry of Finance well in advance so that it may receive a bare minimum amount which would suffice to ensure smooth functioning of various schemes under NACO.

9.11 In a reply to a query regarding settlement of the pending UCs, the Department has informed that NACO recommends release of final instalment Grant-in-aid to State AIDS Control Societies only after furnishing of pending UC's and audited report. NACO has issued guidelines for furnishing UC's to all SACS. Still if any problem is faced by any SACS. the same is also addressed promptly. Total number of 57 Utilization Certificates are pending with amount involved in them of ₹ 27.75 crore. As out of these 57 UCs.47 UCs amounting to ₹ 19.43 crore pertain to the period prior to 2010. the settlement of these older UCs is likely to take time. However. SACS have been directed to expedite the settlement of these UCs at the earliest. Now. agencies till the lowest level are required to be on Public Financial Management System (PFMS), unspent balances will be visible online.

Recommendation

9.12 The Committee notes that total number of 57 UCs are pending amounting to ₹ 27.75 crore out of which 47 UCs amounting to ₹19.43 crore pertain to the period prior to 2010. Even seven years have elapsed, the Department has not recovered the pending UCs from SACS. The Committee, therefore, strongly recommends that Department to expedite the settlement of these UCs within the period of two months from the date of presentation of this Report.

9.13 The Department has informed that close monitoring of cash balances with SACS is under taken and position is reviewed to direct the SACS to liquidate the cash balances with them. Review meeting with SACS officials/personal intervention of SACS Project Directors inter alia for liquidating the cash balances were held. Releases made to SACS from NACO were after adjusting the unspent balance pending with them. The consolidated year-wise statement for the release. expenditure and unspent balance (cash-in hand) with all SACS during 2015-16. 2016-17 and 2017-18 is as under:-

(₹ in Crore)

Years	Release	Expenditure	Unspent Balance (Cash in Hand)
2015-16	770.10	791.57	111.56
2016-17	920.58	906.89	138.18
2017-18#	860.29	553.05	262.57

Figures as on 31.01.18

9.14 As per information supplied by the Department regarding unspent balances available with the State AIDS Control Societies (SACS), a comparative analysis of State-wise figures during 2016-17 and 2017-18 indicates that the status regarding the main defaulter States remained unchanged, as per the detail given below:-

(₹ in Crore)

States/UTs	2016-17 as on 31st March, 2017	2017-18 as on 31st January, 2018
Andhra Pradesh SACS	10.65	12.28
Bihar SACS	10.27	15.41
Jharkhand SACS	11.27	15.65
Karnataka SACS	7.24	13.43
Madhya Pradesh SACS	13.20	24.52
Maharashtra SACS	5.98	24.77
Rajasthan SACS	4.33	12.46
Uttar Pradesh SACS	6.80	20.39

Recommendation

9.15 The Committee notes that unspent balances with the State was of ₹ 138.18 crore as on 31st March, 2017 which has increased to ₹262.57 crore as on 31st January, 2018. Some States like Madhya Pradesh SACS (24.52 crore), Maharashtra SACS (24.77 crore) and Uttar Pradesh SACS (20.39 crore) have the highest amount of unspent balances. The Committee, therefore, emphasizes that the Department should make concerted efforts to get resolved all the unspent balances with the societies so that funds do not accumulate and remain unutilized. The Committee, therefore, recommends that in order to ensure timely and effective utilization of unspent balances, the Department should insist on quarterly feedback from all the State AIDS Control Societies undertake close monitoring of their activities and spending. The Committee hopes that through such measures, funds will not remain unutilized with the SACs, and optimum utilization of allocated funds would be ensured.

Metro Blood Banks

9.16 On being asked about the establishing Metro Blood Banks (MBB), the Department has informed that approval of Hon'ble HFM has been obtained in May 2015 with a total outlay of ₹ 404 crores to set up Metro Blood Banks in Chennai and Kolkata. Project management consultant has been identified and MoU has been signed with State Governments of Tamil Nadu and West Bengal. Project Implementation Committee has been constituted and meetings have been held to review the progress of setting up of Metro Blood Banks. Detailed project report has been received from the project management consultant for re-designing and obtaining the statutory approvals.

Recommendation

9.17 The Committee expresses its dismay over the fact that the setting up of Metro Blood Banks is yet to see the light of the day even after approval by HFM nearly 3 years back. The Committee observes that the Ministry of Health and Family Welfare has been monitoring at snail's pace in getting Metro Blood Banks on track. The Committee strongly recommends that the Department must closely monitor the fast track implementation of these Blood Banks from statutory approval stage to actual implementation of project as delays of this magnitude result in cost and time overruns.

RECOMMENDATIONS/OBSERVATIONS —AT A GLANCE

PART-A

NATIONAL HEALTH MISSION (NHM)

II. Budgetary Allocation

The Committee notes that against the projected outlay of ₹ 34882.32 crore under NHM (Plan), funds to the tune of ₹30129.61 crore has been allocated for the F.Y. 2018-19 leaving a shortfall of ₹ 4752.71 crore. In comparison to the RE 2017-18 allocation of ₹ 30786.56 crore, the allocation for 2018-19 is abysmally less. The Committee supports the contention of the Department that the shortfall in allocations for NHM for 2017-18 *vis-a-vis* its projected demand for funds will adversely impact the following health initiatives/programmes:-

- (i) Up-scaling of existing initiatives e.g. strengthening of Health facilities to IPHS standards;
- (ii) Establishing SHCs, PHCs and CHCs as per the norms;
- (iii) Expansion of new vaccines of Pneumococcal Vaccine, Measles Rubella and Rota Virus to all States;
- (iv) Implementation of new interventions particularly those relating to Non Communicable Diseases; and
- (v) Strengthening of District Hospitals. The National Health Policy (NHP) 2017 has envisaged a target of 2.5 per cent of GDP as health expenditure by the Government (Both Centre and States) by 2025. However, keeping in view the scaling down of various activities due to reduced budgetary allocations, and the Central share in health funding stagnating at 0.3 per cent of GDP, the achievement of targets set for 2025 would remain a pipedream. The Committee is therefore of the view that the allocations provided for 2018-19 is not in line with the pious vision set in NHP 2017 and is opposite to the vision envisaged. The Committee therefore strongly recommends that the Department should approach the Ministry of Finance to provide enhanced allocations for NHM in right proportion which helps actualize the health schemes under NHM and also facilitate the reaching of the targets of 2.5% of GDP by 2025. (Para 2.8)

The Committee note that States are being incentivized on the basis of increase in public expenditure and share of expenditure on primary health as % of the State budget. Further States are also being incentivized based on the improvements in health outcomes / implementation of health sector reforms and not on historical basis. The Committee would like Government to make an assessment impact on the incentivisation scheme for all States and Union Territories on a quarterly basis and for this an integrated Centre-State software system for quarterly assessment may be put in place in a time bound manner. (Para 2.11)

The Committee notes that the actual figures *vis-a-vis* the approved outlays have drastically been reduced overall and head wise in 2017-18. The Committee feels that such significant reduction under the head does not augur well for the 'health' for which allocation is made. The Committee believes that reduction in 'actual figures' *vis-a-vis* the 'approved outlays' is not due

to slow utilization of funds. The Committee would like to be apprised of the reasons for slow utilization of funds. The Committee also recommends that the Government should not reduce funds on basis of utilization but instead put in place a system for assimilation and proper utilization funds allocated. (Para 2.14)

Delay in Transfer of Funds

The Committee appreciates that the Controller General of Accounts, Ministry of Finance is working on linkage of State Treasury to PFMS would help in tracking the delay in transfer of funds from Treasury to the SHS online. The Committee is of the view that the process is not being implemented in a time-bound manner and the Department of Health and Family Welfare should actively take up the matter with the State Governments for appropriate redressal of deficiencies and faster transfer of funds to State Health Societies. (Para 2.16)

III. NATIONAL HEALTH PROTECTION SCHEME (NHPS)

National Health Protection Scheme (NHPS) announced in the Budget 2018-19 is the "world's largest government funded healthcare programme" with 50 crore prospective beneficiaries. An allocation of ₹ 2000 crores has been made in BE 2018-19. The new scheme is just a modifications of the earlier scheme i.e., RSBY. Over half the target beneficiaries proposed to be covered under the NHPS already stand covered today by existing government supported schemes. What would indeed have been a step forward is if it covered out-patient treatment as well, but that is lacking. Many States have in fact opted out of RSBY in favour of state-run schemes, and some States are trying out the trust-based model. A recent comprehensive review on various studies related to RSBY (Prinja, 2017) revealed that in majority of studies (8 out of 14) there was increase in Out of Pocket Expenditure related to RSBY, while only 2 of 14 studies showed reduction in expenditure. NSS data on RSBY shows that enrolment is quite low, only 57% of eligible are enrolled and less than 12% of the eligible persons got their hospitalisation covered through RSBY. The Committee, therefore, recommends that the Government should form a Committee to analyze the failures of RSBY and ensure that inadequacies plaguing the operation and implementation of RSBY are not repeated. The Committee also recommends that the NHPS must have first claim on the proceeds collected from Health and Education Cess and fund constraint should not be allowed to come in the way of implementation of NHPS. (Para 3.7)

IV. NATIONAL RURAL HEALTH MISSION

A. RCH Flexible Pool including Routine Immunization Programme, Pulse Polio Immunization Programme, Immunization Programme, National Iodine Deficiency Disorders Control Programme.

The Committee finds that out of ₹ 4566.60 crore an amount of ₹ 4069.55 crore has been spent (upto 1st February, 2018) which comes to about 89.12% utilization. However when compared to allocation of ₹ 7545.07 crore allocated at RE stage, expenditure of ₹ 4069.55 crore fares poorly. The Committee observes that RCH is a critical area of intervention for the maternal and child health and for which the funds allocated are made an effective policy tool and used gainfully and optimally. The Committee, therefore, desires to be updated on the actual expenditure figures for 2017-18. (Para 4.3)

The Committee notes that against Revenue allocation of ₹ 7545.07 crore in RE 2017-18, ₹ 5253.51 crore has been allocated in BE 2018-19 for RCH Flexible Pool. The Committee notes that the Budget has declined by 30.4% from 2017-18 (RE). Further the allocation for Pradhan Mantri Matru Vandana Yojana (PMMVY) which was earlier called the Maternity Benefit Scheme has also decreased by eight percent over 2017-18. Thus overall there is a reduction in allocations for schemes/programmes devoted to maternal and child health. The Committee expresses displeasure over the reduced allocation considering the facts that in India one child dies every 28 minutes and reduced allocations could seriously jeopardize the RCH programme. The Committee fully backs increase in funds for this crucial programme, and therefore recommends that the Department should approach the Ministry of Finance for more funds. (Para 4.5)

The Committee notes that out of 17, 55,501 sterilizations carried out in 2017-18 (upto December, 2017), the number of female sterilization (16, 49, 291) far outnumber male sterilization (1,066,210). The Committee, in its previous report on Demands for Grants (2017-18) had recommended that sterilization does not mean only female sterilization but should also include male sterilization. The Committee reiterates that Government should take positive steps towards achieving the objective of at least 10% of sterilization being male sterilization as indicated in the 12th Five Year Plan Report. (Para 4.8)

