REPORT NO.

154

PARLIAMENT OF INDIA
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

ONE HUNDRED FIFTY FOURTH REPORT

ON

ACTION TAKEN BY THE GOVERNMENT ON THE RECOMMENDATIONS/ OBSERVATIONS CONTAINED IN THE 143RD REPORT ON DEMANDS FOR GRANTS 2023-24 (DEMAND NO. 46) OF THE DEPARTMENT OF HEALTH AND FAMILY WELFARE (MINISTRY OF HEALTH & FAMILY WELFARE)

(Presented to the Rajya Sabha on 8th February, 2024)
(Laid on the Table of Lok Sabha on 8th February, 2024)

Rajya Sabha Secretariat, New Delhi
February 2024/ Magha, 1945 (Saka)

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CONTENTS

To be appended at later stage

COMPOSITION OF THE COMMITTEE
(2023-24)

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 Sumant Narain	Joint Secretary
2.	Shri Shashi Bhushan	Director
3.	Dr. Saket Kumar	Deputy Secretary
4.	Smt. Noyaline Vinitha F.C.	Joint Director
5.	Shri Roshan Lal	Assistant Committee Officer
6.	Ms. Deepali	Office Work Assistant

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, present this 154th Report of the Committee on Action Taken by the Government on the Recommendations/ Observations contained in the 143rd Report on Demands for Grants 2023-24 (Demand No. 46) of the Department of Health and Family Welfare, Ministry of Health and Family Welfare.

2. The One Hundred Forty-third Report of the Department-related Parliamentary Standing Committee on Health and Family Welfare was presented to Rajya Sabha on 15th March 2023 and laid on the Table of Lok Sabha on 20th March 2023. The Action Taken Notes of the Government on the recommendations contained in the Report were received from the Departments in the Month of June, 2023.

3. The Committee made a total of **51** recommendations in the 143rd Report, out of which **20** recommendations have been accepted by the Department and have been categorized under **Chapter- I**. There are **21** recommendations, which the Committee does not desire to pursue in view of the Department's replies that have been categorized under **Chapter-II**. There are **05** recommendations/ observations, in respect of which replies of the Department, have not been accepted by the Committee and the Committee has made further recommendations thereon and has been categorized under **Chapter-III** while **05** recommendations/ observations in respect of which final replies of the Department have not been received, has been categorized under **Chapter-IV**.

4. The Committee, in its meeting held on the 5th February 2024 considered the Draft Report and adopted the same.

NEW DELHI
5 February, 2024
Magha, 1945 (Saka)

BHUBANESWAR KALITA
CHAIRMAN
Department-related Parliamentary Standing Committee on Health and Family Welfare

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 HOSP ITAL	-	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
P&AO	-	Pay & Accounts Office
PC	-	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

REPORT

The Report of the Committee deals with the Action Taken by the Government on the Recommendations/ Observations contained in the 143rd Report on Demands for Grants 2023-24 (Demand No. 46) of the Department of Health and Family Welfare, Ministry of Health and Family Welfare.

2. Action Taken Notes have been received from the Department of Health and Family Welfare in respect of the recommendations contained in the Report. They have been categorized as follows:

(i) Recommendations/Observations which have been accepted by the Government: **1.12, 1.13, 2.7, 2.10, 2.19, 2.22, 2.23, 3.8, 3.32, 3.33, 3.38, 3.39, 3.44, 3.50, 4.10, 4.11, 4.15, 4.17, 4.27, and 4.32.**

Total–20 (Chapter-I)

(ii) Recommendations/Observations which the Committee does not desire to pursue in view of the Government's replies: **2.6, 2.16, 2.17, 3.2, 3.6, 3.9, 3.12, 3.13, 3.14, 3.21, 3.22, 3.28, 3.36, 3.43, 3.49, 3.52, 4.5, 4.6, 4.7, 4.16 and 4.22.**

Total–21 (Chapter-II)

(iii) Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee: **2.4, 3.16, 3.24, 3.25 and 3.42.**

Total–5 (Chapter-III)

(iv) Recommendations/Observations in respect of which final replies of the Government are still awaited: **2.14, 2.15, 3.3, 3.35 and 3.48**.

Total-5 (Chapter-IV)

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

CHAPTER–I

RECOMMENDATIONS/OBSERVATIONS THAT HAVE BEEN ACCEPTED BY THE MINISTRY

1.1 STAFF STRENGTH IN THE DEPARTMENT

RECOMMENDATIONS/OBSERVATIONS

1.1.1 The Committee observes that the vacancy under Group-A, Group-B and Group-C categories 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.

(Para 1.12 of the Report)

Action Taken

1.1.2 The observations of the committee have been noted for compliance. For the posts which are required to be filled up through SSC, the vacancies have been reported. The Ministry is vigorously taking up the matter with cadre controlling authorities and recruiting agencies to fill up the posts on a priority basis.

RECOMMENDATIONS/OBSERVATIONS

1.1.3 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.

(Para 1.13 of the report)

Action Taken

1.1.4 The Ministry of Health and Family Welfare has undertaken a multi-pronged approach to roll out the vision of Digital Health in India focusing on restructuring the existing system and parallelly enabling the digital health ecosystem in the country in an inclusive way. These initiatives include Ayushman Bharat Digital Mission (ABDM), the e-Sanjeevani telemedicine platform, the establishment of Centres of Excellence for Artificial Intelligence (AIIMS Delhi, PGIMER Chandigarh, and AIIMS Rishikesh), National Medical College Network, Hospital Management Information System, e-Office etc. to make the healthcare service sustainable and affordable. To enhance the digital competence of the officials/staff to facilitate the effective implementation of health IT programmes across country, the Ministry has ensured intensive training and hand-holding support, and few of such training are highlighted below:

- For Pan India implementation of e-Sanjeevani platform, more than 2,00,000 doctors and paramedics have been trained across the country in consultation with CDAC Mohali through dedicated master trainers.
- For ABDM nation-wide roll-out and to integrate all health IT application under ABDM ecosystem, hands on training, series of webinars were conducted to officials/health staff at National and State level through dedicated trainers.
- To ensure 100% implementation of e-Office in ministry, all the officials/ staff were oriented through a focused training and a dedicated technical resource was assigned to Senior Official and to concerned division for technical support.
- For AI implementation, established in-house AI-team, who are facilitating training to assess the utilization of AI in respective solution of programme division and for capacity building along-with providing hands on training for effective use of AI tools.
- For effective implementation and promotion of adoption of Electronic Health Records standards in Health IT applications across the country, this ministry has set up National Resource Centre for EHR at CDAC Pune in 2016 and organized more than 255 training and workshop for orientation on effective use of EHR standards.

1.2 BUDGETARY ALLOCATIONS VIS-À-VIS ACTUAL EXPENDITURE

RECOMMENDATIONS/OBSERVATIONS

1.2.1 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.

(Para 2.7 of the report)

Action Taken

1.2.2 In view of the recommendations of the Committee, all Programme Divisions in the Ministry have been directed to cap their expenditure in the last month of the financial year. However, during the FY 2022-23, against the approved RE of Rs. 76370.40 crore, Rs.73378.54 crore (96.08%) was utilized up to 31.03.2023.

RECOMMENDATIONS/OBSERVATIONS

1.2.3 The Committee notes the submission of the Department of Health and Family Welfare and observes that most of the schemes where funds remained underutilized were either due to delay/non-availability of encumbrance-free sites 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.

(Para 2.10 of the report)

Action Taken

1.2.4 Although the instructions of the Committee have been taken note of by the Ministry and are followed by the Programme Divisions. Vigorously, a few Programme Divisions brought difficulties being faced by them, which are depicted as under: - PMSSY-V This Ministry has been pursuing the matter of early handing over of the encumbrance free land for AIIMS, Darbhanga and AIIMS, Haryana with the respective State Governments. The matter of handing over encumbrance-free land for AIIMS, Bihar has been taken up with the State Government persistently. The State Government handed over only 81 acres of land on the campus of Darbhanga Medical College and Hospital (DMCH) in September 2022 without completing earth-filling work and removing other encumbrances. The State Government then conveyed, vide D.O. letter dated 3.4.2023, the decision of the State Cabinet to allot an alternate site measuring 151.17 acres of land situated on Ekmi Shobhan Bypass, Anchal-Bhadurpur, Mouza -Balia, Thana 120/2 for setting up of AIIMS. The central team of this Ministry visited the alternate site offered by the State Govt. on 27.4.2023 and found this site not suitable for setting up of AIIMS. It has been conveyed to the State with reasons for non-suitability of land vide letter dated 26-05-2023 from the Secretary (HFW). In respect of AIIMS, Haryana, out of the mandated 210 Acre, Govt. of Haryana has executed a Lease Deed for 173 Acre of land with this Ministry. The remaining land is yet to be transferred to this Ministry by the State Govt. This Ministry has been consistently taking up the matter with Government of Haryana to expedite the acquisition of the remaining land and its handing over to MOHFW.

NACO

1.2.5 NACO is anchoring National Aids and STD Control Programme (NACP), a Central Sector Scheme, under the aegis of M/o H&FW. Under the scheme, funds are released directly to the State AIDS Control Societies (and not through the State Governments) for various interventions for HIV/AIDS prevention and control, like test and treatment policy, viral load monitoring, and decentralized testing and treatment services through community engagement. Under the scheme no funds are released for constructing building structures, etc. and, therefore, these observations stressing upon funds remain underutilized due to delay and non-availability of encumbrance-free sites, which are not related to NACO.

PMJAY

1.2.6 Under the operational framework of Ayushman Bharat– Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the National Health Authority (NHA) releases a Central share of funds for the implementation of the scheme to various State Health Agencies (SHA). SHAs, which operate under trust mode, directly reimburse the claims raised by AB-PMJAY empanelled hospitals within their respective jurisdictions. In the case of insurance mode, SHAs pay the premium to the insurance company which subsequently reimburses the empanelled hospitals against claims raised.

1.2.7 NHA issues guidelines from time to time to SHAs so that the funds released are used judiciously. Some of the measures taken in this regard are:

- Timely collection of utilization certificates

- Checks and balances to ensure compliance on the part of SHAs with regards to refund of surplus funds, interest earned etc.
- Prescribing standard norms with regard to fund utilization under various heads such as Grants-in-Aid- Implementation and Granta-in-Aid-Administration.

For the financial year 2022-23, the funds allocated have been completely utilized other than the Northeast component and the budget allocation for the current year (FY 2023-24) is expected to be fully utilized based on the current trend of scheme uptake.

Drug Regulation

1.2.8 The proposal for fund release from State/UTs has not been received on expected line. Therefore, funds could not be utilized fully. The scheme is being continuously monitored through organizing video conferencing, writing letters from various levels and regular telephonic conversation with State Drug Regulators. Besides, state-wise inspection is being conducted at regular intervals to assess the physical progress of the scheme. In all those activities, State Governments are requested to submit proposal for further release of funds along with Utilization Certificate.

Medical Education

1.2.9 Review meetings at various levels are being convened to review expenditure and physical progress of projects at States/UTs to ensure that the matching state share is released in time and 75% of the combined corpus (Central and State share) is utilized so that further funds can be sanctioned. Further, visits/inspections by the Officers of this Ministry to ascertain the actual progress and problems faced, in any, are also being scheduled from time to time.

Tele-Medicine

1.2.10 With reference to the Scheme Telemedicine, it is informed that, various similar proposals received on e- Health were merged and accordingly the funds were released rationally and therefore, some funds were left unspent under the scheme.

1.2.11 NHM-Finance PM-ABHIM is being implemented as Centrally Sponsored Scheme, with few Central Sector Components. The CSS components of the PM Ayushman Bharat Health Infrastructure Mission will be implemented by following the existing framework, institutions and mechanisms of the National health Mission. Rs. 1228.35 crore was released to States/UTs under PM-ABHIM in the FY 2022-23 Utilization/expenditure under the scheme was low in FY 2022-23 as components under the scheme primarily pertain to infrastructure/ capital works which require long gestation period before grounding due to challenges on account of encumbrance free site identification/selection, multi-locational nature of sites/units under the scheme, delays in finalization of implementation agency etc.

1.2.12 For the CSS components, the PM Ayushman Bharat Health Infrastructure Mission would leverage the existing National Health Mission (NHM) structure available at central and state levels for appraisal, approval, and implementation and monitoring.

