



REPORT NO.

118

PARLIAMENT OF INDIA  
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING  
COMMITTEE ON HEALTH AND FAMILY WELFARE

**ONE HUNDRED EIGHTEENTH REPORT**

On

DEMANDS FOR GRANTS 2020-21 (DEMAND NO. 42 )

OF THE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

(Ministry of Health and Family Welfare)

*(Presented to the Rajya Sabha on 3<sup>rd</sup> March, 2020)*

*(Laid on the Table of Lok Sabha on 3<sup>rd</sup> March, 2020)*



**Rajya Sabha Secretariat, New Delhi**  
**March, 2020/ Phalguna, 1941 (SAKA)**

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सत्यमेव जयते

**Rajya Sabha Secretariat, New Delhi  
March, 2020/ Phalgun, 1941 (SAKA)**

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**COMPOSITION OF THE COMMITTEE**

**(2019-20)**

1. Prof. Ram Gopal Yadav - **Chairman**

**RAJYA SABHA**

2. Shri A.K. Antony
3. Dr. L. Hanumanthaiah
4. Shrimati Kahkashan Perween
5. Shri Suresh Prabhu
6. Dr. Santanu Sen
7. \*Vacant
8. Shri K. Somaprasad
9. Dr. Subramanian Swamy
10. Shrimati Sampatiya Uikey

**LOK SABHA**

11. \*Vacant
12. Ms. Bhavana Gawali (Patil)
13. Ms. Ramya Haridas
14. Dr. Chandra Sen Jadon
15. Shrimati Malothu Kavitha
16. Shri P. K. Kunhalikutty
17. Dr. Sanghamitra Maurya
18. Shri Arjunlal Meena
19. Shrimati Pratima Mondal
20. Dr. Pritam Gopinath Munde
21. Dr. Mahendrabhai Kalubhai Munjpara
22. Dr. Bharati Pravin Pawar
23. Adv. Adoor Prakash
24. Shri Haji Fazlur Rehman
25. Dr. Rajdeep Roy
26. Dr. Subhas Sarkar
27. Shri D. N. V. Senthilkumar S.
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Sujay Radhakrishna Vikhepatil
31. Dr. Krishna Pal Singh Yadav

**SECRETARIAT**

Shri P.P.K. Ramacharyulu	Secretary
Shri J. Sundriyal	Joint Secretary
Shri V.S.P.Singh	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

(i)

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\* Shri Udayanraje Pratapsingh Bhonsle, Member resigned from the membership of the Lok Sabha w.e.f 14<sup>th</sup> September, 2019.

\* Chaudhary Birender Singh, Member resigned from the membership from the Rajya Sabha w.e.f 20<sup>th</sup> January, 2020

## PREFACE

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 118<sup>th</sup> Report of the Committee on the Demands for Grants (Demand No.42) for the year 2020-21 of the Department of Health and Family Welfare, Ministry of Health and Family Welfare.

2. The Committee at its sitting held for examination of Demands for Grants (2020-21) of the Department of Health and Family Welfare on 14<sup>th</sup> February, 2020 heard the Secretary and other Officers of that Department.

3. The Committee considered the Draft Report and adopted the same in its meeting held on 2<sup>nd</sup> March, 2020.

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

- (i) Detailed Demands for Grants of the Department of Health and Family Welfare for the year 2020-21;
- (ii) Annual Report of the Department for the year 2019-20;
- (iii) Detailed background Note on Demands for Grants of the Department of Health and Family Welfare for the year 2020-21;
- (iv) Written replies furnished by the Department to the Questionnaires sent to them by the Secretariat; and
- (v) Presentation made by the Secretary (Ministry of Health and Family Welfare) and other concerned officers.

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

**NEW DELHI**  
**March 3<sup>rd</sup>, 2020**  
**Phalguna 13, 1941 (Saka)**

*Prof. Ram Gopal Yadav*  
*Chairman,*  
*Department-related Parliamentary Standing Committee on*  
*Health and Family Welfare*

# **REPORT**

## **PART-A**

### **NATIONAL HEALTH MISSION (NHM)**

#### **I. BRIEF OVERVIEW**

1.1 The Department of Health & Family Welfare aims to ensure health and well being of all and to achieve the above objectives, the Department is implementing various schemes, programmes and national initiatives to provide universal access to quality healthcare as per the commitments of the National Health Policy 2017. There are several statutory and regulatory bodies, Autonomous bodies/ institutes, Central Government Health Scheme etc. under the Department as well. Apart from these, the National Health Mission (NHM) is a flagship health systems reform programme which provides a robust platform for implementation of a range of intervention focused on primary and secondary health care in rural and urban areas.

#### **II. INTRODUCTION OF NHM UMBRELLA**

2.1 The Department submitted that NHM Umbrella includes Centrally Sponsored Schemes (CSS) NRHM, NUHM, HRH, Tertiary Care & AB-PMJAY

##### **National Health Mission (NHM)**

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

##### **National Rural Health Mission (NRHM):**

2.3 NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially to the vulnerable groups, cities and towns with a population below 50,000 and also covered under NRHM. The thrust of the Mission is to establish a fully functional community owned decentralized health delivery system with inter-sectoral convergence at all levels and to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

##### **National Urban Health Mission (NUHM):**

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

##### **Human Resources for Health and Medical Education:**

2.5 The following Initiatives are included under the HRH:

- Upgradation/Strengthening of Nursing Services (ANM/GNM)
- Strengthening/Upgradation of Pharmacy School/College
- District Hospital - Upgradation of State Government Medical Colleges (PG Seats)

- Strengthening Government Medical Colleges (UG Seats) and Central Government Health Institutions
- Establishing New Medical Colleges (upgrading District Hospitals)
- Setting up of State Institutions of Para-medical Sciences in States and Setting up of College of Para-medical Education
- Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (NIF)

### **Tertiary Care:**

2.6 The following Programmes are included under Tertiary Care :

- National Mental Health Programme,
- Capacity Building for Trauma Centres
- National Programme for prevention and control of Cancer, Diabetes, Cardio-vascular Disease and Stroke
- National Programme for Health Care for the Elderly
- National Programme for Control of Blindness
- Telemedicine
- Tobacco Control Programme and Drug De-addiction Programme

### **Ayushman Bharat:**

2.7 Ayushman Bharat (AB), launched in 2018, marks a paradigm shift to move from sector and selective approach of health service delivery to a comprehensive range of health care service. Ayushman Bharat aims to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level by adopting a continuum of care approach. Ayushman Bharat consists of this two components:-

2.8 The first component pertains to creation of 1,50,000 Health and Wellness Centres (AB-HWCs) by upgrading the Sub Health Centres (SHCs) and Primary Health Centres (PHCs) in rural and urban areas so as to bring healthcare closer to the community.

2.9 The second component is the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) which provides health coverage up to Rs. 5.00 lakh per family per year to around 10.74 crore poor and vulnerable families identified based on Socio Economic Caste Census (SECC) data.

## **III. BUDGETARY ALLOCATION**

3.1 The Secretary and the other officials from the Department of Health & Family Welfare highlighting the importance of public investment in Health submitted that the benefit to cost ratio for key healthcare interventions is 10:1. They also informed the Committee about the budgetary allocation and expenditure pattern of the Ministry of Health and Family Welfare in the past five years and were of the view that health outcomes and financial protection depend on public spending on health. The officials also apprised the Committee about the National Health Policy-2017 Targets, namely, (i) increase public health expenditure to 2.5% of GDP, in a progressive manner, by 2025; (ii) primary health expenditure to be 2/3<sup>rd</sup> of the total health expenditure; (iii) increase State sector health spending to more than 8% of their budget by 2020.

3.2 The Ministry, while presenting its demands for grants 2020-21 before the Committee, submitted that to achieve the set target of 2.5% of GDP as envisaged in the National Health Policy, the year wise expenditure on Health sector should be as follows:-



## Year wise Expenditure to achieve 2.5% of GDP



(Rs. in Lakh Crore)

Year	Expenditure on Health as a % of GDP	Expenditure on Health	35% of Expend. for Centre	65% of Expend. for State
1	2	3	4	5
2019-20*	1.40%	2.91	1.02	1.89
2020-21	1.58%	3.67	1.28	2.39
2021-22	1.76%	4.57	1.60	2.97
2022-23	1.98%	5.75	2.01	3.74
2023-24	2.22%	7.21	2.52	4.68
2024-25	2.50%	9.07	3.17	5.90

\*Assuming that the Govt. health expenditure is 1.4% of GDP, as in 2017-18, as per Economic Survey, 2017-18.

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3.3 The Committee finds that the National Health Policy envisages as its goal the attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship. This would however, be achieved through increasing access to public health system, improving quality and lowering the cost of healthcare delivery.

3.4 The *health finance* goals and objectives under the "*health system strengthening*" component as outlined in the National Health Policy 2017 are as follows:

- Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025.
- Increase State sector health spending to more than 8% of their budget by 2020.
- Decrease in proportion of households facing catastrophic health expenditure from the current levels to 25%, by 2025

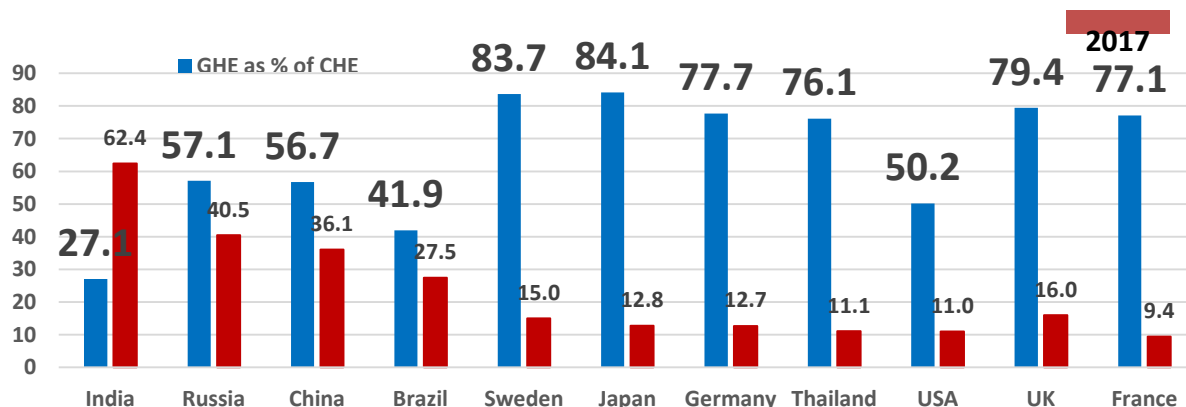
3.5 The Committee notes that to achieve the set target of 2.5% of GDP at the current health expenditure rate, the total expenditure on Health for the year 2020-21 should have been 3.67 lakh crore out of which 1.28 lakh crore should have been contributed by the Central Government. A closer look at the past and present health budget allocation clearly defies the envisioned health finance objective in National Health Policy 2017. The Committee, therefore, is of the view that to ensure that the health spending targets as envisaged in NHP 2017 are achieved, the Government has to make consistent efforts to increase its investments in public health services.

3.6 At the time when global spending on health is increasing, India has to scale up its efforts so that the Indian health sector expands at a much higher rate. The Committee, therefore, strongly believes that the allocations provided for 2020-21 is not in line with the ambitious vision set in NHP 2017. The Committee, therefore, strongly recommends that the Department should approach the Ministry of Finance to provide enhanced allocations for NHM and Health Sector in right proportion which would help actualize the objectives of health schemes and also facilitate the achievement of targets of expenditure upto 2.5% of GDP by 2025. The Committee also recommends the Ministry of Health and Family Welfare

**to expand its pool of resources and ensure adequate allocation and optimum utilization of the funds available.**

3.7 The Secretary and the officials also submitted before the Committee that India's Government Health Expenditure (GHE) as percent of the Current Health Expenditure (CHE) is only 27.1% and India ranks 134 out of 186 countries of the world in GHE as % of CHE. (as per 2017 data). They further submitted that, in India, Out of Pocket Expenditure in Health is 62.4% and India ranks 15 out of 186 countries in OOPE as % of CHE. Government Health Expenditure in countries like China and Russia is 57.1% and 56.7% respectively as percentage of the current health expenditure. Countries like U.K and France spend as high as 79.4% and 77.1% respectively and the Out of pocket expenditure here is among the lowest. The details of the Health expenditure of India *vis-a-vis* other countries are as shown below:

Government Health Expenditure (GHE) and Out of Pocket Expenditure (OOPE) as % of Current Health Expenditure (CHE)



**GHE as % CHE-India ranks 134 out of 186 countries**

**OOPE as % of CHE- India ranks 15 out of 186 countries**

3.8 The Committee observes that most of the developed economies of the world spend a considerable part of their budget in Healthcare. The Committee recognizes the importance of human resources in the economic growth and development of a nation and strongly believes that improvement in healthcare delivery infrastructure affect income by making human capital more productive. The Committee, therefore, has time and again advocated the increase in the Healthcare expenditure of the country.

3.9 The Committee also takes cognizance of the financial hardships caused by catastrophic health illness that drives the population especially the marginalized section to poverty. The Committee also believes that India being a welfare state has to make constant efforts to promote the economic and social well being of its citizens and make every effort to reduce OOPE. The Committee is of the strong view that the aim of the Government must be to provide healthcare services as a public good and the State must protect its citizens especially the poor from the significant financial hardship caused due to high OOPE. The Committee, therefore, strongly recommends the Government to play a major role of facilitator by increasing the Government expenditure on Health.

3.10 The Secretary, Ministry of Health and Family Welfare apprised the Committee that Rs 65011.80 crore has been allocated in BE 2020-21 for the Health Budget against the projected

demand of Rs. 117191.82 crores leading to a shortfall of Rs. 52180.02 crore. This allocation of Rs. 65011.80 crore amounts to only 55.47% of the projected demand.

	<b>Rs. in crore</b>			
	<b>B.E for 2020-21</b>			
	<b>Projection</b>	<b>Allocation</b>	<b>Shortfall</b>	<b>Allocation as % of Projection</b>
<b>Umbrella NHM</b>	85158.62	39839.00	45319.62	46.78
<b>Central Sector Health Scheme</b>	32033.20	25172.80	6860.40	78.58
<b>Total</b>	117191.82	65011.80	52180.02	55.47

3.11 With regards to query on the schemes/programmes which would be affected as a result of the shortfall, the Ministry submitted that due to lesser availability of budget against the projected requirements there may be some difficulty in up scaling of activities like Ayushman Bharat – Health & Wellness Centres, Strengthen free drugs, free diagnostics, improvements in Healthcare Delivery System, development of Health Infrastructure as per patient care norm, Poshan Abhiyan, HBYC, SUMAN, LaQshya etc. and delay in payment of committed liabilities under Infrastructure Maintenance.

**3.12 The Committee expresses its serious displeasure over the fact that even after its persistent recommendations in its previous Reports, the budget allocated to the Department of Health and Family Welfare has not been as per its projected demand. The funds allocated to the Department is approximately half of its projected demand registering a shortfall of Rs. 52180.02 crore. The Committee notes that the total allocated budget of Rs. 65011.80 crore is a mere 3.75 percent increase from the RE 2019-20 of Rs. 62,659 crore which is quite meagre, if inflation is taken into account. The Committee is disappointed to note that the availability of lesser budget against the projected requirements may lead to difficulty in up scaling of various healthcare services/Schemes and delay in payment of committed liabilities under Infrastructure Maintenance. The Committee, therefore, recommends that there is a dire need to broaden the fiscal space for the Department of Health and Family Welfare by increasing the budgetary allocation to health.**

#### **Budgetary allocation for Umbrella NHM**

3.13 The Scheme specific allocations made under Umbrella NHM for BE 2019-20, RE 2019-20 and BE 2020-21 are as follows:

**(Rs. in crores)**

<b>Sr. No</b>	<b>Schemes/Programs</b>	<b>Budget 2019-20 (Total)</b>	<b>Revised 2019-20 (Total)</b>	<b>BE 2020-21 (Total)</b>
43	National Rural Health Mission	27039.00	27833.60	27039.00

44	National Urban Health Mission	950.00	950.00	950.00
45	Strengthening of State Drug Regulatory system	206.00	206.00	175.00
46	Tertiary Care Programs	550.00	300.00	550.00
47	Human Resources for Health and medical Education	4250.00	4500.00	4686.00
	<b>National Health Mission</b>	<b>32995.00</b>	<b>33789.60</b>	<b>33400.00</b>
48	Rashtriya Swasthya Bima Yojna (RSBY)	156.00	114.00	29.00
49	Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY)	6400.00	3200.00	6400.00
	<b>Total- Centrally Sponsored Schemes</b>	<b>39551.00</b>	<b>37103.60</b>	39839.00
	<b>Grand Total</b>	<b>62659.12</b>	<b>62659.12</b>	<b>65011.80</b>

**3.14** The Committee was informed by the Department that Rs 39839.00 crore has been provided in BE 2020-21 under Umbrella NHM against the projected demand of Rs. 85158.62 crores.

**3.15** The Committee is dismayed at the drastic reduction in budgetary allocation as against the projected demand for the Umbrella NHM sector which consists of such important Schemes as NRHM, NUHM, PMJAY etc. Such a huge reduction of more than 50 percent is bound to affect the Schemes adversely. The Committee, therefore, recommends that Ministry of Finance should sympathetically consider the demand for additional funds of the Department at RE Stage.

3.16 The Committee notes the following with regard to the budget allocation in each Scheme under Umbrella NHM:

- Under NRHM, the funds were increased from Rs. 27039 at BE 2019-20 to Rs. 27833 crore at RE stage but instead of increasing the funds further, the same has been kept stagnant at Rs. 27039 crore in BE 2020-21.
- The budget allocated to NUHM has not seen any increase and has been retained at Rs. 950 crore in BE 2020-21.
- Under Strengthening of Drug Regulatory System, the funds allocated have been reduced from Rs. 206 crores for FY 2019-20 to Rs. 175 crore in BE 2020-21.
- Under Tertiary Care Programs budgetary allocation of Rs. 550 crore in BE 2019-20 was reduced to Rs 300 crore at RE stage and the same has been again increased to Rs. 550 crore BE stage.
- Under Human Resources for Health and Medical Education, the allocation was increased from Rs. 4250.00 crore at BE 2019-20 to Rs. 4500.00 crore at RE stage and has now been increased to Rs. 4686.00 crore at BE 2020-21.

- Rs. 32995.00 crore were allocated to NHM at BE 2019-20 which was increased to Rs 337898.60 at RE stage and the same has been reduced to Rs. 33400.00 crore in BE 2020-21.
- Rashtriya Swasthya Bima Yojana (RSBY) has been subsumed in Pradhan Mantri Jan Arogya Yojana (PMJAY) and a total of Rs. 6429 crores has been allocated under the Scheme- Rs. 29 crore under RSBY head and Rs. 6400 crore under PMJAY
- Under AB-PMJAY, Rs 6400 crore were allocated in BE 2019-20 which was reduced to Rs. 3200 crore at RE stage.