The Committee notes that as compared to total reported deliveries, institutional deliveries account for 89.5%. However, the delivery in percentage terms has been static to the percentage in 2017-18. The Committee would, therefore, exhort the Department to increase its focus on uncovered areas where home deliveries cannot be avoided through ANM assisted home deliveries, and ensure that the institutional delivery in percentage terms is increased from 89.5%. (Para 4.10)

Universal Immunization Programme:

The Committee notes that the country has made considerable improvement in immunization under the Universal Immunization Programme and the full immunization coverage. However, the Committee impresses upon the Department not to be complacent and recommends that the Department should identify the fresh challenges to immunization. The Committee would also like to be apprised of the status of full immunization in rural areas and urban areas separately, along with weaknesses in physical implementation of the programme in rural and urban areas. The Committee has been apprised of adverse events and vaccine failure cases due to non-maintenance of the Cold Chain, which is difficult in a tropical country like India. The Committee recommends that adequate safeguards be maintained to preserve the efficacy of the vaccine. (Para 4.13)

Pulse Polio Immunization

The Committee reiterates that though India has been declared as Polio free by WHO in March 2014 and has since maintained the status, prudence demands that all necessary precautions need to be taken to obviate the possibilities of disruption of the supplies on account of an unforeseen crises. The Committee notes that at present all four IPV manufacturers licensed in the country are from private sector. Further, Ministry of Health and Family Welfare has requested

WHO for transfer of technology of Sabrin stains (SIPV) to public sector vaccine producers (PSUs) in India. WHO has approved technology transfer for one PSU, however SIPV production is yet to start by the PSU. The Committee strongly recommends that the Ministry of Health and Family Welfare should fast track the production of SIPV by PSU to ensure that the gains made in elimination of Polio are not frittered away. (Para 4.16)

B. Health System Strengthening under NRHM

The Committee notes that an amount of ₹ 1200 crore for Health and Wellness Centres (HWCs) towards strengthening primary health care has been announced in Union Budget. However, in last years Union Budget also announcement for establishment of HWCs was made, but till date no such centres have been established anywhere in the country in the meanwhile, the government has invited contribution from the private sector for establishment of HWCs, as the current allocations will pay for only about 10,000 HWCs which is less than 7% of the required, which is not positive for a country like India where out of pocket (OOP) expenses are already high. The Committee while supporting this initiative strongly recommends that the Department provide details about how it would do the funding for the announcement and what is the status of setting up HWCs throughout the country. (Para 4.25)

C. Flexible Pool for Communicable Diseases

The Committee notes that out of ₹ 2648.33 crore allocated in RE 2017-18, an expenditure of only ₹ 1020.08 crore has been spent till 4th February, 2018. While, the Committee supports the Department's need for increasing funds in its fight against communicable diseases, it would like the Department to ensure expenditure monitoring and fiscal discipline and also avoid rush of expenditure before the fiscal end. (Para 4.29)

D. Flexible Pool for Non-Communicable Diseases, Injury and Trauma

The Committee observes that despite, the health systems strengthening under the NRHM and NUHM may help to address the NCD diseases, fund constraint should not come in the way of reduction in disease burden, in view of the increasing burden of non-communicable diseases in the country. The Committee therefore recommends that the Department should approach the Ministry of Finance and seek enhanced allocation at RE stage with adequate justification. (para 4.32)

E. Strengthening of State Drug Regulatory System

The Committee strongly supports the Departments need for increase in funding as sought by it in its Demands under this head. It strongly recommends the Department to approach the Ministry of Finance for seeking the enhanced allocation at RE stage. (Para 4.35)

V. NATIONAL URBAN HEALTH MISSION (SUPPORT FROM NATIONAL INVESTMENT FUND)

The Committee notes that the funds remain under utilised due to unspent balances available with the States. The Committee is of the view that no doubt in a federal structure States are free to spend their funds as per their wishes but the Centre should act as a facilitator and guide them to ensure that the funds allocated are utilized optimally. The Committee is constrained to

observe that even after five years of its launch, this crucial Scheme suffers from fund under-utilization. The Committee, therefore, would like the Department to frame guidelines of financial prudence in consultations with States and particularly help the poor performing States to ensure that funds allocated are utilised to the fullest extent possible. (Para 5.3)

VI. TERTIARY CARE PROGRAMS

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDS)

The Committee accords high priority to cancer care programme and opines that it requires urgent and unrequited support since the scourge of cancer is becoming a menace day by day. It, therefore, strongly recommends that the Department should approach the Ministry of Finance to seek funds at RE stage in view of urgent increase in fund allocation for this programme. (Para 6.2)

VII. HUMAN RESOURCES FOR HEALTH AND MEDICAL EDUCATION

(i) District Hospital - Upgradation of State Government Medical College (PG seats)

The Committee recommends that the Department should ensure that the liabilities of phase-I of the project upgradation of State Government Medical Colleges (PG Seats) are liquidated and the phase-II of the project is initiated and adheres to timelines set. (Para 7.4)

(ii) Establishing New Medical Colleges (upgrading District Hospitals)

The Committee notes that although an announcement for establishment of 24 new medical colleges by upgrading District Medical Colleges has been made, the allocation in this head has been reduced by 12 percent which is going to adversely impact the programme. The Committee believes that with the justifications, the Ministry has come before it should become a strong case for enhancing the funds at RE stage from the Ministry of Finance. (Para 7.8)

PART-B

HEALTH SECTOR

Budgetary Allocation

The Committee is constrained to express its deep displeasure over the lower budgetary allocation to the Department of Health and Family Welfare, thus leaving a shortfall of approximately 21% of funds against the projected demand i.e. ₹ 13900.66 crore. Given the mandate of the Department, with respect to the Health Sector which includes implementation of schemes/ programmes, Hospitals/ Institutions etc., adequate fund needs to be given for development of health infrastructure of the country that directly affects the population of the country. The Committee feels that making adequate provisions for health infrastructure in the country is the prime responsibility of the Government which cannot be shrugged off and therefore the Department must take up the issue with the Ministry of Finance for enhancing the budgetary allocation at the RE stage as per the originally conceived plan/strategy so that health infrastructure in the country is strengthened and healthcare delivery system is improved to cater to the healthcare needs of the country. The Committee also hopes that the Department would judiciously utilize the remaining funds by the end of the financial year 2017-18 upholding the principles of fiscal discipline and sound financial management. (Para 1.4)

Keeping in view the fact that only two months of last quarter of the financial year are left for utilizing more than 33% of available funds, the Committee expresses its displeasure that three important component of health i.e. regulator of food (FSSAI), regulator of drugs (CDSCO) and Family Welfare Scheme have not been able to utilize the funds allocated in general and in specific consonance with the guidelines issued by Ministry of Finance. While total utilization of funds is to the tune of 75% in the current fiscal year has been satisfactory, the expenditure under some of the heads shows lop-sided approach and lack of focus in planning the activities with available financial resources. (Para 1.11)

The Committee has been informed by the Department that as per the Economic Survey 2017-18, the combined public health expenditure as a percent of GDP has also reduced to 1.4 % with BE (2017-18) from 1.5% with RE (2016-17). The Committee feels that had the Department done prudent assessment of the requirements of various programs and schemes under health sector, the results would have been much better in terms of effective utilization of physical resources available therein. The Committee, therefore, recommends that the Department must reorient its strategy to ensure optimum utilization of available resources for the intended purpose under all the heads in terms of stipulation raised by Ministry of Finance. The Committee further recommends that the Department must enhance the absorption capacity of scheme implementing agencies besides strengthening the monitoring bodies to minimize such instances of under utilization of funds. (Para 1.12)

The Committee observes that against the projected demand of ₹ 30518.34 crore for 2018-19 under the Health sector, the total allocations in BE 2018-19 is only to the tune of ₹ 20670.39 crore thus leaving a shortfall of Rs 9847.95 crore. In comparison to the RE 2017-18 allocations of ₹ 20,278.77 crore, the increase in BE is only ₹ 391.62 crore which is mere

1.93 % only. Considering the vast number of on-going projects under the Health Sector, this allocation is insufficient, which the Committee feels, would lead to delay in the implementation of projects in forthcoming years. The Committee also takes note of the new streams of financing as submitted by the Secretary that the requirement of additional funds would be taken care of by the new schemes *viz.* RISE, HEFA, Health Cess and IIFCL. The Committee, therefore, strongly recommends that the Department must persuade the Finance Ministry for higher budgetary support to fulfill the obligations of the capital projects and to avoid cost escalations and request for supplementary allocations for funds to fill the gap of insufficient funds for various projects. The Department must ensure that implementation of the Programmes/Schemes in the Health Sector is not affected due to shortfall in allocations. (Para 1.18)

The Committee observes that the overall allocations for the health sector have only been increased marginally over the revised estimates of the current year, as the result of which the allocations for the key schemes/institutions/programs have been categorically curtailed. As regards the Northeast regions of the country, on one hand, the Government is promoting development work under various sectors while on the other hand, the Government has neglected the healthcare sector of north east by slashing the budgetary allocations for RIMS, Imphal and NEIGRHIMS, Shillong. It is a matter of concern to the Committee that the key schemes under health sector among others have got their budgetary allocations reduced by more than 50 per cent of the projected demand. The Committee, therefore, feels that given the allocations made in 2018-19, the mismatch between the public and private medical facilities in terms of quality, affordability and modernization of healthcare in the country would perpetuate at the same dwindling level. Hence, the Committee strongly recommends that the Government must strive towards minimizing this imbalance by focusing their efforts in judicious assessment of the needs of the program and utilizing the available funds appropriately in a better interest of masses of the country. The Committee, therefore, is of firm view that the Department should not wait for the additional amount of funds as suggested to be given by the new streams of financing and instead approach the Finance Ministry for additional funds to accelerate the implementation of ongoing projects to ensure continuance of development oriented activities. (Para 1.19)

The Committee observes that as on 31.01.18, a total number of outstanding UCs is 1559 amounting to the sum of ₹ 17,58,67,18,636 spanning over the years 2011-2016. The Committee is deeply concerned that over a sizeable number of utilization certificates involving huge amount of funds and therefore, strongly recommends the Department to have continuous assessment of the new monitoring modules. The Department needs to find out the workable strategies, to resolve the pendency issues so as to release the huge amount of funds for better utilization on the development activities in the Health Sector. (Para 1.22)

II. SAFDARJUNG HOSPITAL AND VARDHMAN MAHAVIR MEDICAL COLLEGE (VMMC), New Delhi

The Committee is happy that the budgeted funds are being utilized for speedy construction of emergency block which has been made operationalized to provide improved and efficient trauma care services to the patients. It is also noted that ₹ 9.00 crore has been utilized for procurement of machinery and equipments and ₹ 16.00 crore has been utilized for annual

maintenance of hospital and college. The Committee, however, observes that approval is awaited from Ministry of Health and Family Welfare for additional infrastructure work under 27% OBC quota for construction of 5 lecture theatres, auditorium and student hostel. The Committee is of the view that when financial and physical resources are available, such important projects should not be held back due to delay in administrative procedures. (Para 2.4)

The Committee, however, appreciates Departments' efforts for speedy implementation of Emergency Block at Safdarjung Hospital which would share the burden of the hospital in catering to the emergency care needs of the trauma victims. Since, there is a dire need for super specialty and emergency blocks, the Committee strongly recommends the Department to make all out efforts to accelerate the operationization of these projects by getting completion certificate from NDMC other requisite approvals for procurement of equipments. AH out efforts should be made to get all the important formalities completed so as to avoid time and cost overruns in terms of infrastructure and simultaneously manpower be deployed in a time bound manner. (Para 2.5)

