REPORT NO.

126

PARLIAMENT OF INDIA
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

ONE HUNDRED AND TWENTY-SIXTH REPORT

ON

DEMANDS FOR GRANTS 2021-22 (DEMAND NO. 44) OF THE DEPARTMENT OF HEALTH AND FAMILY WELFARE

(Ministry of Health and Family Welfare)

(Presented to the Rajya Sabha on 8th March, 2021)
(Laid on the Table of Lok Sabha on 8th March, 2021)

Rajya Sabha Secretariat, New Delhi
March, 2021/ Phalguna, 1942 (SAKA)

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** To be appended at circulation stage*

COMPOSITION OF THE COMMITTEE
(2020-21)

1. Prof. Ram Gopal Yadav - Chairman

RAJYA SABHA

2. Shri A.K. Antony
3. Ms. Indu Bala Goswami
4. Dr. L. Hanumanthaiah
5. Shri Suresh Prabhu
6. Dr. Santanu Sen
7. Shri Bashistha Narain Singh
8. Shri K. Somaprasad
9. Dr. Subramanian Swamy
10. Shrimati Sampatiya Uikey

LOK SABHA

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

SECRETARIAT

Shri P.P.K. Ramacharyulu	Secretary
Shri J. Sundriyal	Joint Secretary
Shri V.S.P.Singh	Director
Shri Bhupendra Bhaskar	Additional Director
Shrimati Harshita Shankar	Under Secretary
Shri Rajesh Kumar Sharma	Assistant Committee Officer
Ms. Monika Garbyal	Assistant Committee Officer

INTRODUCTION

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, hereby present this 126th Report of the Committee on the Demands for Grants (Demand No.44) for the year 2021-22 of the Department of Health and Family Welfare, Ministry of Health and Family Welfare.

2. The Committee at its sitting held for examination of Demands for Grants (2021-22) of the Department of Health and Family Welfare on 17th February, 2021 heard the Secretary and other Officers of that Department.

3. The Committee considered the Draft Report and adopted the same in its meeting held on 2nd March, 2021.

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

i. Detailed Demands for Grants of the Department of Health and Family Welfare for the year 2021-22;

ii. Annual Report of the Department for the year 2020-21.

iii. Detailed Explanatory Note on Demands for Grants of the Department of Health and Family Welfare for the year 2021-22;

iv. Projection of outlays for the schemes to be undertaken by the Department during the Financial Year 2019-20;

v. Written replies furnished by the Department to the Questionnaires sent to them by the Secretariat;

vi. Presentation made by the Secretary (Ministry of Health and Family Welfare) and other concerned officers;

vii. Economic Survey 2021-22;

viii. Report of the 15th Finance Commission for 2021-26;

ix. Budget Speech of the Finance Minister;

x. Presidential Address on 29th January, 2021; and

xi. WHO (Global Health Expenditure DataBase) etc.

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

NEW DELHI
March 2, 2021
Phalguna ....., ***1942 (Saka)***

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

LIST OF ACRONYMS (NHM SECTOR)

AFHCs	-	Adolescent Friendly Health Clinics
ANM	-	Auxiliary Nurse and Midwife
ASHAs	-	Accredited Social Health Activists
AWWs	-	Anganwadi Workers
BE	-	Budget Estimate
CDs	-	Communicable Diseases
COTs	-	Clinical Outreach Teams
CHCs	-	Community Health Centres
CPHC	-	Comprehensive Primary Health Care
EAC	-	Externally Aided Component
EAG	-	Empowered Action Group
ECP	-	Emergency Contraceptive Pill
EPC	-	Empowered Programme Committee
FP-LMIS	-	Family Planning - Logistic Management and Information System
FY	-	Financial Year
GDP	-	Gross Domestic Product
GoI	-	Government of India
HMIS	-	Health Management Information System
H&WC	-	Health and Wellness Centre
ICMR	-	Indian Council of Medical Research
TFR	-	Total Fertility Rate
IMR	-	Infant Mortality Rate
IUCD	-	Intrauterine Contraceptive Device
IPV	-	Inactivated Polio Vaccine
IGNOU	-	Indira Gandhi National Open University
JE	-	Japanese Encephalitis
JSY	-	Janani Suraksha Yojana
LINs	-	Long Lasting Inseticidal Nets
MCH	-	Maternal and Child Health
MPV	-	Mission Parivar Vikas
MMR	-	Maternal Mortality Ratio
MoHFW	-	Ministry of Health and Family Welfare
NACO	-	National AIDS Control Mission
NCDC	-	National Centre for Disease Control
NCDs	-	Non Communicable Diseases
NBSUs	-	New Born Stabilization Units
NHM	-	National Health Mission
NRHM	-	National Rural Health Mission