**3.17 The Committee is disappointed at the gross underutilization of allocated resources under AB-PMJAY where only half of the funds could be utilised. The Committee feels that AB-PMJAY, one of the world’s largest health assurance schemes, should help achieve its envisioned objective of providing access to quality health and medication and for this it is imperative that the resources earmarked are optimally utilised. The Committee also notes that AB-PMJAY which was started in September, 2018 faces many challenges in its smooth implementation. The Committee would like the Department to take note of the ground realities and address the issues related to beneficiary identification system, empanelment of healthcare providers, hospital transaction system etc. The Committee also recommends the Department to establish a monitoring system for proper assessment of the Scheme and removal of the problems so that the rate of utilisation of funds under AB-PMJAY is improved.**

**3.18 The Committee also observes that the Ministry has not submitted the requisite details with respect to utilization certificates under various Schemes. The Committee, therefore, would like the Ministry to submit the details of pending utilization certificates and the amount involved therein under the various schemes/programmes for the last five years including 2019-20.**

## **SCHEMES**

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

4.1 The Committee was informed that based on the requirement and progress of the schemes under National Health Mission (comprising of two component viz. NRHM and NUHM), the Department has projected a demand of Rs.64,011.50 crore for NRHM & NUHM in the F.Y. 2020-21, against which an allocation to the tune of Rs. 27989 crore has been made in the Budget.

<b>Sl. No.</b>	<b>Name of the Flexible Pools</b>	<b>Allocation (Rs.in crore)</b>
<b>A</b>	<b>NRHM-RCH Flexible Pool</b>	<b>17,639.09</b>
<b>1</b>	<b>RCH Flexible pool including Routine Immunization and Pulse Polio Immunization</b>	<b>5,703.02</b>
<b>2</b>	<b>HSS under NRHM Flexible Pool including Other Health System for activities, Ayushman Bharat - Health and Wellness Centers and ASHA Benefit Packages</b>	<b>11,936.07</b>

<b>B</b>	<b>National Urban Health Mission-Flexible Pool including Other Health System for activities and Ayushman Bharat - Health and Wellness Centres covered under NUHM</b>	<b>950.00</b>
<b>C.</b>	<b>Flexible Pool for Communicable Diseases</b>	<b>2,178.00</b>
<b>D.</b>	<b>Flexible Pool for Non-Communicable Diseases, Injury &amp; Trauma</b>	<b>717.00</b>
<b>E.</b>	<b>Infrastructure Maintenance</b>	<b>6,343.41</b>
<b>F.</b>	<b>Misc. Programme (NPMU, JSK, Pilot Projects)</b>	<b>161.50</b>
<b>Grand Total</b>		<b>27,989.00</b>

4.2 On a query with regard to the funds allocation and utilization under NHM during the last two years, the Ministry submitted the following details:

<b>Year</b>	<b>Schemes/ Projects</b>	<b>Projected Demand</b>	<b>Fund Allocation</b>	<b>Reasons for revision at RE stage</b>	<b>Actual Utilization</b>	<b>Reasons for underutilization of earmarked funds</b>
2018-19	NHM		25,154.61 (BE)  26,118.05 (RE)	Additional funds allocated in view of financial utilisation	26,027.62	Minimal Savings of under Head Quarter component due to non-availability of adequate bills
2019-20	NHM		27,989.00 (BE)  35,780.86 (RE)	Additional funds allocated in view of financial utilisation	24,403.77 (as on 30.1.20)	The entire Outlay will be Utilised before the closure of Financial year.

4.3 The Committee observes that approximately 50% of the Health budget has been allocated to different components under the National Health Mission. The Committee notes

that in BE 2020-21, a total fund of Rs. 33400.00 crore has been provided against Rs. 33,789 allocation at RE 2019-20 which is a decrease of 1.15% as compared to RE 2019-20 in the budgetary allocation. When adjusted for inflation, there will be a further decline in allocation.

4.4 The Committee further notes that in 2018-19 under NHM, Rs. 25,154.61 crore was allocated at BE stage which was increased to Rs. 26,118.05 crore at RE stage in view of potential utilisation. The Committee, however, finds that the Ministry was not able to fully utilise the enhanced budgetary allocation, leaving almost Rs. 90.43 lakhs unutilised. Similarly, out of the RE allocation of Rs. 28783.00 crores for the year 2019-20, only Rs. 24,403.77 crores could be utilised by 31<sup>st</sup> January, 2020. Though the Ministry has assured that the entire outlay could be utilised before closure of the financial year, the Committee finds it to be unlikely because absorption of almost Rs. 4,379.23 crore is to be done within a span of two months. The Committee, therefore, recommends that the Ministry must aim at hundred percent utilization of allocated resources in future and only by full utilisation of funds, they can make a rightful claim for additional funds.

4.5 The Committee expresses its serious concern over the fact that as against the projected demand of Rs. 64,011.50 crore for 2020-21 under NRHM and NUHM, the total allocation in BE 2020-21 is only Rs. 27989 crore thus leaving a shortfall of Rs. 35022.5 crore. The Committee also notes that under NRHM, RE 2019-20 stood at Rs. 27833.60 crore which was Rs. 794.6 crore higher than the Rs. 27039.00 crore allocated at the BE 2019-20 stage but the budget allocation under BE 2020-21 under NRHM has been kept stagnant at Rs. 27039.00 crore. The budget allocation, under NUHM, has been Rs. 950 crore that remained constant as budget allocated at BE 2019-20 and RE 2019-20 stage.

4.6 Analyzing the shortfall in allocations for NHM vis-a-vis its projected demand for funds, the Committee concludes that the Department may face difficulty in upscaling of the vital health schemes viz Ayushman Bharat–Health & Wellness Centres, Strengthening free drugs, free diagnostics, improvements in Healthcare Delivery System, development of Health Infrastructure as per patient care norm, Poshan Abhiyan, HBYC, SUMAN, LaQshya etc. and delay in payment of committed liabilities under Infrastructure Maintenance.

4.7 The Department of Health and Family Welfare also submitted that in order to offset the shortfall, State Governments have been requested to increase health sector spending. The Department, in its written submission, stated that under NHM, the spending capacity of States have been improved as is evident from the following table:

(Rs.in Crore)

Financial Year	Expenditure reported by States
2015-16	27,024.09
2016-17	29,254.07
2017-18	35,370.74
2018-19	38,031.13

[Expenditure as per Financial Management Report (FMR) as reported by State]

4.8 The Department also submitted that in order to receive Central grants under NHM, the States need to provide their matching State share against previous Central releases. Further, no releases are proposed unless the State share against earlier releases gets cleared by the State. The States of Kerala, Telangana and Arunachal Pradesh could not receive their 2nd Tranche of release for the F.Y. 2019-20 due to non clearance of pending State share due against the 1st releases made under NHM.

4.9 The details of state-wise fund allocation are as given below:

(Rs.in Crore)

States	2017-18	2018-19 (BE)	2019-20 (BE)	% increase (between FY 2017- 18 to 2018-19)	% increase (between FY 2018-19 to 2019-20)
Andhra Pradesh	7205.9	8758.2	11610.5	21.54	32.57
Arunachal Pradesh	1119.1	1174.4	1489.6	4.94	26.84
Assam	4892.2	5378.3	7049.8	9.94	31.08
Bihar	6534.8	7564.4	9157.0	15.76	21.05
Chhattisgarh	4414.9	4858.2	4933.5	10.04	1.55
Goa	959.2	1030.4	1341.0	7.42	30.14
Gujarat	8714.4	9605.2	10753.6	10.22	11.96
Haryana	4070.8	4768.6	5016.3	17.14	5.19
Himachal Pradesh	1960.6	2557.8	2751.7	30.46	7.58
Jammu and Kashmir	3508.7	3528.9	4448.2	0.58	26.05
Jharkhand	3117.0	3826.1	4147.0	22.75	8.39
Karnataka	7076.7	9644.0	9693.1	36.28	0.51
Kerala	6826.7	7244.4	7227.3	6.12	-0.24
Madhya Pradesh	7983.3	8385.2	10498.7	5.03	25.21
Maharashtra	12166.6	13450.2	15919.4	10.55	18.36
Manipur	604.6	683.3	745.3	13.03	9.06
Meghalaya	719.5	972.0	1142.3	35.08	17.53



<b>Mizoram</b>	462.2	455.1	566.5	-1.55	24.49
<b>Nagaland</b>	616.5	733.3	815.5	18.95	11.20
<b>Odisha</b>	5672.7	6097.4	6803.9	7.49	11.59
<b>Punjab</b>	3466.1	3926.5	4156.1	13.28	5.85
<b>Rajasthan</b>	9750.6	12813.5	13038.6	31.41	1.76
<b>Sikkim</b>	362.1	309.8	418.4	-14.46	35.07
<b>Tamilnadu</b>	9787.6	11120.3	12397.9	13.62	11.49
<b>Telangana</b>	6700.0	8045.1	5867.9	20.08	-27.06
<b>Tripura</b>	736.4	964.5	957.7	30.96	-0.69
<b>Uttar Pradesh</b>	18649.6	21644.9	23883.9	16.06	10.34
<b>Uttarakhand</b>	2010.3	2483.9	2642.8	23.56	6.40
<b>West Bengal</b>	7763.4	8965.1	9727.2	15.48	8.50
<b>NCT of Delhi</b>	5736.0	6728.7	7485.3	17.31	11.24
<b>Puducherry</b>	525.4	538.9	693.7	2.57	28.72
<b>Total States</b>	<b>154113.71</b>	<b>178256.25</b>	<b>197379.63</b>	<b>15.67</b>	<b>10.73</b>

**4.10** The Committee finds that States like Chhattisgarh, Karnataka, Rajasthan registered a very marginal increase of 1.55%, 0.51%, 1.76% respectively in the fund allocation for the Financial Year 2019-20 in comparison to allocation made in Financial Year 2018-19. Moreover, States like Kerala, Telangana and Tripura have noted a negative increase of 0.24% , 27.6 % and 0.69 % respectively. Arunachal Pradesh, Assam, Goa, Kerala, Madhya Pradesh, Odisha and the UT of Puducherry have registered only single digit increase in percentage terms for FY 2018-19 as compared to 2017-18. Mizoram and Sikkim have shown a negative increase in budget allocation for the health sector for the same year.

**4.11** The Committee has been given to understand that for most of the States and UTs with Legislature (Delhi & Puducherry), the NHM fund sharing pattern is 60:40 between the Central Government and the States whereas for Jammu & Kashmir, Himachal Pradesh, Uttarakhand and North-Eastern States including Sikkim the sharing pattern is 90:10. For UTs without Legislature, the funding pattern is 100% Central Share. In such a scenario where the Central allocation makes for the major budget under NHM, the assumption that the States/UTs, should compensate for the reduction in the Central allocation for health is not the right approach. The Committee feels that both the Central and State Governments should come forward to share the fiscal burden for successful implementation of the Scheme. The Committee, however, is also of the view that considering the amount of expenditure on health reported by all the States, there is a strong need for all the States to increase their health budgets.

**4.12 The Committee, at the same time, recommends the Department to hand-hold the laggard States and find out the underlying reasons for marginal or negative increase in their State Health Budgets and take remedial measures accordingly so that the desired outcomes on health parameters are achieved and the desired level of flow of funds to the different Health Schemes especially NHM is ensured. The Committee also recommends the Department to track the health expenditure in States on a real time basis. The Committee hopes that such instances of non-clearance of pending State share under NHM, as in States of Kerala, Telangana and Arunachal Pradesh, are not repeated.**

**4.13 The Committee strongly feels that unless all States increase their health budget commensurate with the Central transfers, it would be difficult to ensure affordable and equitable healthcare in the country.**

4.14 To a specific query with respect to the key concern areas identified in implementation of various programmes/components of NRHM and NUHM during 2019-20, the Department has submitted the following:

- Inter District Variation in coverage and health indicators & hard to reach areas: These are being addressed through intensive monitoring with the special focus on Aspirational Districts. Hard to reach areas and unreached population are also reached through special approaches like Intensified Mission Indradhanush and strengthening microplanning at the village level.
- **Quality of Service:** Quality of services is another area of concern. Keeping this into consideration special initiatives like LaQshya, capacity building of health care providers, supportive supervision, analysis of SNCU online data, NRC, RBSK data is being done.
- **Out of pocket expenditure:** Out of pocket expenditure is being addressed through provision of free drugs, diagnostics, transport, blood service & diet in public health facilities. Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) and recently introduced Surakshit Matritva Aashwasan (SUMAN) are designed to provide cashless services to pregnant women and sick infants.
- **Data consistency and reliability:** Availability of real time data and quality of data is also an area of concern. In this regard, strengthening of data collection through existing HMIS system and case based data on RCH portal is being carried out. Further, this data is being used for giving performance linked payments (PLPs) and conditionality framework.

**4.15 The Committee, taking note of the areas of concern in implementation of this important scheme, is of the view that these concerns could be addressed by concerted efforts supported by increase in budgetary allocation and adequate human resources.**

## **V. National Rural Health Mission**

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

5.1 The Secretary while making presentation on the demands for grants 2020-21 submitted that Rs 5,703.02 crore have been allocated for RCH flexible pool including routine immunization and Pulse Polio immunization.

**5.2 The Committee observes that a net amount of Rs. 5253.46 crore was allocated at BE 2019-20 which was increased to Rs. 7660.95 crore at the RE stage. The same has however**

been reduced to Rs. 5703.02 crore at BE 2020-21. The Department, in its written submission, has not specified the reasons for the considerable increase in the funds allocated at the RE stage and the subsequent reduction at BE 2020-21.

**5.3** The Committee also observes that the fund allocation for RCH flexible pool shows an overall decrease of 25% at BE 2020-21 in comparison to RE 2019-20. The Committee is of the view that since RCH is a critical area of intervention for the maternal and child health, the Department needs to make efforts to use the allocated budget gainfully and optimally and if required may approach Ministry of Finance for supplementary demands at RE stage.

#### **Universal Immunization Programme (UIP)**

**5.4** UIP is one of the largest public health programmes in the world. It targets around 2.9 crore pregnant women and 2.67 crore newborn annually. More than 1.2 crore immunization sessions are conducted annually. Universal Immunization Programme (UIP) is being supported to provide vaccination to children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination has also been rolled out in the country for prevention of Rota-viral diarrhoea.

**5.5** On a query regarding the budgetary allocation for Universal Immunization Programme during the last three years and the utilization figures, the Department submitted that state wise allocation is not made under Budgetary Head for Routine Immunization and Pulse Polio Programme.

**5.6** The Committee has been given to understand that while during the year 2017-18, the utilization of BE and RE allocation in respect of Routine Immunization and Pulse Polio program was 100% and 99.98% respectively; during year 2018-19, it was 99.95% and 99.90%. However, during the year 2019-20, the percentage of BE and RE utilisation has been 86.05% and 81.06% as on 6.02.2020.

**5.7** The Committee appreciates the fact that Universal Immunization Programme *i.e.* Mission Indradhanush has proved to be quite successful. It however, expresses its concern that, as per National Family Health Survey-4 data, nearly 47% of India's poorest children were not fully immunised. The Committee notes that the statistics with regard to immunization may improve in the NFHS-5 data. The Committee impresses upon the Department not to be complacent over the success and recommends that the Department should continue to make all out efforts to make the immunization programme hundred percent successful. The Committee hopes that the Department would be able to make full utilisation of the budgetary provisions made in 2019-20 at RE Stage as it could utilise only 81.6 percent so far.

**5.8** The Committee also takes note that one of the main reasons for not achieving 100 percent immunization particularly in rural areas are apprehensions attached with immunization owing to lack of awareness. The Committee reiterates its recommendation that the Ministry should have awareness generation programs regarding the importance of vaccines and develop communication toolkits to educate people, especially in the rural areas.

## **Intensified Mission Indradhanush (IMI) 2.0**

5.9 The Secretary apprised the Committee about the Intensified Mission Indradhanush (IMI) 2.0 which aims at reaching each and every child with vaccines under Universal Immunization Program (UIP), thereby increasing Full Immunization coverage. IMI will have a Geographical Reach of 272 districts across 27 states/UTs (excluding UP & Bihar) whereas in UP & Bihar, 650 blocks across 109 districts will be covered. There will be four rounds of immunization drives, of seven working days each (excluding Routine Immunization Days, Sundays and Holidays): December 2019 to March 2020. As on 12th February 2020, about 28.96 lakhs children (104.9% achievement) and 5.74 lakhs pregnant women (104.6% achievement) were vaccinated. The Secretary further submitted that during various phases of MI including GSA, E-GSA and IMI 2.0, about 368.40 lakhs children and 92.93 lakhs pregnant women have been vaccinated.

**5.10 The Committee welcomes the Intensified Mission Indradhanush 2.0 that aims to immunize children under 2 years of age and pregnant women against eight vaccine-preventable diseases, viz, tuberculosis, meningitis, measles, Hepatitis B, tetanus, whooping cough, poliomyelitis and diphtheria. The Committee also observes that the vaccines for two other diseases- Hemophilus influenza and Japanese encephalitis will also be provided under the programme in certain select areas. The Committee notes that the country has made considerable improvement in immunization through the Universal Immunization Programme.**

**5.11 However, the Committee notes that the Department has not increased its budgetary allocation under the Reproductive Child Health (RCH) programs, even though the Department has included five more vaccines in the program and launched Intensified Mission Indradhanush (IMI) 2.0. The Committee, therefore, is apprehensive that with the number of vaccines increasing, the allocated funds may not be adequate for carrying out the smooth implementation of the program. The Committee, therefore, strongly recommends the Department to ensure that financial constraints do not pose a roadblock in achieving the objectives of IMI 2.0.**

### **Pulse Polio Immunization**

5.12 With regards to a query regarding the contribution of public and private sectors in the supply of IPV to Pulse Polio Immunization, the Department submitted that 220 lakh doses of IPV vaccine was procured for the year 2016-17 and 2017-18 from a private firm through an open tender. Order for another 110 lakh doses was placed on the same firm during 2018-19 under the same Notification of Award. The Department further submitted that OPV vaccine is procured for the Pulse Polio Program. During the year 2019-20, an expenditure of Rs. 227.31 crore has been incurred so far.

5.13 In response to a query regarding the status of the technology transfer to produce Sabrin stains (SIPV) that is being developed for PSU with support from WHO, the Ministry submitted that at present no PSU is pursuing the technology transfer for production of SIPV.

**5.14 The Committee notes that India has been declared as Polio free by WHO in March 2014 and has since maintained the status. However, the Committee believes that to prevent the possibilities of disruption of the supplies on account of an unforeseen crisis, the Department must take all necessary precautions. The Committee, in its 106<sup>th</sup> Report on Demands for Grants 2018-19 of the Department, had noted that all IPV manufacturers licensed in the country are from the private sector. The Ministry of Health and Family**

Welfare had requested WHO for transfer of technology of Sabrin stains (SIPV) to public sector vaccine producers (PSUs) in India. Consequently, WHO had approved technology transfer for one PSU, however, the Committee observes that SIPV production is yet to start by any PSU in the country. The Committee expresses its displeasure over the casual approach of the Department as it has not paid heed to the recommendations of the Committee made in its 106<sup>th</sup> Report. The Committee, therefore, reiterates its recommendations to expedite the process of identifying the PSU and fast track the production of SIPV by PSU.

**5.15** The Committee also recommends that the Government should keep a close watch on the immunization programme to ensure that Polio does not resurface due to shortage of bulk ingredient required to produce the vaccine.