NHM-II

1.2.13 Presently under NHM, to ensure optimal utilization of funds, the following steps have been taken by the Ministry:

i. Performance Audit by the Comptroller and Auditor General (CAG) of India,
ii. Annual Statutory Audits by CAG empanelled major Chartered Accountant Audit firms,
iii. Concurrent Audits by Chartered Accountant Audit firms,
iv. Public Financial Management System (PFMS) in NHM to track flow of funds,
v. Submission of quarterly Financial Monitoring Reports (FMRs) and Statement of Fund Position (SFP) by the States/UTs,
vi. Review and monitoring of scheme components.

1.2.14 Under **NHM**, the performance of various health programmes is regularly assessed, through National Programme Coordination Committee (NPCC), review meetings, video conferences & field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Further, under NHM, Common Review Missions (CRM) is conducted annually to assess and monitor the progress and implementation status of various schemes. These enable performance review, input level monitoring of programme, corrective actions.

1.2.15 During FY 2022-23 funds to the tune of Rs. 31,195.81crore have been released to States/UTs against the revised estimates (RE) of Rs. 28,974.29 crore. In FY 2023-24 of Rs. 29,085.26 crore has been allocated (BE) to NHM. Additional requirements during FY 2023-24, if any, will be demanded at RE stage based on the financial progress under the scheme.

Tobacco

1.2.16 National Tobacco Control Programme is implemented through a three tired structure i.e. (i) National Tobacco Control Cell at Central level/Tobacco Control Division (ii) State Tobacco Control Cell and (iii) District Tobacco Control Cell. The State and District Tobacco Control Cells have been subsumed in the flexible for NCDs under National Health Mission (NHM) and budget is allocated through NHM for States and districts through State Programme Implementation Plans (PIPs) through NHM and recommendation to the State proposals are provided at the central level

1.2.17 Monitoring and evaluation of NTCP activities is undertaken through Online Reporting Mechanism and review meetings on periodic basis are organized for effective implementation of NTCP activities.

Trauma

1.2.18 At RE stage 2022-23, the revenue allocation was Rs.28.55crore and by the end of FY 2022-23, Rs. 28.084 crore was utilized i.e. 98.35% of allocation. Funds were released towards manpower to make Trauma Care Facilities and Burn Units operational and various trainings related to Trauma and Burns conducted for Doctors, Nurses and other specialized Staffs.

North East Region

1.2.19 In the case of RIMS Imphal, the pace of expenditure was low because there was a delay in the tender process since the last date of submission of the bid was extended two times due to poor response from the prospective bidder. An encumbrance-free site for the project was available as the site is within the campus of the institute and land title belongs to the institute.

1.2.20 The work was expected to commence in full swing before the law and order situation in the State deteriorated from May 2023 due to which there was no progress in the work. Since this is a central sector scheme with direct funding from the Ministry to RIMS Imphal, the role of the State Government is minimal. The institute is extending all the possible help to the work agency and the contractor in getting permissions and licenses such as Labour licenses, Fire NOC, Inner Line permits for labourers etc. from various regulatory authorities. Once the situation in the State becomes normal, RIMS Imphal will coordinate with the work agency for the completion of the project within the stipulated timeline i.e. June 2024.

1.2.21 In the case of NEIGRIHMS, the pace of expenditure was low because initially some time was taken for finalization of conceptual plans by various departmental end users of the hospital and later on finalization of tender documents submitted by M/s HSCC. The NIT was published by M/s HSCC on 29.09.2022 and the initial bid opening was scheduled on 21.10.2022. However, there were no bids and the date of submission of Bids was extended to 09.11.2022.

1.2.22 Two bids were received and 2 months were taken by M/s HSCC for evaluation and physical verification of works completed by the lowest bidder-M/s S.P.D. Construction, before issuing the offer of award on 17.01.2023

1.2.23 The State Forest Department took time in felling in trees in the CCB areas, due to the State Assembly elections in February/March 2023 and could complete only 09.04.2023. The free site was handed over on 11.04.2023, to the contractor. The MUDA permission has been obtained for the CCB block and Form-III for migrant labourers have been issued to the contractor. The site leveling, layout works, and mobilization of the tools and plants by the bidder are in progress and all efforts will be made for completion of the work within the stipulated time i.e. 10.07.2024.

1.3 GOVERNMENT HEALTH EXPENDITURE IN INDIA

RECOMMENDATIONS/OBSERVATIONS

1.3.1 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.

(Para 2.19 of the report)

Action Taken

1.3.2 As per National Health Accounts Estimate 2018-19, the Out-of-pocket expenditure (OOPE) as percentage of Total Health Expenditure (THE) is 48.2%. OOPE on health as percentage of THE in the country for the year 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19 are 62.6%, 60.6%, 58.7%, 48.8% and 48.2% respectively and therefore there is declining trend in OOPE as percentage of THE. With a view to reducing the high out of pocket expenditure, the Government has undertaken increased investment in the health sector. The Ministry of Health and Family Welfare is implementing various schemes through States/UTs like National Health Mission (NHM), Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Establishment of New Medical Colleges & Increase of Seats in existing Government Medical Colleges, Pradhan Mantri -Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) etc. and also executing Central Sector Schemes like Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) to provide affordable and quality tertiary health care facilities. So far setting up of 22 new AIIMS and 75 projects of upgradation of Government Medical Colleges/ Institutions (GMCIs) have been approved under the PMSSY in various phases. The budget allocation for DoHFW has increased by 82% from Rs. 47,353 Crores in 2017-18 (BE) to Rs. 86,175 crores in 2023-24 (BE). The 15th Finance Commission has provided Rs. 70,051 Crores Grants for health through the Local Governments. The „India COVID-19 Emergency Response and Health System Preparedness Package-I‟ (ECRP-I) of Rs.15,000 Crores was approved by the Cabinet on 22nd April 2020 to prevent, detect and respond to the threat posed by COVID-19. The Cabinet has also approved, “India Covid-19 Emergency Response and Health Systems Preparedness Package-II” (ECRP-II) on 08th July 2021 for an amount of Rs.23,123 Crores.

RECOMMENDATIONS/OBSERVATIONS

1.3.3 The Committee notes that the States have failed to fulfil 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.

(Para 2.22 of the report)

Action Taken

1.3.4 As per the State Finances- A Study of Budget (RBI) for the year 2022-23, the State-wise percentage of Budget expenditure/allocations are given as under at Annexure- I. Further, DoHFW has taken up with States to prioritize allocation to health sector and enhance their health budgets at least by 10% every year to reach the goal as envisaged.

1.3.5 The responsibility to strengthen public healthcare facilities and implementation of National health Mission lies with the respective State Governments. Under NHM, financial & technical support is provided to strengthen the primary healthcare as per State's annual action plans (PIPs). Further, as of 2020, only Delhi (11.2%) and Puducherry (9.2%) are spending more than 8% of their budget on health. In this regard, Union Government has taken steps to increase the health spending by the States such as:

a) Policy based intervention through National Health Policy 2017 which recommended increasing State health spending to more than 8% of their budget.
b) Union Government Policies by supplementing the States through various centrally sponsored schemes where the expenditure is shared among the Centre and the State Governments. These include schemes like National Health Mission, Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission.
c) Incentivizing states to spend more by the states is the adoption of a conditionality framework under the National Health Mission where the States could get more budgetary support if they performed well on the agreed indicators of the framework follows Result Based Financing (RBF).
d) Under 15th Finance Commission, health grants of Rs. 70,051 crore to local bodies has been recommended to strengthen the primary health infrastructure in rural and urban areas.

RECOMMENDATIONS/OBSERVATIONS

1.3.6 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%.

(Para 2.23 of the report)

Action Taken

1.3.7 As per National Health Account Estimates, the Capital Health Expenditure has been increased from 6.6% 2014-15 to 9.42% 2018-19 of Total Health Expenditure. The Government of India provides financial and technical assistance to States/UTs to set up and upgrade healthcare services. The main aim of the Government is to facilitate adequate infrastructure to have universal access to equitable, affordable, and quality healthcare services.

1.3.8 To ameliorate the health infrastructure in the country, the government provides additional funds to support to the State Governments for improvement in health infrastructure, availability of adequate human resources to man health facilities, improve availability and accessibility to quality health care, especially for the underserved and marginalized groups in rural areas through Centrally Sponsored Schemes and Central Sector schemes. The major programmes under these schemes are:

i) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched with an outlay of Rs. 64,180 crore as a mission to develop the capacities of health care systems (primary, secondary, and tertiary) strengthen existing national institutions and create new institutions to cater to detection and cure of new and emerging diseases includes support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Block Public Health Units, Integrated District A Public Health Laboratories, and Critical Care Hospital Blocks having components for implementation of the Atmanirbhar Bharat Package for health sector.

ii) Under Ayushman Bharat Health & Wellness Centres (HWCs), Comprehensive Primary Healthcare by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs) are facilitated. The HWCs are to provide preventive, promotive, rehabilitative and curative care for an expanded range of services encompassing Reproductive and Child care services, Communicable diseases, Non-communicable diseases and all health issues.

iii) Ayushman Bharat Digital Mission (ABDM) This scheme was launched in 2022, aiming to develop the backbone required to support the integrated digital health infrastructure of the country by bridging the existing gap amongst different stakeholders of the healthcare ecosystem through digital highways. By converging with ADBM, the government foresees existing healthcare programmes to successfully use the available public infrastructure to provide end-to- end services through an IT-based platform.

iv) Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme was launched to correct regional imbalances in the availability of affordable/reliable tertiary healthcare services and to augment facilities for quality medical education in the country and benefit all citizens of the country to reduce the out of pocket expenses. Under this scheme, 22 new AIIMS will be set up across India and 75 existing State/Central Government Medical Colleges/Institutions will be upgraded.

v) Under 15th Finance Commission, health grants of Rs. 70,051 crore to local bodies have been recommended to strengthen the primary health infrastructure in rural and urban areas. These schemes will improve the fiscal capacity for developing health infrastructure in the country and would help in building robust health infrastructure.

1.4 VACANCY POSITION UNDER CGHS

RECOMMENDATIONS/OBSERVATIONS

1.4.1 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.

(Para 3.8 of the report)

Action Taken

1.4.2 CGHS has taken over the possession of the buildings at Vasant Vihar, Alaknanda and Rohini Sector-16 and the Wellness Centres are functioning from CGHS's own buildings.

1.5 PRADHAN MANTRI SWASTHAYA SURAKSHA YOJANA (PMSSY)

RECOMMENDATIONS/OBSERVATIONS

1.5.1 The Committee observes that 16 new AIIMS have been sanctioned by Cabinet and a Project Management Consultant has been appointed in all the new AIIMS except AIIMS Darbhanga and Madurai. Out of the 14 AIIMS, the Turnkey tender has been awarded to 13 AIIMS. The Committee notes that Union Cabinet approved the 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 discussions with the State Government and finalize the land for AIIMS Darbhanga.

(Para 3.32 of the report)

Action Taken

1.5.2 This Ministry has been pursuing the matter of early handing over of the encumbrance free land for AIIMS Darbhanga with the State Govt. Technical Team of this Ministry which visited the site of AIIMS Darbhanga on 23-01-2023 has observed that State Govt. has not yet completed the earth filling work and demolition of structures on the 81.09 acre of land which has been handed over for AIIMS Darbhanga. Also, State Govt. has not initiated any action on transfer of balance 118.93 acre of encumbrance free land for setting up of AIIMS Darbhanga to Govt. of India. Meanwhile, vide letter dated 3.4.2023, it has been informed by the State Govt. that State Cabinet has taken a decision to provide an alternate site of about 151.17 acre of land situated on Ekmi Shobhan Bypass, Anchal- Bahadurpur, Mouza-Balia, Thana No.-120/2 to establish AlIMS, Darbhanga. This matter of change in location for setting up of AIIMS at Darbhanga is under examination in the Ministry. Project Management Consultant has been appointed for AIIMS Madurai also.

RECOMMENDATIONS/OBSERVATIONS

1.5.3 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.

