



REPORT NO.

143

**PARLIAMENT OF INDIA
RAJYA SABHA**

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

**ONE HUNDRED AND FORTY THIRD REPORT
ON
DEMANDS FOR GRANTS 2023-24 (DEMAND NO. 46)
OF THE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

(Ministry of Health and Family Welfare)

*(Presented to the Rajya Sabha on 15th March, 2023)
(Laid on the Table of Lok Sabha on 20th March, 2023)*



**Rajya Sabha Secretariat, New Delhi
March, 2023/ Chaitra, 1945 (SAKA)**

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सत्यमेव जयते

**Rajya Sabha Secretariat, New Delhi
March, 2023/ Chaitra, 1945 (SAKA)**

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COMPOSITION OF THE COMMITTEE

(2022-23)

- 1. Shri Bhubaneswar Kalita - Chairman**

RAJYA SABHA

2. Dr. Anil Agrawal
3. Shri Sanjeev Arora
4. Dr. L. Hanumanthaiah
5. Shri Shambhu Sharan Patel
6. Shri Imran Pratapgarhi
7. Shri B. Parthasaradhi Reddy
8. Shri S. Selvaganabathy
9. Dr. Santanu Sen
10. Shri A. D. Singh

LOK SABHA

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

SECRETARIAT

- | | |
|---------------------------|-----------------------------|
| 1. Shri S. Jason | Joint Secretary |
| 2. Shri Shashi Bhushan | Director |
| 3. Shri Bhupendra Bhaskar | Additional Director |
| 4. Shri Goutam Kumar | Deputy Secretary |
| 5. Mrs. Gunjan Parashar | Deputy Director |
| 6. Ms. Monika Garbyal | Assistant Committee Officer |

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, hereby present this 143rd Report of the Committee on the Demands for Grants (Demand No. 46) for the year 2023-24 of the Department of Health and Family Welfare, Ministry of Health and Family Welfare.

2. The Department-related Parliamentary Standing Committees are entrusted with the constitutional role of ensuring accountability of executive to the Parliament. In this regard, Rule 270 (a) of Rules & Procedure and Conduct & Business in the Council of States (Rajya Sabha) empowered the Department-related Standing Committees to consider the Demands for Grants of the related Departments/Ministries with the objective of ensuring financial accountability of the executive and report thereon. In exercise of its constitutional mandate, the Department-related Parliamentary Standing Committee on Health & Family Welfare scrutinised the Demands for Grants for the year 2023-24 (Demand No. 46) of the Department of Health and Family Welfare, Ministry of Health and Family Welfare. The Committee at its sitting held for examination of Demands for Grants (2023-24) of the Department of Health and Family Welfare on 20th February, 2023 heard the Secretary and other Officers of the Department.

3. The Committee considered the Draft Report and adopted the same in its meeting held on 13th March, 2023.

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 2023-24;
- ii. Annual Report of the Department for the year 2022-23;
- iii. Detailed Explanatory Note on Demands for Grants of the Department of Health and Family Welfare for the year 2023-24;
- 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 2022-23;
- vii. National Health Accounts 2018-19;
- viii. Rural Health Statistics 2021-22;
- ix. Global Multidimensional Poverty Index 2022;
- x. Budget Speech of the Finance Minister; and
- xi. WHO's World Health Statistics 2022 Report 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
March 13, 2023
Chaitra, 1945 (Saka)

Bhubaneswar Kalita
Chairman,
Department-related Parliamentary Standing Committee on
Health and Family Welfare

LIST OF ACRONYMS

AE	-	Actual Expenditure
AIIMS	-	All India Institute of Medical Sciences
ANM	-	Auxiliary Nurse and Midwife
ASHAs	-	Accredited Social Health Activists
AWWs	-	Anganwadi Workers
AYUSH	-	Ayurveda, Yoga, Unani, Siddha and Homoeopathy
BDS	-	Bachelor of Dental Surgery
BE	-	Budget Estimate
CDs	-	Communicable Diseases
CDSCO	-	Central Drugs Standard Control Organization
CGHS	-	Central Government Health Scheme
CHCs	-	Community Health Centres
CHS	-	Central Health Services
CPHC	-	Comprehensive Primary Health Care
CPWD	-	Central Public Works Department
DPRs	-	Detailed Project Reports
Dr. RML HOSPITAL	-	Dr. Ram Manohar Lohia Hospital
FY	-	Financial Year
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
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
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
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
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
PMSSY	-	Pradhan Mantri Swasthya Suraksha Yojana
RCH	-	Reproductive and Child Health
RE	-	Revised Estimate
RISE	-	Revitalizing Infrastructure and Systems in Education
RMNCH+A	-	Reproductive Maternal Newborn Child and Adolescent Health

CHAPTER I

INTRODUCTION

1.1 India is on its path to become the most populated country in the world, therefore, access to affordable and quality healthcare services is crucial for optimizing the productivity of human resources in National economic growth and development. The National Health Policy-2017 recognized the pivotal importance of UN Sustainable Development Goals (SDGs) and envisaged the attainment of the highest possible level of health and wellbeing for all, at all ages, as its goal. As India steps into a post-COVID world, policy makers and project implementing agencies must realize the importance of UN SDGs in improving health indicators and establishing an equitable and resilient health system.

1.2 The pandemic years brought the world to a standstill and threw a new set of challenges to health sector. It also brought to the forefront the lack of robust health infrastructure and the urgent need for investment in health sector. Frugal investment over the years in health related research and the limited availability of genome testing facilities in the country further attributed to the late identification of other mutant variants of COVID-19 that severely impacted the mortality rate. The pandemic also highlighted the need of a strong primary health care infrastructure especially when the rural, slums and many urban areas are still devoid of basic healthcare facilities. Shortage of healthcare workforce, medical equipments, and medicines at PHC/CHC keeps a major chunk of population out of the ambit of affordable healthcare services. The disruption in the available Primary Health Care Services due to COVID-19 further widened the gap between health care and its delivery. In a post pandemic world, therefore, the momentum gained in digitization of healthcare services as well as the investment in the health sector must be sustained and further enhanced.

1.3 In the Union Budget 2023-24, the Ministry of Health and Family Welfare has been allocated budgetary funds to the tune of Rs. 89,155 crore. The Finance Minister in her budget speech had *inter-alia* announced that one hundred and fifty-seven new nursing colleges will be established in co-location with the existing 157 medical colleges. A Mission to eliminate Sickle Cell Anaemia by 2047 will also be launched along with a number of other initiatives. The Committee in this Report will examine the budgetary allocation and the utilisation trend of various Schemes and initiatives under the Ministry of Health and Family Welfare and accordingly give recommendations on the Demands for Grants of the Ministry.

MINISTRY OF HEALTH AND FAMILY WELFARE

1.4 The Ministry of Health and Family Welfare is the nodal Ministry that is responsible for formulation and implementation of health policy in the country. 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

1.5 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.

1.6 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. Besides, some of the Flagship Schemes of the Ministry of Health and Family Welfare are enumerated as under:

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):

1.7 The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable tertiary healthcare Services and to augment facilities for quality medical education in the country. The Scheme has two components, namely - (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Upgradation of existing Government Medical Colleges/institutions (GMCIs). So far setting up of 22 new AIIMS and 75 projects of upgradation of GMCIs have been approved under the Scheme in various phases.

Ayushman Bharat Digital Mission (ABDM):

1.8 Ayushman Bharat Digital Mission (ABDM) provides for creating a National Digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner through provision of a wide range of data, information and

infrastructure services, duly leveraging open, interoperable, standards based digital systems and ensuring the security, confidentiality and privacy of health-related personal information.

Central Government Health Scheme:

1.9 This Scheme provides comprehensive medical facilities to Central Government Employees, pensioners 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.

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

1.10 This is a Centrally Sponsored Scheme with some Central Sector component spread over 5 years from 2021-22 to 2025-26 for implementation of the Atmanirbhar Bharat Package for Health Sector announced by the Hon'ble Prime Minister as part of the series of Government measures for providing stimulus to the economy. The measures under the PM ABHIM 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

Staff Strength in the Department:-

1.11 As per the information submitted by the Department of Health and Family Welfare, the total strength in position against the sanctioned strength in the Department of Health and Family Welfare is as under:

S. No.	Category of Post	Sanctioned Strength	In position
1	Group A	293	234
2	Group B	646	434
3	Group C	427	244
	Total	1366	912

1.12 The Committee observes that the vacancy under Group-A, Group-B and Group-C category is 59, 212 and 183 respectively. The Committee is of the view that inadequate strength at many levels must be impeding the functioning of the various Divisions under the Department of Health and Family Welfare. The Committee therefore, recommends the Ministry to take appropriate steps to fill up the vacant positions at various levels and implement better work management practices in the Department. The Committee further recommends the Ministry to nudge the Cadre Controlling Authorities and recruiting agencies to fill up the vacant posts.

1.13 The Committee takes special note of the enhanced use of technology in the health sector and believes that modernization of healthcare services is crucial for

providing sustainable and affordable healthcare services. In this background, it is pivotal for the workforce supervising the implementation of National health initiatives to become active participants in the usage of technology. The Committee accordingly recommends the Ministry to expand the usage of technology in the Ministry of Health and Family Welfare and take measures to enhance the digital competence of the officials/staff of the Ministry.

CHAPTER II

ANALYSIS OF BUDGETARY ALLOCATIONS

BUDGETARY ALLOCATION

2.1 A total budgetary allocation of Rs 45,03,097 crore was announced for various Ministries for the financial year 2023-24, which is an increase of 7.5% over the Revised Estimates of 2022-23. Funds to the tune of Rs. 89,155 crore has been allocated in 2023-24 to the Ministry of Health and Family Welfare i.e. to the Departments of Health and Family Welfare and Health Research which is 1.97 % of the total budget in 2023-24 (Rs 45,03,097 crore). The total budgetary allocation to the Department of Health and Family Welfare is Rs. 86,175.00 crores which is a 3.82% increase from BE 2022-23 allocation of Rs. 83,000 crores.