**B. Health System Strengthening under NRHM (Support from National Investment Funds)**

5.16 A revenue allocation of Rs. 9445.18 crore and Rs. 1087.02 crore was made under National Investment Fund (NIF) and Gross Budgetary Support (GBS) respectively in BE 2019-20 stage. The overall allocation was to the tune of Rs. 10532.20 crore in BE 2019-20 which was raised from GBS and NIF. However, the same was subsequently increased to Rs. 10676.60 crore at RE 2019-20. The Ministry further submitted that there was likely savings in respect of other schemes of Department of Health & Family Welfare in the Financial Year 2019-20, which was re-appropriated to Other Health System Strengthening under NHM for North Eastern States. The additional funds will be distributed to NE States keeping in view of difficult areas, hilly terrain, international borders and felt need etc.

5.17 Under the pool of Health System Strengthening under NRHM, against the BE of Rs.10,532.20 crore, funds to the tune of Rs.9,738.58 crore has been booked as expenditure as on 30.01.2020 i.e. 92% of allocation made.

5.18 The Ministry also submitted that various activities in BE 2020-21 that would be undertaken from the allocated amount of Rs.9749.08 crore and Rs.836.98 crore are as under:

**Other Health System Strengthening under NRHM (Rs. 9749.08 crore)**

- (i) Hospital Strengthening and Civil works,
- (ii) Procurement of Drugs and supplies and Equipments,
- (iii) Referral Transport, Medical Mobile Units,
- (iv) Untied Funds,
- (v) Health Human Resources,
- (vi) ASHAs and many more.

**ASHA Benefit Package (Rs. 836.98 cr)**

- (i) ASHA Benefit Package.

**5.19** The Committee observes that as on 30.01.2020, funds to the tune of Rs.9,738.58 crore has been utilised out of Rs.10,532.20 crore. The Committee hopes that the remaining amount of Rs. 793.62 crore could be utilised by the Department before the fiscal year closes. The Committee appreciates that ASHA workers have been allocated a separate benefit package of Rs. 836.98 crore. The Committee hopes that special emphasis on the

Medical Mobile Units and ASHAs as community health educators and promoters will help to ensure 'last mile connectivity' in health and wellness and take the quality healthcare closer to people. The Committee observes that the honorarium for ASHA workers is quite low and therefore, is of the view that it needs to be suitably enhanced. The Committee also recommends that delay in the payment of honorarium should be avoided.

**5.20** The Committee also recommends that the Department must hold deliberations with those States having weakened/poorer health parameters so that they are provided 'additional support' for strengthening Health system under NRHM.

### C. Ayushman Bharat-Health and Wellness Centres

5.21 Under Ayushman Bharat – Health & Wellness Centres (AB-HWCs), 1.5 lakh Health Sub Centres and Primary Health Centres are to be transformed into Health and Wellness Centres across the country by December, 2022. The main objective is to provide Comprehensive Primary Health Care (CPHC) close to the community and these AB-HWCs would provide service delivery of a package of preventive, promotive, curative and rehabilitative services to overcome the challenge of dual burden of disease. The expanded range of services would include services related to Non-Communicable diseases (NCDs), Mental health, ENT, Ophthalmology, Oral health, Geriatric and palliative health care and Trauma care, in addition to the existing services of RCH and communicable diseases. Services at AB-HWCs are free and universal to all individuals.

5.22 The Ministry also submitted that in February 2018, the Government of India announced the transformation of existing public health facilities (SHCs and rural and urban PHCs) to AB-HWCs to deliver Comprehensive Primary Health care. The first Health and Wellness Centre was inaugurated by the Prime Minister on 14th April 2018 in Bijapur district of Chhattisgarh. The year wise roll out plan for AB-HWCs is as follows –

FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY Dec 2022	Total till December 2022
15,000	25,000	30,000	40,000	40,000	1,50,000

**5.23** The Committee notes that under AB-HWC, funds to the tune of Rs. 1350.01 crore were allocated at RE stage in 2019-20 which has been kept constant at Rs. 1350.00 crore at BE 2020-21. The Committee is apprehensive that with the target of transforming more HWCs in 2020-21 as compared to year 2019-20, the allocation of Rs. 1350.00 crore may not be sufficient to achieve the desired objective.

5.24 The Committee enquired from the Department as to whether the fund allocated are adequate or not, the Department submitted that besides the exclusive budget for AB-HWCs through CPHC component, various components of AB-HWCs like other Human Resource, Free Drugs, Diagnostics etc. are supported under regular National Health Mission (NHM) Budget. For operationalizing cumulative target of 40,000 AB-HWCs by 2019-20 and 70,000 by 2020-21, the budget is sufficient to meet the targets for the time being.

**5.25** The Committee is of the view that the scheme of Health and Wellness Centres which aims at taking comprehensive Primary Health Care close to the community is a step taken in the right direction. It, therefore, recommends that the targets set for transforming these

**centres must be achieved. The Committee also understands that availability of adequate and trained human resources at these HWCs is fundamental to effective functioning of the HWCs. The Department should also, therefore, lay greater emphasis on integrating Machine Language (ML) and Artificial Intelligence (AI) at such centres to provide better screening and diagnosis.**

#### **D. Flexible Pool for Communicable Diseases**

5.26 Under Flexible Pool for Communicable Diseases, budgetary allocation of Rs. 2626.04 crore was made in BE 2018-19 which came down to Rs. 2178.00 crore in BE 2019-20. The same was again reduced to Rs. 2156.00 crore in RE 2019-20. For the FY 2020-21, funds to the tune of Rs. 2178.00 crore have been allocated. With regard to the reason for this budgetary trend, the Ministry submitted that there was reduction in budget under various programmes covered under Flexible Pool for Communicable Disease Control Programme. Under National Tuberculosis Elimination Programme (NTEP) there was a marginal reduction in the Deduct Recovery component due to savings in reduction of unit cost of procurement. Under the components of National Vector Borne Disease Control Programme and National Viral Hepatitis Control Programme there was reduction in budget due to lesser demand under Centralised Procurement of goods.

5.27 The Department also submitted that the allocation of Rs. 2178.00 crore will be utilised for Grants in Aid to States /UTs, Procurement of Drugs and Lab Equipments, LLINs etc. The allocation is insufficient as EAC component under GFATM has been drastically reduced vis-a-vis fund demanded. Further procurement of LLINs for various states will be adversely affected. The Department also submitted that that elimination of these VBDs (LF,KA,Malaria) may be affected due to shortage of funds.

**5.28 The Committee fails to understand as to why insufficient funds have been allocated under this pool which would affect the smooth implementation of certain programs. The Committee takes note of the submission of the Department that shortage of funds will affect the procurement of Long-lasting insecticidal nets (LLINs) and the elimination of Vector borne diseases (VBD). Considering the important role that LLINs play in reducing malaria burden globally, the Committee recommends the Department to approach the Ministry of Finance to increase the budget allocation at RE stage so that the increasing burden of communicable diseases is curbed.**

#### **The Revised National TB Control Programme (RNTCP)**

5.29 The Revised National TB Control Programme (RNTCP), based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, was launched in 1997 and expanded across the country by 2006. In 2007, GoI introduced the Programmatic Management of Drug Resistant TB (PMDT) to combat drug resistance and achieved full geographical coverage by 2013. The program has come a long way since then and has undergone major changes over the past few years. Effort is being made to make the program more patient-centric and provide comprehensive treatment care and support. The Department has developed and is implementing the National Strategic Plan (NSP) for Tuberculosis Elimination (2017-25) which builds on the success and learnings of the last NSP and encapsulates the bold and innovative steps required to eliminate TB in India by 2025, five years ahead of the global targets. It is in line with other health sector strategies and global efforts, such as the National Health Policy 2017, World Health Organization's (WHO) End TB Strategy, and the Sustainable Development.

5.30 The Secretary while making presentation on the Demands for Grants Report, submitted that the Government has launched a new initiative to ***End TB by 2025 – TB Harega Desh Jitega***. India has achieved MDG goal for reversing the epidemic of TB. There has been a 31 % reduction in incidence from 289 in 2000 to 199 per lakh population in 2018. 47 % reduction has been noted in mortality from 63 in 2000 to 33 deaths per lakh population in 2018. The Department further submitted that currently, India stands 38th in the world in terms of TB incidence. TB-HIV co-infection rate is 3% compared to global average of 7%. Proportion of drug resistant TB is only 3% compared to much higher levels in many countries. The Department further submitted that TB has been integrated under AB-HWCs.

**5.31 The Committee notes that India standing at 38<sup>th</sup> rank in the world in terms of TB incidence is a cause of concern. The Committee observes that as per WHO Global Tuberculosis Report 2019, India accounts for 27 per cent of the global Tuberculosis burden followed by China with 9 per cent, Indonesia at 8 per cent, Pakistan (6 per cent) and Bangladesh (4 per cent).**

**5.32 The Committee applauds the Government at the launch of the *end TB by 2025 – TB Harega Desh Jitega* initiative but without an increase in the budgetary allocation, the Committee apprehends that the program may not achieve the envisaged goal of elimination of TB by 2025. The Committee is of the view that since India shares the highest burden of tuberculosis (TB) and multidrug-resistant (MDR), there is an urgent need to intensify the initiatives in this regard. The Committee calls upon the Department to ensure that adequate primary healthcare infrastructure and trained human resource is available so that the high levels of disease transmission and increase in incidence of drug resistant TB is tackled. The Committee recommends that the Department must not let budgetary constraints come in the way of the implementation of this programme. The Committee also recommends the Department to take necessary initiatives to remove the stigma attached with TB and carry out a National campaign in this regard.**

#### **E. Flexible Pool for Non-Communicable diseases, Injury and Trauma**

5.33 The Department submitted that to address the challenge of a growing disease burden of Non Communicable Diseases (NCD), an NCD flexi-pool was introduced under the NHM in 2013. Interventions under the pool include the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), the National Programme for Control of Blindness and Visual Impairment (NPCB&VI), the National Mental Health Programme (NMHP), the National Tobacco Control Programme (NTCP), and the National Programme for Health Care Elderly (NPHCE).

5.34 Under Flexible Pool for Non-Communicable diseases, Injury and Trauma, allocation of Rs. 546.77 crore was made in BE 2018-19. It was increased to Rs. 717.00 crore in BE 2019-20 but was reduced to Rs. 708.00 crore at RE stage. Rs. 717 crore has been allotted in 2020-21. The Department submitted that during the F.Y. 2019-20, expenditure to the extent of Rs. 380.86 crore has been incurred under this head till 30.1.2020. The fund allocated was sufficient keeping in view of the increasing burden of non communicable diseases in India.

**5.35 The Department during presentation on Demands for Grants has stated that the shortfall of funds under the Flexible Pool for non-communicable Diseases would affect the implementation of certain programs. The Committee, however, finds that out of the total allocation of Rs. 708 crore in 2019-20, only Rs. 380.86 crore has been utilized leading to**



**underutilization of 46.20% of funds. The Committee, therefore, finds that the demand of the Department for additional funds is not at all tenable. The Department should try to make full utilization of allocated resources and only then they can claim for more funds. The Committee, however, recommends that the Department must approach the Ministry of Finance and seek enhanced allocation at RE stage with adequate justification, if required.**

#### **K. Janasankhya Sthirtha Kosh (JSK)**

5.36 The Cabinet in its meeting held on 07.02.2018, in consideration of the recommendations of a Committee to review the Autonomous Bodies, inter-alia, decided that the JSK Society may be closed within a period of one year and its functions be vested in the Department of Health and Family welfare. Accordingly, JSK has been closed as an Autonomous Body w.e.f. 08.02.2019 following General Body Meeting of JSK held under the Chairmanship of Hon'ble HFM on 25<sup>th</sup> January, 2019. The Department submitted that the BE 2020-21 of Rs.11.50 crore will be sufficient to carry out the present activities (i.e. payment for call centre/National helpline and payment to states) and to complete previous dues etc

**5.37 The Committee observes that JSK was aimed at carrying out initiatives that would facilitate population stabilization at levels consistent with the needs of sustainable growth. However, with the closing of JSK, the Committee feels that the Department would be able to carry forward the functioning of JSK in an effective manner. The Committee is of the view that the Department must take initiatives for promoting population stabilization and meet the desired target.**

#### **VI. National Urban Health Mission**

##### **A. Other Health System for activities covered under NUHM**

6.1 Components and activities under the head Other Health Systems include the following:

##### **1) Service Delivery Infrastructure**

###### **a. Urban – Primary Health Centre (U-PHC):**

U-PHCs to be established as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. The U-PHCs are preferably be located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing services, apart from counselling for all communicable and non-communicable diseases.

###### **b. Urban-Community Health Centre (U-CHC) and Referral Hospitals:**

One U-CHC to be established for every 2.5 lakh population (in non-metro cities above 5 lakh population) and for every 5 lakh population in metro cities. It would provide in patient services and would be a 30-50 bedded facility. For the metro cities, the U-CHCs to be established for every 5 lakh population with 100 beds

###### **c. Outreach services:**

NUHM also support engagement of ANMs for conducting outreach services for targeted groups particularly slum dwellers and the vulnerable population for providing preventive and promotive healthcare services at the household and community level.

## 2) **Community Process:**

Following targeted interventions are envisaged under NUHM for the slum dwellers and urban poor population:

- One **ASHA** per 1,000 – 2,500 population covering approximately 200-500 households to serve as an effective, demand-generating link between the health facility and the urban slum population.
  - **Mahila Arogya Samiti (MAS)** per 250 – 500 population covering approximately 50 – 100 households to act as community based peer education group in slums. They would be involved in community mobilization, monitoring and referral with focus on preventive and promotive care.
- 3) **IEC/BCC Activities:** Support has been provided to the States for strengthening the IEC/BCC strategies to create demand for the health services available in the community and promote the uptake of the health services and to Increase knowledge about various health problems.
  - 4) **Engagement of Human Resources:** To supplement the resources of the State Governments, human resource is approved as Medical Officers, Specialists, ANMs, Staff Nurses, Pharmacists and Lab Technicians providing primary health care services.
  - 5) **Training & capacity building:** Training & capacity building activities have also been approved for building and strengthening Institutional Capacity of States and ULB officials. Trainings for strengthening health management capacities at state level have been conducted through Indian Institute of Management (Ahmedabad). States were also provided support for carrying out trainings in areas as Quality Assurance, Swachh Swastha Sarvatra (SSS), mapping, training of MOs and paramedicals for programs etc.
  - 6) **Integration with National Programs:** To strengthen availability of TB services in Urban areas, additional treatment centres, CBNAAT machines etc. have been approved.
  - 7) **Quality Assurance:** Activities related to Kayakalp, Swachh Swastha Sarvatra (SSS) have been expanded to cover urban areas also and U-PHCs have been awarded Kayakalp awards.

**6.2 Keeping in view the various components and activities, the Committee is of the considered view that NUHM is a vital component for meeting healthcare needs of the urban population with focus on urban poor and is oriented towards making available primary healthcare services and reducing their out-of-pocket expenditure on health. However, the Committee notes with concern that the budgetary allocation under NUHM is Rs. 950 crore in BE 2020-21 which is the same as in RE 2019-20. The Committee is of the view that the allocation for NUHM should have been increased considering the range of outreach services that the program aims to conduct. The Committee recommends that the Department should track the status of activities and programmes carried out in different States under NUHM and assess its impact on the lives of the beneficiaries. The Central Government must act as a facilitator and guide so that the funds allocated to the States under the programme are utilised optimally.**

## VII. Strengthening of State Drug Regulatory System

7.1 The Government had approved on 28.12.2015 a scheme for strengthening of drug regulatory system at the cost of Rs. 850 crore for upgrading and strengthening the States' Drug Regulatory structures. The States/UTs were required to sign the Memorandum of Understanding (MoU) along with their projected requirements of funds. The share of the Centre and the States was fixed in the ratio of 60:40 for all States except Jammu & Kashmir, Himachal Pradesh, Uttarakhand, Sikkim and seven North Eastern States for which the ratio was fixed at 90:10. The scheme was to be implemented during the three financial years viz. 2015-16, 2016-17 and 2017-18; however, the scheme has been extended for another two years i.e. 2018-19 and 2019-20 with total financial implication of Rs. 412 crore. The proposals received from various States/UTs have been examined and the grants-in-aid released thereafter. Under the scheme, funds are mainly allocated for civil works, equipments and manpower.

7.2 With regard to the Centre's components of the scheme, as against the approved amount of Rs. 850 crore, the following progress has been achieved so far in terms of assistance to States for strengthening their regulatory system:

Year	Assistance provided
2015-16	Nil (there was no allocation of funds despite projection)
2016-17	Rs. 29.01 crore on account of low allocation of funds
2017-18	Rs. 52.35 crore allocated: full amount released.
2018-19	Rs. 185.9 crore out of BE of Rs. 206 crore.
2019-20 (upto 2 <sup>nd</sup> quarter)	Rs. 127.34 crore (expected to release full amount of BE i.e. Rs.206 crore)
Total funds released so far	Rs. 394.60 crore

7.3 The Committee has been given to understand that it would not be possible to implement the scheme/achieve the desired objectives by the close of FY 2019-20, therefore, there is a need to extend the duration of the scheme for two more years i.e. up to 2021-22. Based on the progress achieved so far, the financial commitment projected would be Rs. 175 crore for FY-2020-21 and Rs. 188 crore for FY- 2021-22. The funds would be utilized only for the purposes already set forth in the Scheme. The existing terms and conditions and mechanism for release of funds to States are proposed to continue. Since the total financial commitment cannot exceed Rs. 850 crore (the amount already approved by CCEA), the funds that could be released to various States/UTs under the scheme would be about Rs. 363 crore during a duration of two more years. Hence, for FY 2020-21 the amount has been kept at Rs. 175 crore and for FY 2021-22 it would be proposed at Rs. 188 crore.

7.4 In reply to a query regarding the decrease in revenue allocation to Rs. 175.00 crore in BE 2020-21 from Rs. 206.00 crore in BE 2019-20, the Department submitted that since the total financial commitment cannot exceed Rs. 850 crore (the amount already approved by CCEA), the funds that could be released to various States/UTs under the scheme would be about Rs. 363 crore during a duration of two more years. Hence, for FY 2020-21 the amount has been kept at Rs. 175 crore and for FY 2021-22 it can be proposed at Rs. 188 crore. The Department also submitted that the revenue allocation of Rs. 175 crore during 2020-21 would be utilised for releasing to States / UTs in accordance with the MoUs signed with them for implementation of the scheme. The ongoing projects are likely to be completed in the next two years in those States/UTs which have already been released grant-in-aid under the scheme. Hence, the allocation of Rs. 175 crore would be sufficient.

7.5 The Department also submitted that for conducting evaluation of the scheme, the National Institute of Health & Family Welfare has been entrusted with the task and the NIHF

is likely to submit its report by mid-March, 2020. Further steps for continuation of the scheme of strengthening of the Drug Regulatory System would be taken thereafter.

**7.6 The Committee is dismayed at the slow pace of implementation of the Scheme. The Committee observes that the Scheme for upgrading and strengthening the States Drug Regulatory structures was started in 2015 and was scheduled to be implemented during the three financial years viz, 2015-16, 2016-17 and 2017-18. However, even till FY 2019-20, less than half of the funds allocated under the Scheme could be released and as admitted by the Department, completion of the desired objectives of the Schemes by the end of the extended period of FY 2019-20 is not practically possible. The Committee observes that the time frame for achieving the objectives of the Scheme has already been extended by two years. The Committee, therefore, is of the view that the Department should shed its lackadaisical approach towards the Scheme and work seriously to avoid any inordinate delays in releasing the funds to the States. The Department should ensure that the desired objective of upgrading and strengthening the States' Drug Regulatory system is achieved at the earliest and in any case within the extended deadline.**

7.7 With regards to steps that can be taken further to strengthen the State Drug Regulation system, the Department submitted that keeping in view the potential of the drug industry and the comparative cost advantage of manufacturing drugs in the country, including for meeting the domestic requirements, it is essential that issues related to quality are addressed comprehensively and for achieving this goal, strengthening of the drug regulatory system is crucial. With the proposed strengthening, the objective of enhancing the number of drugs samples to be tested would be achieved.