(Para 3.33 of the report)

Action Taken

1.5.4 The Union Cabinet, in its meeting held on 28th February, 2019, approved the establishment of new All India Institute of Medical Sciences (AIIMS) at Manethi, Haryana. The project was to be completed within 48 months from the date of approval of Cabinet. However, Govt. of Haryana was unable to handover the encumbrance free site approved for the establishment of new AIIMS in the State to this Ministry. During the course of time, Govt. of Haryana proposed an alternate site, measuring 210 Acre, at Village- Majra Mustil Bhalkhi, Tehsil-Manethi, District-Rewari, for the establishment of new AIIMS in the State. A Central Team of this Ministry inspected the site and found it suitable for establishment of AIIMS in the State. Out of the mandated 210 Acre, Govt. of Haryana has executed Lease Deed for 149 Acre of land. Executing Agency for carrying out the pre-investment work at site has also been appointed by this Ministry. The project will now be completed within 48 months from the date of complete handover of land by the State Government.

1.6 FACULTY POSITION IN AIIMS

RECOMMENDATIONS/OBSERVATIONS

1.6.1 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.

1.6.2 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 Professors/ Associate Professors/ Assistant Professors in the six AIIMS and strongly recommends the Ministry make immediate efforts and ensure better management of human resources in the Institutes. The Committee also recommends the Ministry, and the Institutes 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.

(Para 3.38, 3.39 of the report)

Action Taken

1.6.3 To impart the teaching, learning and research activities, adequate faculty and non-faculty posts have been sanctioned by the Government for all newly created All India Institutes of Medical Sciences (AIIMS).The updated position of vacant posts against sanctioned strength in the first six AIIMS are as under:

S.N	AIIMS	Faculty Posts		Non-Faculty Posts	
		Sanctioned	Filled	Sanctioned	Filled
1.	Bhopal	305	196	3884	1797
2.	Bhubaneswar	335*	228	3884	1777
3.	Jodhpur	305	222	3884	2497
4.	Patna	305	205	3884	1907
5.	Raipur	305	189	3884	2251
6.	Rishikesh	305	196	3884	1489

**30 Faculty posts have been sanctioned to AIIMS Bhubaneswar on 19.04.2023*

1.6.4 The Ministry has facilitated the following provisions for augmenting faculty strength in the newly set up AIIMS:

(i) The Standing Selection Committee (SSC) has been constituted in each new AIIMS to facilitate expeditious filling up of vacancies.
(ii) The upper age limit for direct recruitment against the posts of Professor and Additional Professor has been raised from 50 years to 58 years.
(iii) Permission has been granted for taking serving faculty from Government Medical Colleges/Institutes on a deputation basis.
(iv) Contractual engagement of retired faculty of Government Medical Colleges/Institutes up to 70 years of age has also been allowed.
(v) Overseas Citizen of India (OCI) cardholders have been allowed to be appointed on faculty positions.
(vi) A visiting faculty scheme has been formulated to allow national and international faculty to work in newly set up AIIMS for teaching and academic purposes.
(vii) Temporary diversion of faculty posts has been allowed on loan basis from one Department to another, which can be filled up on a contractual basis.
(viii) Advertisement for recruitment with one-year validity has been put in place to fast track the process of filling up vacancies.

1.6.5 Further, following actions have also been taken by the first Six AIIMS to fill up the faculty and non-faculty vacant positions at their respective Institutes:

1. **AIIMS Bhopal**: Advertisements have been issued from time to time to fill the vacant posts in AIIMS Bhopal and the recruitment process expected to be completed through the Prescribed Selection Committee as per MoHFW Circular dated 01.05.2015.

   Currently 915 Group B and C posts have been identified for recruitment on direct recruitment basis. For which proposal has been invited from recruitment agencies to conduct the recruitment.

2. **AIIMS Bhubaneswar**: With regards to faculty posts, AIIMS Bhubaneswar has a sanctioned strength of 305 faculties‟ posts, which include Professor, Additional Professor, Associate Professor and Assistant Professor. Presently, against the total sanctioned strength, 228 posts have been filled up as on date.

Further, the recruitment process for the faculty posts is ongoing against the Rolling advertisement published on 28.10.2022 for 67 faculty posts. This final result has already been declared in which 25 candidates are found suitable and recommended by the Standing Selection Committee.

For Non-faculty posts, the institute has started the process to advertise all the vacant post of Non-faculty (excluding Nursing) & the appointment letters expected to be issued by September -2023.

3. **AIIMS Jodhpur:** The vacant posts have been advertised and efforts are made to fill up the remaining Non-faculty posts at the earliest.

In reference to the paid research collaboration, the Faculty of AIIMS, Jodhpur is encouraged to submit research proposals for intramural grant support of Rs. 5 Lakh each. Further, as required the latest Faculty/Non-Faculty filled and vacant position given in above para 3.37, 80 posts had been advertised in rolling advertisement and last dated is 31st May, 2023. Attempts are being made to fill the vacant posts.

4. **AIIMS Patna**: Out of the total vacant posts of direct recruitment non-faculty posts, 644, posts have been advertised and 200 posts are in the process of recruitment through NORCET-2023.
Nursing Cadre vacancies have already been forwarded to AIIMS New Delhi for NORCET -2023 to be conducted in June – 2023.

5. **AIIMS Raipur: Faculty posts:**

(i) Rolling advertisement for recruitment of 116 posts of faculty (Professor-29, Additional Professor -29, Associate Professor -38 and Assistant Professor-20) in various departments including Super-specialty departments of AIIMS Raipur on Director Recruitment Basis/ Deputation Basis / Contract basis / Retired Faculty on contract basis at AIIMS Raipur is under process. A recruitment advertisement for the same will be published shortly.

(ii) Interview for recruitment of 40 posts of Assistant Professor (contract basis) in various Specialty and Super Specialty Departments at AIIMS Raipur held on 03.05.2023. Result of the same will be published shortly.

Non-faculty posts

(i) Recruitment of 150 posts of Nursing Officer (Group-B) on a direct recruitment basis is under process. In round 2 of NORCET-2022, document verification of 22 candidates is scheduled from 26th April 2023. Eligible candidates will be issued an Order of Appointment after document verification.

(ii) 44 posts of Assistant Nursing Superintendent (Group –A) and 16 posts of Deputy Nursing Superintendent (Group-A) have been filled by promotion in March 2022.

(iii) 173 posts of Senior Nursing Officer have been filled by promotion of Nursing Officer in the month of January, 2022.

(iv) The Recruitment process of 17 various Group-A and Group-B posts on a deputation basis is under process. After the scrutiny of applications claim/ objection handling is in progress.

(v) The Recruitment process for 09 various Group-A and Group-B posts comprising Clinical Psychologists, Law Officers, Medical Record Officers, JE (AC&R), and Radiotherapy Technician Grade-II on a direct recruitment basis is under process. The advertisement for the same was published on 03.06.2022. CBT for the same was held on 08.10.2022. The result is withheld due to a Court case.

(vi) Advertisement for recruitment to 55 various Group-B posts on direct recruitment is published the last date of receipt of online application is 20.05.2023.

(vii) Advertisement for recruitment to 08 various Group-A posts on direct recruitment is published last dated of receipt of online application is 28.05.2023.

(viii) Recruitment of other non-faculty vacant posts is also being worked out.

6. AIIMS Rishikesh: Advertisements are issued from time to time to fill the vacant posts in AIIMS Rishikesh and 1273 posts of Faculty and Non-faculty are to be filled from May to December, 2023**.**

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

RECOMMENDATIONS/OBSERVATIONS

1.7.1 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.

(Para 3.44 of the report)

Action Taken

1.7.2 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 among different stakeholders. The infrastructure required for development of interoperable digital platform & and certain modules under the National Digital Health Mission (now Ayushman Bharat Digital Mission) has broadly been assessed and identified in line with the objectives of ABDM.

1.7.3 For administrative support and to maintain confidentiality of the citizens' health data, various policy frameworks such as Health Data Management Policy, Sandbox Guidelines, Health Information Provider Guidelines etc. have been prepared and issued for smooth implementation of ABDM. The Mission will enable access and exchange of health records of citizens with their consent. Thus, there is no centralised repository of the data which can be exposed to potential risk of data security breach.

1.7.4 Health Data Management Policy (HDM Policy) was released on 14th Dec 2020 by the Ministry of Health and Family Welfare, Government of India. It is a guidance document which sets out the minimum standards for privacy and data protection that should be followed by all the participants/stakeholders of the Ayushman Bharat Digital Mission (ABDM) ecosystem. Health Data Management Policy specifies that no data shall be shared with any other entity including insurance and pharmaceutical companies without consent of the individual.

1.7.5 A purpose-based limitation on sharing of data has been imposed on the Health Information Users (HIUs). Also, the entity to which data is shared (Health Information User) would not further disclose the data without obtaining the consent of the data principal (the individual). The data shared would also not be stored beyond the period necessary for the purpose specified while obtaining the prior consent of the individual. In addition, principle of data minimisation will also have to be adhered to by the entity which has received the shared data.

1.8 ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)-DELHI

RECOMMENDATIONS/OBSERVATIONS

1.8.1 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.

(Para 3.50 of the report)

Action Taken

1.8.2 Post of Group "A" (Non-Faculty), "B" & "C"

Group	Sanctioned Strength	In-position	Vacancy
Group A (Non-Faculty)	729	522	207
Group B	7984	6885	1099
Group C	4162	3294	868
Total	12875	10701	2174

The above vacancies are available due to promotion/ superannuation/VRS/Resignation/New Creation etc. These vacancies are regularly filled by holding interviews/Exam as well as DPC from time to time. 1221 posts under the mode of direct recruitment are already advertised and further recruitment process is in progress at various levels. The recruitment process for filling up of the remaining posts under mode of Direct recruitment is underway. The process of filling up of approximately 900 vacancies by holding Departmental Promotion Committee is underway.

Faculty Posts

Name of Post	Number of vacant posts	Status
Medical Superintendent (Dr.RPC)	01	Post advertised in May 2022 on regular basis, but none applied. Now, advertised on deputation basis and screening of applications is under way.
Professor (Direct)	107	The matter regarding down grading of post of Professor under Direct mode to that of Assistant Professor or not is under consideration. Hence posts cannot be filled.
Assistant Professor	215	The process of advertising 202 posts is under process. 13 posts were not advertised/ withhold due to administrative reasons.
Associate Professor (College of Nursing)	04	03 posts of Associate Professor (College of Nursing) were advertised, interviews held but recommendations are awaited. 01 posts of Associate Professor (College of Nursing) could not be advertised due to lien.
Tutor	01	Going to be advertised. 01 anticipated vacancy also to be advertised along with this vacancy.

For promotion of faculty, there is a time bound promotion scheme, based on fixed number of years, ACRs, Vigilance/Disciplinary report i.e. Assessment Progression Scheme (APS) without linkage to reservation. At present, around 1832 faculties are going to be eligible for promotion under APS w.e.f. 01.07.2023 and process to hold interviews for assessing fitness of eligible faculty for the promotions to the next level will be initiated shortly.

Senior/Junior Residents

S. No	Resident Doctors	Sanctioned	On Roll	Vacant
1	Junior Resident (Acad)	1213	1002	211*

* Selection process for all seats/posts which will be falling vacant due to completion of tenure or resignation etc. during January Session is completed and joining process is in progress. Some seats are newly created for MD/MS/MDS/MHA (DM/M. Ch 6 years courses) courses approved by the Academic Committee and Governing Body in 2015-16 and the same are being filled in a phased manner.

S. No	Resident Doctors	Sanctioned	On Roll	Vacant
2	Junior Resident (Non-Acad)	219	194	25*

* Selection process for all seats/posts which will be falling vacant due to completion of tenure or resignation etc. during January Session is completed and joining process is in progress.

S. No	Resident Doctors	Sanctioned	On Roll	Vacant
3	Senior Resident (Acad)/ Fellowship	823	613	210*

* These seats are newly created for DM/M.Ch courses approved by the Academic Committee and Governing Body in 2015-16 and the same are being filled in the phased manner.

S. No	Resident Doctors	Sanctioned	On Roll	Vacant
4	Senior Resident (Non-Acad)	1136	713	423*

* Selection process for all seats/posts which will be falling vacant due to completion of tenure or resignation etc. during July Session is completed and joining process is in progress.

Reasons for seats falling vacant

1.8.3 Admissions of Academic Residents (Junior Residents as well as Senior Residents) are done every 6 months. After admission process is over in any session (i.e. on 28th Feb /31st Aug for January & July sessions) any seats which remain vacant or any vacancies which arise because of resignation are filled in next session. It implies that vacancies which arise after 28th Feb/231st Aug (for January/July session respectively) are filled in next session i.e. within 6 months.