2.2 While examining the Demand for Grants (2023-24) of the Department of Health and Family Welfare, the Committee in its meeting held on 20th February, 2023 heard the views of the Secretary, Department of Health and Family Welfare. The Secretary submitted the following details on the projection and the allocation of the Health Budget for Department of Health & Family Welfare:-

Health Budget-Proposed and Allocated

Net Basis (Rs. Crores)

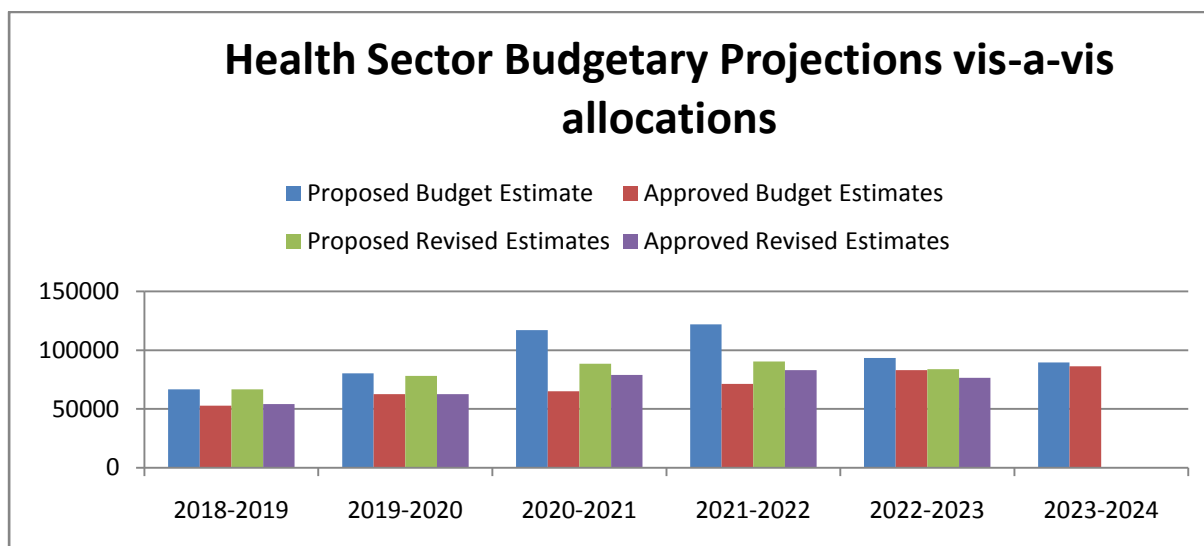
Proposed Estimates 2023-24			Approved BE 2023-24			(-) Shortfall/Additionality in allocation		
Revenue	Capital	Total	Revenue	Capital	Total	Revenue	Capital	Total
84,280.30	5,251.72	89,532.05	80,874.66	5,300.34	86,175.00	-3,405.64	48.62	-3,357.05

BUDGETARY PROJECTION VIS-A-VIS ALLOCATION

2.3 As against the proposed estimates for the FY 2023-24 i.e. Rs. 89, 532.05 crore, the budget of Rs. 86,175.00 crore has been approved with a shortfall of Rs. 3357.05 crore. The trend of Budgetary projections vis-a-vis allocations to Department of Health & Family Welfare for the last 5 years are as follows:

Year	Proposed Budget Estimate	Approved Budget Estimates	Proposed Revised Estimates	Approved Revised Estimates
2018-2019	66700.66	52800.00	66567.74	54302.50
2019-2020	80408.45	62659.12	78187.26	62659.12
2020-2021	117191.82	65011.80	88388.97	78866.00
2021-2022	121876.05	71268.77	90271.01	82920.65

2022-2023	93299.75	83000.00	83812.16	76370.40
2023-2024	89532.00	86175.00		



2.4 It is observed for the last 5 years, the budgetary allocations have always been less than the projected Demands for Grants for the Department of Health & Family Welfare. For the projected additional demands for funds at RE stage, then again a reduced budget was approved. As regard the projections made for the budgetary allocations, there is decline in the projected demands since 2021-22. For the year 2023-24, the projected BE was Rs. 89532.00 Cr and the approved BE is Rs. 86175.00 Cr. Adjusting with the inflation rate of 5.5 % for the month of December 2022, the expected BE 2023-24 should have been Rs. 87150.00 Cr over BE 2022-2023. Public health plays an important role in facilitating economic development of the country, therefore, in view of inadequate and overstretched public health infrastructure; the investments in health sector should increase. Given that inflation rate is expected to be on higher side in near term, the government should consider demanding for higher budgetary allocations for health sector at RE stage.

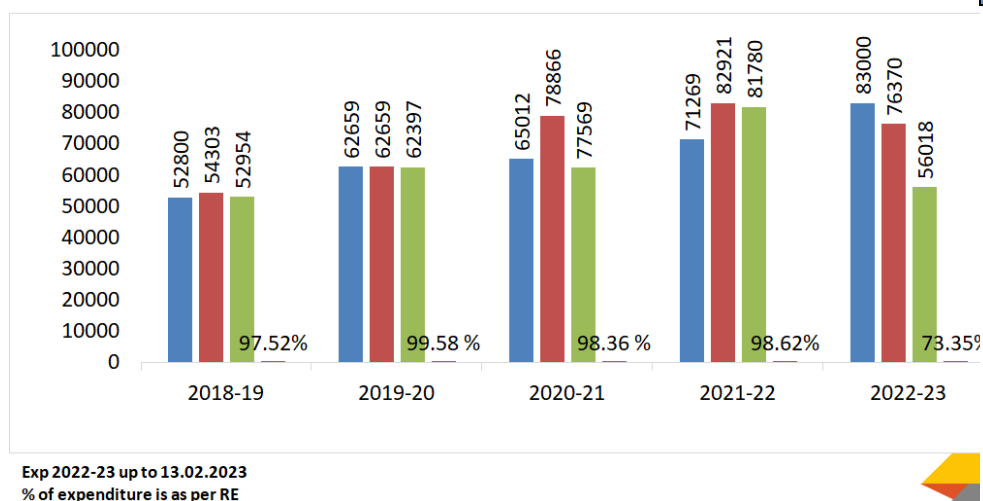
Budgetary Allocations vis-à-vis Actual Expenditure

2.5 The budgetary allocations for Department of Health at BE, RE vis-à-vis actual expenditure for the last 5 years is as under:

Year	BE	RE	AE	AE as % of RE
2018-2019	52800	54303	52954	98%
2019-2020	62659	62659	62397	100%
2020-21	65012	78866	77569	98%
2021-22	71269	82921	81780	99%
2022-23	83000	76370	56018	73%

Trend in Budgetary Allocation & Expenditure

B	RE	AE
E		



2.6 The Committee notes that the Department of Health and Family Welfare has been allotted a total budget of Rs. 86,175 crore against the total proposed estimates of Rs. 89,532.05 crore, thus leaving a shortfall of Rs. 3357.05 crore. The Committee further observes that the utilisation trend in the past five years of the Department of Health & Family Welfare has been satisfactory. However, the Committee notes that in 2022-23, for the first time in five years the Revised Estimates is lower than the Budgeted Estimates of the Department.

2.7 The Committee further notes that the Department, till 13th February, 2023 had spent 73.35% of the total allocated budget and 26.65% of the funds remain unspent. The Ministry of Finance has time and again come up with guidelines for regulating the expenditure in a financial year. The Committee recommends the Ministry of Health and Family Welfare to cap its expenditure in the last month of the financial year as per the extant guidelines and strictly monitor the expenditure of funds in the last quarter of the Financial Year.

2.8 The Health Secretary further submitted that in Financial Year 2022-23 BE of Rs. 83,000.00 crore was reduced to Rs. 76370.40 crore at RE stage due to slow pace of expenditure during 2022-23. The programme/ scheme wise details are as under:

- **PMSSY:** The Capital Outlay of PMSSY is spent on two components i.e, for construction of new AIIMS and for up-gradation of existing Government Medical Colleges / Institutes. During consideration of BE 2022-23, the Ministry expected that construction of new AIIMS in Bihar and Haryana would start, however, due to delay/ non availability of encumbrance free site, which is to be provided by the State Government, the work for these AIIMS could not commence in this financial year.
- **Human Resources for Health & Medical Education:** The budget provision in BE 2022-23 was Rs. 7500.00 crore which was reduced to Rs. 4083.37 crore in RE 2023-24. Reduction at RE stage was due to non-receipt of proposals from states in respect of Capital Expenditure pertaining to Phase – I to III of the scheme for up-gradation of Medical colleges and creation of New UG/PG seats.

- Pradhan Mantri Ayushman Bharat Infrastructure Mission (PM-ABHIM): PM-ABHIM primarily pertains to infrastructure/capital work. Reduction in RE was because of low pace of expenditure in first two quarters of the current FY at the levels of States/UTs due to operational difficulties like encumbrance free site identification, multi-locational implementing agencies and long gestation period.
- National AIDS and STD Control Programme: During the current Financial Year 2022-23, budget of Rs.2622.75 crore was allocated at BE stage. However, it was reduced to Rs.2032.00 crore at RE stage.

2.9 There were savings under Supplies and Materials Head which were due to reduction in price for procurement of ARV Drugs and during the procurement of ARV Drugs, the payment schedules were revised to the next financial year (i.e. 2023-24) owing to finalization of tendering process. There was no impact on the Scheme due to the reduction in the budgetary allocation.

2.10 The Committee notes the submission of the Department of Health and Family Welfare and observes that most of the schemes where funds remained underutilised were either due to delay/non availability of encumbrance free site or non-receipt of proposals from the States. The Committee believes that the States must also play a proactive role and work in tandem with the Union Government to ensure the robust implementation of the Schemes. The Committee recommends the Department of Health and Family Welfare to nudge the States and hold discussions with the State representatives at regular intervals to ensure timely disposal of the pending issues. The Department must make consistent efforts to ensure optimum utilisation of the allocated funds.

Government Health Expenditure in India

2.11 The Committee notes the findings of the National Health Accounts (NHA) Estimates for 2018-19. As per the NHA estimates 2018-19, the share of Government Health Expenditure in the total GDP of the country has increased from 1.15% in 2013-14 to 1.28% in 2018-19. The Report also highlights that in 2018-19, the share of Government expenditure in Total Health Expenditure was 40.6% which is substantially higher than the share of 28.6% in 2013-14.

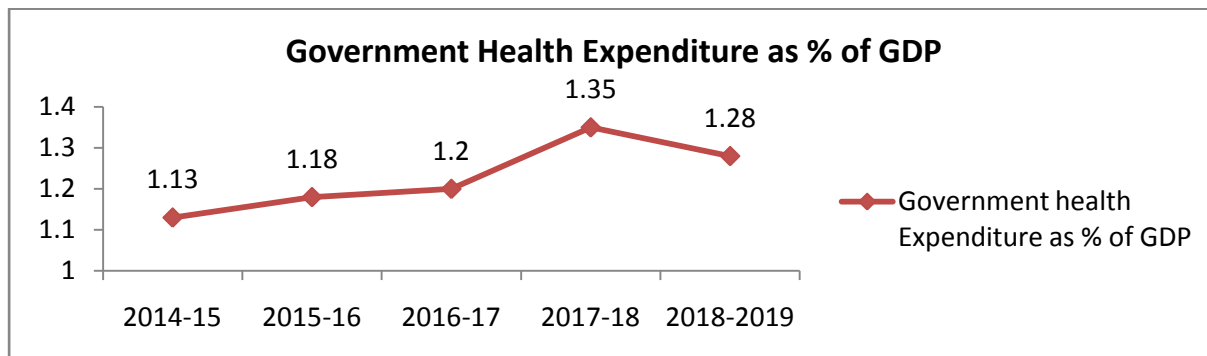
2.12 As per available NHA Estimates, Government Health Expenditure (Centre and State) as percentage of Gross Domestic Product (GDP) in India during the last five years is indicated as under:

GHE as % of GDP

Year	Government Health Expenditure (Centre + State) as percentage (%) of GDP	Government Health Expenditure	
		Union Government's Share	State Government's Share
2014-15	1.13	37.00	63.00
2015-16	1.18	35.60	64.40

2016-17	1.20	31.40	68.60
2017-18	1.35	40.80	59.20
2018-19	1.28	34.30	65.70

Source: National health Accounts Estimates for India



2.13 Further, as per the Economic Survey 2022-23, the total health expenditure as percentage to GDP is as under:

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22 RE	2022-23 BE
Health Expenditure as % of GDP(#)	1.3	1.4	1.4	1.4	1.4	1.6	2.2	2.1

Expenditure on 'Health' includes expenditure on 'Medical and Public Health', 'Family Welfare', and 'Water Supply and Sanitation.

2.14 The Committee notes that the Government Health Expenditure as percentage of GDP is 1.28% for 2018-19 which lags behind the National Health Policy target of increasing Government Health Expenditure to 2.5% of GDP by 2025. A close scrutiny of the Health Budget reflects the lack of priority assigned to health. The Committee observes that the health budget allocation trends over the years do not align with the ambitious target set in National Health Policy. The Committee is of the opinion that adequate health financing forms the pillar of a well-functioning health system which is crucial for reduction of Out-of-Pocket Expenditure (OOPE) in health. The pandemic further reaffirmed the need of a sustainable health financing ecosystem especially in tackling a sudden public health crisis.