**7.8 The Committee desires that the evaluation of the Scheme should be conducted/ completed within the given time frame. and strongly advocates carrying out such assessment study for other Schemes as well. The Committee would also like to be apprised of the results of the evaluation conducted by NIHFV. If the assessment indicates that the Scheme has acted as a catalyst in strengthening the State Drug Regulatory infrastructure, the Department must consider to take this Scheme further.**

7.9 Keeping in view the fact that cases of supply of spurious, substandard and adulterated drugs in the market are reported often in the Media. The Committee, therefore, is of the view that the Department in active cooperation with States must put in place a vibrant, dynamic and effective regulatory regime so that the public could be safeguarded from substandard, spurious or unsafe drugs.

## **VIII. Tertiary Care Programs**

8.1 Tertiary Care Programs or other National Health Programs consists of programs which aim at management, prevention, early diagnosis and treatment of non-communicable diseases which have started surpassing the burden of communicable diseases. Cancer, Diabetes and other Non-Communicable Diseases (NCDS) are estimated to account for sixty percent of all deaths. Further, NCDS cause considerable loss in potentially productive years of life.

8.2 The BE and RE allocation under various Programs for the year 2019-20 and BE 2020-21 is as follows:

	<b>Budget 2019-20</b>	<b>RE 2019-20</b>	<b>BE 2020-21</b>
National Mental Health Programme	40.00	5.00	40.00

Capacity Building for Trauma Centres	100.00	10.00	100.00
National Programme for prevention and control of Cancer, Diabetes, Cardio-vascular Disease and Stroke	175.00	160.00	175.00
National Programme for Health Care for the Elderly	105.00	25.00	105.00
National Programme for Control of Blindness	20.00	5.00	20.00
Telemedicine	45.00	30.00	45.00
Tobacco Control Programme and Drug De- addiction Programme	65.00	65.00	64.00
Total	550.00	300.00	550.00

**8.3** The Committee finds that the BE allocation of Rs 550 crore for the year 2019-20 has been reduced to Rs. 250 crore at the RE level. The Committee takes a serious view of the fact that except for the Tobacco Control and Drug De-addiction programme, the BE allocation has been reduced at RE stage for all the other programs. The Committee also notes that under the National Mental Health Programme, Rs. 40 crore was allotted which was reduced to Rs. 5.00 at RE stage. A WHO Report has cited Depression as the single largest contributor to global disability and a major contributor to suicide deaths. India is also reported to be one of the depressed countries in the world, leaving USA and China behind. Considering the burden and stigma attached with mental health in the country, the need of the hour is to lay greater emphasis on strengthening and promoting mental healthcare. The Committee, in fact finds that all the components of tertiary care are vital for a healthy and productive nation and feels that only token allocations for these programs would not suffice. The Department must conduct these programs with full vigour by allocating adequate funds for them.

**8.4** The Committee also notes that the Department has failed to fully utilise the funds allocated under the Capacity Building for Trauma Centres, National Programme for Health Care for the Elderly, National Programme for Control of Blindness and Telemedicine. Looking at the past trends of poor utilisation, the Committee recommends that the trend must not get repeated in 2020-21 and all out efforts should be made to optimally utilise the funds allocated under the afore mentioned National Programs.

**8.5** Under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDS), Rs. 175 crore were allocated in BE 2019-20 which was reduced to Rs. 160 crore at RE stage. For the FY BE 2020-21, Rs. 175 crore has been allocated under the program. The Committee, therefore, is of the considered view that despite the launch of NPCDS, there is poor awareness amongst the people regarding cancer, diabetes and Cardiovascular diseases. There is lack of access to screening, diagnostic and treatment centres at Primary, Secondary and tertiary levels which is a major cause for poor survival rate. The Committee, therefore, strongly recommends, the Department to make more concerted efforts to tackle the growing burden of these diseases.

## IX. HUMAN RESOURCES FOR HEALTH AND MEDICAL EDUCATION

9.1 The BE and RE allocation for 2019-20 and 2020-21 is as under:-

(Rs in crores)

	<b>Budget 2019-2020</b>	<b>Revised 2019-2020</b>	<b>Budget 2020-2021</b>
Upgradation/Strengthening of Nursing Services (ANM/GNM)	64.00	32.00	--
Strengthening/Upgradation of Pharmacy School/ College	5.00	--	--
District Hospital- Upgradation of State Government Medical Colleges (PG Seats)	800.00	600.00	--
Strengthening Government Medical Colleges (UG Seats) and Central Government Health Institutions	1361.00	761.00	--
Establishing New Medical Colleges (upgrading District Hospitals)	2000.00	3087.00	--
Setting up of State Institutions of Para-medical Sciences in States and Setting up of college of Para-Medical Education	20.00	20.00	--
Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (NIF)	--	--	4686.00
<b>Total-Human Resources for Health and medical Education</b>	<b>4250.00</b>	<b>4500.00</b>	<b>4686.00</b>

9.2 The Committee finds that in BE 2020-21, no funds have been allocated under (i) Upgradation/Strengthening of nursing services (ANM/GNM); (ii) Strengthening/ upgradation of Pharmacy School/ College; (iii) District Hospital - Upgradation of State Government Medical College (PG seats); (iv) Strengthening of Government Medical Colleges (UG Seats) and Central Government Health Institutions; (v) Establishing New Medical Colleges (upgrading District Hospitals) and (vi) Setting up of State Institutions of Para-medical sciences in States and setting up of college of Para-medical Education. The Department submitted that for the FY 2020-21 the funds for various schemes under Human Resources for Health & Medical education have been merged under single Head of Accounts "Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (NIF)" and Rs. 4686 crore have been allocated under it.

### **9.3 From the above table, the Committee observes as under:-**

- Under the Upgradation/Strengthening of nursing services (ANM/GNM) Program, Rs. 64.00 crore were allocated in BE 2019-20 as compared to actual expenditure of Rs. 58.71 crore in 2018-19. The budget was then reduced to Rs. 32.00 crore at RE 2019-20.
- Under Strengthening/ upgradation of Pharmacy School/ College, the revenue allocation under the head was Rs. 5.00 crore in BE 2019-20 but at RE stage, the same was made Nil.
- Under District Hospital - Upgradation of State Government Medical College (PG seats), Rs.800 crore were provided in B.E.2019-20 which was reduced to Rs 600 Crores at RE stage. The Department has informed that out of this allocation, a total of Rs.586.336 crore has been released to States. Administrative approval has also been given for Rs.13.664 crore to GMC, Chandigarh. The funding pattern is 90: 10 by Central and State Governments respectively for North Eastern State and Special Category States and 60:40 for other States with the upper ceiling cost pegged at Rs 1.20 Crore per seat. There is no cost overrun and the scheme is to be completed by March 2021.
- Under Strengthening of Government Medical Colleges (UG Seats) and Central Government Health Institutions, during the FY 2019-20, Rs.1361,000 crore has been provided in B.E.2019-20 and against this allocation, a total of Rs.761 crore has been released to States. The funds to the tune of Rs.600 crore allocated in B.E. 2019-20 for the scheme as informed by this Department has been re-appropriated to newly launched Phase-III of the New Medical Colleges scheme in R.E. 2019-20.
- Under Establishing New Medical Colleges (upgrading District Hospitals), an amount of Rs.2,000 crore was provided for the scheme in B.E. 2019-20 which has increased to Rs.3087.00 crores. The Committee was informed that during August, 2019, the Phase-III of the scheme for establishment of 75 medical colleges was approved by the Cabinet. Hence to implement the newly approved Phase-III, additional funds to the tune of Rs.3000 crore were sought under R.E. 2019-20. However, additional funds to the tune of Rs.287 crore alongwith re-appropriation of funds to the tune of Rs.800 crore from other two schemes of HRH& ME has been provided in R.E. 2019-20. Till date Rs 2000 Crs have been released to State Govt's. Rs 1000 Crores are being processed for release.
- Under Setting up of State Institutions of Para-medical sciences in States and setting up of college of Para-medical Education, Rs. 20 crore were allocated at BE 2019-20 and RE 2019-20 stage. During FY 2019-20, out of 20.00 crores, on amount of Rs. 10.94 crores has already been released to various States till date.
- The Department also submitted that keeping in view the backward and underserved nature of some districts and need to have medical seats under Government quota, the proposal for "Establishment of new medical colleges attached with existing district/referral hospitals" in underserved areas of the country has been approved. Under Phase III of this scheme, the locations where there is no medical college, are selected in "Challenge Mode" by the State/UT Government. Preference has been given to Aspirational Districts and underserved areas. NITI Aayog is developing draft guidelines for Viability Gap funding to attach Medical Colleges to existing district hospitals in PPP Mode.

**9.4 The Committee observes that as per the status of funds released under PG Phase II, out of a total of Rs. 1104.5 crore, the Centre has only released Rs 620 crore till date. (ANNEXURE I ) Under the Scheme for up gradation of existing State Government/Central Government medical Colleges to increase MBBS seats in the country, the Centre has released Rs. 2171.19 out of Rs. 2451.6 crores (ANNEXURE II). The Committee notes that these schemes were conceptualized to address the shortage of qualified doctors and**

improve the health infrastructure in the country. However, the slow progress of the Scheme is a matter of grave concern. The Committee also understands that the States with their limited resources and finances need a major boost from Centre to bridge the existing gaps in medical education. The Committee, therefore, recommends the Centre to sort out all the pending issues with states so that the transfer of funds could be made to them within a specified time-frame. The Centre should also urge the States to release their share of funds and closely monitor the timely execution of each project in the States.

**9.5** The Committee also notes that the budgetary allocation for three different schemes under HRH&ME that deals with the Up gradation of district/ referral hospitals into New Medical College, Increase of UG seats and Increase of PG seats have been merged in B.E.2020-21. Attention of the Committee has also been drawn to the proposal of converting existing district hospitals to medical colleges through PPP mode to address the shortage of medical professionals. The Committee is of the view that human resource augmentation is fundamental to improving the quality of healthcare delivery but such a model must not result in the vulnerable population especially the poor becoming low priorities for the healthcare system.

**9.6** The Committee acknowledges that combining the strengths of Public and private sector to overhaul the healthcare infrastructure is a novel approach but at the same time, the Committee believes that such a model should in no way compromise the quality and access to healthcare services for the poor. The Committee strongly emphasizes that the first and foremost goal for establishment of Medical Colleges and Hospitals should be universal health coverage rather than profit maximization. The Committee, therefore, strongly recommends the Department that while formulating its health policy; the Department should assign the highest priority to the commitments of a welfare state.

## **X AYUSHMAN BHARAT-PMJAY**

**10.1** With the launch of Ayushman Bharat – PradhanMantri Jan Arogya Yojana on 23.09.2018, RSBY was subsumed in it and Central Share under RSBY is payable up to the date the scheme was active. In view of reduced requirements for the financial year 2019-20, BE 2019-20 was reduced to the level of Rs. 156.00 crore. Actual expenditure during the current financial year 2019-20 as on 10.02.2020 is only Rs. 56.24 crore. Also, the release for the pending central share under RSBY is processed on receipt of proposals from State Governments along with requisite documents. As some states have still not submitted proposals for release of Central Share, the budget allocation at the RE stage has been reduced to the level of Rs. 114.00 crore. It was informed to this Committee that the matter has been taken up with the concerned States.

**10.2** Ayushman Bharat-PradhanMantri Jan Arogya Yojana (AB-PMJAY) was launched to provide health cover up to Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to around 10.74 crore poor and vulnerable families as per Socio-Economic Caste Census Database.

**10.3** AB-PMJAY was launched on 23.09.2018. The budget of Rs. 1997.92 Crore for the Financial Year (FY) 2018-19 was allocated on the basis of following:

- I. The scheme was under implementation for a little over six (6) months
- II. Many States/UTs joined the scheme in first year of implementation
- III. The utilisation under the scheme, especially in the States which were implementing such Scheme for the first time, took some time to pick up.



10.4 The budget for Rs 6400 crore for FY 2019-20 was allocated on the basis of national ceiling rate of Rs 1052/- per family for 10.74 Crore entitled beneficiary families with the presumption that all the States/UTs would be participating in the scheme. Also, Rs 1052/- was to be shared between States and Centre as per the sharing pattern. However, the utilisation of fund for FY 2019-20 is low due to following reasons:

- i. Four States (West Bengal, Telangana, Odisha and Delhi), which account for 20% of the eligible beneficiary population, are not implementing AB-PMJAY.
- ii. Two big States (Punjab & Rajasthan) have joined AB-PMJAY only in the late 2019.
- iii. Three States (Uttar Pradesh, Madhya Pradesh and Bihar) which account for 30% of the beneficiary population are implementing the scheme for the first time and hence, their demand is still in the process of picking up.
- iv. Implementation experience so far shows that the average premium amounts to Rs. 800 per family per annum. However, this was estimated at Rs. 1052/- at the time of the inception of AB-PMJAY.

**10.5 The Committee observes that under AB-PMJAY funds to the tune of Rs. 6400 crore were allotted in BE 2019-20 which was reduced to Rs. 3200 crore at the RE stage. In BE 2020-21, the funds have been retained at Rs. 6400 crore. The Committee notes with concern the gross underutilisation of funds under the Scheme, however, the Committee also takes cognizance of the States joining the Scheme at a later stage that may have resulted in the funds remaining unutilised. The Committee observes that AB-PMJAY has witnessed a significant increase in allocation as compared to the allocation of the previous year. The Committee recommends the Department to periodically track the progress of the Scheme in the States and ensure that the funds earmarked for the Scheme are optimally utilised.**

**10.6 Attention of the Committee has also been drawn to the instances of non-inclusion of a large number of eligible people under the Scheme as they have not been issued e-card so far. The Committee has been informed that e-card is not a prerequisite for availing healthcare services under the Scheme and the entitled individual can avail the benefits if he/she is included in the SECC census 2011. However, the Committee has been given to understand that patients have been refused treatment in the empanelled hospitals because they did not have the cards.**

**10.7 The Committee believes that there are administrative and implementation related loopholes in the Scheme which need to be plugged to make the scheme successful. The Committee, therefore, recommends the Department to develop a foolproof monitoring mechanism to ensure no eligible person is denied health care services under the Scheme. There is also a need to increase awareness regarding AB-PMJAY among all the stakeholders, especially, the beneficiaries and the empanelled hospitals.**

**10.8 The Committee also recommends the Department to evolved a mechanism to address the complaints of charging fees by the empanelled hospitals despite being entitled under AB-PMJAY.**

**10.9 Attention of the Committee has also been drawn to suspicious cases where hospitals empanelled under AB-PMJAY have carried out fraudulent transactions. The Committee strongly recommends the Department to suspend and blacklist such hospitals and take strict action against the Hospitals involved in such fraudulent practices. The Committee also feels that there is a strong need to monitor the transactions under the Scheme on a real**

**time basis. The Department must also conduct periodic audits and inspections so that the subsidy under the Scheme reaches the needy people.**

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

**I INTRODUCTION**

1.1 The Department of Health and Family welfare submitted that the Components of the Central Sector Health Schemes are PMSSY; NACO; INIs; Hospitals; North East; CGHS; Food Regulation; Kayakalp Scheme.

**1.2 Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**

PMSSY has been launched with the objectives of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. The scheme envisages setting up of 6 AIIMS like institutions, one each at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh in the first phase; West Bengal and Uttar Pradesh in the second phase and upgradation of 13 existing Govt. medical college institutions in the first phase, 6 in the second phase and 39 in the third phase of PMSSY. In addition, it is also proposed to set up AIIMS in each State in a phase manner and also upgrade 13 more Government Medical Colleges under PMSSY phase IV. Four AIIMS are also being set up in Phase-IV, Seven in Phase-V and Two more AIIMS in Phase-VI of PMSSY.

**1.3 National AIDS control Programme (NACO)**

The programme aims at providing healthcare, support and treatment to people living with HIV/AIDS and to control this disease through State/UT/Municipal health societies across the country.

**1.4 Central Government Health Scheme (CGHS)**

CGHS provides comprehensive medical facilities to Central Govt. employees and members of their families in addition to other specified categories like Members of Parliament (MPs), ex-MPs, ex-Governors, ex-Vice-Presidents, Retired Judges of Supreme Court and High Court, Freedom Fighters and members of their family, etc. The facilities under this scheme include outpatient care through a network of allopathic, ayurvedic, homoepathic, unani/siddha dispensaries/units and also provide comprehensive medical facilities to Retired Central Govt. employees

**1.5 Hospitals**

This scheme provides for establishment expenditure of various subordinate offices and institutions of medical education, training and research viz. Central Institute of Psychiatry, Ranchi, All India Institute of Physical Medicine and Rehabilitation, Mumbai, RAK College of Nursing, New Delhi, Central/Regional Leprosy training research institutes, Port Health Estt. Including APHO, Central Drugs Standard Control Org., BCG Vaccine Laboratory, Guindy, Chennai, CRI, Kasauli, AIHH & PH, Kolkata, CCTC Singur, Regional Health Offices, F.W. Training and Res. Centre, Bombay, Rural Health Training Centre, Najafgarh etc.

**1.6 Kayakalp Scheme**

As part of contribution towards the Swachh Bharat Abhiyaan launched by the Prime Minister on 2nd October 2014, the Ministry launched “Kayakalp - Award to Public Health Facilities. As on 1st Oct 2019, 9 Central Government, 395 DHs, 1,140, CHCs/SDHs, 2,723

PHCs, 556 UPHCs, 6 Urban Community Health Centres (UHCs) have scored more than 70%. 4829 facilities have been awarded under this scheme in FY 2018-19.

## II BUDGETARY ALLOCATION

2.1 The Department of Health and Family Welfare has been allocated Rs. 65011.80 crore under Demand No. 42 against the projected demand of Rs. 117191.82 crore for the year 2020-21 that amounts to only 55.47% of the projected demand. The Health sector alone has been allocated Rs. 25172.80 crore as against the projected demand of Rs. 32033.20 crore. The statement showing the projected demand vis-à-vis allocation and shortfall of funds of Health Sector is as under:

	Rs. in crore			
	B.E for 2020-21			
	Projection	Allocation	Shortfall	Allocation as % of Projection
<b>Central Sector Health Scheme</b>	32033.20	25172.80	6860.40	78.58

2.2 The Statement showing projected BE *vis-a-vis* allocated for the year 2020-21 as furnished by Department is given below:

Sl. No.	Schemes/ Institutions	Rs. in crore	
		BE-2020-21	
		Projections	Allocation
1.	PMSSY	5733.35	6020.00
2.	NACO	3688.09	2900.00
3.	AIIMS New Delhi	3950.00	3489.96
4.	Central Hospitals	3525.57	2843.65
5.	North East	1303.04	700.41
6.	CGHS- Pensioners	3240.62	1750.17
7.	FSSAI	410.50	283.71

2.3 The Committee is constrained to observe that there is a significant gap in the projected demand and actual budget allocated to the Department of Health and Family Welfare for the year 2020-21. There is shortfall of Rs. 6860.40 under health sector as only Rs. 25172.80 has been allocated against the projected demand of Rs. 32033.20. The Committee notes with disdain the huge gap in the projected and allocated amount. The Committee observes that under all the heads except PMSSY, the allocation on budget is far

less than the projected amount. All these heads constitute to be an important component of the Health services provided by the Government. The lower allocation of budget to the health sector that is endowed for the implementation of various schemes/programmes of the Government, maintenance of centrally sponsored Hospital/Institutions/Autonomous Bodies and working of other statutory and regulatory bodies, will not only hamper the speedy implementation of these schemes but will also affect the pace of the development of health infrastructure of the country. In a nutshell, the lower allocation to the schemes would have an adverse impact on healthcare needs of majority of the population of the country.