The Committee observes that out of 3264 sanctioned posts under various categories, 2664 posts are filled up while 601 posts are vacant. Out of 408 posts created on a regular basis under the Redevelopment Plan, 165 posts under various categories would be filled up on contract basis. Of these for 113 posts of Staff Nurses, a letter seeking permission to fill up the posts on a regular basis on existing recruitment rules has been issued and 6 posts of radiographer will be filled up on contract basis till they are filled up on regular basis. The Committee also notes the efforts made by the Department in filling up the large number of vacant posts during previous year. The Committee feels that filling up the posts on contract basis is a stop gap arrangement which will not go a long way. The Committee is of the considered view that inordinate delay in recruitment of doctors would hamper the functioning of the new critical care facilities. Moreover, deployment of adequate number of non medical workforce including technical, and paramedical also play vital role in smooth running of the hospital. The Committee, therefore, strongly recommends for advertising all the posts and taking immediate action to fill up the posts on contract basis effectively. The Committee further recommends that Department must accelerate the administrative procedures to fill up the vacant posts on regular basis within a specified timeframes. (Para 2.11)

The Committee is unhappy over the casual response of the Department regarding the setting up of IVF lab at Safdarjung Hospital. Despite Committee's persistent recommendations in the past, the IVF lab is still at the nascent stage with limited manpower and equipments. The IVF facility in Safdarjung Hospital is of paramount importance and it needs to be equipped with state-of-art equipments and devices. Therefore, the Committee recommends the Department should take up the matter on priority basis and expedite the administrative procedures involved therein to avoid inordinate delays in procuring equipments and recruiting specialty doctors and staff in order to make IVF a fully functional facility. (Para 2.13)

The Committee is expresses its anguish that on the one hand there is long waiting duration of two to three years to avail the super-specialty of cardiac care by cardiac patients in AIIMS and G. B. Pant, on the other hand 800 beds of super-specialty new building of Safdarjung Hospital remain under-utilized due to non-availability of super specialty doctors and staff. Under the said circumstances, the Committee recommends that either the Government must arrange super

specialty doctors and staff at Safdarjung Hospital for optimum utilization of available 800 beds in Super-specialty new building failing which the proposal of AIIMS to transfer/ handover super specialty new building of Safdarjung Hospital to AIIMS be approved without delay. The Ministry needs to appreciate that there is adequate number of doctors and staff in AIIMS Cardiac Department for optional utilization of super specialty of cardiac care facility of new building of Safdarjung Hospital which otherwise remain under-utilized. Sooner the decision is taken better would be in the interest of cardiac patients. (Para 2.15)

III. DR. RAM MANOHAR LOHIA (RML) HOSPITAL, NEW DELHI AND PGIMER, DR. RML HOSPITAL, NEW DELHI

The Committee notes that the almost 96% and 73% of allocated funds have been utilized at Dr. RML hospital and PGIMER, Dr.RML hospital respectively. The Committee, however, is dismayed to observe that the timelines set for on-going project construction of New Hospital Block with 824 rooms at an estimated cost of ₹ 178.00 crore is three years but the construction work is at initial stage despite the fact that 12 months have already elapsed. The Committee, therefore, strongly recommends that the Department must put in place a stringent monitoring mechanism from the very initial stage to ensure timely completion of the project and fix accountability of the concerned authorities in case there is time and cost overruns. (Para 3.4)

The Committee is not convinced with the response of the Department on the progress of eviction and re-settlement of jhuggi dwellers for the Modern Maternal Care Centre in NCT of Delhi. The Committee therefore recommends that the matter should be taken up with the officials of Delhi Urban Shelter Improvement Board (DUSIB) on priority basis as despite full payment of compensatory amount, no progress has been made since June, 2017. The Committee further recommends that speedy action must be taken for suitable settlement of jhuggi dwellers. Keeping into account the best interest of the jhuggi dwellers, the construction of modern Maternal Care Centre must be commenced without delay. (Para 3.6)

The Committee takes note of various initiatives being taken by the Department to enhance the infrastructure of the Dr. R.M.L hospital to match with the modern health care facilities. In view of the past record of slow pace of construction of projects at Dr. RML Hospital, the Committee strongly recommends that Department should make all-out efforts to prioritize the projects alongwith a robust monitoring mechanism in place for speedy completion of each project. The implementing authorities/agencies need to be made accountable for the execution and implementation of the project without time and cost overruns. The Committee further recommends that Dr. RML Hospital being the most visited hospital by the patients, execution of all the projects should not hamper the routine functioning of the hospital. (Para 3.8)

The Committee observes that despite efforts being made to fill up the vacant posts, large number of posts are lying vacant under various categories of Dr. RML Hospital. The Committee is apprehensive that for an overcrowded hospital, such a gap in workforce would adversely affect the smooth functioning of the hospital in general and health of the critical patients in particular. This is a matter of concern for the Committee. The Committee is also disappointed to note the 31 vacant posts in PGIMER when the Institute is offering various Specialty and Diploma courses in medical education. The Committee, therefore, strongly recommends that Department should strive to facilitate the process of filling up the vacant posts at the earliest. (Para 3.10)

IV. PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

The Committee observes that the allocation of PMSSY was slashed from ₹ 3975.00 crore at BE (2017-18) to ₹ 3825.00 crore, BE (2018-19) which is a decline of about 4 per cent. However, the allocations are 20% more than the RE for the current fiscal year. The projected demand was ₹ 8398.20 crore and a mere amount of ₹ 3825.00 crore have been allocated, which is 54.45% of the projected demand. It has also been stated that increase of funds at RE from ₹ 927.30 crore to ₹ 1850.10 crore in BE 2018-19 i.e. double of the existing allocation is a moderate estimate considering the number of expansion activities. The Committee also takes note of the new stream of financing where HEFA would be utilized for fund infrastructure and research projects under PMSSY. (Para 4.12)

The Committee is deeply concerned with the sharp reductions in allocation of funds for PMSSY i.e. ₹ 3825.00 crore in BE 2018-19 against the projected demand of ₹ 8398.20 crore keeping in view the multitude of developmental and upgradation activities under various phases of PMSSY scheme. The Committee fails to comprehend the huge assumptions made by the Ministry that funds for capital projects would be raised by new financing stream HEFA. It is pertinent to note that although six AIIMS like institutions under Phase I of PMSSY are made functional, the construction of hospital complex at these 6 AIIMS are at various stages of completion. As regard 13 GMCs, the upgradation work at 3 GMCs is still pending. The Committee finds several deficiencies related to infrastructure and shortage of faculty & equipments in the AIIMS like institutions. The Committee is perturbed to observe that although the PMSSY project commenced long back in the year 2010 with phase I projects, still the Department is not able to complete even the phase I projects. Surprisingly, new AIIMS are being announced and are being taken up for construction. The Committee also takes note of the progress made under Phase II, III, IV, and V of PMSSY and status of upgradation of GMCs therein. Keeping all the inhibitive factors in view, the Committee apprehends as to how the Department would be able to accomplish the targets within set timeframes with sub-optimum amount of funds allocated for the purpose. The Committee, therefore, calls upon the Department to direct, in strong terms, the implementing agencies of the undertaken projects to expedite the progress of each project for speedy execution and completion within set timeframes and without cost overruns. Unless the implementing agencies are made accountable for the execution and implementation of both the construction and procurement exercise, PMSSY project delays will continue. The Committee also recommends for involvement of other better professional agencies like NBCC or reputed construction majors to ensure cost effective and timely execution especially in projects where HSCC has failed to ensure timely completion. (Para 4.13)

The Committee also takes note of the Ministry's reliance upon the new financing stream to offset the shortfall in the budgetary allocations. The Committee is of the view that the availability of funds from this system would be a long drawn process and it would take time to materialize into a workable equation. The Committee, therefore, recommends the Department that a prudent fiscal analysis and a feasible roadmap should be devised for generating and allocating additional financial resources for the PMSSY schemes to ensure continuity in the progress of execution of projects therein. The Department, in view of multitude of project related

activities under PMSSY, should readjust its priorities and approach the Ministry of Finance for allocation of additional funds at RE stage so that no project is halted / affected for want of funds.
(Para 4.14)

The Committee notes that out of total 442 equipments procured, USFDA certification was mandatory for only 23 equipments. The Committee fails to comprehend the reasons for procuring only these 23 equipments with mandatory USFDA certification. The Committee understands that USFDA is a regulatory mechanism for protecting and promoting public health and control and supervision of food and drugs including medical devices with specific reference to the United States but there is hardly any country in the world besides the United States which makes a provision for allowing USFDA as a mandatory condition. The Committee observes that since basic equipments like multiparameter monitor, defibrillator, transport monitor among many others are easily available with Indian manufacturers, therefore, do not essentially need USFDA certification. The Committee also welcomes and takes into consideration the recent circular of the Department of Health & Family Welfare dated 20th February, 2018 on the guidelines regarding requirement / non-requirement of USFDA/CE certification etc. in procurement of medical devices wherein para 2(ii) it has been stated that for 'quality reasons' doctors would be free to insist on USFDA certification. The Committee is distressed to note that simple devices like multiparameter monitor are being procured with USFDA mandatory certification. The Committee observes that the mentioned circular is just another attempt to camouflage the USFDA requirement in the name of quality and this is going to be a big drain and set back to Indian manufacturers. The Committee, therefore, strongly recommends that the Department should fix certification requirement as USFDA or CE or BIS or any other internationally accepted certification in the interim till BIS standards are established universally so as to leave no option for discretion and its misuse. The Committee also recommends that the matter may also be taken up on priority basis, with the Bureau of Indian Standards (BIS) so that every single equipment procured in India has a BIS standard which would be equivalent to international quality certification.

(Para 4.16)

The Committee would like to emphasize that the medical device industry of India is a huge market with enormous manufacturing potential. The Committee, therefore, recommends that the Department must make a concerted effort in promoting 'Make in India' program in medical device industry, in coordination with the other government departments. The Committee also strongly recommends that the Department should take up the matter with BIS, so that guidelines / standards for all medical devices are developed and established in time with the international standards and practices relating to procurement of medical devices.

(Para 4.17)

The Committee observes that out of total sanctioned faculty strength of 1830 posts in all the 6 AIIMS, faculty strength position as on 1st January, 2018 is 704 posts. As regards non faculty strength, total no. of posts sanctioned is 22656 out of which 4202 posts are filled up at present which is mere 18% and additional deployment on outsourcing basis has been done for 2548 posts in all 6 AIIMS. The Committee is of the considered view that despite the Departments' efforts to expedite the filling up of vacancies, a huge number of posts are still lying vacant. Had the Department undertook a critical analysis of the requirement of faculty and non-faculty staff at 6 AIIMS like Institutes, the present status of the vacant posts would have been addressed.