2.15 The Committee in its 126th Report on DFG (2022-23) had also recommended the Government for increasing its health expenditure to 2.5 % of GDP in the next two years and to 5% by 2025. However, with such stagnant allocation to health and the slow pace of increase in allocation, the goal of achieving the NHP target of health expenditure to 2.5% seems a distant dream.

2.16 The Committee is of the view that innovation in health is crucial for establishing an affordable and accessible healthcare delivery system, especially for a developing economy like India. The need of the hour is to recognize health as a key sector for economic as well as social development. The Committee, therefore, strongly recommends the Government to make health a priority and increase its investment in the health sector.

2.17 The Committee further notes that as per Economic Survey 2022-23, the total health expenditure as percentage to GDP was 2.1 %, however, the expenditure on 'Health' includes expenditure on 'Medical and Public Health', 'Family Welfare', and 'Water Supply and Sanitation. The Committee recommends that only the Budget of Union Ministry of Health and Family Welfare and States Health Budget should be exclusively considered under Total Health Expenditure.

2.18 The Department also submitted that as per the latest available National Health Accounts Estimates for India 2018-19, the OOPE as percentage of Total Health Expenditure (THE) continues to show a declining trend. It has decreased from 64.2% in the year 2013-14 to 48.2% in the year 2018-19. WHO's World Health Statistics 2022 Report states that:

Global spending on health has more than doubled in real terms between 2000 and 2019 and reached 9.8% of the global gross domestic product. Approximately 80% of that spending occurred in High Income Countries (HICs), the bulk of it (about 70%) coming from government budgets. In Life Insurance Corporation (LICs), out-of-pocket spending was the main source of health expenditure (44%), followed by external aid (29%)

2.19 The Committee notes that various Government Schemes, over the years have expanded the social security ambit and enhanced the list of beneficiaries under various Schemes. The consequences of Government intervention is visible in the declining trend of Out of Pocket Expenditure (OOPE) which has decreased from 64.2% in the year 2013-14 to 48.2% in 2018-19. However, the Committee notes that a 48.2% of OOPE in health is still a major deterrent to quality health care. As per the Global Multidimensional Poverty Index 2022 Pre-pandemic data, India is home to approximately 228.9 million poor people, which is the highest in the world. With such a major chunk of population that remains deprived of basic amenities, Government health spending is the only means to gain access to affordable healthcare. The Committee, accordingly, recommends the Union as well as the State Government to make consistent efforts to decrease the OOPE. The Committee recommends the Government to follow the examples of High-Income Countries (HIC) where almost 70% of the expenditure on Health is borne by the Government.

2.20 Attention of the Committee has also been drawn to the Reserve Bank of India's "State Finance-A Study of Budgets 2021-22 Report" wherein as per RBI, Statement indicate that only the UT Delhi and Puducherry has fulfilled the criteria of incurring at least 8% health expenditure out of their budgetary expenditure.

2.21 The State-wise break up of Health Expenditure as percentage of State's Budget is indicated as under:

S.No	State/UT	2019-20
1	Andhra Pradesh	4.3
2	Arunachal Pradesh	6.1
3	Assam	6.5
4	Bihar	5.3
5	Chhattisgarh	5.1
6	Goa	7.7
7	Gujarat	5.6
8	Haryana	4.5
9	Himachal Pradesh	5.8
10	Jharkhand	4.4
11	Karnataka	4.1
12	Kerala	6.1
13	Madhya Pradesh	5.0
14	Maharashtra	4.0
15	Manipur	5.5
16	Meghalaya	7.9
17	Mizoram	5.2
18	Nagaland	4.9
19	Odisha	4.9
20	Punjab	3.3
21	Rajasthan	5.7
22	Sikkim	5.8
23	Tamil Nadu	4.8
24	Telangana	4.3
25	Tripura	6.0
26	Uttar Pradesh	5.2
27	Uttarakhand	5.2
28	West Bengal	5.3
29	Jammu and Kashmir	6.5
30	NCT Delhi	11.2
31	Puducherry	9.2

Source: State Finances: A study of budget.

2.22 The Committee notes that the States have failed to fulfill the National Health Policy target of increasing the Health Sector spending to more than 8% of their budget by 2020. The Committee appreciates that NCT Delhi and Puducherry spend 11.2% and 9.2 % of their total State Budget in Health Sector and recommends that other States/UTs Govt. should follow the same.

2.23 The Committee, in its 134th Report, had highlighted the existing wide inter-State and intra-State disparity in healthcare infrastructure across the country. The Committee observed that States with poor financial resources and inefficient fiscal capacity face umpteen challenges in establishing a robust health infrastructure. The Committee, accordingly, reiterates its recommendation that the Union Government must persuade the State Governments to achieve the budgetary health expenditure to 8%.

CHAPTER-3

SCHEMES/PROJECTS OF DEPARTMENT OF HEALTH AND FAMILY WELFARE

CENTRAL GOVERNMENT HEALTH SCHEME:

3.1 Under this Scheme, Primary Health Care facilities are provided to 42.55 lakh beneficiaries through 336 Allopathic CGHS Wellness Centres and 97 AYUSH Units across the country. At present, 1750 Private Hospitals and 292 Diagnostic Centres are empanelled under the scheme. Funds to the tune of Rs. 2137.94 crore have been allotted under the revenue head and Rs. 82.30 crore has been allocated under the capital head in BE 2023-24. With respect to the fund allocation and utilisation status for the year 2022-23, the Ministry submitted the following information:

Head	BE 2022-23	RE 2022-23	Actual Expenditure till 14.02.2023
Revenue (including NER) *	1812.07	1907.11	1396.92
Capital**	37.93	38.16	4.29
Total	1850.00	1945.27	1401.21

* So far as Revenue Head is concerned, there are pending payments from MSD to GMSD to the tune of Rs. 95 crores and for other cities, to the tune of Rs. 45 crores.

** Sanction issued to CPWD for Rs. 24.88 crore under the head of account Major Works in Capital Section.

3.2 The Committee notes that in Financial Year 2022-23, under revenue head approximately 73% of the funds have been utilised *vis-a-vis* RE 2022-23. However, under the capital head, the actual expenditure is just 11% of the Revised Estimates 2022-23. Pending payments under the revenue head have been cited as the reason for underutilisation of funds and expenses to the tune of Rs. 24 crore is yet to be accounted under the capital head.

3.3 The Committee, therefore, recommends the Ministry to ensure smooth and timely flow of funds and settle the pending bills at the earliest. However, under the Scheme, even after considering all the cited expenses under the revenue and capital head, funds still remain unutilised. The Committee believes that such an important employee's welfare scheme that is tasked with providing health care services must exhibit maximum utilisation of funds. The Committee, accordingly, recommends the Ministry to continue making efforts for maximum utilisation of the allotted funds under the Scheme.

Vacancy position under CGHS

3.4 On a specific query with regards to the status of recruitment of allopathic non-gazetted and gazetted officers category under CGHS, the Ministry submitted that the CHS Division of Ministry of Health and Family Welfare recruits Medical Officers through UPSC. A list of 340 candidates selected through Combined Medical Examination for filling up vacancies including the vacancies under CGHS has been provided by UPSC. It is hoped that once the selected candidates join CGHS the vacant posts shall be filled up.

3.5 The Ministry further stated that the sanctioned strength of Allopathic Medical Offices is 1541 against which 346 posts are vacant. As an interim measures retired Doctors are appointed on contract basis (extendable on yearly basis) against vacant posts till regular incumbents are in position. The sanctioned strength of non-gazetted staff under CGHS is 4566 against which 1778 posts are vacant. CGHS has already communicated the vacancies to the staff Selection Commission (SSC) for recruitment of suitable candidates and once the lists are received from SSC, the vacant posts shall be filled up.

3.6 The Committee notes that approximately 22% posts in Allopathic Medical Offices and 39% posts in Non-Gazetted staff are vacant. The Committee feels that the shortage of doctors is a major problem that pervades the Indian healthcare system. Under CGHS, the Government has also been employing retired doctors for filling the vacancies in CGHS dispensary. However, the Committee observes that the doctor to population ratio still remains skewed in many cities that are covered under CGHS. The Committee accordingly recommends the Ministry to assess the requirement of doctors in CGHS dispensaries across the country and ensure that adequate doctor to population ratio is maintained in all the CGHS cities. The Committee further recommends the Ministry to expedite the recruitment of 340 candidates selected through Combined Medical Examination for filling up vacancies including the vacancies under CGHS.

3.7 On a specific query with regard to the status of the CGHS buildings at Vasant Vihar, Vasant Kunj, Alaknanda and Rohini-Sector 16, the Ministry submitted that the Wellness Centre at Vasant Kunj is already functioning in CGHS building. CGHS is pursuing with CPWD Authorities for handover of building with completion certificate at Vasant Vihar, Alaknanda and Rohini Sector-16 to enable CGHS to shift the Wellness Centres to its own buildings. Ayurvedic and Homeopathic units are not sanctioned at these locations.

3.8 The Committee is dismayed to note that Wellness Centres at Vasant Vihar, Alaknanda and Rohini Sector-16 have not yet been shifted to CGHS buildings. The Committee in its 134th Report had observed this delay in handing of the CGHS Wellness Centres at Vasant Vihar, Alaknanda and Rohini Sector-16 to CGHS by CPWD. The Committee in its 134th Report had explicitly noted that the CGHS buildings are ready but the Wellness Centres are still running from rented buildings, however, even after one year, the completion certificates have not been obtained from CPWD. Accordingly, the Committee reiterates its recommendation that the Ministry must obtain the completion certificate from CPWD and shift the Wellness Centres to the new buildings at the earliest. The Committee further recommends the Ministry to coordinate with the

concerned Project agencies and ensure timely completion of construction projects in all the CGHS cities.

3.9 The Committee further notes that certain other issues such as non availability of medicines in CGHS dispensaries, delay in clearance of the dues owed to the private hospitals, viability of the CGHS rates, poor experience of the beneficiaries etc persist in the CGHS ecosystem. Issues of basic medicines been indented in some CGHS dispensaries have also been noted. The Committee recommends the Ministry to ensure consistent supply of medicines under CGHS through Schemes like the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). The Committee further observes that empanelling top private hospitals for providing comprehensive tertiary care is challenging under the present CGHS rates. The Committee accordingly recommends that a grading system for hospitals may be devised where CGHS rates are standardised for each category of hospitals. The Committee also recommends the Ministry to make an assessment on the budget required for expanding the pool of empanelled hospitals under the Scheme. The Committee has observed that CGHS rates for treatment and diagnosis have not been revised for many years and therefore, recommends that it may be revised keeping in view the present market rates.

SAFDURJUNG HOSPITAL (SJH) & VARDHMAN MAHAVIR MEDICAL COLLEGE (VMMC):

3.10 The Institute has been allocated funds to the tune of Rs. 1586.73 crore under revenue head and Rs. 155 crore under Capital head in BE 2023-24. The Committee was informed that the total projected demand of the institute was 2124.90 cr. However a total of Rs. 1853.34 cr has been allotted which is Rs. 271.56 cr. less than the demanded fund. The Institute also submitted that allocation has been reduced in the following projects:

- Demanded fund for VMMC project was Rs.125.00 cr whereas allotted fund is Rs. 53.20 cr.
- Demanded fund for Dwarka project and housing up-gradation work was Rs. 61 cr. and allotted fund is Rs. 25.25 cr.
- Demanded fund for Materials & Equipments (M&E) was Rs.60.00 Cr. and allotted fund is Rs.43.00 cr.
- Also under Revenue head: Material & Supplies the demanded fund was 415.00 cr. and allotted fund is Rs. 310.00 Cr. The reduction in fund may affect the procurement of drugs and consumables if demand from the user department increase.