- When somebody has joined in a specialty at AIIMS which is snot his/her first choice and he or she gets selected at some other place in the subject of his/her choice, then these residents resign to join at the new places. Junior Resident (Academic) and Senior Resident (DM/M. Ch) admission in various courses are done twice a year.
- Some of the residents join residency courses (MD/MS) in some non-clinical branches and prepare for PG entrance to secure subject of their choice. Sometimes, even after they do not get selected in a subject of their choice even then some resign from MD/MS courses in non-clinical branches to sit and prepare for entrance examination.

- Senior Residents (Non-Academic) courses positions are for 3 years duration, and this position is joined by doctors after completing MD/MS in the respective specialty. In this

position doctors get teaching and clinical experience before they join as specialists/faculty in other/same institutions. While pursuing Senior Residency (Non-Academic) some of these residents keep on applying for faculty/consultants position and leave residency when they get a suitable position. Some Senior Resident (Non-Academic) leave to start their own practice or go abroad. Recruitment for SR (Non-Academic) are done every year twice by regular selection and special recruitment drives.

- Junior Resident (Non-Academic) is a tenure post for 6 months. The fresh MBBS are eligible for these positions. MBBS doctors join these positions to learn clinical medicine in the subject of their choice before they can qualify for the entrance examination and join PG courses. Therefore, some of them who happen to get selected in PDG courses resign and leave in between. Some of them resign in between to sit at home and prepare for the entrance examination.
- Counseling process for all seats/posts which will be falling vacant due to completion of courses/tenure or resignation etc. due in the January session is completed and the joining process of the above posts/seats is in progress.

In order to fill vacancies special recruitment drives and walk-in-interviews are also held as and when required from time to time.

1.9 NHM-Universal Health Coverage through Primary Health Care

RECOMMENDATIONS/OBSERVATIONS

1.9.1 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 the importance of 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.

(Para 4.10 of the report)

Action Taken

1.9.2 Ayushman Bharat-Health and Wellness Centres 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 as well as free essential drugs and diagnostic services through Health and Wellness Centres.

1.9.3 As per RHS 2020-21, the total sub-health centres and primary health centres (Rural & Urban) are 1,56,101 and 30,579 respectively, of which 1,59,585 health centres have been converted as AB-HWCs as on 30th Mach 2023. The States are in the process of transforming the remaining centres; moreover, new centres are also being supported as per population norms by the Ministry of Health & Family Welfare under NHM. States are supported for

infrastructure, human resources, drug & and diagnostic, Capacity building, IT services, IEC, United funds, etc. at AB-HWCs.

1.9.4 These AB-HWCs have reformed the primary healthcare system in India through the provision of expanded packages of healthcare services including screening of non-communicable diseases, an additional cadre of Community Health Officers at Sub-health centres, availability of drugs & and diagnostics, Teleconsultation services, community mobilization and ownership, IT systems for reporting & monitoring as well as quality assurances.

1.9.5 Recently, Health Melas have also been conducted at AB-HWCs every month to improve service utilization and health promotion, Wellness activities like Yoga, Zumba, cycling, etc. are also being organized at the AB-HWCs.

1.9.6 As per the National Health Account (NHA) estimates for India 2019-20, the share of Primary Health Care in Current Government Health Expenditure has increased from 51.1% in 2013-14 to 55.9% in 2019-20.

1.9.7 The infrastructure gaps have been addressed through the recently launched scheme i.e. PM-Ayushman Bharat Health Infrastructure Mission wherein the infrastructure support for 17,788 AB-HWCs in rural Areas is provisioned across ten Health Focus States. In addition to this, the infrastructural support for 27,581 SHCs and 681 PHCs in rural areas is available under 15th Finance Commission Health Grants during the period 2021-22 to 2025-26.

RECOMMENDATIONS/OBSERVATIONS

1.9.8 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 an adequate number of doctors, nurses, 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 ensure that such laggard states with poor outreach of healthcare are dealt with firmly and special drives are initiated to strengthen the State's rural healthcare system.

(Para 4.11 of the report)

Action Taken

1.9.9 All the administrative and personnel matters related to health human resource lies with the respective States/UT Governments. Under National Health Mission, Ministry of Health & Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

1.9.10 Under NHM, the following types of incentives and honorariums are provided to encourage specialist doctors to practice in rural and remote areas of the country:

(i) Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.

(ii) Honorarium to Gynecologists/Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/Life Saving Anesthesia Skills (LSAS) trained doctors are also provided to increase the availability of specialists for conducting Caesarean Sections in rural & and remote areas.

(iii) Incentives like special incentives for doctors, the incentive for ANM for ensuring timely ANC check-ups and recordings, and incentives for conducting Adolescent Reproductive and Sexual Health activities.

(iv) States are also allowed to offer negotiable salaries to attract specialists including flexibility in strategies such as "You Quote We Pay".

(v) Non-monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangements in rural areas have also been introduced under NHM.

1.9.11 Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill up-gradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes. The Public Health Management Cadre is envisaged to meet the shortage of human resources and to incentivize the resources available. It will provide adequate opportunity to the health workforce to excel and have ideal career trajectories that will bring stability and retention in the system. The guidelines for setting up Public Health Management Cadre have been shared with all States and they are being provided guidance and technical support for implementation of the same.

1.9.12 The infrastructure gaps have been addressed through the recently launched scheme i.e. PM-Ayushman Bharat Health Infrastructure Mission wherein the infrastructure support for 17,788 AB-HWCs in rural areas is provisioned across ten High Focus States. In addition to this, the infrastructural support for 27,581 SHCs and 681 PHCs in rural areas is available under 15th Finance Commission Health Grants during the period of 2021-22 to 2025-26. The implementation and progress of the National Health Mission (NHM) continued to be reviewed at the national level through Annual Common Review Missions (CRM) which comprise of government officials from Different Ministries and NITI Aayog, public health experts and representatives of development partners and civil society. Common Review Mission (CRM) correlates the performance and duly tracks the expenditure under flexi pools.

1.9.13 The framework of conditionalities has been developed keeping in mind the priorities in the health sector in India which the States/UTs must strive to achieve. This sent a clear message to all the States/UTs that good performance would be monitored, acknowledged, and rewarded. The Conditionality Framework 2022-24 sets out 15 indicators and the criteria for

receiving a penalty or incentive under each indicator including indicators for HR availability and Infrastructure Strengthening/Branding.

1.10 AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

RECOMMENDATIONS/OBSERVATIONS

1.10.1 The Committee notes that the utilization 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 have 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 utilization 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 a special drive to generate awareness regarding the Scheme, especially in rural and tribal areas with poor outreach.

(Para 4.32 of the report)

Action Taken

1.10.2 For the financial year 2022-23, Rs. 6412 crore were allocated out of which Rs. 6048 crore have been released to States / UTs implementing AB-PMJAY as part of the Central share of funds. Further, the budget allocated for the financial year 2023-24 is Rs. 7200 crore. AB-PMJAY has been implemented since September 2018. Over the last 4 years of scheme implementation, 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. Further, the uptake of the scheme was affected during COVID. However, now the scheme utilization has picked up. For the financial year 2022-23, the funds allocated have been completely utilized other than the North-East component, and the budget allocation for the current year (FY 2023-24) is expected to be fully utilized based on the current trend of scheme uptake.

1.10.3 NHA is working on reaching out to eligible beneficiaries through a massive IEC campaign and Ayushman Card creation drive. In this direction, the following key initiatives have been taken by NHA:

1. **Aapke Dwar Ayushman**: Ensuring delivery of Ayushman Card to all eligible beneficiaries is fundamental to the scheme's development. Accordingly, NHA launched Aapke Dwar Ayushman Campaign. ADA campaign implemented by NHA in January 2021 enlisted the services of grassroots functionaries such as frontline healthcare workers, Panchayati Raj personnel, and village-level agents from service providers from CSC and UTIITSL for beneficiary mobilization and card creation. This has resulted in the verification of over 14.7 crore beneficiaries of which, over 10 crore Ayushman Cards have been created since April 2022. The States have been directed to tag the non-SECC beneficiaries and saturate for card creation. Further, ADA is being launched in

the focus States of Assam, Gujarat, Uttar Pradesh, Telangana, Andhra Pradesh, Tamil Nadu & and Karnataka. With the increase in the number of Ayushman Cards issued, the uptake under the scheme will get a further push.

2. **PM-JAY Mobile Application**: Beneficiary verification and card creation have been enabled on the PM-JAY mobile application. This mobile application is equipped with face-authentication technology that eliminates the dependency on any external authentication device. Mobile applications are being used for door-to-door campaigns.

3. **Database enrichment** – NHA has coordinated with various Central Government ministries implementing welfare schemes such as Pradhan Mantri Ujjwala Yojana to enrich the SECC beneficiary database. Further, NHA is integrating the verified beneficiary family database under PMJAY with the National Food Security Act database for better targeting of individual family members.

4. **Technology upgradation** – NHA has made improvements to the Beneficiary Identification System (BIS) platform. The newly launched BIS 2.0 platform makes it convenient for the scheme's beneficiaries to generate Ayushman cards. Under BIS 2.0, village-wise access to the beneficiary database has been enabled for better mobilization of the scheme's beneficiaries. BIS 2.0 has been deployed in 14 States / UTs.

1.11 TERTIARY CARE PROGRAMS

RECOMMENDATIONS/OBSERVATIONS

1.11.1 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.

(Para 4.15 of the report)

Action Taken

1.11.2 Under the National Programme for Control of Blindness & Visual Impairment (NPCB&VI), Rs. 8.00 crore was allotted as BE against which Rs. 3.90 crore was approved as RE. Out of this, Rs. 3.19 crore is the actual expenditure as of 31.03.2023. Under the National Programme for Healthcare of the Elderly (NPHCE), Rs. 98.79 crore was allotted as BE against which Rs. 17.15 crore was approved as RE. Out of this, Rs. 4.864 crore is the actual expenditure as on 31.03. 2023. The expenditure under the programme is low as MoU has not been received from the PGIMER, Chandigarh for setting up of Geriatric Care and Rehabilitation Centre at PGIMER, Chandigarh on a total project cost of Rs. 1.50 crore. Further, the GIA has been released from the Budget on the basis of the request received from the implementing agencies approved under the Programme.

1.11.3 The Central Government implements the Strengthening of Tertiary Cancer Care Centre Facilities Scheme (under the Tertiary component of the National Programme for

Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke) in order to enhance the facilities for tertiary care of cancer. 19 State Cancer Institutes (SCIs) and 27 Tertiary Care Cancer Centres (TCCCs) have been approved under the said scheme. States are given financial assistance in the ratio of 60:40 (90:10 in the case of NE and hilly States). The budget allocation under this component in BE 2022-23 was Rs. 175 crore which was revised to Rs. 120 crores at the RE stage. As of 31st March 2023, Rs. 119.99 crore was utilized

RECOMMENDATIONS/OBSERVATIONS

1.11.4 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 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 with 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.

(Para 4.17 of the report)

Action Taken

1.11.5 The Non-Communicable Diseases (NCDs) account for 63% of mortality in India. Considering the burden, the budgetary allocation has been increased for NCDs under National Programme for Prevention and Control of Non-Communicable Diseases (NP NCD) in 7th Mission Steering Group. The Department of Health & Family Welfare provides technical and financial support to the States/UTs under the National Programme for Prevention and Control of Non-Communicable Diseases (NP NCD) erstwhile NPCDCS, as part of the National Health Mission (NHM), based on the proposals received from the States/UTs and subject to the resource envelope. The programme focuses on strengthening infrastructure, human resource development, health promotion, and awareness generation, screening, early diagnosis, management, and referral to an appropriate level of the healthcare facility for treatment of the Non-Communicable Diseases (NCDs).

1.11.6 Most of the NCDs including Cancer are lifestyle diseases. The risk factors are common for Non-Communicable Diseases (NCDs) including Cancers. Accordingly with the vision that "all Indians enjoy the highest attainable status of health, well-being, and quality of life at all ages, free of preventable NCDs including Cancer", it is essential that dedicated NCD-related services under the National NCD Programme should be provided across all levels from National to peripheral in an integrated manner.