NUHM	-	National Urban Health Mission
NHP	-	National Health Policy
NHPS	-	National Health Protection Scheme
NSS	-	National Service Scheme
NPS	-	National Strategic Plan
NPCDCS	-	National Programme for Prevention and Control of Cancer, Diabetes, Cardio-Vascular Diseases and Stroke
NSS	-	National Sample Survey
OCP	-	Oral Contraceptive Pill
OOP	-	Out of Pocket
PFMS	-	Public Financial Management System
PHCs	-	Primary Healthcare Centres
PMMVY	-	Pradhan Mantri Matru Vandana Yojana
POP	-	Progesterone Only Pills
PPFP	-	Post Partum Family Planning
PPIUCD	-	Post Partum Intrauterine Contraceptive Device
PSU	-	Public Sector Undertaking
RCH	-	Reproductive and Child Health
RKS	-	Rogi Kalyan Samitis
RMNCH+A	-	Reproductive Maternal Newborn Child and Adolescent Health
RNTCP	-	Revised National Tuberculosis Control Programme
RSBY	-	Rastriya Swasthya Bima Yojana
RE	-	Revised Estimate
SHS	-	State Health Societies
SIPV	-	Sabin Strains Inactivated Polio Vaccine
SCIs	-	State Cancer Institutes
TCCCs	-	Tertiary Care Cancer Centres
UIP	-	Universal Immunization Programme
UHCs	-	Universal Health Coverage
UTs	-	Union Territories
VHSNCs	-	Village Health and Nutrition Committees
WHO	-	World Health Organisation

LIST OF ACRONYMS (HEALTH SECTOR)

AIIMS	-	All India Institute of Medical Sciences
AERB	-	Atomic Energy Regulatory Board
AE	-	Actual Expenditure
AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti Retroviral Therapy
AYUSH	-	Ayurveda, Yoga, Unani, Siddha and Homoeopathy
BASLP	-	Bachelor of Audiology and Speech Language Pathology
BPAP	-	Bilevel Positive Airway Pressure
BDS	-	Bachelor of Dental Surgery
BE	-	Budget Estimate
BIS	-	Bureau of Indian Standard
CE	-	Conformite' Europe'enne
CDSCO	-	Central Drugs Standard Control Organization
CGHS	-	Central Government Health Scheme
CPAP	-	Continuous Positive Airway Pressure
CHS	-	Central Health Services
CPWD	-	Central Public Works Department
DPRs	-	Detailed Project Reports
DUSIB	-	Delhi Urban Shelter Improvement Board
ETP	-	Effluent Treatment Plant
EFC	-	Expenditure Finance Report
FYP	-	Five Year Plan
FSSAI	-	Food Safety and Standards Authority of India
FY	-	Financial Year
GDP	-	Gross Domestic Product
GMCs	-	Government Medical Colleges
GDMOs	-	General Duty Medical Officers
HEFA	-	Higher Education Funding Agency
HSCC	-	Hospital Services Consultancy Corporation
HSCCL	-	Hospital Services Consultancy Corporation Limited
IIFCL	-	India Infrastructure Finance Corporation Limited
IPD	-	In Patient Department
ICU	-	Intensive Care Unit
IVF	-	In Vitro Fertilization
MBB	-	Metro Blood Bank
MBBS	-	Bachelor of Medicine and Bachelor of Surgery
MDG	-	Millennium Development Goal
MoH&FW	-	Ministry of Health and Family Welfare

MoUD - Ministry of Urban Development
MRI - Magnetic Resonance Imaging
NHP - National Health Policy
NACO - National AIDS Control Programme
NCT - National Capital Territory
NDMC - New Delhi Municipal Council
NE - North East
NITs - National Institutes of Technology
NEIGRIHMS - North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences
NUT - Nephrology Urology and Transplantation
OBC - Other Backward Class
OPD - Out Patient Department
OT - Operation Theatre
PCs - Project Consultants
PAO - Pay & Accounts Office
PGIMER - Post-Graduate Institute of Medical Education and Research
PFMS - Public Financial Management System
PLHIV - People Living with HIV
PRO - Public Relations Officer
PG - Post Graduate
PSA - Procurement Support Agent
PMSSY - Pradhan Mantri Swasthya Suraksha Yojana
PSUs - Public Sector Undertakings
RE - Revised Estimate
RISE - Revilalizing Infrastructure and Systems in Education
RRs - Recruitment Rules
Dr. RML HOSPITAL - Dr. Ram Manohar Lohia Hospital
SCTIMST - Sree Chitra Tirunal Institute of Medical Sciences and Technology
SJH & VMMC - Safdarjung Hospital & Vardhman Mahavir Medical College
UCs - Utilization Certificates
WHO - World Health Organisation