3.11 The detailed Utilisation Profile of Budgetary fund for Safdarjung Hospital & VMMC is annexed at A. The utilisation of funds in Safdarjung Hospital for FY 2022-23 (upto 10.02.2023) is indicated as under:

Rs. in crore

	B.E. 2022-23	Exp. as on 10.02.23	% w.r.t. B.E. 2022-23	Balance Budget
Capital	128.27	26.07	20.32	102.20
Revenue	1586.73	1355.17	85.41	231.56

3.12 The Committee notes that against the projected demand of Rs. 2124.90 crore, funds to the tune of Rs. 1853.34 crore have been allotted to SJH & VMMC, leading to a shortfall of Rs. 271.56 crore. However, a close scrutiny of the budget estimates 2022-23 (Annexure A) reveals that under sub head 4210 Mach & Equip, against the allocated funds of Rs. 95 crore, only Rs. 13.17 crore have been spent till 10.02.23. The Committee is surprised to note that the Institute procured machineries only worth Rs. 13.86 crore and against the total allocated funds of Rs. 128.27 crore under the Capital head, only 20.32% of funds have been utilised.

3.13 The Committee further notes that under revenue head, 85.41% of funds have been utilised leading to a balance budget of Rs. 231.56 crore. Against the backdrop of Institute failing to ensure maximum utilisation of the allocated budget in 2022-23, the demand for more funds seems unjustified. However, the Committee acknowledges that the funds have been slashed for VMMC and Dwarka Project. The Committee hopes that the Institute takes proactive actions to ensure that these projects do not suffer because of any shortage of funds.

3.14 The Committee in its 134th Report had flagged the slow pace of construction activities such as redevelopment of staff colony and hostel facilities, stack parking around newer blocks and other projects in the Safdurjung Hospital and Vardhman Mahavir Medical College. The Committee also notes that Rs. 232.84 crore has been allocated for construction of Lecture theatre and Auditorium in VMMC at SJH and Boys Hostel Building. The Committee strongly recommends the Institute to ensure that all the construction projects are completed within the stipulated timeframe and unnecessary delays are avoided. The Committee also recommends the Ministry to adhere to the timeline of 27 months for completion of the Dwarka Project.

3.15 With regards to the status of sanctioned vis-à-vis in position strength, the Institute submitted the following information:

Sanctioned vis-&-Via position strength (post wise and cadre wise) as on 01.01.2023.

Group	Sanctioned	Inposition	Vacant
Group A Medical	589	445	144

Group A Non-Medical	54	30	24
Group B Gazetted	200	122	78
Group B Non-Gazetted	2807	2458	349
Group C	796	601	195
Group C (Erst while Group D)	957	707	250
Tenure	1412	1002	410
Total	6815	5365	1450

3.16 The Committee notes that almost 24% of posts in Group A Medical, 44% in Group A Non-Medical, 39% in Group B Gazetted, 12% in Group B Non-Gazetted are lying vacant. Large vacancies in workforce will have an impact on the smooth functioning of the Institute. The Committee is of the opinion that the administrative manpower must be commensurate with UG, PG seats & teaching faculty. Vacancies even in non-faculty staff is not acceptable and the Institute must ensure that manpower in the Academic Section and VMMC Administration is increased proportionately. The Committee, accordingly, recommends the Ministry to expedite the recruitment at various Posts in the Institute. Besides it is also recommended that promotional guidelines in general and for Persons with Benchmark Disabilities (PwBDs) across various categories of employees are followed to retain best talent.

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

3.17 Dr. Ram Manohar Lohia Hospital and Atal Bihari Vajpayee Institute of Medical Sciences, New Delhi have been allocated funds to the tune of Rs. 901.43 crore under Revenue Head and Rs. 370.75 crore under Capital Head in BE 2023-24. The details of Actual Expenditure 2021-22, Budget Estimates and Revised Estimates 2022-23 under Revenue Section of Dr. RML Hospital is as under:-

(Rs. in Crores)

Sl. No.	Financial Year	B.E. Allocated	R.E. Allocated	Actual Expenditure
1.	2021-22	698.10	614.93	591.46
2.	2022-23	740.00	702.31	555.69 (as on 11/02/2023)

3.18 The Department of Health and Family Welfare submitted that the increase of Revenue expenditure is less than 10% in Dr. RML Hospital. This increase is due to Salary and purchase of necessary medicines and equipments for better patient care. The hospital has taken 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.

3.19 The details of Actual Expenditure 2021-22, Budget Estimates 2022-23 and Revised Estimates 2022-23 under Capital Section in respect of Dr. RML Hospital is as under:-

(Rs. in Crores)

Sl. No.	Financial Year	B.E. Allocated	R.E. Allocated	Actual Expenditure
1.	2021-22	100.00	65.00	49.07
2.	2022-23	140.00	140.00	117.29 (as on 11/02/2023)

3.20 The Department also informed that the increase in Capital expenditure is due to Construction of Super Specialty Block (SSB) at Dr. RML Hospital.

3.21 The Committee notes that in Dr. RML Hospital, under Revenue head, against an allocation of Rs. 702.31 crore in RE 2022-23, funds to the tune of Rs. 555.69 crore have been utilised till 11.02.2023 leading to an unspent balance of Rs. 146.62 crore. Similarly, under capital head, the actual expenditure is Rs. 117.29 crore against an allocation of Rs. 140 crore in RE 2022-23. The utilisation trend in 2021-22 also reflects that Dr. RML Hospital, under Capital Head could spent only Rs. 49.07 crore against Rs. 100 crore allotted in BE 2021-22.

3.22 The Committee further notes that in BE 2023-24, the combined budget of Dr. RML Hospital and ABVIMS has been enhanced to Rs. 901.43 crore under the Revenue head and to Rs. 370.75 crore under the Capital head leading to a total of Rs. 1272.18 crore. Examining the data furnished by the Department, it is observed that funds under capital as well as revenue head in 2021-22 and 2022-23 remained unutilised. The Committee notes that patients from Delhi and outside Delhi visit Dr. RML Hospital on a daily basis which necessitates creation of additional infrastructure for the Institute. The Committee notes that budgetary funds have been sought for construction of Super Specialty Block to house the existing Super Specialties as well as opening of new Super Specialties like Medical and Surgical Oncology, Nuclear Medicine, Radio Therapy, Organ Transplant Medicine (Renal, Live, Cardiac) & Pediatric Cardiology. In this backdrop, it is crucial that the allotted budgetary funds are put to good use. Accordingly, the Committee, recommends the Department to ensure maximum utilisation of the budget for creation of targeted capital assets.

3.23 Status of On-going project at Dr. RML Hospital and ABVIMS

(a) **For Doctor Hostel:** Construction of Hostel Block for Resident doctor's including associates works, Operation & Maintenance during Defect Liability period for ABVIMS & Dr, RML Hospital New Delhi:

- Total Area : 39420 sqm.
- Date of Start : September-2017
- Date of Completion : July-2023
- Awarded cost : Rs. 138.30 Cr.
- Physical progress : 90%
- Financial Progress : 87%
- Cost overrun : Within permissible Limit

- Reason for Delay : As mentioned under:
 - i. Ban on construction due to severe air quality index by Hon'ble Supreme Court of India, Govt. of NCT of Delhi and Department of Environment and forests.
 - ii. Curfew imposed during 3rd wave of COVID-19
 - iii. Building plans approved by NDMC in phase manner. Last approval received in June 2021.
 - iv. Shifting of existing fire and water supply line.
 - v. MCD Election on 04.12.2022

(b) **For Super Specialty Block (SSB)**; It would be pertinent to note that the SSB Project was delayed.

- Physical progress of SSB is 11% as on date.
- Resultant cost –over runs till date is NIL
- Timeline for completion : 27.04.2024
- Reason for delay : (Total 782 days)
 - i. Delay due to COVID-19 pandemic situation and lockdown imposed – 142 days
 - ii. Delay by the local bodies in approval of building plans – 461 Days
 - iii. Tree cutting permission from forest department
 - iv. Amalgamation of SSB Plot with main campus of Dr., RML Hospital
 - v. Shifting of boundary wall of President Estate quarter at G point
 - vi. Shifting of sewer line by NDMC and IGL Pipe line by IGL
 - vii. Space constrains – 179 Days

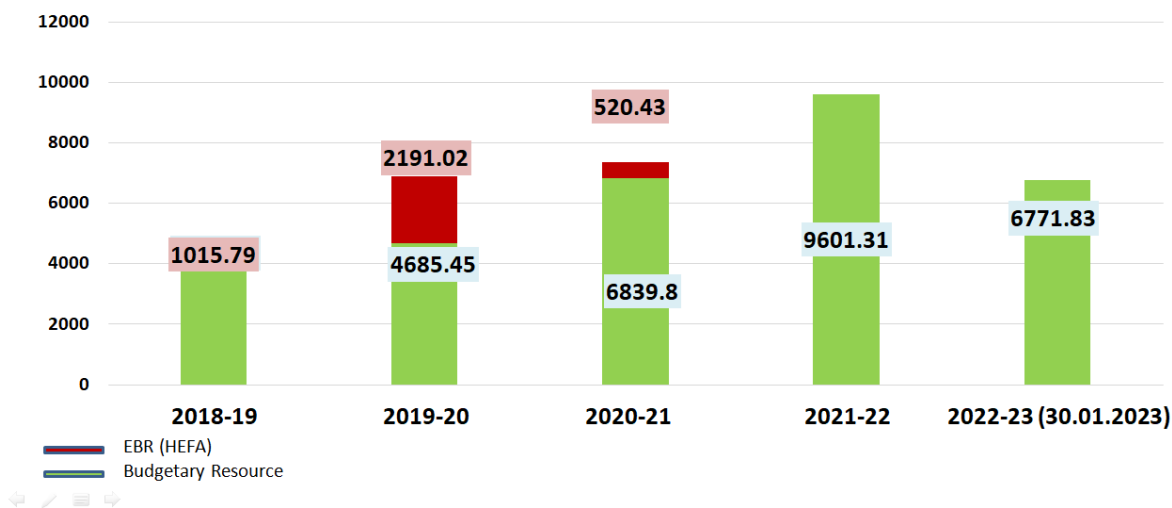
3.24 While examining the Demands for Grants 2022-23, the Committee had noted that the expected date of completion for construction of Hostel Block at Dr. RML Hospital and ABVIMS was 05.12.2022; however, now the date of completion has been extended to July, 2023. Similarly, the Stipulated Date of Completion for Super Speciality Block was 10.03.2022 which was extended to 28.11.2023. However, the project has been delayed and the new target date for completion of the Project is 27.04.2024.

3.25 The Committee is dismayed at the repeated extension of timeline for the completion of both the Projects. The Committee is of the view that delay due to the lockdown imposed during COVID-19 pandemic can no more be cited as an excuse for extending the timeframe of the Projects. The Committee, accordingly, recommends the Institute to adopt better project management tool/strategy for robust monitoring of both the Projects and strictly adhere to the new timeline.

PRADHAN MANTRI SWASTHAYA SURAKSHA YOJANA (PMSSY):

3.26 Under the Scheme, funds to the tune of Rs.10,000 crore (Revenue: Rs.5673.13 crore & Capital: Rs. 4326.87 crore) had been allotted in BE 2022-23. However, the same was reduced to Rs.5483.13 crore and Rs. 2786.43 crore under Revenue and Capital head respectively at RE stage. In BE 2023-24, Rs. 65 crore and Rs. 3300 crore has been allocated under Capital and revenue head respectively.

