



**PARLIAMENT OF INDIA**  
**RAJYA SABHA**

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE  
ON HEALTH AND FAMILY WELFARE

**ONE HUNDRED TWELFTH REPORT**

**Action Taken by Government on the Recommendations/Observations  
contained in the One Hundred Sixth Report on 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 28th December, 2018)*

*(Laid on the Table of Lok Sabha on 28th December, 2018)*



**Rajya Sabha Secretariat, New Delhi**  
**December, 2018/Pausa, 1940 (Saka)**

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COMPOSITION OF THE COMMITTEE

(2018-19)

1. Prof. Ram Gopal Yadav — *Chairman*

**RAJYA SABHA**

2. Dr. R. Lakshmanan
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Dr. Santanu Sen
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 Chauhan
13. Dr. Heena Vijaykumar Gavitt
14. Shri C.P. Joshi
15. Dr. K. Kamaraj
16. Shri Arjunlal Meena
17. Shri Anoop Mishra
18. Advocate Jayasingh Thyagaraj Natterjee
19. Dr. Mahendra Nath Pandey
20. Shri Chirag Paswan
21. Shri C.R. Patil
22. Shri M.K. Raghavan
23. Shri Janak Ram

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, *Secretary*

Shri J. Sundriyal, *Joint Secretary & Financial Advisor*

Shri Rakesh Naithani, *Director*

Shri Bhupendra Bhaskar, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

Shri Rajesh Kumar Sharma, *Assistant Committee Officer*

Ms. Monika Garbyal Assistant, *Committee Officer*

Shri Parth Gupta Assistant, *Research Officer*

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\* Ceased to be member of the Committee w.e.f 21st December, 2018



## INTRODUCTION

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, hereby present this One Hundred Twelfth Report of the Committee on Action Taken by Government on the Recommendations/Observations contained in the Committee's One Hundred Sixth Report on Demands for Grants 2018-19 (Demand No. 42) of the Department of Health and Family Welfare, Ministry of Health and Family Welfare for the year 2018-19.

2. The One Hundred Sixth Report of the Department-related Parliamentary Standing Committee on Health and Family Welfare was presented to Rajya Sabha and laid on the Table of Lok Sabha on 8th March, 2018. Replies of the Government on the recommendations contained in the Report, received from the Department of Health and Family Welfare were considered by the Committee at its meeting held on the 27th December, 2018.

3. The Committee considered the Draft Report and adopted the same in its meeting held on the 27th December, 2018.

4. The Recommendations/Observations of the Committee are printed in bold letters.

NEW DELHI;  
27th December, 2018  
*Pausa 6, 1940 (Saka)*

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

#### ACRONYMS (NHM SECTOR)

AB-NHPM	:	Ayushman Bharat – National Health Protection Mission
ANM	:	Auxiliary Nurse Midwife
CHCs	:	Community Health Centres
eVIN	:	Electronic Vaccine Intelligence Network
HWCs	:	Health and Wellness Centres
INCHIS	:	Integrated Child Health and Immunization Survey
JSSK	:	Janani Shishu Suraksha Karyakram
JSY	:	Janani Suraksha Yojana
MoHFW	:	Ministry of Health and Family Welfare
MR	:	Measles-Rubella
NCCMIS	:	National Cold Chain Management Information System
NCDs	:	Non Communicable Diseases
NFHS	:	National Family Health Survey
NHM	:	National Health Mission
NHP	:	National Health Policy
NHPM	:	National Health Protection Mission
NHPS	:	National Health Protection Scheme
NIHFW	:	National Institute of Health and Family Welfare
NRHM	:	National Rural Health Mission
NUHM	:	National Urban Health Mission
NSS	:	National Service Scheme
OOP	:	Out of Pocket Expenses
PCV	:	Pneumococcal Vaccine
PFMS	:	Public Financial Management System
PHCs	:	Primary Healthcare Centres
PIPs	:	Programme Implementation Plans
PMMVY	:	Pradhan Mantri Matru Vandana Yojana

RCH	:	Reproductive and Child Health
RE	:	Revised Estimate
RNTCP	:	Revised National TB Control Programme
RSBY	:	Rastriya Swasthya Bima Yojana
RVV	:	Rotavirus Vaccine
SBA	:	Skilled Birth Attendance
SDG	:	Sustainable Development Goals
SHS	:	State Health Society
SIPV	:	Sabin Strains Inactivated Polio Vaccine
SRS	:	Sample Registration System
TOT	:	Training of Trainers
ULBs	:	Urban Local Bodies
UTs	:	Union Territories

#### ACRONYMS (HEALTH SECTOR)

AIIMS	:	All India Institute of Medical Sciences
BE	:	Budget Estimate
BJMC	:	B.J. Medical College
BIS	:	Bureau of Indian Standard
CDSCO	:	Central Drugs Standard Control Organization
C-DAC	:	Centre for Development of Advanced Computing
CE	:	Conformité Européene
CGHS	:	Central Government Health Scheme
CHS	:	Central Health Service
CMO	:	Chief Medical Officer
CPWD	:	Central Public Work Department
CTVS	:	Cardiothoracic and Vascular Surgeons
DG	:	Director General
DGHS	:	Director General of Health Services
DUSIB	:	Delhi Urban Shelter Improvement Board
EA	:	Executing Agencies
FSSAI	:	Food Safety and Standards Authority of India
FY	:	Financial Year
GDP	:	Gross Domestic Product
GDMO	:	General Duty Medical Officer
GMC	:	Government Medical Colleges
GIA	:	Grants In Aid
GFR	:	General Financial Rules
HEFA	:	Higher Education Financing Agency
HITES	:	HLL Infra Tech Services Ltd.
HLL	:	Hindustan Latex Limited
HSCC	:	M/S Hospital Services Consultancy Corporation

ICU	:	Intensive Care Unit
IIFCL	:	India Infrastructure Finance Company Limited
IVF	:	In Vitro Fertilization
JICA	:	Japan International Cooperation Agency
JR	:	Junior Resident
L&T	:	Larsen & Toubro Limited
LDC	:	Lower Division Clerk
MoA	:	Memorandum of Agreement
MoH&FW	:	Ministry of Health and Family Welfare
MoHRD	:	Ministry of Human Resource and Development
MoU	:	Memorandum of Undertaking
NACO	:	National Aids Control Organization
NBCC	:	National Buildings Construction Corporation
NCT	:	National Capital Territory
NDMC	:	New Delhi Municipal Council
NEIGRHIMS	:	North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong
NER	:	North-Eastern Region
OBC	:	Other Backward Classes
OPD	:	Out Patient Department
OT	:	Operation Theatre
PG	:	Post Graduate
PGIMER	:	Post-Graduate Institute of Medical Education and Research
PMSSY	:	Pradhan Mantri Swasthya Suraksha Yojana
PORB	:	Pension and Other Retirement Benefits
PSA	:	Procurement Support Agency
RJDTL	:	Regional Drugs Testing Laboratory
RE	:	Revised Estimates
RIMS	:	Regional Institute of Medical Sciences, Imphal
RISE	:	Revitalising Infrastructure and Systems in Education

RML	:	DR. Ram Manohar Lohia Hospital
SACS	:	State Aids Prevention and Control Societies
SFC	:	Standing Finance Committee
SR	:	Senior Resident
SSC	:	Standing Selection Committee
UC	:	Utilization Certificate
UG	:	Undergraduate
UPSC	:	Union Public Service Commission
USFDA	:	US Food and Drug Administration
VMMC	:	Vardhaman Mahavir Medical College

## REPORT

### PART - A (NHM)

The Report of the Committee deals with the action taken by the Government on the recommendations contained in the One Hundred and Sixth Report of the Committee on Demand for Grants (Demand No. 42) of the Department of Health and Family Welfare for the year 2018-19.

2. Action Taken Notes (ATNs) have been received from the Government in respect of the recommendations contained in the 106th Report. They have been categorized as follows:

- i. Chapter I : Recommendations/Observations in respect of which replies of the Government have been accepted by the Committee: Para Nos. 4.10, 4.25, 4.35

TOTAL - 3

- ii. Chapter II : Recommendations/Observations which the Committee does not desire to pursue in view of the Government's replies: Para Nos. 2.14, 3.7, 4.3, 4.8, 7.8

TOTAL-5

- iii. Chapter III : Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee: Para Nos. 2.8, 2.11, 2.16, 4.5, 4.13, 4.16, 4.29, 4.32, 5.3, 6.2, 7.4

TOTAL - 11

- iv. Chapter IV : Recommendations/Observations in respect of which final replies of the Government are still awaited:

TOTAL - Nil

3. The details of the ATNs are discussion in various Chapters in the succeeding pages.

## CHAPTER-I

### RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT BY THE COMMITTEE

#### 1.1 NATIONAL RURAL HEALTH MISSION

##### **Recommendation**

1.1 *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)*

##### **Action Taken**

1.2 The Ministry of Health and Family Welfare has taken following initiatives to improved institutional delivery as well as ANM assisted home deliveries:

- States have been advised to take full advantage of the schemes like JSSK and JSY for promoting institutional delivery.
- In the remote areas, the time-to-care approach is advised wherein health facilities should be within 30 minutes of habitation.
- North Eastern states including Sikkim have a population which is sparsely located and live in inaccessible and difficult terrain, so the states are encouraged to strengthen their sub-centers as delivery points. Special emphasis is laid on posting ANMs at these sub-centers trained in Dakshata program, Skilled Birth Attendance etc., so that safe deliveries in these areas are ensured.
- Funds are approved to States for assured and free referral transport for bringing pregnant women from home to facility and drop back home and inter facility transport under JSSK.
- In high priority districts, there is a provision for incentives to health care providers for conducting institutional deliveries.
- States have also been advised to do a focused IEC/BCC in such blocks which have high home delivery so as to encourage women in such areas for institutional delivery.
- Birth Waiting Homes have been established in several remote/tribal locations to promote institutional deliveries.
- States are advised to map areas of home deliveries and to conduct Skilled Birth Attendance (SBA) delivery in these areas.



Performance Based incentives to Staff Nurses/ Medical Officers/ANM are promoted in High Priority Districts.

### **Recommendation**

1.3 *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 year's 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)

### **Action Taken**

1.4 In the Union Budget 2017-18, the Finance Minister in his budget speech announced that 1.5 lakh Health Sub Centres will be transformed into Health and Wellness Centres (HWCs). This is to be carried out in phases. 2730 HWCs were made operational as on March, 2018. The State wise details are at ANNEXURE-A.

1.5 In Union Budget 2018-19, the Government announced provision of Comprehensive Primary Healthcare through Health and Wellness Centres as one of the pillars of Ayushman Bharat.

1.6 The Government has decided to transform 150 000 Sub Health centres/Primary Health centres into Health and Wellness Centres in phases by December, 2022 with priority given to the 101 Aspirational Districts.

1.7 For setting up the HWCs in the current year, a minimum provision of ₹ 1200 crore of central share has been specifically earmarked for HWCs targeted for the year. States will also be putting their state share (40% except for the NE and hill states where the state share is only 10%), which will be about ₹ 1900 crores. This will be adequate to operationalise about 15000 HWCs, which are targeted to be operationalised by March, 2019.

1.8 The status of HWC approvals for 2017-18 and 2018-19 are at Annexure-B and C respectively.

1.9 In addition to the host of free services relating to maternal health, child health, adolescent health, family planning, universal immunization programme, and for major diseases such as TB, vector borne diseases such as Malaria, dengue and Kala Azar, leprosy etc., the Government has also taken a number of measures under NHM aimed at reducing OOPE (*i.e.* out-of-pocket expenditure) such as:

- \* Support for NHM Free Drugs and Free Diagnostics Services Initiative for provision of free essential drugs and diagnostics in public health facilities.
- \* Support for provision of free dialysis services to the poor under the Pradhan Mantri National Dialysis programme.
- \* Support for provision of free blood after due processing.

**Recommendation**

1.10 *The Committee strongly supports the Department's 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)

**Action Taken**

1.11 The recommendations of the Committee have been noted. The Ministry is reviewing the requirements of funds based on the physical and financial progress by various States and the utilization certificates submitted by them. A review meeting to assess the progress and requirements of funds was held on 27.04.2018. The Ministry would duly assess the requirements at the RE stage and make a request to Ministry of Finance accordingly.

## CHAPTER-II

### RECOMMENDATIONS/OBSERVATIONS ON WHICH THE COMMITTEE DOES NOT DESIRE TO PURSUE THE MATTER IN VIEW OF THE GOVERNMENT'S REPLY

#### II. BUDGETARY ALLOCATION

##### Recommendation

2.1 *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 of funds allocated.* (Para 2.14)

##### Action Taken

2.2 As stated above, the Budgetary Estimate (B.E.) of NHM has increased from ₹26,690.70 crore (F.Y.2017-18) to ₹30,129.61crore (F.Y.2018-19) i.e. by 13% over last year. So, there is a moderate increase against B.E. under NHM in comparison to last year. However, there is a shortfall in comparison against the projected outlay of ₹34,882.32 crore under NHM (Plan) and the Ministry would obviously take up the matter for additional funds at the time of discussion on Revised Estimate (RE) for F.Y. 2018-19 apart from sending letters from time to time on additional demand of funds.

2.3 There is no slow utilization of funds rather the absorption capacity of the States have improved over the year and increased by more than 10 times in the last 12 years of NHM. The same can be viewed as per the Annexure-1.

#### III. NATIONAL HEALTH PROTECTION SCHEME (NHPS)

##### Recommendation

2.4 *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)

### **Action Taken**

2.5 The National Health Protection Mission (NHPM) is not a modification of RSBY. It is a major improvement on RSBY, keeping in view the lessons learned in the implementation of RSBY and by adopting the best practices followed by State schemes.

2.6 The NHPM should be seen in the context of the broader concept of Ayushman Bharat, which is a fundamental restructuring of the manner in which beneficiaries access healthcare services at the primary, secondary and tertiary care levels. It represents a transition from segmented, sectorial and fragmented program implementation models towards a comprehensive, holistic, need-based healthcare system.

2.7 The NHPM significantly expands the coverage as compared to RSBY, both in terms of population covered as well as benefit packages and overall cover. AB-NHPM will provide a coverage up to ₹5,00,000 per family per year, for secondary and tertiary care hospitalization, as compared to a coverage of only ₹30,000 under RSBY. The services will include 1350 procedures covering pre and post hospitalization, diagnostics, medicines etc. AB-NHPM beneficiaries will be able to move across borders and access services across the country through the provider network seamlessly. Approximately 10.74 crore identified families (approximately 50 crore beneficiaries) will be entitled to get the benefits. AB-NHPM is an entitlement base Mission and there will be no smart card to be issued to the beneficiaries.

2.8 The outpatient services are to be provided through public health facilities. The NHPM focuses only on secondary and tertiary level hospitalization since they lead to catastrophic level of health expenditure. Progression to outpatient services should be done in stages after the scheme is mature, IT system is well tested and strong systems to prevent frauds and abuse are in place.

2.9 The learning from implementing RSBY have been taken note of while formulating AB-NHPM so that inadequacies plaguing the operation and implementation of RSBY are not repeated. For example, the insurance companies are not entrusted with the job of creating demand & empanelment of health care service providers (as was done in RSBY) to mitigate the conflict-of-interest issues. Similarly, safeguards have been included to prevent delays in payments.

2.10 As regards recommendations that the NHPS must have first claim on the proceed collected from Health and Education Cess and fund constraint should not be allowed to come in the way of implementation of NHPS, this is a policy matter and MoHFW may take a view. However, this recommendation is welcomed.

## **IV. NATIONAL RURAL HEALTH MISSION**

### **Recommendation**

2.11 *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)

#### **Action Taken**

2.12 During the F.Y. 2017-18, under RCH Flexible Pool out of ₹7,545.07 crore, funds to the tune of ₹7,451.13 crore has been expended, which is approximately 99%.

#### **Recommendation**

2.13 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 sterilizations as indicated in the 12th Five Year Plan Report. (Para 4.8)

#### **Action Taken**

2.14 "The government is making all out efforts to increase the uptake of vasectomy by laying special emphasis on male participation. The celebration of Vasectomy Fortnight is undertaken annually by states, the budget for which is approved through the NHM budget. Having said so, the Family Planning programme is a target-free programme and a comprehensive range of family planning services are provided free of cost across all public health facilities to beneficiaries desirous of availing family planning services through informed choice in line with their reproductive rights."

## **VII. HUMAN RESOURCES FOR HEALTH AND MEDICAL EDUCATION**

### **Establishing New Medical Colleges (upgrading District Hospitals)**

#### **Recommendation**

2.15 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 per cent 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)

#### **Action Taken**

2.16 Under Phase-II of the Scheme, 24 new medical colleges are to be established at a total cost of ₹ 6000 crore, which include ₹ 3675 crore. This phase has been launched in the current year 2018-19 and an allocation of ₹ 600 crore has been made at the initial stage and the more budgetary allocation may be sought at RE stage based on requirements.

