

REPORT NO.

134



**PARLIAMENT OF INDIA  
RAJYA SABHA**

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

**ONE HUNDRED AND THIRTY FOURTH REPORT**

**ON**

**DEMANDS FOR GRANTS 2022-23 (DEMAND NO. 46)**

**OF THE**

**DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**(Ministry of Health and Family Welfare)**

*(Presented to the Rajya Sabha on 24<sup>th</sup> March, 2022)*

*(Laid on the Table of Lok Sabha on 24<sup>th</sup> March, 2022)*



**Rajya Sabha Secretariat, New Delhi  
March, 2022/ Chaitra, 1944 (SAKA)**

**Website : <http://rajyasabha.nic.in>**

**E-mail : [rs-chfw@sansad.nic.in](mailto:rs-chfw@sansad.nic.in)**

**PARLIAMENT OF INDIA**

**RAJYA SABHA**

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

**ONE HUNDRED AND THIRTY FOURTH REPORT**

**On**

**DEMANDS FOR GRANTS 2022-23 (DEMAND NO. 46)**

**OF THE**

**DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**(Ministry of Health and Family Welfare)**

*(Presented to the Rajya Sabha on 24<sup>th</sup> March, 2022)*

*(Laid on the Table of Lok Sabha on 24<sup>th</sup> March, 2022)*



सत्यमेव जयते

**Rajya Sabha Secretariat, New Delhi  
March, 2022/ Chaitra, 1944 (SAKA)**

## CONTENTS

S.NO.		Page Nos.
1.	COMPOSITION OF THE COMMITTEE	(i)
2.	INTRODUCTION	(ii)
3.	LIST OF ACRONYMS	(iii) – (v)
4.	LIST OF TABLES	(vi) – (vii)
5.	<b>REPORT</b>	1 - 65
	<i>Chapter - I - Overview</i>	1 – 4
	<i>Chapter - II - Macro Analysis of Budgetary Allocation</i>	5 – 9
	<i>Chapter -III - Health Sector</i>	10 – 50
	<i>Chapter -IV - National Health Mission</i>	51 - 65
6.	* OBSERVATIONS/RECOMMENDATIONS — AT A GLANCE	
7.	*MINUTES	
8.	*ANNEXURES	

---

\* To be appended at circulation stage

**COMPOSITION OF THE COMMITTEE**

**(2021-22)**

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

**RAJYA SABHA**

2. Shri A.K. Antony
3. Dr. L. Hanumanthaiah
4. *Vacant*
5. Shri Suresh Prabhu
6. Dr. Santanu Sen
7. Shri A. D. Singh
8. Dr. Kanimozhi NVN Somu
9. Dr. Subramanian Swamy
10. Shrimati Sampatiya Uikey

**LOK SABHA**

11. Shrimati Mangal Suresh Angadi
12. Ms. Bhavana Gawali (Patil)
13. Shri Maddila Gurumoorthy
14. Ms. Ramya Haridas
15. Dr. Chandra Sen Jadon
16. Dr. Amol Ramsing Kolhe
17. Shrimati Kavitha Malothu
18. Dr. Sanghmitra Maurya
19. Shri Arjun Lal Meena
20. Shrimati Pratima Mondal
21. Dr. Pritam Gopinath Munde
22. Shri K. Navaskani
23. Dr. Sujay Radhakrishna Vikhe Patil
24. Adv. Adoor Prakash
25. Shri Haji Fazlur Rehman
26. Dr. Rajdeep Roy
27. Dr. DNV Senthilkumar S.
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Krishna Pal Singh Yadav
31. Dr. Lorho S. Pfoze

**SECRETARIAT**

- |                              |                             |
|------------------------------|-----------------------------|
| 1. Shri Mahesh Tiwari        | Joint Secretary             |
| 2. Shri Shashi Bhushan       | Director                    |
| 3. Shri Bhupendra Bhaskar    | Additional Director         |
| 4. Shri Praveen Kumar        | Deputy Secretary            |
| 5. Shrimati Harshita Shankar | Deputy Secretary            |
| 6. Shri Rajesh Kumar Sharma  | Assistant Committee Officer |
| 7. Ms. Monika Garbyal        | Assistant Committee Officer |

## INTRODUCTION

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, hereby present this 134<sup>th</sup> Report of the Committee on the Demands for Grants (Demand No. 46) for the year 2022-23 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 (2022-23) of the Department of Health and Family Welfare on 21<sup>st</sup> February, 2022 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 23<sup>rd</sup> March, 2022.

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 2022-23;
- ii. Annual Report of the Department for the year 2021-22;
- iii. Detailed Explanatory Note on Demands for Grants of the Department of Health and Family Welfare for the year 2022-23;
- iv. Written replies furnished by the Department to the Questionnaires sent to them by the Secretariat;
- v. Presentation made by the Secretary (Ministry of Health and Family Welfare) and other concerned officers;
- vi. Economic Survey 2021-22; and
- vii. Budget Speech of the Finance Minister, etc.

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**  
**23, March, 2022**  
**2, Chaitra, 1944 (Saka)**

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

## LIST OF ACRONYMS

AE	-	Actual Expenditure
AERB	-	Atomic Energy Regulatory Board
AFHCs	-	Adolescent Friendly Health Clinics
AIDS	-	Acquired Immune Deficiency Syndrome
AIIMS	-	All India Institute of Medical Sciences
ANM	-	Auxiliary Nurse and Midwife
ART	-	Anti Retroviral Therapy
ASHAs	-	Accredited Social Health Activists
AWWs	-	Anganwadi Workers
AYUSH	-	Ayurveda, Yoga, Unani, Siddha and Homoeopathy
BASLP	-	Bachelor of Audiology and Speech Language Pathology
BDS	-	Bachelor of Dental Surgery
BE	-	Budget Estimate
BIS	-	Bureau of Indian Standard
BPAP	-	Bilevel Positive Airway Pressure
CDB	-	Central Design Bureau
CDs	-	Communicable Diseases
CDSCO	-	Central Drugs Standard Control Organization
CE	-	Conformite' Europe'enne
CGHS	-	Central Government Health Scheme
CHCs	-	Community Health Centres
CHS	-	Central Health Services
COTs	-	Clinical Outreach Teams
CPAP	-	Continuous Positive Airway Pressure
CPHC	-	Comprehensive Primary Health Care
CPWD	-	Central Public Works Department
DIB	-	Delegated Investment Board
DPRs	-	Detailed Project Reports
Dr. RML HOSPITAL	-	Dr. Ram Manohar Lohia Hospital
DUSIB -		Delhi Urban Shelter Improvement Board
EAC	-	Externally Aided Component
EAG	-	Empowered Action Group
ECP	-	Emergency Contraceptive Pill
EFC	-	Expenditure Finance Report
EPC	-	Empowered Programme Committee
ER&HSP	-	Emergency Response and Health System Preparedness
ETP	-	Effluent Treatment Plant
FP-LMIS	-	Family Planning - Logistic Management and Information System
FSSAI	-	Food Safety and Standards Authority of India
FY	-	Financial Year
FYP	-	Five Year Plan
GDMOs	-	General Duty Medical Officers
GDP	-	Gross Domestic Product
GMCs	-	Government Medical Colleges
GoI	-	Government of India
H&WC	-	Health and Wellness Centre
HEFA	-	Higher Education Funding Agency
HMIS	-	Health Management Information System
HSCC	-	Hospital Services Consultancy Corporation
HSCCL	-	Hospital Services Consultancy Corporation Limited
ICMR	-	Indian Council of Medical Research
ICU	-	Intensive Care Unit
IGNOU	-	Indira Gandhi National Open University

IIFCL	-	India Infrastructure Finance Corporation Limited
IMR	-	Infant Mortality Rate
IPD	-	In Patient Department
IPV	-	Inactivated Polio Vaccine
IUCD	-	Intrauterine Contraceptive Device
IVF	-	In Vitro Fertilization
JE	-	Japanese Encephalitis
JSY	-	Janani Suraksha Yojana
LINs	-	Long Lasting Insecticidal Nets
MBB	-	Metro Blood Bank
MBBS	-	Bachelor of Medicine and Bachelor of Surgery
MCH	-	Maternal and Child Health
MDG	-	Millennium Development Goal
ML	-	Microbiological Laboratory
MMR	-	Maternal Mortality Ratio
MoH&FW	-	Ministry of Health and Family Welfare
MoUD	-	Ministry of Urban Development
MPV	-	Mission Parivar Vikas
MRI	-	Magnetic Resonance Imaging
NACO	-	National AIDS Control Programme
NBSUs	-	New Born Stabilization Units
NCDC	-	National Centre for Disease Control
NCDs	-	Non Communicable Diseases
NCT	-	National Capital Territory
NDMC	-	New Delhi Municipal Council
NE	-	North East
NEIGRIHMS	-	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences
NHM	-	National Health Mission
NHP	-	National Health Policy
NHPS	-	National Health Protection Scheme
NITs	-	National Institutes of Technology
NPCDCS	-	National Programme for Prevention and Control of Cancer, Diabetes, Cardio-Vascular Diseases and Stroke
NPS	-	National Strategic Plan
NRHM	-	National Rural Health Mission
NSS	-	National Sample Survey
NUHM	-	National Urban Health Mission
NUT	-	Nephrology Urology and Transplantation
OBC	-	Other Backward Class
OCP	-	Oral Contraceptive Pill
OOP	-	Out of Pocket
OPD	-	Out Patient Department
OT	-	Operation Theatre
PAO	-	Pay & Accounts Office
PCs	-	Project Consultants
PFMS	-	Public Financial Management System
PG	-	Post Graduate
PGIMER	-	Post-Graduate Institute of Medical Education and Research
PHCs	-	Primary Healthcare Centres
PLHIV -	-	People Living with HIV
PMMVY	-	Pradhan Mantri Matru Vandana Yojana
PMSSY	-	Pradhan Mantri Swasthya Suraksha Yojana



POP	-	Progesterone Only Pills
PPFP	-	Post Partum Family Planning
PPIUCD	-	Post Partum Intrauterine Contraceptive Device
PRO	-	Public Relations Officer
PSA	-	Procurement Support Agent
PSUs	-	Public Sector Undertakings
RCH	-	Reproductive and Child Health
RE	-	Revised Estimate
RISE	-	Revitalizing Infrastructure and Systems in Education
RKS	-	Rogi Kalyan Samitis
RMNCH+A	-	Reproductive Maternal Newborn Child and Adolescent Health
RNTCP	-	Revised National Tuberculosis Control Programme
RRs	-	Recruitment Rules
RSBY	-	Rastriya Swasthya Bima Yojana
SCIs	-	State Cancer Institutes
SCTIMST	-	Sree Chitra Tirunal Institute of Medical Sciences and Technology
SFTL	-	State Food Testing Labs
SHS	-	State Health Societies
SIPV	-	Sabin Strains Inactivated Polio Vaccine
SJH & VMMC	-	Safdarjung Hospital & Vardhman Mahavir Medical College
TCCCs	-	Tertiary Care Cancer Centres
TFR	-	Total Fertility Rate
UCs	-	Utilization Certificates
UHCs	-	Universal Health Coverage
UIP	-	Universal Immunization Programme
UTs	-	Union Territories
VHSNCs	-	Village Health and Nutrition Committees
WHO	-	World Health Organisation

## LIST OF TABLES

Sr. No.	Table Nos.		Subject	Page Nos.
1.	Table	1	Strength in position against the sanctioned strength under Central Secretariat Service in MoH&FW	
2.	Table	2	Projection and allocation of the Budget for Department of Health and Family Welfare	
3.	Table	3	Trend in the Health Budgetary Allocation and Expenditure	
4.	Table	4	The GHE and OOPE as % of CHE of different countries	
5.	Table	5	Trend in Government Health Expenditure capture from 2013-14 to 2017-18 NHA	
6.	Table	6	Fund allocation and utilization status under CGHS Scheme	
7.	Table	7	Utilization status of funds allocated to CGHS for 2021-22	
8.	Table	8	Status of sanctioned and vacant posts under CGHS	
9.	Table	9	Physical achievements under CGHS in 2020-21 and 2021-22	
10.	Table	10	Utilization Status of funds during the F.Y. 2020-21 in SJH & VMMC	
11.	Table	11	Utilization status for the F.Y. 2021-22 upto 09.02.2022 in SJH & VMMC	
12.	Table	12	Status of sanctioned vis-à-vis in position strength as on 01.01.2022 in SJH & VMMC	
13.	Table	13	Status of recruitment of vacant Posts in in SJH & VMMC	
14.	Table	14	Details of BE 2020-21, BE 2021-22 and RE 2021-22 in RML Hospital and ABVIMS	
15.	Table	15	Capital Outlay in respect of ABVIMS and Dr. RML Hospital	
16.	Table	16	Revenue Outlay in BE 2021-22, RE 2021-22 and AE upto date and BE 2022-23 in ABVIMS & RML	
17.	Table	17	Status of In Position strength vis-à-vis the sanctioned strength in ABVIMS & RML Hospital	
18.	Table	18	Allocation in BE 2022-23 in LHMC & SMT. S.K. HOSPITAL	
19.	Table	19	Sanctioned strength and vacancy in LHMC & SMT. S.K. HOSPITAL	
20.	Table	20	Detailed allocation under RE 2021-22 and BE 2022-23 in Kalawati Saran Children's	
21.	Table	21	Present Vacancy vis-a-vis the Sanctioned strength of Kalawati Saran Children's Hospital	
22.	Table	22	Expenditure trend under PMSSY	
23.	Table	23	Status of 16 new AIIMS under PMSSY	
24.	Table	24	Status of Project Cell posts in first six AIIMS	
25.	Table	25	Status of Faculty posts in first six AIIMS	
26.	Table	26	Status of Non-Faculty posts in first six AIIMS	
27.	Table	27	Actual expenditure till 10.02.2022 under NACO in FY 2021-22	
28.	Table	28	funds under the Development of Nursing Services Scheme in BE 2022-23	
29.	Table	29	FSSAI Budget	
30.	Table	30	Expected total expenditure under CSS during FY 2022-23	
31.	Table	31	Present vacancy vis-a-vis sanctioned strength of FSSAI	
32.	Table	32	The BE, RE (Proposed) and RE (Accepted) of AIIMS, New Delhi for 2021-22	

33.	Table	33	Expenditure profile of AIIMS, New Delhi under different Heads	
34.	Table	34	Status of the Project undertaken by AIIMS, Delhi	
35.	Table	35	In Position strength vis-à-vis the sanctioned strength in AIIMS, New Delhi	
36.	Table	36	Expenditure profile of PGIMER, Chandigarh for 2021-22	
37.	Table	37	Funds allocated to PGIMER, Chandigarh in 2022-23	
38.	Table	38	Status of the different construction projects undertaken by PGIMER, Chandigarh	
39.	Table	39	In Position strength vis-à-vis the sanctioned strength in PGIMER, Chandigarh	
40.	Table	40	Present status of different construction projects in JIPMER	
41.	Table	41	Status of vacant faculty and non-faculty posts in JIPMER	
42.	Table	42	Expenditure Profile of NIMHANS in 2021-22	
43.	Table	43	Sanctioned posts vis-à-vis the in position strength in NIMHANS	
44.	Table	44	Status of the on-going projects in NEIGRIHMS	
45.	Table	45	Components under NHM	
46.	Table	46	Budgetary allocation for BE 2021-22 and BE 2022-23 to NHM	
47.	Table	47	Allocation and Release /expenditure from the FY 2017-18 to 2021-22 under NHM	
48.	Table	48	Status of budgetary allocation and expenditure under the RCH Flexible Pool	
49.	Table	49	Roll out plan for AB-HWCs	
50.	Table	50	Expenditure statement under Flexible Pool for Communicable Diseases	
51.	Table	51	Expenditure statement under National TB Elimination Programme	
52.	Table	52	Status of expenditure against RE under the pool of Infrastructure Maintainance	
53.	Table	53	Utilisation status under NUHM Flexible Pool	
54.	Table	54	Details of pendency of Utilization Certificates under NHM up-to 2019-20	
55.	Table	55	Details of the Tertiary Care Programs (BE, RE and Actual Expenditure)	
56.	Table	56	Status of the Scheme CSS for establishment of Medical Colleges	
57.	Table	57	Year wise-target under ABHIM	
58.	Table	58	Allocation and expenditure status under PMJAY	

## **CHAPTER – I**

### **OVERVIEW**

1.1 The Ministry of Health and Family Welfare comprises of the following two Departments:

- (a) Department of Health Research; and
- (b) Department of Health and Family Welfare

The Vision, Mission and Objectives of the Ministry of Health and Family Welfare are indicated as under:

#### **Vision**

Attainment of highest possible level of health and well-being for all, through preventive and promotive healthcare and universal access to good quality health services without anyone having to face financial hardship as a consequence.

#### **Mission**

- To ensure availability of quality healthcare on equitable, accessible and affordable basis across regions and communities with special focus on under-served population and marginalized groups.
- To establish comprehensive primary healthcare delivery system and well-functioning linkages with secondary and tertiary care health delivery system.
- To develop the training capacity for providing human resources for health (medical, paramedical and managerial) with adequate skill mix at all levels.
- To regulate health service delivery and promote rational use of pharmaceuticals in the country.

#### **Objectives**

- To improve health status of the people through concerted action.
- To expand preventive, promotive, curative, palliative and rehabilitative services provided through public health sector with focus on quality.
- To progressively achieve Universal Health Coverage.

1.2 The Department of Health & Family Welfare 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. Several statutory and regulatory bodies, Autonomous bodies/ institutes, Central Government Health Scheme etc. work under the Department.

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

1.3 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.

1.4 Setting up of 22 new AIIMS have been approved under PMSSY, of which 6 AIIMS at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh are fully functional and the rest

are at different stages. Demand for new AIIMS / additional AIIMS are also received from States from time to time.

### **Central Government Health Services (CGHS)**

1.5 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, homoeopathic, unani/siddha dispensaries/units and also provide comprehensive medical facilities to Retired Central Govt. employees.

### **National AIDS Control Programme (NACO)**

1.6 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.

1.7 The Government of India has taken many steps to provide affordable healthcare services to the people. As part of Ayushman Bharat, the Government is supporting States for strengthening Sub Centres and Primary Health Centres as Health and Wellness Centres for provision of comprehensive primary care. Further, under Pradhan Mantri Jan Arogya Yojana (PMJAY) (the second component of Ayushman Bharat), the Government provides coverage upto Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to over 10 crore poor and vulnerable families (approx. 50 crore persons). This scheme covers poor and vulnerable families based on deprivation and occupational criteria as per Socio Economic Caste Census data.

1.8 In addition, the National Health Mission (NHM) provides financial and technical support to States/UTs for accessible, affordable and quality healthcare, especially to the poor and vulnerable sections of the population, in both urban and rural areas. Under NHM, all States/ UTs are supported for providing a host of free services including for maternal health, child health, adolescent health, family planning, universal immunization programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases such as Malaria, Dengue and Kala Azar, Leprosy etc. Other major initiatives for which states are being supported include Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), implementation of NHM Free Drugs and Free Diagnostics Service Initiatives, PM National Dialysis Programme and implementation of National Quality Assurance Framework

### **SECRETARIAT**

1.9 The details of total strength in position against the sanctioned strength under Central Staffing Scheme/Central Secretariat Services/ Central Secretariat Stenographer Services/Central Secretariat Clerical Services in the Ministry of Health and Family Welfare is given as under:

**Table- 1**

<b>Sl. No.</b>	<b>Designation</b>	<b>Sanctioned post</b>	<b>In position (as on date)</b>
1	Secretary	1	1
2	Addl. Secretary	4	4
3	Joint Secretary	11	11
4	Director/Deputy Secretary	46	42
5	Sr. PPS	15	13
6	PPS	53	39
7	Under Secretary	78	71
8	Section Officer	155	68
9	Private Secretary	73	49
10	ASO	276	260
11	PA	47	12
12	Steno D	57	50
13	SSA	24	12
14	JSA	36	9
15	Multi Tasking Staff (MTS)	259	193
16	Staff Car Driver (SCD)	22	9
17	Canteen Staff	18	4

1.10 The detail of total strength in position against the sanctioned strength of other Officers/Staff (Indian Statistical Service, Indian Economic Services, Subordinate Statistical Services etc.) in the Ministry of Health and Family Welfare is enclosed at Annexure I. The Ministry further submitted that DoPT, which is the cadre controlling authority for Central Secretariat Service/Central Secretariat Stenographer Service/Central Secretariat Clerical Services, has been reported about the vacancies and is being requested from time to time for posting of officers/staff to fill the vacant posts. The recruitment of MTS and Canteen staff is being done by the Staff Selection Commission. Vacancies in respect of MTS and Canteen Staff are filled through Staff Selection Commission (SSC). Staff Selection Commission (SSC) has already nominated 7 candidates in October, 2021 against the vacancies reported by this Ministry for Canteen Staff. Reminders are being sent to SSC for filling up the remaining vacancies. As regards Staff Car Driver, the mode of recruitment is Deputation/absorption as per Recruitment Rules (RRs) for which applications are invited from all Ministries from time to time. Last Memorandum circulating the vacancy and inviting application was circulated on 17.06.2021. Action to select suitable candidates is underway.