2.4 The Committee would also like to emphasize that substantial budgetary allocation in the public health is important to achieve the goal of universal health coverage. The Committee is convinced that people across the country deserve quality health services without suffering any financial hardship. The Committee is of the view that good health supports economic growth and investments in the health sector not only reduces out of pocket expenditure but also create jobs and stimulate economic growth. Such investments would not push families below the poverty. The Committee, therefore strongly believes that the objectives of National Health Policy, 2017 needs to encompass all components to ensure affordable and universal access to good quality healthcare services available to all.

2.5 The Committee underlines the social obligation of the Government to improve efficiency in the delivery of health services within the country and devise innovative ways to expand primary healthcare facilities for marginalized sections but the budget allocated to health sector is highly inadequate. The Committee, therefore, recommends the Department to persuade the Ministry of Finance for the higher allocation of the funds so that inadequacy of funds does not restrict development of health infrastructure of the country. This will also help in reducing the burden of huge out of pocket expenditure of the people belonging to poor strata especially in the rural areas from where patients suffering from life threatening diseases run from pillar to post in search of better healthcare and treatment.

2.6 The statement showing funds allocation to the Department and utilization thereof as furnished by the Department is as follows:

2018-19						Rs. in crore
Schemes/ Projected	Projected Demand	Fund Allocation	RE projected	RE with Reason for revision	Actual Utilization	Reasons for underutilization of earmarked funds
Central Sector Scheme (CS)	13590.71	7069.65	8067.04	6448.32	6197.64	There had been 99.37% expenditure of the budget allocation the year and as such the entire allocation has almost been utilized,
Centrally Sponsored Scheme (CSS)	36182.32	32129.61	41469.22	33383.05	32755.05	
Total	49773.03	39199.26	49536.26	39831.37	38952.69	

2019-20						
Central Sector Scheme (CS)	8487.63	7450.00	9689.50	8465.26	6425.37	Upto 09.02.2020, expenditure in percentage is 80.83 of BE allocation. Remaining funds are likely to be utilized fully during the year.
Centrally Sponsored Scheme (CSS)	51662.48	39551.00	50328.27	37103.60	31566.60	
Total	60150.11	47001.00	60017.77	45568.86	37991.97	

2.7 The Committee observes that the fund allocation in the past years has been far below the projected demand. In the year 2018-19, against the projected demand of Rs. 13590.71 crores for the Central Sector Scheme (CS) only Rs. 7069.65 crore was allocated. The actual utilization during the year for the Central Sector Scheme was only Rs. 6197.64 crore.

2.8 The Committee finds that in the year 2019-20, against the total projected demand of Rs. 60150.11 crore, only Rs. 47001.00 crore was allocated to the Department which was revised to Rs. 45568.86 at RE stage. However, the actual utilization during the year has been only Rs. 37991.97 crore upto 09.02.2020. Further, against the projected demand of Rs. 51,662 crore for Centrally Sponsored Scheme, only Rs. 39551.00 was allocated which was further slashed to Rs. 37103.60 crore.

2.9 The Committee observes that both under the Central Sector Scheme (CS) and Centrally Sponsored Scheme (CSS), the actual expenditure for the year 2019-20 has been Rs. 6425.37 crore and Rs. 31566.60 crore respectively *i.e* upto 09.02.2020 which is far below than the allocated amount. **The Committee is apprehensive as to how the Department would be able to spend around Rs. 2000 crore in Central Sector Scheme and Rs. 5537 crore in remaining 50 days of the financial year 2019-20.** The Committee is of the firm view that the implementing agency need to enhance its absorption capacity for optimum utilization of allocation budget.

2.10 The Ministry has furnished the following figures of allocation and actual expenditure during the year 2018-19 and 2019-20:

Sl No.	Scheme/programme/ Institute	2018-19			2019-20		
		BE Proposed	BE Allocation	AE	BE Proposed	BE Allocation	AE upto 31.01.20 (Prov.)
	Central Sector Schemes/Projects						
1.	Pradhan Mantri Swasthya Suraksha Yojana	8398.20	3825.00	3796.51	4062.10	4000.00	3896.90
2.	National AIDS and STD Control Programme	3508.78	2100.00	1803.20	2970.50	2500.00	1938.16
3.	Family Welfare Scheme	1138.09	770.00	490.05	1077.97	700.00	371.61
4.	National Pharmacy vigilance Prog.	12.00	10.00	10.00	12.00	12.00	7.79
5.	Development of Nursing Services	38.13	14.00	12.15	15.50	15.00	9.28
6.	Health Sector Disaster Preparedness & Management Including EMR (including Avian Flu) & Emergency Medical Services	264.52	130.00	62.95	237.85	130.00	94.97
7.	National Organ Transplant Programme	18.81	90.65	8.04	41.00	41.00	10.66
8.	Impacting Research Innovation and Technology (Imprint) Scheme (New)	1.92	30.00		3.00	3.00	3.00
9.	Establishment and strengthening of NCDC Branches and Health Initiatives – Inter Sectoral Co-ordination for preparation and control of Zoonotic Diseases and other neglected tropical diseases, surveillance of Viral Hepatitis, anti-Microbial Resistance	55.25	100.00	14.74	67.71	49.00	15.60
	<b>Total- Central Sector Schemes/Projects</b>	<b>13435.70</b>	<b>7069.65</b>	<b>6197.64</b>	<b>8487.63</b>	<b>7450.00</b>	<b>6347.97</b>

2.11 The Committee has noted the following:

- (i) Against the projected demand of Rs. 8398.20 crore for PMSSY in 2018-19 (BE), only Rs. 3825.00 crore was allocated which is not even half.
- (ii) For National AIDS and STD Control Programme, the proposed demand for the year 2018-19 was Rs 3508.78 crore and in 2019-2020 was Rs 2970.50 crore. However, the allocation of fund was only Rs 2100.00 crore and Rs. 2500.00 crore respectively. During both the years, the Department was not able to spend the fund allocated under this head.
- (iii) Under the Family Welfare Scheme and Health Sector Disaster Preparedness & Management Including EMR (including Avian Flu) & Emergency Medical Services, the allocated amount is far less than the projected amount and the Department was not even able to utilize the allocated amount fully.
- (iv) Under National Organ Transplant Programme, the projected demand in the year 2018-19 was Rs. 18.81 crore. However, Rs. 90.65 crore was allocated and only Rs. 8.04 crore has been actual expenditure under this head.

**2.12 The Committee is dismayed to note that out of the total projected outlay for the Central Sector Scheme in 2018-19, only 47.45% of the total projected outlay was given to the Department and again in the year 2019-20, the amount given to the Department was only 75.76% of the total projected outlay. On perusal of the trend of expenditure during the last two years, the Committee notes that the Department has not been able to utilize even the allotted funds optimally. Utilization of funds in the years 2018-19 & 2019-20 has been far below under PMSSY, National AIDS and STD Control, Programme, Family Welfare Schemes and Health Sector Disaster Preparedness & Management Including EMR (including Avian Flu) & Emergency Medical Services. The Committee is surprised to note that the allocated amount under National organ transplant programme is almost five times the amount projected by the Department while the actual expenditure is not even half of the projected demand leaving thereby almost Rs. 82 crore unutilized. Again in the year 2019-20, actual expenditure has been only Rs. 10.66 crore, against the total fund allocation of Rs. 41 crore under the same head. Against the projected demand in the year 2018-19 under impacting Research Innovation and Technology (Imprint) Scheme (New), the actual allocation was Rs. 30 crore which is quantum jump. The data regarding the actual expenditure has not been furnished by the Department. The Committee believes that this trend of under utilization indicates lack of proper planning by the Department in assessing the fund requirements vis-a-vis the targets. The Committee is disdained to note the casual approach of the Department in framing the unrealistic financial projections vis-à-vis targets set. The Committee, therefore, recommends the Department to undertake prudent financial assessment of the schemes/programmes launched by the Government and identify various bottlenecks being faced in their implementation and take measures to overcome them. The Committee also recommends the Department to only prioritize the vital schemes/programmes having direct bearing on the people of the country lest they are bound to face shortage of funds. At the same time, the Department must ensure that allocated funds do not remain underutilized.**

2.13 In response to a query seeking details of pending Utilization Certificates (UCs) of the last 3 years vis-a-vis the amount spent, the Department clarified that a total 3783 number of UCs amounting to 5354.94 crore are pending, out of which total 214 UCs amounting to Rs.395.95 crore are pending for last 3 years i.e. 2015-16, 2016-17 & 2017-18. The Ministry also submitted that as of now there is no provision for monitoring of UCs in PFMS module.



2.14 The Committee is deeply concerned over a large number of pending UCs involving huge amount of funds which would adversely impact the implementation of the various schemes and developmental projects. Such high pendency of UCs continues to be a worrying factor for the Department and is fraught with risk of misappropriation/diversion of funds and fraud. The Committee strongly recommends the Department to evolve strategy to avoid such high pendency of UCs and liquidate the Pending UCs within a set time-frame. The pendency in submission of UCs should be urgently addressed with a view to obtain UCs from the organizations to which grants were given to ensure that the allocated funds are used for the development of the Health sector in the country.

2.15 The Committee expresses its serious concern over the fact that till date UCs are not being monitored through PFMS module. It is a known fact that PFMS has in built Utilization Certification (UC) Module which can be used to track and monitor the UCs from implementing agencies. The Committee is hopeful that pendency of UCs would come down and funds can be utilized appropriately with proper monitoring of UCs with PFMS module.

### III CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

3.1 The allocation and utilization status (including NER) of Budgetary funds under CGHS during the year 2018-19 and 2019-20 is as under:-

(Rs in Crore)

Year	BE	RE	Actual	% against BE
<b>2018-19</b>	1304.69	1319.55	1223.90	93.81
<b>Revenue</b>	1251.52	1275.03	1200.17	95.90
<b>Capital</b>	55.17	44.52	23.73	44.63
<b>2019-20</b>	1350.00	1400.00	1190.80*	88.21
<b>Revenue</b>	1300.00	1350.15	1183.22	90.99
<b>Capital</b>	50.00	49.85	7.95	15.90

*\*Expenditure up to 10.02.2020*

3.2 The Committee has been informed that in BE 2020-21, CGHS Division has projected a demand of Rs.57.95 crore under capital section against only Rs 20 crore has been allocated. The Committee was also apprised of the fact that saving to the tune of Rs. 85.65 crore in the year 2018-19 was due to delay in procurement of motor vehicles, Machinery & equipment and also inordinate time taken in obtaining sanctions. The constructions are under taken through CPWD.

3.3 The Committee observes that 93.81% of the total 2018-19 (BE) allocation had been utilized under CGHS. The Committee notes that the actual capital expenditure for years 2018-19 and 2019-20 is Rs. 23.73 crore and Rs. 7.95 crore against the allocation of Rs. 55.17 crore and Rs. 50.00 crore respectively which amounts to only 44.63% and 15.90% of the BE as on 10.02.2020. The Committee is unhappy that majority of the funds allocated to the Department under the capital head remained unutilized. The Capital expenditure is earmarked for procurement or maintaining fixed assets, such as land, buildings, and equipment. The Committee observes that lower utilization of the allocated fund hampers the developmental activities at various CGHS centres. The Committee, therefore,

**recommends the Department to ensure optimum and judicious utilization of allocated funds with focus on development of infrastructure mandating incurring of capital expenditure. Further, the procurement of equipment should be made on time so that services provided by the CGHS do not get hindered.**

3.4 In response to a query regarding on-going and new projects/initiatives being undertaken under CGHS, the Department submitted that in 2019-20 whereas the construction of CGHS Wellness Centre at Vikas Puri has been completed, the construction is under progress at Alaknand/Kalkaji, Vasant Vihar, Vasantkunj, MayurVihar Phase-II, SaritaVihar, Rohini Sector-16 and Pitampura.

3.5 The Committee has been apprised that new CGHS Wellness Centers at Kannur and Kozhikode shall be operational soon. New Ayurvedic Centers and Homoeopathy Centers at 26 locations shall be made operational as and when the Medical Officers and other staff are recruited and suitable accommodation is acquired. The Department added that 33 postal dispensaries in different cities of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Haryana, Jharkhand, Odisha, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal has been taken over by the CGHS.

**3.6 The Committee has been given to understand that the CGHS scheme covers around 32.16 lakh beneficiaries with the network spread across 72 cities in the country. The Committee, recommends that more efforts are required to make CGHS centres operational in other parts of the country for a wider coverage. The Committee would like the progress of the development projects at the CGHS wellness centres monitored closely by the Department so as to avoid any time and cost overruns. The Committee believes that more CGHS centres would facilitate the beneficiaries across the country. It however feels that apart from expanding its coverage, emphasis must be providing quality health care services to its beneficiaries. The Committee would like the Department to apprise the progress made under CGHS wellness centre at Kannur and Kozhikode.**

3.7 With regard to the present sanctioned strength of doctors and other staff vis-a-vis the vacant posts in CGHS wellness centres across the country, the Department submitted that the sanctioned posts of medical officers under CGHS is 1992, of which 1534 have been filled up, 458 are vacant and 255 medical officers are working on contractual basis. The Committee observes that the vacancy position in cities like Delhi (194), Jabalpur (21), Kanpur (24), Mumbai (27), Kolkata (15) etc is a matter of deep concern. Similarly out of 4748 sanctioned post of non-medical officers nearby 1/4<sup>th</sup> i.e. 1215 posted are lying vacant.

3.8 The Department submitted that CGHS provides comprehensive medical care facilities to its beneficiaries predominantly in the allopathic system of medicine. It has about 273 CGHS Wellness Centres in 72 locations across the country providing medical facilities in allopathic system. It requires doctors, pharmacists etc. to run the services of these dispensaries / Wellness Centres. While doctors are appointed through UPSC, the paramedical staffs are recruited locally. It takes considerable time in recruitment of doctors as many doctors recommended by UPSC decline the offer of appointment and some leave the job soon after joining to pursue higher studies, resulting in vacancies on perennial basis. The following steps have been taken to address the shortage of Medical & Paramedical staff in CGHS Wellness Centres:-

- (i) Powers have been delegated to field Additional Directors to engage retired government doctors including PSU retirees on short term contract basis.

- (ii) The upper age limit for contractual appointments has been enhanced from 62 to 65. This will help in getting more number of retired Government doctors on contractual basis to meet the shortage.
- (iii) Government has requested UPSC for recruitment of more doctors under CHS (Central Health Service). Vacant para-medical posts are filled up through Maha-online for transparency

**3.9 The Committee is constrained to note that nearly 25% posts of 1992 sanctioned posts of medical are lying vacant. In Delhi alone 195 post of medical officers are lying vacant. In places like Jammu, Jabalpur, Agartala, Gangtok, Aizwal, Panaji, Gandhinagar, Varanasi, Srinagar, Silchar, Dibrugarh, Darbhanga, Siliguri and Jalpaiguri vacancy position is alarming which is bound to affect the healthcare services. In Gandhinagar, not even a single medical officer has been working under CGHS division.**

**3.10 The Committee in its 106<sup>th</sup> Report on Demand for Grants noted that despite the Department's efforts in attracting more doctors to join CGHS, out of 1848 sanctioned posts of allopathic doctors, 436 posts were still lying vacant. The Committee finds that the vacancy position in CGHS has gone from bad to worse. Earlier 436 post were lying vacant and now that has increased to 458 posts. The Committee in its 106<sup>th</sup> Report further highlighted that the shortage of doctors at CGHS wellness centres is a perennial problem and would continue to exist if concrete measures are not been taken at the right time and therefore, the Department must review the strategies to attract GDMOs and specialists to join CGHS wellness centres and do a critical analysis to find out workable solutions for the same. The Committee would like the Department to take holistic assessment to understand the reasons for the persistent shortage of doctors at CGHS wellness centres and make all out efforts to retain the existing doctors and further formulate motivating scheme to enhance the workforce under CGHS to ensure to the continuity in healthcare facilities to CGHS beneficiaries.**

**3.11 The Committee believe that Department has not taken the problem of shortage of doctors at the CGHS wellness centres seriously and despite Committee repeated recommendations, the solutions to persistent shortage of doctors at CGHS has not been worked not the Department. The Committee, therefore, call upon the Ministry to identify the reasons for the shortage of workforce at the CGHS wellness centres and take the corrective measure to overcome the same so that these centres do not suffer from the shortage of doctors and proper healthcare facilities are made available to the beneficiaries without any hindrance. The Committee would like the Department to approach UPSC to conduct exams for the selection of doctors more frequently so that the problem of shortage of doctors can be dealt with. The Committee further believes that appointment of retired government doctors at these centres is a temporary measure. The Department should devise some schemes to motivate young doctors to join CGHS wellness centres.**

**3.12 The Committee deplores that vacancy position of non-medical officer is equally disappointing as almost 25% posts across the country are lying vacant. The Committee believes that non-medical staff assist doctors in day to day functioning. They are integrated part of healthcare system and their shortage will have direct impact on the administration of service provided at the wellness centres. The Committee finds no reason for huge vacancies of non-medical officers who are appointed locally. The Committee, therefore, strongly recommends the Department to take measures to fill up these posts at the earliest so as to provide best healthcare services to people visiting these centres.**

**IV SAFDARJUNG HOSPITAL AND VARDHMAN MAHAVIR MEDICAL COLLEGE (VMMC), NEW DELHI**

4.1 The status of utilization of funds during 2018-19 and 2019-20 (revenue+capital) is given below:

**Rs. in crore**

	Major Head	2017-18			2018-19			2019-20		
		BE	RE	AE	BE	RE	AE	BE	RE	AE
										<b>17.01.20 (prov)</b>
Safdarjung Hospital, New Delhi	Revenue	891.26	811.26	784.46	1026.70	1041.98	1015.99	1071.50	1175.79	979.86
	Capital	200.50	588.16	529.05	120.00	124.67	107.86	121.90	121.90	103.37
	<b>Total</b>	<b>1091.76</b>	<b>1399.42</b>	<b>1313.51</b>	<b>1146.70</b>	<b>1166.65</b>	<b>1123.85</b>	<b>1193.40</b>	<b>1297.69</b>	<b>1083.23</b>
Vardhman Mahaveer Medical College, New Delhi	Revenue	13.93	13.93	13.78	14.77	14.77	13.68	18.10	18.10	9.30

4.2 With respect to revenue expenditure, the Department submitted that in 2018-19, the projected demand at BE for the year 2019-20 was Rs. 1243.79 crore, but only Rs. 1089.60 crore was allotted to the Institute. In year 2019-20, approximately 1200 nurses joined the Institute from June 2019 for which additional Rs. 75.00 crore were required. The allocation at RE 2019-20 was increased to Rs.1193.89 crore, however the same couldn't serve the purpose and as additional funds of Rs. 15 crore were required in February for salary of nurses. In addition to funds allotted at RE stage, expenditure of Rs. 45 crore pertaining to the year 2018-19 has been made in 2019-20. In 2020-21, Rs. 780.00 crore was required for salary of regular staff. Apart from that, Rs. 140 crore was required for payment of salary of contractual staff for other committed expenditure.