2.17 Under the Phase-II of the scheme one medical college at Arambagh (West Bengal) has been approved and funds to the tune of ₹ 50 crore has been released.

## CHAPTER- III

### RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

#### II. BUDGETARY ALLOCATION

##### Recommendation

3.1 *The Committee notes that against the 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)

##### Action Taken

3.2 The Budgetary Estimate (B.E.) of NHM has increased from ₹26,690.70 crore (F.Y.2017-18) to ₹30,129.61crore (F.Y.2018-19) i.e. by 13% over last year. So, there is a moderate increase against B.E. under NHM in comparison to last year. However, there is a shortfall in comparison against the projected outlay of ₹34,882.32 crore under NHM (Plan) and the Ministry would obviously take up the matter for additional funds at the time of discussion on Revised Estimate (RE) for F.Y. 2018-19. It may be noted that in view of financial performance and need of the programmes additional funds to the tune of

₹3581.32 crore have been provided under National Health Mission (NHM) during the F.Y. 2017-18 at RE stage. Apart from flagging the issue for supplementary funds during discussions in RE meeting, the Ministry from time to time seeks additional funds from Ministry of Finance. During the F.Y. 2018-19, the Ministry vide D.O. letter No. T-22011/02/2017-Imm. dated ..... has sought additional funds to the tune of ₹419.26 crore towards expansion of Rotavirus Vaccine (RVV) and Home Based Care for Young Child under POSHAN ABHIYAN. In respect of expansion of new vaccines of Pneumococcal Vaccine, Measles Rubella and Rota Virus to all States, the progress status is as below:

**Pneumococcal Vaccine (PCV):**

- PCV has been launched in May'17, initially being introduced in Himachal Pradesh, 6 districts of Uttar Pradesh and 17 districts of Bihar.
- Subsequent expansion of the vaccine to entire state of Bihar and Madhya Pradesh, and parts of Rajasthan and Uttar Pradesh over a period of three years has been planned.
- Till January'18, more than 14 lakh doses of PCV have been administered to children across above mentioned areas.

**Rotavirus vaccine (RVV):**

- RVV has been introduced to reduce mortality and morbidity caused by Rotavirus diarrhea in March'2016.
- Presently the vaccine has been introduced for 9 states namely Andhra Pradesh, Haryana, Himachal Pradesh, Odisha, Assam, Tripura, Rajasthan, Tamil Nadu & Madhya Pradesh through domestic funds.
- Till December'17, nearly 1.14 crore doses of Rotavirus vaccine have been administered to children in above mentioned states since its introduction.
- Introduction of Rotavirus vaccine in Jharkhand is planned in the month of March/April'2018.

**Measles-Rubella (MR) vaccine:**

- MR vaccine is being introduced through campaign targeting around 41 crore children in the age group of 9 months to 15 years (covering 1/3 of the total population of the country) followed by 2 doses in routine immunization at 9-12 months and 16-24 months.
- The campaign has been completed in 15 states/UTs namely Andhra Pradesh, Arunachal Pradesh, Chandigarh, Daman & Diu, Dadra & Nagar Haveli, Goa, Himachal Pradesh, Karnataka, Kerala, Lakshadweep, Odisha, Puducherry, Tamil Nadu, Telangana, Uttarakhand; and is ongoing in 5 states/UTs of Andaman and Nicobar Islands, Haryana, Manipur, Mizoram and Punjab.

Next phase of MR campaign is planned in states of Assam, Jharkhand and Gujarat from May 2018. Till 8<sup>th</sup> May 2018, 8.28 crore children were vaccinated in MR vaccination campaign in these States.

***Further Recommendation***

**3.3 The Committee observes that the impressive economic progress made during the last two decades has not resulted in commensurate investments in our health sector with the result India**

continues to lag behind many developing countries on the health indicators on the global comparison matrix. The lack of the financial commitment for translating healthcare goals into action is evident from the fact that though the government expenditure on health sector has marginally increased as a percent of GDP over the years, it has stagnated at around 1.2% of GDP and the current pace of the year-on-year budgetary allocation for health is unlikely to reach the targeted level of 2.5% of the GDP by 2025. Due to the low government expenditure on health, most spending on healthcare is paid out of pocket. Due to which out-of-pocket expenditures have emerged as a major cause of poverty for low and middle income families. Recognizing this fact, the Committee, while making its recommendation in para 2.8 of its 106<sup>th</sup> report, had highlighted the fact that the allocated funds would not only fall short of meeting the current requirements for certain proposed/on-going health schemes, but also impinge upon achieving the target of 2.5% of GDP as public health expenditure by 2025. The target of 2.5% in Committee's opinion is possible by way of enhanced budget allocation. Though the Department has informed that it intends to take up the matter of additional allocation of funds with Ministry of Finance at the R.E. Stage, it has not indicated any solid roadmap for generating and earmarking additional financial resources for the health sector with a view to raising public spending on health to 2.5% of the GDP is achieved. The Committee therefore desires to be apprised of a concrete action plan in this regard.

#### **Recommendation**

3.4 *The Committee notes 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)

#### **Action Taken**

3.5 It may be noted that one of the conditionalities of approval for State plans under the NHM is that States must increase State Health Budget for primary healthcare by 10% and should also strive to spend at least 2/3rd of the total budget on primary care.

3.6 The incentive component under NHM has been increased from 10% to 20% from this year onwards. The assessment of incentivization depends upon improvements in health indicators and progress on key health system reforms and initiatives.

3.7 Assessment study in every quarter, as recommended by the Committee, is not feasible. However, periodic surveys such as National Family Health Survey (NFHS), Sample Registration System (SRS) etc. that provide measure of success of NHM are being carried out. It has been decided to conduct NFHS surveys in every three years.

3.8 Besides, Common Review Mission is organized every year to assess the progress of NHM in the States. State Governments which are primarily responsible for implementation of NHM, Public Health being a State subject, also regularly monitor & evaluate the progress.



### ***Further Recommendations***

3.9 The Committee notes that though the Department has tried to compensate for the reduction in Central Plan allocation for NHM post the implementation of 14<sup>th</sup> Finance Commission recommendations and the resultant 10% increase in devolution of central tax share to states (*i.e* from 32% to 42%), through conditionality, *i.e.* requiring states to raise their own share in health budgets by 20 per cent, yet there is no robust mechanism/framework to measure that the additional state health financing indeed gets allocated and spent and its impact assessed. Given the IT resources currently available, the Committee is not convinced with the Department's reply that an assessment study in every quarter is not feasible. It would like the Department to specify the impediments in this regard. The Committee underlines the need to develop a paradigm of technical process to track and report the flow of funds from the Centre and States to the health sector and measure the extent to which the 10 per cent rise in States' revenue post the new tax devolution formula is reflected in the allocation of additional resources for health by them. The Committee would therefore reiterate that the Government should put in place an integrated Centre-State software to carry out an impact assessment of incentivisation scheme for all the States and Union Territories on a periodic basis. The downright rejection of the feasibility of an assessment study is unacceptable. The Committee believes that the impact study will not only facilitate a better understanding of the incentivisation scheme, seamless tracking of the action/steps taken and change in the spending behaviour of the States/ Union Territories but will also help the Government in determining the success of the scheme.

### **Recommendation**

3.10 *The Committee appreciates that the Controller General of Accounts, Ministry of Finance is working on linkage of State Treasury to PFMS which would help in tracking the delay in transfer of funds from Treasury to the State Health Society (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)

### **Action Taken**

3.11 PFMS integration with Treasury is being done in most of the States and the same is being followed with PFMS team of Controller General of Accounts. As far as delay in transfer of funds from State Treasury to State Health Society is concerned, the Department of Health and Family Welfare is serious and has been taking up the matter with State Governments from time to time through letters from various levels.

3.12 Apart from the above, the Ministry had also sought clarification from the Ministry of Finance as to the rate of penal interest in case of delayed transfer of funds. On receipt of communication in this regard from the Ministry of Finance, the Union Secretary (H&FW) vide D.O. letter G-25020/3/2017-NHM (F) dated 24<sup>th</sup> November, 2017 has addressed letters to Chief Secretaries of the States to provide interest as per the prescribed rate on delayed transfer of funds to State Health Societies.

### ***Further Recommendations***

3.13 The Committee is aware that the mode of transfer of funds has been changed from society route to treasury route effective since September 2014, and due to this changeover, furnishing of Utilization Certificate is no longer a conditionality for release of funds. However, this changeover has resulted in unnecessary delays taking place in fund transfers and funds lying idle with State Treasury. Since timely transfer of funds is extremely important for proper utilization of budgeted funds, the Committee through its reports on Demand for Grants has been urging the Department to iron out the hindrances coming in the way of speedy transfer of funds to State Health Societies. The Committee is dismayed to note that despite considerable passage of time, no forward movement has been made beyond "taking up the matter with State Governments through letters from various levels" with the result the bottlenecks in the current fund flow architecture continue to be a constraining factor in speedy transfer of funds. The Committee would therefore urge upon the Department to quickly remove the impediments in fund transfer by way of taking remedial measures in coordination with States in a time bound manner. The Committee also desires to be apprised of the status of the delay in fund transfer and the resultant locking up of budgeted funds due to routing of funds through treasury channels.

## **IV. NATIONAL RURAL HEALTH MISSION**

### **Recommendation**

3.14 *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)

### **Action Taken**

3.15 Under RCH Flexible Pool, against the last years B.E. allocation of ₹ 4566.60 crore, funds to the tune of ₹5253.51crore has been allocated during the F.Y. 2018-19 i.e. 15% increase.

3.16 As stated above, apart from flagging the issue for supplementary funds during discussions in RE meeting, the Ministry from time to time seeks additional funds from Ministry of Finance. During the F.Y. 2018-19, the Ministry vide D.O. letter No. T-22011/02/2017-Imm. dated 17.5.2018 has sought additional funds to the tune of ₹419.26 crore towards budgetary support for expansion of Rotavirus Vaccine (RVV) and Home Based Care for Young Child under POSHAN ABHIYAN.

### ***Further Recommendations***

3.17 **The percentage increase in revenue allocation in BE 2018-19 for RCH Flexible Pool was down by 30.4% at ₹ 5253.51 crore as against ₹ 7545.07 crore in RE 2017-18. It is evident from the**

**facts cited that there is no healthy growth in allocations and they are nowhere near the requirement of funds.**

**3.18 The Committee is therefore not convinced by the Ministry's reply for it does not address the issue of decreasing fund allocation for schemes/ programmes devoted to maternal health and child health. In this context, its reply that there has been a 15% increase in the funds allocated is not acceptable. According to a recent UN report, India's share of global child deaths has declined from nearly 22 per cent in 2012 to 18 per cent in 2017, which is for the first time equal to its share of the total global births. Though the percentage has reduced, yet India still accounts for 18% of global child deaths. It is therefore, important for the Government to allocate sufficient funds under the Reproductive and Child Health (RCH) Pool so that concerted measures can be taken to prevent maternal as well as infant deaths and the RCH programme is properly implemented.**

### **Recommendation**

*3.19 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)

### **Action Taken**

3.20 As per NFHS - 4 (2015-16), full immunization coverage in the country in rural areas was 61.3% whereas in urban areas was 61.3%.

- Mission Indradhanush was launched in Dec'14 with an aim to increase full immunization coverage to 90%. A total of 528 districts have been covered in four phases of Mission Indradhanush.
- As per the report of Integrated Child Health and Immunization Survey (INCHIS), the first two phases of Mission Indradhanush have led to an increase of 6.7% in full immunization coverage in one year as compared to 1% annual increase in the past. This increase was more in rural areas (7.9%) as compared to urban areas (3.1%) thus shifting the focus of the programme towards urban areas.
- During the review of Mission Indradhanush in PRAGATI meeting on 26th April 2017, directions were received to achieve the goal under the mission by December, 2018. Accordingly, MoHFW has identified 190 districts and urban areas across 24 states where intensified Mission Indradhanush was launched in October 2017 onwards subsequent to the launch by Hon'ble Prime Minister of India. Four rounds of Intensified Mission Indradhanush are successfully

completed. During these rounds, as on 15<sup>th</sup> April 2018 around 59.49 lakh children and 11.86 lakh pregnant women were vaccinated.

- The main reasons for partial/ no immunization in both urban and rural areas are apprehension for adverse events following immunization and Awareness gaps.
- To preserve the efficacy of vaccines, robust measures are undertaken to ensure their storage and transport from manufacturer to the immunization session site in a temperature controlled environment. Cold Chain Equipments are monitored twice every day for their temperature and functionality. Any breach is reported to cold chain technician at district level and adequate measures for restoring the functionality are taken. In case of breakdown of cold chain equipments for long duration, contingency plans are available at all cold chain points for shifting of vaccines to another facility. Government of India has also introduced an Electronic Vaccine Intelligence Network (eVIN) which is an online platform to monitor the temperature and stocks of vaccines. It helps to get real time visibility into stock levels and monitors the temperatures of the cold chain through a smart phone application. It has been presently implemented in 12 states and is planned to scale up in other states. In addition to the above, National Cold Chain Management Information System (NCCMIS) is implemented across states which is an electronic system for real time monitoring of all cold chain equipments so that timely corrective measures can be initiated in case of any breakdown. Further, all the vaccine vials have a vaccine vial monitor which indicates the cumulative exposure of vaccines to heat and is used as a marker for potency of vaccines. Through the above mentioned measures, it is ensured that the safety and efficacy of vaccines are maintained right from their site of manufacture to their use at immunization sessions.

#### ***Further Recommendation***

**3.21 The Ministry has stated that the main reason for partial/no immunization in both urban and rural areas are apprehensions for adverse events following immunization and awareness gaps. The Committee recommends that the Ministry should take effective measures to raise awareness regarding the importance of vaccines and develop communication toolkits to educate people.**

**3.22 The Committee also recommends that the Government should set up a time frame for scaling up of Electronic Vaccine Intelligence Network (eVIN) in all the States as such a platform is important for enhancing immunization coverage.**

#### **Recommendation**

*3.23 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)

#### **Action Taken**

3.24 The technology to produce SIPV is being developed for PSU with support from WHO. Ministry of Health and Family Welfare has already asked WHO to provide necessary support to the eligible firm.

#### **Further Recommendations**

**3.25 The Committee would like to be apprised of the status of the technology transfer to produce SIPV that is being developed for PSU with support from WHO. To assist in the demand of SIPV, technology transfer to PSUs is important. The Committee would like the Ministry of Health and Family Welfare to fast track the production of SIPV by PSU and fix a definite time line for the same.**

**3.26 Committee's attention has also been drawn to the recent emergence of type 2 strain of Polio virus in Uttar Pradesh. This contamination of polio vaccines raises the fear of bringing back type 2 strain of polio virus which was believed to have been eradicated. Such incidents clearly highlight a huge gap in the vaccine monitoring mechanism and its inefficient quality control measure.**

**3.27 The Committee emphasizes the need to have a robust control over vaccine manufacturing and recommends strengthening of regulatory mechanism so that such incidents threatening public health do not occur again and the polio free status of country is not jeopardized. The Committee also recommends for taking steps to manufacture bulk vaccines within the country.**

#### **Recommendation**

*3.28 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 04<sup>th</sup> 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)

#### **Action Taken**

3.29 The Revised National TB Control Programme (RNTCP) achieved its financial targets during the year 2018-17 as under:

(Rupees in crores)			
Financial Year	BE 2017-18	RE 2017-18	Actual Expenditure till 31.03.2018
2017-18	1840.00	2791.00	2759.44

#### **Further Recommendations**

**3.30 The Committee is happy to note that the funds allocated for RNTCP for 2017-18 has been utilized optimally. However, as per the latest WHO's 2018 Global TB Report, the disease burden**

caused by TB is falling globally, but to end TB by 2030 countries will have to double their efforts. Though India leads the world in the burden of tuberculosis, under-reporting and under-diagnosis of TB cases is a major issue. The Committee urges the Ministry to put in accelerated efforts to reduce the gap in tuberculosis diagnosis and treatment and improve early detection of tuberculosis.

### **Recommendation**

3.3.1 *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)

### **Action Taken**

3.32 NHM has been so designed that provides an inbuilt flexibility to States/UTs where the States/UTs propose their Programme Implementation Plans (PIPs) based as per their health care needs and context. Therefore, if any State comes with more proposals under NCD Flexible Pool as per the State's need, approvals are given accordingly. E.g. the State like Kerala which has achieved the target on reduction in Maternal and Child Mortality Rate has demanded more funds under Non-Communicable Diseases and the financial approvals are accordingly given. Therefore, fund constraints do not come in the way of reduction in disease burden. As recommended by the Committee the Department would approach the Ministry of Finance and seek enhanced allocation at RE stage with adequate justification as done for other programmes of NHM.