## **Recommendations/Observations**

**1.11 The Committee notes that there is shortage of Officers/Staffs at various levels in the Ministry of Health and Family Welfare which may impact the effective administrative functioning of the Ministry. The Committee recommends the Ministry to take up the matter of vacancies with the Cadre Controlling Authorities and expedite the recruitment of officers/Staffs at all levels in the Ministry.**

**1.12 The Committee in its 126<sup>th</sup> Report on Demands for Grants 2021-22 had recommended the Ministry to revisit its organizational structure so that better administrative functionality can be achieved.**

**1.13 The Committee reiterates its recommendation that the Government must consider to constitute an Expert Group for detailed assessment of the effective working of the organization of the Department of Health and Family Welfare and do justice with the responsibilities entrusted to the Department.**

## CHAPTER II

### MACRO- ANALYSIS OF BUDGETARY ALLOCATION (DEMAND NO. 46)

#### BUDGETARY ALLOCATION

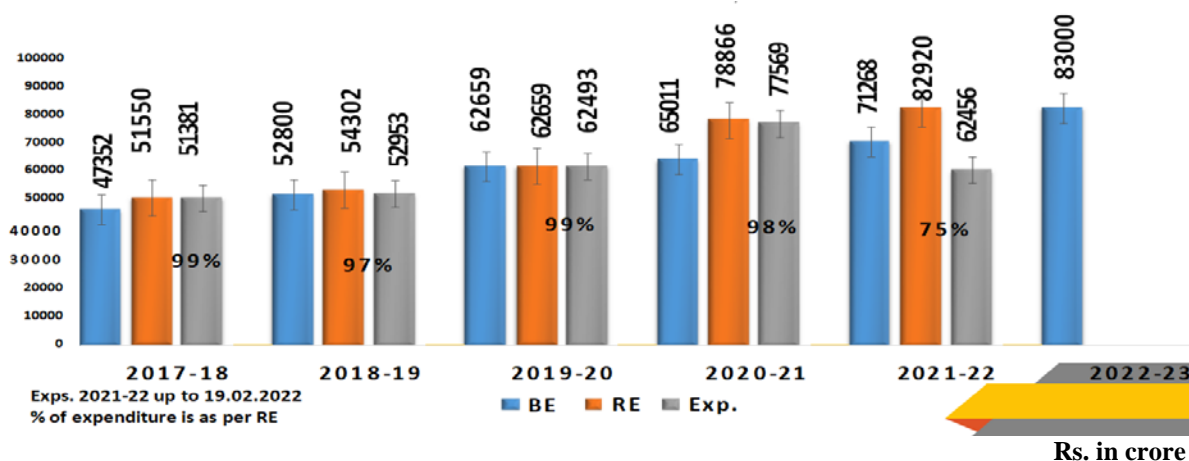
2.1 The Committee in its meeting held on 21<sup>st</sup> February, 2021 heard the views of the Secretary, Department of Health and Family Welfare on the Demand for Grants (2022-23) of the Department of Health and Family Welfare. The Secretary during the course of the meeting, submitted that the total health outlay in BE 2022-23 is Rs. 83,000 crore which is a 16.46% increase with respect to health allocation of Rs. 71,268.77 crore in BE 2021-22. However, the Ministry of Health and Family Welfare submitted that against the Projected Demand of Rs. 93299.75 cr., for the year 2022-23, an allocation of Rs. 83000 cr. has been made for Department of Health and Family Welfare which comes to 0.32% of the GDP. On the Projection and allocation of the Health Budget, the Secretary made the following submission:

**Table-2**

Projection of Estimates 2022-23			Approved BE 2022-23			(-) Shortfall/Additionality in allocation		
Revenue	Capital	Total	Revenue	Capital	Total	Revenue	Capital	Total
88290.32	5009.43	93299.75	77367.43	5632.57	83000.00	-10922.89	623.14	-10299.75

2.2 Elaborating on the trend in the Budgetary Allocation and Expenditure, the Secretary submitted that every year the Ministry has spent more than 90% of the allocated budget which is indicated as under:

**Table- 3**



#### Recommendations/Observations:

2.3 The Committee notes that against projection of Rs. 93,299.75 crore for the year 2022-23, the Department of Health and Family Welfare has been allocated a budget of Rs. 83,000 cr. The Committee also observes that the revised estimates for 2021-22 were Rs. 82,920.65 crore and the BE 2022-23 allocation of Rs. 83,000 crore, is almost equal to the revised estimates of last year.



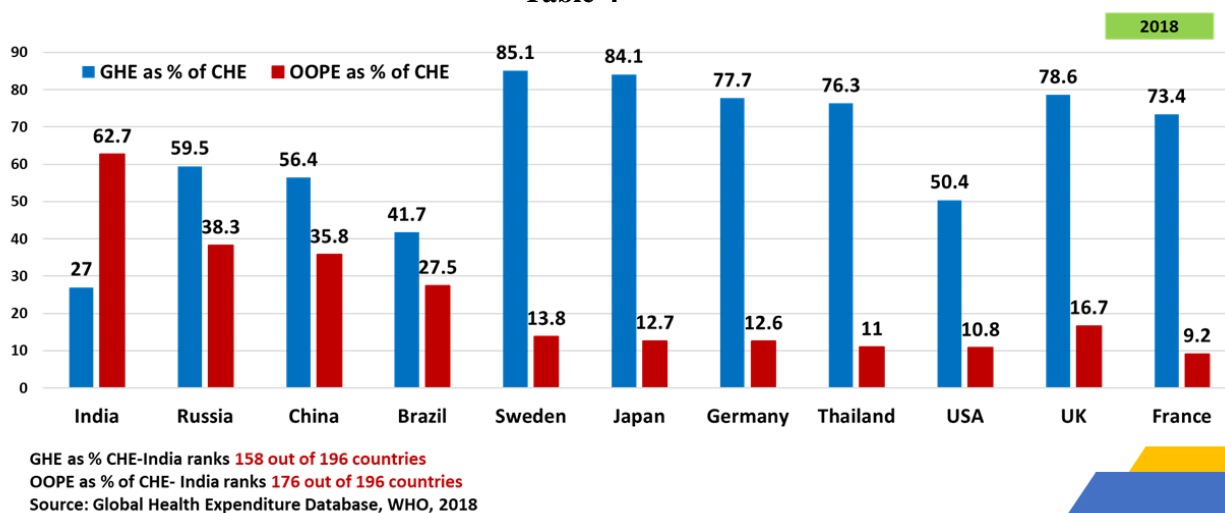
2.4 The Committee also notes that the budgetary allocation of Ministry of Health and Family Welfare accounts for 2.1% of the total BE 2022-23 whereas the allocation for Ministry of Defence is 13.3% of the total budgeted expenditure of the Government in 2022-23. The Committee realizes that for a country like India with limited State and Central Government funds, mobilization of resources poses a big challenge. However, this should not deter the Governments from increasing its health expenditure and according less priority to the health sector. Health is one sector that can drive people to poverty and disrupt the economic conditions of families. Attention of the Committee has also been brought to the *Tracking universal health coverage: 2017 Global Monitoring Report by WHO and World Bank* that states, "Average 4.16 % of the population annually slips into poverty due to catastrophic health expenditure". The Committee reemphasizes that the importance of health sector must not be ignored and health must be given priority in terms of budgetary allocation.

2.5 The Committee notes that in 2021-22, the country was engulfed by a deadly pandemic Covid-19 wave and the delivery of healthcare services was largely hampered. The pandemic brought forth in open the poor state of health infrastructure and necessitated Government's focus and Policy intervention to bridge infrastructure gaps to strengthen the healthcare facilities. It was anticipated that the ravages of the pandemic will bring the attention of the Government to the rural-urban divide in the healthcare services and its delivery. However, just a 0.2 % increase in the BE of 2022-23 in comparison to RE 2021-22 reveals the reluctance of the Government in addressing the immediate need of increasing public investments in the health sector.

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

2.6 The Secretary while giving his presentation to the Committee submitted that as per the WHO's Global Health Expenditure Database 2018, the Government Health Expenditure as percentage of Current Health Expenditure is only 27% and the Out of Pocket Expenditure as percentage of the Current Health Expenditure is 62.7%. India ranks 158 out of 196 countries in GHE as % of CHE and 176 out of 196 countries in OOPE as % of CHE. The GHE and OOPE as % of CHE of different countries are indicated as under:

**Table-4**



## Current Health Expenditure CHE as a percentage of GDP:

2.7 In a specific query related to the Current Health Expenditure in the country as a percentage of GDP, the Ministry submitted that according to National Health Accounts Estimates for India 2017-18, the Total Current Health Expenditures share of GDP is 2.93%. Spending on health by the Government is showing an increasing trend which is indicative of the Government's efforts towards prioritizing health of its citizens. The Government of India formulated the National Health Policy 2017 which envisages 'ensuring adequate public investment' for Health sector. It has set the target to increase health expenditure by Government to 2.5% of GDP by 2025 and also directed the state's health sector spending to increase more than 8% of their budget. The trend of Total Government Health Expenditure comprising of both current and capital expenditure is as under:

Table-5

### Trend in Government Health Expenditure capture from 2013-14 to 2017-18 NHA

Indicator	NHA 2017-18	NHA 2016-17	NHA 2015-16	NHA 2014-15	NHA 2013-14
Government Health Expenditure as percent of Total Health Expenditure	40.8	32.4	30.6	29	28.6
Government Health Expenditure as % of GDP	1.35	1.2	1.18	1.13	1.15
Government Health Expenditure as % of General Government Expenditure	5.1	4.4	4.07	3.9	3.8

Source: National Health Accounts

2.8 The Ministry further submitted that Government investments on health system have further increased with 15<sup>th</sup> Finance commission and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission. The 15<sup>th</sup> Finance commission has recommended an allocation of Rs. 70,051 crores through local government for addressing the gaps in primary public health infrastructure in rural and urban areas and under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM) an allocation of Rs. 64180 crores.

### Recommendations/Observations:

2.9 The Committee takes into account the *National Health Accounts* data submitted by the Ministry and notes that there has been a gradual increase in the Government Health Expenditure as a percentage of GDP ranging from 1.2 to 1.35. However the Committee is not happy with the slow trend of increase in the share of health budget.

2.10 Over the years, the Committee has consistently urged the Government of India to take cognizance of the dismal health infrastructure in the country and increase the share of Health Budget. The Committee also recalls the National Health Policy-2017 through which the Government has set the target to increase GHE to 2.5% of GDP by 2025. The Committee, therefore, emphasizes on the urgent need to increase the GHE without further delay to achieve the targets set under NHP as the present healthcare spending is abysmally low for a growing economy like India. The Committee in its 126<sup>th</sup> Report on Demands for Grants 2021-22 had explicitly recommended the Government for increasing its health expenditure to 2.5 % of GDP in the next two years and to 5% by 2025. The Committee feels that the Government must increase the investments in the health sector and reiterates its recommendation to increase GHE to 5% by 2025.

2.11 On a specific query related to the States that incur a Health Expenditure of more than 8 percent of their State's Budget, the Ministry submitted that out of all the State/UTs, the health expenditure in only Delhi and Puducherry is more than 8 percent of their State's Budget. Health Expenditure as percentage of General Government Expenditure (GGE) in Delhi and Puducherry's for the year 2019-20 was 11.2 and 9.2 respectively. (Source: Reserve Bank of India-“State Finances: A study of Budget). The Ministry further submitted that as per the budget data for 2018-19 and 2019-20 the budget for health as a share of the total budget for the States show increase in 13 states and it includes Arunachal Pradesh, Chhattisgarh, Nagaland, Telangana, Haryana, Manipur, West Bengal, Bihar, Kerala, Uttar Pradesh, Madhya Pradesh, Goa, and Puducherry. The Share of Health Budget in Total Budget of the State is placed at annexure II.

2.12 In a specific reply to a query regarding the challenges faced by the States in increasing their health spending, the Ministry submitted that Delhi and Puducherry have attained required level of 8% of health budget in total State budget. Other States are also exhorted to increase their budgetary allocation in health in order to reach the required level of 8% or more which was identified as one of the goals in the National Health Policy of 2017. The Ministry further submitted that there are Inter-State differences in absorption capacity of funds at the State level. The states are not uniformly poised in terms of health infrastructure as well as human resources, as a result, some states with low level of health infrastructure and human resource are not able to use the fund effectively.

**2.13 The Committee is concerned at the existing wide inter-State and intra-State disparity in healthcare infrastructure across the country. Despite the much emphasized guidelines of the NHP, the States/UTs barring Delhi and Puducherry have not enhanced the share of health budget to more than 8% of the total State budget in the last 5 years. The Committee understands that States with poor financial resources and inefficient fiscal capacity have a herculean task ahead to overcome the situation of fragile health infrastructure vis-a-vis the demand of accessible and affordable healthcare facilities. The Committee is of the considered view that in order to maximise the benefits of economic, social and human capital, the States must invest in institutionalizing a robust healthcare ecosystem that is capable of delivering adequate healthcare services to the masses on ground level especially in rural, urban and tribal region. The sooner the States realize the difference, a resilient and strong health system makes, the better will be the outcome on all social as well as economic indicators. The Committee, therefore, recommends the States/UTs to emulate the UTs of Delhi and Puducherry and increase the share of health spending in their States Budget. The Committee in this regard recommends the Department of Health and Family Welfare to persuade the State Governments to achieve the budgetary health expenditure to 8%.**

**2.14 The Committee noted that health has always remained an underperforming sector and despite funds allocation many States are not performing well on several health parameters. Many States lack the adequate absorption capacity to judiciously manage the allocated funds. The Committee, therefore, recommends the Union Government to incentivise the States/UTs to make ground assessment of the efficacy of the health policies and help the States design policies suiting the needs of the respective region. The Union Government must coordinate with the States to maximise the output under the Central Sector as well as Centrally Sponsored Schemes.**

**2.15 The Committee is also of the opinion that robust health policies and judicious allocation of funds under different Schemes is fundamental for the optimal performance of the States/UTs. The Committee notes that healthcare services remain highly**

**fragmented that further aggravates the problem of high OOPE in the country. The Committee, accordingly, recommends the Ministry to make efforts in developing a better healthcare financing mechanism and ensuring the delivery of quality healthcare services.**

**CHAPTER III**  
**HEALTH SECTOR**

**CENTRAL GOVERNMENT HEALTH SCHEME**

3.1 CGHS was introduced in 1954 in Delhi with a view to provide comprehensive medical facilities to central government employees and their family members. The Ministry submitted that at present, the scheme covers 75 cities and Primary Health Care facilities are provided to 39.97 lakh beneficiaries through 334 Allopathic CGHS Wellness Centers and 97 AYUSH Units across the country. Under the Scheme, OPD medicines and consultations are provided at CGHS Wellness Centers and there is provision for tele-consultation with Specialists through eSanjeevani portal.

3.2 The Ministry further submitted that at present, 1670 number of Private Hospitals and 292 number of Diagnostic Centres are empanelled. With respect to the fund allocation and utilization status under the Scheme, the Ministry submitted the following information:

**Table- 6**

Financial Year	BE	RE	Actual Expenditure (Rs. In crore)
2019-2020	2850.00	4036.08	3966.20
2020-2021	3047.69	4324.20	4236.86
2021-2022	4069.95	4463.00	3424.68 (as on 19.02.2022)
2022-2023	4495.00	--	--

3.3 On the utilization status of funds allocated to CGHS for the 2021-22, the Ministry submitted the following information:

**Table- 7**

Head	Allocation under BE 2021-22	Expenditure as on 9.2.2022
Revenue Head	1769.95	1214.89
Pensions and Other Retirement Benefits PORB	2300.00	2125.09

**Recommendations/Observations**

3.4 The Committee observes that the actual fund expenditure under the CGHS Scheme over the past few years has been higher than the allocation at BE stage. The Committee notes that a substantial part of the expenditure under the Budget is attributed to Pensions and Other Retirement Benefits (PORB). The Ministry must take special note of the budgetary expenditure and demands under the Scheme and ensure that adequate funds are allocated to the Scheme. The Committee is also of the view that all the CGHS beneficiaries should be provided with the cashless treatment facility at the empanelled hospitals and diagnostic centres. The Committee has also come to know that many empanelled hospitals avoid admitting CGHS beneficiaries stating that their

**bills are settled by the Ministry after a long time. The Committee also recommends the Ministry to prepare a time schedule for payment to the empanelled hospitals and ensure that there is no delay in payment to empanelled hospitals due to any shortage of funds under the budgetary head. At the same time the Ministry must also ensure that the beneficiaries of CGHS get standard treatment at private hospitals and empanelled diagnostic centres.**

3.5 On a specific query regarding the utilization of the capital expenditure which was increased to Rs. 23.88 at RE 2021-22 from Rs.21.92 crore at BE 2021-22 stage (Notes on Demands for Grants 2022-23), the Ministry submitted that the allocation under Capital Head is utilized for construction of buildings and procurement of machinery and equipment. An amount of Rs. 11.49 crore has been utilized. The Ministry further submitted that additional funds in RE 2021-22 are for the procurement of machinery and equipment to the tune of Rs. 2 crore.

**3.6 The Committee notes that under Capital head, an amount of Rs. 11.49 crore has been utilized. The Committee is of the view that capital expenditure is earmarked for procurement or maintaining fixed assets, such as land, buildings, and equipment. Lower utilization of the allocated fund may hamper the developmental activities at various CGHS centers. The Committee, therefore recommends the Department to ensure judicious allocation of funds particularly with focus on development of infrastructure.**

#### **Vacancy position under CGHS**

3.7 On the status of recruitment under CGHS, the Department submitted that the Staff Selection Commission (SSC) has already been requested to fill up vacant Group C posts. In addition, after implementation of integrated recruitment policy in CGHS, Zonal Heads are compiling the city-wise vacancies for each category of post and conducting integrated recruitment examination. All Additional Directors have already been directed to hold regular meetings of Departmental Promotion Committee (DPC) for all promotional posts. Institute of Secretariat Training & Management (ISTM) has been asked to furnish details regarding the tentative dates and total fee for conducting mandatory training of Office Superintendents who are eligible for promotion to the post of Administrative Officer.

3.8 The Ministry further submitted that the proposals for filling up posts of Administrative officer and Accounts Officer on deputation have been approved by Union Public Service Commission (UPSC) and is presently under further processing. The vacant posts of General Duty Medical Officers are filled up regularly by CHS Division of Ministry of Health & Family Welfare through UPSC. The status of sanctioned and vacant posts is as under: -

**Table- 8**

<b>Sl. No.</b>	<b>Post</b>	<b>Sanctioned strength</b>	<b>No. of vacant posts</b>
1.	Medical Officer	1531	287
2.	Gazetted Staff (other than Medical Officer)	36	32
3.	Non-Gazetted Staff	4728	1537

3.9 With regards to the expansion in Yoga and AYUSH dispensaries/units in CGHS, the Ministry submitted that 12 out of the 53 sanctioned new AYUSH Units have been made functional by pooling of available resources. Six Ayurveda Units at Jabalpur, Bhopal, Raipur,

Gandhi Nagar, Goa and Indore; and six Homoeopathic Units at Imphal, Agartala, Shillong, Bhuvneshwar, Gurugram, and Gandhi Nagar are presently functional. With respect to the details of Sanctioned Posts and vacancies in respect of AYUSH units in CGHS, the Ministry submitted that against the sanctioned strength of 215 Ayush Doctors, 62 posts are lying vacant and 114 out of the sanctioned 195 posts are lying vacant under *other staff* category.

### **Recommendations/Observations**

**3.10** The Committee takes note of the fact that out of the sanctioned strength of 1531 Medical Officers, 287 posts are lying vacant. The Committee fails to understand the reason behind the huge vacancy in the Gazetted staff where out of the sanctioned 36 posts, almost 32 posts are lying vacant. The Committee strongly recommends the Ministry to follow up with the concerned authorities for expediting the recruitment of Medical Officer, Gazetted as well as Non-Gazetted Staff in the CGHS dispensaries to ensure proper functioning of the dispensaries. The Committee also recommends that the Ministry should prepare a roadmap for streamlining the recruitment process to ensure that at no point of time there is a vacancy of more than 5% of the sanctioned strength. The Committee feels that the promotional vacancies may be filled within six months and the Direct Recruitment vacancies within a year and to avoid increase in backlogs the Ministry should initiate the process of recruitment in anticipation of the vacancies.

**3.11** With the Government's focus shifting to holistic health and well being, there is an urgent need to make extra efforts to expand Yoga and Ayush in the country. The Committee is of the considered view that making Ayush healthcare services accessible to the intended beneficiaries through CGHS would offer an alternative mode of treatment to the beneficiaries for routine healthcare needs. The Committee, therefore, recommends the Department to make the remaining 41 sanctioned Ayush dispensaries/units under CGHS operational at the earliest and ensure operationalization of the 53 sanctioned new Ayush units in CGHS dispensaries at the earliest.

**3.12** The Committee is given to understand that the Governments focus on holistic health & well being is paying good dividends. The Committee is of the view that, in line with the Governments focus, Ministry should take more initiatives towards holistic health and introduce in the CGHS modules the healthy lifestyle and healthy food habits for the beneficiaries to be compulsorily prescribed by all the doctors.

**3.13** The Committee also recommends that the Ministry should explore opening and converting all the Ayush dispensaries into a composite dispensary facilitating all the branches of Ayush treatment. The Committee further recommends that the medical officers & Para medical staff of Ayush should be treated at par with Allopathic system and should have similar promotional avenues. Provision may be made to explore that the administration of Ayush system should be governed by the Ayush doctors. The Committee also feels that there should be a transparent transfer policy for the MOs & the staff so that no one person should occupy a policy position for a long period.

**3.14** The Committee is also of the considered opinion that the Ministry should consider opening of treatments through yoga at all the Ayush dispensaries and also explore the possibility of Music therapy.

### 3.15 Physical achievements under 2020-21 and 2021-22

Table-9

Sl. No.	Physical achievements 2020-21	Physical achievements 2021-22
1.	New Allopathic Wellness Centers were opened in Kannur and Kozhikode, Kerala.	New Allopathic Wellness Center was opened in Nashik, Maharashtra. Extension counters at Ishapore in Kolkata and Wadi in Nagpur have been upgraded to the level of Wellness Centres. 9 more Ayush units have been operationalized.
2.	Hospitals bills of about Rs.1400 crore were cleared.	Hospitals bills of about Rs.1200 crore have been cleared till date.