4.3 With respect to capital expenditure, the Department submitted that capital budget for 2019-20 increased to Rs. 121.90 crore, out of which Rs. 44.35 crore was earmarked to NBCC for expansion of SIC. Rs. 35.75 crore was utilized for procurement of M&E and Rs.20.30 crore for civil and electrical works of CPWD and Rs.2.23 crore for housing purpose.

4.4 For the F.Y. 2020-21, the projected demand was Rs.512.80 crore. However, allotted BE was just Rs. 54.86 crore which includes Rs 30 crore for Machinery and Equipment (demand was Rs. 217.00 crore.), Rs. 21.70 crore for major works (Demand was Rs.251.00 crore with the conditions that when HEFA loan will be approved then, it will deducted from the projected demand), Rs. 16 lacs for motor vehicle (demand was Rs. 20 lacs) and Rs. 3.00 crore for housing (demanded was Rs.44 Cr. for Dwarka project)

4.5 On a query seeking status of the new emergency and super specialty block, the Department submitted that new emergency block was operationalized on 07.02.18. All wards and floors have been commissioned except 8 operation theatres from 17 due to lack of technical Manpower. Building of the super specialty block was commissioned on 25.06.2018 and

dedicated to the nation on 29.06.2018. The Department also informed that 6-7 OT from 14 OTs under CTVS, Neurosurgery & Urosurgery are yet to be made operational due to absence of adequate technical manpower.

4.6 The Department has also highlighted following key concern areas in SJH and VMCC for optimum functioning:-

- Huge patient load putting pressure on infrastructure & services. There is no restriction to patients attending emergency or OPD or requiring admission.
- Dilapidated and old infrastructure (mix of buildings from single story barrack structure to newer buildings).
- Lack of parking space.
- Shortage of manpower.
- Need based expansion of medical facilities specialty tertiary care with matching medical equipment.
- Lack of recreational facilities for staff / faculty.
- Lack of Adequate Residential Accommodation for residents, nursing personal & faculty etc.
- Infrastructure inadequate for heavy patient load.
- Inadequate operation theatres for surgical specialties.
- Inadequate office rooms for faculty/ group A officers
- Inadequate capacity in lecture theatres for increased student in take.
- Lack of Auditorium for conducting Teaching, Training and Convocation.
- Lack of Examination Hall for conducting UG examinations.
- Lack of playground for students.

4.7 The Committee notes that of the allocated funds of Rs. 1181.42 crore at the RE stage in the year 2018-19 and Rs. 1315.19 in the year 2019-20, almost 96.51% and 90% funds have been utilized by the Institute in the past two years. The Department has informed that the projected revenue demand for the year 2019-20 was Rs. 1243.79 crore, of which only 1089.60 has been allotted. For the year 2020-21, projected capital demand was Rs. 512 crore, however, Rs. 54.86 crore has been allotted to the Department that amounts to only 10.7% of the projected capital demand.

4.8 The Committee believes that such a low allocation of budget to an Institute of national importance will not only hinder the development activities at the Institute but also adversely affect the health services provided by the Institute to the people visiting the hospital. The Committee expresses its concern that the funds allotted to the Institute are inadequate and need to be enhanced. The committee is pained to note that only Rs. 30 crore has been allocated for machinery and equipment as against the demand of Rs. 217.00 crore and Rs. 21.70 crore for major works against the demand Rs.251.00 crore. The Committee believes that Ministry of Finance, while allocating the budget to the Institute, needs to be more considerate towards the Institutes providing healthcare services. The Committee, would also like the Department to make prudent financial analysis and convince the Ministry of Finance on their financial needs so that the services provided by the Institute do not get affected due to paucity of funds.

4.9 The Committee has been given to understand that almost half of the operation theatres at the emergency and super specialty block have not been commissioned due to lack of technical manpower. The Committee is anguished to observe that even after getting operationalized in February, 2018, operation theatres have not become functional due to

lack of technical manpower. The Committee believes that emergency and super specialty blocks are vital for an Institute like Safdarjung to provide tertiary level health care and medical education. The Committee, therefore, recommends the Department to recruit the requisite technical manpower as early as possible so that the operation theatres can be made functional to cater the treatment of the people visiting the Hospital.

4.10 The Committee believes that lower allocation of budget combined with non optimal utilization of the existing recourses is the key concern area highlighted by the Department. Shortage of man power along with delay in construction is responsible for huge patient load at the Institute as it put more burden on the limited faculty and the infrastructure available at the Institute. The Committee would like to emphasize that beside salary, recreational facilities for staff / faculty is a crucial motivational factor. Facilities such as auditorium, examination hall and playground for students are fundamental for institution. The Committee, therefore, strongly recommends the Department to expedite the construction of the ongoing development projects to reduce the load on the existing infrastructure. The Committee also recommends the Department to recruit the requisite technical manpower to neutralize the huge patient load on the existing faculty. The Committee further recommends the Department to make available sufficient recreational facilities for staff / faculty that would help them to manage stress and contribute in a more efficient manner.

## V RAMMANOHAR LOHIA HOSPITAL (RML), NEW DELHI AND PGIMER, DR. RML HOSPITAL

5.1 The statement showing BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department is given below:

(Rs in Crore)

Scheme/program me/ Institute	Major Head	2017-18			2018-19			2019-20		
		BE	RE	AE	BE	RE	AE	BE	RE	AE
										<b>17.01.20 (prov)</b>
<b>DR Ram Manohar Lohia Hospital</b>	<b>Revenue</b>	458.56	432.36	463.33	458.12	525.03	538.82	553.93	639.30	496.08
	<b>Capital</b>	47.00	47.00	46.23	50.00	53.00	52.33	53.00	105.58	51.66
	<b>Total</b>	<b>505.56</b>	<b>479.36</b>	<b>509.56</b>	<b>508.12</b>	<b>578.03</b>	<b>591.15</b>	<b>606.93</b>	<b>744.88</b>	<b>547.74</b>
<b>Dr. RML PGIMER, New Delhi</b>	<b>Revenue</b>	38.31	38.31	43.56	50.64	60.69	48.60	83.07	78.57	50.98
	<b>Capital</b>	13.00	13.00	11.98	3.73	43.73	40.17	60.00	60.00	7.13
	<b>Total</b>	<b>51.31</b>	<b>51.31</b>	<b>55.54</b>	<b>54.37</b>	<b>104.42</b>	<b>88.77</b>	<b>143.07</b>	<b>138.57</b>	<b>58.11</b>

5.2 The Department has informed that the funds allocated under revenue head were sufficient but were inadequate under capital head. Allocation of funds at Budget estimate level is less than the inadequate projected demand. Hence, the department demanded additional funds in revised estimate.

5.3 The Committee observes that in the year 2019-20 the actual expenditure for Dr. Ram Manohar Lohia Hospital has been Rs 547.74 crore up to 17.01.2020 against allocation of Rs. 744.88 crore at RE stage. The actual expenditure for Dr. RML PGIMER, New Delhi has been Rs. 58.11 out of allocation of Rs. 138.57 at RE stage. The Committee has been given to understand that fund allocated under the capital head has been insufficient. However, actual capital expenditure in the year 2019-2020 (up to 17.01.2020) in the year has been far below the allocated amount. The Committee expects the Institute to have optimum utilization of earmarked allocation and completion of projects in time for strengthening healthcare service. The Committee further recommends the Department to approach the Ministry of Finance for adequate funds so that the Institute does not face shortage of funds in building fixed assets used to provide tertiary level health care facilities to the people.

5.4 The following statement indicates the sanctioned strength, persons in position and vacancies at Dr. Ram Manohar Lohia Hospital as on 10<sup>th</sup> February, 2020:-

Sl. No.	Name of Post	Sanctioned Strength	Persons in Position as on the last day of the reported month (Regular)	Total Vacancies as on the last date of the reported month	Steps taken to fill vacancies
		1	2	3=1-2	
1	Group-A	1195	946	249	Continuous process to fill the posts by MOHFW
2	Group-B Gazetted	32	19	13	
3	Group-B Non Gazetted	1767	1301	466	Process initiated for document verification and issuance of offer of appointment
4.	Group-C	1585	856	729	Most of the posts are pending to be filled due to want to RRs of erstwhile Group-D Staff. A few posts are lying vacant for Court Cases.
	<b>Total</b>	<b>4579</b>	<b>3122</b>	<b>1457</b>	

5.5 The Department submitted that this Institute is currently facing the space and manpower constraints to deliver the goods to the level of global standards. However, trained doctors and experts are available to match with global standards.

5.6 The Committee is constrained to observe that out of 4579 sanctioned posts at the Institute, 1457 posts are lying vacant which is more than 31% of the total sanctioned posts. The Committee is apprehensive of the capacity of the institute in delivering health services with such a huge vacancy position. The Committee had even in its 106<sup>th</sup> Report on DFG highlighted this fact, when out of 3735 sanctioned posts under various categories, 2779

posts were filled up and 956 posts are lying vacant". 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. The situation still remains critical and is a matter of concern for the Committee. The Committee is anguished to observe that despite the repeated recommendations of the Committee, the vacancy position of the staff at the hospital has not improved rather deteriorated further. The Committee, therefore, strongly recommends the Department to facilitate the process of filling up the vacant posts at the earliest. The Committee expects the Department to make immediate concerted efforts to implement all the initiatives for recruitment of staff. The Committee desired that the Department should monitor the vacancy position closely and undertake suitable administrative action to fill up the vacant posts. The Committee further recommends the Department to explore various motivational scheme other than higher salary to attract individuals to join the Institute.

## **VI LADY HARDING MEDICAL COLLEGE (LHMC) & SMT. S.K. HOSPITAL**

6.1 The sanctioned posts, person in position and vacancies in respect of LHMC&SSKH as on 31.12.2019 are as under:

<b>S.NO.</b>	<b>Group</b>	<b>Total No. of Post</b>	<b>In position</b>	<b>Vacant Post</b>
1.	A	35	12	23
2.	B	940	636	304
3.	C	403	172	231
4.	Erstwhile Group 'D'	739	464	275
		<b>2117</b>	<b>1284</b>	<b>833</b>

6.2 The Department submitted that the group 'A' post which are under the domain LHMC for which Recruitment rules (RRs) have recently been notified are being sent to UPSC for filling up of the post. In so far as group 'B' & 'C' posts are concerned, vacancies are being reported to SSC/AIIMS or other recruiting agencies for filling up the same on regular basis. For filling up the technical posts for which RR's have been notified, the process of regular appointment is underway.

6.3 The Committee is deeply concerned about the status of vacancy position at the LHMC & SSKH. The Committee notes that a total of 1284 posts have been filled up against the sanctioned strength of 2117 and 833 posts are still lying vacant which cover to around 40% of the total sanctioned posts. Needless to say, such a huge gap in the workforce would have adverse impact on the functioning of the hospital. The Committee has been given to understand that Recruitment rules (RRs) for group "A" posts have recently been notified and the proposals are being sent to UPSC for filling up of the vacant post. Under group "A", 23 out of 35 posts are lying vacant. The Committee recommends the Department to request the UPSC to complete recruitment process within a set time frame so that all the vacancies are filled up and the existing staff is not burdened due to heavy patient load.

6.4 The Committee notices that under group B and C, 304 and 231 posts are lying vacant out of 940 and 403 posts respectively. The Committee has been informed that vacancies are being reported to SSC/AIIMS or other recruiting agencies for filling up the same on regular basis. The Committee is of the view that even after such a high vacancy at the Institute, the Department has been not been able to decide as to which recruiting agencies could be approached for recruitment process. The Committee is perturbed over



the large vacancy position and therefore strongly recommends the Department to expedite the process for recruitment of the staff at the Institute. The Department needs to set a timeline within which the entire recruitment process gets completed and hindrances, if any, tackled immediately.

## VII PRADHAN MANTRI SWASTHAYA SURAKSHA YOJANA (PMSSY)

7.1 The following statement shows projected demand vis-à-vis allocation for the year 2020-21:

<b>BE 2020-21</b>		<b>Rs. in Crore</b>
<b>Projections</b>		<b>Allocations</b>
5733.35		6020.00

7.2 The Statement showing BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department is given below:

<b>Major Head</b>	<b>2017-18</b>			<b>2018-19</b>			<b>2019-20</b>		
	<b>BE</b>	<b>RE</b>	<b>AE</b>	<b>BE</b>	<b>RE</b>	<b>AE</b>	<b>BE</b>	<b>RE</b>	<b>AE</b>
									<b>17.01.20 (prov)</b>
<b>Revenue</b>	1222.10	927.30	924.82	1850.10	1850.10	1843.16	2860.70	3594.10	2886.70
<b>NER</b>	132.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Capital</b>	2620.00	2214.80	2234.45	1974.90	1974.90	1953.35	1139.30	1139.30	853.65
<b>Total</b>	<b>3975.00</b>	<b>3142.10</b>	<b>3159.27</b>	<b>3825.00</b>	<b>3825.00</b>	<b>3796.51</b>	<b>4000.00</b>	<b>4733.40</b>	<b>3740.35</b>

7.3 The Committee finds PMSSY scheme an exceptional case where the allocated budget i.e. Rs. 6020.00 crore for the year 2020-21 is more than the projected demand of Rs. 5733.35 crore, which an addition fund of Rs. 286.65 crores. The scheme got an increase of Rs. 1286.60 crore in BE 2020-21 from RE 2019-20. However, Committee notes that an amount of Rs. 3740.35 core has been utilized upto 17.02.2020 out of Rs. 4733.40 crores allocated during the RE stage. The Committee would exhort the Department that the Scheme is being accorded utmost priority and now, it is their responsibility to utilize the funds optimally and judiciously. The Department needs to do proper financial planning and make full use of the funds allocated to complete all the pending work under the Scheme and achieve the physical target within the specified timeline.

7.4 The construction statement showing Status of Six AIIMS under Phase I is as follows:

Name of AIIMS	Average daily OPD (As on December 2019)	Total IPD (January to December 2019)	Total no. of Surgeries (Jan to December 2019)			Beds
			Major	Minor	Total	
Bhopal	2248	20276	4624	9471	14095	611
Bhubaneswar	3009	25341	8086	4873	12959	883
Jodhpur	3106	54525	9497	2207	11704	728
Patna	2589	22591	7268	1653	8921	820
Raipur	1806	21,387	6704	6397	13101	800
Rishikesh	2470	52,742	12823	16126	28949	960
<b>Total</b>	<b>15228</b>	<b>196862</b>	<b>49,002</b>	<b>40,727</b>	<b>89,729</b>	<b>4802</b>

7.5 The Committee notes that at different six AIIMS under phase I of the PMSSY scheme, a total of 89729 surgeries i.e. both major and minor have been conducted during the year 2019. Whereas, in AIIMS, Delhi alone, 104850 surgeries were performed which is far more than combined surgeries of all the AIIMS constructed under phase I. The Committee, further, observes that average daily OPD of all the AIIMS under phase I range from 1806 to 3106, whereas more than 10000 avail the ODP at AIIMS Delhi on daily basis. The Committee feels that these regional AIIMS have yet not been able to prove their credential amongst the people and a lot more needs to be done. Regional AIIMS were established with the objectives of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services. However, data furnished by the Department reflects that the objective for which these Institutes were established has not been achieved fully. Obviously all these regional AIIMS need to augment their resources in such a manner that quality of health care services is substantially increased for the patients awaiting treatment. Further to happen concerted efforts are required for comprehensive infrastructure development, adequate availabilities of qualified doctors, staff and the beds etc. The Committee, therefore, recommends that these Institutes must work towards enhancing its goodwill as facilitator of healthcare services upto global standard in particular region of its location.

7.6 The present position of faculty posts against sanctioned posts in first six AIIMS under PMSSY is as under:

AIIMS	Sanctioned Posts	Current On roll Position		Vacancy	Remarks
		Post filled	(%)		
Bhopal	305	172	56.39%	133	-
Bhubaneswar	305	181	59.34%	124	125 posts advertised in Jan, 2019. Selection process

					completed in Feb, 2020. Appointment orders to be issued pending approval of GB/HR sub-committee.
<b>Jodhpur</b>	305	176	57.70%	129	563 posts have been advertised since 2018 and recruitment for the same is underway in various phases.
<b>Patna</b>	305	107	35.08%	198	196 posts advertised. Interview is in progress and two phases of interview already done. 63 posts have been advertised again.
<b>Raipur</b>	305	143	46.89%	162	Recruitment of 936 posts of Group A, B and C is underway.
<b>Rishikesh</b>	305	256	83.93%	49	All the vacant Faculty posts have been advertised and interviews to be held shortly.
<b>Total</b>	<b>1830</b>	<b>1035</b>	<b>56.56%</b>	<b>795</b>	

7.7 On the sanctioned *vis-a-vis* in-position strength of all posts under all categories including faculty & non-faculty staff at the six AIIMS i.e. Bhopal, Rishikesh, Jodhpur, Bhubaneswar, Patna and Raipur under phase I of PMSSY scheme, the Department submitted that a total number of 4089 posts consisting of 305 faculty posts of various disciplines, 3776 non-faculty posts and 8 project cell posts have been created. Recruitment to various positions is done on need basis keeping in view the range of additional services and facilities planned to be added in the hospitals. The incumbency position at various AIIMS is monitored regularly and vacancies are advertised from time to time depending on their requirement. The Department conceded that as high standards have to be maintained in selection, keeping in view the stature of these Institutes of National Importance, however, all the advertised positions could not be filled up.

7.8 The Committee expresses its displeasure over the poor status of faculty at various AIIMS. Out of total sanctioned posts of 1830, only 1035 post are filled up i.e. only 56.56% of the total sanctioned posts are filled up and 795 are lying vacant. The Committee notes that AIIMS, Rishikesh leads in terms of faculty status where almost 83.93% posts have been filled up. The Committee at the stage of its 111<sup>th</sup> Report on PMMSY was apprised that 122 and 184 posts have been filled up at AIIMS Patna and Bhubaneswar respectively which unfortunately has now gone down to 107 and 181. Vacancy position in AIIMS Jodhpur is also not very encouraging. The Committee is not satisfied with the reasons highlighted by the Institutes for such a high vacancy status and delay in the recruitments process.

7.9 The Committee is apprehensive that for an AIIMS like institution, such a gap in workforce would adversely affect the functional capacity of the institute. The Committee is of the view that such poor status of teaching faculty not only adds woes to basic health infrastructure at the Institute but a compromise to the standard of medical education which ultimately puts a question mark on the functioning of the Institute. The Committee, therefore, recommends the Department to expedite the recruitment process and take necessary actions to fill up the vacant posts. The Committee, also, recommends the Department to offer better pay structure and incentives to attract Specialist/Super Specialist doctors from premier Institutes like AIIMS/JIPMER/PGI, etc. to join the Institute.