### **Further Recommendations**

3.3.3 **The Committee would like to draw the attention to the recent Report published in the Lancet which states that India is unlikely to meet the United Nation's Sustainable Development Goals (SDG) for 2030 to reduce premature deaths due to major non-communicable diseases (NCDs). The Lancet reports that in 2016, for people between the age of 30 and 70 in India, the risk of dying from one of the four major NCDs was 20 per cent in women and 27 per cent in men. The Committee is dismayed at the increasing burden of Non Communicable diseases in the country as the statistics suggest that the country has made limited national progress on the NCDs front. The Committee, therefore, recommends that the Ministry should take effective measures to reduce the major risk factors of NCDs and promote lifestyle changes. Early detection and screening of NCDs are crucial for containing Non Communicable Diseases.**

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

### **Recommendation**

3.34 *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)

### Action Taken

3.35 NUHM was launched as a sub-mission of National Health Mission in 2013 and the details of allocation, releases, expenditure and unspent balance are given as under:

(₹ In crores)

Year	Allocation	Release	Expenditure	Unspent Balance
2013-14	1000.00	662.23	10.13	652.10
2014-15	1924.43	1345.82	431.34	914.48
2015-16	1386.00	725.00	752.38	-27.38
2016-17	950.00	491.37	1248.47	-757.10
2017-18	752.05	630.89	919.29*	-288.40
2018-19	875.00			
<b>TOTAL</b>	<b>6887.48</b>	<b>3855.31</b>	<b>3361.61</b>	<b>493.70</b>

\*Exp. Upto 31.12.2017

3.36 This Ministry is informed and concerned regarding unspent amount reported by the State in the Programme and is organising orientations, trainings and undertaking visits to states, providing guidance & support. Also Guidelines, Manuals and Brochures are being shared on the different programme components. Guidelines for Financial Management under NUHM was shared to facilitate expenditure booking etc. The thematic area-wise activities held are as follows:

#### NUHM Orientation for State Functionaries and ULBs

- Workshops on Training and NUHM Orientation for Functionaries of State, Districts & Urban Local Bodies held on 10th February, 2017 in Kolkata, West Bengal, on 21st April, 2017 in Bengaluru, Karnataka, on 13th July 2017 in Hyderabad, Telangana, on 27th and 28th November 2017 in Uttar Pradesh.
- Convergence meeting with Urban Local Bodies and Orientation at Pune Maharashtra on 30th November 2017.

#### Capacity Building

- Workshop on Strengthening Capacity building under NUHM with 20 States held in NIHFV on 11th September 2017

- Training of Senior and Mid-level officers on "Excellence in Urban Health Care" conducted by IIM Ahmedabad in three batches on the following dates:- 17th-21st April 2017; 1st-5th May 2017; 21st - 24th July 2017.
- Workshop on Strengthening Capacity Building under NUHM with 20 States held in NIHF on 11th September 2017.
- Workshop for effective implementation of NUHM in Chattisgarh by ASCI held on 15th December, 2017.
- Training of Trainers (TOT) for Capacity Building held in Bangaluru, Karnataka on 19-20 January, 2017 and in Hyderabad, Andhra Pradesh on 22-24, February, 2018.

#### **Regional Workshops for Collaboration with Medical Colleges**

- Regional Workshop (West Zone) with Medical Colleges, MOHFW, State officials & NHSRC held on 29th August 2017 in Jaipur, Regional Workshop of the Northern Zone was held on 4th August 2017 in New Delhi and Regional Workshop of the Southern Zone was held on 4th December 2017 in Chennai.

#### **HMIS**

- Training on NUHM HMIS with the State/District/City level functionaries of Maharashtra held on 17th June 2017.

#### **NCD**

- Workshop on sharing the findings of the WHO study on NCDs held in Kolkata on 4th September 2017.

#### **Vulnerability Mapping**

- Workshop on Vulnerability Mapping held in Chandigarh on 15th September 2017 and in Bhubaneswar Odisha on 25th October 2017.

#### **Community Process**

Workshop on Community Process held on 4th -5th October 2017 with State nodal Officers CP of 35 States.

#### ***Further Recommendations***

**3.37 The Committee notes that since the launch of NUHM, ₹ 6887.48 crores has been allocated but only ₹ 3855.31 crores has been released, out of which ₹ 493.70 crores is the unspent balance. Consistent underutilization of budgeted funds year after year highlights the Government's lack of financial prudence and blocking of resources even though there are resource constraints.**

**3.38 The Committee fails to comprehend the reasons for this massive financial underperformance and expect a detailed note from the Department in this regard. The Committee also recommends that the Centre should play an active role in devising methods for effective utilization of funds and ensure that the States optimally utilize the funds allocated and there is no scope for downward revision in funding for NUHM.**



## VI. TERTIARY CARE PROGRAMS

### Recommendation

3.39 *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)

### Action Taken

3.40 The recommendations of PSC has been noted

### Further Recommendations

3.41 **The Committee desires to be apprised of additional allocation of funds, if any, made in RE 2018-19 for the Cancer Care Programme.**

3.42 **The Committee's attention has also been drawn to the use of Artificial Intelligence and Machine Learning for making cancer treatment more accessible and affordable. The Committee recommends that the Ministry should invest and promote such technological innovation which would not only help in early and better detection of cancer but also predict recurrence of cancer.**

## VII. HUMAN RESOURCES FOR HEALTH AND MEDICAL EDUCATION

### Recommendation

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

3.43 *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)

### Action Taken

3.44 Efforts are being made to complete the Phase-I of the scheme in the current year 2018-19.

3.45 The Phase-II of the scheme has been launched during the current year 2018-19 and it will be completed by 2020-21

### Further Recommendations

3.46 **The Committee appreciates Ministry's Scheme to increase the human resource in Health and Medical Education as our country faces an acute shortage of doctors with the current doctor population ratio in India being 1:1700. The Committee notes that the Phase I of the scheme has not been completed and as per information given by the Ministry, Phase II has been launched. The Committee emphasizes that the Ministry should ensure strict adherence to the timeline and Phase I & Phase II should be completed within the envisaged timeframe and any inordinate delay in the Scheme execution should be avoided.**

CHAPTER-IV

**RECOMMENDATION/OBSERVATION IN RESPECT OF WHICH FINAL REPLIES OF  
THE GOVERNMENT ARE STILL AWAITED**

Nil

## REPORT

### **PART-B - HEALTH SECTOR**

The Report of the Committee deals with the Action Taken by the Government on the recommendations contained in the One Hundred Sixth Report of the Committee on Demands for Grants (Demand No. 42) of the Department of Health and Family Welfare for the year 2018-19

2. Action Taken Notes (ATNs) have been received from the Government in respect of the recommendations contained in the 106th Report. They have been categorized as follows:

Chapter I : Recommendations/Observations in respect of which replies of the Government have been accepted by the Committee: Para Nos. 5.6, 6.4, 9.10, 9.12

TOTAL-4

Chapter II : Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee: Para Nos. 2.5, 5.3

TOTAL-2

Chapter III : Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee: Para Nos. 1.4, 1.11, 1.12, 1.18, 1.19, 1.22, 2.4, 2.11, 2.13, 2.15, 3.4, 3.6, 3.10, 4.12, 4.13, 4.14, 4.16, 4.17, 4.19, 4.20, 4.21, 5.9, 5.10, 6.5, 6.6, 6.8, 7.4, 7.6, 7.7, 8.5, 9.7, 9.17

TOTAL-32

Chapter IV : Recommendations/Observations in respect of which final replies of the Government are still awaited: Para No. 3.8

TOTAL - 1

3. The details of the ATNs are discussed in various Chapters in the succeeding pages.

## CHAPTER-I

### RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT HAVE BEEN ACCEPTED BY THE COMMITTEE

#### V. CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

##### **Recommendation**

1.1 *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. (Para 5.6)*

##### **Action Taken**

1.2 Efforts shall be made for efficient utilization of resources. However, to provide health care facilities to the CGHS beneficiaries there may be requirement of additional funds particularly under PORB head, which shall be submitted at RE stage.

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

##### **Recommendation**

1.3 *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)*

##### **Action Taken**

1.4 The Project Monitoring Committee has been constituted under the Chairmanship of Director AIIMS, which meets regularly at AIIMS to review the progress of projects. The Ministry reviews the projects at the level of Additional Secretary regularly. Status of projects is placed in meetings of Standing Finance Committee and Governing Body of AIIMS, as an Agenda item to apprise the Committee about the progress in same from time to time. To deter the contacting agencies from causing unnecessary delays attributed to them action is taken against the agency concerned responsible for delaying completion of projects. The mechanism detailed above has led to the following:

- (i) The work of Hostel Block has been completed.
- (ii) The building of Surgical Block has been substantially completed in March 2016.
- (iii) Though there is time overrun in completion of Mother & Child Block at Masjid Moth there is no cost overrun in it and the same is expected to be completed by December, 2018.

## IX NATIONAL AIDS CONTROL ORGANIZATION (NACO)

### Recommendation

1.5 *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 may 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)

### Action Taken

1.6 In this regard, NACO expresses regards to the Committee for their concern of shortage of ₹376.38 Crores under Budgetary allotment for the year 2018-19 at BE level. NACO will be pursuing the requirement of additional funds at RE level, so as to implement the program smoothly.

### Recommendation

1.7 *The Committee notes that total a 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)

### Action Taken

1.8 The concern of Committee over the early settlement of pending UCS is well taken, however due to bulk of pending UCs (47 UCS amounting to ₹19.43 Crores out of total of 57 UCS amounting to 27.75 Crores) pertaining to the period prior to 2010, the settlement thereof is taking time, but NACO is pursuing the matter sincerely and 7 no. of UCS amounting to ₹89039500 have been settled. Further 13 no. of UCS amounting to ₹4410000 do not pertain to NACO and PAO has been requested to update the position.

## CHAPTER-II

### RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DOES NOT DESIRE TO PURSUE IN VIEW OF THE GOVERNMENT'S REPLIES

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

##### Recommendation

2.1 *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 operationalization 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.* (Para 2.5)

##### Action Taken

2.2 Regarding Safdarjung hospital New Emergency Block all required statutory permission including completion certificate from NDMC has been obtained and building is operational with effect from 7th February 2018. The machinery procurement is being carried out by Project Management Committee (HSCC) and directions have been issued to complete this process by 30th June 2018.

#### V. CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

##### Recommendation

2.3 *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.* (Para 5.3)

##### Action Taken

2.4 As on 8th March 2018 - 91% of the funds are utilized; the remaining funds would be largely utilized during current financial year.

## CHAPTER-III

### RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

#### I. BUDGETARY ALLOCATION

##### **Recommendation**

3.1 *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)

##### **Action Taken**

3.2 The directions/observations of the Committee have been duly noted.

##### **Further Recommendation**

3.3 **The Committee is of the considered view that Department of Health must be allocated adequate fund for optimum development of health infrastructure required to cater to health care of large population. The Committee feels constrained to observe that the Department has not apprised the Committee as to how the department managed the shortfall of financial gap of ₹13900.66 crore as the Department was allocated ₹52,800.00 crore against the projected demand of ₹66,700.66 crore in BE 2018-19. The Committee desires to know the areas/programmes/ schemes which were affected due to financial shortfall. The Committee further sought to know the response of the development regarding the utilization of funds earmarked during the financial year 2017-18. The Committee desires that the Department must furnish the complete action taken notes keeping in view the spirit of the Committee's recommendation.**

##### **Recommendation**

3.4 *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.*

*3.5 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 1.11 and 1.12)

#### **Action Taken**

##### **FSSAI**

3.6 The Provisional expenditure for FY 2017-18 is ₹ 181.23 Crore, which is 97.65% of RE amount. The final figure will be furnished on preparation/finalization of Annual Account (2017-18).

3.7 The demand in BE 2018-19 was for ₹ 342.45 Crore against which ₹ 141.60 Crore has been allocated under BE 2018-19. The amount is not sufficient to meet the regular activities and scheme in the year 2018-19. Therefore, an additional amount of approx. ₹ 200.00 Crore would be required at 1st and 2nd Demand at supplementary stage for grant and latest by RE stage. This will facilitate the smooth and effective implementation of the Central Sector Scheme: "Strengthening of Food Testing System in the Country including Provision of Mobile Food Testing labs" with a total outlay of ₹ 481.95 Crore (2016-17 to 2018-19)

##### **CDSCO**

3.8 As per the report of the Committee an amount of ₹ 92.38 crore has been incurred by CDSCO up to the month of January, 2018 against the allocated Budget Estimates of ₹ 378.49 crores. However, as per the available records of the CDSCO, an amount of ₹ 118.08 crore has been incurred by CDSCO till 31-01-2018. Since that difference in expenditure figures of Principal Account Office, Ministry of Health and Family Welfare and CDSCO are mainly under the Civil Works Components of CDSCO. It may be noted that most of the construction project are executed by CPWD and whenever we release the amount to CPWD through Principal Account Office, we treat that amount as expenditure incurred for that particular project. The Principal Account Office books the expenditure based on the report of CPWD regarding actual amount utilized by them out of the funds released to them for a particular construction project.



3.9 It may be noted that CDSCO have already incurred an amount of ₹ 126.61 crore up to the month of February, 2018 and subsequently following proposals have been cleared during the month of March, 2018:-

1. Construction of CDSCO's office building in IPC Complex at Ghaziabad. Out of the estimated cost of ₹ 148.54 crore, an amount of ₹ 9.23 crore has been released up to the month of February, 2018 and an amount of ₹ 20.00 crore had been released to HITES during the month of March, 2018 for this project.
2. CDSCO's Office building at Chennai. Out of total estimated cost of the ₹ 16.38 crore for the construction of CDCO office building at Chennai, an amount of ₹ 8.01 crore has already been released up to the month of March, 2018 for this project.
3. CDSCO's office-cum-Lab building at Indore. Estimated project cost of this project is ₹ 19.56 crore and an amount of ₹ 17.00 crore has already been released for this project. The work is near completion.
4. New Office Building/Lab at Guwahati. Out of total project cost of ₹ 19.79 crore, an amount of ₹ 14.34 crore has been released for this project during the current financial year. However, RDTL, Guwahati has informed in the last fortnight of March, 2018 that CPWD is unable to utilize ₹ 3.00 crore released to them due to some administrative reasons.
5. Construction of Office Building at Baddi. An amount of ₹ 4.10 crore has been released during the current financial year against the total project cost ₹ 10.00 crore. The work is in progress.
6. Proposal to procure Machinery and Equipment items for the various Laboratories of CDSCO has been approved in the month of March, 2018 and an amount of ₹ 20.31 crore has been released/paid as advance to HLL.
7. In addition to the regular day to day office expenditure of CDSCO, an amount of ₹ 1.05 crore has been sanctioned for Data Centre Hosting by C-DAC and ₹ 1.40 crore paid to C-DAC towards Sugam Portal of CDSCO.

The following expenditure has been incurred in the month of March, 2018:-

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**Revenue Proposals cleared subsequently**

1. Salary Bills cleared	₹ 37.08 Lakh
2. Wages	₹ 7.03 Lakh
3. Medical Bills cleared	₹ 8.76 Lakh
4. Travel Expenses cleared	₹ 36.24 Lakh
5. Office Expenses cleared	₹ 455.10 Lakh
6. Rent Rates & Taxes	₹ 24.27 Lakh
7. Publication	₹ 11.86 Lakh

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8. Other Administrative Expenses	₹ 7.99 Lakh
9. Supply & Material	₹ 27.50 Lakh
10. Minor Works	₹ 52.33 Lakh
11. Professional Services	₹ 126.81 Lakh
12. Other Charges	₹ 14.80 Lakh
<b>TOTAL</b>	<b>₹ 8.10 crore</b>

**Capital Proposals cleared subsequently**

1. Construction of Building at CDSCO, Chennai	₹ 6.60 crore
2. Construction of Building at CDSCO, Baddi	₹ 3.10 crore
3. Construction of Building at IPC, Gaziabad	₹ 20.00 crore
4. Procurement of Equipment for Labs	₹ 21.07 crore
<b>TOTAL</b>	<b>₹ 50.77 crore</b>

An amount of ₹ 215.00 crore has been allocated by the Ministry in R.E. 2017-18 to CDSCO against the B.E. 2017-2018 of ₹ 378.49 crore. An amount of ₹ 185.48 crore has been utilized by CDSCO, which is 86.2% of the allocation of ₹ 215.00 crore in R. E. 2017-18.

**Further Recommendation**

3.10 The Department is silent on the under-utilization of funds of Family Welfare Scheme. The Committee would like to be apprised of the reasons for under-utilization of funds in the year 2017-18 and reasons for seeking enhanced funds for 2018-19 for major central sector schemes.