3.16 On the present status of the CGHS buildings at Vasant Vihar, Vasant Kunj, Alaknanda and Rohini-Sector 16, the Ministry submitted that Vasant Kunj Wellness Centre has already been shifted to a new building at Vasant Kunj and is operational. Construction of the buildings for CGHS Wellness Centre(s) at Vasant Vihar, Alaknanda and Rohini Sector-16 is complete. These buildings are, however, yet to be handed over to CGHS by CPWD, pending issue of completion certificate from Local Authorities. Presently, Vasant Vihar, Alaknanda and Rohini Sector-16 CGHS Wellness Centres are functioning from rented buildings and presently, there is no proposal to open Ayush Units at these Wellness Centres.

3.17 On a specific query regarding the on-going and new projects/initiatives being undertaken under CGHS, the Department submitted that the Construction of buildings for Wellness Centre(s) at Prasad Nagar, Sarita Vihar, Mayur Vihar in Delhi, Avadi in Chennai and in Bhopal is underway. The Funds allocated under Capital Head have been sanctioned and placed at the disposal of CPWD for the purpose.

#### Recommendations/Observations

**3.18 The Committee observed the delay in handing of the CGHS Wellness Centres at Vasant Vihar, Alaknanda and Rohini Sector-16 to CGHS by CPWD. The Committee feels that it is sheer wastage of resources when the Buildings are ready but the Wellness Centres are still running from rented buildings and is avoidable. The Committee, therefore, strongly suggests the Department for expediting the operationalization of the Wellness centers from the new building. The Committee recommends the Department to take initiatives for obtaining the completion certificate from Local Authorities and commence the functioning of Centres in the new buildings at the earliest. The Committee also recommends the Ministry to monitor and coordinate with CPWD and the concerned agencies for timely completion of the Construction of buildings for Wellness Centre(s) in Delhi, Chennai and Bhopal.**

#### **SAFDURJUNG HOSPITAL (SJH) & VARDHMAN MAHAVIR MEDICAL COLLEGE (VMHC)**

3.19 The Institute has been allocated funds to the tune of Rs. 1586.73 crore under revenue head and Rs. 128.27 crore under Capital head in BE 2022-23. The Utilization Status of funds during the F.Y. 2020-21 for the Institute is indicated as under:



Table-10

## Utilization Status of funds during the F.Y. 2020-21

							(Rupees in Cr.)		
Component with Head		B.E. 2020-21	R.E. 2020- 21	F.E. 2020- 21	EXP R.	% w.r.t. F.E. 2020- 21	BALANCE BUDGET	Remarks	
CAPITAL	4210SJH* MOTOR VEHICLE	0.16	0.16	0.16	0.00	0.00	0.16		
CAPITAL	4210SJH* MACH & EQUIP.	30.00	30.00	30.00	30.01	100.0 3	-0.01	LC=Rs.6.5 9 Cr, M&E=Rs. 23.43 cr.	
CAPITAL	4210SJH* MAJOR WORKS	21.70	21.70	142.94	142.9 2	99.99	0.02	Placement to CPWD, Ele ct. Rs. 21.64 Cr.Civil=R s.0.04 cr. Placement to NBCC Rs. 121.25Cr.	
CAPITAL	4216 HOUSING	3.00	3.00	3.00	2.88	96.00	0.12	Placement to CPWD, Civil. Rs. 2.88. Cr.	
REVENUE	2210 SJH	1243.50	1471. 42	1531.9 9	1428. 66	93.26	103.33		
REVENUE	2210 (VMC)	20.50	20.50	20.50	19.84	96.78	0.66	CPWD (Civil)=Rs. 1.26 Cr., CPWD (Elec.)=Rs. 0.64 Cr.	
	G.TOTAL	1318.86	1546. 78	1728.5 9	1624. 31	105.0 1	104.28		
	SIC								
Component with Head		B.E. 2020-21	R.E. 2020- 21	F.E. 2020- 22	EXP R.	% w.r.t. R.E. 2020- 21	BALANCE BUDGET	Remarks	
REVENUE	5009 (SIC)	15.70	15.70	15.7 0	15.49	98.66	0.21		

3.20 The Utilization status for the F.Y. 2021-22 upto 09.02.2022 is indicated as under:

**Table-11**

**Utilization status for the F.Y. 2021-22 upto 09.02.2022**

**(Rs. in crore)**

Component with Head		B.E. 2021-22	R.E.2021- 22	EXPR.	% w.r.t. R.E. 2021-22	BALANCE BUDGET	Remarks
CAPITAL	4210SJH* MACH & EQUIP	30.00	30.00	16.58	55.27	13.42	
CAPITAL	4210SJH* MAJOR WORKS	77.00	77.00	49.36	64.10	27.64	Placement to CPWD (Elect.)=Rs.4.70 Cr. & Civil Rs. 2.66 Cr. , NBCC= 42.00 cr.
CAPITAL	4210SJH* MOTOR VEHICLE	0.14	0.14	0.00	0.00	0.14	
CAPITAL	4216 HOUSING	3.00	3.00	2.14	71.33	0.86	Placement to CPWD Civil Rs. 2.14 Cr.
<b>TOTAL CAPITAL</b>		<b>110.14</b>	<b>110.14</b>	<b>68.08</b>	<b>61.81</b>	<b>42.06</b>	
Component with Head		B.E. 2021-22	R.E.2021- 22	EXPR.	% w.r.t. R.E. 2021-22	BALANCE BUDGET	Remarks
REVENUE	2210 SJH	1413.17	1415.96	1164.63	82.25	251.33	<u>Placement to CPWD</u> Civil=Rs.10.64 Cr., Elec=Rs.12.61 Cr. Horti=Rs.0.29 cr. DAVP=Rs.0.30 Cr., SAP CPWD)= Rs.2.07 cr, DAVP=Rs. 0.30 Cr.
REVENUE	2210 (VMC)	22.47	19.68	16.84	85.57	2.84	
<b>TOTAL REVENUE</b>		<b>1435.64</b>	<b>1435.64</b>	<b>1181.47</b>	<b>82.30</b>	<b>254.17</b>	
<b>Rs. in Crores.</b>							
Component with Head		B.E. 2021-22	R.E.2021- 22	EXPR.	% w.r.t. R.E. 2021- 22	BALANCE BUDGET	Remarks
REVENUE	5009 (SIC)	15.70	15.70	12.93	82.36	2.77	

2210- ER&HSP( INDIA COVID-19)						Rs.in Crores.
Component with Head		Allotted Budget R.E 2021-22	EXPR.	% w.r.t. R.E. 2021-22	BALANCE BUDGET	Remarks
REVENUE	1904 (ER&HSP)	35.50	26.02	73.30	9.48	

**3.21** The Committee notes that against the total allotted funds of Rs. 110.14 crore at BE 2021-22 under the total Capital Head, funds to the tune of Rs. 68.08 crore were spent leaving a balance of Rs. 42.06 crore. The Committee further notes that under Capital Head "Machinery and Equipments", 55.27% of funds allocated in RE 2021-22 have been spent. Against the allocated funds of Rs. 1435.64 crore under the revenue head, funds to the tune of Rs. 1181.47 crore only have been spent thus leaving a balance of Rs. 254.17 crore. Considering the Utilisation trend in previous years, the Committee notes that the budgetary utilisation of the Institute has been satisfactory. However, the Committee notes that many construction projects are in pipeline in the Institute. The Committee, accordingly, recommends the Ministry to assess the budgetary requirements of the Institute and in case of any shortage of funds, the Institute may be allocated additional funds at the supplementary demand stage. The Committee, however, recommend the balance funds under the Capital Head i.e. to the tune of Rs. 42.06 crore should be optimally utilized for the indented purpose. The Committee desires that the Institute must ensure that the funds are spent judiciously so as to achieve the originally conceived objective within stipulated timeframe.

#### **STATUS OF CONSTRUCTION ACTIVITIES IN SAFDARJUNG HOSPITAL AND VARDHMAN MAHAVIR MEDICAL COLLEGE**

**3.22** On the timeline for completion of construction work i.e., redevelopment of staff colony, the Ministry submitted that the concept plan for the development of Staff Colony by NBCC was rejected on grounds of a single nomination. Further, on receipt of proposal from hospital, the same shall be taken up. With respect to the redevelopment of hostel facilities, the Ministry submitted that DIB note with revised cost is to be received from SJH/VMMC which inter-alia includes hostel, auditorium and Lecture Theatre Complex to be completed in three years from date of approval. On the timeline for redevelopment of Stack parking around newer blocks, the Ministry submitted that the Committee in the Ministry examined the feasibility of installation of Stack Parking on 21.10.2021. Comments of the CDB have been received and are under consideration.

**3.23** With respect to other pending projects, the Ministry submitted that under Mother and Child Health (MCH) Block: A detailed Project Report (DPR) submitted by hospital was examined and this being very old, it was decided that a comprehensive DPR may be prepared by the Directorate General of Health Services (Dte. GHS) in consultation with the hospital. The same is awaited from hospital/Dte. GHS.

**3.24** The Ministry further submitted that due to COVID-19 construction work got delayed. With respect to Dwarka Project, it is noted that the construction of Project was not started, as CPWD stated that the Layout Plans as approved in 2015 were not in consonance with Unified Building Bye-laws for Delhi 2019 and hence needed to be revised. On a specific query

regarding whether the Ministry of Health and Family Welfare has approved the revised layout Plans for the Dwarka Project, the Ministry submitted that the layout plan has been approved. As the work of Dwarka Project was not executed for long time, the Delhi Development Authority had directed to seek NOC and extension of time from them to execute the construction work. The hospital had requested DDA vide letter dated 13.12.2021 and subsequent reminder dated 14.01.2022 for NOC. The NOC and extension of time are still awaited from Delhi Development Authority. The tentative completion date for the said project will be 27 months after award of work. The Ministry further submitted that only Rs. 81.03 Crores have been approved by the Ministry for Dwarka Project.

3.25 With regards to the in-principle approval/concurrence from the Ministry of Finance for the additional infrastructure Project of VMMC, the Ministry submitted that the approval is yet to be received. Safdarjung hospital/VMMC are to prepare and send revised DIB note with updated cost estimates to the Ministry first.

**3.26 The Committee is dismayed at the slow pace of construction activities at the SJHVMC. The Committee notes that such unnecessary delays due to procedural and administrative hassles result in time and cost overrun. The Committee emphasizes that all these issues could have been avoided through better monitoring and timely submission of the required receipts and documents by the Institute. The Committee, accordingly, recommends the Institute to re-submit the proposal regarding the redevelopment of staff colony and the DIB Note with revised cost for the redevelopment of hostel facilities. The Ministry must coordinate with the Institute and make efforts to adhere to the timeline for all the pending projects. The Committee is of the view that the inordinate delay in the Dwarka Project reflects poor management and poor planning on behalf of the Institute as well as the Ministry. The Committee, therefore, recommends the Ministry to set realistic timelines for the completion of the projects and make consistent efforts to adhere to the timelines.**

3.27 On a specific query regarding the vacancy in the Institute, the Ministry submitted that out of the sanctioned 587 post, the in position strength is 418 under Group A Medical category, out of the sanctioned 183 posts, the in position strength is 147 under group A Non-Medical category. The total sanctioned strength under Group A Medical & Non-Medical, Group B Gaztt & Non-Gaztt, Group C (Erstwhile Group D) is 4962 against the sanctioned strength of 6815 and 1854 posts are lying vacant. The Status of sanctioned vis-à-vis in position strength as on 01.01.2022 is indicated as under:

**Table-12**

**Status of sanctioned vis-à-vis in position strength as on 01.01.2022**

<b>Group</b>	<b>Sanctioned</b>	<b>In position</b>	<b>Vacant</b>
Group A Medical	587	418	170
Group A Non-Medical	183	147	36
Group B Gaztt	54	22	32
Group B Non-Gaztt	2781	2033	748
Group C (Erstwhile Group D)	1798	1383	415
Tenure	1412	959	453
<b>Total</b>	<b>6815</b>	<b>4962</b>	<b>1854</b>

3.28 The Ministry further submitted that new Recruitment for the vacant posts and steps has been taken to fill up the vacant posts. The details are as under:

**Table-13**

S.No	Name of the post	Post	Date of Advertisement	Status
1.	Physiotherapist (SJH)	01	16.01.2021	Selection has been done and process of verification of documents is being processed.
2.	Physiotherapist-SIC	02	16.01.2021	Written exam has been postponed due to Covid-19.
3.	Multi Rehab. Worker	1	16.01.2021	No eligible candidate found. Post is being re advertised
4.	Junior Technician (Footwear Technology)	1	16.01.2021	Selection has been done and process of verification of documents is being processed.
5.	Driver (Ordinary Grade)	5	16.01.2021	Result of written exam for 04 posts declared and letter has been sent to Airport authority for skill test. 01 vacant post is to be advertised.
6.	Teacher	1	16.01.2021	Screening is under process
7	MTS	52	Through SSC	41 dossier were received vide MoHFW letter no. 11011/01/2020 -O&M dated 21-06-2021. Amongst them 26 MTS have joined till now.
8	LDC	55	Through SSC	55 dossier was received vide MOHFW letter NO. A.11011/01/2020 O&M dated: 18.2.2020. Amongst them 43 LDCs have joined.
9	Junior Perfusionist	1	In 2019	Joined in 2019
10	Pharmacist	2	31 <sup>st</sup> March to 6 April 2018	Joined on 2021
11	Housekeeper	2	2020	Joined in 2020
12	Family Welfare Worker	1	2020	Joined in 2020
13	Sanitary Inspector	1	2018	Joined in 2019
14	X-ray Assistant	2	2018	Joined in 2019
15	Radiographer	6	2018	01 Joined in 2019 and remaining 05 joined in 2020.
16	Nursing officer	529 + 73	NORCET 2019 by AIIMS New Delhi on 15.9.2019 and 2021.	1. The dossiers of 73 waitlisted candidates have been received and offer of appointment have been issued to the candidates. 2. 529 posts of Nursing officer are to be filled through NORCET 2021. Result has been declared and dossier of provisionally

				selected candidates are awaited from LHMC/AIIMS which is a nodal hospital for the said examination.
--	--	--	--	---

**3.29** The Committee is deeply concerned that out of the sanctioned 587 posts under Group-A (Medical), 170 posts are lying vacant at SJHVMMC. Similarly against the sanctioned strength of 183 under Group-A (Non Medical), 36 posts are yet to be filled. Against the sanctioned strength of 54 and 2781 under Group-B Gazetted and Non gazetted respectively, 32 and 748 posts are lying vacant. Under Group-C, 415 posts are lying vacant against the sanctioned strength of 1798. The Committee is dismayed to observe that premier institutes like Safdarjung Hospital and Vardhman Mahavir Medical College lack the required manpower which is fundamental for smooth functioning of the Institute as well as well being of our innumerable countrymen. The Committee notes that such vacancies at various levels are retarding the functioning of the different departments of the Institute. The Committee, accordingly, recommends the Ministry to ensure that advertisements for recruitment of medical as well as non medical workforce and other Groups are released in anticipation of vacancies and recruitment process is completed well before the positions become vacant. The Committee also recommends that the workforce should be given promotions on time to ensure their morals and motivation remain high while serving in the Institute.

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

**3.30** The details of BE 2020-21, BE 2021-22 and RE 2021-22 in respect of Dr. RML Hospital and ABVIMS is as under:-

**Table-14**

Sl. No.	Financial Year	Dr. RML Hospital (Rs. in Crores)			ABVIMS, Dr. RML Hospital (Rs. in Crores)		
		B.E. Allocated	R.E. Allocated	Actual Expenditure	B.E. Allocated	R.E. Allocated	Actual Expenditure
1.	2020-21	750.70	676.02	627.81	134.90	181.40	165.92
2.	2021-22	798.10	679.93	566.93 (Upto 05.02.2022)	152.00	171.60	136.09 (Upto 05.02.2022)
3.	2022-23	880.00			215.80		

**3.31** The Committee observed that for the FY 2020-21, the actual expenditure for Dr. RML Hospital has been Rs. 627.81 crore against an allocation of Rs. 750.70 crore at BE 2020-21 which was slashed to Rs. 676.02 crore at RE stage. The actual expenditure for ABVIMS, Dr. RML Hospital has been Rs. 165.92 crore against an allocation of Rs.134.90 crore in BE 2020-21 which was increased to Rs. 181.40 crore at RE stage. The Committee also notes that for the FY 2021-22, the actual expenditure upto 5.02.2022 has been Rs. 566.93 crore for Dr. RML Hospital and Rs 136.09 crore for ABVIMS, Dr.

**RML Hospital against an allocation of Rs. 798.10 crore and Rs. 152.00 crore respectively in BE 2021-22. The Committee feels that allocated funds should have been fully utilized.**

3.32 The Department further submitted that the Capital Outlay in respect of ABVIMS and Dr. RML Hospital is as under: -

**Table-15**

					(Rs. in crores)
Sl. No.	Financial Year	B.E. 2021-22	R.E. 2021-22	Actual Expenditure (upto 05.02.2022)	B.E. 2022- 23
1.	Dr. RML Hospital	100.00	65.00	51.49	140.00
2.	ABVIMS	42.00	28.50	21.39	52.00
	<b>Total</b>	<b>142.00</b>	<b>93.50*</b>	<b>72.88</b>	<b>192.00**</b>

3.33 The committee has been apprised of the reason for Non utilization of the full Capital outlay of Rs. 142 crore in BE and decreased to Rs. 93.50 crore in RE: Delay in project of SSB block i.e. Due to COVID-19 pandemic Situation and Delay by local body in approvals of Building Plans and the shifting of Boundary wall of President Estate Qtrs. At G point, Amalgamation of SSB plot with main campus of RML Hospital, Shifting of Sewer line by NDMC, Shifting of IGL gas pipe line by IGL, Tree cutting Permission from Forest Department, Environmental clearance, Approval of DUAC, Approval of AERB, Approval from Delhi Fire Service, consent to Establish from DPCC and other approvals. Similarly, the increase in Capital expenditure for BE 2022-23 is due to Construction of Super Specialty Block (SSB) at G Point, Dr. RML Hospital.

3.34 The detail of BE 2021-22, RE 2021-22 and AE upto date and BE 2022-23 under Revenue heads in respect of ABVIMS and Dr. RML Hospital is as under:-

**Table-16**

					(Rs. in crores)
Sl. No.	Financial Year	B.E. 2021-22	R.E. 2021-22	Actual Expenditure (upto 05.02.2022)	B.E. 2022-23
1.	Dr. RML Hospital	698.10	614.93	515.44	740.00
2.	ABVIMS	110.00	143.10	114.70	163.80
	<b>Total</b>	<b>808.10</b>	<b>758.03</b>	<b>630.14</b>	<b>903.80</b>

3.35 The increase of Revenue expenditure is less than 10% in ABVIMS and Dr. RML Hospital. This increase is due to Salary and purchase of necessary medicines and equipments for better patient care. The hospital has taken the economic measures to curtail the Travelling Allowance bills and Conveyance bills of the doctors as well as the other staff. Most of the purchases are made through GeM portal only.

**3.36 The Committee observes that in Dr. RML Hospital an actual expenditure of Rs. 51.49 crore was incurred against a capital outlay of Rs. 100 crore in BE 2021-22 which was slashed to Rs. 65 crore in RE 2021-22. In ABVIMS, an actual expenditure of Rs.**

**21.39 crore was incurred against a capital outlay of Rs. 42 crore in BE 2021-22 which was slashed to Rs. 28.50 crore in RE 2021-22. The Committee apprehends over the achievement of intended physical progress as originally set up on account of slow actual capital expenditure and feels that monitoring and executing machinery needs strengthening.**

3.37 The Ministry further submitted that there are two projects undertaken by the ABVIMS & Dr. RML Hospital, New Delhi and the details of the Projects is as under:

**1. New Hostel Block at ABVIMS & Dr. RML Hospital**

- Project Management Consultant : M/s. HSCC
- Agency : M/s NCC LIMITED
- Scheduled Date of Start : 15.09.2017
- Actual Start Date : 28.08.2018
- Scheduled Date of Completion : 14.09.2019
- Expected Date of Completion : 05.12.2022
- Awarded Cost : Rs. 138.30 Cr
- Physical Progress : 50.95%
- Financial Progress : Rs 63.55cr (45.95%)

**2. Super Specialty Block at Dr. RML Hospital, New Delhi**

- Name/Scope of work: Construction of Super Specialty Block at Dr. RML Hospital, New Delhi
- A/A & E/S Amount and Date : Rs. 572.61 Crore dt. 27.04.2019
- Contract Agreement value : Rs. 398.79 Cr.
- Duration of project : 24 Months
- Stipulated Date of Start : 11.03.2020
- Stipulated Date of Completion : 10.03.2022
- Target date of completion of the project : 28.11.2023
- Project Management Consultant : CPWD
- Physical Progress : 1.30%
- Financial Progress : Rs 17.64cr (1.30%)

3.38 On whether the funds allocated would be sufficient under the Capital and Revenue Head the Ministry submitted that the funds allocated under the Revenue Head is sufficient for originally conceived Schemes/ projects in ABVIMS and Dr. RML Hospital. Due to construction of Super Specialty Block (SSB), additional funds may be required in the Capital head in Financial Year 2022-23 in respect of Dr. RML Hospital.