7.10 The present position of non-faculty posts against sanctioned posts in six new AIIMS as furnished by the Department is given below:

AIIMS	Sanctioned Posts	Current On roll Position		Vacancy	Remarks
		Post filled	(%)		
<b>Bhopal</b>	3776	1690	44.76%	2086	-
<b>Bhubaneswar</b>	3776	1808	47.88%	1968	1212 posts were earlier advertised against which CBT for 1208 posts completed. 121 Group A and Group B posts have advertised.
<b>Jodhpur</b>	3776	2103	55.69%	1673	1004 posts have been advertised since Dec, 2018 and recruitment for the same is underway in various phases.
<b>Patna</b>	3776	1529	40.49%	2247	166 posts advertised and issue of appointment orders is underway. 500 posts of Staff Nurse Gr. II is being recruited by AIIMS Delhi for AIIMS Patna. 206 posts of Nursing Officer advertised. 9 other posts have also been advertised.
<b>Raipur</b>	3776	2012	53.28%	1764	Recruitment of 936 posts of Group A, B and C is underway.
<b>Rishikesh</b>	3776	2853	75.56%	923	
<b>Total</b>	<b>22656</b>	<b>11,995</b>	<b>52.94%</b>	<b>10,661</b>	

7.11 The Committee is constrained to note that out of 22,656 non-faculty posts only 11,995 are filled up and 10,661 posts are still lying vacant. At AIIMS Bhopal, Bhubaneswar and Patna, there is less than 50% in position strength against the total sanctioned strength. The Committee understands that the shortage of doctors and specialist is a macro level problem resulting into the poor doctor: patient ratio in the country but the Committee fails to understand the reasons for huge number of vacancy in the non-faculty positions. In Committee's opinion non-faculty staff is the backbone of any medical institution in terms of its successful and smooth functioning. With such a wide gap in the in-position strength against the sanctioned non faculty posts, it would be extremely difficult to manage the day to day functionalities of various Departments of the institute in an holistic manner. The Committee, therefore, recommends for expediting the appointment process of non-faculty staff on a regular basis so that all the AIIMS have adequate man power to cater to all aspects of patient care. The Committee is of the considered opinion that a centralized recruitment process for filling up of non-faculty posts would address the entire non faculty shortage issue and also ensure a transparent recruitment process.

7.12 The Department submitted the status of construction at six AIIMS under phase I of PMSSY is attached at Annexure.

7.13 The Committee notes that status of construction of various packages in different AIIMS has not reached to satisfactory levels even after one and half years since the

**Committee gave its 111<sup>th</sup> Report on PMSSY. The Committee is constrained to note that at AIIMS, Raipur not even a single package has been completed. At AIIMS, Patna package II, II and IV have not been completed yet. It is a proven fact that delay in any construction activity leads to unnecessary additional costs and time runs. Such inordinate delays also result in denial of delivery of health care services to the people. The Committee, therefore strongly recommends that it is high time since these six AIIMS under Phase-1 are not only completed but also made fully operational and functional on the ground.**

7.14 In response to the Committee's query regarding the status of AIIMS like Institutions i.e. AIIMS Raebareli, Nagpur, Manglagiri, Kalyani, Gorakhpur, Bathinda *w.r.t.* construction of medical college, hospital complex and residential complex, the Department submitted that construction is progressing in full swing as below:

Phase	AIIMS	Date of Cabinet Approval	Approved Timeline	Status
Phase -II	AIIMS, Raebareli	05.02.2009 [Revised Cost Estimates (RCE) was approved by EFC on 22.06.2017]	March, 2020	<ul style="list-style-type: none"> <li>• OPD &amp; Residential block completed.</li> <li>• OPD inaugurated by Hon'ble PM on 16.12.2018.</li> <li>• Medical College / Hospital under construction ✓ Progress – 72%</li> <li>• Target Date of Completion (TDC) – March, 2020</li> </ul>
Phase -IV	AIIMS, Mangalagiri Andhra Pradesh	07.10.2015	60 Months Sep, 2020	<ul style="list-style-type: none"> <li>• Progress of work: ✓ Phase I - OPD Block &amp; Residential Complex: 83%</li> <li>✓ Phase II – Hospital and Academic Campus: 44%</li> <li>• New MBBS batch (50 students) started in August, 2018.</li> <li>• OPD started in March, 2019.</li> </ul>
	AIIMS, Nagpur, Maharashtra	07.10.2015	60 Months Sep, 2020	<ul style="list-style-type: none"> <li>• Progress of work: ✓ Phase I - OPD Block &amp; Residential Complex: 93%</li> <li>✓ Phase II – Hospital and Academic Campus: 54%</li> <li>• New MBBS batch (50 students) started in August, 2018.</li> <li>• OPD started in Sep, 2019.</li> </ul>
	AIIMS, Kalyani, West Bengal	07.10.2015	60 Months Sep, 2020	<ul style="list-style-type: none"> <li>• Progress of work: ✓ Phase I - OPD Block &amp; Residential Complex: 75%</li> <li>✓ Phase II – Hospital and Academic Campus: 51.5%</li> <li>• New MBBS batch started.</li> </ul>
	AIIMS, Gorakhpur,	20.07.2016	45 Months April, 2020	<ul style="list-style-type: none"> <li>• Construction in EPC Mode in progress (60.17%)</li> </ul>

	Uttar Pradesh			
Phase -V	AIIMS, Bathinda, Punjab	27.07.2016	48 Months June, 2020	<ul style="list-style-type: none"> <li>• Construction in EPC Mode in progress (53.08%)</li> </ul>
	AIIMS, Guwahati, Assam	24.05.2017	48 Months April, 2021	<ul style="list-style-type: none"> <li>• Master Plan &amp; Concept Design finalized.</li> <li>• Tender awarded under EPC mode on 18.01.2019.</li> <li>• Work in progress (28%)</li> </ul>
	AIIMS, Bilaspur, H.P.	03.01.2018	48 Months Dec, 2021	<ul style="list-style-type: none"> <li>• Cabinet approval obtained on 03.01.2018.</li> <li>• Boundary wall work in progress.</li> <li>• Design consultant appointed.</li> <li>• Master plan finalized.</li> <li>• Tender awarded under EPC mode on 23.01.2019.</li> <li>• Work in progress. (26%)</li> </ul>
Phase -VI	AIIMS, Jharkhand	16.05.2018	45 Months Feb, 2022	<ul style="list-style-type: none"> <li>• Pre-investment activities in progress.</li> <li>• Executing Agency for main work appointed.</li> <li>• Design Consultant appointed.</li> <li>• Master Plan finalized.</li> <li>• Construction Agency appointed.</li> <li>• Work in progress- 8%.</li> </ul>

**7.15** The Committee has been given to understand that most of the AIIMS like Institutes other than the one approved under Phase I have their approved time line to be in 2020. AIIMS Guwahati, Bilaspur and Jharkhand are expected to get completed by April, 2021, December, 2021 and February, 2022 respectively. The Committee hopes that the construction work in new AIIMS would be completed as per schedule and the status of construction be monitored on regular basis so that these AIIMS do not face any delay and consequential cost overruns. The Committee also recommends that all the necessary approval should be taken by the Institutes within specific time so the delays in approvals do not contribute to the delay in construction activities.

### III NATIONAL AIDS AND STD CONTROL PROGRAMME

8.1 BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department for this programme is given below:

Major Head	2017-18	2018-19	2019-20
BE	2000.00	2100.00	2500.00
RE	2163.06	1925.00	2956.00
AE	2009.76	1803.20	1936.90
Unspent balance	153.29	121.80	1019.10

8.2 The Department has submitted that budgetary allocation for the year 2019-20 for this programme was Rs.2500 crore, while, the budgetary allocation for the year 2020-21 is to the tune of Rs. 2900 crore, an increase of Rs. 400 crore over the previous year. The increase in allocation in the RE of 2019-20 would take care to meet the outstanding liability of pending bills of medicines and kits of Procurement Division of NACO.

8.3 With respect to the key strategies adopted/could further be undertaken by the Government to prevent outspread of AIDS and STDs in the country, the Department submitted that the objectives of NACP IV extension Phase are being achieved through five pronged strategy: i) consolidation and expansion of comprehensive prevention services for at-risk populations, ii) operationalization of Test & Treat services, iii) Targeted functional integration with NHM, iv) Leveraging the HIV/AIDS Act to prevent discrimination, and v) Strengthening the Strategic Information Management System. The HIV/AIDS response is centered around communities, and partnerships with multi-stakeholders.

8.4 More than a million patients have been put on ART. Remaining patients hitherto categorized under Pre-ART ( $\leq 500$  cu/mm<sup>3</sup>) and those lost to follow-up (LFU) have been brought under the treatment fold through 'Mission Sampark' under the Test & Treat Policy of 2016. The Government has introduced new and less toxic drug regimen, scaled up treatment Programme and ensure treatment adherence and retention. Since its launch on 26 February 2016, the Programme has progressively introduced routine viral load testing for all PLHIV, initially through a public private partnership and thereafter, through 64 molecular laboratories set up by the Government in the public sector. Through these efforts, the focus is on ensuring 'Undetectable=Untransmutable' (U=U). The Government has enacted **the HIV/AIDS Act to provide a legal and human framework to protect the rights and dignity of People Living with HIV. All these policy initiatives reinforce the Government's commitment towards ending the AIDS epidemic as a public health threat by 2030, Fast Track targets for 2020 as well as the Sustainable Development Goals (SDGs) for 2030.**

8.5 NACO is now building on lessons learnt to revise the **national approach to reach 'the last mile' – in order to ensure a more effective, sustained and comprehensive coverage of AIDS-related services – an approach well-articulated in the National Health Policy and the implementation framework thereof as well as the National Strategic Plan on HIV/AIDS and STI, 2017-24**, available on NACO website. With the target of 75% reduction in new HIV infections, the national response is accelerating HIV prevention in key and at-risk populations to reduce HIV infection through a differential approach and upgrading of the package of services i.e. TI revamping strategy.

8.6 **The Committee expresses its displeasure over the status of utilization of funds i.e. in the year 2017-18 and 2018-19 during which Rs. 153.29 crore and Rs. 121.80 crore respectively remained unspent. In the year 2019-20, Rs 1936.90 crore has been utilized by the Department upto 17.01.2020, out of the RE of Rs. 2956.00 crore, balance Rs. 1019.10 crore is to be spent by 31st March, 2020. Under NER head, the allocated funds have remained unutilized. The Committee has been apprised about the objectives of the NACP IV extension plan. However, in spite of such a wide range of objectives, the allocated fund has remained unutilized. The Committee believes that these objectives can be fulfilled up only with concerted efforts and optimum utilization of allocated funds. The Committee recommends that the Department must make action plan for utilisation of allocated funds within stipulated period and also monitor the same so that funds allocated are optimally utilised to fulfill the very objectives of the programme.**

## IX FAMILY WELFARE SCHEME

9.1 The statement showing proposed BE vis-à-vis BE allocated and actual expenditure during the year 2018-19 and 2019-20 as furnished by the Department for this scheme is given below:

<b>Rs in Crore</b>					
<b>2018-2019</b>			<b>2019-2020</b>		
<b>BE PROPOSED</b>	<b>BE Allocated</b>	<b>AE</b>	<b>BE PROPOSED</b>	<b>Be Allocated</b>	<b>AE upto 31.01.2020 (prov)</b>
1138.09	770.00	490.05	1077.97	700.00	371.61

9.2 The Committee observes that the in the year 2018-19 Rs 770 crore was allocated to the family welfare schemes, out of which Rs. 490.05 crore was utilized and Rs. 279.95 crore i.e. almost 36% of the allocated budget has remained unspent. In the year 2019-2020, out of Rs. 700 crore allocated funds Rs. 371.61 crore has been utilized upto 31.01.2020.

**9.3 The Committee is unhappy that the Department has not been able to utilize the allocated budget meant for the family welfare schemes in the past years, which were earmarked cover the under-privileged sections of society and help them with maternity, post and neo-natal healthcare and family planning. The Committee is also surprised to note that the projected demand for the scheme was Rs.1138.09 crore in 2018-19 and Rs.1077.97 crore in 2019-20. The Committee, therefore, strongly recommends that the Department must enhance the absorption capacity of scheme and monitor the progress of 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 as to project justified case for enhanced funds at RE stage.**

## X NATIONAL ORGAN TRANSPLANT PROGRAMME

10.1 The statement showing BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department is given below:

<b>Major Head</b>	<b>2017-18</b>			<b>2018-19</b>			<b>2019-20</b>		
	<b>BE</b>	<b>RE</b>	<b>AE</b>	<b>BE</b>	<b>RE</b>	<b>AE</b>	<b>BE</b>	<b>RE</b>	<b>AE 17.01.20 (prov)</b>
<b>Revenue</b>	5.20	7.00	1.84	88.55	22.60	7.34	38.90	27.70	8.94
<b>Capital</b>	3.80	2.00	0.05	2.10	2.10	0.70	2.10	1.25	0.78
<b>Total</b>	<b>9.00</b>	<b>9.00</b>	<b>1.89</b>	<b>90.65</b>	<b>24.70</b>	<b>8.04</b>	<b>41.00</b>	<b>28.95</b>	<b>9.72</b>

10.2 The Department stated that the allocation is as per the utilization pattern in 2018-19 and 2019-20 and is apparently sufficient as per the current utilization status. It appeared that the demand has been made and allocation done on the basis of actual requirement from States and various organizations under the Program i.e. National Organ and Tissue Transplant Organization(NOTTO), Regional Organ and Tissue Transplant Organisation (ROTO) & State



Organ and Tissue Transplant Organisation (SOTTOs) assessed by the Department, The capital outlay of Rs. 1.35 Crore is for capital requirement of NOTTO only. Since the major infrastructure work of NOTTO has already been completed and equipment for national bio-material centre already purchased, so the budget requirement on the capital component is less comparatively. The Non-recurring and recurring fund requirement of States and Regional Level Organizations and Transplant & Retrieval Centres is met from the grant-in-aid component of NOTP.

**10.3 The Committee observes that actual expenditure on NOTP during 2017-18 and 2018-19 was just 21% and 32.56% with respect to RE of Rs. 9 crore and Rs. 24.70 crore. During the year 2019-2020, an amount of Rs. 9.72 crore out of Rs. 28.95 crore has been utilized upto 17.01.20 leaving thereby an unspent balance of Rs. 19.23 crore. The Committee takes a serious note of the under-utilization of funds under the scheme. The Committee is of the view that Department must evaluate the financial requirement of scheme and its scope of expansion to utilize the available financial resources to avoid under-utilization of funds. The Committee finds its strange that funds allocated for such an important scheme is not being utilized. Such poor utilization trends are indicative or lack of awareness about the scheme amongst the people. The Committee therefore recommends that the said scheme needs to be popularized so that needy people make use of the same and the funds allocated are put to good use.**

## **XI FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)**

11.1 The statement showing BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department is given below:

*Rs. in crore*

Major Head	2017-18			2018-19			2019-20			2020-21
	BE	RE	AE	BE	RE	AE	BE	RE	AE 17.01.20 (prov)	BE
<b>Revenue</b>	133.58	185.58	178.44	141.60	261.60	258.05	360.00	301.59	218.72	283.71

During the Financial Year 2018-19, Ministry had released grants for an amount of Rs. 257.05 Crore. Besides, there was Rs. 4.45 crore as unspent balance of the F.Y. 2017-18, carried forward to F.Y. 2018-19. Therefore, the balance available in Financial Year 2018-19 was Rs. 261.50 crore, out of which FSSAI has utilized Rs. 258.05 crore leaving an unspent balance of Rs. 3.45 crore. The projected demand for FSSAI for 2020-21 was Rs. 410.5 crore of which only Rs. 283.71 crore has been allocated for BE 2020-21.

**11.2 The Committee observes that out of the projected demand of Rs. 410.5 crore, only Rs. 283.71 has been allocated to FSSAI which amounts to only 69.11% of the projected amount. The Committee is of the view that such a lower allocation of budget for FSSAI, that has been established for laying down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption, will certainly affect the ongoing projects/activities of the Authority in particular and in fulfilling the mandate of FSSAI in general.**

**11.3 The Committee observes that the trend of utilization of funds during the years 2017-18, 2018-19 and 2019-20 is more or less satisfactory. The Committee is of the view that**

**safety and standardization of food is a neglected area in India and the Department needs to focus more in this field. Slow progress of the developmental activities and initiatives would hamper the quality of work being rendered in context of safety and standardization of food items across the country. The present trend of utilization of funds indicates that the amount allocated to the authority is not sufficient to carry out ongoing activities and initiatives. FSSAI being a nodal agency for food safety and regulation needs to be strengthened so that it has upto date infrastructure and a structured regulatory mechanism for ensuring smooth and meticulous discharge of its mandate and fulfill the very objectives for which it has been created. The Committee in its 110<sup>th</sup> Report had highlighted various areas of concern w.r.t. functioning of FSSAI and expected the Department to pay attention to those grey areas and take corrective action. Unfortunately, the Department has not paid the desired level focus on the mandate of FSSAI and the inadequate allocation for FSSAI speaks volume about the attention being given to this area. The Committee, therefore, recommends the Department to persuade Ministry to Finance to allocate more funds to FSSAI so that it does not face shortage of funds and the work done by FSSAI does not get hindered on account of lack of funds.**

11.4 To a specific query as to whether the existing laws are adequate to tackle the problem of adulteration of milk and the details of total convictions/prosecutions or any other action taken in this regard during the last three years, the Department submitted that the Food Safety and Standards Act, 2006 has provisions for ensuring availability of safe and wholesome food to the consumers. FSSAI regularly monitors the constraints related to adulteration in milk and milk products and issues guidelines and advisories to States/UTs to tackle the problem of adulteration. FSSAI has been regularly interacting with the States/ UTs for increasing the enforcement related activities. This is also monitored on a regular basis in the meetings of the Central Advisory Committee and Video Conference. FSSAI under the Central Sector Scheme has also provided fully fabricated vehicles (along with equipment) Mobile food testing labs called Food Safety on Wheels (FSW) to various States/UTs. These mobile labs are equipped to perform tests viz. simple tests for common adulterants in milk, water, edible oil and other items of food of daily consumption. The States not as Food Safety on Wheels have been advised to get in touch with FSSAI to complete the necessary formalities.

11.5 Further, FSSAI has prioritized inspection in accordance with Risk Based Inspection System (RBIS). RBIS aims at optimally utilizing the limited regulatory manpower with States and focus on high-risk food businesses. Under Risk Based Inspection System (RBIS), food businesses are categorized according to risk involved which forms the basis for prioritization and frequency of inspection. Milk falls in high risk category and therefore requires higher frequency of inspections. While modalities for risk based inspections are being worked out by FSSAI in consultation with States/UTs, The FSSAI has meanwhile notified the Food Safety and Standards (Food Safety Audit) Regulations, 2018 on 28.08.2018 which provides for periodic audit of food businesses which will be mandatory for certain businesses based on their risk categorization. Such audits will be carried out by the FSSAI recognised NABCB accredited agencies. Further, to ensure the safety and quality of milk supplied to consumers, FSSAI has developed a scheme for sampling and testing to be implemented by dairy processing establishments to strengthen the internal controls through self-monitoring. The scheme has to be implemented at all the dairy processing establishments as per the prescribed frequency. The dairy establishments shall test raw milk, in process and finished products for adulterants, hygiene indicators, microbial contaminants and safety parameters like pesticides, antibiotics, aflatoxins etc. at scheduled frequency.