3.11 The Committee observes that a total outlay of ₹481.95 crore was required to FSSAI for the period of 2016-17 to 2018-19 for effective implementation of the Central Sector Scheme i.e., strengthening of Food Testing System in the country. The Committee notes with concern that against the projected demand of ₹342.45 crore in BE 2018-19 only a sum of ₹141.60 crore was allocated thus necessitating allocation of an additional amount of approx ₹200.00 crore at RE Stage to meet the regular activities and scheme. The Committee, therefore, would like to be apprised whether an amount to the tune of ₹200.00 crore was allocated at RE 2018-19.

3.12 The Committee further notes with concern that against the Budget allocation of ₹378.49 crore an amount to the tune of ₹118.00 crore has been incurred by CDSCO till 31st January, 2018 even as per records of the CDSCO. Moreover, out of the estimated cost of ₹148.54 crore for construction of CDSCO's office building in IPC complex at Ghaziabad an amount to the tune of ₹9.23 crore has been released. Similarly, lower amount has been released against the estimated cost for CDSCO's office building at Chennai, Indore, Guwahati, Baddi. The Committee would like to be apprised of the reasons therefore.

### **Recommendation**

3.13 *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 ₹ 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)

### **Action Taken**

3.14 The directions/observations of the Committee have been duly noted.

### **Further Recommendation**

3.15 **The Committee expresses its deep anguish over the evasive reply of the Ministry with regard to higher supplementary allocation at RE 2018-19 to fill up the financial shortfall of ₹ 9847.95 crore. As against the projected demand of ₹ 30518.34 crore for 2018-19 under the Health Sector, a sum of ₹ 202670.39 crore only was allocated. In response to that the Ministry just stated that the direction/observation of the Committee have been duly noted. The Ministry didn't bother to share the response of the Ministry of Finance on the request of the Department for higher allocation at the RE Stage or how the requirement of additional funds was met from the accounts of New schemes viz. revitalizing of Infrastructure and System in Education (RISE), Higher Education Financing Agency (HEFA), Health Cess and India Infrastructure Finance Company Limited (IIFCL).**

### **Recommendation**

3.16 *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)

#### **Action Taken**

3.17 The directions/observations of the Committee have been duly noted.

#### **Further Recommendation**

**3.18 The Committee is at loss to find that inadequate fund allocation in 2018-19 have led to categorical reduction for the key schemes/institution/programmes viz Government has slashed the Budgetary allocation for RIMS, Imphal and NEIGRHIMS, Shillong. The Committee had expressed its concern over reduction of budgetary allocation by more than 50% of the projected demand on the key schemes under the Health Sector. The Committee apprehended the speedy implementation of on-going development oriented programme/ health projects, thereby suggested the Ministry to approach the Ministry of Finance for additional funds, instead of waiting for re-appropriation of funds from the new stream of Financing. However, the Ministry is again silent over the course of action taken to overcome the shortfall of ₹ 9847.95 crore allocation in 2018-19 and just maintained that the direction/observation of the Committee have been duly noted. The Committee, therefore, strongly observes that the recommendation of Parliamentary Committee is not just for noting but it entails certain actions to be undertaken by the Government and that Action Taken has to be forwarded to the Committee for further consideration. The Committee, therefore, strongly recommends the Ministry to keep in the mind the Parliamentary procedure while furnishing the response or submitting reply to the Parliamentary Committee.**

#### **Recommendation**

*3.19 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)

#### **Action Taken**

3.20 The directions/observations of the Committee have been duly noted.

#### **Further Recommendation**

**3.21 The Committee desires that the Ministry in its Action Taken Notes must furnish the step taken to resolve the pending 1559 UCs to release the amount of funds to the tune of**

**₹ 17,58,67,18,636/-** that accumulated over the years 2011-16 so as to ensure the better utilization of allocated fund on the developmental activities in Health Sector. However, the Ministry chose just to note the observation of Committee. This is the evasive reply of the Ministry inviting displeasure of the Committee. The Committee would instead like the Department 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 and also explore options of online submission of UCs so as to make good use of technology in resolving this issue.

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

### **Recommendation**

*3.22 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)

### **Action Taken**

3.23 The MOH&FW has been provided required documents for administrative approval and economic sanction for addl. Infrastructure work under 27% OBC quota. The request has been made to expedite the approval. The required statutory permission has also been obtained and the project can be started as soon as approval is granted.

### **Further Recommendation**

**3.24 The Committee is of the considered view that the Ministry should approve the additional infrastructure work and provide financial sanction for the work under 27% OBC quota so that work is not hampered due to procedural formalities. The delay in the approval for additional infrastructure work for construction of 5 lecture theatres, auditorium and student hostel from the Ministry will affect the services of the Hospital. The Committee believes that such delays will increase the workload and is of the view that priority should be given to such infrastructure projects. Therefore, the Committee recommends for expediting the process of granting necessary approvals so as to avoid time and cost overruns.**

### **Recommendation**

*3.25 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)*

### **Action Taken**

3.26 The vacancy as on 1.4.2018 including 408 posts created on 2.6.16 and 222 posts of SR & JR created on 17.8.17 is as under:

Group	Sanctioned (live posts)	Filled	Vacant
CHS Post cadre Posts	579	484	95
Group A (Non-medical)	52	16	36
Group B (Gaz.)	72	34	38
Group A *(Tenure Based)	1111	972	139
Group B (Non-Gaz.)	1784	1387	397
Group C	2072	1485	587
<b>TOTAL</b>	<b>5670</b>	<b>4378</b>	<b>1292</b>

(2) The status of the posts created under Redevelopment Plan is as under:

(I) Amongst 408 posts created on 2.6.16, the status is:

- (a) 188 posts are for faculty against which 100 have been filled.
- (b) 43 promotional posts have been filled.
- (c) 01 posts of DDA is to be filled by Ministry.
- (d) 01 posts of Jr. Perfusionist shall be filled shortly on regular basis.
- (e) Initiative for filling up 113 posts of Nursing Sister on regular basis is being taken.
- (f) Approval for filling up of 08 posts of 5 categories of posts on adhoc basis on proposed RRs have been sought from DGHS/Ministry.
- (g) Initiative for filling up 54 posts of 18 categories of posts on contract basis has been taken.

- (II) Amongst 142 posts of SR and 74 posts of JR created on 17.08.17, 128 posts of SR and 74 posts of JR has been filled.
- (III) Recently, 1109 posts of nursing cadre have been created on 06.04.2018.
- (IV) The permission has been sort from MOH&FW to fill up the not only 130 post of staff nurses and six posts of Radiographers of contract basis but also 121 post of faculty and 1109 recently received post of staff nurses on immediate contract basis so that Emergency block and Super Specialty Block can be operationalized. The non-medical work force including technical and para medical have been approved under outsource basis for the new blocks. The manpower (technical and Ministerial) for new Emergency block has already been employed while tenders for the same to be utilized in Super Specialty block is under process.

#### ***Further Recommendation***

**3.27 The Committee observes with concern that 130 posts of staff nurses, 6 posts of radiologist, 121 posts of faculty and 1109 recently created posts for nurses would be filled up on contract basis. The Committee has, however been reiterating that filling up of posts on contract basis is a temporary measure and only a stop gap arrangement. All out efforts need to be made to fill up the various posts on a regular basis. The intention of the Department to operationalize the Emergency and Super Specialty Block with these manpower on contract basis is understandable but to ensure continuity and stability, these two Department need adequate manpower on regular basis so that critical care facilities are not hampered due to adoption of adhocism. The Committee, therefore, recommends that concerted efforts need to be made to fill up the vacant posts on a regular basis.**

#### **Recommendations**

*3.28 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 to 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)

#### **Action Taken**

3.29 The building & laboratory for IVF has been established. The requisite team of specialty doctors and embryologist has already been posted. The equipment's for IVF Centre are being procured. The tender has been opened and technical bid completed. The file is currently in the ministry for financial bid. Continuous efforts are being made to shortly make the IVF Centre operational.

#### ***Further Recommendation***

**3.30 The Committee expresses its displeasure over the pace of the work done to make the IVF lab operational. Despite the team of specialist doctors in place, the process of procuring equipments**

is still going around the file for financial bid with the Ministry. The Committee has been emphasizing upon the speedy operationalization of the IVF lab in Safdarjung hospital as it is a ray of hope for many prospective parents who cannot afford same facility at exorbitant charges in the private hospitals. The Committee, accordingly, recommends the Ministry that the IVF labs should be made operational as early as possible and issue should be taken up seriously with the authority concerned.

#### **Recommendation**

3.31 *The Committee 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 which 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)

#### **Action Taken**

3.32 While the new Emergency block has already been commissioned with effect from 7th February 2018 the Super Specialty Block is planned to be commissioned by July 2018. The effort for equipments procurement and recruitment of manpower is already underway and the building is to be utilized for various Super Specialties like CTVS, Cardiology, Neurology, Neuro-surgery, Nephrology, Urology and RTU, Pulmonary and critical care and Endocrinology Departments.

#### **Further Recommendation**

3.33 **Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee.**

3.34 **The Committee strongly objects to the lackadaisical approach of the Department in the procurement of equipments and recruitment of manpower for the 800 bedded Super-specialty new building at Safdarjung hospital which remains under-utilized due to the non-availability of super specialty doctors and staff. Therefore, the Committee strongly recommends the Department to take up the matter on priority basis and complete the procurement and recruitment process by the end of the current financial year. The Committee expresses its concern that available infrastructure is not utilized for want of procurement of equipment and timely recruitment of manpower. This is a sorry state of affairs. The Committee also recommends to the Department to ensure the completion of the procurement and recruitment process in a time bound manner.**



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

#### **Recommendation**

3.35 *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 authorities concerned in case there is time and cost overruns.* (Para 3.4)

#### **Action Taken**

3.36 SFC approved the project on 05.07.2016. The tender was approved on 31.01.2017. Agreement was signed between PGIMER and HSCC on 23.03.2017. Basement level Plan was approved by NDMC in July, 2017. Joint Security Review Committee approved the basement level in November, 2017. Approval for felling of 27 nos. of trees was received in January, 2018. Joint Security Review Committee in principle approved the construction till 10 floors in March, 2018. Construction above 10th floor is under deliberation of the said Committee. A monitoring cell is being constituted for monitoring of the project so that the project is completed on time.

#### **Further Recommendation**

**3.37 The Committee finds lack of proper planning, co-ordination and controlling for on-going project on construction of new hospital block with 824 rooms at an estimated cost of ₹ 178.00 crore which was to be completed within a period of 3 years. Even after elapse of more than 12 months, the construction work is at initial stage, the reason being that project is being implemented on piece-meal basis and not on integrated and simultaneous way. SFC approved the project on 5th July, 2016 and Joint Security Review Committee approved in-principle the construction till 10th floor in March 2018 and above all the Monitoring Cell is being now constituted for monitoring of the project for its completion on time. The Committee, therefore, apprehends the time and cost overruns. The Committee, therefore, reiterates its recommendation made in para 3.4 of 106th Report of the Committee.**

#### **Recommendation**

3.38 *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. 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)

**Action Taken**

3.39 The matter is regularly followed with Delhi Urban Shelter Improvement Board (DUSIB) requesting therein to rehabilitate the Jhuggi dwellers from the premises of this hospital.

**Further Recommendation**

3.40 **The Committee observes that no new development has taken so far w.r.t the rehabilitation of jhuggi dwellers and that will result in the delay of the construction of the Modern Maternal Care Centre in NCT of Delhi. The Committee has not been informed whether the Department received any response from the DUSIB for the eviction and re-settlement of jhuggi dwellers on priority basis as there is no progress since June, 2017 despite payment of compensatory amount. The Committee, therefore, urges upon the Department to pursue the matter rigorously with DUSIB so that the work of construction of modern maternal care centre is started as early as possible.**

**Recommendation**

3.41 *The Committee observes that despite efforts being made to fill up the vacant posts, large numbers 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)

**Action Taken**

3.42 The total vacant posts i.e. 956 mentioned is including PGIMER CHS Posts, the details of vacant posts are annexed as ANNEXURE-E

**Further Recommendation**

3.43 **The Committee observes that 956 posts in the different Departments of the hospital are still lying vacant which would have an adverse effect on the efficiency and the smooth functioning of the hospital. The Committee also observes that large number of seats are filled up on contract basis that is obviously not the long term solution. The Committee, therefore, recommends that the Department must accelerate the administrative process to fill up the vacant post on regular basis within a specified period of time.**

**IV. PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)****Recommendation**

3.44 *The Committee observes that the allocation to 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 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)

### **Action Taken**

3.45 The directions/observations of the Committee have been duly noted.

### **Further Recommendation**

3.46 Since the budgetary allocation to PMSSY was reduced to ₹ 3825.50 Crore in BE 2018-19 against the projected demand of ₹ 8398.00 Crore and 4% lesser than BE 2017-18 i.e. to the tune of ₹ 3975.00 Crore on the plea of earmarking additional requirement of fund at RE 2018-19 and if necessary also form new stream of financial i.e. HEFA for utilization in infrastructural and research projects under PMSSY, the Committee would like to be apprised of budgetary allocation at RE 2018-19 and allocation of additional requirement of fund from HEFA along with utilization of total sum amount on various activities under PMSSY.

### **Recommendation**

3.47 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 up-gradation 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 up-gradation 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 up-gradation 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)

**Action Taken**

3.48 The directions/observations of the Committee have been duly noted.

- The completion of remaining works taken up in Phase I and II of PMSSY have been expedited. The status and reasons for delays for these cases is appended below :

**3.49 Kolkata Medical College (Phase I )**

- Civil work for OPD Block and Academic Block has been completed and made functional.
- For Super Specialty Block, work was awarded in February, 2011 but it could be not started due to non-demolition of existing buildings to clear construction site. Consequently, plan modified and the work was tendered many times but no contractor could be selected due to various reasons such as inadequate bid responses, court case etc.
- Work retendered again and awarded in November, 2015 and 95% of the work has been completed.

**3.50 BJMC Ahmedabad and Grants Medical College, Mumbai (Phase I )**

Up-gradation involves procurement of medical equipment only and the process is nearing completion. The procurement of equipments was done based on demands of the concerned State Government/ Medical College. There was no perceived delay in execution of the project.

**3.51 GMC Madurai (Phase II )**

- The delay took place on account of failure of the construction contractor. The contract was also terminated. However, Hon'ble High Court of Chennai has allowed one more opportunity to the contractor.
- The contractor has improved its performance. Status of progress 65%.

**3.52 GMC, Nagpur (Phase II )**

Up-gradation involves procurement of medical equipment done by the State Government of Maharashtra and the process is nearing completion. Release of funds was based on demands from the concerned State Government/Medical College.

**3.53 GMC, Rohtak (Phase II )****Reasons For Delay In Execution of Project**

- Non-availability of clear site
- Delay in cutting of trees
- Heavy rains submerged hospital premises
- Riots in Haryana in 2016

**Present Status of Work :** 95% of work is completed.

#### **3.54 Systemic Measures Taken To Expedite Implementation of the PMSSY Scheme:**

- 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. 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. Meetings are held periodically at senior level to check progress of the project.
- The Executing Agencies *viz.* HITES/HSCC have incorporated punitive clauses/in contract conditions with vendors appointed for civil works for better discipline/performance by the contractor.
- NBCC has also been empanelled for award of new AIIMS works.
- Appropriate clauses have been incorporated in the Memorandum of Agreement (MoA) with Executing Agencies (EA) providing for imposition of liquidated damage on the Execution Agency for delay attributable to them as well as to the contractors appointed by the Executing Agencies.

#### ***Further Recommendations***

**3.55 The Committee is not convinced with the reply given by the Department regarding the lower allocation of budget and deficiencies related to infrastructure and shortage of faculty & equipments in the AIIMS like institutions. The Committee apprehends the completion of infrastructural projects under PMSSY in time with lower budgetary allocation and dependence for additional requirement to finance such projects from HEFA which is a long drawn source of financing. The Committee, moreover, observes that infrastructural projects under phase-I of PMSSY are yet be completed and the Government has rolled out phase-II, III, IV and V phases of PMSSY without commensurating allocation of requisite fund. This is mere poor planning with unrealistic objectives and goal, leaving the progress of execution of on-going project in lurch. The Committee is surprised to note that the work for Super Speciality Block at Kolkata Medical College was awarded in February, 2011 but has not been able to complete due to various reasons. The Committee is anguished over the project status and therefore, strongly recommends the Department to take immediate steps to resolve the issues and complete the work of Super Speciality Block within the stipulated time period.**

**3.56 The Committee takes note of the delay in majority of the projects due to the failure of the construction contractors, environmental clearance, heavy rainfall etc. The Committee, thus,**

reiterates its recommendation to award better and reputed professional agencies like NBCC and L&T for the timely completion of the projects. The Committee hopes that greater delegation and empowerment of the procurement support agency system of assigning the construction work to executing agencies on turnkey basis; online dashboard for effective monitoring; incorporation of punitive clause in contract conditions and expand means of NBCC for award of new AIIMS work would incentivize the speedy execution of projects under PMSSY.