CHAPTER – I

OVERVIEW

1.1 According to Government of India (Allocation of Business) Rules, 1961, as amended upto Amendment Series no. 348, dated 5th February, 2019, the Department of Health and Family Welfare (Swasthya aur Parivar Kalyan Vibhag) has been entrusted with the following duties, role and responsibilities:-

MINISTRY OF HEALTH AND FAMILY WELFARE (SWASTHYA AUR PARIVAR KALYAN MANTRALAYA)

A. DEPARTMENT OF HEALTH AND FAMILY WELFARE[1] (SWASTHYA AUR PARIVAR KALYAN VIBHAG)

I. UNION BUSINESS

1. Union agencies and institutes for research or for the promotion of special studies in medicine and nutrition including all matters relating to -

   (a) Central Research Institute;
   (b) All India Institute of Hygiene and Public Health;
   (c) National Institute of Communicable Diseases;
   (d) Central Drugs Laboratory;
   (e) Rajkumari Amrit Kaur College of Nursing;
   (f) Lady Reading Health School;
   (g) Central Institute of Psychiatry;
   (h) Dr.Ram Manohar Lohia Hospital and Nursing Home;
   (i) Safdarjang Hospital;
   (j) Medical Stores Organisation;
   (k) B.C.G. Vaccine Laboratory;
   (l) Jawaharlal Institute of Post-Graduate Medical Education and Research;
   (m) Smt. Sucheta Kirpalani Medical College and Hospital and Kalawati Saran Children's Hospital;
   (n) Central Government Health Scheme (CGHS);
   (o) Central Health Service;
   (p) Serologist and Chemical Examiner to the Government of India.
   (q) National AIDS Control Organisation (NACO).[2]

2. All matters relating to the following Institutions-

   (a) Central Food Laboratory.

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[1] *Modified vide Amendment series no.279 dated 01.03.2005*

[2] *Inserted vide Amendment series no.282 dated 12.01.2006; Omitted vide Amendment series no.294 dated 20.12.2008 and re-inserted vide Amendment series no.307 dated 06.08.2014*

(b) Central Food and Standardisation Laboratory.
(c) Central Indian Pharmacopoeia Laboratory.
(d) All India Institute of Physical Medicine and Rehabilitation.
(e) National Tuberculosis Institute.
(f) Central Leprosy Teaching and Research Institute.
(g) Regional Leprosy Training and Research Centre, Raipur (Uttar Pradesh), Aska (Orissa), Gauripur(West Bengal), Teetulmari (Bihar).
(h) Port Quarantine (sea and air) seamen's and marine hospitals and hospitals connected with port quarantine.
(i) Port and Air Port Health Organisations.
(j) Medical Examination of seamen.
(k) International Health Regulations.
(l) World Health Organisation (WHO).

3 (a) The Food Safety and Standards Act, 2006 (34 of 2006)[3]
(b) The Prevention of Food Adulteration Act, 1954 (37 of 1954) and the Central Food Laboratory.[4]

4. Higher training abroad in medical and allied subjects.

5. Coordination of work in respect of International Conferences in India and abroad in medical and related fields.

6. Health Programmes relating to-

(a) International aid for Health Programmes.
(b) National Programme for Control of Blindness.
(c) National Leprosy Eradication Programme.
(d) National Tuberculosis Control Programme.
(e) National Malaria Eradication Programme.
(f) All National Programmes relating to control and eradication of communicable diseases.
(g) Bilateral Cultural Exchange Programmes relating to control and eradication of communicable diseases.

7. Fellowships-for training in India and abroad in various medical and health subjects.

8. Matters relating to epidemics - Problems connected with supply of medicines, effects of malnutrition and shortage of drinking water leading to various diseases as a result of natural calamities.