1.11.7 The government is aligned to the SDG-3.4 goal of reducing premature mortality by one-third due to four main NCDs including cancer through prevention and treatment by 2030.

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

RECOMMENDATIONS/OBSERVATIONS

1.12.1 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 utilized under the Scheme. The Committee understands that the PM-ABHIM is one of the biggest pan-India Schemes, however, such a dismal trend of utilization 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 the achievement of physical targets.

(Para 4.27 of the report)

Action Taken

1.12.2 PM-ABHIM is being implemented as Centrally Sponsored Scheme, with few Central Sector Components. The CSS components of the PM Ayushman Bharat Health Infrastructure Mission will be implemented by following the existing framework, institutions, and mechanisms of the National Health Mission. Rs. 1228.35 crore was released to States/UTs under PM-ABHIM in the FY 2022-23. Utilization/expenditure under the scheme was low in FY 2022-23 as components under the scheme primarily pertain to infrastructure/ capital works which require a long gestation period before grounding due to challenges on account of encumbrance-free site identification/selection, multi-locational nature of sites/units under the scheme, delays in finalization of implementation agency etc. For the CSS components, the PM Ayushman Bharat Health Infrastructure Mission would leverage the existing National Health Mission (NHM) structure available at central and state levels for appraisal, approval, and implementation, and monitoring.

1.12.3 Presently under NHM, to ensure optimal utilization of funds the following steps have been taken by the Ministry:

i) Performance Audit by the Comptroller & Auditor General (CAG) of India.
ii) Annual Statutory Audits by CAG-empaneled major Chartered Accountant Audit Firms.
iii) Concurrent Audits by Chartered Accountant Audit Firms.
iv) Public Financial Management System (PFMS) in NHM to track the flow of funds.
v) Submission of quarterly Financial Monitoring Reports (FMRs) and Statement of Fund Position (SFP) by the States/UTs.
vi) Review and monitoring of scheme components

CHAPTER–II

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

2.1 BUDGETARY ALLOCATIONS VIS-À-VIS ACTUAL EXPENDITURE

RECOMMENDATIONS/OBSERVATIONS

2.1.1 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 utilization 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 are lower than the Budgeted Estimates of the Department.

(Para 2.6 of the report)

Action Taken

2.1.2 In BE 2-23-24, the projected demand for the Ministry was ₹92612.05 crore which is higher by 7.44% than BE 2022-23. However, against this demand, only 89155.00 crore is allocated by the Ministry of Finance. The additional demand of the Budget, if required, will be projected through supplementary Demands for Grants 2023-24.

2.2 GOVERNMENT HEALTH EXPENDITURE IN INDIA

RECOMMENDATIONS/OBSERVATIONS

2.2.1 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.

(Para 2.16 of the report)

Action Taken

2.2.2 As per the National Health Accounts Estimates report, GHE as a share of General Government Expenditure (GGE) has increased from 3.8% in 2023-24 to 4.81% in 2018-19. This increase indicates over time priority given to the health sector by the government has improved

RECOMMENDATIONS/OBSERVATIONS

2.2.3 The Committee further notes that as per the Economic Survey 2022-23, the total health expenditure as a percentage of 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 the Union Ministry of

Health and Family Welfare and States Health Budget should be exclusively considered under Total Health Expenditure.

(Para 2.17 of the report)

Action Taken

2.2.4 As per National Health Account (NHA) Estimates, the Total Health Expenditure (THE) consists of expenditures incurred by Government, Household and Private Entity. As per the NHA Estimates for the year 2018-19, the Total Health Expenditure for India is estimated Rs. 5,96,440 Crore, which is 3.16% of GDP.

2.3 CENTRAL GOVERNMENT HEALTH SCHEME:

RECOMMENDATIONS/OBSERVATIONS

2.3.1 The Committee notes that in Financial Year 2022-23, under the 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 underutilization of funds and expenses to the tune of Rs. 24 crore is yet to be accounted under the capital head.

(Para 3.2 of the report)

Action Taken

2.3.2 Under the head of account Major Works, Rs. 5.12 crore remained un-allocated due to less receipt of a smaller number of proposals than expected from CGHS. Further, Rs. 15.61 crore was surrendered by CPWD-Bhopal, CPWD-Chennai, and CPWD-Delhi due to slow pace of work. Under the head of account, Machinery & Equipment‟ –file pertaining to the X-ray Unit for Parliament House Annexe (PHA), and three Physiotherapy Units for the Supreme Court and PHA is under process and not likely to get completed by the end of the FY 2022-23. One ENT Workstation for the Supreme Court is under process for which bids have failed twice and is under process for the third time.

2.4 VACANCY POSITION UNDER CGHS

RECOMMENDATIONS/OBSERVATIONS

2.4.1 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.

(Para 3.6 of the report)

Action Taken

2.4.2 With respect to status of recruitment of 340 candidates selected through CMS Examination, the requisite information is given as under:-

a. Total candidates recommended by UPSC: 340 No
b. Offer issued till date i.e. 02.05.2023- 265 No.
c. Candidates joined till date- 35 No.
d. Candidates pending for offer (due to provisional medical)-75 No.

RECOMMENDATIONS/OBSERVATIONS

2.4.3 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.

(Para 3.9 of the report)

Action Taken

2.4.4 Procurement of medicines through Jan Aushadhi Pariyojana (JAP). Computerization enabled the authorities to identify the medicines which are not supplied by the Medical Stores organization and indented frequently. The government has taken a decision to procure such medicines through JAP and it has been implemented in all CGHS Cities since last quarter of 2022-23. Under this initiative, demand for non-available medicines based on data compiled by Chief Medical Officers in charge of Wellness Centres is placed to identified distributors of JAP by an Additional Director, CGHS of concerned City/Zone so that medicines required for two months consumption is available at Wellness Centres. Once the system of procurement of medicines through JAP is stabilized, the dependency on Authorized Local Chemists would come down drastically.

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

RECOMMENDATIONS/OBSERVATIONS

2.5.1 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 for 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.

(Para 3.12 of the report)

Action Taken

2.5.2 The Projected Demand for FY 2023-24 was Rs. 2124.90 crore [Revenue-SJH-Rs. 1815.80 crore, VMMC- Rs. 27.50 crore and Capital- SJH-Rs. 281.60 crore] against the above Rs. 1853.34 crore has been allotted for FY 2023-24 [Revenue- SJH-Rs. 1671.94 crore & VMMC-Rs. 26.40 crore and Capital- SJH Rs. 155.00 crore]. The projected demand under Capital – SJH was Rs. 125 crores for the construction of the Lecture Theatre and boys' hostel at VMMC and Rs. 26.81 crore for other original major works. The allotted budget for major works is Rs. 80 crore. Against the demand of Rs. 40 crores for the Dwarka housing project and Rs. 21 crores for housing up-gradation work under Capital Housing – SJH, only Rs. 25.25 crore was allotted.Rs. 60 crore was the projected demand for procurement of M&E and the allotted budget is Rs. 43 crore.However, in Capital Head, Rs. 10 crore has been sanctioned to Dwarka Project on 12.05.2023 only.

2.5.3 In respect of procurement of medical equipment, the Special Secretary (H) directed HSCC and HILL to complete all tender formalities by the end of June 2023. One proposal for 45 items (Rs. 22 crore) and one proposal for Super Speciality Block (SSB) and New Emergency Block (NEB) for 5 items (Rs. 12.61 crore) have been received from HSCC and will be placed before Internal Purchase Committee (IPC).

RECOMMENDATIONS/OBSERVATIONS

2.5.4 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.

(Para 3.13 of the report)

Action Taken

2.5.5 The fund allotted under the Capital head for FY 2022-23 was not fully utilized as A&A and E&A were not received from the Ministry for the Dwarka Housing project. Hence only 5.00 crore was utilized. Also, Rs. 5.00 crore was placed at CPWD for the project of the Lecture Theatre and Boy's Hostel. However, Rs. 4.52 crore has been returned by the CPWD at the end of March as they have not utilized the same. Hence, the savings. The LHMC & Associated Hospital has taken proactive measures to ensure that the projects do not cutter. There has not been any shortage of funds. Maximum possible funds have been utilized for the execution of projects and procurements of medical equipment to improve infrastructure at

patient care services. Approximately 90% of the allocated budget has been utilized for FY 2022-23.

RECOMMENDATIONS/OBSERVATIONS

2.5.6 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 the 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.

(Para 3.14 of the report)

Action Taken

2.5.7 Construction of Safdarjung Hospital Staff Colony at Dwarka project started late. At present construction work has been started and will be completed by 30.06.2026. Due to the delay in local bodies‟ approval, construction work of the Lecture Theatre, Auditorium and Boys' Hostel at VMMC & SJH has not started yet. However, the Boys' Hostel, Auditorium and Lecture Theatre will be completed by October 2024.

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

RECOMMENDATIONS/OBSERVATIONS

2.6.1 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.

(Para 3.21 of the report)

Action Taken

2.6.2 Under Revenue Head, against an allocation of Rs. 702.31 crore in RE 2022-23, after surrender RE-2022-23 funds were Rs. 687.31 crore. Rs. 624.56 crore has been utilized till 31.03.2023 leaving an unspent balance of Rs. 62.73 crore. Under Capital Head, the actual expenditure is Rs. 117.29 crore against an allocation of Rs. 140 crore in RE 2022-23. As per direction in the Senior Officers' Meeting, Dr. RML Hospital has been directed to plan for full utilization of funds during the FY 2023-24.

RECOMMENDATIONS/OBSERVATIONS

2.6.3 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 the creation of targeted capital assets.

(Para 3.22 of the report)

Action Taken

2.6.4 The targeted capital assets at VMMC are the construction of the Lecture Theatre and boys' hostel at VMMC and the approximate cost for the same is Rs. 232.84 crore. The projected demand for the SY 2023-24 under Capital-SSH for the same was Rs. 125 crore. However, Rs. 80 crore was allotted for the project and various major works by the Ministry Rs. 0.48 crore has been placed to CPWD for the project in the financial year. Monthly meetings under the Chairmanship of Director & MS to ensure maximum utilization of the budget allocated to ABVIMS.

2.7 PRADHAN MANTRI SWASTHAYA SURAKSHA YOJANA (PMSSY)

RECOMMENDATIONS/OBSERVATIONS

2.7.1 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.

(Para 3.28 of the report)

Action Taken

2.7.2 For the FY 2022-23, Rs. 7744.92 crore has been utilized against the RE of Rs. 8269.56 crore under PMMSY scheme which is 93.66%.

RECOMMENDATIONS/OBSERVATIONS

2.7.3 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 in available in the Institutes.

(Para 3.36 of the report)

Action Taken

2.7.4 In order to avoid any delay in the construction work of the project and to ensure timely installation and commissioning of medical equipment in synchronization with the construction work, regular review meetings at various levels are being held in the Ministry with the Executing Agencies of the projects and all other stakeholders. Site visits of officials are also conducted to oversee the progress of civil works and to facilitate coordination amongst different stakeholders for the timely completion of works.

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

RECOMMENDATIONS/OBSERVATIONS

2.8.1 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.

(Para 3.43 of the report)

Action Taken

2.8.2 The role of the States/UTs has been critical since the inception of ABDM, and this was recognized early on. As a result, States/UTs were advised to adopt a similar governance structure for implementing this mission, which was communicated in May 2021. The States/UTs were advised to establish a state office for ABDM and set up administrative machinery. ABDM is a central sector scheme that provides dedicated funding for five years starting from the year 2021 till 2026 to finance the States/UTs with Human Resources for the State office with vertical heads and a Project Management Unit (PMU). NHA has issued detailed guidelines on 08 March 2022 regarding this matter. In addition, the States/UTs are provided funds for Capacity Building, and Information Education and Communication activities. Rs. 500 Cr has been allocated for Human resources support, and Rs. 140 Cr has been earmarked for CB/IEC activities for the period of five years till 2026.

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

RECOMMENDATIONS/OBSERVATIONS

2.9.1 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.