3.27 Health Secretary during the meeting with the Committee highlighted the Expenditure Trend of the past five years under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) which is indicated as under:



3.28 The Committee notes that against the revised estimates of Rs. 8269.56 crore in 2022-23, Rs. 6771.83 crore have been utilised till 30.01.2023. The Committee hopes that the Ministry is able to judiciously utilise the remaining funds under PMSSY Scheme in the last quarter of the Financial Year.

3.29 It is also observed by the Committee that in BE 2023-24, a total of Rs. 3365 crore has been allocated to the Scheme (Revenue: Rs. 65 crore & Capital: Rs. 3300 crore) which is a 59% decrease *vis-a-vis* RE 2022-23 & a 66% decrease *vis-a-vis* BE 2022-23. With regards to the reason for the drastic decrease in BE allocation 2022-23, the Ministry submitted that the Capital Outlay of PMSSY is spent on two components i.e., for construction of new AIIMS and for upgradation of existing Government Medical Colleges / Institutes. During consideration of BE 2022-23, the Ministry expected that construction of new AIIMS at Bihar and Haryana would start, however, due to delay/ non availability of encumbrance free site, which is to be provided by the State Government, the work for these AIIMS could not commence.

3.30 The Ministry further submitted that the bulk of the Revenue outlay in BE 2022-23 is for expenditure on Grant-in-Aid (General), Grant-in-Aid (Creation of Capital Assets) and Grant-in-Aid (Salaries) for the 22 new AIIMS. During consideration for continuation of the PMSSY for 2021-26, Department of Expenditure observed that normally running expenses are not part of a scheme and should not form part of the PMSSY to be continued for 2021-26. Accordingly, a new Head “Establishment Expenditure of New AIIMS” has been created for booking expenditure on Grant-in-Aid (General), Grant-in-Aid (Creation of Capital Assets), Grant-in-Aid (Salaries) and Grant-in-Aid (General) for Swachhta Action Plan. Thus, the bulk of the Revenue outlay in BE 2022-23 have been shifted out from the budget of “PMSSY” to “Establishment Expenditure of New AIIMS”, which led to sharp decrease in revenue outlay in BE 2023-24.

3.31 With regards to the functional status of AIIMS, the Ministry submitted that Six AIIMS located at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh are fully functional. The Status of 16 new AIIMS projects under PMSSY is annexed at A.

PMSSY- Functional Status of AIIMS

S. No.	Location of AIIMS	MBBS Classes	OPD Services	IPD Services
1.	Bhopal , Bhubaneswar, Jodhpur, Patna, Raipur Rishikesh	✓	✓	✓
2.	Rae Bareli, Mangalagiri, Nagpur, Kalyani, Gorakhpur, Bathinda, Bilaspur, Deoghar, Bibinagar	✓	✓	✓
3.	Rajkot	✓	✓	X
4.	Guwahati, Samba(Jammu), Madurai	✓	X	X
5.	Awantipura (Kashmir) (Construction in Progress)	X	X	X
6.	Darbhanga (Bihar), Manethi(Haryana) (State Govt has not transferred encumbrance free land for AIIMS Darbhanga)	X	X	X

3.32 The Committee observes that 16 new AIIMS have been sanctioned by Cabinet and Project Management Consultant has been appointed in all the new AIIMS except AIIMS Darbhanga and Madurai. Out of the 14 AIIMS, Turnkey tender has been awarded to 13 AIIMS. The Committee notes that Union Cabinet approved setting up of new AIIMS at Darbhanga on 15.09.2020 and the State Government of Bihar was to provide 150 Acre encumbrance free land by Feb 2023. However, the State has handed over land only measuring 81.09 Acre for setting up of AIIMS till date. The Committee strongly recommends the Ministry to take up the matter of providing land for AIIMS Darbhanga with the State Government of Bihar. The Ministry must continue holding review meetings and discussion with the State Government and finalise the land for AIIMS Darbhanga.

3.33 The Committee further notes that AIIMS Manethi in Haryana was approved by the Union Cabinet on 28.02.2019. However, the lease deed of land between the State Government of Haryana and Ministry of Health and Family Welfare could be executed only on 19.01.2023. The Committee hopes the delay in finalizing the land for AIIMS Manethi does not translate to slow pace of work in its construction.

3.34 An examination of the data furnished by the Department of Health and Family Welfare reveals that the proposal for setting up of AIIMS Madurai was approved by the Cabinet in 17.12.2018 and the Project was to be completed by September, 2022. However, even after more than four years of its approval, the Department has not appointed a Project Management Consultant for AIIMS Madurai and MBBS classes are being commenced from a temporary campus. The Committee further notes that the target date of completion of AIIMS Madurai has now been extended to October, 2026. Considering the undue delays in implementation of the Project, the Committee is sceptical whether the Ministry will be able to adhere to the new timeline.

3.35 The Committee further observes that MBBS classes have started in AIIMS Guwahati, Samba (Jammu) and Madurai, however OPD and IPD services are yet to commence at these campuses. The Committee fails to understand that in the absence of OPD services, how the Institute aims to impart clinical experience to the MBBS students. The Committee accordingly recommends the Ministry to ensure that the absence of adequate infrastructure and facilities do not impact the education of next generation of Doctors. The Ministry must take stock of the progress in the new AIIMS so that adequate infrastructure is available for conducting theory and practical classes in the Institutes. The Ministry must expedite the commencement of OPD and IPD services in all the new AIIMS.

3.36 The Committee is aware that any delay in construction work results in cost escalation from the original estimates. The Committee, therefore, strongly recommends the Ministry to put in place a stringent monitoring mechanism to ensure timely completion of all AIIMS projects to avoid time and cost overruns. The Committee also recommends the Department to rationalize the procedure for procurement of medical equipment and ensure that the installation of equipment is synchronized with the progress of construction packages. The Department must also ensure that technical manpower for operation of the medical equipment is available in the Institutes.

3.37 With regards to the position of vacant posts against the sanctioned strength in the first six AIIMS, the Ministry furnished the following information:

S.No	AIIMS	Faculty Posts		Non-Faculty Posts		Contract Basis
		Sanctioned	Filled	Sanctioned	Filled	
1	Bhopal	305	200	3884	1825	11
2	Bhubaneswar	305	231	3884	1984	52
3	Jodhpur	305	227	3876	2360	0
4	Patna	305	162	3884	1682	285
5	Raipur	305	162	3884	2810	12
6	Rishikesh	305	198	3876	2041	0

3.38 The Committee notes that in AIIMS Patna and Raipur, 143 faculty posts against the sanctioned strength of 305 are vacant which implies that approximately 47% of the posts in these two Institutes are vacant. In AIIMS Jodhpur, 227 faculty posts are filled which is the highest among all new AIIMS. In AIIMS Patna, against the sanctioned strength of 3884 non-faculty posts, 2202 posts are vacant leading to a vacancy of approximately 57% . AIIMS Jodhpur with 1516 vacancies in non-faculty posts fares a little better among the six AIIMS.

3.39 The Committee notes with serious concern the shortage of faculty as well as non faculty posts in the six AIIMS. The Committee is dismayed at the acute shortage of Professors/ Additional Professor/ Associate Professor/ Assistant Professor in the six AIIMS and strongly recommends the Ministry to make immediate efforts and ensure better management of human resource in the Institutes. The Committee also recommends the Ministry and the Institutes to explore giving special packages and offer incentives such as

paid research collaboration, use of high end technology, better working hours, etc. to draw qualified doctors to these Institutes.

NATIONAL DIGITAL HEALTH MISSION (NDHM)/ AYUSHMAN BHARAT DIGITAL MISSION (ABDM):

3.40 The Ayushman Bharat Digital Mission (ABDM) aims to make quality healthcare affordable and accessible by enabling a national digital health ecosystem that bridges the existing gap amongst different stakeholders. ABDM envisages creating a secure online platform based on open, interoperable digital standards. Under the Scheme, an amount to the tune of Rs. 200 crore was allocated in BE 2022-23 which was decreased to Rs. 140.00 crore at RE stage and the actual expenditure has been Rs. 41.03 crore.

3.41 On a specific query regarding this decrease in RE 2022-23, the Department submitted that this decrease is primarily due to the fact that major part of the funds was to be released to States for ABDM implementation. In BE 2023-24, Rs. 341.02 crore has been allocated to the Scheme. The Department further submitted that the first step is the appointment of State Mission Directors (SMDs) and other relevant officials in the States for ABDM. Every State has different process of administrative approval and hiring which led to delay in the proposals from State and resulted in reduced expenditure. It was also informed that the proposals from certain states have not yet been received yet.

3.42 The Committee notes that Ayushman Bharat Digital Mission which was launched in 2021 is aimed at creating an integrated digital health infrastructure of the country. However, the utilisation of funds under this flagship scheme of the Government has not been satisfactory at all. The Committee notes that the actual expenditure in 2021-22 was just Rs. 27.81 crore whereas in 2022-23, the actual expenditure has been Rs. 41.03 crore against the revised estimates of Rs. 140 crore in 2022-23.

3.43 The Committee sees huge potential in the Scheme in improving accessibility to wider range of digital health services and integration of the digital health ecosystem. However, standardisation of NDHM architecture across the country and co-operation of States is crucial for successful implementation of the Scheme. The Committee, therefore, recommends the Department to bring all the States in one platform and nudge the States for creation of the administrative machinery for the Mission.

3.44 The Committee also notes the apprehensions regarding the possible misuse of data by involved private agencies in the absence of robust data protection Laws in the country. The Committee accordingly recommends the Department to establish a stringent monitoring mechanism for facilitating secure data exchange between the stakeholders and maintain confidentiality of the citizens' health data.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS):

3.45 In BE 2022-23, AIIMS Delhi was allocated a budget of Rs. 4190 crore which was enhanced to Rs. 4400.24 crore at RE stage. In BE 2023-24, Rs. 4134.67 crore has been

allocated to the Institute. The Department further submitted that the provisional expenditure upto January, 2023 is as follows:

(Rupees in Crore)	
Head	Expenditure
GIA Salaries	2026.62
GIA General	1081.98
GIA Creation of Capital Assets	233.82
HEFA	72.99
SAP	7.05
Total	3422.46

3.46 With regards to the question whether AIIMS Delhi has received final approval from NDMC and SDMC for redevelopment of its Residential Colonies in West Ansari Nagar & Ayurvigyan Nagar, the Ministry submitted that final approval from SDMC has been received for Ayurvigyan Nagar and Final approval for West Ansari Nagar from NDMC is expected shortly. Targeted timelines for completion of the project is 60 months from the date of statutory approval subject to the availability of funds. The details of other ongoing and proposed projects in AIIMS Delhi are indicated as under:

- i. Expansion of Centre for Dental Education & Research (CDER)
 - 75% completed.
 - Tentative date of completion- May, 2023
- ii. Construction of Vertical Expansion of Service Block at Masjid moth Campus (Rs. 81.19 Crore)
 - Tendering process underway
- iii. Construction of Critical care & Infectious Disease Block at Trauma Centre (Rs. 120.00 Crore)
 - MoU signed between AIIMS and CPWD
- iv. Master Plan for redevelopment of AIIMS, New Delhi
 - Phase-I: 55 months from the date of final budgetary approval
 - Phase II: 78 months from the date of final budgetary approval

3.47 The Status of vacancies vis-à-vis sanctioned strength as under:-

Post/s	Sanctioned Strength	In-position	Vacant
Faculty	1131	897	234
Sr. Resident(Acad.)- Fellowship	823	683	185
Sr. Resident(Non-Acad.)	1136	672	464
Jr. Resident(Acad.)	1213	972	241
Jr. Resident (Non-Acad.)	219	133	86
Non-Faculty	12524	10773	1751

3.48 The Committee notes that against the Revised Estimates of Rs. 4400.24 crore in BE 2022-23, the expenditure upto January, 2023 has been Rs. 3422.46 crore leading to an unspent balance of Rs. 977.78 crore. The Committee hopes that the Institute is able to optimally utilise the remaining funds in the last quarter. The Committee expects the Institute to complete the Project for Expansion of Centre for Dental Education and Research (CDER) by May, 2023 without any further delays.