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[3] *Inserted vide Amendment series no.291 dated 17.09.2007.*

[4] *Inserted vide Amendment series no.291 dated 17.09.2007.*

LIST OF BUSINESS FOR LEGISLATIVE AND EXECUTIVE PURPOSES IN RESPECT OF UNION TERRITORIES

9. Public Health hospitals and dispensaries.

10. Scientific societies and associations pertaining to subjects dealt with in the Department.

11. Charitable and religious endowments pertaining to subjects dealt with in the Department.

II. LIST OF BUSINESS WITH WHICH THE CENTRAL GOVERNMENT DEAL IN A LEGISLATIVE CAPACITY ONLY FOR THE UNION AND IN BOTH

LEGISLATIVE AND EXECUTIVE CAPACITIES FOR ALL UNION TERRITORIES.

12. All Matters relating to-

(a) The Medical profession and medical education.

(b) The nursing profession and nursing education.

(c) Pharmacists and Pharmacy education.

(d) The dental profession and dental education.

(e) Mental Health.

(f) Drugs Standards.

(g) Advertisements relating to drugs and medicines.

(h) Prevention of the extension from one State to another of infectious or contagious diseases affecting human beings.

(i) Prevention of adulteration of foodstuffs and drugs.

(j). Regulatory aspects namely quality, safety, labelling and performance of medical devices[1].

III. MISCELLANEOUS BUSINESS

13. All Matters relating to-

(a) The Medical Council of India.
(b) The Central Councils of Health and Family Welfare.
(c) Dental Council of India.
(d) Indian Nursing Council.
(e) Pharmacy Council of India
(f) Indian Pharmacopoeia Committee.

14. Concession of medical attendance and treatment for Central Government servants other than (i) those in Railway Service (ii) those paid from Defence Service Estimates (iii) officers governed by the All India Services (Medical Attendance) Rules, 1954 and (iv) officers governed by the Medical Attendance Rules, 1956.

15. Medical Examination and Medical Boards for Central Civil Services [other than those controlled by the Department of Railways and those paid from Defence Services Estimates excepting Civilian Services.].

15 A. Rashtriya Swasthya Bima Yojana.[5]

16. All Matters relating to-

(a) Grants to Vallabhbhai Patel Chest Institute (under Delhi university).
(b) Grants to Indian Red Cross Society.
(c) Spas and Health resorts.
(d) National Board of Examination.
(e) Chittaranjan National Cancer Research Centre.
(f) All India Institute of Medical Sciences.
(g) All India Institute of Speech and Hearing.
(h) Pasteur Institute of India.
(i) Physiotherapy Training Centre, King Edward Memorial Hospital.
(j) National Institute of Mental Health and Neuro Sciences.
(k) Hospital Services Consultancy Corporation Limited.

IV. FAMILY WELFARE MATTERS

17. Policy and organisation for Family Welfare.

18. All matters relating to:-
(a) National Health Mission[6]
(b) National Commission on Population
(c) Reproductive and Child Health

19. Inter-sectoral coordination in accordance with the National Population Policy.

20. Matters related to Janasankhya Sthiarta Kosh and Empowered Action Group.

21. Organisation and direction of education, training and research in all aspects of family welfare including higher training abroad.

22. Production and supply of aids to Family Planning.

23. Liaison with foreign countries and international bodies as regards matters relating to family welfare.

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[5] *Inserted vide amendment series no.315 dated 5.8.2015.*
[6] *Inserted vide amendment series no.313 dated 24.03.2015*

24. Family Welfare Schemes and projects with external assistance.

25. International Institute of Population Sciences, Mumbai.

26. Development and production of audiovisual aids, extensional education and information in relation to population and family welfare.

27. Promoting Public Private Partnership for the Family Welfare Programme.

28. All Matters relating to following Institutions:-

    (a) Hindustan Latex Limited, Thiruvananthapuram.

    (b) National Institute of Health and Family Welfare, New Delhi.

29. Implementation of Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994) – Medical Termination of Pregnancy Act, 1971 (34 of 1971).