The Committee is of the view that since these new AIIMS like Institution are envisaged as mirror image of the existing AIIMS, Delhi, the vast shortage of manpower will crumble even the strongest infrastructure of these 6 AIIMS like institutions. The Committee is at pains to note that the patients with specialty healthcare needs have to suffer despite availability of facilities in their regions just because of the absence of requisite manpower. Patients from States like Bihar, Uttarakhand continue to burden AIIMS, Delhi as AIIMS Patna and AIIMS, Rishikesh are not upto the mark. The Committee, therefore, recommends the Department to accord due priority to fill up the vacant faculty and non-faculty posts under all categories to ensure permanent staff gets in place in all these institutions at the earliest, so that basic healthcare facilities are decentralized in the country and dependence of patients at AIIMS Delhi is be lessened.

(Para 4.19)

It has also been brought to the notice of the Committee that for the construction of first medical college in the extreme southern part of Northeast region *i.e.* Mizoram, only ₹ 180.00 crore has been given. The Committee is of the considered view that the amount of ₹ 180.00 crore is too less to construct a medical college. Since there is shortage of doctors across the country in general and especially in Northeastern region, there is a dire need of a standardized medical college for the students of northeastern region (NER) of the country so that they can learn and serve in their native areas. Therefore, the Committee recommends to the Department to enhance the allocation by atleast ₹ 400 crores in order to built a high quality medical college of global standard with adequate infrastructure and super-specialty facilities of healthcare in Mizoram in lines with the Government's policy of 'Regional balance'.

(Para 4.20)

In an another matter related to the upgradation of District Hospital, Kohima and for opening of new medical college under the Centrally Sponsored Scheme of "Establishment of New Medical Colleges" attached with existing District/ Referral hospital, it has been brought to the notice of the Committee that, based on the detailed project report prepared by the Government of Nagaland, Government of India approved grant of ₹ 189.00 crore in 2014 for the development of the medical college in the district. In view of the challenges being faced by the Government of Nagaland for ensuring the upcoming public healthcare facility like infrastructure, state of art equipments, IT intervention in healthcare, furniture & fixtures, human resource, hospital plants & engineering support services, the Committee feels that all out efforts must be made in establishing a medical facility to cater to the healthcare needs of the wider portion of population and facilitating the implementation of the provision of 'Healthcare for All'. The Committee is of the considered view that under situation of huge challenges and the financial resource constraints, Nagaland Medical College should be brought under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) and declared as AIIMS like Institution. The Committee, therefore, recommends to the Department that Nagaland Medical College may be included under PMSSY and enhanced budgetary support may be allocated for the stated purpose so that the cherished objective is achieved within stipulated timeframe.

(Para 4.21)

V. CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Committee notes that the Department has utilized more than 78% of funds allocated in the current fiscal year and appreciates the physical achievements made under CGHS by

allowing CGHS beneficiaries to avail specialty consultations from private hospitals. The Committee expects that the Department would be able to utilize the allocated funds by the end of this financial year. (Para 5.3)

The Committee notes that the allocations for CGHS for the year 2018-19 is ₹ 1304.69 crore which is approximately 15% less from the projected amount of ₹ 1530.24 crore. The Committee is of the considered view that reduced funds would definitely affect the execution of on-going projects and activities under CGHS. In such a scenario, it is imperative on the part of the Department to economize the expenditure and prioritize the activities to deploy the available resources in more efficient manner. The Committee, therefore, strongly recommends the Department to assess the fund-requirement and request for more funds at RE stage for qualitative achievements of physical targets under CGHS. (Para 5.6)

The Committee observes that as per the annual report 2017-18, CGHS is a critical scheme with a beneficiary base of more than 32.12 lakh and serving more than 10 lakhs cardholders. The Committee is, however, constrained to note that despite the Department's efforts in attracting more doctors to join CGHS, out of 1848 sanctioned posts of allopathic doctors, 436 posts are still lying vacant. The Committee feels that the shortage of doctors at CGHS wellness centres is a perennial problem and would continue to exist if concrete measures are not been taken at the right time. The Committee is, therefore, of the considered view that Department must review the strategies to attract GDMOs and specialists to join CGHS wellness centres and do a critical analysis to find out workable solutions for the same. The Committee would like the Department to take holistic assessment to understand the reasons for the persistent shortage of doctors at CGHS wellness centres and make all out efforts to retain the existing doctors and further formulate motivating scheme to enhance the workforce under CGHS to ensure to the continuity in healthcare facilities to CGHS beneficiaries. (Para 5.9)

Attention of the Committee has been drawn to the problems being faced by the cancer patients who are senior citizens/pensioners in getting proper treatment in CGHS empanelled hospitals. The Committee feels that these critically ill patients apart from receiving proper treatment need to be handled sensitively and with utmost empathy. Instead of harassment meted out to them by the hospitals due to incomplete paper work etc., the Committee is of the firm view that they should be treated on priority basis. The hospitals should take cognizance of the new rules/regulations of the Ministry which attempts to simplify the process of treatment. The Committee, therefore, recommends that the Ministry should work more towards simplification of paperwork / procedure involved in treatment of cancer patients so that they are not subjected to running from one center to another to complete the formalities for continuance of their treatment. The Ministry should also take action against hospitals harassing senior citizens/pensioners who are cancer patients and depanel them from CGHS if similar instances occur repeatedly. (Para 5.10)

VI. ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), DELHI

The Committee observes that the three projects *viz.* Hostel Block, Surgical Block and Mother and Child Block of AIIMS, Delhi were sanctioned in the year 2010, however, the work has not yet been completed. The Committee is perturbed to note that AIIMS, being an Institute

of National Importance for setting of medical standards for the whole country, has not been able to complete its additional infrastructure since the last eight years. The Committee, therefore, recommends that the Department must keep constant monitoring over the execution of undertaken projects for early completion. (Para 6.4)

The Committee is disappointed to note the Department has not furnished the project-wise expenditure details of the ongoing projects at the Institute and has only given the estimated cost and percentage of completion of the projects. The Committee takes strong exception to the manner in which the Department has not shared the information. Nowhere does the data shows the targets which were to be achieved in order to assess whether the funds allocated could be actually utilized to achieve the target set and have not actually led to time and cost overruns. (Para 6.5)

The Committee is also constrained to observe that instead of giving specific information on the status of undertaken 12 projects, the Department has merely furnished the stages of completion of the 12 projects in percentage. The Committee expects the Department to furnish details of time & cost overruns, revised timelines, efforts made to expedite the progress of pending projects at AIIMS and expenditure incurred till date. The Committee, while strongly disapproving of the manner in which the Department has responded to the queries of the Committee urges the Department to hold consultations with AIIMS, Delhi on quarterly basis to ensure that the progress of ongoing projects are fast tracked so that the implementation and operationalization of undertaken projects can be done in a time-bound manner. (Para 6.6)

The Committee is concerned that 191 faculty posts are vacant at AIIMS. One of the reasons cited by the Department is that the posts of professors are vacant due to pending litigation in High Court of Delhi relating to two streams of professors. The Committee fails to understand how the institute is functioning with inadequate faculty and believes that such vacancy situation would affect the standard of education being imparted at the Institute in a long run. The Committee, therefore, strongly recommends for filing up the vacant posts on priority basis and recruitment process to be initiated at the earliest. (Para 6.8)

VII. REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

The Committee is dismayed to observe the budgetary allocations made in 2018-19 for RIMS. As the institute has heavy patient load to the tune of over 40,000 in-patients in a year alongwith providing UG and PG medical education, a robust infrastructure and adequate facilities are of paramount importance for the institute. The current status of physical progress is only 38%, the same as the previous year data, implying that no concrete action has been taken till date to revive the pending projects. The Committee points out that such a slow pace of progress implies lack of focus and efforts on part of the Department to accomplish the target of undertaken projects which are hanging in midway. Keeping in view the list of projects at RIMS and drastically reduced allocations, the Committee is apprehensive of the completion of undertaken projects in a time bound manner. The Committee, therefore, strongly recommends that the Department must assess the reasons for snail pace of progress and take concrete steps to ensure that a time line be fixed for completion of the undertaken projects with strict monitoring on quarterly basis to assess the pace of implementation of the same. (Para 7.4)

The Committee observes that the issues related to infrastructure and manpower at the RIMS, Imphal and the challenges being faced by the students studying therein. The Committee has been given to understand that the re-development plan of RIMS Hospital on turnkey basis is being worked out. The Committee is of the considered view that Department must equate RIMS with the equally important institutions having over 1000 beds for budgetary allocation as it has over 1100 beds and it is the only Institute in India which produces 150 Post Graduate doctors every year. RIMS can become a center for excellence as it has got the human resources and only constraint is the infrastructure. RIMS caters to the healthcare needs of the entire North Eastern States except Assam, hence needs greater support. (Para 7.6)

The 'Act East Policy' of Government recognizes the importance of the North East of India as the gateway to the East and thus development of the North Eastern region is a priority in the policy. The Committee, therefore, is of the firm view that while the Government is focusing much to promote the North Eastern region, the health sector must also be focused upon strengthening the healthcare facilities in North East region and RIMS being the oldest institute, catering to the healthcare needs of the majority of people of northeast region, should not be neglected in terms of budgetary allocation for infrastructure, manpower and state of art technology and equipments. (Para 7.7)

VIII. NORTH-EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES (NEIGRIHMS), SHILLONG

The Committee observes that as against the allocation of ₹ 335.00 crore to NEIGRIHMS only ₹ 158.11 crore has been utilized till December, 2017 which is less than 50% of the funds which is a matter of concern to the Committee. Given that not more than 33% of funds can be utilized in the last quarter, the possibility of complete utilization of funds is hardly possible to achieve. Had the prudent assessment and subsequent allocation of finances be done with respect of projects and developmental activities at the Institute, the present situation of under-utilization of funds would not have been so worse. The Committee, therefore, strongly recommends that the Department must enhance the absorption capacity of scheme and monitor the progress of undertaken projects for speedy implementation. The Committee also recommends the Department to prioritize and monitor the activities and utilize the available resources efficiently to accomplish the targets set so that enhanced funds can be asked for at RE stage. The Committee, therefore, impresses upon the Department to address the pending issues pertaining to ongoing projects and ensure that all project related formalities be completed in time so that execution of all the activities should not get stuck due to administrative delays. The Committee however is surprised to note that NEIGRIHMS and RIMS are almost on a equal footing as far as budgetary allocation is concerned despite the fact that RIMS has greater patient load, hospital beds, faculty and PG seats. The infrastructure available in terms of equipment and allied infrastructure at NEIGRIHMS is much better than RIMS but is grossly underutilized. The Committee, therefore, recommends for some sort of a synergy between different health care institutes in the North East and recommends that the infrastructure available at NEIGRIHMS be put to optimum utilization. (Para 8.5)

IX. NATIONAL AIDS CONTROL ORGANISATION (NACO)

The Committee is constrained to express its displeasure that against the allocation of ₹2163.00 crore in 2017-18, against which a total of ₹1533.63 crore has been utilised up to 11th January,

2018 that leaves a gap of ₹629.43 crore to be spent by 31st March, 2018. The Committee recommends that the Department must make Action Plan for optimal utilisation of allocated funds within stipulated period so that from next financial year allocation is made as per projected demand *i.e.* in accordance with originally conceived plan. (Para 9.7)