11.6 As per information received from States/UTs, the samples of milk analyzed, found non-conforming and action taken thereon for the last three years are as under:

<b>Year</b>	<b>No. of Samples Analyzed</b>	<b>No. of Samples found non-conforming</b>	<b>No. of Cases Launched</b>	<b>No. of Convictions</b>	<b>No. of Penalties/ Amount</b>
2016-17	7717	2307	2104	540	976/ Rs.21765915
2017-18	11998	3783	2768	1006	1569/ Rs. 30402550
2018-19*	4117	717	402	230	336/ Rs. 17877260

*\*Some States/UTs are yet to share product wise data for 2018-19*

11.7 The Committee observes that the samples taken by FSSAI for quality analysis indicated a grim picture. In the year 2016-17, out of the 7717 samples analyzed, 2307 samples were found to be non-conforming and cases were launched in case of only 2104 samples and only 540 convictions took place. In the year 2017-18, 3783 samples out of 11998 samples were non-conforming and conviction took place in 1006 cases, in 2018-19, 717 samples failed to comply with the given standard out of 4117 and 402 cases were launched and 230 were convicted. The Committee notes that inspite of many initiatives taken by the Department to prevent adulteration of milk, the results of such control and monitoring are not very encouraging.

11.8 The Committee feels that policies and the existing laws to prevent adulteration of milk are not only inadequate but enforced weakly too. This poor implementation of the law has resulted in rampant milk adulteration and substandard quality of milk reaching the market putting thereby the lives of people in danger. The Committee, therefore, recommends the Department to evolve a robust monitoring framework to prevent adulteration of milk. The Committee believes that until and unless the conviction rate goes up for such cases it would not serve as a deterrent for others. The Committee, therefore, strongly believes that stringent and swift action needs to be taken in such cases and the Department should issue direction to the States to act promptly and take necessary action as soon as possible.

## **XII ALL INDIAN INSTITUTE OF MEDICAL SCIENCE (AIIMS)**

12.1 The BE, RE and , actual expenditure details of AIMS during the year 2017-18, 2018-19, 2019-20 and BE 2020-21 as furnished by the Department are as under:

Major Head	2017-18			2018-19			2019-20			2020-21
	BE	RE	AE	BE	RE	AE	BE	RE	AE 17.01.20 (prov)	BE
<b>Revenue</b>	2400.00	2967.00	2967.00	3018.00	3298.00	3229.00	3599.65	3485.00	2821.92	3489.96

12.2 The Committee observes that Rs. 3489.96 crores has been allocated to the AIIMS, Delhi as against the projected demand of Rs.3950.00 crores leaving a shortfall of Rs. 460.04 crores. In the year 2017-18, entire budget has been utilized by the Institute while in 2018-19, Rs. 3229 crore were spent out of the RE of Rs. 3289 crore. In 2019-20, Rs. 2821.92 has been utilized upto 17.01.2020 out of the allocated funds of Rs. 3485.00 crores, leaving an unspent balance of Rs 663.08 crores to be utilized by the Department till 31<sup>st</sup> March, 2020.

**12.3 AIIMS which is an institution of National Importance and eminence, has made substantial contribution towards affordable and quality tertiary healthcare, especially to the most deprived and vulnerable sections of our society. The Committee, therefore, believes that that AIIMS needs to be supported and nurtured in all possible manner and all its financial requirements should be met by the Government by way of budgetary support to allow it to excel further. The Committee is, however, constrained to observe that the budgetary requirement of AIIMS has been slashed by Rs. 461 crore against projected demand to the tune of Rs. 3950.00 crore. Given the good track record of AIIMS in utilizing the allocated plan funds during the last three years, the Committee is unable to understand the rationale for the reduced quantum of plan funds for 2020-21. A large number of developmental activities such as NCI, Jhajjar, Surgical Block, Mother and Child Block, OPD Block, Burn And Plastic Ward, Nation Centre of Ageing etc. are presently underway at AIIMS, Delhi and inadequate allocation of plan funds should not limit the progress of such important initiatives. The Committee, therefore, strongly advocates for enhanced budgetary support to AIIMS as the budgetary constraints should not come in the way of speedy execution of developmental projects of AIIMS.**

12.4 In response to the Committee's query regarding the status of vacancies vis-à-vis sanctioned strength (post-wise as well as cadre-wise) as on date in the Institute, the Department furnished the following table:

		Sanctioned Strength	In-position	Vacancy
1.	Director	01	01	0
2.	M.S.	02	02	0
3.	Professor (Direct Recruitment)	125	42	83
4.	Principle, College of Nursing	01	0	01

5.	Assistant Professor	947	693	254
6.	Lecturer-In-Nursing	19	19	0
	<b>Total No. of posts of faculty</b>	<b>1095</b>	<b>757</b>	<b>338</b>

12.5 The Committee notes that only 757 faculty posts have been filled up out of total sanctioned strength of 1095 and 338 faculty posts are still lying vacant. As against the 125 sanctioned posts of professors, 83 are lying vacant which is more than 66% of the total sanctioned strength. The post of the Principle, College of Nursing has not been filled up and 254 posts of Assistant Professor against the sanctioned strength of 947 are vacant. The vacancies are to be filled up by different modes viz. direct recruitment, promotion, deputation etc. The Institute is taking action for filling up the posts by way of conducting open competitive exam, regular DPCs etc as per prevailing practice in consonance with existing RRs.

12.6 **The Committee observes that the essential pre-requisite for quality health care services is the availability of adequate manpower/specialists and other healthcare professionals. The Committee is disappointed to note the persistent shortage of manpower especially in the faculty positions. On the one hand the Institute is in expansion mode in various medical fields. The constraints in recruitment of even the sanctioned strength do not argue well. The Committee, therefore, exhorts the Institute to streamline its recruitment policy so as to ensure that the sanctioned posts are filled up within a targeted timeline. The Committee also recommends that adequate incentives should be offered and other steps be taken, to attract new talent and to motivate existing faculty to continue in the Institute.**

12.7 With regard to the ongoing and proposed projects/initiatives taken by the institute, the Department has furnished the following table:

Sl. No	Name of Projects	Sanctioned Cost (in Rs. Crores)	Date of start	Stipulated Date of Completion	Expected date of Completion	Expenditure upto December 2019 (in Rs. Crores)	Physical Progress (%)
1.	NCI Jhajjar	2035	February 2015	December 2017	December 2018 (Phase-I)	1205.83	Phase-I of NCI was inaugurated by Hon'ble PM on 12.02.2019 while 95% of phase-II of NCI has been completed
2.	Surgical Block	100.29	September 2013	April 2015	May 2020	71.70	95
3.	Mother & Child Block	290.70	May 2015	May 2017	August 2020	245.00	80
4.	OPD at Masjid Moth	573.00	May 2015	May 2017	February 2020	407.67	98

5.	Burns & Plastic Surgery Block	247.85	January 2017	January 2019	May 2020	126.06	90
6.	New Paid Ward	100.00	December 2016	August 2018	August 2020	66.46	80
7.	Construction of Geriatrics Block	250.00	February 2018	February 2020	September 2020	96.57	60

12.8 The Committee with regard to the above table observes as under:

- NCI, Jhajjar was stipulated to be completed by December, 2017, however, the phase 1 got completed on 12<sup>th</sup> February, 2019 with the time overrun of almost 14 months. Under Phase 2, 95 % of work has been completed.
- Original date of completion of Surgical Block was April, 2015, however, even after a time overrun of almost 60 months, 95% progress has been made and now it is expected to get completed by May, 2020.
- Mother and Child Block started in May, 2015, was expected to be completed by May, 2017 but even after the time overrun of 30 months only 80% construction has been completed yet.
- Similarly, Burns and plastic surgery Block and New Paid Ward were expected to be completed by January, 2019 and August, 2018 respectively, however, they have not been completed yet.

**12.9 The Committee observes that there has been a delay in the construction of almost all projects and the target date of completion for most of the projects has been further extended. The Committee is constrained to note the lethargic pace of developmental works of the new project at AIIMS, Delhi. Delay in construction activities not only leads to cost overruns, but also puts burden on the limited resources allocated to the Institute. Such delays have impaired the capacity of the institute to provide the envisaged levels of treatment, health care and medical education. The Committee desires the Department to assess the reasons for delay in the execution of the projects under construction and accordingly apprise the Committee of the reasons for delay along with the latest progress made.**

**12.10 The Committee has been given to understand that AIIMS catered to 26 lakh patients indicating very high burden of clinical services on AIIMS. Given the fact that a considerable number of patients availing health care facilities at AIIMS belong to the poor and deprived sections of the society, it is all the more imperative that the ongoing health care infrastructure of AIIMS should be completed within the stipulated time. The Committee desires that implementing agencies must avoid time and cost overruns and be held accountable with penalty. The Committee hopes that the new deadlines for completion of Surgical Block, Burns and Plastic Surgery Block and New Paid Ward are strictly adhered to with no further extension of time and become operational for the benefit of a number of patients. The Committee also recommends to the Department to keep a close watch on the progress made with respect to these Blocks and ensure its completion as per the new deadlines outlined.**

**XIII POST GRADUATE INSTITUTE OF MEDICAL SCIENCES AND RESEARCH (PGIMER), CHANDIGARH**

13.1 The Statement showing BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department is given below:

Major Head	2017-18			2018-19			2019-20		
	BE	RE	AE	BE	RE	AE	BE	RE	AE 17.01.20 (prov)
Revenue	1139.60	1205.00	1172.36	1207.98	1474.98	1475.00	1500.00	1760.00	1305.00

13.2 The Committee has been informed that a demand of Rs. 2150.00 crore was made by the Institute for the financial year 2020-21. However, a fund to the tune of Rs. 1426.53 crore has been allotted to the Institute.

**13.3 The Committee observes that in the past years PGIMER, Chandigarh has been successful in utilizing maximum of the budget allocated to the Institute. The Committee, notes that against the projected demand of Rs. 2150.00 crore for the year 2020-21 only Rs 1426.53 has been allocated to the Institute which is less than the BE of 2019-20. The Committee is, unable to comprehend the reason for the lower allocation of budget to the Institute. PGIMER being the leading tertiary care hospital of the region and catering to patients from all over Punjab, J&K, Himachal Pradesh and Haryana shortage of funds should not affect the services provided by the institute. The Committee, therefore, recommends that higher allocation of budget to the Institute so that it is able to excel in providing healthcare services to the people.**

**XIV JAWAHARLAL INSTITUTE OF POST GRADUATION MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY**

14.1 The following table indicates projected vis-à-vis allocated amount for the year 2020-21:-

**Rs. in crore**

2020-21	
Projected	Allocated
1263.55	1000

14.2 The Statement showing BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department is given below:

Major Head	2017-18			2018-19			2019-20		
	BE	RE	AE	BE	RE	AE	BE	RE	AE 17.01.20 (prov)
Revenue	1034.63	1034.63	951.28	1096.70	976.70	831.28	1100.00	1053.48	674.73

**14.3 The Committee observes that there has been consistent under utilization of funds at the Institute in the past years. Such trend of under utilization of budgeted funds indicates poor financial planning on the part of the concerned authority. The Committee expects the Department to take appropriate measures to utilize the entire fund allocated to the Institute and there should be no scope of fiscal profligacy or idle parking of funds and timely action should be taken for its optimal and judicious utilization in consonance with established principles of financial propriety.**

**XV NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES (NEIGRIHMS), SHILLONG**

15.1 In response to the committee's query regarding sanctioned vis-à-vis position strength (post wise and cadre wise), the Department has furnished the following table:

<b>As on 10.02.2020</b>						
		<b>In Position</b>				
	<b>Post Sanctioned</b>	<b>Regular</b>	<b>Contract / Ah-hoc/ outsourced</b>	<b>Total</b>	<b>Vacancy</b>	<b>Remarks</b>
Faculty	141	87	5	92	49	In process of advertising
Group A	67	38	1	39	28	Promotional post are getting filled up and post on DR are being filled up
Group B	917	553	5	558	359	Promotional posts are getting filled up and post on DR are being filled up
Group C	338	260	0	260	78	Promotional posts are getting filled up and post on DR are being filled up
Group C (MTS)	171	63	108	171	0	
SRD	105	59	19	78	27	Post are advertised on regular basis
JRD	84	74	4	78	6	Posts are advertised on regular basis
<b>Total</b>	<b>1823</b>	<b>1134</b>	<b>142</b>	<b>1276</b>	<b>547</b>	

15.2 The Department has submitted that the vacancies are to be filled up by different modes viz. direct recruitment, promotion, deputation etc. The Institute is taking action for filling up these posts by way of conducting open competitive exam, regular DPCs etc. as per prevailing practice in consonance with existing RRs.



**15.3 The Committee observes that out of sanctioned 1823 post, 1276 posts have been filled up and 547 are still lying vacant. The Committee is constrained to note that 49 faculty posts out of 141 have not been filled up. A total of 28, 359 and 78 post have been lying vacant under group A, B, C respectively. For an Institute that aims to provide high quality patient care, impart Post Graduate and Under Graduate, Basic and Advanced Medical Technology and Nursing Education, undertake Medical and Basic Community Health Research, advice / guide / facilitate the North Eastern States in framing Health Policies etc and finally develop Human Resources in all fields related to health, such a high rate of vacancy would adversely affect the Health care services provided by the Institute and also affect the standards of medical education imparted at the Institute. The Committee, therefore, recommends the Department to expedite the process of recruitment within a set time frame.**

**XVI NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES (NIMHANS), BENGALURU**

16.1 The Statement showing BE vis-à-vis RE and actual expenditure during the year 2017-18, 2018-19 and 2019-20 as furnished by the Department is given below:

Major Head	2017-18			2018-19			2019-20		
	BE	RE	AE	BE	RE	AE	BE	RE	AE 17.01.20 (prov)
Revenue	350.94	379.40	379.40	382.60	412.25	411.83	450.00	453.41	211.76

**16.2 The Committee appreciates a good track record of budget utilisation by the Institute in the past years. However, in the year 2019-20, only Rs. 211.76 crore has been utilized out of Rs 453.41 crore allocated at RE stage. The Committee is apprehensive as to how the institute will spend Rs. 241.65 in the remaining part of the fiscal year. The Committee would like a monitoring mechanism in place to ensure that the balanced pace of expenditure is maintained and there is no rush of expenditure in the last quarter so that the budgeted funds are utilized timely and the targeted outcomes are achieved within the prescribed timeline.**

16.3 In response to the committee's query regarding sanctioned vis-à-vis position strength (post wise and cadre wise), the Department has furnished the following table:

Group of post	Sanctioned	In position	Vacant
Group A	374	313	61
Group B	1020	972	48
Group C	511	441	70
Total	1905	1726	179

16.4 The Department has submitted that shortage of nurses has been a matter of concern. The proposal for creation of posts of Nursing cadre to various facilities/ departments of the Institute, as and when received from the Institute, are examined and taken up with Ministry of Finance. Recently, 210 posts of nurses at different levels [from Sr. Nursing Officer to Chief Nursing Officer] have been approved and posts creation order has been issued. In the meantime, NIMHANS has examined the standards of care and as per the SIU norms, the total number of nurses required is 1484. This number has been approved in the Hospital Management Committee and proposal is being process for approval at different levels.

**16.5 The Committee observes that 179 posts out of 1905 total sanction are lying vacant at the NEIGRIHMS, Shillong. The Committee further has been given to understand that shortage of nurses has been a matter of concern. Recently, 210 posts of nurses at different levels have been approved and orders for the posts creation were issued. The Committee recommends the Department to fill up the newly created vacancies at the earliest so as to overcome the shortage of nurses as highlighted by the Institute. The Committee also recommends that vacant posts should also be filled up to bridge the gap in providing outstanding healthcare services to the people.**

## **XVII LOKPRIYA GOPINATH BORDOLOI REGINAL INSTITUTE OF MENTAL HEALTH, TEZPUR**

17.1 The Department submitted that the funds released to the Institute in the RE 2018-19 was Rs.49.97 crores. The funds were utilized for patients' diet, medicines, maintaining hygiene, providing pathology, radiological test, salary etc. The total No. of IPD/OPD cases during the year was 1,28,897 and 1257 respectively. A total number of 145 registrations were also made for online training through the Digital Academy at the Institute as on 1.12.2019. Funds to the tune of Rs. 60.00 crore had been earmarked in BE 2019-20 which remained stagnant at Rs. 60.00 crore at RE stage. For FY 2020-21, the Institute has been allocated Rs. 53.20 crore.

17.2 The approved funds are released to the Institute in 4 quarterly installments. So far 3 installments have been released. Based on the projected requirement of the institute, Rs. 60 crores was allocated both at the BE and RE stages in 2019-20. Actual expenditure incurred on salaries, drugs, patient care, purchase and maintenance of equipments, Swachhta Action Plan etc till date is Rs. 45.48 crores till date.

17.3 Details of sanctioned posts, posts filled and vacancies at the Institute are as under:

<b>Category</b>	<b>Sanctioned Strength</b>	<b>In position</b>	<b>Vacancy</b>
Group A	57	32	25
Group B	101	100	01 *
Group C	173	173	0
SR	27	14	13
JR	36	28	8

*\*Recruitment process completed. Offer of appointment is being given after verification of character and antecedent.*

17.4 In order to meet the requirement of mental healthcare needs, the Institute has been availing the services of the required manpower on outsourcing basis also. To make pathway for reaching out to the other NE states, identification of a suitable institute in each state for collaboration with LGBRIMH will be useful.

**17.5 The Committee notes that the budget allocation for FY 2020-21 has been reduced from Rs. 60 crore at RE 2019-20 stage. Undoubtedly, the reduced funds would result in problems in the smooth functioning of the Institute. With an increasing global burden of mental health illnesses, the Committee feels there is a dire need to give more funds to the Institute. The Committee, recommends the Department to make every effort to establish the Institute as one of the pioneering mental health care institutes in the world. The Committee also recommends the Institute to fill up the sanctioned posts under group A as there are 25 vacancies. The Committee also notes the submission of the Institute and recommends the Department to identify a suitable institute in each State for collaboration with LGBRIHM that will facilitate better mental health care to the people.**

### **XVIII National AIDS Control Organization**

18.1 National AIDS Control Organization is a division of the Ministry of Health and Family Welfare that provides leadership to HIV/AIDS control programme in India through 35 HIV/AIDS Prevention and Control Societies. In 1986, following the detection of the first AIDS case in the country, the National AIDS Committee was constituted in the Ministry of Health and Family Welfare. As the epidemic spread, need was felt for a nationwide programme and an organization to steer the programme. In 1992 India's first National AIDS Control Programme (1992-1999) was launched, and National AIDS Control Organization (NACO) was constituted to implement the programme. NACO envisions an India where every person living with HIV has access to quality care and is treated with dignity. Effective prevention, care and support for HIV/AIDS is possible in an environment where human rights are respected and where those infected or affected by HIV/AIDS live a life without stigma and discrimination.

18.2 India has developed 3rd generation oral HIV self testing technical expertise for screening of HIV through oral saliva. This screening technique offers enormous benefits over the traditional blood pricking procedure. Currently, UNICEF and WHO have been procuring and using this technology in over 40 countries all over the world. Globally a large population has benefitted by the oral testing method as already approved by WHO. India, however, is still adopting the traditional technology. This technology is non-invasive with no blood or needless involved.

**18.3 HIV screening programme and testing programme in India should be in lines with the globally accepted best practices and hence the Committee strongly recommends that NACO should consider and adopt the latest non invasive oral saliva testing technology as it shall eliminate the apprehensions of social embarrassment besides providing early screening at affordable cost. This non invasive technology would provide an early safer alternative as per globally accepted best practices.**

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