B. Omitted[7]

1.2 The Committee has been given to understand that earlier the Ministry of Health and Family Welfare comprised of Department of Health and Department of Family Welfare. Both the departments were merged and renamed as Department of Health & Family Welfare vide Cabinet Secretariat Notification dated 1st March, 2005 under Government of India (Allocation of Business Rules, 1961). It has been pleaded that the merger of the two Departments into one was made primarily to facilitate the smooth functioning of the Ministry and to avoid duplication of work. The integration of the two departments facilitated the integration of the Health and Family Welfare aspects into the policy making. The Committee, however, feels that the Department of Health and Family Welfare has been entrusted with vast role and responsibilities of implementing a large number of Schemes. The Committee, therefore, envisages that there is the need to look into the organizational structure of the Department and its scientific and logical organization to have focussed and effective implementation of scores of schemes, programme and national initiatives. A clue may be taken from the organizational structure of large Ministries like the Ministry of Home Affairs and Ministry of Industry. The Committee, in this connection, recommends the Ministry to revisit its organizational structure and explore the possibility of division of its work for effective and result oriented working. The Committee recommends that the Government may consider to constitute an Expert Group for detailed assessment of the organisation of the Department of Health and Family Welfare and to suggest measures for the purpose.

[7] *Amended vide series no.326 dated 21.5.2016*

CHAPTER II

MACRO- ANALYSIS OF BUDGETARY ALLOCATION

(DEMAND NO. 44)

BUDGETARY ALLOCATION

2.1 The Committee, in its meeting held on 17th February, 2021 while considering the Demands for Grants of the Department of Health and Family Welfare heard the views of the officials of the Ministry of Health and Family Welfare. During his presentation on Demand for Grants (2021-22), the Secretary emphasised that the Budget of the Department of Health and Family Welfare looks at the Health Sector in a holistic manner as the Budget is not only focussing on the Ministry of Health and Family Welfare but is also looking at the promotive, curative and preventive aspects of health. As is evident from the Budget document, the expenditure part encompasses health and well-being consisting of the Department of Health and Family Welfare, Department of Health Research, Ministry of Ayush, Department of Drinking water and Sanitation as well as Nutrition because all these factors impinge on human health. In addition, it also includes Covid vaccination for which, under Demand No. 40, the Ministry of Finance has kept Rs. 35,000 crore for Covid Vaccination and that would eventually flow to the Ministry of Health and Family Welfare. Therefore, the Department of Health and Family Welfare is receiving money from two demands i.e. Rs. 35,000 from Demand No. 40 and Rs. 71,269 crore from Demand No. 44 pertaining to the Department of Health and Family Welfare.

2.3 With respect to the availability of funds, the Department of Health and Family Welfare submitted that the net budgetary outlay of DoHFW has increased from Rs.65,011.80 crore in 2020-21 BE to Rs.71,268.77 Crore in 2021-22 BE. The Department submitted the following table highlighting the Projection and allocation of Health Budget for the year 2021-22.

Table 1

(Rs. in crore)

Projection of Estimates 2021-22 by DoHFW			**Approved BE 2021-22**			**Shortfall in allocation**		
Revenue	**Capital**	**Total**	**Revenue**	**Capital**	**Total**	**Revenue**	**Capital**	**Total**
116716.14	**5173.41**	**121889.55**	**68760.03**	**2508.74**	**71268.77**	**47951.11**	**2669.67**	**50620.78**

Table 2
Trend in Budgetary Allocation & Expenditure

(Rs. in crore)

Year	BE	RE	Expenditure	Percentage (% of expenditure is as per RE)
2016-17	37061.55	38343.33	37371.21	98.25%
2017-18	47352.51	51550.85	51381.79	99.67%
2018-19	52800.00	54302.50	52953.95	97.52%
2019-20	62659.12	62659.12	62493.21	99.74%
2020-21	65011.80	78866.00	62223.31	78.90%(upto13.02.2020)
2021-22	71268.77			

2.4 The Secretary elaborated that a glance over the last three to four years of budgetary allocation to the Department of Health as well as its utilization indicates that every year the Ministry has spent more than 95%, at times even 100% of budgetary allocation. He underlined that given the track record of utilization, the Department was hoping for a slightly higher allocation in the present financial year. The Secretary added that the Department would be requesting the Union Ministry of Finance to have a relook to the Budgetary Allocation to the Department of Health and Family Welfare for a higher allocation at the supplementary stage because that is the time by when the absorbing ability and utilizing capacity of the allocated budget to the department during the year would become apparent to the Union Ministry of Finance.

Details of proposal made to the 15th Finance Commission

2.5 As per information submitted by the Ministry, the Department of Health and Family Welfare had made a proposal of Rs.5,97,906.56 Crore to the 15th Finance Commission for the period 2021-22 to 2025-26 for the health sector. The Ministry further submitted that as per the Fifteenth Finance Commission Report, the total grants-in-aid support of Rs. 1,06,606 crore has been given to the health sector over the award period from 2021-22 to 2025-26.