The Committee notes that as against the projected demand of ₹2476.38 crore for 2018-19, NACO has been allocated of ₹2100.00 crore (₹1970.00 crore under Revenue head and ₹130.00 crore under capital head), leaving a short fall of ₹376.38 crore. The Department has informed that the short fall of ₹376.38 crore will be re-appropriated at RE stage of the current Financial Year. The Committee express sympathy with the Department that against the funds projected, the funds actually received entail a shortfall of ₹ 376.38 crore. The Committee, therefore, recommends that in order to ensure that the scheme under NACO do not suffer due to shortfall in funds, the Department make take a proactive due diligence exercise and approach the Ministry of Finance well in advance so that it may receive a bare minimum amount which would suffice to ensure smooth functioning of various schemes under NACO. (Para 9.10)

The Committee notes that total number of 57 UCs are pending amounting to ₹ 27.75 crore out of which 47 UCs amounting to ₹19.43 crore pertain to the period prior to 2010. Even seven years have elapsed, the Department has not recovered the pending UCs from SACS. The Committee, therefore, strongly recommends that Department to expedite the settlement of these UCs within the period of two months from the date of presentation of this Report. (Para 9.12)

The Committee notes that unspent balances with the State was of Rs 138.18 crore as on 31st March, 2017 which has increased to ₹262.57 crore as on 31st January, 2018. Some States like Madhya Pradesh SACS (24.52 crore), Maharashtra SACS (24.77 crore) and Uttar Pradesh SACS (20.39 crore) have the highest amount of unspent balances. The Committee, therefore, emphasizes that the Department should make concerted efforts to get resolved all the unspent balances with the societies so that funds do not accumulate and remain unutilized. The Committee, therefore, recommends that in order to ensure timely and effective utilization of unspent balances, the Department should insist on quarterly feedback from all the State AIDS Control Societies undertake close monitoring of their activities and spending. The Committee hopes that through such measures, funds will not remain unutilized with the SACs, and optimum utilization of allocated funds would be ensured. (Para 9.15)

Metro Blood Banks

The Committee expresses its dismay over the fact that the setting up of Metro Blood Banks is yet to see the light of the day even after approval by HFM nearly 3 years back. The Committee observes that the Ministry of Health and Family Welfare has been monitoring at snail pace in getting Metro Blood Banks on track. The Committee strongly recommends that the Department must closely monitor the fast track implementation of these Blood Banks from statutory approval stage to actual implementation of project as delays of this magnitude result in cost and time overruns. (Para 9.17)

MINUTES

V*

FIFTH MEETING

The Committee met at 11.00 P.M. on Monday, the 12th February, 2018 in Committee Room '4', First Floor, Parliament House Annexe Extension Building, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav —*Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Shri Ashok Siddharth
6. Shri K. Somaprasad
7. Shri Ronald Sapa Tlau

LOK SABHA

8. Shri Thangso Baite
9. Dr. (Shrimati) Heena Vijaykumar Gavit
10. Dr. K. Kamaraj
11. Shri Arjun Lai Meena
12. Shri M. K. Raghavan
13. Dr. Manoj Rajoria
14. Dr. Shrikant Eknath Shinde
15. Shri Kunwar Singh Tanwar

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*

Shri Rakesh Naithani, *Director*

Shri Dinesh Singh, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

Shri Pratap Shenoy, *Committee Officer*

Shrimati Gunjan Parashar, *Research Officer*

* Minutes of 1st to 4th meetings pertain to other matters.

WITNESSES**Ministry of Health and Family Welfare pertaining to NHM Sector**

1. Preeti Sudan, Secretary (Health)
2. Dr. B.D. Athani, Director General of Health Services
3. Vijaya Srivastava, Special Secretary & Financial Advisor
4. Manoj Jhalani, Additional Secretary & Mission Director (NHM)
5. Bharati Das, Chief Controller of Accounts
6. Preeti Nath, Economic Advisor
7. Arun Singhal, Joint Secretary
8. Vandana Jain, Joint Secretary
9. Manohar C. Agnani, Joint Secretary
10. Lav Agrawal, Joint Secretary
11. Navdeep Rinwa, Joint Secretary
12. Preeti Pant, Joint Secretary

II. * * *

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the Secretary of the Department of Health & Family Welfare has been invited in connection with the examination of Demands for Grants (2018-19) pertaining to NHM Sector in the forenoon session.***

III. Oral Evidence of the Health Secretary on Demands for Grants (2018-19) pertaining to NHM Sector (Demand No. 42)

3. The Secretary submitted that in this budget the main focus has been given to the Health. She mentioned that the Ministry is geared up towards implementation of Ayushman Bharat Programme having two basic pillars *viz.* Comprehensive Primary Health Care (CPHC) and Wellness Centres & National Health Protection Scheme (NHPS). Thereafter, the Additional Secretary, Department of Health and Family Welfare made a power-point presentation on NHM Sector. This presentation, inter-alia highlighted - (i) the Budget of National Health Mission (2018-19); (ii) 12th Plan Approved Outlay, 12th Plan Actual Budgetary Allocation, B.E. and RE (2017-18) and BE (2018-19); (iii) AYUSHMAN BHARAT CPHC-NHPS aiming to provide comprehensive Primary Health Care System at Health & Wellness Centres; (iv) features of National Health Mission -including NRHM- RCH Pool; (v) National Urban Health Mission; (vi) Communicable Diseases Pool; (vii) Non-Communicable Diseases Pool; (viii) Infrastructure Maintenance; (ix) Plan wise allocation & release under NHM; (x) India's Progress on MDG 5 -Maternal Mortality Rate; and (xi) Recent key Initiatives Under NHM, etc.

*** Relate to other matters.

4. The Members then raised certain queries on Demands for Grants (2018-19) pertaining to NHM Sector to which the Secretary, Department of Health and Family Welfare and other officials replied. The Chairman directed the Secretary to furnish detailed written replies to the queries left unanswered within a week.

(The Committee then adjourned at 1.32 P.M. for lunch and assembled again at 2.20 P.M.)

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12. A verbatim record of the proceedings of the meeting was kept.

13. The Committee then adjourned at 4.52 P.M. to meet again at 11.00 A.M. on 13th February, 2018.

VI

SIXTH MEETING

The Committee met at 11.00 P.M. on Tuesday, the 13th February, 2018 in Committee Room '4', First Floor, Parliament House Annexe Extension Building, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav —*Chairman*

RAJYA SABHA

2. Dr. R. Lakshmanan
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Shri K. Somaprasad
5. Shri Ronald Sapa Tlau
7. Shrimati Sampatiya Uikey

LOK SABHA

3. Shri Thangso Baite
9. Dr. (Shrimati) Heena Vijaykumar Gavit
10. Dr. Sanjay Jaiswal
11. Dr. K. Kamaraj
12. Shri Arjun Lai Meena
13. Shri Mahendra Nath Pandey
14. Shri C.R. Patil
15. Shri M.K. Raghavan
16. Dr. Manoj Rajoria
17. Dr. Shrikant Eknath Shinde

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*

Shri Rakesh Naithani, *Director*

Shri Dinesh Singh, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

Shri Pratap Shenoy, *Committee Officer*

Shrimati Gunjan Parashar, *Research Officer*

WITNESSES**I. Representatives from the Department of Health and Family Welfare**

1. Preeti Sudan, Secy. (H)
2. Dr. Jagat Ram, Director, PGIMER, Chandigarh
3. Shri Ravindra Prasad, Director
4. Shri Neeraj Sharma, Financial Advisor, AIIMS
5. Dr. Jagdeesh Chandra, DDG
6. Shri Oma Nand, Director
9. Shri J. Rajesh Kumar, Director, BOP
8. Dr. Rajendera Sharma, MS, SJ Hospital
9. Dr. K.T. Bhowmik, Addl. MS, SJ Hospital
10. Dr. Rajiv Garg, Director, LHMC
11. Dr. Ramachander, HOD, LHMC
12. Dr. V.K. Tiwari, MS. RML Hospital
13. Dr. A.K. Goila, Addl. MS., RML, Hospital
14. Dr. Promila Gupta, DDG (O)
15. Dr. Inder Prakash, Advisor (PH)
16. Dr. S.K. Singh, DDG
17. Dr. R.S. Gupta, DDG
18. Dr. K.S. Sachdeva, DDG
19. Dr. Naresh Goyal, DDG
20. Shri Amitab Awasthi, DDG
21. Dr. A.S. Chauhan, DDG

II. * * *

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the Secretary of the Department of Health & Family Welfare has been invited in connection with the examination of Demands for Grants (2018-19) pertaining to Health Sector in the forenoon session. ***

III. Oral Evidence of the Health Secretary on Demands for Grants (2018-19) pertaining to Health Sector (Demand No. 42)

3. The Secretary of the Department of Health and Family Welfare gave a brief outline of the Ministry of Health and Family Welfare pertaining to Health Sector which includes institutions, hospitals, CGHS and NACO. Thereafter, the Additional Secretary, Department of Health and Family Welfare in his power-point presentation on Health Sector highlighted important issues such as —the shortfall in actual allocations being made for 2018-19 under health sector and key schemes/institutions thereunder *vis-a-vis* the projected demand. He apprised the Committee about new streams of financing viz. Revitalizing Infrastructure & Systems in Education (RISE); Higher Education Funding Agency (HEFA); health cess and India Infrastructure Finance Corporation Limited (IIFCL) for funding infrastructure projects under health sector. He highlighted the achievements made under Pradhan Mantri Swasthaya Suraksha Yojana (PMSSY) in terms of infrastructure, manpower and upgradation of government medical colleges under various phases of PMSSY. Apart from this, he also drew attention of the Committee to the Kayakalp Award Scheme for tertiary level hospitals/institutes, expansion of trauma care facilities across the country, functioning of Food Safety & Standards Authority of India and initiatives taken by Central Drug Standards Control Organization for ease of doing business.

4. The Members then raised certain queries with respect to the Demands for Grants (2018-19) pertaining to Health Sector. The Secretary, Department of Health and Family Welfare and other officials replied to some of the queries raised by the Members. The Chairman directed the Secretary to furnish detailed written replies to the queries left unanswered within a week.

(The Committee then adjourned at 1.10 P.M. for lunch and assembled again at 2.15 P.M.)

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13. A verbatim record of the proceedings of the meeting was kept.

14. The Committee then adjourned at 4.05 P.M. to meet again at 11.00 A.M. on 16th February, 2018.

VIII*
EIGHTH MEETING

The Committee met at 3.00 P.M. on Tuesday, the 6th March, 2018 in Committee Room No. 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav —*Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Jairam Ramesh
6. Shri K. Somaprasad
7. Dr. C.P. Thakur
8. Shrimati Sampatiya Uikey

LOK SABHA

9. Dr. (Shrimati) Heena Vijaykumar Gavit
10. Dr. Sanjay Jaiswal
11. Dr. K. Kamaraj
12. Shri C.R. Patil
13. Shri M.K. Raghavan
14. Dr. Manoj Rajoria
15. Dr. Shrikant Eknath Shinde
16. Shri Bharat Singh

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*

Shri Rakesh Naithani, *Director*

Shri Dinesh Singh, *Additional Director*

Shri B. Bhaskar, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

*Minutes of 7th meeting pertain to other matters.

Shri Pratap Shenoy, *Committee Officer*

Shrimati Gunjan Parashar, *Research Officer*

Opening Remarks

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the meeting has been convened to consider and adopt draft 106th and *** Reports of the Committee on Demands for Grants (2018-19) of the Departments of Health and Family Welfare, *** (Ministry of Health and Family Welfare), respectively.