(Para 3.49 of the report)

Action Taken

2.9.2 Since approval for monetization at West Ansari Nagar was not permitted by the statutory authority and for A.V. Nagar best possible options to monetize commercial space could not be firmed up and since project financing has reduced considerably, the 4th Empowered Committee in its meeting held on 16.03.2023 has taken the following decisions:-

i) The Empowered Committee (EC) agreed to an e-auction for these sales of the Local Shopping Complex at Ayur Vigyan Nagar which is nearing completion.
ii) The Empowered Committee also noted that the FAR at West Ansari Nagar is not permitted to be monetized by DDA.
iii) The proposal of NBCC for the construction and sale of Service/. Apartments at Ayur Vigyan Nagar were not agreed to by the Empowered Committee as it was not in consonance with the Cabinet Decision on the subject.
iv) The Empowered Committee directed NBCC to evaluate the project cost at present rates, potential revenue flow with the reduced area available for commercialization, financial feasibility implementation plan, etc., and examine whether the proposal needs approval of the Cabinet due to change in basic premises on which the project was approved.
v) The Empowered Committee also advised NBCC to also draw on the experience/learning from other projects taken up on the same mode which were under implementation or have been implemented.
vi) The Empowered Committee also directed NBCC to explore various options by analyzing the market trends and proposing the best option for monetization of the saleable area available for the project.

2.9.3 Action as above has been initiated by M/s NBCC. As regards the Master Plan for AIIMS, New Delhi, the Master Plan has been prepared after putting intensive consultative exercises and prolonged meetings. This Master Plan has all statutory approvals. AIIMS has submitted the EFC Memorandum for the Implementation of Master Plan to MoHFW on 23rd March 2022. The response to comments received from apprising Ministry/Niti Aayog in the EFC Memo has already been received. The said EFC Memo is currently under examination by the Department of Expenditure. The total cost of the project is approximately Rs. 1500 crore spread over a period of 7-8 years in 2 phases. The annual budgetary expenditure is expected to be around Rs. 2000 crores and will result in the transformation of AIIMS New Delhi into a world-class medical university with the creation of over additional 3000 patient care beds including 300 emergency beds. 100m new operation theatres, state-of-the art research labs, animal facilities, clinical trial facilities, AYUSH & integrated care facility,

modern academic spaces, 4000 hostel units, 14000 parking spaces, etc. The set timelines for the project as per the EFC proposal are:

Phase-I	55 months from the date of final budgetary approval.
Phase-II	78 months from the date of final budgetary approval.

2.10 FAMILY WELFARE SCHEME

RECOMMENDATIONS/OBSERVATIONS

2.10.1 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 the 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.

(Para 3.52 of the report)

Action Taken

2.10.2 The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. Five rounds of the survey have been successfully conducted since the first survey in 1992-93 and the fifth in 2019-21. The survey provides district, state, and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilization, and quality of health and family planning services.

2.10.3 The NFHS (National Family Health Survey) has been developed in accordance with the global Demographic and Health Survey (DHS) standard. The sampling techniques, questionnaire, and methodology used in NFHS are finalized after in-depth deliberations in the Technical Advisory Committee (TAC), wherein all stakeholders' i.e representatives from all program divisions of MoHFW, concerned central ministries and other development partners are members. The sixth round of NFHS has already been approved for 2023-24 and is currently in its initial phase.

Progress of Key Maternal and Child Health Indicators in NFHS

S. N	Key Maternal and Child Health Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
1	Percentage of mothers who had at least 4 antenatal care visits	58.5	51.2
2	Percentage of mothers who consumed iron folic acid for 180 days or more when they were pregnant	26.0	14.4
3	Percentage of mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery *	78.0	62.4

4	Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3245	3197
5	Percentage of children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery	11.5	NA
6	Percentage of institutional births	88.6	78.9
7	Percentage of births attended by skilled health personnel[1]	89.4	81.4
8	Percentage of births delivered by caesarean section	21.5	17.2
9	Percentage of children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[2]	76.4	62.0
10	Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey	2.8	2.7
11	Percentage of children under age 6 months exclusively breastfed[3]	63.7	55.0
12	Percentage of children under 5 years who are stunted (height-for-age)[4]	35.5	38.4
13	Percentage of children under 5 years who are wasted (weight-for-height)[4]	19.3	21.0
14	Percentage of children under 5 years who are underweight (weight-for-age)[4]	32.1	35.8
15	Percentage of children under 5 years who are overweight (weight-for-height)[5]	3.4	2.1

* *Figures are taken from the NFHS-5 factsheet*.
[1] Doctor/nurse/LHV/ANM/midwife/other health personnel.
[2] Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or Penta vaccine
[3] Based on the youngest child living with the mother.
[4] Below -2 standard deviations, based on the WHO standard.
[5] Above +2 standard deviations, based on the WHO standard
[6] Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among adults, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses capillary blood for the estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

2.11 BUDGETARY ALLOCATION

RECOMMENDATIONS/OBSERVATIONS

2.11.1 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 meager 0.4% increase vis-a-vis RE 2022-23.

(Para 4.5 of the report)

Action Taken

2.11.2 During FY 2022-23 funds to the tune of Rs. 31,195.81 crore have been released to States/UTs against the revised estimates (RE) of Rs. 28,974.29 crore. In FY 2023-24, Rs. 29,085.26 crore has been allocated (BE) to NHM. Additional requirements during FY 2023 24, if any, will be demanded at RE stage based on the financial progress under the scheme.

RECOMMENDATIONS/OBSERVATIONS

2.11.3 National Health Mission aims at strengthening health system in the 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.

(Para 4.6 of the report)

Action Taken

2.11.4 The Sustainable Development Goal (SDGs) was adopted by India in September 2015 and SDGs came into effect by January 1, 2016. NITI Aayog was entrusted with the task of coordinating the SDGs, mapping schemes related to the SDGs and their targets and identifying lead and supporting ministries for each target. The MoHFW is the Nodal Ministry for SDGs Goal-3 ``Health for al''. Since the SDGs have come into effect, there has been steady progress in the achievement of SDGs. As per the NITI Aayog's SDG Index, there has been a steady growth in India's progress towards achieving SDGs-3. From the year 2018 till 2022, there has been an average of around 10% year-on-year improvement in India's achievement of Goal 3. India's performance for achievement of SDG-3 as measured by NITI Aayog's SDG Index in 2018 was 52, and for the year 2022, the score is 74. Stat-wise progress for achievement of SDG-3 has also been consistently increasing.

2.11.5 In recent years, India has witnessed a significant decline in the Maternal Mortality Ratio from 130 in 2014-16 to 97 per lakh live births in 2018-20. As per the latest "Special Bulletin on MMR 2018-20" released by O/o Registrar General of India, the Maternal Mortality Ratio (MMR) of India has declined to 97 /lakh live births. Upon achieving this, India has accomplished the National Health Policy (NHP) target for MMR of less than 100/ lakh live births and is on the right track to achieve the SDG target of MMR of less than 70/lakh live births by 2030.

2.11.6 Eight Indian States have shown outstanding progress and have achieved both NHP and SDG targets for MMR viz. Kerala (19), Maharashtra (33), Telangana (43), Andhra Pradesh (45), Tamil Nadu (54), Jharkhand (56), Gujarat (57) and Karnataka (69). Seven States have shown the highest decline in MMR i.e. Rajasthan (28 points), Chhattisgarh (23 points), Odisha (17 points), Karnataka (14 points), Telangana and Andhra Pradesh and Gujarat (13 points each).

2.11.7 Besides MMR, there has been a significant improvement in key MH Indicators as per NFHS-5 data:

1. **Antenatal check-ups** in the first trimester increased from **58.6%** (NFHS-4) **to 70%** (NFHS-5).
2. **Institutional deliveries** increased from **78.9%** (NFHS-4) **to 88.6%** (NFHS-5).
3. **Institutional delivery in Public Health Facilities increased from 52.1%**(NFHS-4) **to 61.9%** (NFHS-5).
4. **Births assisted by SBA** increased from 81.4% (NFHS-4) to 89.4% (NFHS-5).
5. **Postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery** increased from 62.4% (NFHS-4) to 78% (NFHS-5).
6. **Average out-of-pocket expenditure** per delivery in a public health facility decreased from Rs. 3,197 (NFHS-4) to Rs. 2,916 in (NFHS-5)

Key strategies for accelerating the pace of decline of MMR

2.11.8 Maternal Health programs are synchronous with their vision to avert preventable death during the antepartum, intrapartum, and immediate postpartum period. Under the National Health Mission (NHM), India has made concerted efforts to provide accessible, quality maternal health services and minimize preventable maternal deaths.

2.11.9 Public health is a state subject, and the primary responsibility of strengthening the public healthcare system, including the provision of quality healthcare lies with the respective State Governments. However, the Ministry of Health and Family Welfare through NHM, provides significant technical and financial support to all States/UTs by approving the State specific proposals received through Programme Implementation Plans (PIPs). The Government of India has initiated the following key strategies to reduce maternal deaths:

- **Janani Suraksha Yojana (JSY),** a demand promotion and conditional cash transfer scheme with the objective of reducing Maternal and Infant Mortality by promoting institutional delivery among pregnant women.
- **Janani Shishu Suraksha Karyakram (JSSK)** aims to eliminate out-of-pocket expenses for pregnant women and sick infants by entitling them to free delivery, including caesarean section, free transport, diagnostics, medicines, other consumables, diet and blood in public health institutions.
- **Surakshit Matratva Ashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA**) provides pregnant women a fixed day, free of cost, and quality Antenatal Care on the 9th day of every month. Further, an Extended PMSMA (e-PMSMA) strategy is being implemented to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women, and individual HRP tracking till a safe delivery is achieved.
- **LaQshya** aims to improve the quality of care in the labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.

- **Comprehensive Abortion Care** services are being strengthened through training of health care providers, supply of drugs, equipment, Information Education and Communication (IEC), etc.
- **Monthly Village Health and Nutrition Days (VHND**) as an outreach activity at Anganwadi centres for the provision of maternal and childcare including nutrition in convergence with the ICDS.
- **Delivery Points**- 'Delivery Points' have been strengthened in terms of infrastructure, equipment, and trained manpower for the provision of comprehensive RMNCAH+N services.
- **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages, etc.
- **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Operationalization of Obstetric ICU/HDU** at high case load tertiary care facilities across the country to handle complicated pregnancies.
- **Capacity building** is undertaken for all cadres of healthcare workers.
- **Maternal Death Surveillance Review (MDSR)** is being implemented both at facilities and at the community level. The purpose is to take corrective action in case of maternal death at appropriate levels and improve the quality of obstetric care.
- **Regular IEC/BCC** is conducted for early registration of ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc.
- **MCP Card and Safe Motherhood Booklet** are distributed to pregnant women to educate them on diet, rest, danger signs of pregnancy, benefit schemes, and institutional deliveries.
- **Reproductive and Child Health (RCH) portal is** a name-based web-enabled tracking of pregnant women and newborns to ensure the provision of regular and complete services to them including antenatal care, institutional delivery, and post-natal care.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for Maternal and child health services, and community mobilization as well as to track high-risk pregnancies.
- **Performance based incentives to ANMs (SBAs):** ANMs trained in SBA are incentivized to attend home deliveries in pre-identified and notified villages in remote and inaccessible areas where it is difficult to bring a woman to the institution for delivery on account of geographical/climatic exigencies.

2.11.10 Inputs of CH Division, MoHFW on Para 4.6 of 143rd Reports of DRPSC on Health & Family Welfare on the Demands for Grants (2023-24). As per the latest Sample Registration System Report of the Registrar General of India, the Under 5 Mortality Rate is 32 per 1000 Live births in 2020 at the National Level. Under National Health Policy 2017, an ambitious target of Under 5 Mortality i.e. 23 per 1000 live births by 2025 has been set up. Considering the annual decline rate of 5.93% from 2010 (59 per 1000 live births) – 2020 (32 per 1000 live births), the country would achieve the SDG Target of Under 5 Mortality Rate

(25 per 1000 live births by 2030) before 2030. In order to further bring down Under 5 mortality all across the country, the Ministry of Health and Family Welfare (MoHFW) supports all States/UTs in the implementation of Reproductive, Maternal, New-born, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by States/ UTs.