### **Recommendation**

*3.57 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)

### **Action Taken**

3.58 The observations of the Committee and suggestion have been noted. Higher Education Financing Agency (HEFA), a joint venture of MHRD Government of India and Canara Bank has been set up by the MoHRD for financing infrastructure creation projects in various higher education institutions in India. The MoHFW also proposes to finance through HEFA various infrastructure creation projects for the various higher education institutions under its administrative control such as various AIIMS, PGIMER, Chandigarh, JIPMER Puducherry and others. The Ministry is also developing suitable approaches for generating higher internal revenues to meet operational expenses. Also, in addition to the above, Ministry of Health & Family Welfare is pursuing funding of new AIIMS projects through Japan International Cooperation Agency (JICA). However, the concerns expressed by the Hon'ble Committee are noted. Ministry of Finance will be appropriately approached for additional funds at R.E. stage to bridge the remaining gaps

### **Further Recommendations**

**3.59 The Committee is not convinced with the reply given by the Department w.r.t. financing of the projects by the Ministry through different financing agencies. The Committee therefore, reiterates its view that financing of the projects through these external agencies would be a long drawn process and since PMSSY is an ambitious scheme to improve the condition of the Health Sector in the country, any inordinate delay in the generation and allocation of the funds through external agencies will hamper the scheme. The Committee would like to reiterate that the Department should devise a prudent fiscal and feasible fiscal policy for generating and allocating financial resources for allocation of committed funds for the PMSSY scheme. The Committee also recommends the Department to take up the matter on priority basis and devise a suitable roadmap for the generation of the funds from both sources i.e., internal and external. The**

**Committee, however, would like to be apprised of the details of the amount funded by the Japan International Cooperation Agency and from HEFA, the time frame by when these funds would be made available for utilization under PMSSY.**

### **Recommendation**

3.60 *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 out of 442 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)

3.61 *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)

### **Action Taken**

3.62 The directions/observations of the Committee have been duly noted. In pursuance of 'Make in India' objective and creation of BIS specifications for all equipments, the Ministry has prepared a list of medical equipments with and without BIS Standards. The Secretary, MoHFW has forwarded this list to DG, Bureau of Indian Standards (BIS) vide a D.O. letter dated 7th May, 2018 requesting formulation of BIS specifications for the equipment for which BIS standard have not been specified as yet, at the earliest. A copy of the D.O. and list is submitted for perusal. The tenders being floated by HITES now contains option for all certifications i.e. BIS/European (CE)/USFDA to encourage greater participation.

### ***Further Recommendation***

3.63 The Committee underscores the efforts of the Government in promoting Make-in-India programme and feels that all Department /Ministries would prioritize their programmes/schemes in a manner, so as to give impetus to the cherished mission of Make-in-India programme. The Committee, in this regard, recommends that the Ministry of Health & Family Welfare would also contribute by encouraging the procurement of equipments with BIS specification. The Committee, therefore, recommends to the Department to take up the matter with BIS to issue guidelines with all specification of international standard and practices pertaining to all medical devices and make it mandatory for procurement of all medical equipment with BIS Certification/authentication.

### **Recommendation**

3.64 *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 up to 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 be lessened.* (Para 4.19)

### **Action Taken**

3.65 A total of 4089 posts have been sanctioned for each of six new AIIMS at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh. Recruitment to various positions is done on need basis keeping in view the additional services and facilities planned to be added in the hospitals.

3.66 Out of the above, a total of 305 posts of various Faculty disciplines have been created for each of the above AIIMS. Vacant faculty posts are being advertised regularly by the Institutes depending on their requirement. However, as high standards have to be maintained in selection, keeping in view the stature of these Institutes of National Importance, all the advertised positions could not be filled up.

3.67 To facilitate expeditious filling up of vacancies, separate Standing Selection Committee (SSCs) have been constituted for each of the aforesaid six AIIMS. Also, recruitment exercises are being held in all



the six AIIMS. The outcome of the sustained efforts over a period of two years *w.r.t.* six AIIMS is appended below:

	Sanctioned Faculty	1.1.16	1.1.17	31.3.18
Bhopal	305	57	56	137
Bhubaneswar	305	62	149	173
Jodhpur	305	53	101	138
Patna	305	57	76	103
Raipur	305	54	52	100
Rishikesh	305	65	83	157
<b>TOTAL</b>	<b>1830</b>	<b>348</b>	<b>517</b>	<b>808</b>

3.68 To have improved availability of suitable candidates for various faculty positions following measures have also been taken so that remaining vacancies could also be filled up:

- (i) The upper age limit for direct recruitment against the posts of Professor and Additional Professor in the six AIIMS has been raised from the present 50 years to 58 years. This will make available experienced willing faculty of various Government Medical Colleges.
- (ii) Filling up of vacant Faculty posts in the new AIIMS by taking serving Faculty from Government Medical Colleges/Institutes on deputation basis has also been allowed. Contractual engagement of retired Faculty of Government Medical Colleges/Institutes has also been allowed to meet the shortage of Faculty in the six new AIIMS.
- (iii) To overcome shortfall these new AIIMS have been allowed to invite persons of eminence as Visiting Professors, Additional Professors and Associate Professors from within and outside of India as for extended periods up to 2 years.

#### ***Further Recommendation***

3.69 **The Committee observes with concern that out of sanctioned faculty of 1830 posts, only 808 posts have been filled up till 21st March, 2018. From the information submitted by the Department *w.r.t* to the vacancy at the 6 AIIMS, the Committee gathers that the current situation of the faculty strength at the 6 AIIMS is abysmal and the same will not only adversely affect the functioning of the institutions but also the service provided by the institutions to the public. The Committee understands that the chain impact of deficiency or absence of one category of health personnel is not restricted to "a particular service" delivery but impacts the whole chain of integrated nature of functioning of a modern hospital. Moreover, deficiency of personnel means overburdening of the personnel at work who in turn have to work under intense pressure of working environment with lop-sided Doctor: patient ratio. Such uneven and peculiar working equilibrium adversely affect the professional pursuits and morale of the health personnel in**

**these institutions of national importance. The Committee, therefore, reiterates its recommendations to take up issue of shortage of the manpower in these tertiary care sectors on priority basis and complete the recruitment process within the stipulated time.**

### **Recommendation**

*3.70 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 North-eastern region, there is a dire need of a standardized medical college for the students of north-eastern 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 at least ₹ 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)

### **Action Taken**

3.71 Establishment of one medical college at Falkawn in Mizoram by up gradation of existing District Hospital has been approved under the Centrally Sponsored Scheme for "Establishment of new medical college by up gradation of existing District/Referral Hospital" at a total cost of ₹ 189 crore. The approved cost of ₹ 189 crore is being shared between Centre and State in the ration of 90:10. Out of Central Share of ₹ 170.10 crore, Rs 165.10 crore has been released till date. As per approved scheme, there is no provision to releasing of excess Central Share. The State Government of Nagaland has signed an MoU clearly agreeing that the excess cost and recurring expenses of new medical college at Kohima will be met by the State Government.

### **Further Recommendation**

**3.72 The Committee has been given to understand that the State Government of Nagaland has signed an MoU clearly agreeing that the excess cost and recurring expenses of new medical college at Kohima will be met by the State Government. The Committee furthers notes that approved cost is being shared between center and the state in the ratio 90:10 and there is no provision of releasing of excess central share. The Committee is of the view that Central Government plays a stewardship role, and has a key planning and oversight role, with a consolidated national information infrastructure necessary to adequately monitor health outcomes, while the states are responsible for the implementation of programmes. However, a realistic assessment of the cost estimates in constructing/upgrading a medical college needs to be done so as to make it possible to operantionalize the medical college with the given funds. The Committee, also notes that Department has released ₹ 165.10 crore till date but physical progress made in establishing the medical college has not been furnished to the Committee for its consideration. The Committee, therefore, recommends the Department to reassess the funds actually required for establishing a medical college that roughly works out to be ₹ 400.00 Crore. Further, given the development**

**status of North-east region, all out efforts must be made to improve the health facilities as well as provision of health institutions with adequate infrastructure and research activities to take care of suffering patients.**

### **Recommendation**

*3.73 In an another matter related to the up-gradation 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)

### **Action Taken**

3.74 District Hospital namely Naga Hospital at Kohima, Nagaland has been approved for up-gradation to new medical college has been approved under the Centrally Sponsored Scheme for "Establishment of new medical colleges attached with existing District/Referral Hospitals" at a total cost of ₹ 189 crore. The approved cost of ₹ 189 crore is being shared between Centre and State in the ratio of 90:10. Out of Central Share of ₹ 170.10 crore, ₹ 76.03 crore has been released till date. This college was among the first to be approved under Scheme on 29.12.2014. However the State Government of Nagaland has neither submitted any Utilization Certificate nor reported any physical progress on the online monitoring dashboard.

3.75 As per approved scheme, there is no provision to releasing of excess Central share. The State Government of Nagaland has signed an MoU clearly agreeing that the excess cost and recurring expenses of new medical college at Kohima will be met by the State Government. The directions / observations of the Committee have been duly noted. Efforts will be made to address the request.

### **Further Recommendation**

**3.76 The Committee expresses its deep anguish that State Government of Nagaland has not submitted utilization Certificate nor reported physical progress on the online monitoring dashboard despite release of amount to the tune of ₹76.03 crore of the Central Share of total amount of ₹170.10 crore out of the approved cost grant of ₹189.00 crore on 29th December, 2014 for**

upgradation of District Naga hospital, Kohima under the centrally sponsored scheme for "Establishment of new medical colleges attached with existing District/Referral Hospital" on Centre and State sharing ratio of 90:10. That is so, despite signing of a MoU by the State Government of Nagaland that excess cost and recurring expenses of New Medical College at Kohima would be met by the State Government. Keeping in view the administrative statements between Central government and State Government of Nagaland the Committee recommends for higher level of executive intervention to resolve the issue making plea that establishing a medical college would cater to the healthcare needs of local population. Alternatively, Naga Hospital at Kohima, Nagaland may be brought under PMSSY and declared as AIIMS like Institution and accordingly, budgetary allocation be earmarked for the purpose as the same would remove the financial resource constraints of State Government of Nagaland besides overcoming the challenge of ensuring public healthcare facility for all in the State and the population around.

## V. CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

### Recommendation

3.77 *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 lakh 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 centers 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 centers 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 centers and make all out efforts to retain the serving doctors and further formulate motivating scheme to enhance the workforce under CGHS to ensure the continuity in healthcare facilities to CGHS beneficiaries.* (Para 5.9)

### Action Taken

3.78 Several steps have been taken by the Government to attract GDMOs and Non-teaching Specialists - consideration of residence/domicile for posting, Promotion up to SAG level under Dynamic Assured Career Scheme, enhancement of retirement age up to 65 years; separate requisitions to UPSC exclusively for stations outside Delhi in respect of non-teaching specialists to encourage them to join CGHS in cities outside Delhi ; the response is encouraging in the recent years

### Further Recommendation

3.79 **Despite the various efforts undertaken by the Department for attracting GDMOs and Non-Teaching Specialists to join CGHS Wellness centre, shortage of doctors persists. Out of 1848 sanctioned posts of allopathic doctors, 436 posts are lying still vacant. The Committee is of the view that the Department, apart from the steps taken, may consider to give higher remuneration and attractive incentives for inducting qualified doctors and health personnel to CGHS Wellness**

**Centre so that CGHS is able to provide efficient and quality health care facilities to its beneficiaries to more than 32.12 lakh and serving more than 10 lakh cardholders.**

### **Recommendation**

*3.80 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)*

### **Action Taken**

3.81 Recently the requirement of separate permission letter, after a Government Specialist/ CGHS doctors advice specific treatment procedure simplifying the procedure to undergo treatment from empanelled hospitals. There is provision for follow-up treatment at same empanelled hospital where initial Cancer treatment was undertaken; CMO i/c can issue permission for follow up treatment for up to 6 months at a time. There is also provision for cancer treatment from non-empanelled hospitals at CGHS rates. In case of any complaints suitable action shall be taken against empanelled hospitals as per terms and conditions of empanelment including removal from panel.

### **Further Recommendation**

**3.82 The Committee expresses its extreme displeasure that the Department has maintained stoic silence on the issues of the harassment faced by cancer patients who are senior citizens/pensioners in getting proper treatment in CGHS empanelled hospitals and the simplification of paper work/ procedure involved in the treatment of the cancer patients. The Committee, therefore, reiterates its recommendations for the simplification of paperwork. The Committee notes that there are no different referral protocols for critically ill patients including cancer patients. CMO can issue permission for follow up treatment for period upto six months and there is also provision for cancer treatment from non-empanelled hospitals at CGHS rates. However, how far this policy has been implemented is not known to the Committee. The Committee desires that feedback from patients especially critically ill patients, patients who are senior citizens etc. who encounter routine problems in getting treatment, admission in hospitals etc., need to be collected out so that CGHS beneficiaries especially senior citizens do not run from pillar to post for treatment. The Committee further recommends to the Ministry to issue advisory to all the empanelled hospitals to be sensitive towards critically ill patients and to be made aware of circulars regarding simplification of procedures.**

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

### Recommendation

3.83 *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.*

3.84 *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 6.5 and 6.6)

### Action Taken

3.85 The details along with estimated cost, cost overrun and status of each of ongoing projects at AIIMS, New Delhi is given below:

Sl. No.	Name of the Project/Year of Sanction	Estimated Cost (₹ In crore)	Expenditure (₹ In crore)	Stipulated date of completion	Revised date of completion	Present Status/ Reason for Cost overrun, if any.
1	2	3	4	5	6	7
1.	Hostel Block/2010	106.12	78.13	11.04.2016	NA	Completed
2.	Surgical Block/2010	100.29	68.22	April 2015	December 2018	95% completed
3.	Mother & Child Block/2010	290.70	166.89	10.05.2017	December 2018	65% completed
4.	OPD At Masjid Moth/2014	573.00	223.97	10.05.2017	December 2018	70% completed
5.	National Cancer Institute at Jhajjar Haryana 2013	2035	625.82	15.03.2018	September 2018 (Phase-I)	65% structure completed
6.	Burns & Plastic Surgery/2015	245.00	50.00	12.01.2019	NA	55% structure completed

1	2	3	4	5	6	7
7.	Hostel Block -IV/ 2013	35.00	29.87	28.11.2017	July 2018	95% work completed
8.	New Paid Ward/ 2015	100.00	25.54	13.08.2018	February 2019	50% completed
9.	Centre for Geriatrics/2016	250.00	21.00	January 2020	NA	15% completed
10.	Redevelopment of different campuses of AIIMS/2016	4441.00	This project is on self financing basis. No cost to the Governm- ent.			Tender floated
11.	Construction of BSL 3 & 4/2016	8.03	NIL	September 2018	NA	-
12.	Construction of STP/2016	9.70	5.00	November 2018	NA	20% completed

#### ***Further Recommendation***

3.86 The Committee observes that there is delay in almost all the projects of AIIMS, Delhi. It speaks volumes of lack of seriousness on the part of the Ministry in getting the work done in time. The Committee would like to emphasize that health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country. It signifies the budgetary allocation priority with regards to the creation of health care facilities. The delay in the projects would have an adverse effect on the services provided by the institutions and would also increase the expenditure on these projects, the Committee apprehend. The Committee, thus, recommends the Department to sensitize the implementing agencies to complete the undertaken projects on priority basis by formulating strategies to complete the projects in a time bound manner and the Department should make the authorities concerned accountable to ensure accomplishment of the physical and financial targets of the projects within the set time and cost limits.

#### **Recommendation**

3.87 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)

#### **Action Taken**

3.88 Institute is in the process of recruitment of 150 faculty members and the same has already been advertised on 08.06.2018.

#### **Further Recommendation**

**3.89 The Committee would like to be apprised of the progress made in the process of recruitment of 150 faculty members that has been advertised on 8th June, 2018. The Committee also desires a status note on vacant posts, faculty and non-teaching, nursing and support services, technical and non-technical in various Departments at AIIMS and steps taken/being taken/can further be taken up to fill-up those vacant posts.**

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

#### **Recommendation**

*3.90 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 along with 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)

#### **Action Taken**

3.91 A sum of ₹ 201.40 Cr is allocated for Regional Institute of Medical Sciences (RIMS) Imphal under BE 2018-19. The break up is as under:

Grant-in-aid (Salary)	:	₹ 195.00 Cr
Grant-in-aid (General)	:	₹ 1.35 Cr
Grant-in-aid (Creation of Assets)	:	₹ 5.00 Cr
SAP- General	:	₹ 0.05 Cr



3.92 Initially, the institute had projected a sum of ₹ 558.81 Crore while formulating BE 2018-19. However the institute was allocated a total grant-in-aid amount of ₹ 201.40 crore in BE18-19. During the previous year, NIT was floated for the fourth time to complete the balance construction works under RIMS Phase-II projects. Repeated attempts in the past were not successful to rope in contractors through tendering process by HSCC (I) Ltd. Retendering of the works under Phase -II project (balance works) for increase of MBBS seats from 100 to 154.