3. * * *

4. The Committee then considered the draft 106th and *** Reports of the Committee on Demands for Grants (2018-19) of the Ministry of Health and Family Welfare pertaining to Departments of Health and Family Welfare and ***, respectively. After some discussion, the Committee adopted the said Reports with minor changes. The Committee, thereafter, decided that the Reports may be presented to the Rajya Sabha and simultaneously laid on the Table of the Lok Sabha on Monday, the 8th March, 2018. The Committee authorized its Chairman, Shri Jairam Ramesh and Dr. Vikas Mahatme to present the Reports in Rajya Sabha.

5. The Committee then adjourned at 3.35 P.M.

ANNEXURES

Statement showing State wise Health Budget

Sl. No.	States	2012-13		2013-14		2014-15		2015-16		2016-17		12th Plan Avg.					
		Plan	Non-Plan	Total	Plan	Non-Plan	Total	Plan	Non-Plan	Total	Plan		Non-Plan	Total			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	Andaman and Nicobar Islands	10.96	59.58	70.54	116.84	61.37	178.21	124.40	63.87	188.27	168.92	70.11	239.03	214.52	76.84	291.36	17%
2	Andhra Pradesh	5,889.83		5,889.83	6,443.11		6,443.11	1,040.70	3,322.22	4,362.92	1,986.81	3,741.42	5,728.23	3,170.03	2,933.73	6,103.76	6%
3	Arunachal Pradesh	42.70	200.88	243.58	54.77	244.58	299.35	78.90	299.33	378.23			384.00	465.87	426.10	891.97	33%
4	Assam	614.36	905.39	1,519.76	895.08	1,108.14	2,003.22	1,717.04	1,203.03	2,656.52	2,920.52	1,374.33	4,030.85	2,270.53	1,490.72	3,761.25	22%
5	Bihar	656.36	2,092.92	2,749.28	929.23	2,181.28	3,110.51	2,837.48	2,425.95	5,263.43	2,363.00	2,608.67	4,971.67	5,337.18	2,897.52	8,234.70	27%
6	Chandigarh	69.05	138.89	207.94	95.91	150.11	246.02	111.90	157.31	269.21	176.42	191.07	367.49	135.77	215.12	350.89	11%
7	Chhattisgarh	924.31	450.45	1,374.77	1,215.88	530.32	1,746.20	2,086.59	601.15	2,687.74	2,435.04	707.03	3,142.07	3,163.05	810.43	3,973.48	27%
8	Dadra and Nagar Haveli	46.47	10.66	57.13	48.55	7.84	56.39	69.88	9.24	79.12	67.35	9.89	77.24	89.82		89.82	36%
9	Daman and Diu	35.74	8.22	43.96	25.27	9.11	34.38	38.01	9.20	47.21	52.60	10.09	62.69	42.43	11.15	53.58	13%
10	Delhi	1,508.43	1,215.81	2,724.24	1,471.26	1,386.75	2,858.01	2,227.00	1,346.05	3,773.05	3,138.00	1,649.00	4,787.00	19.64	20.05	39.69	6%
11	Goa	106.68	129.13	235.81	107.94	150.22	258.16	121.37	160.99	282.36	185.41	205.56	391.97	391.71	236.51	628.21	27%
12	Gujarat	3,060.00	1,580.29	4,640.33	3,800.00	1,754.32	5,554.32	5,666.90	1,563.59	7,230.49	6,193.85	1,627.78	7,821.63	3,764.01		3,764.01	8%
13	Haryana	1,150.56	873.77	2,024.33	1,287.21	955.59	2,242.80	2,006.60	1,041.48	3,048.08	1,845.88	1,182.73	3,028.61	3,323.95		3,323.95	22%
14	Himachal Pradesh	1,057.22		1,057.22	1,188.86		1,188.86	1,451.76		1,451.76	309.01	1,099.48	1,408.49	1,945.90		1,945.90	14%

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
15	Jammu and Kashmir	270.54	1,165.20	1,435.74	247.13	1,468.77	1.7 IS.90	253.71	1,630.99	1,892.70	127.44	2,429.41	2,556.85	29,433.59		2,943.59	16%
16	Jharkhand	2,391.37		655.00	648.77	1,303.77	672.47	815.70	1,488.16	1,130.00	829.78	1,959.78	2,129.18	920.49	3,049.67	20%	
17	Karnataka	2,175.62	4,566.99	3,412.24	2,508.93	5,921.17	4,384.28	2,260.72	6,645.00	3,888.98	2,269.16	6,158.14	6,303.00		6,303.00	14%	
18	Kerala	820.21	2,429.79	3,250.00	967.37	2,870.08	3,837.45	1,118.94	3,411.34	4,530.28	1,581.64	4,018.81	5,600.45	5,851.33		5,851.33	18%
19	Lakshadweep			31.50	19.11	50.61	33.50	18.97	52.47				36.50	40.00	24.16	64.16	05%
20	Madhya Pradesh	1,338.04	1,504.53	2,842.57	1,296.92	1,869.52	3,166.44		4,626.83				5,133.30	4,886.54		4,886.54	19%
21	Maharashtra	1,655.03	2,645.14	4,300.17	2,004.04	3,061.58	5,065.62	2,478.57	3,147.91	5,626.48	4,308.04	3,554.81	7,862.85	4,776.58	3,819.44	8,596.03	19%
22	Manipur	169.18	160.16	329.34	220.70	182.17	402.87	251.82	194.42	446.24	263.06	202.80	465.86	131.78	224.32	356.10	4%
23	Meghalaya	179.55	110.01	28,956.00	131.65	172.44	304.09	282.06	183.82	465.88	380.74	202.12	582.86	470.00	258.88	728.88	22%
24	Mizoram	93.34	94.76	188.10	120.04	112.89	232.93	83.01	135.07	218.08	171.46	166.81	338.27	226.25	188.03	414.28	21%
25	Nagaland	36.00	232.08	268.08	18.00	249.79	267.79	18.25	284.28	302.53	2.00	330.29	332.29	4.50	34.26	38.76	12%
26	Odisha	827.14	1,198.75	2,025.89	879.26	1,438.17	2,317.43	2,217.70	1,556.30	3,774.00	2,238.82	1,774.90	4,013.72	3,252.98	1,983.83	5,236.81	31%
27	Puducherry	139.08	145.42	284.51	17,402.00	160.83	334.86	237.00	169.53	406.53	304.95	206.28	511.23	264.60	224.50	489.10	11%
28	Punjab	294.38	2,680.97	2,975.05	434.75	1,602.49	2,037.24	1,021.77	1,768.42	2,790.19	990.82	2,143.89	3,134.71	1,308.28	2,100.88	3,409.16	12%
29	Rajasthan	1,225.42	2,491.54	3,716.96	2,022.22	2,788.06	4,810.28	2,513.75	3,027.28	5,541.03	6,063.72	3,352.55	9,416.27	6,046.14	3,491.25	9,537.39	24%
30	Sikkim	159.91	85.08	244.99	173.14	88.25	261.39	255.33	98.00	354.01	234.81	108.60	34,341.00	192.61	119.52	312.13	7%
31	Tamil Nadu	2,630.48	2,938.80	5,569.28	2,901.00	3,610.76	6,511.76	3,033.53	4,142.75	7,176.28	3,729.19	4,516.22	8,245.41	4,098.19	4,974.53	9,072.72	14%
32	Telangana							2,283.00	1,780.00	4,063.00	2,459.01	2,472.54	4,931.55	2,462.83	3,504.05	5,966.88	21%
33	Tripura	277.61	235.86	513.47	282.04	277.41	559.45	435.21	317.70	752.91	497.20	410.89	908.09	717.42		717.42	17%
34	Uttar Pradesh	4,388.63	5,073.57	9,462.20	4,842.25	5,519.85	10,362.10	5,894.16	6,169.18	12,063.34	9,073.84	6,854.27	15,928.11	11,667.92	7,87.66	19,545.58	23%
35	Uttarakhand	308.37	405.49	713.86	295.98	491.14	787.12	600.00	900.00	1,500.00	600.79	677.70	1,278.49	1,043.01		1,043.01	15%
36	West Bengal	1,488.33	3,085.38	4,573.71	1,603.20	3,299.69	4,893.90	2,211.06	3,430.28	5,641.34	2,588.90	3,536.03	6,124.93	2,999.22	4,015.65	7,014.87	12%
	TOTAL	33,864.93	36,524.17	70,389.15	40,392.36	40,971.34	81,363.70	49,857.65	47,854.74	1,02,339.23	62,215.22	54,535.02	1,22,304.04	86,150.36	42,879.62	1,29,029.97	20%

State-wise operational cost of the Allocation under Immunization
Programme for the year 2014-15 to 2016-17

(Figures in crores)

Sl. No.	States	2014-15 Allocation	2015-16 Allocation	2016-17 Allocation
1	2	3	4	5
1.	Andaman and Nicobar Islands	0.31	0.30	0.67
2.	Andhra Pradesh	21.23	19.32	19.09
3.	Arunachal Pradesh	1.67	1.52	6.25
4.	Assam	26.55	23.13	35.51
5.	Bihar	49.17	45.16	39.79
6.	Chandigarh	0.45	0.41	0.57
7.	Chhattisgarh	9.87	8.89	16.37
8.	Dadra and Nagar Haveli	0.13	0.11	0.61
9.	Daman and Diu	0.09	0.08	0.13
10.	Delhi	9.23	8.58	9.04
11.	Goa	0.47	0.42	0.50
12.	Gujarat	23.96	21.62	23.21
13.	Haryana	12.57	11.59	8.52
14.	Himachal Pradesh	3.30	3.04	7.15
15.	Jammu and Kashmir	6.40	5.92	16.69
16.	Jharkhand	14.69	13.42	16.67
17.	Karnataka	22.17	19.81	23.31
18.	Kerala	10.16	8.87	10.14
19.	Lakshadweep	0.05	0.05	0.11
20.	Madhya Pradesh	29.75	26.94	39.05
21.	Maharashtra	50.36	46.02	41.18
22.	Manipur	2.79	2.49	3.99

1	2	3	4	5
23.	Meghalaya	3.39	3.06	1.24
24.	Mizoram	1.09	0.97	2.27
25.	Nagaland	1.99	1.77	2.93
26.	Odisha	14.48	12.86	21.56
27.	Puducherry	0.39	0.34	1.58
28.	Punjab	11.17	10.10	9.15
29.	Rajasthan	29.49	26.84	39.38
30.	Sikkim	0.55	0.49	1.02
31.	Tamil Nadu	23.79	21.00	23.50
32.	Tripura	5.47	3.07	1.25
33.	Uttar Pradesh	124.36	116.65	79.20
34.	Uttarakhand	7.94	7.55	9.82
35.	West Bengal	45.43	41.90	27.30
36.	Telangana	15.18	13.81	13.65
GRAND TOTAL		578.10	528.10	557.99

Strengthening and Upgradation of State Government Medical Colleges for increase of PG seats