3.49 The Committee recalls that the approval of the construction of 3519 Dwelling Units dates back to 2016, accordingly, the Committee recommends the Institute to start the projects in Ayurvigyan Nagar and West Ansari Nagar once the final approvals are received. The Committee further recommends the Ministry to monitor the progress and ensure that the projects are completed within 60 months. The Ministry must also ensure judicious allocation for both the Projects. The Committee notes that Master Plan for AIIMS Delhi is a very ambitious project to transform AIIMS New Delhi into a world class Medical University. The Committee recommends the Department to approve budgetary allocation for the Project so that AIIMS Delhi Infrastructure can further be enhanced and modernized.

3.50 The Committee notes that approximately 21% faculty positions are lying vacant in AIIMS Delhi. 22% and 41% posts are lying vacant under Sr. Resident (Acad.)- Fellowship and Sr. Resident (Non-Acad.) respectively. Similarly, Jr. Resident (Acad. & Non-Acad.) as well as non-faculty posts are also vacant. The Committee recommends the Institute to make constant efforts for recruitment of Assistant Professors and ensure appointment at all posts in the Institute. The Institute must also expedite the process of Departmental promotion for the staff, if any, as per rules.

FAMILY WELFARE SCHEME

3.51 Funds to the tune of Rs. 484.35 crore were allocated in BE 2022-23 which was decreased to Rs. 473.97 crore in RE 2022-23. In BE 2023-2024, Rs. 516.60 crore has been allocated to the Schemes. The Department submitted that the main reason for projecting additional funds under BE 2023-24 over BE 2022-23 is launch of National Family and Health Survey - NFHS-6 (2023-24) under Health Survey and Research Studies Scheme which impacts increasing overall additional funds over BE 2022-23 of Family Welfare Schemes. The budgetary allocation under the Family Welfare Scheme is as under:

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	2022-23		2023-24	
		BE	RE	BE Proposed	BE
2.02	Family Welfare Scheme				
	Mass Education - IEC (Information, Education and Communication)	40.00	33.00	37.90	35.87
	Information, Education and Communication on PNDT Act			0.69	0.69
	Population Research Centres	30.00	25.87	42.04	39.82
	Management Information System (MIS) Renamed as Health Survey and Research Studies	35.22	60.00	60.00	56.88
	Social Marketing of Contraceptives	70.00	45.97		
	Free Distribution of Contraceptives	150.00	150.00		
	Supply of FP commodities under Free Supply and Social Marketing Scheme			230.00	225.04
	NPSF/National Commission on Population	0.01	0.01		
	FW Programme in Other Ministries	0.01	0.01		
	WHO supported National Polio Surveillance Project (NPS)	159.11	159.11	167.07	158.30
	Total - Family Welfare Scheme	484.35	473.97	537.70	516.60

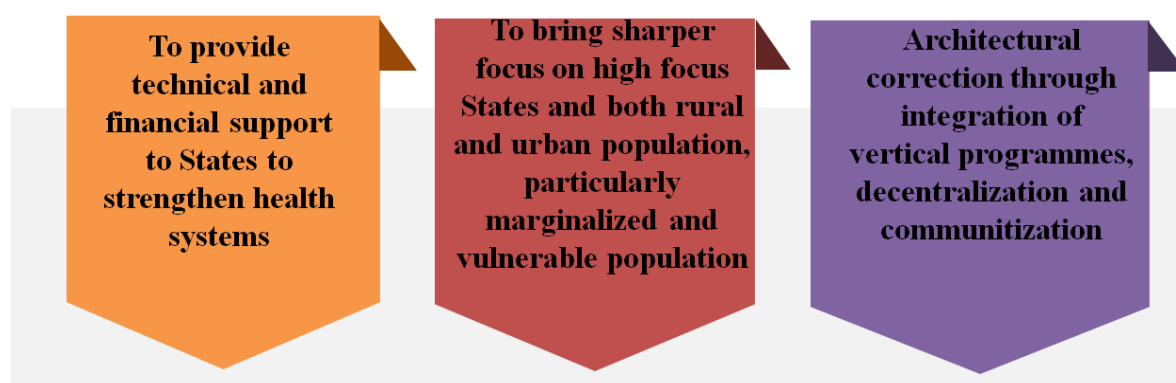
3.52 The Committee recommends the Department to track the progress of all the health Programs running under the Family Welfare Scheme and make concerted efforts for achievement of better maternal and child health outcomes. The Committee also recommends the Department to assess the findings of the latest National Family and Health Survey (NFHS) and accordingly take necessary steps to improve health indicators.

CHAPTER IV

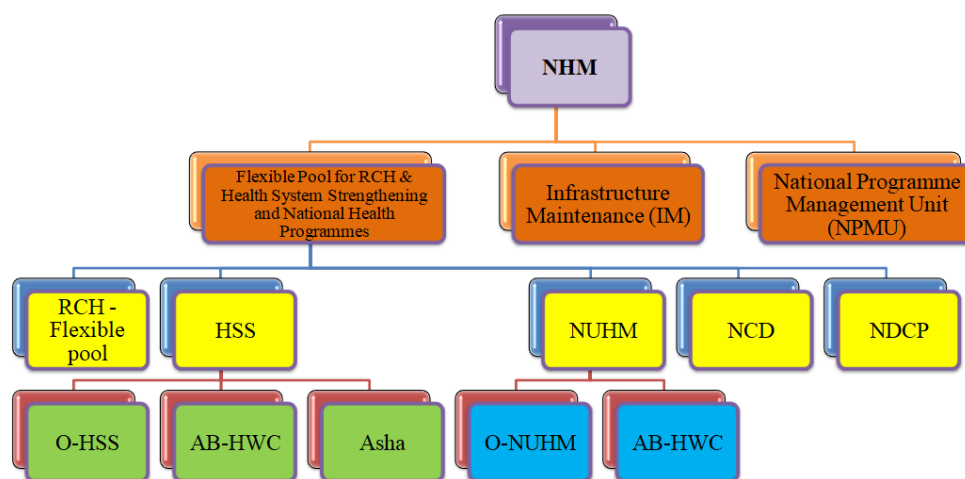
NATIONAL HEALTH MISSION

National Health Mission

4.1 National Rural Health Mission (NRHM) was launched on April, 2005 to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The Union Cabinet in 2013 approved the launch of National Urban Health Mission (NUHM) as a Sub-Mission of an over-arching National health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-Mission. The objectives of the NHM are indicated as under:



4.2 The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.



Budgetary Allocation

4.3 The Department of Health and Family Welfare submitted that under NHM, total RE for the FY 2022-23 is Rs. 28,974.29 crore against which Rs. 22,276.93 crore expenditure (i.e. 76.88%) has been incurred as on 10-02-2023. Further the QEP till Q3 for FY 2022-23 has been achieved under NHM wherein the scheme recorded an expenditure in excess of 75 % (Rs 21,773.14 crore against BE of Rs 28859.73 crore as on 31st December 2022 (i.e. end of

Q3). In view of trend of expenditure, it is expected that the RE ceiling under NHM is likely to be achieved during the F.Y. 2022-23. In BE 2023-24, funds to the tune of Rs. 29085.26 crore has been allotted to National Health Mission.

Central allocation and Release / expenditure FY 2018-19 to FY 2023-24 under NHM

(Rs. In Crore)

FY	Allocation (BE)	Allocation (RE)	Expenditure	% of Expenditure against RE Allocation
2018-19	25,155	26,118	26,028	99%
2019-20	27,989	28,783	29,282	102%
2020-21	27,989	29,316	29,750	101%
2021-22	31,100	28,350	28,301	99.83%
2022-23	28,860	28,974	22,287	77%
2023-24	29,085			

4.4 From FY 2022-23 onwards, pools under NHM have been rationalized and presently there are 3 pools under NHM and the detailed allocation under different Pools of NHM for the FY 2022-23 are indicated as under:

S. No.	Particulars	B.E. / Budget	R.E./Budget
(i)	Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission	22,316.73	21,831.28
(ii)	Infrastructure Maintenance	6,343.00	6,943.01
(iii)	Strengthening of National Programme Management Unit	200.00	200.00
	Total	28,859.73	28,974.29

4.5 An examination of the budgetary trend of NHM, which is Government's flagship health systems reform programme, reveals that the Scheme has exhibited exceptional utilisation of budgetary funds over the past few years. The Committee notes that in BE 2022-23, funds to the tune of Rs. 28,287 crore have been spent against the revised estimates of Rs. 28,974 crore, however, in BE 2023-24, funds to the tune of Rs. 29,085 crore has been allocated to NHM which is meagre 0.4% increase *vis-a-vis* RE 2022-23.

4.6 National Health Mission aims at strengthening health system in States and additional funds are transferred to the States for improving several key indicators of Reproductive, Maternal, Newborn, Child and Adolescent Health and communicable diseases. However, the Committee notes that India still lags behind in many indicators and the SDG targets for many health indicators are yet to be achieved. The Maternal

Mortality Ratio SDG target of 70 by 2030 is yet to be achieved by all the States. Similarly, India's Under 5 Mortality Rate (U5MR) is 32/1000 live births whereas the SDG target is 25 by 2030.

4.7 The Committee notes that NHM aims at bridging the gap especially in rural healthcare services which needs a comprehensive decentralized approach. However, the stagnant allocation to the Scheme does not fare well with the objectives of the Scheme to develop a resilient health system across the States. Over the years, despite the maximum utilisation, the budgetary allocation to the Scheme has not increased. Considering the important role played by the Scheme in provisioning of accessible, affordable, accountable, and effective healthcare in the States, the Committee strongly recommends the Department to increase the total allocation of the Scheme.

NHM-Universal Health Coverage through Primary Health Care

4.8 Ayushman Bharat-Health and Wellness Centres (AB-HWCs) is India's commitment for achieving promotive, preventive, curative, palliative and rehabilitative aspects of Universal Health Coverage with a goal to provide Comprehensive Primary Health Care (CPHC) including both maternal and child health services and non-communicable diseases as well as free essential drugs and diagnostic services through Health and Wellness Centers closer to the homes of people. Under AB-HWC program, Ministry of Health and Family Welfare has achieved the target of operationalizing 1.5 lakh functional AB-HWCs till 31st December 2022 and 1,56,412 AB-HWCs have been made functional as on 31st January 2023.

4.9 The AB-HWCs are delivering all the services as per implementation guidelines of various schemes of NHM at the level of Sub-Health Centre (SHC) & Primary Health Centre (PHC) such as schemes related to Reproductive & Maternal health, Child health & Nutrition, Immunization, Adolescent health, various communicable diseases such as Vector borne diseases, Leprosy, Tuberculosis etc.

Services provided through AB-HWCs

S. No.	Parameter	Progress as on 16th February, 2022	Progress as on 15th February, 2023
1	Cumulative Footfalls in AB-HWCs	83.06 Cr	145.70Cr
2	Total Hypertension Screenings	16.86 Cr	33.35 Cr
3	Total Diabetes Screenings	14.02 Cr	28.51 Cr
4	Total Oral Cancer Screenings	9.13 Cr	19.50Cr
5	Total Breast Cancer Screenings	4.51 Cr	9.17Cr
6	Total Cervical Cancer Screenings	3.04 Cr	6.27Cr
7	No. of Yoga / Wellness sessions conducted	93.77 lakhs	1.72 Cr.