3.93 Consequently, notice Inviting e-Tender (NIT) for the fifth time has been floated by HSCC (I) Ltd. on 24/4/2018 with the last date of uploading the tender bids being 17/5/2018. The works are for the construction of balance works of 4 hostels and the new OPD Block. Time allowed for 1 hostel is 6 months and for the other buildings it is 15 months. One probable reason for there being very few bidders in response to NITs may be that agencies from outside the state are reluctant to come and work in Manipur. Further, it is likely that most of the local contractors do not fulfill the eligibility criteria mentioned in the NIT. The institute will review the eligibility criteria and examine the possibility of relaxing the same with the approval of the higher authority if the fifth NIT is not successful so that local contractors may become eligible to participate in the tender process.

#### ***Further Recommendation***

**3.94 The Committee observes that against the projected demand of ₹ 558.81 Crore a sum of ₹ 201.40 Crore has been allocated in BE 2018-19 to RIMS, Imphal. The figure of ₹ 201.40 crore is against the projected demand of ₹ 558.81 crore under BE. It may be very difficult for RIMS to come out of the cycle of being allocated a lesser amount in BE stage and then increased to RE stage, and then subsequently lowered down to a lower amount in the immediately succeeding BE. The Committee recommends that RIMS may be treated as an equally important Institution having over 1000 beds for budgetary allocation. The Committee also noted that HSCC (I) Ltd. rendered the works the fifth time on 24th April, 2018 under Phase-II Project (balance work of 4 hostels and new OPD Block to increase MBBS seats from 100 to 154, largely due to unwillingness of agencies from outside the state and non fulfillment of the eligibility criteria for local contractors as mentioned in NIT. The Committee, therefore, strongly recommends for a review of eligibility criteria and explores the possibility of relaxing the same enabling the local contractors to participate in the bidding/tender process so that the undertaken projects do not suffer further.**

#### **Recommendation**

*3.95 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)

**Action Taken**

3.96 During the year 2017-18, a provision of ₹ 190.00 Cr was made in BE 2017-18. The same was increased to Rs 309.83 Cr in RE 2017-18. The institute not only could utilize the whole amount during the FY 2017-18 but there are still liability of that year. The BE for 2018-19 is ₹ 201.40 crore.

**Further Recommendation**

3.97 **The Committee observes that the budgetary allocation of ₹309.83 crore to the RIMS for the year 2017-18 was not sufficient to meet the infrastructural requirements of the Institute and still the BE for the year 2018-19 has been reduced to Rs 201.40 crore. The Committee, thus, strongly recommends to the Department to enhance the budgetary allocation at the revised estimates stage so that the infrastructural problem does not act as a constraint for the Faculty/doctors in providing their services to the public.**

**Recommendation**

3.98 *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)

**Action Taken**

3.99 To upgrade hospital and to start Super-specialty hospital/DM/Mch course (at present only Mch course in Plastic Surgery and Urology is offered), proposal for creation for faculty posts and super-specialty posts are to be submitted. A proposal for constructing a super-specialty block is in the pipeline.

**Further Recommendation**

3.100 **The Committee, keeping in view the need for strengthening the healthcare facilities in NER, recommends for higher budgetary allocation at BE 2018-19 to RIMS commensurating to funds requirement for starting super-specialty hospital/DM/Mch Course and creation for faculty post and super specialty posts and proposal for construction of super specialty block. The Committee further recommends that RIMS, Imphal assess the fund requirement of proposed projects, prepare DPR and submit the same for approval of Competent Authority and forward the projected demand to the Ministry of Finance for its kind perusal and consideration. The Ministry of Health and Family Welfare must co-ordinate in- tendem with RIMS and the Ministry of Finance and other competent authority concerned for approval of the projects.**

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

3.101 *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.* (Para 8.5)

#### **Action Taken**

3.102 The expenditure as on 31.3.2018 is ₹ 259.49 crores and the breakup expenditures is as per ANNEXURE F.

3.103 NEIGRIHMS is still developing infrastructure for Medical College building and expanding Nursing College which was lacking from the beginning and along with the Regional Cancer Centre which is a new initiative, collectively has large portion of budget allocation under GIA-Assets.

#### **Further Recommendation**

**3.104 The Committee is perturbed to note that as against the allocation of ₹ 335 crore during the years 2017-18, the Department has utilized only ₹ 259.49 crore till 31.3.2018 which is only 77 % of the total allocated funds. The underutilization of the funds will result in delay of the completion of the project that would, in turn, increase the overall cost of construction. The Committee, thus, reiterates its recommendation to make the prudent assessment of the allocation of the funds to avoid the problem of underutilization of the funds. The Committee would like to be apprised of the time frame within which the construction of the Medical College building and expansion of the Medical College at the NEIGRIHMS would be completed. The Committee also reiterates its recommendation for optimum utilization of available infrastructure at NEIGRIHMS and developing functional synergy amongst various healthcare institutes in NER so as to facilitate the patients with utmost healthcare and comfort level.**

#### **IX. NATIONAL AIDS CONTROL ORGANIZATION (NACO)**

##### **Recommendation**

3.105 *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 utilized 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 utilization 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)

### **Action Taken**

3.106 In this regard, it is stated that against projected BE of ₹2466.00 crs. a sum of ₹2000.00 crs. were allotted. Additional amount of ₹163.06 crs. were allotted in RE/Supplementary, notification of which was issued on 19-01-2018. The expenditure booked during 2017-18 was ₹ 2009.50 Crores against provision of ₹2163.00 Crores, with an overall savings of 153.26 Crores (thereby booking expenditure of 93%). NACO has maintained the trend of utilizing budgetary provisions up to the extent of 90% or more, like past years. The main reasons of savings are summarized as under:

1. ₹23.47 Crores including ₹22.52 Crores under provisions for North-Eastern regions were surrendered due to non-absorptive capacity under the programs. However, the provisions were required to be made as per mandatory requirement for North Eastern (NE) region up to the extent of 10%.
2. There was a saving of ₹94.89 Crores under the provisions for procurement of drugs, kits and condoms, due to non-materialization of certain items of procurement for ₹87 Crores under drugs, kits and materials and ₹7.63 Crores under procurement of condoms.
3. Under Grant-in aid General Component, there was saving of ₹13.86 Crores due to non-release of ₹5.02 Crores to Assam SACS on account of non-fulfillment of mandatory requirement of release under General Financial Rules, besides an allotment of ₹8.75 Crores under NE region in supplementary final batch remained un-utilized, due to non-absorptive capacity.
4. ₹3.80 Crores allotted under activities against UNDP allotments also remained un- utilized, due to non-absorptive capacity and non-finalization of MOU for 2018-19.
5. There was also a saving of ₹4.41 Crores and ₹2.21 Crores under the head Professional Service and EC activities on account of non- materialization of certain program activities.

### **Further Recommendation**

**3.107 The Committee is anguished to find the actual expenditure booked by NACO during 2017-18 was to the tune of ₹ 2001.50 Crore against the provision of ₹ 2163 Crore, thus with an overall savings of ₹ 153.26 Crore on various scheme/programme on account of various reasons viz. non-abortive capacity, non-materialization of certain item of procurement, non-fulfillment of mandatory requirement of release under GFR. The Committee finds this state of affairs as undesirable and therefore, strongly recommends the Department to pull up the implementing agencies for optimum utilization of allocated fund for the intended purpose by enhancing the absorption-capacity of the scheme programme so that the case/justification for budgetary allocation as per projected demand in upcoming financial years would yield positive response from the Ministry of Finance.**

## **METRO BLOOD BANKS**

### **Recommendation**

3.108 *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)

### **Action Taken**

3.109 The observations of the Committee are noted for compliance.

### **Further Recommendation**

3.110 **The Committee wonders at the response of the Department to the Committee's recommendations that entails certain course of action on the part of the Department but the Department mention in its action taken note that the observation has been noted for compliance, that too without furnishing information on the progress of project, the setting up of Metro Blood Banks at Chennai and Kolkata in the instant case.**

3.111 **The Committee observes that approval for establishing only two Metro Blood Banks at Chennai and Kolkata in the country since the inception of the project has been given. The Committee is of the considered view that project for setting up Metro Blood Bank, a state-of-the-art facility that will serve as a central point for processing of blood components and their supply besides coordinating with other health centres, should not have been delayed. The Committee would like to be apprised with reasons for the year's long delay in getting the approval for the setting up of Metro Blood banks at two places. The status of other two sites, Delhi and Mumbai has also not been provided. The Committee would like to be apprised of the progress made in acquisition of land in respect of remaining of two Blood Banks. The Committee, therefore, recommends that the Department should devise an action plan and fix the timeline for the completion of the projects. The Committee also desires that the process of allocation and utilization of funds and necessary approvals for operationalization of the approved projects should be expedited.**

## CHAPTER-IV

### RECOMMENDATION/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF THE GOVERNMENT ARE STILL AWAITED

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

##### **Recommendation**

4.1 *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 along with 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)

##### **Action Taken**

4.2 Dr. RML hospital has taken up the matter with the CPWD Authorities for execution of all the projects and requested them to complete the project within the time limit in the interest of better services of patient care.

##### **Further Recommendation**

4.3 **The Committee would like to be apprised of the progress made in completion of infrastructure project to endow the RML Hospital with the modern healthcare facilities which *inter-alia* include Committee of a forensic medicine department, creation of 1051 new posts of different categories, three OT in New ECS Building, 15 bedded ICU on 1st Floor, Super Speciality OPD consisting of 10 rooms; expansion of OPD area; conversion of cafeteria of PGIMER into Seminar; shifting of NUT; upgradation and renovation of all the 16 OTs; procurement of 5 High Technology Patient Transport Ambulance; project on para medical college and re-constructing of Nursing College.**

## PART A (NHM)

## II. BUDGETARY ALLOCATION

The Committee observes that the impressive economic progress made during the last two decades has not resulted in commensurate investments in our health sector with the result India continues to lag behind many developing countries on the health indicators on the global comparison matrix. The lack of the financial commitment for translating healthcare goals into action is evident from the fact that though the government expenditure on health sector has marginally increased as a percent of GDP over the years, it has stagnated at around 1.2% of GDP and the current pace of the year-on-year budgetary allocation for health is unlikely to reach the targeted level of 2.5% of the GDP by 2025. Due to the low government expenditure on health, most spending on healthcare is paid out of pocket. Due to which out-of-pocket expenditures have emerged as a major cause of poverty for low and middle income families. Recognizing this fact, the Committee, while making its recommendation in para 2.8 of its 106th report, had highlighted the fact that the allocated funds would not only fall short of meeting the current requirements for certain proposed/on-going health schemes, but also impinge upon achieving the target of 2.5% of GDP as public health expenditure by 2025. The target of 2.5% in Committee's opinion is possible by way of enhanced budget allocation. Though the Department has informed that it intends to take up the matter of additional allocation of funds with Ministry of Finance at the R.E. Stage, it has not indicated any solid roadmap for generating and earmarking additional financial resources for the health sector with a view to raising public spending on health to 2.5% of the GDP is achieved. The Committee therefore desires to be apprised of a concrete action plan in this regard. (Para 3.3)

The Committee notes that though the Department has tried to compensate for the reduction in Central Plan allocation for NHM post the implementation of 14th Finance Commission recommendations and the resultant 10% increase in devolution of central tax share to states (*i.e.* from 32% to 42%), through conditionality, *i.e.* requiring states to raise their own share in health budgets by 20 percent, yet there is no robust mechanism/framework to measure that the additional state health financing indeed gets allocated and spent and its impact assessed. Given the IT resources currently available, the Committee is not convinced with the Department's reply that an assessment study in every quarter is not feasible. It would like the Department to specify the impediments in this regard. The Committee underlines the need to develop a paradigm of technical process to track and report the flow of funds from the Centre and States to the health sector and measure the extent to which the 10 percent rise in States' revenue post the new tax devolution formula is reflected in the allocation of additional resources for health by them. The Committee would therefore reiterate that the Government should put in place an integrated Centre-State software to carry out an impact assessment of incentivisation scheme for

all the States and Union Territories on a periodic basis. The downright rejection of the feasibility of an assessment study is unacceptable. The Committee believes that the impact study will not only facilitate a better understanding of the incentivisation scheme, seamless tracking of the action/steps taken and change in the spending behaviour of the States/ Union Territories but will also help the Government in determining the success of the scheme. (Para 3.9)

The Committee is aware that the mode of transfer of funds has been changed from society route to treasury route effective since September 2014, and due to this changeover, furnishing of Utilization Certificate is no longer a conditionality for release of funds. However, this changeover has resulted in unnecessary delays taking place in fund transfers and funds lying idle with State Treasury. Since timely transfer of funds is extremely important for proper utilization of budgeted funds, the Committee through its reports on Demand for Grants has been urging the Department to iron out the hindrances coming in the way of speedy transfer of funds to State Health Societies. The Committee is dismayed to note that despite considerable passage of time, no forward movement has been made beyond "taking up the matter with State Governments through letters from various levels" with the result the bottlenecks in the current fund flow architecture continue to be a constraining factor in speedy transfer of funds. The Committee would therefore urge upon the Department to quickly remove the impediments in fund transfer by way of taking remedial measures in coordination with States in a time bound manner. The Committee also desires to be apprised of the status of the delay in fund transfer and the resultant locking up of budgeted funds due to routing of funds through treasury channels. (Para 3.13)

#### IV. NATIONAL RURAL HEALTH MISSION

The percentage increase in revenue allocation in BE 2018-19 for RCH Flexible Pool was down by 30.4% at ₹ 5253.51 crore as against ₹ 7545.07 crore in RE 2017-18. It is evident from the facts cited that there is no healthy growth in allocations and they are nowhere near the requirement of funds. (Para 3.17)

The Committee is therefore not convinced by the Ministry's reply for it does not address the issue of decreasing fund allocation for schemes/ programmes devoted to maternal health and child health. In this context, its reply that there has been a 15% increase in the funds allocated is not acceptable. According to a recent UN report, India's share of global child deaths has declined from nearly 22 per cent in 2012 to 18 per cent in 2017, which is for the first time equal to its share of the total global births. Though the percentage has reduced, yet India still accounts for 18% of global child deaths. It is therefore, important for the Government to allocate sufficient funds under the Reproductive and Child Health (RCH) Pool so that concerted measures can be taken to prevent maternal as well as infant deaths and the RCH programme is properly implemented. (Para 3.18)

The Ministry has stated that the main reason for partial/no immunization in both urban and rural areas are apprehensions for adverse events following immunization and awareness gaps. The Committee recommends that the Ministry should take effective measures to raise awareness regarding the importance of vaccines and develop communication toolkits to educate people. (Para 3.21)



The Committee also recommends that the Government should set up a time frame for scaling up of Electronic Vaccine Intelligence Network (eVIN) in all the States as such a platform is important for enhancing immunization coverage. (Para 3.22)

The Committee would like to be apprised of the status of the technology transfer to produce SIPV that is being developed for PSU with support from WHO. To assist in the demand of SIPV, technology transfer to PSUs is important. The Committee would like the Ministry of Health and Family Welfare to fast track the production of SIPV by PSU and fix a definite time line for the same. (Para 3.25)

Committee's attention has also been drawn to the recent emergence of type 2 strain of Polio virus in Uttar Pradesh. This contamination of polio vaccines raises the fear of bringing back type 2 strain of polio virus which was believed to have been eradicated. Such incidents clearly highlight a huge gap in the vaccine monitoring mechanism and its inefficient quality control measure. (Para 3.26)

The Committee emphasizes the need to have a robust control over vaccine manufacturing and recommends strengthening of regulatory mechanism so that such incidents threatening public health do not occur again and the polio free status of country is not jeopardized. The Committee also recommends for taking steps to manufacture bulk vaccines within the country. (Para 3.27)

The Committee is happy to note that the funds allocated for RNTCP for 2017-18 has been utilized optimally. However, as per the latest WHO's 2018 Global TB Report, the disease burden caused by TB is falling globally, but to end TB by 2030 countries will have to double their efforts. Though India leads the world in the burden of tuberculosis, under-reporting and under-diagnosis of TB cases is a major issue. The Committee urges the Ministry to put in accelerated efforts to reduce the gap in tuberculosis diagnosis and treatment and improve early detection of tuberculosis. (Para 3.30)

The Committee would like to draw the attention to the recent Report published in the Lancet which states that India is unlikely to meet the United Nation's Sustainable Development Goals (SDG) for 2030 to reduce premature deaths due to major non-communicable diseases (NCDs). The Lancet reports that in 2016, for people between the age of 30 and 70 in India, the risk of dying from one of the four major NCDs was 20 per cent in women and 27 per cent in men. The Committee is dismayed at the increasing burden of Non Communicable diseases in the country as the statistics suggest that the country has made limited national progress on the NCDs front. The Committee, therefore, recommends that the Ministry should take effective measures to reduce the major risk factors of NCDs and promote lifestyle changes. Early detection and screening of NCDs are crucial for containing Non Communicable Diseases. (Para 3.33)

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

The Committee notes that since the launch of NUHM, ₹ 6887.48 crores has been allocated but only ₹ 3855.31 crores has been released, out of which ₹ 493.70 crores is the unspent balance.