**3.39 The Committee observes that the Physical Progress at New Hostel Block at ABVIMS & Dr. RML Hospital and Super Specialty Block at Dr. RML Hospital is 50.95% and 1.30% respectively while the Financial Progress at New Hostel Block and Super Specialty Block is 45.95% and 1.30% respectively. The Committee feels that better coordination, faster approvals from the concerned authorities and better monitoring mechanism could have prevented the delay. The Committee, accordingly, recommends the Ministry to track the progress and the work done by the Project management Consultant in both the Projects.**

**3.40 The Committee further observes that the Institute had not fully utilized the funds under the capital outlay, however, on the other hand the Institute has emphasized on the possible shortage of funds under capital outlay due to ongoing construction**



**activities. The Committee feels that optimum utilization of earmarked allocation may be made and adequate funds may be arranged for them.**

3.41 On the present vacancy *vis-a-vis* the sanctioned strength in the Institute, the Ministry submitted that the sanctioned strength of various posts in ABVIMS & DR. RML Hospital as on 01.01.2022 is 4126 out of which 2960 posts have been filled up on regular basis. The hospital has initiated process for filling up the vacant posts on regular basis.

**Table-17**

**Status of In Position strength vis-à-vis the sanctioned strength in Atal Bihari Vajpayee Institute of Medical Sciences and RML Hospital, New Delhi**

<b>Posts</b>	<b>Sanctioned Strength</b>	<b>In Position Strength</b>	<b>Vacancy</b>
Group A Medical	1111	828	283
Group A Non-Medical	6	3	3
Group B	1803	1306	497
Group C	1206	823	383
<b>Total</b>	<b>4126</b>	<b>2960</b>	<b>1166</b>

3.42 The Committee has observed that out of the total 4126 posts, almost 71% posts i.e 2960 posts have been filled and 283 posts are lying vacant in a model institute of Government of India. The Committee also observes that under Group A Medical category, 74.5 % of the total posts have been filled. The Committee further notes that the Institute is making efforts to fill up the vacant posts, however, the Committee feels that the gap in workforce is adversely affecting the education of the students, besides smooth functioning of the hospital in general and health of the critical patients in particular. The Committee, therefore, recommends the Department to make all out efforts to complete the process of filling up all the vacant posts at the earliest and also ensure that no such backlog is left in future. ABVIMS & Dr. RML Hospital must work on strengthening its administration and take the matter of filling up the non-faculty posts with SSC.

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

3.43 The Total Budgetary allocation to the Institute was Rs. 600.79 crore in BE 2021-22 which was increased to Rs. 640.93 crore in RE 2021-22 and further enhanced to Rs. 710 crore in BE 2022-23.

3.44 The Institute submitted that Rs. 600.79 in B.E. 2021-22 crore was further enhanced to Rs. 640.93 crore in R.E. 2021-22 on account of additional fund required for: (i) augmenting for infrastructure of two additional floor and purchasing vehicles (1 Bus and 2 ambulance) against condemned vehicles owned by institution and one mobile unit (Dental); (ii) 20 Battery Operated E-Vehicle for transport of patient and relatives within the institutional areas and for transport of commodity and waste; (iii) Proposals for procurement of equipment worth Rs. 40 crore for Oncology and Radiation therapy department are in pipeline from where demands have been received & approvals are awaited from Dte.GHS/IFD; (iv) For supportive services that are essential to make the new building functioning to optimum; and

(v) Addition to maintenance of RMO, UG Hostel, Type-III, Type-II Quarters.

**Table-18**

**Allocation in BE 2022-23**

(Rs. in crores)

Revenue	Capital	Total
584.18	125.82	710.00

3.45 On a specific query regarding, the total Sanctioned strength and vacancy in the Institute, the Ministry submitted the following information:

**Table-19**

	Sanctioned Strength	Vacant
Group - A	350	45
Group -B	943	335
Group -C	1055	494
<b>Total</b>	<b>2348</b>	<b>874</b>

3.46 The Committee observes that the Lady Harding Medical College (LHMC) & Smt. S.K. Hospital has undertaken many activities which have led to the constant enhancement of budgetary allocation i.e. to the tune of Rs. 710.00 crores in BE 2022-23 against Rs. 600.79 crores in BE 2021-22 and Rs. 640.93 crores at RE 2021-22. The Committee has been given to understand that the Institute aims to carry out major renovation work of Labour Room and Pediatric Centre in 2022-21. The Committee, recommends the Institute to ensure that the physical targets are achieved within scheduled time frame.

3.47 The Committee has noted that 874 posts are lying vacant out of the total sanctioned strength of 2348. The Committee further notes that out of the sanctioned strength of 350 under Group A category, 45 posts are lying vacant. The Committee, therefore, recommends the Ministry to expedite the recruitment process for filling up of vacant posts of faculty, non-faculty under Group A. The Institute must make efforts to make appointment under Group B and C as well at the earliest.

**KALAWATI SARAN CHILDEN'S HOSPITAL**

3.48 Detailed head-wise allocation against proposed fund under RE 2021-22 and BE 2022-23 in respect of Kalawati Saran Children's & Associate Hospitals is as indicated under:

**Table-20**

(Figures in crores)

Medical & Public Health (Major Head) 2210	Hospital & Dispensaries (Minor & object head) 01.110.23.01	Name of scheme REVENUE	BE 21-22		RE 21-22		BE 22-23	
			Allotted	Revised	Proposed	Allotted	Proposed	Allotted
			139.84	131.73	126.92	126.45	151.94	137.69

4210	01.110.03.00	CAPITAL	10.09	10.09	10.09	9.54	7.50	11.75
<b>G.Total KSCH (Revenue +Capital)</b>			<b>149.92</b>	<b>141.82</b>	<b>147.01</b>	<b>135.99</b>	<b>159.44</b>	<b>149.44</b>

3.49 The Present Vacancy vis-a-vis the Sanctioned strength of Kalawati Saran Children's Hospital is indicated as under:

**Table 21**

Sl. No.	Group	Sanctioned	Filled	Vacant
1.	A	16	08	08
2.	SRs & JRs	SRs-59 JRs-28	SRs-54 JRs-23	SRs-05 JRs-05
		<b>Total -103</b>	<b>Total - 77</b>	<b>Total -10</b>
3.	B	476	390	86
4.	C	193	146	47
5.	Erstwhile Gr-D'	84	68	16
	<b>Total</b>	<b>856</b>	<b>689</b>	<b>167</b>

*Posts filled up on contractual basis have been shown as vacant*

3.50 The Ministry further submitted that the recruitment process of various categories of posts has already been started and is at various stages of processing in KSCH. KSCH has advertised posts in Medical Social Welfare Officer; X-Ray Technician; Dark Room Assistant; Technician (Data Entry); Hemodialysis Technician; Nursing Attendant; Dhobi; Medical Laboratory Technologist & Junior Medical Laboratory Technologists.

**3.51 The Committee has been given to understand that the Kalawati Saran Children's Hospital faces a huge challenge due to shortage of staff vis-a-vis the large number of patients that the hospital caters to. The Committee notes that the Institute is forced to hire the staff on contractual basis for a short period which provides temporary relief to the Institute. The Committee feels that running such important institutions with contractual employees may be avoided and recommends that the Institute may take measures so that the recruitment process for filling up the vacant posts in KSCH be expedited.**

#### **PRADHAN MANTRI SWASTHAYA SURAKSHA YOJANA (PMSSY)**

3.52 The Committee is given to understand that the objective of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) is to correct regional imbalances in the availability of affordable healthcare services and also to augment facilities for quality medical education in the country.

3.53 The Ministry submitted that PMSSY has two components - setting up of new AIIMS like institutes and upgradation of existing Govt. Medical Colleges (GMCs). Setting up of 22 new AIIMS and 75 Government Medical Colleges up-gradation projects has been approved under this scheme. As these approved projects are located across various States, the scheme has contributed to reducing the regional imbalances in the availability of tertiary healthcare services and facilities for quality medical education.

3.54 The total allocation under Capital Head and revenue head of PMSSY during BE 2021-22 was Rs.1,846.87 crore and Rs. 5153.13 respectively. At RE 2021-22 stage, the allocation under Capital head was increased to Rs. 2731.67 crore and the allocation under Revenue Head was decreased to Rs. 4668.33 crore. The Ministry submitted that a higher

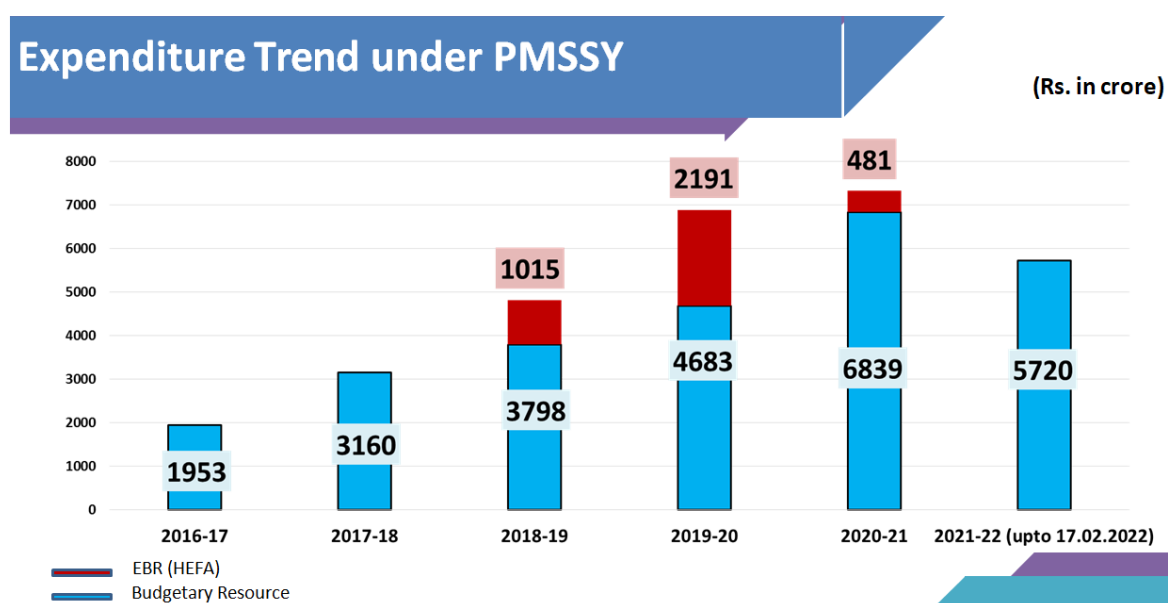
allocation under Capital Head has been made keeping in view the progress in the setting up of various projects and payments to be made to Executing Agencies and Procurement- Support Agency (PSA).

3.55 In 2022-23, the total fund allocated under the Scheme is Rs. 10,000 crore where Rs. 4326.87 crore and Rs. 5673.13 crore has been allotted under the Capital and Revenue Head respectively. The Ministry submitted that In 2022-23, an allocation of Rs.4,326.87 crore has been made keeping in view the completion plan of various ongoing projects under the scheme and payments to be made to Executing Agencies (EA) and Procurement Support Agency (PSA).

3.56 The Ministry further submitted that the allocation under Revenue Head would be utilized for providing funds to functional / partially functional AIIMS under three Heads of Grants-in-aid - Salary, General and Creation of Capital Assets. Funding under Capital Head on the other Head will be utilised for completing the ongoing projects, which involves civil construction and purchase of equipment. Depending upon progress under the scheme and the pace of expenditure, additional funds will be sought at RE stage, if required.

3.57 The Secretary in the meeting held on 21<sup>st</sup> February, 2022 submitted the following:

**Table-22**



3.58 The Committee notes that under PMSSY the Budgetary allocation in BE 2021-22 was Rs. 7000 crore which was enhanced to Rs. 7400 crore at RE stage whereas the total expenditure till 17<sup>th</sup> February, 2022, has been to the tune of Rs. 5720 crore. The Committee notes that PMSSY scheme is crucial for increasing the reach of healthcare services to underserved areas and aims at upgrading the healthcare infrastructure across the country. The Committee notes that there has been a substantial increase in the total budgetary funds allocated under the Scheme. The increase in capital outlay has been attributed to the various ongoing projects. The Committee however notes that till 17<sup>th</sup> February, 2021, 77.29% of the total funds allotted in RE 2021-22 have been used whereas in BE 2022-23, the Ministry aims at spending a total of Rs. 10,000 crore under the Scheme. The Committee, accordingly, recommends the Ministry to see that funds under the Scheme do not remain underutilized. Considering the multitude of ongoing Projects, the Ministry may draw a feasible roadmap for the forthcoming Financial Year

so that the funds are judiciously and optimally utilized for completion of undertaken projects within stipulated time frame. The Committee also recommends the Ministry to monitor progress of the ongoing projects to see that no project is delayed / halted due to any shortage or diversion of funds.

3.59 Status of 16 new AIIMS projects under PMSSY is as

**Table-23**

Package	Date of commencement (Date of Cabinet Approval)	Original date of completion	Physical progress as on date	Tender Cost [Cabinet approved cost in Rs. Crore]	Funds released so far [Rs in Cr]	Likely completion cost including escalation and variation as on date [Rs.in Cr]	Target date of completion
Raebareli in Uttar Pradesh	05.02.2009 (Cabinet approval)  RCE approved by EFC on 22.06.2017	April 2020	Medical College/ Hospital buildings completed  OPD services functional since Aug 2018  IPD services functional since Jul 2021  MBBS courses started	823	689.39	823	Completed
Mangalagiri in Andhra Pradesh	07.10.2015	Oct, 2020	OPD Block & Residential Complex: Completed. Hospital and Academic Campus: 90%	1618	1028.39	1618	March, 22
Nagpur in Maharashtra	07.10.2015	Oct, 2020	Phase I - OPD Block & Residential Complex: 100% Phase II - Hospital and Academic Campus: 100%	1577	1152.08	1577	March, 22
Kalyani in West	07.10.2015	Oct, 2020	OPD Block &	1754	1202.76	1754	March, 22

Bengal			Residential Complex: 100% Hospital and Academic Campus: 100%				
Gorakhpur in Uttar Pradesh	20.07.2016	April, 2020	92.10 % (EPC mode)	1011	835.82	1011	March, 22
Bathinda in Punjab	27.07.2016	June, 2020	95.18 % (EPC mode)	925	713.08	925	March, 22
Guwahati in Assam	24.05.2017	April, 2021	62 % (EPC mode)	1123	527.53	1123	Sep, 22
Bilaspur in Himachal Pradesh	03.01.2018	Dec, 2021	80 % (EPC mode)	1471.04	1166.19	1471.04	June, 22
Samba in Jammu	10.01.2019	Jan, 2023	41% (EPC mode)	1661	550.68	1661	Jan, 23
Awantipura in Kashmir	10.01.2019	Jan, 2025	8.5 % (EPC mode)	1828	353.67	1828	Jan, 25
Darbhanga in Bihar	15.09.2020	Sep, 2024	Encumbrance free land yet to be handed over by State Govt	1264	0	1264	-
Madurai in Tamil Nadu	17.12.2018	Sep, 2022	Pre-investment work in progress. Loan agreement signed between Govt. of India & Govt. of Japan. Process to engage Project Management Consultant (PMC) is underway.	1264	12.35	1977.80	Oct, 26
Deoghar in Jharkhand	16.05.2018	Feb, 2022	70% (EPC mode)	1103	614.63	1103	June, 22
Rajkot in Gujarat	10.01.2019	Oct, 2022	20 % (EPC mode)	1195	261.06	1195	Oct, 22
Bibinagar in Telangana	17.12.2018	Sep, 2022	Pre-investment work in progress. Executing Agency for the main work appointed. Master Plan finalised. Tender for	1028	28.16	1028	Nov, 23

			main construction work is under evaluation.				
Manethi in Haryana	28.02.2019	Feb, 2023	Encumbrance free land yet to be handed over by State Govt	1299	-	1299	-

3.60 The status of up-gradation of Government Medical Colleges/Institutions in the different phases under the PMSSY is annexed at III.

3.61 The Committee observes that progress of most of the projects in 16 new AIIMS has been at different stages. The Committee, recommends the Ministry to track the progress of the various projects in 16 new AIIMS so that all the packages under the construction activities achieve a 100% mark within the envisaged timeframe. The Committee also observes that in some AIIMS where the construction work is not complete, the MBBS classes are running from temporary campuses. The Committee recommends the Ministry to make all out efforts so that the education of the MBBS students does not suffer in the absence of adequate infrastructure and facilities. The Ministry may take stock of the progress regularly in the new AIIMS so that the temporary infrastructure in good condition is available for conducting theory and practical classes in the Institutes. The Committee also recommends the Ministry to take up the matter of providing free land for AIIMS with the Government of Bihar and Haryana for construction of AIIMS Darbhanga and AIIMS Manethi, respectively.

3.62 Position of vacant posts against the sanctioned strength in first six AIIMS:

(i) Project Cell posts

Table-24

S. No.	AIIMS	Project Cell Post		
		Sanctioned	Filled up	Vacant
1	Bhopal	8	4	4
2	Bhubaneswar	8	6	2
3	Jodhpur	8	4	4
4	Patna	8	3	5
5	Raipur	8	5	3
6	Rishikesh	8	7	1

(ii) Faculty posts:

Table-25

S. No.	AIIMS	Faculty Posts
--------	-------	---------------

		Sanctioned	Filled up		Vacant
			Regular	Contract	
1	Bhopal	305	204	5	96
2	Bhubaneswar	305	209	0	96
3	Jodhpur	305	215	2	88
4	Patna	305	136	-	169
5	Raipur	305	135	27	143
6	Rishikesh	305	209	5	91

**(iii) Non- Faculty posts:**

**Table- 26**

S. No.	AIIMS	Non Faculty Posts				Vacant
		Sanctioned	Filled up			
			Regular	Contract	Outsourced	
1.	Bhopal	3876	1104*	462	532	1778
2.	Bhubaneswar	3876	1784 + 17 (deputation)	29	697	1349
3.	Jodhpur	3876	2233	47	723	873
4.	Patna	3876	861	638	2162	215
5.	Raipur	3876	1697	174	606	1399
6.	Rishikesh	3876	2019	32	1177	648

\* including deputation posts.

3.63 With respect to the steps that the Ministry is taking to fill the various posts (Project Cell Posts, Faculty Posts and Non-Faculty Posts) for the new AIIMS, the Ministry submitted that 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. However, as high standards have to be maintained in selection, keeping in view the stature of these Institutes of National Importance, all the advertised positions could not be filled up. Following steps/ provisions have been taken/ made to fill up the vacant posts in new AIIMS: -

1. Constitution of Standing Selection Committee (SSC) in each new AIIMS to facilitate expeditious filling up of vacancies.
2. The upper age limit for direct recruitment against the posts of Professor and Additional Professor has been raised from 50 years to 58 years.
3. Filling up of vacant faculty posts in the new AIIMS by taking serving faculties from Government Medical Colleges/Institutes on deputation basis has been allowed.
4. Contractual engagement of retired faculties of Government Medical Colleges/Institutes up to 70 years of age has also been allowed. Walk-in interview for engagement of Faculty on contract basis has also been allowed as a stop gap arrangement.



5. Overseas Citizen of India (OCI) card holders have been allowed to be appointed on faculty positions.
6. Visiting Faculty scheme in new AIIMS has been formulated to allow national and international faculty to work in new AIIMS for teaching and academic purposes.
7. Down-grading of the posts of Additional/Associate Professor to the level of Assistant Professor has been allowed for a fixed period by the AIIMS with the approval of their respective Institute Body.
8. Temporary diversion has been allowed on loan basis for faculty from one Department to another, which may be filled up on contractual appointment.
9. Relaxation of one year for Scheduled Castes and Scheduled Tribes has been allowed as per Rules/ Guidelines issued by DoP&T.
10. Running advertisement with one-year validity have been allowed to expedite the recruitment of faculty after which fresh running or normal advertisement can be issued again depending upon faculty strength.
11. Constitution of a sub-committee of the Governing Body of new AIIMS to consider and approve recommendations of the respective Standing Selection Committee for expediting the process of Faculty selection
12. Centralized recruitment for Nursing cadres has been introduced.

**3.64 The Committee expresses its concern at the shortage of staff at various posts in the first six AIIMS and observes that none of the AIIMS have a satisfactory number of faculty & staff. The Committee understands that a premier Institute like AIIMS must maintain high standards in its selection criteria especially for highly skilled and specialized healthcare workforce. The Committee further notes that many measures have been taken up to fill up the vacant posts, nevertheless, the high vacancies in faculty and non-faculty in the Institutes necessitates concerted efforts to expedite the recruitment process. The Committee notes that AIIMS Patna and Raipur have the lowest faculty strength among all the new AIIMS established under Phase I of PMSSY. The vacancy in Faculty Posts is 88 in AIIMS Jodhpur which is the lowest. However, the vacancy is as high as 169 and 143 in AIIMS Patna and AIIMS Rishikesh, respectively. The Committee also observes that in AIIMS Raipur, 27 faculty posts have been filled up on contractual basis whereas in AIIMS Bhubaneshwar and Patna no faculty is working on contract.**

**3.65 The Committee in its 111<sup>th</sup> Report on Functioning of the New AIIMS had also highlighted the gross shortage of Professors/Additional Professor/Associate Professor/Assistant Professors in the new AIIMS. The Committee had observed that many important Departments such as Cardiology, Medical Oncology and Haematology, Neonatology, etc were just functioning with one doctor in the new AIIMS. The Committee understands that the shortage of doctors and specialists in the country is a major concern. However, the Ministry must make constant and concerted efforts to improve the faculty and student ratio in the Institutes and offer special packages/incentives and explore alternative such as paid research collaboration, better working hours etc to fill the vacant posts in the Institutes.**

**3.66 The Committee notes that only 28.48 % of the total non faculty posts have been filled up in AIIMS Bhopal whereas in AIIMS Jodhpur, 57.61 % of the total non faculty posts have been filled up. The Committee also notes that almost 55 % of the total non faculty posts have been outsourced in AIIMS Patna whereas only 22.21 % of the posts**

have been filled up on a regular basis. The Committee expresses its concern and recommends the Department to expedite the recruitment of the faculty and non faculty posts.