4.10 The Committee appreciates the efforts of the Ministry in achieving the target of operationalization of 1.5 lakh functional AB-HWCs by December 2022. The Committee has time and again emphasized on the importance of the Primary Health care in facilitating an equitable and resilient health system. As per the National Health Account (NHA) estimates for India 2018-19, the share of Primary Health Care in Current Government Health Expenditure has increased from 51.1% in 2013-14 to 55.2% in 2018-19. The Committee notes that according priority to the Primary Health care aligns with the policy recommendations of the National Health Policy-2017 of assuring free and comprehensive Primary care. However, noting the findings of the *Rural Health Statistics 2021-22*, the Committee believes that the Government must bring in more reforms for robust delivery of healthcare services under NHM.

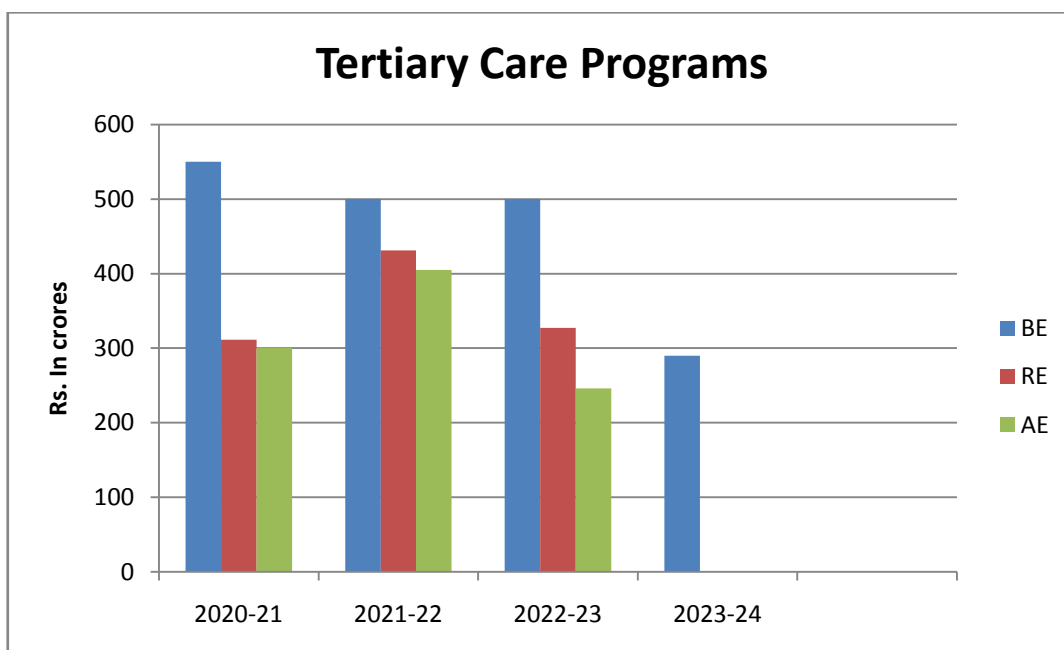
4.11 The *Rural Health Statistics 2021-22* highlights that the health sub centres, primary health centres and community health centres (CHCs) lack the sanctioned staff and the staff strength in many States was even less than the previous year i.e. 2020-21. The Committee notes that a health centre cannot function without adequate number of doctors, nurses and lab technicians and other healthcare workers such as auxiliary nurse midwives. The Committee accordingly recommends the Ministry to ensure that required number of workforce as well as infrastructure is made available in the rural areas. The Report also highlighted that the population cover for PHCs and CHCs worsened in many States and the number of population coverage for the Health Centres is above the Indian Public Health Standards (IPHS) norms. The Committee, therefore, recommends the Department to ensure that such laggard states with poor outreach of healthcare are dealt firmly and special drives are initiated to strengthen the States rural healthcare system.

TERTIARY CARE PROGRAMS

4.12 It provides for transfer to states for implementation of Tertiary Care Programme/ Schemes viz. Tobacco Control, National Mental Health Programme, Assistance for Capacity Building for Trauma Centres, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, Health Care for the Elderly, National Programme for Blindness and Tele medicine.

4.13 The budgetary allocation vis-à-vis actual expenditure for Tertiary Care Programs for the last three years is indicated as under:

Rs. in Crores				
Year	BE	RE	AE	AE as % RE
2020-21	550.00	311.50	300.52	96%
2021-22	500.50	431.14	405.02	94%
2022-23	500.50	327.45	246.29 (as on 14/2/2023)	68%
2023-24	289.81			



4.14 Expenditure details of different components of Tertiary Care Programs for the FY 2022-23 are indicated as under:

(Rs. In crores)

S. No.	Schemes	BE 2022-23	RE 2022-23	Expenditure upto 14.02.2023
i	National Mental Health Programme	40.00	35.16	33.41
ii	Assistance for Capacity Building of Trauma and Burn Injuries	49.60	28.55	19.41
iii	NPCDCS	175.00	120.00	98.44
iv	National Programme for Health care for Elderly	98.79	17.15	4.85
v	National Programme for Control of Blindness	8.00	3.90	2.62
vi	Tobacco Control Programme (TCP) & Drug De addiction program(DDAP)	84.11	81.69	55.50
vii	Telemedicine	45.00	41.00	32.06
	Total (Tertiary Care Schemes)	500.50	327.45	246.29

4.15 The Committee notes that in BE 2022-23, funds to the tune of Rs. 500.50 crore were allocated to the Tertiary Care Program which was slashed to Rs. 327.45 at RE stage. However, the actual expenditure till 14.02.2023 has been reported to be only Rs. 246.29 crore leading to an unspent balance of Rs. 81.16 crore.

4.16 The Committee further notes that in 2022, a National Tele Mental Health programme was launched to improve access to quality mental health counselling & care services and the Programme has been allocated a budget of Rs. 133.73 crore in BE 2023-24. The Committee believes that the time is right to bring mental health to centre stage and expand the scope of the National Mental Health Programme. The Department may explore creation of one inclusive nationwide scheme for mental health that encompasses all the facets of mental health. The Committee accordingly recommends the Department to upgrade NMHP as an umbrella Scheme for Mental Health that covers all the aspects of mental health care service and delivery. The Committee also notes that there was a considerable rise in mental health issues during the pandemic. The Committee, accordingly, recommends the Department to take effective measures to increase the outreach of mental healthcare services and integrate psychological support services into primary health care.

4.17 Considering the prevalence of non communicable diseases, the Committee feels that more concerted efforts must be done to tackle lifestyle diseases. The budgetary allocation under NPCDCS must be increased considerably; however, the Department must improve the absorption capacity under the Scheme. The Committee in its 139th Report had assessed the status of NPCDCS Scheme and noted that the screening of common Cancer under NPCDCS program is mostly opportunistic. The Committee had recommended that cancer must be dealt separately and must not be grouped under other lifestyle diseases. The Committee reiterates its recommendation that the Department must devise a targeted plan for cancer control.

HUMAN RESOURCE FOR HEALTH AND MEDICAL EDUCATION

4.18 Under this head, the budgetary allocation of Rs. 7500 crore was made at BE stage 2022-23, however, the allocation was decreased to Rs. 4083.37 crore at RE stage. The budgetary allocation at BE 2023-24 is Rs. 6500 crore. The Umbrella Scheme, *Human Resource for Health & Medical Education* includes three schemes. The physical progress under these schemes is detailed as under:

a. Establishment of new medical colleges attached with district/referral hospitals

4.19 Under three phases of this scheme, a total of 157 medical colleges are to be established in the country. Out of these, 94 are functional. The scheme enables increased opportunities of medical education as the colleges are established in districts where there is no medical college already and would help in providing better and affordable health care services to the general population in these underserved areas.

Phase (year)	No. of Colleges Approved	No. of Colleges Functional	Total approved cost (Cr.)	Central share Due (Cr.)	Central share released (Cr.)	Balance central share due (Cr.)
Phase I 2014	58	51	10,962.00	7,541.10	7,541.10	
Phase II 2018	24	14	6,000.00	3,675.00	3,675.00	
Phase III 2019	75	29	24,370.41	15,499.74	9,374.11	6,125.64
	157	94	41,332.41	26,715.84	20,590.21	6,125.64

Scheme approved till 2023-24

BE 2023-24 to accommodate committed liability

b. Up-gradation of State Govt Medical colleges for increasing MBBS seats.

4.20 The main objective of this scheme is to create 10000 MBBS seats and bridge gap in number of seats available in government and private sector, to mitigate the shortage of Doctors by increasing the number of undergraduate and to utilise the existing infrastructure for increasing additional undergraduate seats in a cost effective manner. As of now, a total 4677 MBBS seats have been approved under this scheme. It is a key investment that contributes towards the future of strengthening of Human resources in the healthcare system.

Seats approved	Approved cost (Cr.)	Central share due (Cr.)	Central share released (Cr.)	Balance central share due (Cr.)
4,677	5612.40	3468.13	2580.64	887.49

c. Scheme for up-gradation of State Govt Medical Colleges for increasing PG seats-

4.21 This scheme aims at creating 8058 new PG seats in two phases, which would mitigate the shortage of specialist doctors. Out of these, a total of 7916 PG seats have already been approved under the scheme till date.

Phase	Target	Seats approved	Total approved cost (Cr.)	Central share due (Cr.)	Central share released (Cr.)	Balance central share due (Cr.)
Phase I	4,058	4,058	1,498.43	1,063.03	1,049.36	13.67
Phase II	4,000	3,858	4,800.00	3,024.00	918.07	2,105.93
	8,058	7,916	6298.43	4087.03	1967.43	2119.60*

* Depends of receipt of DPRs from State Government

4.22 The Committee notes that under Phase III of *Establishment of new medical colleges attached with district/referral hospitals*, 75 colleges have been approved, however, only 29 colleges are functional. Under the Scheme, Rs. 20,590.21 crore have been released, however, Rs. 6125.64 crore is yet to be released. Under *Up-gradation of State Govt. Medical colleges for increasing MBBS (UG) seats*, Rs. 887.49 crore is yet to be released by the Central Government whereas under *Up-gradation of State Govt. Medical Colleges for increasing PG seats*, Rs. 2119.60 crore is the due balance central share. The Committee notes that the Umbrella Scheme, *Human Resource for Health & Medical Education* aims at upgrading the medical education infrastructure in the States which

will greatly address the shortage of doctors in the country. However, non-release of earmarked funds to the States may impact the performance of the Scheme. The Committee also notes the submission of the Ministry that the release of central share depends on the receipt of Detailed Project Report from the State Governments. The Committee, therefore, recommends the Ministry to take up the matter of DPRs with the States and review the utilisation and physical progress of the Scheme in the States. The Ministry must urge the States to submit the utilisation certificates for the released funds so that the timely transfer of remaining funds can be facilitated.