**Consistent underutilization of budgeted funds year after year highlights the Government's lack of financial prudence and blocking of resources even though there are resource constraints.**

(Para 3.37)

**The Committee fails to comprehend the reasons for this massive financial underperformance and expect a detailed note from the Department in this regard. The Committee also recommends that the Centre should play an active role in devising methods for effective utilization of funds and ensure that the States optimally utilize the funds allocated and there is no scope for downward revision in funding for NUHM.**

(Para 3.38)

#### **VI. TERTIARY CARE PROGRAMS**

**The Committee desires to be apprised of additional allocation of funds, if any, made in RE 2018-19 for the Cancer Care Programme.**

(Para 3.41)

**The Committee's attention has also been drawn to the use of Artificial Intelligence and Machine Learning for making cancer treatment more accessible and affordable. The Committee recommends that the Ministry should invest and promote such technological innovation which would not only help in early and better detection of cancer but also predict recurrence of cancer.**

(Para 3.42)

#### **VII. HUMAN RESOURCES FOR HEALTH AND MEDICAL EDUCATION**

**The Committee appreciates Ministry's Scheme to increase the human resource in Health and Medical Education as our country faces an acute shortage of doctors with the current doctor population ratio in India being 1:1700. The Committee notes that the Phase I of the scheme has not been completed and as per information given by the Ministry, Phase II has been launched. The Committee emphasizes that the Ministry should ensure strict adherence to the timeline and Phase I & Phase II should be completed within the envisaged timeframe and any inordinate delay in the Scheme execution should be avoided.**

(Para 3.46)

RECOMMENDATIONS/OBSERVATIONS — AT A GLANCE

**PART B (HEALTH)**

**I. BUDGETARY ALLOCATION**

The Committee is of the considered view that Department of Health must be allocated adequate fund for optimum development of health infrastructure required to cater to health care of large population. The Committee feels constrained to observe that the Department has not apprised the Committee as to how the department managed the shortfall of financial gap of ₹ 13900.66 crore as the Department was allocated ₹ 52,800.00 crore against the projected demand of ₹ 66,700.66 crore in BE 2018-19. The Committee desires to know the areas/programmes/schemes which were affected due to financial shortfall. The Committee further sought to know the response of the development regarding the utilization of funds earmarked during the financial year 2017-18. The Committee desires that the Department must furnish the complete action taken notes keeping in view the spirit of the Committee's recommendation. (Para 3.3)

**CDSCO**

The Department is silent on the under-utilization of funds of Family Welfare Scheme. The Committee would like to be apprised of the reasons for under-utilization of funds in the year 2017-18 and reasons for seeking enhanced funds for 2018-19 for major central sector schemes. (Para 3.10)

The Committee observes that a total outlay of ₹ 481.95 crore was required to FSSAI for the period of 2016-17 to 2018-19 for effective implementation of the Central Sector Scheme Le., strengthening of Food Testing System in the country. The Committee notes with concern that against the projected demand of ₹ 342.45 crore in BE 2018-19 only a sum of ₹ 141.60 crore was allocated thus necessitating allocation of an additional amount of approx ₹ 200.00 crore at RE Stage to meet the regular activities and scheme. The Committee, therefore, would like to be apprised whether an amount to the tune of ₹ 200.00 crore was allocated at RE 2018-19. (Para 3.11)

The Committee further notes with concern that against the Budget allocation of ₹ 378.49 crore an amount to the tune of ₹ 118.00 crore has been incurred by CDSCO till 31st January, 2018 even as per records of the CDSCO. Moreover, out of the estimated cost of ₹ 148.54 crore for construction of CDSCO's office building in IPC complex at Ghaziabad an amount to the tune of ₹ 9.23 crore has been released. Similarly, lower amount has been released against the estimated cost for CDSCO's office building at Chennai, Indore, Guwahati, Baddi. The Committee would like to be apprised of the reasons therefore. (Para 3.12)

The Committee expresses its deep anguish over the evasive reply of the Ministry with regard to higher supplementary allocation at RE 2018-19 to fill up the financial shortfall of

₹ 9847.95 crore. As against the projected demand of ₹ 30518.34 crore for 2018-19 under the Health Sector, a sum of ₹ 202670.39 crore only was allocated. In response to that the Ministry just stated that the direction/observation of the Committee have been duly noted. The Ministry didn't bother to share the response of the Ministry of Finance on the request of the Department for higher allocation at the RE Stage or how the requirement of additional funds was met from the accounts of New schemes viz. revitalizing of Infrastructure and System in Education (RISE), Higher Education Financing Agency (HEFA), Health Cess and India Infrastructure Finance Company Limited (IIFCL). (Para 3.15)

The Committee is at loss to find that inadequate fund allocation in 2018-19 have led to categorical reduction for the key schemes/institution/programmes viz Government has slashed the Budgetary allocation for RIMS, Imphal and NEIGRHIMS, Shillong. The Committee had expressed its concern over reduction of budgetary allocation by more than 50% of the projected demand on the key schemes under the Health Sector. The Committee apprehended the speedy implementation of on-going development oriented programme/health projects, thereby suggested the Ministry to approach the Ministry of Finance for additional funds, instead of waiting for re-appropriation of funds from the new stream of Financing. However, the Ministry is again silent over the course of action taken to overcome the shortfall of ₹ 9847.95 crore allocation in 2018-19 and just maintained that the direction/observation of the Committee have been duly noted. The Committee, therefore, strongly observes that the recommendation of Parliamentary Committee is not just for noting but it entails certain actions to be undertaken by the Government and that Action Taken has to be forwarded to the Committee for further consideration. The Committee, therefore, strongly recommends the Ministry to keep in the mind the Parliamentary procedure while furnishing the response or submitting reply to the Parliamentary Committee. (Para 3.18)

The Committee desires that the Ministry in its Action Taken Notes must furnish the step taken to resolve the pending 1559 UCs to release the amount of funds to the tune of ₹ 17,58,67,18,636/- that accumulated over the years 2011-16 so as to ensure the better utilization of allocated fund on the developmental activities in Health Sector. However, the Ministry chose just to note the observation of Committee. This is the evasive reply of the Ministry inviting displeasure of the Committee. The Committee would instead like the Department 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 and also explore options of online submission of UCs so as to make good use of technology in resolving this issue. (Para 3.21)

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

The Committee is of the considered view that the Ministry should approve the additional infrastructure work and provide financial sanction for the work under 27% OBC quota so that work is not hampered due to procedural formalities. The delay in the approval for additional infrastructure work for construction of 5 lecture theatres, auditorium and student hostel from the Ministry will affect the services of the Hospital. The Committee believes that such delays will

increase the workload and is of the view that priority should be given to such infrastructure projects. Therefore, the Committee recommends for expediting the process of granting necessary approvals so as to avoid time and cost overruns. (Para 3.24)

The Committee observes with concern that 130 posts of staff nurses, 6 posts of radiologist, 121 posts of faculty and 1109 recently created posts for nurses would be filled up on contract basis. The Committee has, however been reiterating that filling up of posts on contract basis is a temporary measure and only a stop gap arrangement. All out efforts need to be made to fill up the various posts on a regular basis. The intention of the Department to operationalize the Emergency and Super Specialty Block with these manpower on contract basis is understandable but to ensure continuity and stability, these two Department need adequate manpower on regular basis so that critical care facilities are not hampered due to adoption of adhocism. The Committee, therefore, recommends that concerted efforts need to be made to fill up the vacant posts on a regular basis. (Para 3.27)

The Committee expresses its displeasure over the pace of the work done to make the IVF lab operational. Despite the team of specialist doctors in place, the process of procuring equipments is still going around the file for financial bid with the Ministry. The Committee has been emphasizing upon the speedy operationalization of the IVF lab in Safdarjung hospital as it is a ray of hope for many prospective parents who cannot afford same facility at exorbitant charges in the private hospitals. The Committee, accordingly, recommends the Ministry that the IVF labs should be made operational as early as possible and issue should be taken up seriously with the authority concerned. (Para 3.30)

The Committee strongly objects to the lackadaisical approach of the Department in the procurement of equipments and recruitment of manpower for the 800 bedded Super-specialty new building at Safdarjung hospital which remains under-utilized due to the non-availability of super specialty doctors and staff. Therefore, the Committee strongly recommends the Department to take up the matter on priority basis and complete the procurement and recruitment process by the end of the current financial year. The Committee expresses its concern that available infrastructure is not utilized for want of procurement of equipment and timely recruitment of manpower. This is a sorry state of affairs. The Committee also recommends to the Department to ensure the completion of the procurement and recruitment process in a time bound manner. (Para 3.34)

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

The Committee finds lack of proper planning, co-ordination and controlling for on-going project on construction of new hospital block with 824 rooms at an estimated cost of ₹ 178.00 crore which was to be completed within a period of 3 years. Even after elapse of more than 12 months, the construction work is at initial stage, the reason being that project is being implemented on piece-meal basis and not on integrated and simultaneous way. SFC approved the project on 5th July, 2016 and Joint Security Review Committee approved in-principle the construction till 10th floor in March 2018 and above all the Monitoring Cell is being now

constituted for monitoring of the project for its completion on time. The Committee, therefore, apprehends the time and cost overruns. The Committee, therefore, reiterates its recommendation made in para 3.4 of 106th Report of the Committee. (Para 3.37)

The Committee observes that no new development has taken so far w.r.t the rehabilitation of jhuggi dwellers and that will result in the delay of the construction of the Modern Maternal Care Centre in NCT of Delhi. The Committee has not been informed whether the Department received any response from the DUSIB for the eviction and re-settlement of jhugi dwellers on priority basis as there is no progress since June, 2017 despite payment of compensatory amount. The Committee, therefore, urges upon the Department to pursue the matter rigorously with DUSIB so that the work of construction of modern maternal care centre is started as early as possible. (Para 3.40)

The Committee observes that 956 posts in the different Departments of the hospital are still lying vacant which would have an adverse effect on the efficiency and the smooth functioning of the hospital. The Committee also observes that large number of seats are filled up on contract basis that is obviously not the long term solution. The Committee, therefore, recommends that the Department must accelerate the administrative process to fill up the vacant post on regular basis within a specified period of time. (Para 3.43)

#### IV. PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

Since the budgetary allocation to PMSSY was reduced to ₹ 3825.50 Crore in BE 2018-19 against the projected demand of ₹ 8398.00 Crore and 4% lesser than BE 2017-18 *i.e.* to the tune of ₹ 3975.00 Crore on the plea of earmarking additional requirement of fund at RE 2018-19 and if necessary also form new stream of financial *i.e.* HEFA for utilization in infrastructural and research projects under PMSSY, the Committee would like to be apprised of budgetary allocation at RE 2018-19 and allocation of additional requirement of fund from HEFA along with utilization of total sum amount on various activities under PMSSY. (Para 3.46)

The Committee is not convinced with the reply given by the Department regarding the lower allocation of budget and deficiencies related to infrastructure and shortage of faculty & equipments in the AIIMS like institutions. The Committee apprehends the completion of infrastructural projects under PMSSY in time with lower budgetary allocation and dependence for additional requirement to finance such projects from HEFA which is a long drawn source of financing. The Committee, moreover, observes that infrastructural projects under phase-I of PMSSY are yet be completed and the Government has rolled out phase-II, III, IV and V phases of PMSSY without commensurating allocation of requisite fund. This is mere poor planning with unrealistic objectives and goal, leaving the progress of execution of on-going project in lurch. The Committee is surprised to note that the work for Super Speciality Block at Kolkata Medical College was awarded in February, 2011 but has not been able to complete due to various reasons. The Committee is anguished over the project status and therefore, strongly recommends the Department to take immediate steps to resolve the issues and complete the work of Super Specialty Block within the stipulated time period. (Para 3.55)

The Committee takes note of the delay in majority of the projects due to the failure of the construction contractors, environmental clearance, heavy rainfall etc. The Committee, thus, reiterates its recommendation to award better and reputed professional agencies like NBCC and L&T for the timely completion of the projects. The Committee hopes that greater delegation and empowerment of the procurement support agency system of assigning the construction work to executing agencies on turnkey basis; online dashboard for effective monitoring; incorporation of punitive clause in contract conditions and expand means of NBCC for award of new AIIMS work would incentivize the speedy execution of projects under PMSSY. (Para 3.56)

The Committee is not convinced with the reply given by the Department w.r.t. financing of the projects by the Ministry through different financing agencies. The Committee therefore, reiterates its view that financing of the projects through these external agencies would be a long drawn process and since PMSSY is an ambitious scheme to improve the condition of the Health Sector in the country, any inordinate delay in the generation and allocation of the funds through external agencies will hamper the scheme. The Committee would like to reiterate that the Department should devise a prudent fiscal and feasible fiscal policy for generating and allocating financial resources for allocation of committed funds for the PMSSY scheme. The Committee also recommends the Department to take up the matter on priority basis and devise a suitable roadmap for the generation of the funds from both sources *i.e.*, internal and external. The Committee, however, would like to be apprised of the details of the amount funded by the Japan International Cooperation Agency and from HEFA, the time frame by when these funds would be made available for utilization under PMSSY. (Para 3.59)

The Committee underscores the efforts of the Government in promoting Make-in-India programme and feels that all Department /Ministries would prioritize their programmes/schemes in a manner, so as to give impetus to the cherished mission of Make-in-India programme. The Committee, in this regard, recommends that the Ministry of Health & Family Welfare would also contribute by encouraging the procurement of equipments with BIS specification. The Committee, therefore, recommends to the Department to take up the matter with BIS to issue guidelines with all specification of international standard and practices pertaining to all medical devices and make it mandatory for procurement of all medical equipment with BIS Certification/authentication. (Para 3.63)

The Committee observes with concern that out of sanctioned faculty of 1830 posts, only 808 posts have been filled up till 21st March, 2018. From the information submitted by the Department w.r.t to the vacancy at the 6 AIIMS, the Committee gathers that the current situation of the faculty strength at the 6 AIIMS is abysmal and the same will not only adversely affect the functioning of the institutions but also the service provided by the institutions to the public. The Committee understands that the chain impact of deficiency or absence of one category of health personnel is not restricted to "a particular service" delivery but impacts the whole chain of integrated nature of functioning of a modern hospital. Moreover, deficiency of personnel means overburdening of the personnel at work who in turn have to work under intense pressure of working environment with lop-sided Doctor: patient ratio. Such uneven and peculiar working equilibrium adversely affect the professional pursuits and morale of the health personnel in

these institutions of national importance. The Committee, therefore, reiterates its recommendations to take up issue of shortage of the manpower in these tertiary care sectors on priority basis and complete the recruitment process within the stipulated time. (para 3.69)

The Committee has been given to understand that the State Government of Nagaland has signed an MoU clearly agreeing that the excess cost and recurring expenses of new medical college at Kohima will be met by the State Government. The Committee further notes that approved cost is being shared between center and the state in the ratio 90:10 and there is no provision of releasing of excess central share. The Committee is of the view that Central Government plays a stewardship role, and has a key planning and oversight role, with a consolidated national information infrastructure necessary to adequately monitor health outcomes, while the states are responsible for the implementation of programmes. However, a realistic assessment of the cost estimates in constructing/upgrading a medical college needs to be done so as to make it possible to operationalize the medical college with the given funds. The Committee, also notes that Department has released ₹ 165.10 crore till date but physical progress made in establishing the medical college has not been furnished to the Committee for its consideration. The Committee, therefore, recommends the Department to reassess the funds actually required for establishing a medical college that roughly works out to be ₹ 400.00 Crore. Further, given the development status of North-east region, all out efforts must be made to improve the health facilities as well as provision of health institutions with adequate infrastructure and research activities to take care of suffering patients. (Para 3.72)