Sl. No.	Name of the medical college	(Till date) (Amount ₹ in crore)													Number of PG seats to be increased
		Approved Central Cost Share		Amount released											
1	2	3	4	5	6	7	8	9	10	11	12	13	14		
		2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2016-17	2017-18	Sub total					
Assam															
1.	Silchar Medical College, Silchar	16.74	13.2144	6.28						3	3.9344	13.2144	47		
2.	Assam Medical College, Dibrugarh	25.57	21.0965	9.59							3	12.5900	66		
3.	Guwahati Medical College, Guwahati	4.89	4.0345	1.84								1.8400	30		
	SUB TOTAL	47.2	38.3454	17.71						3	6.9344	27.6444	143		
Andhra Pradesh															
4.	Andhra Medical College, Vishakapatnam	14.42	9.7360			5.41					4.326	9.7360	59		
5.	Guntur Medical College, Guntur	20.691	13.9253			7.55						7.5500	83		
6.	Siddhartha Medical College, Vijaywada	31.478	21.2548			11.84					9.4148	21.2548	46		
7.	Rangaraya Medical College, Kakinada	1789	6.0020			3.335					2.667	6.0020	98		
8.	Kurnool Medical College, Kurnool	25.89	17.5530			10.09					6.6972	16.7872	46		
9.	S. V. Medical College, Tirupati	18.38	12.4000			6.85					5.55	12.4000	60		
10.	Government Medical College, Anantapur	2.66	1.7980			1.00						1.0000	18		
	SUB TOTAL	122.409	82.6691	46.075							28.655	74.7300	410		

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Bihar													
11.	A.N. Magadh Medical College, Gaya	4.25	3.0928	1.40			1.34					2.7400	14
12.	S.K. Medical College, Muzzafarpur	18.12	12.2320		6.80							6.8000	26
13.	JN Medical College, Bhagalpur	23.49	15.8570		8.81						7.047	15.8570	58
14.	Nalanda Medical College, Patna	18.785	12.6815		7.05							7.0500	58
15.	Patna Medical College, Patna	2.69	1.8150		1.00							1.0000	4
16.	Darbhanga Medical College, Darbhanga	7.09	4.7870		2.66							2.6600	39
	SUB TOTAL	74.425	50.4653	1.40	26.32		1.34				7.047	36,1070	199
Chandigarh													
17.	Government Medical College Chandigarh	45.56	30.7540		17.09						13.664	30.7540	48
	SUB TOTAL	45.56	30.7540		17.09						13.664	30.7540	48
Chhattisgarh													
18.	Pt. J.N.M. Medical College, Raipur	32.73	22.0940			12.275					9.819	22.0940	79
	SUB TOTAL	32.73	22.0940			12.275					9.819	22.0940	79
Goa													
19.	Govt. Medical College, Goa	22.14	16.4941		3.83		12.24					16.0700	124
	SUB TOTAL	22.14	16.4941		3.83		12.24					16.0700	124
Gujarat													
20.	Government Medical College, Bhavnagar	29.62	22.2200		6.25		15.97					22.2200	86
	SUB TOTAL	29.62	22.2200		6.25		15.97					22.2200	86

Himachal Pradesh

21.	Indira Gandhi Medical College, Shimla	14.50	11.0400	5.44	4.61	10.0500	17
SUB TOTAL		14.50	11.0400	5.44	4.61	10.0500	17

Jammu and Kashmir

22.	J & K Sher-e-Kashmir Institute of Medical Sciences, Soura, Srinagar	37.57	30.9985	14.08	14.08	22.0800	127
SUB TOTAL		37.57	30.9985	14.08	14.08	22.0800	127

Jharkhand

23.	Patliputra Medical College, Dhanbad	18.15	12.2490	6.80	6.80	9.8000	49
24.	MGM Medical College, Jamshedpur	25.86	18.0540	9.69	3	14.6900	53
Sub Total		44.01	30.3030	16.49	3	24.4900	102

Kerala

25.	Government Medical College, Thrissur	26.66	18.2030	5.63	5.405	18.0350	76
26.	Govt. Medical College, Kozhikode	27.793	18.7591	10.42	10.42	14.4200	74
SUB TOTAL		54.453	36.9621	5.63	15.825	32.4550	150

Madhya Pradesh

27.	Gandhi Medical College, Bhopal	23.976	16.1828	8.99	7.1928	16.1828	46
28.	MGM Medical College, Indore	17.82	12.0320	6.69	3.5607	10.2507	43
29.	GR Medical College, Gwalior	24.682	16.5426	6.73	1.94	10.6700	57
30.	N.S.C.S. Medical College, Jabalpur	21.28	14.6680	4.50	5	9.5000	57
SUB TOTAL		87.758	59.4254	26.91	5	46.6035	203

Maharashtra

31.	Dr. Shankarao Chavan Govt. Medical College Nanded	44.603	30.1059	16.725	13.3809	30.1059	62
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
32.	Govt. Medical College Akola	39.97	26.9810			14.99						14.9900	54
33.	Govt. Medical College Latur	24.14	16.2920			9.05						9.0500	64
34.	Dr. V.M. Govt. Medical College, Soiapur	26.5605	17.9282			9.96					7.9682	17.9282	69
35.	Govt. Medical College, Miraj	18.08	12.1840			6.68						6.6800	39
36.	Govt. Medical College Aurangabad	15.76	10.6380			5.91						5.9100	86
37.	Govt. Medical College Yavatmal	7.92	5.3460			2.97					2.376	5.3460	67
38.	B.J. Medical College & Sasoon General Hospital, Pune	39.84	26.8920			14.94					11.952	26.8920	89
39.	Govt. Medical College Dhule	47.89	32.3270			17.96						17.9600	62
40.	Indira Gandhi Govt. Medical College, Nagpur	48.55	32.7700			18.205						18.2050	52
41.	Swami Ram Teerath Rural Medical College, Ambajogai	32.48	21.9240			12.18					9.744	21.9240	48
	SUB TOTAL	345.7935	233.3881			129.57					45.4211	174.9911	692
	Orissa												
42.	VSS Medical College, Burla	5.40	3.5900	1.75								1.7500	35
43.	MKCG Medical College, Berhampur	8.00	5.7600	1.74						3.06		4.8000	34
44.	SCB Medical College, Cuttack	6.30	4.3874	2.05						1	0.5	3.5500	38
	SUB TOTAL	19.70	13.7374	5.54						4.06	0.5	10.1000	107
	Punjab												
45.	Guru Gobind Singh Medical College, Faridkot	13.305	9.9800		4.99		4.99					9.9800	26

46.	Govt. Medical College, Patiala	45.36	34.0200	3.10		30.92		34.0200	61	
	SUB TOTAL	58.665	44.0000	8.09			4.99	30.92	87	
Rajasthan										
47.	JLN Medical College, Ajmer	11.375	8.5300	4.27	4.26			8.5300	24	
48.	Dr. SN Medical College, Jodhpur	39.952	29.9600	14.98	14.98			29.9600	39	
49.	Govt. Medical College, Kota	23.026	17.2660	8.64	8.62			17.2600	61	
50.	RNT Medical College Udaipur	13.392	10.0400	5.02	5.02			10.0400	29	
51.	SP Medical College, Bikaner	22.82	17.1160	8.56	8.55			17.1100	35	
52.	SMS Medical College, Jaipur	27.5165	20.7780	10.44	10.20			20.6400	109	
	SUB TOTAL	138.0815	103.6900	51.91	51.63			103.5400	297	
Telangana										
53.	Gandhi Medical College, Secunderabad	8.39	5.6670		3.15			3.1500	77	
54.	Kakatiya Medical College Warangal	10.457	7.4716		3.965		2	5.9650	89	
55.	Osmania Medical College, Hyderabad	43.87	29.6120		16.45			16.4500	113	
	SUB TOTAL	62.717	42.7506		23.565		2	25.5650	279	
Tripura										
56.	Agartala GMC, Agartala	24.55	19.4348	7.29			6	5	18.2900	115
	SUB TOTAL	24.55	19.4348	7.29			6	5	18.2900	115
Uttarakhand										
57.	Government Medical College, Haldwani, Nainital (earlier known as Uttarakhand Forest Hospital Trust Medical College, Haldwani)	12.55	9.7626	2.65			5	7.6500	62	
	SUB TOTAL	12.55	9.7626	2.65			5	7.6500	62	

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Uttar Pradesh													
58.	Chhatrapati Sahuji Maharaj Medical University (CSMMU), Lucknow	6.52	4.3360	2.12								2.1200	91
59.	GSVM Medical College, Kanpur	3.06	2.2900	1.00	1.29	2.2900	38						
60.	LLR Medical College, Meerut	7.55	5.4284	2.45	2.05	4.5000	40						
61.	Moti Lal Nehru Medical College, Allahabad	4.05	3.0300	1.31			1.72					3.0300	24
62.	BRD Medical College, Gorakhpur	3.59	2.6900	1.16			1.53					2.6900	10
63.	MLB Medical College, Jhansi	3.15	2.3600	1.02			1.34					2.3600	13
64.	Government Medical College, Agra	27.17	20.3800		10.19		10.19					20.3800	49
	SUB TOTAL	55.09	40.5144	9.06	10.19		18.12					37.3700	265
West Bengal													
65.	NRS Medical College and Hospital, Kolkata	38.13	28.6000		8.05		20.55					28.6000	85
66.	BS Medical College, Bankura	28.62	21.4630		6.04		15.42					21.4600	56
67.	RG Kar Medical College, Kolkata	3.19	2.4000		0.67		1.73					2.4000	24
68.	Kolkata National Medical College, Kolkata	29.93	19.6460		6.32	2.12					11.206	19.6460	76
69.	Burdwan Medical College, Burdwan	21.24	15.9300		4.48		11.45					15.9300	83
70.	Institute of Post Graduate Medical Education & Research, Kolkata	9.12	6.8400		1.93		4.91					6.8400	78
71.	School of Tropical Medicine, Kolkata	9.46	7.1000		2.00		5.10					7.1000	17
72.	North Bengal Medical College & Hospital, Darjiling	29.22	22.0000		6.20		15.80					22.0000	47
	SUB TOTAL	168.91	123.9790		35.69	2.12	74.96				11.206	123.9760	466
GRAND TOTAL		1498.432	1063.0279	16.000	225.000	260.000	183.860	30.920	10.000	20.000	165.000	910.7800	4058

Establishment of new medical colleges attached with existing District/ Referral hospitals

Sl. No.	State/UT	Districts	Physical Progress
1.	Andaman and Nicobar Islands	1. Port Blair	College functional
2.	Arunachal Pradesh	2. Naharlagun	Work-in-progress
3.	Assam	3. Dhubri	Work-in-progress
		4. Nagaon	Work-in-progress
		5. North Lakhimpur	Work-in-progress
		6. Diphu	Work-in-progress
4.	Bihar	7. Purnia	
		8. Saran (Chhapara)	
5.	Chhattisgarh	9. Rajnandgaon	College functional
		10. Sarguja	College functional
6.	Himachal Pradesh	11. Chamba	College functional
		12. Hamirpur	Work-in-progress
		13. Nahan (Sirmour)	College functional
7.	Haryana	14. Bhiwani	Work-in-progress
8.	Jharkhand	15. Dumka	Work-in-progress
		16. Hazaribagh	Work-in-progress
		17. Palamu (Daltonganj)	Work-in-progress
9.	Jammu and Kashmir	18. Anantnag	Work-in-progress
		19. Baramulla	Work-in-progress
		20. Rajouri	Work-in-progress
		21. Doda	Work-in-progress
		22. Kathua	Work-in-progress
10.	Madhya Pradesh	23. Datia	Work-in-progress
		24. Khandwa	Work-in-progress
		25. Ratlam	Work-in-progress