2.11.11 The interventions for improving child survival and reduction of child mortality are placed below:

- **Facility Based New-born Care:** Sick New-born Care Units (SNCUs) are established at District Hospital and Medical College level, and New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- **Community-based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child-rearing practices and to identify sick new-born and young children in the community.
- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for the first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented in 2019 for the reduction of Childhood morbidity and mortality due to Pneumonia.
- **Universal Immunization Programme (UIP)** is implemented to provide vaccination to children against life-threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination has also been rolled out in the country for prevention of Rota-viral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) has been introduced in all the States and UTs.
- **Rashtriya Bal Swasthya Karyakaram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects, and Developmental delay) under Rashtriya Bal Swasthya Karyakaram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at the district health facility level are established for the confirmation and management of children screened under RBSK.
- **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Anaemia Mukt Bharat (AMB) strategy** as a part of POSHAN Abhiyan aims to strengthen the existing mechanisms and foster newer strategies to tackle anaemia which include testing & and treatment of anaemia in school going adolescents & and pregnant

women, addressing non-nutritional causes of anaemia and a comprehensive communication strategy.

- **Capacity Building:** Several capacity-building programs of health care providers are undertaken to improve maternal and child survival and health outcomes.

RECOMMENDATIONS/OBSERVATIONS

2.11.12 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 the provisioning of accessible, affordable, accountable, and effective healthcare in the States, the Committee strongly recommends the Department increase the total allocation of the Scheme.

(Para 4.7 of the report)

Action Taken

2.11.13 Fund allocation for FY 2023-24 under NHM has increased to Rs. 29,085.26 crore against BE 2022-23 of Rs. 28,859.73 crore/RE (2022-23) of Rs. 28,974.29 crore.

2.12 TERTIARY CARE PROGRAMS

RECOMMENDATIONS/OBSERVATIONS

2.12.1 The Committee further notes that in 2022, a National Tele Mental Health programme was launched to improve access to quality mental health counselling & and 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 the 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 healthcare.

(Para 4.16 of the report)

Action Taken

2.12.2 The Government of India has launched the National Tele Mental Health Programme (Tele MANAS) - a toll-free mental health helpline that provides support and assistance to those struggling with mental health issues. Access to trained and accredited counsellors is available across the country in multiple languages on the numbers 14416 and 1800-891-4416.

2.12.3 Tele MANAS is a revolutionary digital mental health service connecting distressed individuals with mental health professionals on a 24x7 basis. Individuals suffering from any

kind of mental distress can reach out to these services and seek help from professionals in this tier-based system. Tele MANAS is an excellent resource that can provide them with the help they need and has received more than 100,000 calls since its launch on 10th October 2022.
Realizing the impact that COVID-19 may have on the mental health of the people, including children, the Government has set up a 24/7 helpline to provide psychosocial support, by mental health professionals, to the entire affected population, divided into different target groups viz children, students, adult, elderly, women and healthcare workers. In addition, guidelines/ advisories on the management of mental health issues, catering to different segments of society have also been issued by the Government.

2.12.4 Further, the Government of India implements the National Mental Health Programme (NMHP) as well as the District Mental Health Programme (DMHP) under NMHP in 716 districts of the country. Under DMHP, sufficient funds are provided to each district supported under the Programme for targeted interventions with the following objectives:

i. To provide facilitative skills to class teachers to promote life skills among their students.
ii. To provide the knowledge and skills to class teachers to identify emotional conduct, scholastic, and substance use problems in their students.
iii. To provide a system of referral for students with psychological problems in schools to the District Mental Health Team for input and treatment.
iv. To involve other stakeholders like parents, and community leaders to enhance the development of adolescents etc.

2.12.5 In addition to the above, the Government is also taking steps to strengthen mental healthcare services at the primary healthcare level. Mental health services have been added to the package of services under Comprehensive Primary Health Care under Ayushman Bharat – HWC Scheme. Operational guidelines on Mental, Neurological, and Substance Use Disorders (MNS) at Health and Wellness Centres (HWC) have been released under the ambit of Ayushman Bharat.

2.16 HUMAN RESOURCE FOR HEALTH AND MEDICAL EDUCATION

RECOMMENDATIONS/OBSERVATIONS

2.16.1 The Committee notes that under Phase III 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.

(Para 4.22 of the report)

Action Taken

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

2.16.2 This Ministry administers a Centrally Sponsored Scheme (CSS) for "Establishment of new medical colleges attached with existing district/referral hospitals" with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. Under the Scheme, a total of 157 medical colleges have been sanctioned in three phases with fund sharing between the Centre and State Governments in the ratio of 90:10 for Northeastern and Special Category States and 60:40 for others. Out of the 157 approved colleges, **94 are functional.**

(Rs in crore)

Phase	No. of colleges approved	No. of colleges functional	Total approved cost	Central share	Funds released	Centre share due
I	58	52	10962	7541.10	7541.10	0
II	24	15	6000	3675.00	3675.00	0
III	75	32	24370.41	15499.74	10606.35	4893.39
Total	**157**	**99**	**41332.41**	**26715.84**	**21822.45**	**4893.39**

The provision of sufficient funds was ensured in the last financial year as well as has been made available in the BE for the current year for the purpose.

b. Upgradation of State Govt Medical colleges for increasing MBBS seats.

2.16.3 The main objective of this scheme is to create 10000 MBBS seats and bridge the gap in the number of seats available in the government and private sector, mitigate the shortage of Doctors by increasing the number of undergraduates, and utilize the existing infrastructure for increasing additional undergraduate seats in a cost-effective manner. **As of now, a total of 4677 MBBS seats have been approved under this scheme** with an approved cost of Rs. 561.25 crore**.** The central share amounts to Rs. 3468.13 crore, out of which Rs. 2740.74 crore has been released till date. Under the scheme, funds are provided for civil works, equipment and furniture. It is a key investment that contributes towards the future of strengthening Human resources in the healthcare system. The provision of sufficient funds was ensured in the last financial year as well as has been made available in the BE for the current year for the purpose.

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

2.16.4 This scheme aims at creating 8058 new PG seats in two phases, which would mitigate the shortage of specialist doctors. A total of 7916 PG seats have already been approved under the scheme till date. Out of these, 1986 PG seats have been approved in FY 2022-23. Therefore, at present, only 142 PG seats are remaining to be approved under the Scheme, the proposals for which are currently under consideration in the Ministry. Under the two phases of this scheme, the total approved cost as of now is Rs. 5842.09 crore. The Central share of this amounts to Rs. 3686.65 crore, out of which an amount of Rs. 2193.27 crore has been released so far. The provision of sufficient funds was ensured in the last financial year as well as has been made available in the BE for the current year for the purpose.

2.16.5 Reasons for low expenditure and steps taken:

- Sanction of funds is conditional to the release of corresponding state share, actual utilization of 75% of central and state share funds by the States and submission of utilization certificates by the State Governments. The request for the release of funds from the States has been low due to the non-fulfillment of these essential conditionalities for further release of funds. Despite the availability of sufficient funds with this ministry, due to low expenditure by states/UTs, further release of funds could not be made to them resulting in low expenditure on the part of the Central Government.

2.16.6 The Ministry has reviewed the expenditure and physical progress of projects on various occasions from time to time, where the States have been requested to ensure that the matching State share is released in time and 75% of the combined corpus (Central and state share) is utilized so that further funds can be sanctioned.

CHAPTER–III

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

3.1 BUDGETARY PROJECTION VIS-A-VIS ALLOCATION

RECOMMENDATIONS/OBSERVATIONS

3.1.1 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 heath 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.

(Para 2.4 of the report)

3.1.2 The Union Ministry of Health and Family Welfare has been allocated Rs 89,155crores in Union Budget 2023-24, this includes ₹86175.00crore for the Department of Health & Family Welfare and ₹2980.00crore for the Department of Health Research. In 2023-24, there is a 12.84 % / 7.38% increase in allocation as compared to RE 2022-23 and a 3.83% /6.89% increase/decrease in allocation as compared to BE 2022-23 in respect of the Department of Health & Family Welfare as given in the following table.

Year	BE 2022-23	RE 2022-23	BE 2023-24 (Projected)	BE 2023-24	Addl. (BE 23-24) % over BE 2022-23	Addl. (BE 23-24) % over RE 2022-23	Expected Budget for 2023-24 after adjusting 5.5% inflation rate (over BE 2022-23)
Department of Health & Family Welfare	83000.00	76370.40	89532.05	86175.00	3.83	12.84	87150.00

Further Recommendation

3.1.3 The National Health Policy 2017 aims to raise the Government's health expenditure to 2.5% of GDP by 2025 and reduce the proportion of households experiencing catastrophic health expenditure by 25% from the level of 2017, by 2025. In view of the above targets and to enhance the preparedness for future pandemics like Covid-19, the Committee feels that the increase in allocation as informed by the Ministry is insufficient and recommends increasing in budget allocated to the Ministry of Health and Family Welfare departments, with establishing a mechanism ensuring the optimal utilisation of funds.

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

RECOMMENDATIONS/OBSERVATIONS

3.2.1 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 are 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.

(Para 3.16 of the report)

Action Taken

3.2.2 Sanctioned vis-à-vis position strength as on 01.03.2023 is given as under:-

Group	Sanctioned	In Position	Vacancies
Group-A Medical	589	443	146
Group-A Non-Medical	204	130	68
Group-B Gazetted	50	22	28
Group-B Non-Gazetted	2807	2457	343
Group-C	796	596	186
Group-C(erstwhile Group (D)	957	704	253
Tenure	1412	1160	252
Total	**6815**	**5512**	**1276**

Note-

(i) The Hospital is making continuous efforts to fill up the posts for which recruitment rules are notified.

(ii) Safdarjung Hospital also follows the guidelines issued by DoPT for reservation of persons with benchmark Disabilities (PwBDs).

Further Recommendation

3.2.3 The Committee has observed that 1276 positions (nearly 19% of sanctioned posts) in medical and non-medical departments remain unfilled. These vacancies may disrupt the smooth functioning of Institute's operations and result in poor patient outcome. The Committee believes that administrative staffing should match the number of undergraduate and postgraduate seats as well as teaching faculty. Vacancies in non-faculty roles are also unacceptable, and the Institute should increase staff in the Academic Section and VMMC Administration accordingly. Therefore, the Committee recommends that the Ministry regularly monitor and expedite the recruitment process for various vacant positions in the Institute.

3.3 INCOMPLET PROJECT WORKS IN RAMMANOHAR LOHIA HOSPITAL (RML), NEW DELHI AND PGIMER, DR. RML HOSPITAL

RECOMMENDATIONS/OBSERVATIONS

3.3.1 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.

3.3.2 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.

(Para 3.24, 3.25 of the report)

Action Taken

3.3.3 The Project Monitoring Meetings of local bodies are being held regularly for monitoring the projects. Due to VIP areas and shortage of space, the extension of time was given to Dr. RMLH with strict directions to get completed Hostel Block by 31.07.2023 and Super Speciality Block by 27.04.2024.The physical progress till date of Super Speciality Block, RML is approximately 25%. HSCC stated that the project was delayed due to various reasons:-

a. Hindrance due to a ban on construction activities because of severe air quality by GNCT of Delhi order dated 13.11.2021.
b. Hindrance on construction activities due to night curfew due to 3rd wave of COVID-19 pandemic order dated 27.12.2021.
c. Weekend curfew because of 3rd wave of Covid-19 pandemic order dated 04.01.2022 and full curfew w.e.f. from 11.01.2022 to 23.01.2022.
d. Hindrance due to change in Architecture plan at Ground Floor due to requirement raised by RML.
e. Delay in Mural approval.
f. During MCD Election 04.12.2022 site was closed.
g. Delay in installation of lifts and procurement of water and fire pumps by M/s NCC.

Further Recommendation

3.3.4 The Ministry has not informed about the status of progress in completion of construction work of Hostel Block. The physical progress till date of Super Speciality Block, RML is approximate 25%. However, the projects are already delayed and it seems that the Super Speciality Block may miss the new target date of 27.04.2024. The Committee is dismayed at the repeated extension of the timeline for the completion of both the Projects. The Committee recommends the Institute to adopt better project management tool/strategy for robust monitoring of both the Projects and strictly adhere to the new timeline.

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

RECOMMENDATIONS/OBSERVATIONS

3.4.1 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.