The Committee expresses its deep anguish that State Government of Nagaland has not submitted utilization Certificate nor reported physical progress on the online monitoring dashboard despite release of amount to the tune of ₹76.03 crore of the Central Share of total amount of ₹170.10 crore out of the approved cost grant of ₹189.00 crore on 29th December, 2014 for upgradation of District Naga hospital, Kohima under the centrally sponsored scheme for "Establishment of new medical colleges attached with existing District/Referral Hospital" on Centre and State sharing ratio of 90:10. That is so, despite signing of a MoU by the State Government of Nagaland that excess cost and recurring expenses of New Medical College at Kohima would be met by the State Government. Keeping in view the administrative statements between Central government and State Government of Nagaland the Committee recommends for higher level of executive intervention to resolve the issue making plea that establishing a medical college would cater to the healthcare needs of local population. Alternatively, Naga Hospital at Kohima, Nagaland may be brought under PMSSY and declared as AIIMS like Institution and accordingly, budgetary allocation be earmarked for the purpose as the same would remove the financial resource constraints of State Government of Nagaland besides overcoming the challenge of ensuring public healthcare facility for all in the State and the population around. (Para 3.76)

#### V. CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

Despite the various efforts undertaken by the Department for attracting GDMOs and Non-Teaching Specialists to join CGHS Wellness centre, shortage of doctors persists. Out of 1848



sanctioned posts of allopathic doctors, 436 posts are lying still vacant. The Committee is of the view that the Department, apart from the steps taken, may consider to give higher remuneration and attractive incentives for inducting qualified doctors and health personnel to CGHS Wellness Centre so that CGHS is able to provide efficient and quality health care facilities to its beneficiaries to more than 32.12 lakh and serving more than 10 lakh cardholders. (Para 3.79)

The Committee expresses its extreme displeasure that the Department has maintained stoic silence on the issues of the harassment faced by cancer patients who are senior citizens/pensioners in getting proper treatment in CGHS empanelled hospitals and the simplification of paper work/procedure involved in the treatment of the cancer patients. The Committee, therefore, reiterates its recommendations for the simplification of paperwork. The Committee notes that there are no different referral protocols for critically ill patients including cancer patients. CMO can issue permission for follow up treatment for period upto six months and there is also provision for cancer treatment from non-empanelled hospitals at CGHS rates. However, how far this policy has been implemented is not known to the Committee. The Committee desires that feedback from patients especially critically ill patients, patients who are senior citizens etc. who encounter routine problems in getting treatment, admission in hospitals etc., need to be collected out so that CGHS beneficiaries especially senior citizens do not run from pillar to post for treatment. The Committee further recommends to the Ministry to issue advisory to all the empanelled hospitals to be sensitive towards critically ill patients and to be made aware of circulars regarding simplification of procedures. (Para 3.82)

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

The Committee observes that there is delay in almost all the projects of AIIMS, Delhi. It speaks volumes of lack of seriousness on the part of the Ministry in getting the work done in time. The Committee would like to emphasize that health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country. It signifies the budgetary allocation priority with regards to the creation of health care facilities. The delay in the projects would have an adverse effect on the services provided by the institutions and would also increase the expenditure on these projects, the Committee apprehend. The Committee, thus, recommends the Department to sensitize the implementing agencies to complete the undertaken projects on priority basis by formulating strategies to complete the projects in a time bound manner and the Department should make the authorities concerned accountable to ensure accomplishment of the physical and financial targets of the projects within the set time and cost limits. (Para 3.86)

The Committee would like to be apprised of the progress made in the process of recruitment of 150 faculty members that has been advertised on 8th June, 2018. The Committee also desires a status note on vacant posts, faculty and non-teaching, nursing and support services, technical and non-technical in various Departments at AIIMS and steps taken/being taken/can further be taken up to fill-up those vacant posts. (Para 3.89)

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

The Committee observes that against the projected demand of ₹ 558.81 Crore a sum of ₹ 201.40 Crore has been allocated in BE 2018-19 to RIMS, Imphal. The figure of ₹ 201.40 crore

is against the projected demand of ₹ 558.81 crore under BE. It may be very difficult for RIMS to come out of the cycle of being allocated a lesser amount in BE stage and then increased to RE stage, and then subsequently lowered down to a lower amount in the immediately succeeding BE. The Committee recommends that RIMS may be treated as an equally important Institution having over 1000 beds for budgetary allocation. The Committee also noted that HSCC (I) Ltd. rendered the works the fifth time on 24th April, 2018 under Phase-II Project (balance work of 4 hostels and new OPD Block to increase MBBS seats from 100 to 154, largely due to unwillingness of agencies from outside the state and non fulfillment of the eligibility criteria for local contractors as mentioned in NIT. The Committee, therefore, strongly recommends for a review of eligibility criteria and explores the possibility of relaxing the same enabling the local contractors to participate in the bidding/tender process so that the undertaken projects do not suffer further.

(Para 3.94)

The Committee observes that the budgetary allocation of ₹309.83 crore to the RIMS for the year 2017-18 was not sufficient to meet the infrastructural requirements of the Institute and still the BE for the year 2018-19 has been reduced to Rs 201.40 crore. The Committee, thus, strongly recommends to the Department to enhance the budgetary allocation at the revised estimates stage so that the infrastructural problem does not act as a constraint for the Faculty/doctors in providing their services to the public.

(Para 3.97)

The Committee, keeping in view the need for strengthening the healthcare facilities in NER, recommends for higher budgetary allocation at BE 2018-19 to RIMS commensurating to funds requirement for starting super-specialty hospital/DM/McH Course and creation for faculty post and super specialty posts and proposal for construction of super specialty block. The Committee further recommends that RIMS, Imphal assess the fund requirement of proposed projects, prepare DPR and submit the same for approval of Competent Authority and forward the projected demand to the Ministry of Finance for its kind perusal and consideration. The Ministry of Health and Family Welfare must co-ordinate in- tandem with RIMS and the Ministry of Finance and other competent authority concerned for approval of the projects.

(Para 3.100)

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

The Committee is perturbed to note that as against the allocation of ₹ 335 crore during the years 2017-18, the Department has utilized only ₹ 259.49 crore till 31.3.2018 which is only 77 % of the total allocated funds. The underutilization of the funds will result in delay of the completion of the project that would, in turn, increase the overall cost of construction. The Committee, thus, reiterates its recommendation to make the prudent assessment of the allocation of the funds to avoid the problem of underutilization of the funds. The Committee would like to be apprised of the time frame within which the construction of the Medical College building and expansion of the Medical College at the NEIGRIHMS would be completed. The Committee also reiterates its recommendation for optimum utilization of available infrastructure at NEIGRIHMS and developing functional synergy amongst various healthcare institutes in NER so as to facilitate the patients with utmost healthcare and comfort level.

(Para 3.104)

#### IX. NATIONAL AIDS CONTROL ORGANIZATION (NACO)

The Committee is anguished to find the actual expenditure booked by NACO during 2017-18 was to the tune of ₹ 2001.50 Crore against the provision of ₹ 2163 Crore, thus with an overall savings of ₹ 153.26 Crore on various scheme/programme on account of various reasons viz. non-abortive capacity, non-materialization of certain item of procurement, non-fulfillment of mandatory requirement of release under GFR. The Committee finds this state of affairs as undesirable and therefore, strongly recommends the Department to pull up the implementing agencies for optimum utilization of allocated fund for the intended purpose by enhancing the absorption-capacity of the scheme programme so that the case/justification for budgetary allocation as per projected demand in upcoming financial years would yield positive response from the Ministry of Finance.

(Para 3.107)

#### METRO BLOOD BANKS

The Committee wonders at the response of the Department to the Committee's recommendations that entails certain course of action on the part of the Department but the Department mention in its action taken note that the observation has been noted for compliance, that too without furnishing information on the progress of project, the setting up of Metro Blood Banks at Chennai and Kolkata in the instant case.

(Para 3.110)

The Committee observes that approval for establishing only two Metro Blood Banks at Chennai and Kolkata in the country since the inception of the project has been given. The Committee is of the considered view that project for setting up Metro Blood Bank, a state-of-the-art facility that will serve as a central point for processing of blood components and their supply besides coordinating with other health centres, should not have been delayed. The Committee would like to be apprised with reasons for the year's long delay in getting the approval for the setting up of Metro Blood banks at two places. The status of other two sites, Delhi and Mumbai has also not been provided. The Committee would like to be apprised of the progress made in acquisition of land in respect of remaining of two Blood Banks. The Committee, therefore, recommends that the Department should devise an action plan and fix the timeline for the completion of the projects. The Committee also desires that the process of allocation and utilization of funds and necessary approvals for operationalization of the approved projects should be expedited.

(Para 3.111)

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

The Committee would like to be apprised of the progress made in completion of infrastructure project to endow the RML Hospital with the modern healthcare facilities which *inter-alia* include Committee of a forensic medicine department, creation of 1051 new posts of different categories, three OT in New ECS Building, 15 bedded ICU on 1st Floor, Super Speciality OPD consisting of 10 rooms; expansion of OPD area; conversion of cafeteria of PGIMER into Seminar; shifting of NUT; upgradation and renovation of all the 16 OTs; procurement of 5 High Technology Patient Transport Ambulance; project on para medical college and re-constructing of Nursing College.

(Para 4.3)



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# MINUTES

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\*III

THIRD MEETING

The Committee met at 10:00 A.M. on Thursday, the 27th December, 2018 in Room No. '67', First Floor, Parliament House, 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 Ashok Siddharth
6. Shri K. Somaprasad
7. Dr. C. P. Thakur
8. Shrimati Sampatiya Uikey

**LOK SABHA**

9. Shri Nandkumar Singh Chauhan
10. Shri C. P. Joshi
11. Dr. K. Kamaraj
12. Shri Arjunlal Meena
13. Shri C. R. Patil
14. Shri M. K. Raghavan
15. Shri Janak Ram
16. Dr. Shrikant Eknath Shinde
17. Shri Gyan Singh
18. Shri Kanwar Singh Tanwar

**SECRETARIAT**

Shri J. Sundriyal, *Joint Secretary & Financial Advisor*

Shri Rakesh Naithani, *Director*

Shri Bhupendra Bhaskar, *Additional Director*

Shrimati Harshita Shankar, *Under Secretary*

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\*Minutes of I-II Meetings relate to other matters.

**Opening Remarks**

At the outset, the Chairman welcomed the Members of the Committee and informed that the meeting has been convened to consider and adopt draft \*\*\* and 112th, \*\*\* Action Taken Reports based on the Action Taken Notes on three Reports of the Committee on Demands for Grants (2018-19) furnished by the Departments of Health and Family Welfare.

2. The Committee then considered the draft \*\*\* and 112th, \*\*\* Action Taken Reports based on the Action Taken Notes on three Reports of the Committee on Demands for Grants (2018-19) furnished by the Departments of Health and Family Welfare. After some discussion, the Committee adopted the said Reports \*\*\*. 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 Friday, the 28th December, 2018. The Committee authorized its Chairman, Shri Jairam Ramesh and Dr. Vikas Mahatme to present the Reports in Rajya Sabha and Dr. K. Kamaraj and Shri Arjunlal Meena to lay the Reports on the Table of the Lok Sabha.

3. The Committee then adjourned at 10:30 A.M.



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# **ANNEXURES**

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## ANNEXURE-A

Name of the State	HWC operational
Chhattisgarh	119*
Jharkhand	12
Madhya Pradesh	20
Rajasthan	11
Uttar Pradesh	18
Uttarakhand	30
Assam	691*
Manipur	38
Jammu and Kashmir	48
Karnataka	103
Kerala	171**
Maharashtra	280*
Tamil Nadu	1163**
Telangana	26
<b>TOTAL</b>	<b>2730</b>

\* Includes Non Bridge Programme Trained Mid-Level Providers posted in HWCs earlier and trained in Non IGNOU programme.

\*\* PHCs/HSCs operational without MLHP

## ANNEXURE-B

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States/UT	No of HWCs approved 2017-18
Andaman and Nicobar Islands	12
Andhra Pradesh	156
Arunachal Pradesh	12
Assam	123
Bihar	0
Chandigarh	0
Chhattisgarh	119
Dadra and Nagar Haveli	3
Daman and Diu	5
Delhi	0
Goa	0
Gujarat	165
Haryana	55
Himachal Pradesh	45
Jammu and Kashmir	75
Jharkhand	16
Karnataka	571
Kerala	170
Lakshadweep	0
Madhya Pradesh	100
Maharashtra	280
Manipur	40
Meghalaya	32
Mizoram	0
Nagaland	26
Odisha	75
Puducherry	3

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States/UT	No of HWCs approved 2017-18
Punjab	200
Rajasthan	505
Sikkim	4
Tamil Nadu	1163
Telangana	90
Tripura	12
Uttar Pradesh	329
Uttarakhand	46
West Bengal	250
TOTAL	4689

States/UT	No. of HWCs approved 2018-19
Andaman and Nicobar Islands	30
Andhra Pradesh	750
Arunachal Pradesh	120
Assam	756
Bihar	653
Chandigarh	-
Chhattisgarh	1240
Dadra and Nagar Haveli	21
Daman and Diu	19
Delhi	57
Goa	5
Gujarat	500
Haryana	200
Himachal Pradesh	130
Jammu and Kashmir	200
Jharkhand	630
Karnataka	467
Kerala	330
Lakshadweep	14
Madhya Pradesh	700
Maharashtra	1264
Manipur	60
Meghalaya	32
Mizoram	32
Nagaland	56
Odisha	310
Puducherry	3

States/UT	No. of HWCs approved 2018-19
Punjab	600
Rajasthan	629
Sikkim	30
Tamil Nadu	-
Telangana	500
Tripura	46
Uttar Pradesh	2724
Uttarakhand	330
West Bengal	1250
TOTAL	14688

## ANNEXURE-D

*Expenditure under NHM for the F.Y. 2005-06 to 2017-18*

(₹ in crore)

Financial Year	Expenditure
2005-06	3,204.17
2006-07	4,518.68
2007-08	7,010.07
2008-09	10,565.10
2009-10	13,228.99
2010-11	16,112.63
2011-12	15,960.78
2012-13	19,606.85
2013-14	21,138.27
2014-15	23,076.94
2015-16	26,314.46
2016-17	28,461.36
2017-18	31,623.96
<b>TOTAL</b>	<b>2,20,822.26</b>

Note: Expenditure includes expenditure against Central Release, State Release & unspent balances at the beginning of the year.



**(PART-B) HEALTH SECTOR**

ANNEXURE-E

Sl. No.	Classification of the Post	Vacant Posts	Remarks
1	2	3	4
1.	Group A (tenure post) JR/SR	55	Recruitment of the tenure posts is a going on process vacancies increases and decreases accordingly.
2.	Group A Specialist/Teaching CHS Officers	33	Steps are also being taken to vacant posts of specialist doctors in Dr. RML Hospital through Walk in interview in the Department of Endocrinology, Cardiology, ENT and Nephrology on contract basis till these posts are filled up on regular basis.
3.	Groups A CHS officer GDMO	09	Ministry of Health and Family Welfare has been making efforts to fill vacant GDMO posts in Dr. RML Hospital. Efforts are made to post GDMO in Dr. RML Hospital with PG qualification only so as to provide quality patient care services. As and when suitable officers are available, vacant posts of doctors in Dr. RML Hospital may also be filled up to the extent possible.
4.	Other Groups A posts (DDA, Sr. AO, Sr. Physiotherapist, NS, Principal, Jt. Director, CNO, Welfare officer Etc.	07	1. One post of Nursing Superintendent is under process. 2. One post of Welfare officer is to be posted by M/o Labour & Employment. 3. Two posts of DDA, one post of Jt. Director, one post of Principle and one post of CNO is under deemed abolished category.
5.	Total Group B	260	1. Three posts of dieticians have been filled on regular basis. 2. Till the joining of new incumbents, 200 posts of Nursing Officer have been appointed on contract basis. 3. 12 posts (i.e. speech therapist, 2-Prosthetics, 8 lab Technician, 1 dietician) posts of other Group B staff have been filled up on contract basis till the joining of new incumbents.

1	2	3	4
			4. Out of the rest 48 vacant posts, some have been advertised by the Hospital for filling up the posts. Rest of the posts are under deemed abolished category which are being considered for revival by the Hospital.
6.	Total Group C	142	35 posts (i.e. MRW-2, Workshop worker-2, LDC-17, Cook/Halwai-9, Lab Assistant-2, Hospital Attendent-3), have been working on contract basis. Some posts have been advertised by the Hospital for filling up the posts. Rest of the posts are considered for revival by the Hospital.
7.	Total Group D (Erstwhile)	450	These posts have been outsourced till the recruitment rules are finalised and joining of new incumbents.
GRAND TOTAL GROUP A+B+C+D			956

*Expenditure Statement/Utilization Certificate for the Current Year 2017-2018*

Nature of Grant-in-Aid	Budget Allocation	1.04.2017-31.03.2018 (Already Incurred)
General	85.00	67.41
Creation of Capital Assets	120.00	66.35
Salaries	130.00	125.73
TOTAL	335.00	259.49