Sl. No.	State/UT	Districts	Physical Progress
		26. Shahdol	Work-in-progress
		27. Vidisha	Work-in-progress
		28. Chindwara	Work-in-progress
		29. Shivpuri	Work-in-progress
11.	Maharashtra	30. Gondia	College functional
12.	Meghalaya	31. West Garo Hills (Tura)	
13.	Mizoram	32. Falkawn	Work-in-progress
14.	Nagaland	33. Naga Hospital	
15.	Odisha	34. Balasore	Work-in-progress
		35. Baripada (Mayurbhanj)	College functional
		36. Bolangir	Work-in-progress
		37. Koraput	College functional
		38. Puri	Work-in-progress
16.	Rajasthan	39. Barmer	Work-in-progress
		40. Bharatpur	Work-in-progress
		41. Bhilwara	Work-in-progress
		42. Churu	Work-in-progress
		43. Dungarpur	Work-in-progress
		44. Pali	Work-in-progress
		45. Sikar	Work-in-progress
17.	Uttar Pradesh	46. Basti	Work-in-progress
		47. Faizabad	Work-in-progress
		48. Firozabad	Work-in-progress
		49. Shahjahanpur	Work-in-progress
		50. Bahraich	Work-in-progress
18.	Uttarakhand	51. Almora	Work-in-progress
19.	West Bengal	52. Birbhum (Rampur Hat)	Work-in-progress

Sl. No.	State/UT	Districts	Physical Progress
		53. Cooch behar	Work-in-progress
		54. Diamond harbour	Work-in-progress
		55. Purulia	Work-in-progress
		56. Raiganj, North Dinajpur	Work-in-progress
20.	Bihar	57. Samastipur	NOT APPROVED (Non-possession of land and DH has 3.8 acre of land). Revised DPR/Alternate proposal awaited.
21.	Punjab	58. SAS Nagar	DPR Awaited

HEALTH SECTOR

Status of Posts under Redevelopment Plan:

(A) The status of 408 posts created on regular basis under Redevelopment Plan vide Ministry's letter No. A. 11013/4/2015-MH.I (Pt.) dated 2nd June 2016, is as under:

Sl. No.	Name of the Post	Group	Level No. & pre-revised scale in which the posts were created	No. of post created on regular basis	Status of the posts
1	2	3	4	5	6
1.	Professor/HOD	Group A Med.	PB-4 + GP 8700	22	To be filled by MOH&FW on regular basis
2.	Associate Professor (Senior Phy)	Group A Med.	PB-3 + GP 7600	16	
3.	Asstt. Professor	Group A Med.	PB-3 + GP 6600	150	
		TOTAL		188	
4.	Clinical Research Assistant	Group A Tenure	Level-10(PB-3 + GP 5400)	8	To be filled by Contract. Action is being initiated.
5.	Staff Nurse	Group B (NG)	Level-7(PB-2 + GP 4600)	113	To be filled by Contract. Action is being initiated for approval of DGHS/Ministry. Simultaneously, a letter seeking permission to fill up the posts on regular basis on existing RRs have been issued.
6.	Nursing Sister	Group B (NG)	Level-8PB-2 + GP 4800	8	Posts have been filled on regular basis.
7.	Clinical Psychologist	Group B (NG)	Level-6(PB-2 + GP 4200)	2	To be filled by Contract. Action is being initiated.
8.	Bio Statistician	Group B (NG)	Level-6(PB-2 + GP 4200)	2	To be filled by Contract, Action is being initiated.
9.	Bio Medical Engineer	Group B (NG)	Level-7(PB-2 + GP 4600)	2	To be filled by Contract. Action is being initiated.

1	2	3	4	5	6
10.	Physiotherapist	Group B (NG)	Level-6(PB-2 + GP 4200)	5	To be filled by Contract. Action is being initiated.
11.	Radiographer	Group B (NG)	Level-6(PB-2 + GP 4200)	6	Post advertised. To be filled by Contract till post is filled on regular basis. Action is being initiated.
12.	Radio Pharmacist	Group B (NG)	Level-7(PB-2 + GP 4600)	1	To be filled by Contract. Action is being initiated.
13.	Radiation Safety Officer	Group B (NG)	Level-7(PB-2 + GP 4600)	2	To be filled by Contract. Action is being initiated.
14.	Jr. Perfusionist	Group B (NG)	Level-6(PB-2 + GP 4200)	1	Post was advertised. Under process to fill up on regular basis.
15.	Lab. Radioisotope Tech.	Group B (NG)	Level-6(PB-2 + GP 4200)	1	To be filled by Contract. Action is being initiated.
16.	Sr. Perfusionist	Group B (NG)	Level-7(PB-2 + GP 4600)	1	A letter has been sent to DGHS on 2.2.18 for seeking approval to fill up the posts on adhoc basis.
17.	Sr. Radiographer	Group B (NG)	Level-7(PB-2 + GP 4600)	3	Posts has been filled.
18.	Sr. Resp. Therapist	Group B (NG)	Level-6(PB-2 + GP 4200)	3	To be filled by Contract. Action is being initiated.
19.	Sr. Tech. Officer	Group B (NG)	Level-6(PB-2 + GP 4200)	1	To be filled by Contract. Action is being initiated.
20.	OT Supervisor	Group B (NG)	Level-6(PB-2 + GP 4200)	1	A letter has been sent to DGHS on 2.2.18 for seeking approval to fill up the posts on adhoc basis.
21.	Sr. Lab. Tech. (EEG/EP/ EMG)	Group B (NG)	Level-6(PB-2 + GP 4200)	3	To be filled by Contract. Action is being initiated.
22.	Sr. Lab. Tech. (ECG)	Group B (NG)	Level-6(PB-2 + GP 4200)	2	To be filled by Contract. Action is being initiated.

1	2	3	4	5	6
23.	Sr. Admn. Officer	Group B (NG)	Level-10(PB-3 + GP 5400)	2	A letter has been sent to DGHS on 2.2.18 for seeking approval to fill up the posts on adhoc basis.
24.	Therapist (Resp. ICU)	Group C	Level-5(PB-1 + GP 2800)	2	To be filled by Contract. Action is being initiated.
25.	Lab. Tech./ECG Tech.	Group C	Level-5(PB-1 + GP 2800)	10	To be filled by Contract. Action is being initiated.
26.	Medical Record Technician	Group C	Level-4(PB-1 + GP 2400)	4	Posts has been filled.
27.	OT/ICU (Lab) Tech.	Group C	Level-4(PB-1 + GP 2400)	13	Posts has been filled.
28.	X-Ray Asstt.	Group C	Level-3(PB-1 + GP2000)	2	Post advertised. To be filled by Contract till post is filled on regular basis. Action is being initiated.
29.	OT Asstt.	Group C	Level-2(PB-1 + GP 1900)	10	Posts has been filled.
30.	Store Keeper	Group C	Level-4(PB-1 + GP2400)	5	Posts has been filled.
31.	Stenographer/ P. Secy.	Group C	Level-4(PB-1 + GP 2400)	2	To be filled by Contract. Action is being initiated.
32.	Dy. Director Admn.	Group A	Level-12(PB-3 + GP 7600)	1	To be filled by MOH&FW
33.	Assistant Admn. Officer	Group B	Level-8(PB-2 + GP 4800)	2	A letter has been sent to DGHS on 2.2.18 for seeking approval to fill up the posts on adhoc basis.
34.	Asstt. Account Officer	Group B (NG)	Level-6(PB-2 + GP 4200)	2	A letter has been sent to DGHS on 2.2.18 for seeking approval to fill up the posts on adhoc basis.
TOTAL				220	
GRAND TOTAL				408 posts	

(B) The status of 2764 posts created on outsourced basis is as under:

- (1) A proposal for creation of 1445 posts of Nursing personnel on regular basis has been initiated against the outsourced posts.
- (2) Notification of Award has already been issued to M/s Sai Communication for Emergency Block for engaging staff on outsourced basis for 357 posts of administrative staff and 357 posts of Technical/paramedical staff.
- (3) E-tender has been finalized on CPP Portal on 29.01.2018 for Super Speciality Block for engaging 291 posts of administrative staff and 314 posts of Technical/paramedical staff, on outsourced basis. Date for opening of Tender has been fixed for 7.3.18 and 8.3.18 respectively.

(C) In addition to above, 148 posts of Senior Resident and 74 posts of Junior Resident have been created vide Ministry's Letter No. A.11013/04/2015-MH-I(Pt.II) dated 17.08.2017 and action to fill up all posts of Senior Resident is being initiated, though the posts of Junior Residents have been filled.

ANNEXURE-2

(` in Crores)

Phase	Work Details	Total Outlay	State Share	Central Share	Already Released	Balance	Projected requirement in 18-19	Remarks/ Completion Timelines
1	2	3	4	5	6	7	8	9
Phase I & II	19 GMCs	2490.00	450.00	2040.00	1751.00	289.00	150.00	By Dec. 2018
Phase-III	39 GMCs	39X150= 5850	39X30= 1170	4680.00	1994.92	2685.08	2000.00	• 24 by Mar. 2019 • 15 by Mar. 2020
Phase-IV	13 GMCs	13X200= 2600	13X80= 1040	1560.00	55.55	1504.45	795.00	13 by Mar. 2020
Phase-V (A)	2 GMCs	2X200 = 400	2X80= 160	240.00	31.46	208.54	75.00	02 by Mar. 2020
Phase-II	AIIMS, Rae Bareli	823.00	00.00	823.00	167.00	656.00	200.00	By Mar. 2020
Phase-IV	AIIMS, Guntur	1618	00.00	1618	54.51	1563.49	470.00	By Feb. 2020
	AIIMS, Nagpur	1577.00	00.00	1577.00	54.84	1522.16	470.00	By Feb. 2020
	AIIMS, Kalyani	1754.00	00.00	1754.00	71.03	1682.97	450.00	By Feb. 2020
	AIIMS, Gorakhpur	1011.00	00.00	1011.00	00.00	1011.00	200.00	By Mar. 2020
Phase-V	AIIMS, Bhatinda	925.00	00.00	925.00	05.00	920.00	200.00	By April 2020
	AIIMS, Guwahati	1123.00	00.00	1123.00	00.00	1123.00	100.00	By April 2021
	AIIMS, Bilaspur, H.P.	1351.00	00.00	1351.00	00.00	1351.00	50.00	By Dec. 2021
	AIIMS, Jammu	1668.00 * (Tentative)	00.00	1668.00*	48.30	1619.70*	50.00	By 2022

1	2	3	4	5	6	7	8	9
	AIIMS, Kashmir	1837.00* (Tentative)	00.00	1837.00*	42.50	1794.50*	50.00	By 2024
	AIIMS, Tamil Nadu	1200* (Tentative)	00.00	1200.00*	00.00	1200.00*	10.00	By 2022
	AIIMS, Bihar	1200* (Tentative)	00.00	1200.00*	00.00	1200.00*	10.00	By 2022
Phase-VI	AIIMS, Gujarat	1200* (Tentative)	00.00	1200.00*	00.00	1200.00*	10.00	By 2022
	AIIMS, Deogarh	1103.00* (Tentative)	00.00	1103.00*	00.00	1103.00*	10.00	By 2022
TOTAL						22633.89	5300.00	