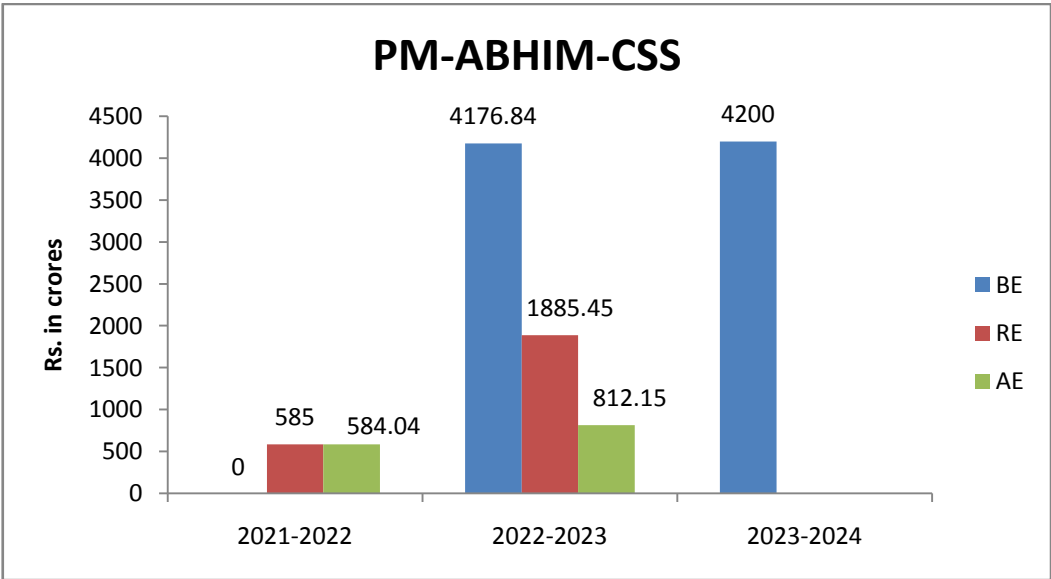
PRADHAN MANTRI AYUSHMAN BHARAT HEALTH INFRASTRUCTURE MISSION (PM-ABHIM)

4.23 PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched by Hon’ble Prime Minister on 25th October 2021, with an outlay of about Rs. 64,180 Cr over till FY 2025-26. The scheme has two components which are Centrally Sponsored Scheme (CSS) Components and Central Sector (CS) components. The main interventions under the PM-ABHIM scheme to be achieved by FY 2025-26 are:

4.24 Centrally Sponsored Components:
 PMABHIM –: Centrally Sponsored Scheme budget allocations vis-a-vis expenditure

(Rs. in crore)

Year	BE	RE	AE	AE as % RE
2021-2022	-	585.00	584.04	100%
2022-2023	4176.84	1885.45	812.15	43%
2023-2024	4200.00			



1. Support for 17,788 rural Health and Wellness Centres in 10 High Focus States.
2. Establishing 11,024 urban Health and Wellness Centres in all the States.

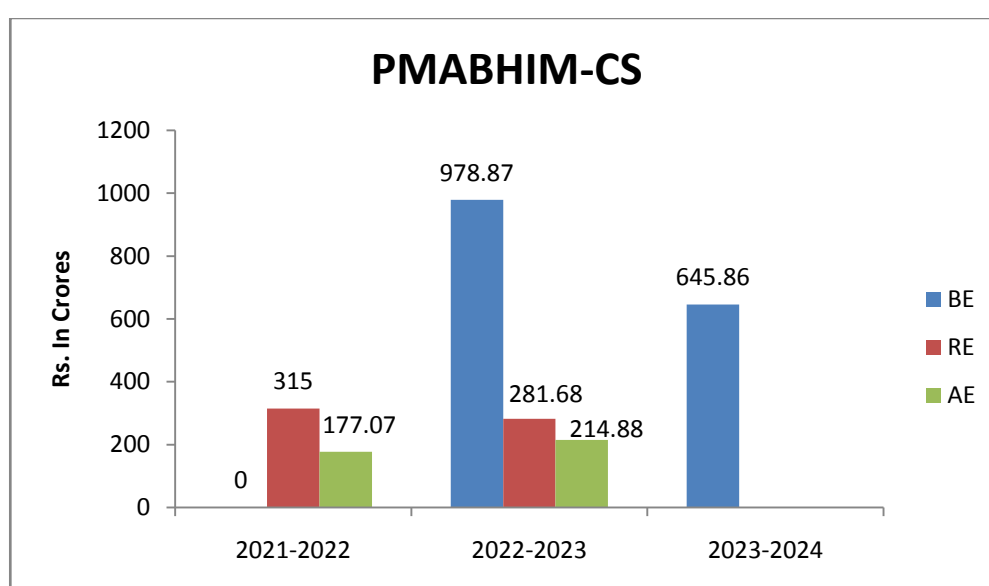
3. 3382 Block Public Health Units in 11 High Focus states.
4. Setting up of Integrated Public Health Labs in all districts.
5. Establishing Critical Care Hospital Blocks in all districts with population more than 5 lakhs.

4.25 Central Sector Components:

PMABHIM –: Central Sector budget allocations vis-a-vis expenditure

(Rs. in crore) (as on 9/2/23)

Year	BE	RE	AE	AE as % RE
2021-2022	-	315.00	177.07	56%
2022-2023	978.87	281.68	214.88	76%
2023-2024	645.86			



1. Critical Care Hospital Blocks in 12 Central Institutions.
2. Strengthening surveillance of infectious diseases and outbreak response support for 20 metropolitan health surveillance units, 5 Regional NCDCs and implementations of IHIP in all states.
3. Strengthening surveillance capacities at points of Entry. Support for 17 new points of Entry Health Units and Strengthening of 33 exiting Units.
4. Strengthening Disaster and epidemic Preparedness. Support for 15 Health Emergency Operation Centres & 2 Container based mobile hospitals.
5. Bio-security preparedness and Strengthening Pandemic Research and Multi-Sector National Institutions and Platforms for One Health. Support for setting up of a National Institutions for one Health a Regional Research Platform for WHO South East Asia Regions, 9 Bio –Safety Level III Laboratories and 4 new Regional National Institutes of Virology (NIVs).

4.26 Under PM-ABHIM, against the budgetary allocation of Rs. 4176.84 crore made at BE 2022-23, the allocation at RE 2022-23 was decreased to Rs. 1885.45 crore. The

Department submitted that the Actual Expenditure under the scheme in 2022-23 is Rs 749.74 (as on 10.02.2023). The expenditure/ utilisation profile is indicated as under:

Scheme	BE 2022-23	RE 2022-23	Exp. booked as per PAO as on 10-02-2023	% as on 03-02-2023(RE)
Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	4176.84	1885.45	749.75	40%

4.27 The Committee notes that the Scheme has an outlay of Rs. 64,180 crores over 6 years and aims at developing capacities of health systems and institutions across levels. The ambitious goals must reflect in the budgetary allocation for the Scheme so that the major interventions envisaged under the Scheme can be achieved. The Committee notes that the Scheme has been allocated Rs. 4200 crore in BE 2023-24 which is a 123% increase in budgetary allocation vis-a-vis RE 2022-23. The Scheme was allotted a budget of Rs. 4177 crore in BE 2022-23 and Rs. 1885.45 in RE 2022-23, however, only Rs. 749.75 crore have been utilised under the Scheme. The Committee understands that the PM-ABHIM is one of the biggest pan-India Scheme, however, such dismal trend of utilisation would pose a roadblock in accomplishing its vision of providing comprehensive healthcare across the country. The Committee, therefore, recommends the Ministry to make a roadmap for judicious utilisation of the funds under PM-ABHIM so that the targets are achieved within the set 6 year time frame. The Ministry must conduct a realistic assessment of budgetary funds required under the Scheme and adhere to the strict timeline for achievement of physical targets.

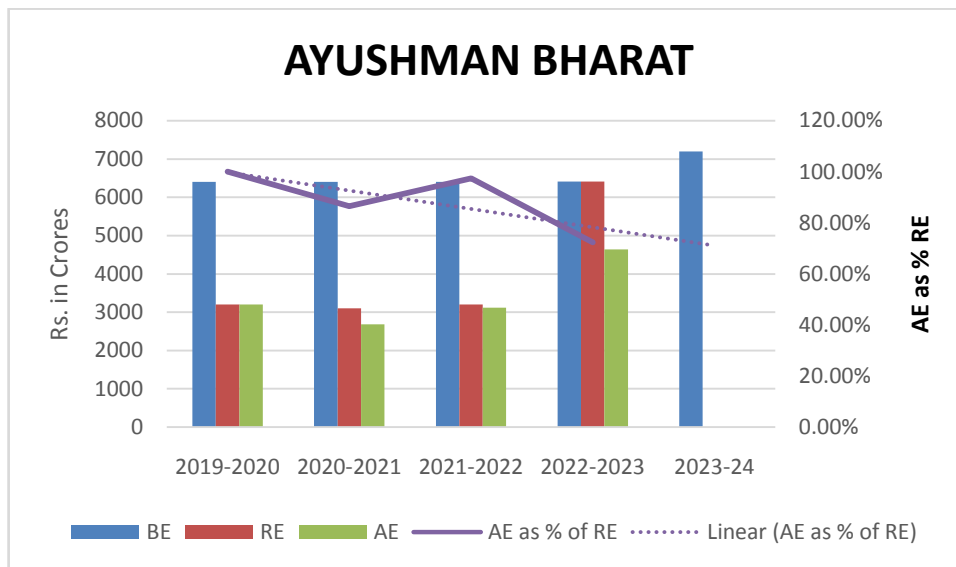
AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

4.28 Under the Scheme, a Revenue Allocation of Rs. 6412 crore was made in BE 2022-23. Now, funds to the tune of Rs. 6789 crore under revenue head and Rs. 411 crore under capital head has been allocated in BE 2023-24. With respect to the funds allocated and funds utilised, the Department submitted that for the Financial Year 2022-23, Rs 6412 Crores was allocated out of which Rs. 4580.11 Crores has been released to States / UTs implementing AB PM-JAY as part of the Central share of funds.

4.29 Financial year-wise budget allocation and funds released to States/UTs is given below:-

Financial year-wise budget allocation and funds released to States/UTs

Year	BE	RE	Funds released to States/UTs
FY 2018 -2019	2,400 Cr	2,160 Cr	1,849.5 Cr
FY 2019 - 2020	6,400 Cr	3,200 Cr	2,992.9 Cr
FY 2020 - 2021	6,400 Cr	3,100 Cr	2,544.1 Cr
FY 2021 – 2022	6,400 Cr	3,199 Cr	2,940.6 Cr
FY 2022 – 2023	6,412 Cr	6,412 Cr	4580.1 Cr
FY 2023 - 2024	7,200 Cr	NA	NA



4.30 In continuation, the Department submitted that AB PM-JAY is being implemented since September, 2018. Over the last 4 years, 33 States/UTs have joined the scheme. Initially, the scheme uptake was low in comparison to what was anticipated. However, it has gradually increased over the years.

4.31 The Department further submitted that in order to ensure that eligible beneficiaries get covered under the scheme, National Health Authority (NHA) has provided flexibility to States/UTs to use non-SECC beneficiary family database for tagging against the leftover (unauthenticated) Socio Economic Caste Census (SECC) families. Accordingly, many States have shared database of poor and vulnerable families against unidentified SECC families. These databases have been integrated with NHA's IT system for card creation. Further, NHA

is working in collaboration with different ministries to expand the coverage under AB PM-JAY ecosystem to eligible population who otherwise do not have access to healthcare protection. Recently, NHA entered into an MoU with the Ministry of Social Justice and Empowerment (MoSJE) to expand healthcare services to transgender population.

4.32 The Committee notes that the utilisation trend under the Scheme has picked up; however, there is still scope for improving the absorption capacity under the Scheme. The Committee notes that in FY 2022-23, funds to the tune of Rs. 4580.1 crore has been released to the States/UTs which is the highest since the inception of the Scheme. The Committee, accordingly, recommends the Ministry to continue its measures to maximize the utilisation under the Scheme and periodically track the progress of the Scheme. The Committee notes that the budget allocation in FY 2023-24 is Rs. 7200 crore and hopes the funds are optimally used for expanding the beneficiary base under the Scheme. The Ministry must conduct special drive for generating awareness regarding the Scheme, especially in rural and tribal areas with poor outreach.