**3.67** The Committee is of considered opinion that the Ministry should prepare a roadmap for providing the necessary infrastructure, faculty and para-medical staff to all the 22 AIIMS functioning and scheduled to be operationlised in the next three years. The Committee feels that due to the gap in the requirement and availability of the faculty and para-medical staff, besides the proper infrastructure most of the AIIMS already functioning are not able to function to their full capacity. The Committee expresses its concern that the scarcity of faculty & staff in the operational AIIMS is causing the AIIMS, Delhi to be overburdened with the patients, thus defeating the purpose of opening of new AIIMS all over the country. The Committee therefore, recommends that the Ministry should make efforts to prepare the faculty & para-medical staff by providing specialised training or encourage institution involved in such research & training.

### **NATIONAL AIDS AND STD CONTROL PROGRAMME**

**3.68** In BE 2021-22, Rs. 2878.50 crore under Revenue head and Rs. 21.50 crore under Capital head was allocated leading to a total allocation of Rs. 2900 crore under the Scheme. The same was decreased to Rs. 2347.73 crore under Revenue head and Rs. 2.00 crore under Capital head at RE 2021-22 stage. In BE 2022-23, a revenue outlay of Rs. 2620.75 crore and a capital outlay of Rs. 2 crore has been allocated under the Scheme leading to a total of Rs. 2622.75 crore.

**3.69** The Ministry further submitted that since, National Blood Transfusion Council (NBTC) and Blood Transfusion Services (BTS) activities have been transitioned out from NACO to Directorate General of Health Services during the Current Financial Year (2021-22), the fund allocation for the same under Capital Outlay were surrendered at RE stage in 2021-22. The details of actual expenditure till 10.02.2022 under the revenue and capital in the financial year 2021-22 are as under:

**Table-27**

<b>Head</b>	<b>Expenditure (Rs. In crore)</b>
Revenue	1857.71
Capital	0.35

**3.70** The Ministry further submitted that the allocation of funds for NACO at BE stage during Financial Year 2022-23 has been earmarked at Rs.2622.72 crore. However, the Ministry assured the Committee that the need of funds under various verticals of the Programme shall be re-assessed and additional requirements as per necessity shall be projected at the RE stage in Financial Year 2022-23.

**3.71** The Committee has been given to understand that more than 99% of population is free of HIV, nevertheless, the Committee emphasizes on the need to prevent new HIV infections. The Committee also recommends the Ministry to continue undertaking new initiatives and make use of the social media to de-stigmatize HIV infections. The Committee therefore believes that with the wide range of activities to be undertaken under the Scheme, the Ministry must ensure that the funds under the Scheme are optimally utilized within the financial year.

### **DEVELOPMENT OF NURSING SECTOR**

3.72 The Central Sector Scheme of Development of Nursing Services has been formulated considering the need to upgrade the quality of nursing education. Under this Scheme, funds are released for:-

- (i) Training of nurses in the field of specialization and in service training by providing financial assistance for conducting short term training courses in clinical Specialty, Education technology, & Nursing administration;
- (ii) Infrastructure development by way of strengthening of Schools of Nursing to improve the quality of nursing education; and
- (iii) National Florence Nightingale Awards to honour exemplary services made by nursing personnel.

3.73 The Committee is given to understand that in BE 2021-22, a total of Rs. 17.54 crore was allocated which was slashed to Rs. 12.72 crore in RE 2021-22. In BE 2022-23, a total of Rs. 20.43 crore has been allocated under the Scheme.

3.74 The Ministry further submitted that in view of the second wave of Covid-19 across the Country, proposals for Training of Nurses and up gradation of School of Nursing to College of Nursing were not received in the initial two quarters of the year. The projected demand for 21-22 was Rs.53.50 cr. The total expenditure for 2021-22 is Rs.12.51 cr. against the RE allocation of Rs.12.72 crore.

3.75 The total funds under the Scheme in BE 2022-23 will be appropriated as under:

**Table-28**

Training of Nurses	Rs. 1.74 cr
Upgradation of school of Nursing	Rs.17.19 cr
National Florence Nightingale Award	Rs.1.0 cr
Web based learning	Rs.0.50 cr

3.76 It is proposed to conduct 76 training courses to train 2280 nurses under the sub-component of Training of Nurses. Further it is proposed to release funds to 10 Schools of Nursing to upgrade to Colleges of Nurses which will lead to an increase of 400 Graduate nurses after upgradation. An amount of Rs.1.0 cr is also allocated to award 51 nurses for exemplary services and also to conduct the National Florence Nightingale Award ceremony.

3.77 As per the records maintained by the Indian Nursing Council there are 5022 nursing institutions in the Country as on 31<sup>st</sup> October, 2021. As per Indian Nursing Council records, there are around 33.41 lakh nursing personnel registered in the country as on 31<sup>st</sup> December, 2020. Assuming 80% nursing personnel to be active in the service, there are around 26.73 lakh nurses available. The Nurse Population ratio in the Country at present is 1:510. (Note: population taken from Registrar General of India's Project Total Population as on 1<sup>st</sup> March-India, States, Union Territories: 2011-2036).

**3.78 The Committee observes that the proposed demand under the Scheme meant for development of nursing sector was Rs. 53.50 cr. in BE 2022-23, however funds to the tunes of Rs. 20.43 crore only has been allocated under the Scheme which appears grossly inadequate to meet the expenditure as per originally conceived plan and thereby improving the nurse to population ratio. The Committee, therefore, recommends the Department to work out strategic course of action for assured development of nursing**

sector and assess the budgetary requirement under the Scheme and in case of any shortfall additional funds may be sought at RE stage.

**3.79** The Committee observes that skewed distribution of nurses and nursing institutions across the country is a major challenge. To make in-depth study and find out a viable solution a Committee under the Chairmanship of Dr. Bimla Kapoor has been constituted. The Committee accordingly recommends the Ministry to chalk out an action plan on the recommendations/observations of the Dr. Bimla Kapoor Committee once the findings of the Report are out in the public.

**3.80** The Committee also recommends the Ministry to make consistent efforts to improve the standard of nursing education and institutions in the country. The Committee also notes that the Government is set to bring in National Nursing & Midwifery Commission Bill which will establish a National Nursing & Midwifery Commission and replace the Indian Nursing Council. The Committee recommends the Ministry to expedite the passing of the Bill with the purpose of ensuring more accountability and transparency in the regulatory environment.

#### **NATIONAL ORGAN TRANSPLANT PROGRAM (NOTP)**

**3.81** The allocation at BE 2021-22 was Rs.30.50 crore which was decreased to Rs. 6.39 crore in RE 2021-22. Accounting for the reason for such underutilization, the Ministry submitted that the programme has finally been approved for continuation for next five years 2021-22 to 2025-26 with a total outlay of Rs. 94.92 crore. For FY 2021-22, Rs. 17.85 crore was approved.

**3.82** On a specific query regarding the impact and the efficacy of the program, the Committee was informed that the Department had the programme assessed by a third party which was of the view that the programme was serving critical need and must be continued. The study pointed out to several shortcomings. They were of the view that most of the States were in infancy stage with regard to setting up of ROTTOs and SOTTOs. Most of the States did not have their own website and also faced hurdles with release of budget as posts were lying vacant, training programme were not being organized properly. In effect ROTTOs and SOTTOs need to strengthen their institutions, streamline their functioning for effective outcomes and devise an annual action plan.

**3.83** In reply to a specific query regarding the States that have submitted proposals under the National Organ Transplant Program (NOTP), the Department submitted that as of now, proposals have been received from 21 States/UTs under National Organ Transplant Programme (NOTP). As a result, 5 Regional Organ and Tissue Transplant Organizations (ROTTOs) in Tamil Nadu (Chennai), Maharashtra (Mumbai), Assam (Guwahati), West Bengal (Kolkata) and UT of Chandigarh have been established, which also function as State Organ and Tissue Transplant Organizations (SOTTOs) for these 5 States/UT. Likewise, 14 SOTTOs have been sanctioned by Govt. of India for the States/UTs of Madhya Pradesh, Rajasthan, Goa, Kerala, Orissa, Haryana, Punjab, Gujarat, Bihar, Jharkhand, Uttar Pradesh, Jammu and Kashmir, Andhra Pradesh, and Himachal Pradesh. The proposals for SOTTO have also been received from the UTs of Puducherry and Dadar and Nagar Haveli and Daman and Diu and the same are under consideration. National Organ and Tissue Transplant Organization (NOTTO) at New Delhi also functions as SOTTO for the UT of NCT of Delhi.

**3.84** The Ministry further submitted that proposals have not been received so far from 14 States/UTs, namely, Telangana, Arunachal Pradesh, Karnataka, Chhattisgarh, Manipur,

Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Uttarakhand, Andaman and Nicobar Islands, Laddakh, Lakshadweep for setting up SOTTO in their State.

**3.85** The Committee noted that the Ministry has not been able to utilize allocated funds under the National Organ Transplant Program (NOTP). The Committee observes that organ donation rate in the country is very low when compared to other countries and there is a huge lack of awareness among the public. The Committee feels that India has a vast potential of organ donations and demand due to its population but the Ministry needs to make concerted efforts to develop such feelings amongst its citizens. NOTP aims to promote organ donation and transplantation across all States/Union Territories in the country. However, the Committee notes that performance of the program has been very poor which is reflected by huge underutilisation of funds under the Scheme. The Committee notes that the Scheme was allotted Rs. 30.50 crore in BE 2021-22 which was slashed to Rs. 6.39 crore in RE 2021-22 which is a 79% decrease with respect to BE 2021-22. The Committee further notes that the program has been allotted a total of Rs. 15.00 crore in BE 2022-23.

**3.86** The Committee appreciates that the program has been continued for next five years i.e. 2021-22 to 2025-2026 with a total outlay of Rs. 94.92 crore. The Committee, nevertheless, believes that cooperation and coordination among the States/UTs and the Union Government is crucial for the success of the program. The Committee wonders as to why 14 States have not forwarded their proposals for setting up of SOTTOs and the Ministry has received only few proposals for infrastructure up gradation from existing ROTTOs and SOTTOs. The Committee, therefore, recommends the Ministry to follow up with the States that are yet to submit the proposals for SOTTOs and convince them to come forward. The Ministry may take the matter with the States urgently and make consistent efforts to achieve the objectives of setting up of State Organ and Tissue Transplant Organisations (SOTTOs) in each State/UT, setting up of National/Regional/State Bio-material centres and other envisaged targets under the program for successful achievement of cherished objectives of the program.

**3.87** The Committee also recommends the Ministry to share the findings of the assessment undertaken by the third party with the States/UTs. The Ministry must monitor the progress made by the States/UTs and issue guidelines regarding timely release of budgetary, allocation and expediting recruitment process etc. The Committee also notes that green corridors are also crucial for expediting organ transplantations. However, establishment of green corridor requires active coordination and participation from different agencies across the country. The Committee, accordingly, recommends the Ministry to make consistent efforts to ensure development of such corridors and make efforts to engage all the stakeholders. The Committee also recommends the Ministry to explore usage of drones and modern technologies to minimise wastage of donor organs and ensure quick delivery of organs across the country.

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

**3.88** CEO, FSSAI in the meeting held on 21<sup>st</sup> February, 2022 submitted the following information regarding the budget of the organization.

**Table-29**

## FSSAI- Budget at a Glance

(Rs. in crore.)

Year	Projected	BE	RE	Expenditure
2019-20	360.00	360.00	301.59	274.20
2020-21	410.00	283.71	239.12	233.25
2021-22	288.35	288.35	286.29	280.39 (as on 19.02.2022)
2022-23	506.08	300.00	....	....

3.89 The Ministry further submitted that the funds were utilized towards strengthening of food safety infrastructure in various States and Union territories which include provisioning of Mobile food testing labs, upgradation of food labs and their NABL accreditation. They were also utilized towards administrative expenses of FSSAI HQ, Regional offices and National Food laboratories.

3.90 The projected demand of FSSAI in BE 2022-23 was Rs. 506.08 Crore, which included Rs. 171.48 Crore under Strengthening of Food Testing System in the Country including provision of Mobile Food Testing Laboratories (SOFTeL) which is a Central Sector Scheme (CSS) and Rs. 334.60 Crore under FSSAI budget.

**3.91 The Committee has noted the fact that against the projected demand of Rs. 506.08 crore by FSSAI only an amount of the tune of Rs. 300.00 has been earmarked in BE 2022-23. The committee hopes that FSSAI would continue to focus on strengthening of Food Testing system in the country specially mobile food Testing Laboratories and if necessary, additional budgetary allocation may be sought at RE 2022-23.**

3.92 The Ministry in the meeting held on 21<sup>st</sup> February, 2022 apprised the Committee about two major Schemes under FSSAI which are as follows:

**1. Indigenous Food Streets:** It will be a Central Sector Scheme with one-time project duration for a period of 5 years. Indigenous Food Streets (IFS) will be designated clusters of street food vendors in an authorized vending zone. This scheme will ensure one such street in each parliamentary constituencies (158 streets in one year) will be created. The Ministry further submitted that the Scheme is yet to be approved. The main purpose of the Scheme will be to uplift safety and hygiene standards of street vended foods with special focus on training and capacity building of all vendors in the designated clusters. The local municipality bodies will ensure infrastructure and other facilities and proper regulatory oversight on them.

With respect to the expected expenditure profile under the Scheme, the organization submitted that, the cost of developing indigenous food street will be in the ratio of 60:40 by MoHFW (60%) and Local Municipal bodies/ MPLADS/ State Government (40%). Cost per Street = Rs 50 Lacs (Rs 30 Lacs by MoH&FW and Rs 20 Lacs by Local Municipal bodies/MPLADS/State Government)

Annual Expenditure = Rs 50 Lacs x 158 Streets = Rs 79 crore per year

Cost of Social Audit (5% of total cost) = 5% of Rs 79 Cr =Rs 3.95 Cr  
Total Yearly Cost = 79 + 3.95 Cr = Rs 82.95 Cr  
Ratio of Total Expenditure (60:40)  
Rs 49.77 Cr – MoHFW (60%)  
Rs 33.18 Cr - Local Municipal bodies/MPLADS/State Government (40%)

**3.93** The Committee observes that Street Food is a reflection of the local food and is very popular in the Indian culture. Street Food is also an ideal opportunity to promote food tourism. However, the quality of food served by Street vendors and the lack of hygiene practices has been a cause of concern. The Committee in its 110<sup>th</sup> Report on Functioning of FSSAI had noted that regulation of the unorganised food sector has been a major challenge and recommended FSSAI to evolve a mechanism to train such registered street vendors. The Committee notes that the Scheme of *Indigenous Food Streets* is a way forward to regulating the highly unorganised food sector and uplifting the safety and hygiene standards of street vended foods. The Committee strongly believes that the Street Food Vendors need to be trained in quality control, hygiene practices, safe handling, waste management etc. The Committee accordingly recommends the Ministry to approve the Central Sector Scheme and provide adequate budget for the Scheme so that a cleaner healthier and safe street food culture can be established in the country.

## **2. Strengthening of Food Testing System in the Country Including Provision of Mobile Food Testing Labs:**

ESSAI is implementing a Central Sector Scheme for "Strengthening of Food Testing System in the Country Including Provision of Mobile Food Testing Labs" (SOFTeL) with a total outlay of Rs. 481.95 Crore. The time frame for implementation of the Scheme was 2016-17 to 2018-19. MoH&FW vide letter dated 11.08.2021 had granted approval of the existing scheme for financial years 2019-2020 and 2020-2021 and extension of the scheme for a period of two years from FY 2021-22 to 2022-23 with the modified scheme components and financial outlay of Rs. 241.34 Crore.

The scheme would enable the States/UTs to analyse the regulatory and surveillance samples drawn by the FSO within the shortest possible time frame; to analyse the safety parameters in food samples such as Heavy metals, Pesticide residues, Antibiotic and drug residues and Naturally occurring toxic substances along with Microbiological tests; to ensure compliance of FSSAI standards on food; to enable the laboratory to achieve NABL accreditation within 2 years from the date of release of final installment; to become a resource point for training and facility up-gradation for other existing Government / Public Food testing laboratories in the State; and to introduce online laboratory data management system through Laboratory Information Management System (LIMS).

### **Table- 30**

#### **Expected total expenditure under CSS during FY 2022-23**

S. No.		Components as per SFC (Object-heads)	Amount (Rs. in Crore)	Remarks
<b>Non-recurring (Grant in aid Capital)</b>				
1.	(a)	Upgradation of SFTLs with -- high end equipment (including renovation of infrastructure, CAMC, manpower & consumables) along with setting up microbiological laboratory(ML)	107.25 (101.57+5.68)	Grant to be released for 34 nos. microbiology lab and for one SFTL for HEEs
	(b)	Upgradation/Setting of basic functional FTLs [including creation/renovation of infrastructure, CAMC, manpower (4 nos.) & consumables] along with setting up of microbiological laboratory, including 2 NE States	32.72	Grant to be released to 8nos. SFTLs
2.		Strengthening referral laboratories @ Rs. 3 crore/ laboratory	6.00	Grant to be released to 2 additional referral labs
3.	(a)	Support for Mobile Food Testing Laboratories ( @ Rs. 42 lakh/unit-Version02) during 2021-23.	0.00	--
		<b>Total (A)</b>	<b>145.97</b>	
<b>Recurring (Grant in aid General)</b>				
3.	(b)	Provision of 2 manpower in each lab being upgraded with HEE @ Rs. 5 lakh/person/year	3.30	Grant will be released in to 33 SFTLs to which HEE have been provided
3.	(c)	Operational cost for MFTL (fuel, consumables and one technical manpower) (a) Rs.10 lakh/year for 2 years	9.70	Grant to be released for 97 MFTLs
4.	(a)	Capacity building of Food Testing Laboratories — Training programs @ Rs.3 lakh/training	2.50	For organising training program including fortificants
	(b)	Support for NABL accreditation and introduction of LIMS @ Rs.20 lakh/laboratory	9.70	
5.		Rapid Testing Kits/Band-held devices	3.50	As per SFC Memo.
		<b>Total (B)</b>	<b>28.70</b>	



<b>Grand Total (A)+(B)</b>	<b>174.67</b>
----------------------------	---------------

**3.94** The Committee notes that the Scheme of *Strengthening of Food Testing System in the Country* is crucial for upgrading the State Food Testing Laboratories and ensuring a robust food safety regime in the country. The Committee notes that the States/UTs Food Regulatory Authorities are the main implementing agency for the enforcement of the FSS Act. The Committee accordingly, believes that upgrading and equipping the State food laboratories with high end equipments is equally important and recommends the Ministry to ensure the smooth implementation of the Scheme by taking up corrective measures with sustained monitoring. The Committee further recommends the Ministry to assess the impact of the Scheme and explore extending the Scheme particularly in the States that lack adequate food testing infrastructure. The Committee also emphasizes on the need of technical workforce which is crucial for the functioning of the testing laboratories. The Committee accordingly recommends the Ministry to evaluate workforce in the laboratories and chalk out an action plan for overcoming the shortage and expanding the pool of technical workforce.

3.95 The present vacancy vis-a-vis sanctioned strength of FSSAI is as under:

**Table-31**

<b>Sanctioned Strength</b>	<b>Persons in Position</b>	<b>Vacancy</b>	<b>Remarks</b>
824	554	270	554 includes 158 persons working on contract.

3.96 With regards to the status of the third and final phase of recruitment for 250 Posts, the Ministry submitted that the third phase of recruitment has already been advertised and the examination was scheduled on 17.01.2022 to 20.01.2022 which had to be postponed due to surge in covid cases. However, efforts are being made to conduct the examination in and before March, 2022.

**3.97** The Committee feels that the Group-B and Group-C contractual employees working in the organisation for long years (more than 5 years) may be absorbed considering their experience in the working of the organisation.

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) NEW DELHI**

3.98 The BE, RE (Proposed) and RE (Accepted) of AIIMS during the year 2021-22 is indicated as under:

**Table-32**

<b>2021-22</b>	<b>BE</b>	<b>RE (Proposed)</b>	<b>RE (Accepted)</b>
All India Institute of Medical Sciences (AIIMS), New Delhi	3800.00	3965.40	3658.00

3.99 In a specific query regarding the loan amount from HEFA for AIIMS, the Ministry submitted that HEFA has released loan of Rs. 453.29 crore to the Institute. Repayment of Principal amount and interest payment to HEFA is made from Grants received from the Ministry under head GIA General. **Principal Repayment:** As per agreement with HEFA, Half Yearly Instalment of Principal repayment of HEFA loan of amounting to Rs. 26.25 crore is being paid to HEFA. The entire loan shall be repaid in 17 half yearly instalments of Rs.

26.25 Crore each and Rs. 7.04 crore in final instalment. **Interest payment:** Interest accrued at the end of the calendar quarter (i.e March, June, September and December) has to be repaid within 30 days from the completion of the quarter.

3.100 The Committee notes that funds to the tune of Rs. 4190.00 crore has been allocated in BE 2022-23 to AIIMS New Delhi. The expenditure profile under different Heads is as follows:

**Table-33**

Head	Amount (in Rs Crores)
Grant-in-Aid General	1152.5
Grants for Creation of Capital Assets	794.00
Grant-in-Aid Salary	2160.00
GIA General(For payment of HEFA loan)	52.50
GIA General(For payment of HEFA Interest)	24.00
SAP	7.00
<b>Total</b>	<b>4190.00</b>

3.101 The Committee notes that AIIMS, New Delhi has been receiving the highest budgetary allocation among all the hospitals under the Union Government since many years. There is no denying the fact that AIIMS New Delhi has proved to be a guiding light in the healthcare sector. The substantial amount of funds has helped the institute to improve its infrastructure by leaps and bounds. Nevertheless, the high patient load still leads to long waiting period for conducting medical tests as well as surgical interventions. The Committee understands that the Institute reels under immense pressure and patients across the country visit AIIMS, Delhi on a daily basis. The Committee recommends the Institute to take effective measures to manage the patient flow in the Institute and maximize its operational efficiency. The Committee further notes that 51.55% of the total allocated fund in 2022-23 will be spent on Salary and 18.94% of the total funds will be spent on Creation of Capital Assets. The Committee accordingly recommends the Ministry to conduct timely audit of the budgetary allocation and the Expenditure profile so that the utilisation capacity of the Institute under various heads can be optimised.