(Para 3.42 of the report)

Action Taken

3.4.2 Ayushman Bharat Digital Mission (earlier known as NDHM) was launched nationwide aiming to develop the backbone necessary to support the integrated digital health infrastructure of the country. The utilization of funds during FY 2021-22 and FY 2022-23 under ABDM is less than projected, are primarily due to the fact that major part of the funds to be release to States for ABDM implementation. The first step of appointment of State Mission Directors (SMDs) in the States for ABDM and other relevant officials. As every State has different process of administrative approval and hiring, which led to delay the proposals from State and resulted in reduced expenditure. Furthermore, proposals from

certain states have not been received yet. The culmination of the aforementioned factors therefore created obstacles for optimal utilization of funds**.**

Further Recommendation

3.4.3 The Ministry has informed that the utilization of funds in ABDM was lower than projected due to the scheme's implementation being carried out through the states. Each state has its own administrative approval and hiring processes, leading to delays in proposals and reduced expenditure. Additionally, proposals from certain states are still pending. To address this issue, it is recommended that the Ministry engage with the states through meetings and sensitization workshops to streamline the administrative processes and expedite the implementation of the scheme. This approach will help in enhancing coordination and expediting the utilization of funds for ABDM across all states.

CHAPTER–IV

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF THE MINISTRY HAVE NOT BEEN RECEIVED

4.1 GOVERNMENT HEALTH EXPENDITURE IN INDIA

RECOMMENDATIONS/OBSERVATIONS

4.1.1 The Committee notes that the Government Health Expenditure as a 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 the 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.

(Para 2.14 of the report)

Action Taken

4.1.2 As per National Health Account Estimates, the Government Health Expenditure (GHE) has been increased from 1.15% in 2014-15 to 1.28% in 2018-19 as percentage of GDP and it is expected to increase further by 2025. Department of Health and Family Welfare (DoHFW) has taken up with States to prioritize allocation to health sector and enhance their health budgets at least by 10% every year to reach the goal as envisaged. The budget allocation for DoHFW has increased by 82% from Rs. 47,353 Crores in 2017-18 (BE) to Rs. 86,175 crores in 2023-24 (BE). DoHFW is making efforts to increase allocation in health budget. The 15th Finance Commission has provided Rs. 70,051 Crores Grants for health through the Local Government. Under the „India COVID-19 Emergency Response and Health System Preparedness Package" (ECRP) of Rs.15,000 crores in phase-I and Rs. 23,123 Crores in phase –II was provided with an objective to prevent, detect and respond to the threat posed by COVID-19. Further, as per the Economic Survey 2022-23, the expenditure on health reached 2.1% of GDP for F.Y. 2022-23(BE).

RECOMMENDATIONS/OBSERVATIONS

4.1.3 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.

(Para 2.15 of the report)

Action Taken

4.1.4 The budget allocation for Department of Health and Family Welfare (DoHFW) has increased by 82% from Rs. 47,353 Crores in 2017-18 (BE) to Rs. 86,175 crores in 2023-24 (BE). The Department is making efforts to increase allocation in health budget. The Department has taken up with States to prioritize allocation to health sector and enhance their health budgets at least by 10% every year to reach the goal as envisaged

4.1.5 The 15th Finance Commission has also provided Rs.70,051 Crores Grants for health through the Local Government. Further, Under the „India COVID-19 Emergency Response and Health System Preparedness Package‟ (ECRP) of Rs.15,000 crores in phase-I and Rs. 23,123Crores in phase –II was provided with an objective to prevent, detect and respond to the threat posed by COVID-19.

4.1.6 Corresponding to the increase in GHE, there has been a decline in the share of Out-of-Pocket Expenditure (OOPE)from 64.2% to 48.2% during the same period. The increasing GHE and decreasing OOPE will increase access to health facilities and would help bring down the proportion of the population suffering from Catastrophic Health Expenditure, as envisaged in the NHP.

4.2 CENTRTAL GOVERNMENT HEALTH SCHEME

RECOMMENDATIONS/OBSERVATIONS

4.2.1 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.

(Para 3.3 of the report)

Action Taken

4.2.2 All Additional Directors of CGHS participating Units have been apprised that Expenditures have to be monitored under OE (Capital and Revenue) and PoRB on a monthly basis and directed to consume the entire quota of grants allocated against a monthly expenditure plan (MEP) and thereafter, a quarterly expenditure plan (QEP). They have been requested to prepare a roadmap of MEP and QEP for the FY 2023-24.

4.3 OPD and IPD services in AIIMS

RECOMMENDATIONS/OBSERVATIONS

4.3.1 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.

(Para 3.35 of the report)

Action Taken

4.3.2 IPD and OPD Services for AIIMS Guwahati have started w.e.f 14.04.2023. Ministry is making all efforts to start the IPD & OPD Services in AIIMS Jammu w.e.f current financial year. For providing clinical exposure to students of AIIMS Madurai, the Institute has made arrangements with District Hospital, Ramanathapuram and Tamil Nadu. Similarly, for AIIMS Jammu, arrangements has been made by the Institute with Govt. Medical College Jammu and Govt. Hospital, Gandhinagar (Jammu).

4.4 ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS): Utilisation of budgetary Allocation

RECOMMENDATIONS/OBSERVATIONS

4.4.1 The Committee notes that against the Revised Estimates of Rs. 4400.24 crore in BE 2022-23, the expenditure up to 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.

(Para 3.48 of the report)

Action Taken

4.4.2 The Committee notes that against the RE of Rs. 4400.24 crore in RE 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 utilize the remaining fund 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.

(Rs in Crore)

Head	RE 2022-23	Grant Released	Provisional Expenditure
GIA Salary	2300.00	2300.00	2243.00*
GIA General	1338.50	1300.00	13220.00
HEFA Principal repayment	269.79	269.79	269.54**
Interest repayment	34.95	24.00	24.75**
SAP	7.00	7.00	8.13***
Creation of Capital Assets	450.00	450.00-125.00 (surrender)	325.00****
Total	**4400.24**	**4225.79**	**4192.42**

** As per RE 2300.00 crore was received in GIA Salaries against which unspent balance i.e. Rs. 57 crore was transferred to Scheduled Commercial bank account for making payment of salary for the month of March 2023 to be paid in April 2023.*

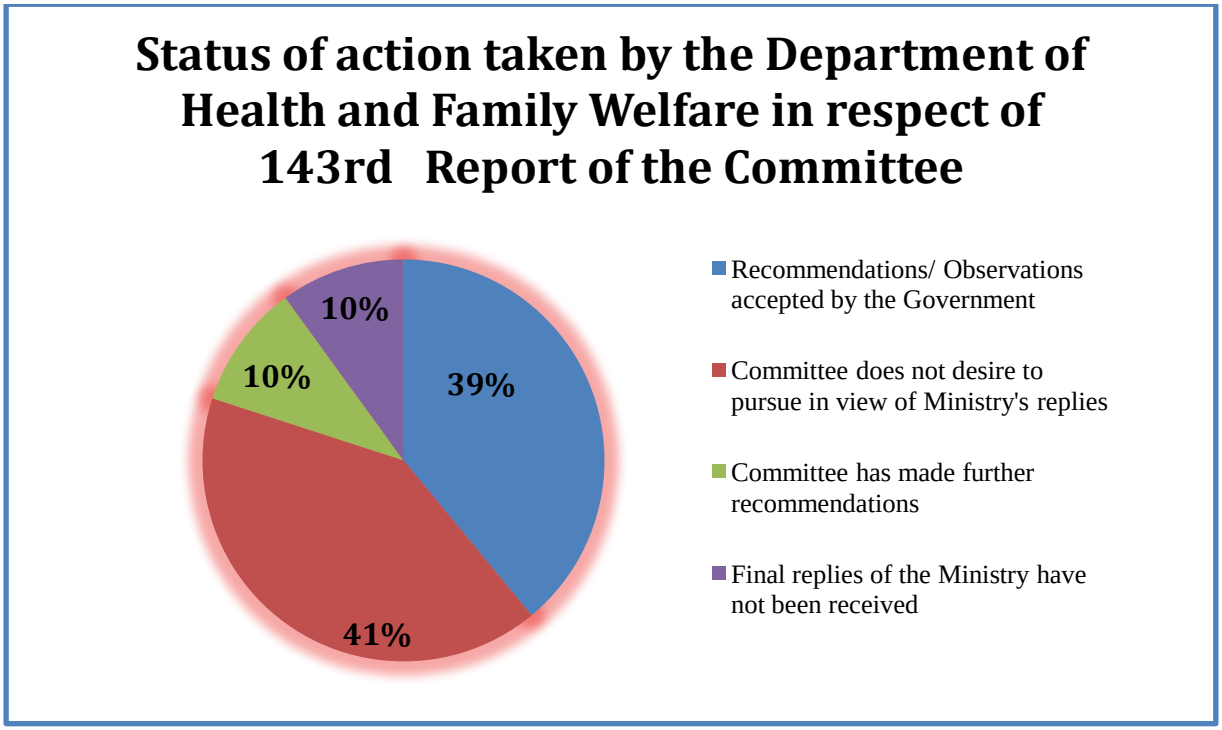
*** Excess amount of interest amounting to Rs. 0.75 crore was met out from previous year balances available of HEFA Interest and Rs. 0.25 crore against repayment of Principal amount of HEFA lapsed under TSA.*

**** Excess expenditure under GIA General and SAP was met out from Reserve & Surplus available and previous year balance available respectively.*

***** As per RE 4500.00 crore was received in Creation of Capital Assets against which Rs. 125.00 crore was surrendered by* the Institute.

4.4.3 The grant allocated to the Institute for the above financial year was almost utilized by the Institute.The project for the expansion of Centre for Dental Education and Research (CDER) is being executed by M/s HSCC (A Central PSU under the Ministry of Housing & Urban Affairs (MoUHA)). The progress of the work is periodically reviewed by the "Committee for National Referral and Research Institute for Higher Dental Studies (NaRRIDS) Expansion Project". In the last review meeting which was held on 19.05.2023, it has been confirmed by M/s HSCC that all the infrastructure works under this project will be completed by end June 2023.

A pie-chart depicting the status of action taken by the Department of Health and Family Welfare on the 143rd Report has been given hereunder:



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RECOMMENDATIONS/OBSERVATIONS - AT A GLANCE

BUDGETARY PROJECTION VIS-A-VIS ALLOCATION

The National Health Policy 2017 aims to raise the Government's health expenditure to 2.5% of GDP by 2025 and reduce the proportion of households experiencing catastrophic health expenditure by 25% from the level of 2017, by 2025. In view of the above targets and to enhance the preparedness for future pandemics like Covid-19, the Committee feels that the increase in allocation as informed by the Ministry is insufficient and recommends increasing in budget allocated to the Ministry of Health and Family Welfare departments, with establishing a mechanism ensuring the optimal utilisation of funds.

(Para 3.1.3)

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

The Committee has observed that 1276 positions (nearly 19% of sanctioned posts) in medical and non-medical departments remain unfilled. These vacancies may disrupt the smooth functioning of Institute's operations and result in poor patient outcome. The Committee believes that administrative staffing should match the number of undergraduate and postgraduate seats as well as teaching faculty. Vacancies in non-faculty roles are also unacceptable, and the Institute should increase staff in the Academic Section and VMMC Administration accordingly. Therefore, the Committee recommends that the Ministry regularly monitor and expedite the recruitment process for various vacant positions in the Institute.

(Para 3.2.3)

INCOMPLET PROJECT WORKS IN RAMMANOHAR LOHIA HOSPITAL (RML), NEW DELHI AND PGIMER, DR. RML HOSPITAL

The Ministry has not informed about the status of progress in completion of construction work of Hostel Block. The physical progress till date of Super Speciality Block, RML is approximate 25%. However, the projects are already delayed and it seems that the Super Speciality Block may miss the new target date of 27.04.2024. The Committee is dismayed at the repeated extension of the timeline for the completion of both the Projects. The Committee recommends the Institute to adopt better project management tool/strategy for robust monitoring of both the Projects and strictly adhere to the new timeline.

(Para 3.3.4)

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

The Ministry has informed that the utilization of funds in ABDM was lower than projected due to the scheme's implementation being carried out through the states. Each state has its own administrative approval and hiring processes, leading to delays in proposals and reduced expenditure. Additionally, proposals from certain states are still pending. To address this issue, it is recommended that the Ministry engage with the states through meetings and sensitization workshops to streamline the administrative processes and expedite the implementation of the scheme. This approach will help in enhancing coordination and expediting the utilization of funds for ABDM across all states.

(Para 3.4.3)