#### Status of Projects undertaken by AIIMS, Delhi

3.102 With respect to the status of the Project undertaken by AIIMS, Delhi, the Ministry submitted the following information:

**Table-34**

S. No	Project	Sanctioned Cost in (Crore)	Date of Start	Stipulated date of Completion	Tentative Completion date	Physical progress achieved	Expenditure upto Jan 2021 (crore)	Expenditure upto Jan 2022 (crore)
-------	---------	----------------------------	---------------	-------------------------------	---------------------------	----------------------------	-----------------------------------	-----------------------------------

1.	Surgical Block	100.29	Sep'13	April'15	Completed	100%	88.23	99.29
2.	Mother & Child Block	290.70	May'15	May'17	Completed	100%	235.32	255.32
3.	New Paid ward	100.00	Dec'16	Aug'18	Completed	100%	94.37	110.30
4.	Geriatric Block/NCA	250.00	Feb'18	Feb'20	Feb, 2022	95%	146.76	194.76

3.103 On the present status of the two projects of *Master Plan of AIIMS* and *Redevelopment of AIIMS Residential Colonies*, the Ministry submitted the following information:

**1. Master Plan of AIIMS**

A proposal of Master Plan for AIIMS New Delhi to transform it into a world class Medical University is under consideration. The Project is under approval process with various authorities/local bodies. The Institute will submit EFC proposal to the Ministry shortly.

**2. Redevelopment of AIIMS Residential Colonies**

The final approval of building plans is under process at NDMC and SDMC for the Residential Colonies in West Ansari Nagar & Ayur Vigyan Nagar. The targeted timeframe for the completion of the Project is 48 months after obtaining all the statutory approvals.

**3.104 The Committee notes that as per the information submitted by the Ministry, Surgical Block, Mother & Child Block, New Paid Ward are finally 100% complete. The Committee hopes that as projected the Geriatric Block/NCA is also operationalised by February 2022. The Committee also takes note of the inordinate delay in the commencement of important Projects, viz, Master Plan of AIIMS and Redevelopment of AIIMS Residential Colonies. The Committee recalls that the *Master Plan of AIIMS* was approved on 28th February, 2019 which aimed to develop AIIMS into a world class Medical University by March 2024. However, the timelines have already been delayed as the Project has not even started. As per the information submitted by the Ministry in the ATN on 126<sup>th</sup> Report of the Committee, the Phase-I of the project is now likely to be completed in 2026 & Phase-II in 2028. The Committee further notes that the Institute had submitted that it will approach MoHFW with the revised EFC proposal with firmed-up costs by October 2021. The Committee is given to understand that the Institute is yet to submit the EFC proposal to the Ministry therefore the Committee strongly recommends the Institute to expedite the approval process and submit the EFC proposal to the Ministry at the earliest. The Committee has noted that progress of the *Redevelopment of AIIMS Residential Colonies* Project at the snail's pace. The Committee recalls that the approval of the construction of 3519 dwelling units dates back to 2016, however, as submitted by the Ministry, the final approval of building plans is still under process at NDMC and SDMC. The Committee, therefore, strongly recommends the**

Ministry to expedite the progress under both the Projects and make efforts to complete the project in timeframe. The Ministry and the Institute must constantly monitor the progress of both the Projects for completion of projects without cost and time overrun. The Committee further notes that adequate infrastructure for Burn injury is missing in the country. A newly constructed building of Burns and Plastic Surgery Block was built in AIIMS Delhi which was used temporally as a dedicated facility for treating COVID-19 patients. The Committee strongly recommends the Ministry for the operationalization of new Burns and Plastic surgery Block so that patients can be provided with high quality care. The Committee may be apprised about the status of sanctioned and in-position of staff and faculty of doctors and other specialists made available for Burn emergencies service, ICU and surgery and OPD. It may also be stated whether the Burn Department has been made functional or not.

#### Vacancy Position in AIIMS, New Delhi

3.105 In response to the Committee's query regarding the status of vacancies vis-à-vis sanctioned strength in the Institute, the Department furnished the following table:

**Table-35**

#### **In Position strength vis-à-vis the sanctioned strength in AIIMS, New Delhi**

Posts	Sanctioned Strength	In Position Strength	Vacancy
Group A Medical	1131	727	404
Group A Non-Medical	701	513	188
Group B	7601	6158	1443
Group C	4248	3367	881
<b>Total</b>	<b>13681</b>	<b>10765</b>	<b>2916</b>

3.106 The Committee has noted the high vacancy under the Group A medical category wherein out of the sanctioned strength of 1131, only 727 posts have been filled leading to a vacancy of 404 in AIIMS New Delhi. The Committee also notes that 26.81%, 18.98% and 20.73% of the total sanctioned posts are lying vacant under Group A Non Medical, Group B and Group C category respectively. The Committee understands that the shortage of doctors is a larger looming problem, however, such large vacancies at a premier Institute like AIIMS does not auger well and highlights the need of increased interventions in the health sector. The Committee strongly recommends the Ministry to monitor that advertisements regarding recruitment in different posts are timely issued and concerted efforts are made to ensure that vacancies at all levels are filled on regular basis.

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

3.107 The Committee is given to understand that the Institute incurred an actual expenditure of Rs. 1686.53 crore in 2020-21. In BE 2021-22, a total of Rs. 1613.82 crore was allocated to the Institute which was increased to Rs. 1803.00 crore at RE 2021-22. .

3.108 The Institute has submitted that against a demand of Rs.2060.00 crores under BE (2021-22), only Rs.1613.82 crores was allocated for the year 2021-22. The Institute has reviewed its demand after considering expenditure trend under various heads and submitted the final proposal under RE (2021-22) amounting to Rs.1803.00 crore. The detail of the expenditure profile is as under:

**Table-36**

(Rs. in crores)

<b>Grant-in-Aid</b>	<b>Funds allocated under RE 2021-22</b>	<b>Expenditure upto 31.01.2022</b>
Salaries	1250.00	1155.03
General	225.00	225.00
Creation of Capital Assets	318.00	195.41
SAP	10.00	10.00
<b>Total</b>	<b>1803.00</b>	<b>1585.44</b>

3.109 The earmarked funds of Rs.1840.00 crore are to be utilised as under:

**Table-37**

(Rs. in crores)

<b>Grant-in-Aid</b>	<b>Funds allocated for the year 2022-23 (BE)</b>
Salaries	1250.00
General	230.00
Creation of Capital Assets	350.00
SAP	10.00
<b>Total</b>	<b>1840.00</b>

3.110 The earmarked budget of Rs.1840.00 crore will be reviewed based on actual expenditure at the time of preparation of Revised Estimates 2022-23 (Supplementary Grants stage). On the status of the different construction projects undertaken by PGIMER, Chandigarh, the Ministry submitted the following information:

**Table-38**

<b>S. No.</b>	<b>Project</b>	<b>Present Status</b>	<b>Expected Date of Completion</b>
1.	Setting up of Satellite Centre of PGIMER, Chandigarh at Sangrur (Punjab).	Building work is complete. The work of specialized services viz. MOT, MGPS, Kitchen, Laundry, BMW are under execution/commissioning stage. Tenders for CSSD/Mortuary are under process.	June, 2022
2.	Setting up of PGIMER Satellite Centre at Una, Himachal Pradesh	Work has been awarded to HITES as Executing Agency. The concept plans have been approved by the Institute and the estimate is under process.	August, 2024
3.	Setting up of 100 bedded PGIMER Satellite Centre at Ferozepur, Punjab	The work has been awarded to HITES as Executing Agency. The Design consultant has started preparation of Master Plan and concept plan etc.	September, 2024

4.	Modernization of Research Block 'A' & 'B', and Modernization of Nehru Hospital, PGIMER, Chandigarh	NBCC unilaterally withdrew from the work. The work is being reviewed to workout modalities of execution departmentally as per the availability of funds.	
5.	Development of Sarangpur Campus, PGIMER, Chandigarh	Preparation of RFP for the appointment of Architect Consultant for preparation of Master Plan along with allied services is under process.	

**3.111 The Committee has noted that there has been inordinate delay in the setting up of Satellite Centre of PGIMER Chandigarh at Sangrur (Punjab). The Committee recalls that the as per the information submitted by the Ministry in the ATN on the 126<sup>th</sup> Report of the Committee, the aforementioned project was 98% complete and the expected date of completion was December, 2021. However, the Ministry, in its written submission, has stated that the project is now expected to be completed by June, 2022. The Committee wants to know the reason behind extending deadlines when the Project is supposedly almost complete. The Committee, therefore, strongly recommends the Ministry to follow timeline in setting up of Satellite Centre at Una, Himachal Pradesh and Ferozepur, Punjab.**

**3.112 The Committee also notes that *Modernization of Research Block 'A' & 'B', and Modernization of Nehru Hospital, PGIMER, Chandigarh* has been a long pending project which was entrusted to NBCC India Ltd. during March, 2013. However, with the delay in the Operation by the Executing agency the Project is delayed. The Committee, in this connection, suggests the Ministry to appoint a Project Management Consultant Agencies at the earliest for the *Modernization of Research Block 'A' & 'B', and Modernization of Nehru Hospital, PGIMER, Chandigarh* and the *Development of Sarangpur Campus, PGIMER, Chandigarh* and hold regular review meetings to monitor the progress under both the Projects.**

#### **Vacancy**

3.113 As per the information submitted by the Ministry, the vacancies of faculty are being filled up in two phases i.e. in July and December every year. For the year 2021, the process of filling up of vacancies in the first phase has already been completed and 50 Assistant Professors have already joined. The reservation roster is being revised due to implementation of CEI Act, 2019. The vacant faculty posts will be advertised after revision of the roster. The vacancies of non-faculty posts arising due to promotion/ superannuation/ VRS/ resignation/ new creations etc. are being filled by holding interview/ Exam as well as DPC from time to time. The status of sanctioned vis-à-vis position strength (post wise and cadre wise) as on date is annexed at IV.

**Table-39**

#### **In Position strength vis-à-vis the sanctioned strength in PGIMER, Chandigarh**

<b>Posts</b>	<b>Sanctioned Strength</b>	<b>In Position Strength</b>	<b>Vacancy</b>
--------------	----------------------------	-----------------------------	----------------

Group A Medical	743	604	139
Group A Non-Medical	248	136	112
Group B	3985	3611	374
Group C	2657	1603	1054
<b>Total</b>	<b>7633</b>	<b>5954</b>	<b>1679</b>

**3.114** The Committee notes that under Group A Medical category, out of the sanctioned strength of 743, 139 posts are lying vacant. Under Group A Non-Medical category, out of the sanctioned strength of 248, 112 posts are lying vacant. The Committee has noted that despite the institute following the vacancies twice a year in July & December every year, 36 posts of Professor are vacant against the sanctioned strength of 70 and 91 posts of Assistant Professor are vacant against the sanctioned strength of 652. The Committee, therefore, recommends the Department to accelerate the administrative process so that vacant post are filled up on regular basis within a specified period of time.

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

3.115 The Institute submitted that for the year 2021-22, Rs.1000 crore was initially allotted under BE. Later, due to 20% curtailment under GIA-General, it was reduced to Rs.950 crore. Again, Rs.1086.67 crore was requested under RE, however, Rs.988.66 crore was allotted under RE 2021-22. Actual expenditure of 2020-21 was Rs.910.00 Crores including Opening Balance of Rs. 92.11 Crore. The Institute further submitted that the allocated funds for the year 2021-22 will be fully spent and utilized.

3.116 On the present status of different construction projects in the Institute and the expected timelines, the Ministry submitted the following:

**Table-40**

S. No.	Name of the Project	Physical Status	Likely date of completion
1.	Establishment of Animal House at JIPMER	Internal and external finishing works in progress	March, 2022
2.	Modernization and upgradation of Regional Cancer Centre at JIPMER	Foundation work in progress	December, 2022
3.	Construction of JIPMER, Karaikal New Campus (Phase-1) at Karaikal	Work under progress	31.08.2022
4.	Modernization of Old Hospital and Institute buildings at JIPMER	Overall 95% completed	30.04.2022
5.	Construction of multispecialty consulting Unit at Yanam	Overall 85% completed	31.03.2022

3.117 The status of sanctioned vis-à-vis position strength (post wise and cadre wise) is annexed at V. The number of vacant faculty and non-faculty posts vis-a-vis the sanctioned strength is as follows:

**Table-41**

Posts	Sanctioned	Vacant	Remarks
Faculty	367	52	The recruitment/ filling up of the post is an ongoing process. The vacant posts are being filled by the Institute from time to time as per the provisions of recruitment rules for the post.
Non-faculty	3606	678	

**3.118 The Committee recommends the Institute to continue strict monitoring of the expenditure pattern of the allocated fund for optimum utilisation of the allocated funds. The Committee hopes that the establishment of Animal House at JIPMER, Construction of multispecialty consulting Unit at Yanam are completed by the end of March, 2022. The Committee recommends the Institute to put in place an effective monitoring mechanism to track the Progress of the remaining ongoing construction projects.**

**3.119 The Committee also notes that the high patient load exerts a lot of pressure on the Doctors in the Institute. The Committee accordingly recommends the Institute to chalk out a roadmap to manage the daily OPD consultations smoothly. The Institute may also explore the idea of starting a screening OPD for the patients. The Committee further recommends the Institute to make use of automated and modern technologies to improve and streamline patient load. The Committee also recommends the Institute to improve and train staff of the hospital administration for better management.**

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

**3.120 The Actual Expenditure in 2020-21 of the Institute is Rs. 474.43 crore. Funds to the tune of Rs. 500.44 crore were allocated in BE 2021-22 which was increased to Rs. 528.49 crore in RE 2021-22. The detailed breakup for BE Rs. 500.44 and Rs. 28.05 (additional grants) is as under:**

**Table-42**

<b>Break up of Rs.500.44Crore BE during 2021-22 spent (Rs in crores)</b>		
<b>I</b>	<b>CAPITAL</b>	<b>IA - MAJOR WORKS CONSTRUCTION</b>
<b>Sl. No.</b>	<b>Name of work</b>	<b>Amount</b>
1	Construction of Nurses hostel at Byrasanda campus.*	3.00
2	Construction of Speciality Block in Psychiatry. *	20.00
3	Construction of Common laboratory complex. *	20.00
4	Construction of additional floor for existing library and information centre in the Administrative block. *	2.00
5	Construction of 4th & 5th floor to new Nurses hostel and other allied works to old Nurses hostel. *	2.50



6	Construction of 3rd floor over existing second floor at college of Nursing. *	2.00
7	Construction of additional floor over existing central animal research facility. *	1.02
8	Construction of first and second floor over the existing ground floor over advanced Centre for Ayurveda.*	3.00
9	Construction of 2nd, 3rd & 4th floor at new kitchen block *	3.00
10	Renovation of 4 Operation Theaters.	4.50
11	Construction of OPD and office complex at North compus at Kyalasanahalli Bangalore. *	2.54
12	Construction of compound wall of newly allotted 9 Acres of Land at North Campus.	2.10
<b>TOTAL</b>		<b>65.66</b>
<b>IB - EQUIPMENTS</b>		
1	MRI	18.23
2	Deep trans cranial magnetic stimulation TMS device	2.50
3	High Density Multi Channel Electrophysiology System	1.40
4	MRI Brain based Neuronavigation system for Transcranial Magnetic Stimulator	1.35
<b>TOTAL</b>		<b>23.48</b>
<b>IC - LIBRARY</b>		
1	Library books	6.00
<b>TOTAL</b>		<b>95.14</b>
<b>II GENERAL</b>		
1	Due to increase in consumption, rates of Hospital Expenses (Gas & Oxygen, Drugs, HNS, Diet),	<b>92.00</b>
2	Maintenance Expenses (Water Charges, Electricity, BME, Works Maintenance) and R&D	
3	Covid related additional expenditure on sanitary, PPE Kit etc.	
<b>III SALARIES</b>		
1	Filling various vacant positions available at NIMHANS	<b>310.00</b>
2	Increase in New Pension fund due to raise in DA and increments	
3	Payment of salaries and pension	
<b>IV SWATCHATHA ACTION PLAN (General)</b>		
1	Swatchatha related works	<b>3.30</b>
<b>TOTAL BUDGET ESTIMATED</b>		

<b>500.44</b>
* Completion of previous financial year's (2020-21) pending major construction work projects.

<b>Rs.28.05 Additional Funds requested during 2021-22</b>		<b>(Rs. In Crores)</b>
<b>1. Grants-in-Aid General: Rs.15.23 Crore</b>		<b>15.23</b>
i.	Increase in consumption and rates of Hospital Expenses such as Gas and Oxygen, Drugs, Hospital Necessity Supplies and Diet.	
ii	Increase in Maintenance Expenses such as Water, Electricity, Bio-Medical, Works maintenance.	
iii	Covid Related additional expenses in Drugs, Sanitary, PPE Kits, etc.,	
<b>2. Grants-in-Aid Capital: Rs.12.82Crore</b>		<b>12.82</b>
i.	3D C-ARM Equipment for OT	
ii	Automated Cage and Rack Washer	
iii	Construction of Specialty Block- Psychiatry	
iv	Construction of Specialty Block- Common Laboratory Complex	
<b>Total additional Funds requested for 2021-22</b>		<b>28.05</b>

**Achievements made by the Institute during the past two years are as follows:**

3.121 NIMHANS has emerged as the fourth best medical institute in the country in the National Institutional Ranking Framework (NIRF) Ranking for the second consecutive year. The Institute bagged Kayakalp Commendation Award by the Ministry of Health and Family Welfare, Government of India for the third time for maintaining high standards of sanitation and hygiene (in public health facilities). It also received accreditation from the National Accreditation Board for Hospitals & Healthcare Providers (NABH), in March. NIMHANS has been named as one of the World's Best Hospitals (for 2021) by Newsweek international magazine. Toxicology Laboratory, Centre for Addiction Medicine (CAM), NIMHANS has been included as a 'testing member' of Tobacco Laboratory Network (TobLabNet), accredited by the World Health Organization (WHO). NIMHANS serves as the designated COVID-19 testing centre. The institute has a state-of-the-art laboratory to carry out the tests including a Biosafety Level III laboratory that can be used for virus isolation. NIMHANS Digital Academy (NDA) has introduced various digital courses such as Diploma in Community Mental Health and Diploma in Primary Care Psychiatry. The Institute came up with a number of initiatives to tackle psychosocial and mental health issues arising out of the COVID-19 pandemic and national helpline (080-46110007) was an important component of the same.

3.122 NIMHANS was a key contributor to the national action plan on addressing acute mental health and psychosocial issues related to COVID-19 crisis. The Institute will also be

setting up OPD complex at North Campus. The world's most advanced and accurate cranial radiosurgery system, the Gamma Knife Icon, was dedicated to the nation on 10<sup>th</sup> October 2021. The introduction of Leksell Gamma Knife (LGK) Icon at NIMHANS, the first in the country, ushers in a new era in radiosurgery. The Department of Integrative Medicine, which combines traditional Indian healthcare approach with evidence-based modern biomedicine system, was inaugurated on 10<sup>th</sup> October 2021. NIMHANS Integrated Centre for Yoga and other allied services, functional since 2007, have been merged into the Department of Integrative Medicine.

3.123 Patient care services at NIMHANS primarily reach out to the less privileged sections of the society. During the year 2020-21, a total of 3,19,054 patients received specialised medical care for psychiatric and neurological problems. Patient footfall for the period April to December 2021, stood at 2,92,412.

3.124 The detailed status of vacant posts against the sanctioned strength is annexed at VI. The total number of in-position strength against the sanctioned strength is indicated as under:

**Table-43**

<b>NAME OF THE POST</b>	<b>Sanctioned</b>	<b>Working</b>	<b>Vacant</b>
Faculty	273	261	12
Other Group "A" Officers	159	153	6
Group "B"	1107	1080	27
Group "C"	227	202	25
Hospital / Office Assistant *	574	508	66
Contract Posts	80	76	4
<b>Total</b>	<b>2420</b>	<b>2280</b>	<b>140</b>

3.125 The Committee notes that the budgetary utilization trend of the Institute has been satisfactory, however, the Committee desires to know the status of any major pending construction projects. The Committee notes that NIMHANS is the apex institute for mental health education in the country and has been working to reduce the mental health burden of the country. The Committee understands that holistic health has become a priority and attention has been drawn to the importance of mental health. However, there still exists a huge gap between the identification and acceptance of the mental health illness and its treatment.

3.126 The Committee also notes that there is a glaring shortage of the mental healthcare workers in the country. The Committee would recommend the Institute to make efforts to increase the reach of its NIMHANS Digital Academy so that the healthcare workers in rural areas also benefit from the training. The Institute must also take measure to increase awareness regarding tele-counselling services in rural areas. NIMHANS being a premier institute of the country must also make consistent efforts to establish a better mental health environment in the country by assisting the Ministry in formulating better mental health policies

3.127 The Committee is of the view that the Institute must work towards upgrading its infrastructure with the increasing patient load in the country. The Committee has been given to understand that for comprehensive trauma care, a poly trauma centre and

hospital with all medical services is planned at NIMHANS North campus. The Ministry in the ATN submitted on the 126<sup>th</sup> Report of the Committee, has stated that the DPR for developing a Poly Trauma Complex at the Northern campus is ready and a separate funding to the tune of Rs. 1500 crore over a period of 5 years is required for the said project. The Committee, therefore, recommends the Ministry to assess the DPR proposal of the Poly Trauma Complex and accordingly allocate grants for the development of the Centre. The Committee also recommends the Department to take effective measures to fill up the vacant posts with respect to Faculty, Group A and B Officers and Hospital/Office Assistant in the Institute.

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

3.128 The Actual Expenditure in 2020-21 of the Institute is Rs. 309.95 crore. Funds to the tune of Rs. 350 crore were allocated in BE 2021-22 which was increased to Rs. 560.45 crore in RE 2021-22. In BE 2022-23, funds to the tune of Rs. 456 crore has been allocated to the Institute. The Institute further submitted that the Actual Expenditure as on 31st December 2021 is Rs.246.60 Crore.

3.129 On the status of the on-going projects at the Institute along with the timelines set for completion of these projects, the Institute submitted the following:

**Table-44**

Sl	Name of Project	Funds earmarked	Scheduled completion	Tentative date of completion
1	Construction of Regional Cancer Centre with 252 beds with patients Guest House of 28 rooms	Rs. 224.70 crores	23.09.2019	June 2022
2	Construction of Under Graduate Medical College for 100 annual intake & Hostel for 600 students	Rs. 249.54 crores	23.09.2019	May 2022
3	Expansion of Nursing College from 50 to 100 annual intake and Hostel	Rs. 61.89 crores	23.09.2019	Completed

3.130 The Institute further submitted that the cost overruns as projected by Project consultant M/s HSCC is approximately Rs. 76 crores which includes cost escalation.

3.131 The Status of vacancies of Faculty, Group A, Senior Resident & Junior Residents Doctors as on 09.02.2022 is annexed at VII, Statement showing the Sanctioned posts, filled up & vacancy position of Group 'B' posts is annexed at VIII and Vacancy Status of Group C Posts is annexed at IX

3.132 On a query regarding the Challenges faced by the Institute in catering to large number of patients, the Institute submitted that there is shortage of Faculty, Junior Residents & Senior Resident Doctors in all Patient care Departments; shortage of various Paramedical Technicians and nursing staff; inadequate number of beds; less number of Operation theatres available for operations due to acute shortage of Anaesthesiologist; absence of Department & Faculty in various Super specialities of Nephrology, Gastroenterology, GI Surgery & Medical Oncology even though posts are long time been created and Non-existence of Important Departments due to non-creating of posts like: Paediatric Surgery & Plastic Surgery.

**3.133 The Committee notes that at RE 2021-22 stage, the North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) was allocated a budget of Rs. Rs. 560.45 crore. The Committee further notes that increase in the**

**allocation has been attributed to requirement of funds under the Capital Assets for the construction of Regional Cancer Centre, Under Graduate Medical College and Expansion of Nursing College. As per the information submitted by the Institute, the Actual Expenditure till 31st December 2021 has been Rs.246.60 Crore. The Committee further notes that the projected cost overrun is approximately Rs. 76 crores and the Projects are now bound to be completed by May/June of 2022. The Committee observes that the Institute should ensure that the projects are completed within the extended time and further cost and time overruns must be avoided.**

**3.134 On a close study of in position strength of the Institute, the Committee notes that there are vacancies in Faculty, Senior & Junior Resident doctors in most Speciality and Super Speciality Departments. The Committee recommends the Institute to continuously advertise the vacant posts at all the levels and make necessary changes in the recruitment rules to ensure that no post remains vacant for more than a year.**

## CHAPTER – IV

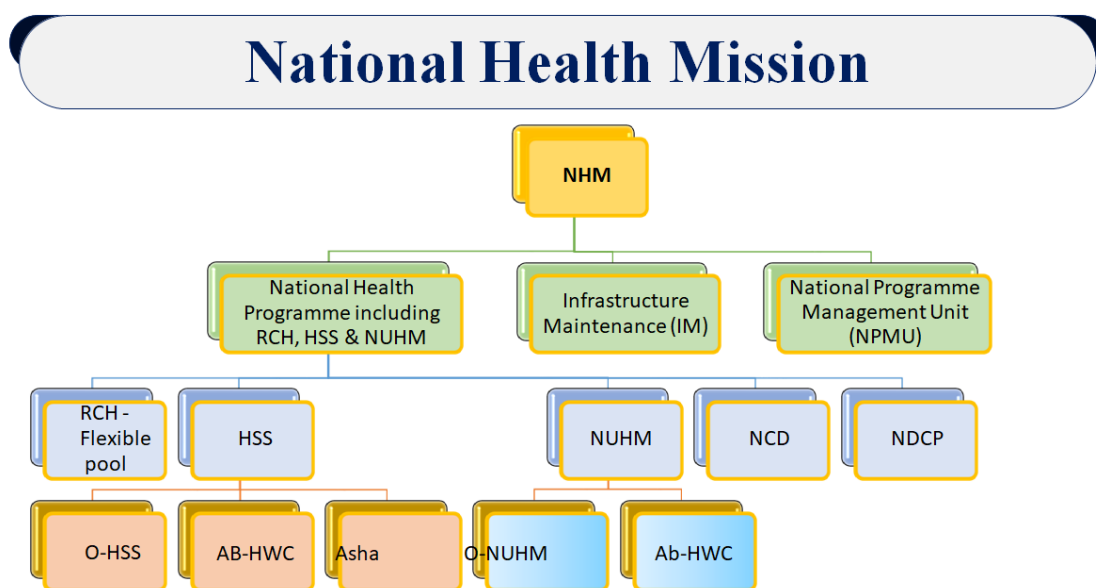
### NATIONAL HEALTH MISSION

4.1 The Department of Health and Family Welfare submitted that the National Health Mission (NHM) is Department's flagship health systems reform programme that provides a robust platform for implementation of a range of interventions focused on primary and secondary health care in rural and urban areas. The National Health Mission (NHM) aims for attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

4.2 Under NHM, support is provided to States / Union Territories (UTs) for provisioning of accessible, affordable, accountable, and effective healthcare up to District hospital (DH) level, especially to the poor and vulnerable sections of the population. The interventions under NHM also aim at bridging the gap in rural healthcare services through improved health infrastructure, augmentation of human resource, enhanced service delivery and decentralization of planning and implementation to district level to facilitate context specific & need based interventions & improved intra and inter-sectoral convergence for effective utilization of resources.

4.3 The various components under NHM are indicated as follows:

Table-45



26

4.4 The Ministry submitted that as against the projected requirement of Rs.32,309.19 crore for NHM in BE 2022-23, Rs.28,859.73 crore has been provided under NHM in BE 2022-23. The projected requirement of funds was made as per the Expenditure Finance Committee (EFC) approval for 2022-23. The budgetary allocation for BE 2021-22 and BE 2022-23 is indicated as under:

**Table-46**

<b>National Health Mission (NHM)</b>					
<b>(Rs. In Crore)</b>					
<b>Sl.No.</b>	<b>Pools</b>	<b>BE (2021-22)</b>	<b>RE (2021-22)</b>	<b>Pool</b>	<b>BE (2022-23)</b>
1	RCH Flexible Pool including RI,PPI and NIDDCP	6,273.32	5,650.00	Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission	22,316.73
2	Health System Strengthening under NHM Flexible Pool	11,931.28	10,931.00		
3	AB-HWC (NRHM)	1,650.00	1,550.00		
4	ASHA Benefit Package (ABP)	836.99	500.00		
5	Flexible Pool for National Disease Control Programmes (NDCPs)	2,178.00	1,750.00		
6	NCD Flexible Pool	717.00	367.00		
7	National Urban Health Mission (NUHM)	1,000.00	500.00		
8	AB-HWC (NUHM)				
9	Pilot Project	20.00	12.00		
10	Infrastructure Maintenance (IM)	6,343.41	6,950.00		
11	Strengthening of National Programme Management Unit (NPMU)	150.00	140.00	Strengthening of National Programme Management Unit (NPMU)	200.00
	<b>Total</b>	<b>31,100.00</b>	<b>28,350.00</b>		<b>28,859.73</b>

4.5 The Ministry further submitted that under NHM, there is a reduction in budgetary outlay in BE 2022-23 of Rs.28,859.73crore from Rs.31,100 crore in BE 2021-22, however the following interventions have been undertaken to strengthen public health care delivery system:

- The ‘India COVID-19 Emergency Response and Health System Preparedness Package-I’ (ECRP-I) of Rs.15,000 crore has been approved by the Cabinet on 22<sup>nd</sup> April 2020 with an objective to prevent, detect and respond to the threat posed by COVID-19.
- Further, the Cabinet has also approved the scheme, “India Covid-19 Emergency Response and Health Systems Preparedness Package-II” (ECRP-II) on 08<sup>th</sup> July 2021 for an amount of Rs.23,123crore. The scheme aims to accelerate health system preparedness for immediate responsiveness for early prevention, detection and management of COVID-19, with the focus on health infrastructure development.

- The Prime Minister of India on 25<sup>th</sup> October, 2021 has launched PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) for Rs. 64,180 crore for the period from 2021-22 to 2025-26 with special focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics/disasters.

4.6 In the meeting held on 21<sup>st</sup> February, 2022, the Ministry informed the Committee that the additional requirement of funds for NHM, if any, would be taken up at the time of RE discussions for 2022-23. The Statement showing allocation and Release /expenditure from 2017-18 to 2021-22 are indicated as under:

**Table-47**

FY	Allocation (BE)	Allocation (RE)	Expenditure	% of Expenditure against RE Allocation
2017-18	21,888	26,058	25,923	99%
2018-19	25,154	26118	26,028	100%
2019-20	27,989	28,783	29,282	102%
2020-21	27,989	29,317	29,750	101%
2021-22	31,100	28,350	21,335*	75%

- Utilization of funds at central level has been over 100% since 2018-19
- 2021-22 Expenditure is updated up to 17.02.2022\*
- QEP of 2021-22 for Q3 has been achieved.

28

4.7 The Committee notes that National Health Mission has been a flagship Scheme of the Government which has worked towards strengthening primary healthcare and bridging the gap in the public health infrastructure. The Committee is given to understand that intervention through NHM has helped in improving country's performance on various health indicators. However, the Committee believes that there is a strong need to scale up the existing interventions under NHM so that the benefits under the Scheme can be further amplified. The Committee further notes that the Scheme has played a major role in making the health infrastructure more resilient especially in rural areas, however the success of the Scheme has not transcended into increase in funds and the budget allocation under NHM has remained stagnant over the years.

4.8 The Committee emphasizes that the absorption capacity under the Scheme has been excellent and since 2018-19, the utilization of funds at central level has been 100%. The Committee is given to understand that as against the projected requirement of Rs. 32,309.19 crore for NHM (NRHM+NUHM) in 2022-23 BE, Rs. 28,859.73 crore has been provided to the Scheme in 2022-23 BE. The Committee expresses serious concern over the reduction in budgetary outlay under NHM from Rs.31,100 crore in BE 2021-22 to Rs. 28,859.73 crore in BE 2022-23. The Committee reiterates that the set of diverse activities/initiatives and healthcare facilities provided under the Scheme need a substantial push from the Government in form of increased budgetary allocations. The Committee, therefore, recommends the Ministry to approach the Ministry of Finance for increasing the budgetary allocation under the Scheme at RE stage. The Committee also recommends the Ministry to ensure that any shortfall of funds does not impact the



implementation of the health programmes under NHM. The Ministry of Health and Family Welfare should also strengthen the monitoring mechanism to oversee the progress in implementation of the initiatives carried under different components of the Scheme so that the achievement of set objectives under each component is ensured.

**I. National Rural Health Mission**

**a.) RCH Flexible Pool**

4.9 The Ministry submitted that the Revised Estimate (RE) for the F.Y. 2021-22 under RCH Flexible Pool including Routine Immunisation Programme, Pulse Polio Immunisation Programme, National Iodine Deficiency Disorders Control Programme is Rs.5650.00 crore. The status of budgetary allocation and expenditure under the RCH Flexible Pool is as follows:

**Table-48**

**(Rs. in Crore)**

2020-21			2021-22		
BE	RE	Expenditure	BE	RE	Expenditure
5703	6241	6334	6273.32	5650.00	4312.46*

(\* Updated up to 07.01.2022)

**b.) Health System Strengthening under NRHM**

4.10 The total Budgetary allocation under '*Health System Strengthening under NRHM*' for the year 2021-22 is Rs. 14418.27 crore at BE and Rs. 12981.00 crore in RE 2021-22. The Ministry further submitted that activities undertaken under the Health System Strengthening include: Support for Ayushman Bharat Health & Wellness Centres (AB-HWCs) and Comprehensive Primary Health Care apart from support for augmentation of infrastructure, human resources and programme management, patient transport services, Mobile Medical Units, First Referral Units (FRUs), community participation including engagement of ASHAs, establishing community level and facility based committees, mainstreaming of AYUSH, expanding the availability of medicines, equipment, diagnostics, strengthening of facilities as per the National Quality Assurance standards for improved quality of care and Bio medical equipment maintenance, Kayakalp award, etc

**c.) Ayushman Bharat-Health and Wellness Centres**

4.11 The Committee is given to understand that the total Budgetary allocation under 'AB-HWC' for the year 2021-22 is Rs. 1650 crore in BE 2021-22 and Rs. 1550.00 crore in RE 2021-22. The Ministry further submitted that as on 06<sup>th</sup> February 2022, total 90,087 (82%) AB-HWCs which includes 63,492 SHCs, 22,051 PHCs and 4,544 UPHCs have been operationalized throughout the country against the operationalization target of 1,10,000 AB-HWCs in FY 2021-22. The roll out plan for AB-HWCs is as follows –

**Table-49**

FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY Dec 2022
15,000	40,000	70,000	1,10,000	1,50,000

4.12 On a specific query on the reasons for reducing support from PMSSN from Rs. 1650.00 crore in BE 2021-22 to Rs. 1550 crore at RE Stage, the Ministry submitted that there is an overall reduction in the budgetary outlay of NHM during the F.Y. 2021-22 at RE from Rs.31,100 crore to Rs.28,350 crore. Accordingly, to maintain the overall RE, the allocation under AB-HWC has been reduced. As the Programme is financed through PMSSN therefore there is a reduction in budgetary outlay.

**d.) Flexible Pool for Communicable Diseases**

4.13 On the status of allocation and the expenditure statement of various initiatives/ Programmes under the Pool, the Ministry submitted the following information:

**Table-50**

<b>(Rs. in crore)</b>				
<b>F.Y.</b>	<b>B.E.</b>	<b>R.E.</b>	<b>Utilization</b>	<b>% of RE</b>
<b>2020-21</b>	<b>2178</b>	<b>2110</b>	<b>2081</b>	<b>99%</b>
<b>2021-22</b>	<b>2178</b>	<b>1750</b>	<b>1549*</b>	<b>89%</b>

(\*Utilisation is updated up to 07.01.2022)

4.14 The details of the allocation and expenditure under the National TB Elimination Programme (NTEP) is as below:-

**Table-51**

<b>(Rs. in crores)</b>				
<b>Sl. No.</b>	<b>Year</b>	<b>Allocation</b>	<b>Expenditure</b>	<b>% of Utilization</b>
1	2019-20	3333.21	3130.11	93.91%
2	2020-21	3109.93	3097.98	99.62%
3	2021-22	2009.94	1781.44*	88.63%*

\* Expenditure till 08.02.2022

**e.) Flexible Pool for Non-Communicable Diseases, Injury and Trauma**

4.15 The budgetary allocation under the Pool was Rs. 717.00 crore for the year 2021-22 but the same was reduced to Rs. 367.00 crore at RE stage. On the reason behind this reduction, the Ministry submitted that due to ongoing COVID-19 pandemic; non-COVID activities have been affected as a result of which utilization might have been affected. However, in order to improve the overall utilization of funds under NHM, this Division has re-appropriated the fund from this flexible pool to another pool of NHM keeping in view of felt need and priorities and for optimally utilizing the funds.

**f.) Infrastructure Maintenance**

4.16 The Ministry submitted that funds to the tune of Rs.6343.00 crore has been allocated under the pool of Infrastructure Maintenance for the BE of 2022-23 under NHM. The status of expenditure against RE under the pool of IM for the last three years is as follows:

**Table-52****(Rs. in crores)**

<b>F.Y.</b>	<b>BE</b>	<b>RE</b>	<b>Expenditure</b>	<b>% of Release against RE</b>
<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4=(3/2)</b>
<b>2019-20</b>	6343.41	6750.91	6749.76	100%
<b>2020-21</b>	6343.41	6343.41	6340.76	100%
<b>2021-22</b>	6343.41	6950.00	5568.10*	80%

(\* Updated till 07.01.2022)

**II. National Urban Health Mission**

4.17 NUHM envisages setting up of healthcare service delivery infrastructure which is largely absent in cities/towns to specially address the healthcare needs of urban poor. So far 1162 cities/ towns are being covered under NUHM. The utilisation status under NUHM Flexible Pool is as under:

**Table-53****(Rs. in Crore)**

<b>F.Y.</b>	<b>BE</b>	<b>RE</b>	<b>Expenditure</b>	<b>% against RE</b>
<b>2020-21</b>	<b>950</b>	<b>950</b>	<b>950</b>	<b>100%</b>
<b>2021-22</b>	<b>1000</b>	<b>500</b>	<b>389*</b>	<b>78%</b>

(The above figures are comprises of Other HSS under NUHM and AB-HWC under NUHM).  
\*Expenditure is updated up to 07.01.2022.

4.18 The Ministry further submitted that the target of 3<sup>rd</sup> Quarter Expenditure Plan (QEP) has been achieved under NUHM and in view of expenditure trend it is expected that the full amount will be utilized.

**Recommendations/Observations**

**4.19** The Committee observes that the expenditure profile of all the initiatives under NHM has been satisfactory, however, there has been re-appropriation of funds from one pool to the other due to the pandemic Covid-19. The Committee notes that Ayushman Bharat Health-Wellness Centres (AB-HWCs) is aimed at providing Comprehensive Primary Health Care (CPHC) to the masses. However, the Committee believes that along with increasing the number of these HWCs, the Ministry must also work towards enhancing the quality of healthcare service delivery at these Centres. The Committee strongly recommends the Ministry to complete operationalization of the remaining HWCs and achieve the target of setting up of 1,50,000 functional HWCs by December 2022. The Ministry must also work towards augmenting the Health care facilities by including tele-medicine, Yoga and mental health care services in these HWCs.

4.20 The Secretary in the meeting held on 21<sup>st</sup> February, 2022 submitted that there has been merger of Pools under NHM (NRHM & NUHM). The Ministry further submitted that the Pools under NHM have merged from F.Y. 2022-23 to enhance flexibility to States/UTs; improve administrative efficiency; minimize the human interface involved in multiple instances of funds withdrawal; improve financial utilization of the States/UTs.

4.21 The Secretary further submitted that the Department of Expenditure approved NHM Budget of FY 2022-23 in the following three pools:

- Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission.
- Infrastructure Maintenance. (Reimbursement of salaries of regular ANMs, LHVs, MPWs etc.)
- Strengthening of National Programme Management Unit under NRHM.

**4.22 The Committee notes that there has been merger of pools under NHM which would provide greater flexibility to States/UTs for appropriation of funds. However, the Committee recommends the Ministry to ensure that such merger of pools should not lead to negligence of initiatives/programs under any other head in the Scheme. The Committee further recommends the Ministry to coordinate with the States/UTs for timely submission of proposals under different pools and ensure implementation of health interventions in each pool. The Committee also recommends the Ministry to give special impetus to States with poor track record on health indicators and monitor their progress under each component of the Scheme.**

#### **Pending UCs under NHM**

4.23 On a specific query regarding the details of the number of Utilization Certificates (UC) pending and the amount involved therein under the various schemes/programmes funded under National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) till date, the Ministry submitted the following information:-

**Table- 54**

#### **Details of pendency of Utilization Certificates under NHM up-to 2019-20**

**(Rs. in Crore)**

Name of the Programme	2016-17		2017-18		2018-19		2019-20		Total	
	No. of Ucs	Amount	No. of Ucs	Amount	No. of Ucs	Amount	No. of Ucs	Amount	No. of Ucs	Amount
NRHM	1	3.37	1	9.61	31	139.46	256	3,198.50	289	3,350.94
NUHM	0	-	8	0.81	35	11.30	202	141.08	245	153.19
<b>NHM</b>	<b>1</b>	<b>3.37</b>	<b>9</b>	<b>10.42</b>	<b>66</b>	<b>150.76</b>	<b>458</b>	<b>3,339.58</b>	<b>534</b>	<b>3,504.13</b>

*Note: There is no pending UCs under NHM (erstwhile NRHM) since inception till F.Y. 2015-16.*

4.24 The Ministry further submitted that the UC module of PFMS is being developed by the O/o Controller General of Accounts, Department of Expenditure, Ministry of Finance. The status of UC module as per input provided by the O/o CGA vide letter No. F.MF-CGA/GIFMIS/2021-22/e-UC/96 dated 08.11.2021 details are given below:

*“The facility to upload digital UCs the Expenditure Advance Transfer Module (EAT) module of PFMS by the implementing agencies has already been developed and implemented for use. Presently, the receipts and reconciliation of Utilization Certificate is not linked to sanction and payment processes. Accordingly, the current functionality is being upgraded into a full-fledged e-UC module in order to have more effective monitoring, review of UCs and to facilitate the Programme Managers in processing UC based sanction and payments more efficiently. The said UC module is proposed to be rolled out on the pilot basis by September, 2022.”*

**4.26** The Committee notes that under NHM, a total of 534 UCs are pending amounting to Rs. 3,504.13 crore out of which 458 UCs amounting to Rs. 3,339.58 crore pertain to the period 2019-20. The Ministry should regularly monitor and pursue the States and other Institutions for timely submission of the UCs under NHM. The Committee, accordingly, recommends the Department to liquidate the Pending UCs within a set time-frame so that further release of funds is facilitated without any delay. The Committee believes that a transparent online system that promotes efficient review of UCs is crucial for resolving the huge pendency of UCs. The Committee, accordingly recommends for an e-UC module where the receipts.

#### **Other Centrally Sponsored Schemes:**

##### **Strengthening of State Drug Regulatory System**

4.27 The Committee is given to understand that funds to the tune of Rs. 175 crore were allotted under the Scheme in BE 2021-22 which was reduced to Rs. 65 crore in RE 2021-22. The Ministry further informed the Committee that the decrease in BE 2021-22 from Rs. 175.00 crore to Rs. 65.00 crore at RE stage in 2021-22 has to be proposed due to non-receipt of proposals from the State Governments. Some of the major States, with higher allocation of indicative amount, like Maharashtra (Indicative amount Rs. 82 crore), Uttar Pradesh (Indicative amount Rs. 68.50 crore) Bihar (Indicative amount Rs. 49.00 crore) Tamil Nadu (Indicative amount Rs. 43 crore) Karnataka (Indicative amount Rs. 31 crore) are yet to submit project proposals equal to the indicative amount.

4.28 The Ministry further submitted that State Governments are being requested time and again for completion of requisite conditions like, setting up SNA, opening of SNA account for the Centrally Sponsored Scheme (CSS) with a commercial bank authorised to conduct Government business by State Government and its mapping in PFMS, transfer of Central share under CSS to concerned SNA's account, release of matching State Share by the State Government in single Nodal account and furnishing of Utilisation Certificate of 75% of the central share released during previous years. Subject to fulfilment of the above conditions, Central share will be released to the States.

4.29 The Ministry further submitted that the Central share under the Scheme was Rs. 850.00 crore. So far, Rs. 581.30 crore has been released up to March 2021. Rs. 65.00 is likely to be released during 2021-22. As such, the financial requirement, in addition to BE 2022-23 of Rs. 100.00 crore will be Rs. 105.00 crore approximately.

#### **Recommendations/Observations**

**4.30** The Committee notes the importance and the huge potential of the Drugs manufacturing Industry in the country. However, the Committee also takes into

account the lack of adequate drug control infrastructure and drug testing facilities across the States. The Committee strongly believes that for development of a vibrant Drugs manufacturing industry, issues related to supply of poor quality drugs need to be resolved. It is an established fact that Strengthening of State Drug Regulatory System is the keystone for addressing the issues of substandard drugs. The Committee also notes the plea of the Ministry that the lack of proposals from States for Strengthening of State Drug Regulatory System has been one of the primary reasons for underutilisation under the Scheme. The Committee is of the considered view that the non submission of proposals from States especially, States with higher allocation of the indicative amount, is not tenable. The Committee, therefore, recommends that States, especially, Maharashtra, Uttar Pradesh, Bihar, Tamil Nadu, Karnataka may be persuaded to submit the project proposals matching to the indicative amount. The Ministry may also follow up with all the States and make efforts to set up sufficient number of laboratories. The Committee emphasizes on the need of cooperation between the States and the Union Government to establish a vibrant, dynamic and effective drug regulatory regime. The Committee believes a vibrant network of drugs testing laboratories is crucial for strengthening the drug regulatory environment in the country.

### **Tertiary Care Programs**

#### **National Mental Health Programme**

4.31 Under the Scheme, against the actual expenditure of Rs. 20.46 crore in 2020-21, the budgetary allocation was Rs. 40 crores in BE 2021-22 and the same was reduced to Rs. 29.00 crores at RE stage. In BE 2022-23, funds to the tune of Rs. 40.00 crores has been allocated under the Scheme.

4.32 Advocating the reason for underutilisation of funds, the Ministry submitted that as per approval of the CCEA, the target set for the years 2017-20 was already achieved in the year 2017-18, therefore no new activity could be supported under the programme in the following years. Further, as per the new funding mechanism, the remaining funds had to be released on reimbursement basis. The Ministry had requested the Institutions already supported under NMHP to submit proposals for further release of funds as per the revised funding mechanism. However, only a few requests were received in time, resulting in surrender of the funds allocated at RE stage.

**4.33 The Committee is of the considered view that the constant under utilization of funds under the National Mental Health Programme is a matter of concern. The Committee emphasizes on the high prevalence of mental illness in the country and strongly recommends the Ministry to incentivize the States as well as the Institutes to carry out new initiatives under the revised funding mechanism. The Ministry should chalk out a plan for reducing the mental health burden in the country and ensure that the States actively participate under the Program and conduct awareness generation programmes across the States.**

#### **Capacity Building for Trauma Centres**

4.34 In 2020-21, the actual expenditure under the Scheme was Rs. 20.34 crore. In BE 2021-22, Rs. 60.00 crore was allocated under the Scheme which was decreased to Rs. 40.41 crore at RE 2021-22. The Ministry submitted that the reasons for under utilization of the funds are: (i) Budget estimates of the current FY 2021-22 is reduced at RE stage. Low utilization of funds are due to the Pandemic COVID-19 as States were not able to focus on the programme due to Pandemic; (ii) The Budget of Advertising and Publicity (Rs. 2.00

Crore) was merged in the Ministry's IEC division total budget; (iii) Planned training activities for Trauma and Burn were not conducted due to Pandemic COVID-19. The Ministry further submitted that the actual Utilization for 2021-22 is Rs. 38.13 crore till date and (Proposals in pipelines for Rs. 2.50 crore) mentioned that the Budget approved will be fully utilized in the current Financial Year.

**4.35 The Committee notes that the trend of utilization over the years has not improved under the Capacity Building for Trauma Centre and the Department should take cognizance to optimally utilize the funds. The Committee strongly recommends the Ministry to ensure release of funds to the States and UTs for the Trauma Care Facilities (TCF) and ensure establishment of more TCF and burn Units across cities.**

#### **National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke**

4.36 For the NPCDCS, earlier Rs. 175 crore was approved in BE 2021-22, however, it was later reduced to 146.88 crore during the general exercise of deduction in RE of the Department. The main reason of static projections in BE 2021-22 and 2022-23 is world-wide Covid Pandemic which has slowed down every project due to various reasons. However, Ministry of Health & Family Welfare through regular follow up and meetings is committed to complete all 19 SCIs and 20 TCCCs by 31.3.2024. In this regard a meeting was held under the chairmanship of Secretary, Ministry of Health & Family Welfare, Govt of India on 23 Nov, 2021 on Review-cum-Orientation Workshop for Tertiary Care Programmes under NPCDCS.

**4.37 The Committee notes that there has been a considerable increase in the prevalence of non communicable diseases like Cancer, Diabetes, Cardiovascular Diseases and Stroke and there is an urgent need to provide impetus to initiatives under NPCDCS. The Committee, however, observes that the earmarked amount of Rs. 175.00 crore in BE 2021-22, has been reduced to Rs. 146.88 crore. The Committee therefore recommends the Ministry to have realistic requirement of funds to support the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke. The Committee believes that the Ministry should adopt a multi-sectoral approach for better management of NCDs and focus on disseminating information on individual lifestyle management as well as health policy decisions. The Committee recommends the Ministry to develop an effective preventive strategy that can bring modifications in lifestyle and reduce the risk of NCDs. The Committee also recommends the Ministry to make more concerted efforts to tackle the increasing number of the NCDs and ensure early diagnosis and timely screening of patients for NCDs. The Committee further recommends the Ministry to monitor the progress of the 19 SCIs and 20 TCCCs that are supported under the program.**

#### **National Programme for Health Care for the Elderly**

4.38 Under the Tertiary Component of NPHCE, Rs. 105 Crores was allocated as BE for 2021-22 which was reworked to Rs. 97.13 Crores at RE Stage as a part of changed allocation of RE for the Ministry. Out of this RE, Rs. 76.07 Crores have so far been incurred and the balance funds of Rs. 21 Crores would be fully utilized by the end of the Financial Year.

**4.39 The Committee is of the view that National Program for Healthcare for the Elderly should draw the attention of Public so as to widen the loss of its beneficiaries.**

**The Ministry should also make assessment for requirement of funds for successful implementation of the Programme.**

#### **National Programme for Control of Blindness**

4.40 The actual expenditure under the Scheme in 2020-21 has been Rs. 4.91 crore. The same was increased to Rs. 10.50 crore in BE 2021-22 and then decreased to Rs. 4.09 crore at RE stage 2021-22.

#### **Tele Medicine**

4.41 The objectives of the scheme are to support to undertake activities, namely National Medical College Network, e-health and Telemedicine services, augmentation of National Health Portal (NHP), National Resource Centre of Electronic Health Record (EHR) Standards, e-Sanjeevani platform for providing online telemedicine services to the citizens. Under the Scheme, against an allocation of Rs. 45 crore in BE 2021-22, an expenditure of Rs. 37.33 crore has been incurred.

**4.42 The Committee observes that Telemedicine facilitates quick access to healthcare services and helps in expanding the geographic reach of healthcare. It not only lowers the cost for the patients but also the health care provider. The Committee, therefore, recommends the Ministry to take consistent measures to introduce telemedicine across the country and include a package of mental healthcare services also.**

#### **Tobacco Control Programme and Drug De-addiction Programme**

4.43 The budget allocation for BE 2020-21 and BE 2021-22 was Rs. 65 crores respectively. The Ministry submitted that the total expenditure with respect to Tobacco Control Programme and DDAP as on date is Rs. 47.95 crore during current year 2021-22. An additional fund of Rs. 25 crores is required for conducting the Global Adult Tobacco Survey Round III (GATS-3) under Tobacco Control, and the same will be released during 2021-22 and 2022-23, apart from routine utilization by the institutes and agencies.

4.44 The details of the Tertiary Care Programs (BE, RE and Actual Expenditure) is as follows:

**Table-55**

**Rs. in crore**

<b>S r. N o</b>	<b>Name of Schemes</b>	<b>BE 2020-21</b>	<b>RE</b>	<b>Actuals 2020-21</b>	<b>BE 2021-22</b>	<b>RE (Proposed)</b>	<b>Actuals upto 17/-1/2- 22</b>
1	National Mental Health Programme	40.00	27.36	20.46	40.00	29.00	11.54
2	Capacity Building for Trauma Centres	100.00	20.00	20.34	60.00	40.41	26.08
3	National Programme for prevention and control of Cancer, Diabetes, Cardio-vascular Disease and Stroke	175.00	133.86	139.16	175.00	146.88	117.95
4	National Programme for Health Care for the Elderly	105.00	15.00	14.35	105.00	97.12	76.07
5	National Programme for Control of Blindness	20.00	5.00	4.91	10.50	4.09	1.36
6	Telemedicine	45.00	45.28	44.71	45.00	45.00	34.56



7	Tobacco Control Programme & DDAP	65.00	65.00	56.59	65.00	68.64	47.91
	<b>Total-Tertiary Care programmes</b>	<b>550.00</b>	<b>311.50</b>	<b>300.52</b>	<b>500.50</b>	<b>431.14</b>	<b>315.47</b>

**4.45** The Committee notes that in BE 2020-21, funds to the tune of Rs. 550 crore was allocated under Tertiary Care Programme which was slashed to Rs. 311.50 crore at RE stage and the actual expenditure were Rs. 300.52 crore. In BE 2021-22, funds to the tune of Rs. 500.50 were allocated which was again reduced to Rs. 431.14 crore at RE stage. The actuals for the FY 2021-22 upto 17.01.2022 is Rs. 315.47 crore. The Committee notes that in 2020-21, the actual expenditure under the Scheme was 54.64 % with respect to BE 2020-21 whereas in 2021-22, the actuals upto 17/1/2022 is 63% with respect to BE 2021-22. The Committee observes that under all the components of Programmes barring Telemedicine and Tobacco Control Programme & DDAP, funds have been reduced at the RE stage. Considering the past trends of poor utilisation, the Committee strongly recommends that the Ministry must make all out efforts to optimally utilise the funds allocated under the Tertiary Care programmes giving due weightage to all the components of the programme.

**4.46** The Committee is of the considered view that for the smooth implementation of the programs, active cooperation between the States and the Union Government is required. The States are the implementing agencies that need to submit the required proposals and the re-imbursement claims under various heads. Therefore, the States and the UTs must be continuously followed up for the successful implementation of the programs. The Committee, accordingly, recommends the Department to conduct regular review meetings with the States and monitor the progress carried under each component of Program and apprise the Committee in its Action Taken Notes.

#### **Human Resources for Health and Medical Education: Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges**

**4.47** Under the Centrally Sponsored Scheme for establishment of Medical Colleges, 157 colleges were approved under three Phases. All these 157 colleges have been sanctioned. Of these, currently, 71 colleges have become functional, out of which 24 colleges have become functional in the FY 2021-22 till date. This has increased the number of MBBS seats by around 2750 in the country. Against the budgetary allocation of Rs. 4800 crore in BE 2021-22, the allocation at RE 2021-22 has increased to Rs. 5600 crore. The Ministry submitted that an amount of Rs. 14712.66 Crore is yet to be released under different schemes of Human Resources for Health & Medical Education. Thus to fulfill the financial requirements of the projects an amount of Rs. 5800 Crore was proposed in RE 2021-22 out of which an amount of Rs. 5600 Crore has been approved for the year 2021-22. Funds to the tune of Rs. 4155 Crore have been spent till date. The Ministry further submitted that the extension of time for the above schemes have been proposed up to 2023-24, therefore as per the financial requirements, BE for 2022-23 has been proposed as Rs. 7500 Cr.

**Table-56**

Scheme	Phase	Target	Cabinet	Total Approved cost	Total Central Share	Total Funds released	Balance due
1. CSS for Establishment of	Phase-I	58 Colleges	02.01.2014	10962	7541.1	7541.1	Nil

new medical colleges attached with district/referral hospitals.	Phase-II	24 Colleges	07.02.2018, 18.02.2018	6000	3675	3675	Nil
	Phase-III	75 Colleges	28.08.2019	24370.41	15499.74	8474.11	7025.63
2. Increasing UG Seats	MBBS Scheme	10000 seats	09.01.2014 & 07.02.2018	12000	7795	2451.1	5343.9
3. Increasing PG seats	Phase-I	4058 seats	18.02.2010	1498.432	1063.028	1049.364	13.664
	Phase-II	4000 seats	07.02.2018	4800	3024	694.534	2329.466
<b>Total</b>				<b>59630.84</b>	<b>38597.87</b>	<b>23885.208</b>	<b>14712.66</b>

*\*This will be subject to submission of proposals by the State/ UT Governments*

**4.48** The Committee believes that the Centrally Sponsored Scheme for *Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges* is very important as India faces a huge shortage of doctors in the country and the Scheme aims to bridge the gap in the healthcare sector by increasing the number of MBBS and Postgraduate Seats in medical education. The Committee, however, observes that the current committed liabilities under the scheme of *Human Resources for Health and Medical Education* are Rs. 14712.66 crore. The Committee is given to understand that the extension of time for the above schemes have been proposed up to 2023-24. Considering the budgetary requirement under the Scheme, the Committee believes that there is a need to increase the allocation under the Scheme. The Committee, accordingly, recommends the Ministry to increase the allocation under the Scheme and monitor the physical progress under different components of the Scheme.

**4.49** The Committee during the discussion of the demand for grants also noted that the release of Central share funds is subject to submission of proposals from the States/UT Government and a total of 157 medical colleges have been sanctioned in different States. However, out of 157 medical colleges, 71 colleges have become functional till date. The Committee, accordingly, recommends the Ministry to expedite the completion of all the medical colleges under different phases of the Scheme. The Committee notes that the States with their limited resources face a major challenge and need active cooperation of the Union Government for bridging the wide gap in medical education. Accordingly, the Committee strongly recommends the Ministry to invite proposals from States that grapple with poor health infrastructure and lack adequate number of Government medical Colleges.

**4.50** The Committee further believes that the States must also adopt an optimistic outlook and resolve all pending issues so that the transfer of funds under the Scheme is facilitated at the earliest. The Ministry must work with the States towards achieving the envisaged targets under the Scheme and monitor the timely operationalization of the sanctioned medical colleges in all the States. The Committee also emphasizes on the importance of a robust monitoring and inspection mechanism for the medical colleges. The Committee strongly recommends the Ministry to ensure that no compromises are done on medical education standards and professional competence.

## **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)**

4.51 The objective of **PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is to fill critical gaps in health infrastructure, surveillance and health research – spanning both the urban and rural areas so that the communities are Atmanirbhar in managing such pandemic/ health crises. It is a Centrally Sponsored Scheme with Central Sector Components to fill critical gaps in public health infrastructure especially in primary care, in both urban and rural areas and also critical care provided at the district level. The Ministry provides technical and financial support for the implementation of PM-ABHIM. The States/UTs have been provided with the Operational & Technical Guidelines for PM-ABHIM on the implementation of the scheme.

4.52 The Ministry further submitted that on 25th October, 2021, Hon'ble Prime Minister has launched PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). 100% of the budgetary outlay of Rs.585 crore (RE-2021-22) has been provisioned towards the creation of Capital Assets under Centrally Sponsored Scheme (CSS) component of this scheme. BE for 2022-23 has been provisioned for Rs.4176.84 crore under the Centrally Sponsored Scheme (CSS) component of PM-ABHIM. The year wise-target under ABHIM are as under:

**Table-57**

<b>Component</b>	<b>2021-2022</b>	<b>2022-2023</b>	<b>2023-2024</b>	<b>2024-2025</b>	<b>2025-2026</b>	<b>Total</b>
<b>Ayushman Bharat - Health &amp; Wellness Centres (AB-HWCs) in rural areas</b> in seven High Focus States (Bihar, Jharkhand, Odisha, Punjab, Rajasthan, Uttar Pradesh and West Bengal) and three NE States (Assam, Manipur and Meghalaya).	8898	8890	0	0	0	17788
<b>No. of Ayushman Bharat - Health &amp; Wellness Centres (AB-HWCs) in Urban areas</b>	1038	2604	4674	7267	11024	11024
Block Public Health Units in 11 High Focus States/UTs (Assam, Bihar, Chhattisgarh, Himachal Pradesh, UT-Jammu and Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand).	339	677	677	677	1012	3382
<b>Integrated District Public Health Laboratory (No of districts)</b>	70	147	147	147	219	730
<b>Critical Care Hospital Blocks in 602 districts</b>	58	117	117	117	193	602

4.53 The Committee has been given to understand that Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a long term health infrastructure development scheme with a total outlay of Rs. 64,180 crores for the period from 2021-22 to 2025-26. The Scheme aims at developing capacities of health systems and institutions across all healthcare levels, i.e. primary, secondary and tertiary. The Committee feels that there is an urgent need of improving the health infrastructure and consolidation of the healthcare services under PM-ABHIM. The

Committee, in this regard, recommends the Ministry to ensure that different envisaged targets under the Scheme in the ensuing financial year are achieved. The Committee, accordingly, recommends the Ministry to judiciously assess the needs of the program and strive towards optimal utilisation of the allotted funds in order to achieve the cherished objectives of the Scheme.

#### **Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY)**

4.54 The Allocation and expenditure status under the Scheme is as indicated under:

**Table-58**

<b>Rs in crore</b>				
<b>BE 2021-22</b>	<b>RE 2021-22 (Proposed)</b>	<b>RE 2021-22</b>	<b>Funds utilized till 9th February 2022</b>	<b>BE 2022-23</b>
<b>6400.00</b>	<b>3447.00</b>	<b>3199.00</b>	<b>Rs. 2635.72</b>	<b>Rs. 6412</b>

4.55 On the reason for this variation, the Ministry submitted that the revenue allocation under AB-PMJAY was reduced at RE stage keeping in view the trend of expenditure during the first half of FY 2021-22, which remained sub-optimal due to limitations in beneficiary identification due to old SECC database; Gradual uptake in the scheme during the initial phase of implementation as States/UTs were setting up the necessary institutional framework and on-boarding Insurance companies and healthcare providers to operationalize the scheme; States with nearly 20% of the eligible SECC beneficiary population such as West Bengal, Odisha and National Capital Territory of Delhi haven't joined the scheme; Telangana only started implementing the scheme from May 2021; Demand for services in three States that account for 30% of the beneficiary base viz. Uttar Pradesh, Madhya Pradesh and Bihar has remained muted and the onset of COVID-19 also had an adverse impact on the functioning of AB-PMJAY.

4.56 The Committee finds that a revenue allocation of Rs. 6400 crores was earmarked in BE 2021-22 which was drastically reduced to Rs. 3199 crores at RE 2021-22. The Committee further notes that till 9<sup>th</sup> February 2022, the total funds utilized under Ayushman Bharat-PMJAY for financial year 2021-22 is to the tune of Rs. 2635.72 crore only. The Committee observes that over the years, there has been a significant increase in the allocation under the Scheme; however the trend of utilization has not been very satisfactory. Such mismatch in allocation and actual expenditure reflects poor financial prudence and failure in judicious assessments of the needs of the program. Although, the Committee takes into account the submission of the Ministry that the pandemic led to decline in demand under the Scheme; however the Committee feels that the Ministry should ensure optimum and judicious utilization of the allocated funds in FY 2022-23.

4.57 The Committee in its previous Reports has consistently highlighted the need of expanding the list of beneficiaries under AB-PMJAY as the outdated SECC census 2011 data may lead to exclusion of many beneficiaries. The Committee reiterates its recommendation that the Ministry must make efforts to expand the list of beneficiaries under AB-PMJAY. The Committee agrees that there is a direct correlation between the number of verified beneficiaries and demand for healthcare services under the scheme. The Committee, accordingly, recommends the Ministry to conduct large scale awareness campaigns especially in rural areas for wider dissemination of the provisions under the Scheme and work towards increasing the beneficiary base.