2.6 The Additional Secretary of the Department of Health and Family Welfare underscored the need for higher allocation to the Department highlighting the importance of public investment in Health:

- Benefit to cost ratio for key healthcare interventions is 10:1.
- Creates millions of jobs, largely for women, through the much needed expansion of the health workforce. The UN High Level Commission – "investment in job creation in the

health and social sectors will make a critical positive contribution to inclusive economic growth", also least likely to be affected by automation.

- Average 4.16% of the population annually slips into poverty due to catastrophic health expenditure. (Tracking Universal Health Coverage: 2017 Global Monitoring Report, WHO and World Bank)

2.7 The Additional Secretary also submitted that the Health outlay has increased from Rs. 94,452 crore in 2020-21 to Rs. 2,23,846 crore in 2021-22. On a specific query regarding the distribution of the allocated health outlay of Rs. 2,23,846 crores, the Department submitted the following:

Table 3

Health and Wellbeing – Expenditure

(Rs. in crores)

Ministry/Department	**Actuals 2019-20**	**BE 2020-21**	**BE 2021-22**
D/o Health & Family Welfare	62,397	65,012	71,269
D/o Health Research	1,934	2,100	2,663
M/o AYUSH	1,784	2,122	2,970
CoVID related Special Provisions			
Vaccination			35,000
D/o Drinking Water & Sanitation	18,264	21,518	60,030
Nutrition	1,880	3,700	2,700
FC Grants for Water and Sanitation			36,022
FC Grants for Health			13,192
TOTAL	**86,259**	**94,452**	**2,23,846**

2.8 The Committee agrees that Nutrition, safe drinking water and clean sanitary conditions are fundamental in paving the way towards holistic health. The Government in encompassing all these parameters under the head, "Health and WellBeing" has attempted to adopt the much needed multi-sectoral approach to health. However, the Committee observes that the 137 percent increase in the health outlay from Rs. 94,452 crore in 2020-21 to Rs. 2,23,846 crore in 2021-22 does not compensate the inadequate funds allocated to both the Departments of Ministry of Health and Family Welfare and the Ministry of AYUSH. This Rs. 2,23,846 crore outlay on Health and Well Being includes the budget for the Department of Health and Family Welfare, Department of Health Research, Department of Drinking Water & Sanitation, Ministry of AYUSH, Package for Vaccination, Nutrition and Finance Commission(FC) Grants for Water and Sanitation and FC Grants for Health. Thus effectively, the budgetary allocation for health is just 32 percent of the much hyped Rs. 2,23,846 crore funds.

2.9 The Committee expresses its serious displeasure over the fact that even after its persistent recommendations in its previous Reports, the budget allocated to the

Department of Health and Family Welfare has not been as per its projected demand. The Committee notes that the projected demands of the Department of Health and Family Welfare was Rs. 1,21,889.55 crores in BE 2021-22, whereas it has been allocated Rs. 71,268.77 which is only 58.48 percent of its projected demand, leading to a shortfall of Rs. 50,620.78 crores. Moreover, the earmarked allocation is also not inconsonance with the proposal of Rs. 5,97,906.56 Crore submitted to the 15th Finance Commission for the period 2021-22 to 2025-26 for the health sector. The Committee believes that such a huge shortfall in budgetary allocation will hamper the scaling up of various healthcare Schemes and robust implementation of the Ministry's initiatives and programs. The Committee recommends the Ministry to address the shortfall of funds and seek additional funds from the Ministry of Finance at the RE stage.

2.10 The Committee feels that healthcare sector is in urgent need of massive investment. The Covid pandemic clearly exposed the fragility and inadequacy of healthcare infrastructure. The Committee strongly believes that the healthcare infrastructure should be capable of not only providing smooth, accessible and affordable healthcare services to its citizens but also aim towards financial protection against sudden medical emergencies. This can only be made possible with strengthening of the public sector infrastructure coupled with achievement of human resource for health. The Committee, therefore, strongly advocates for a substantial increase in the health budget and strongly recommends the Government to increase its health expenditure to 2.5 % of GDP in the next two years and to 5% by 2025.

2.11 The Committee was also informed that the comparative Public Health Expenditure as a percentage of GDP in 2018 in five leading developed countries and three developing countries are as follows:-

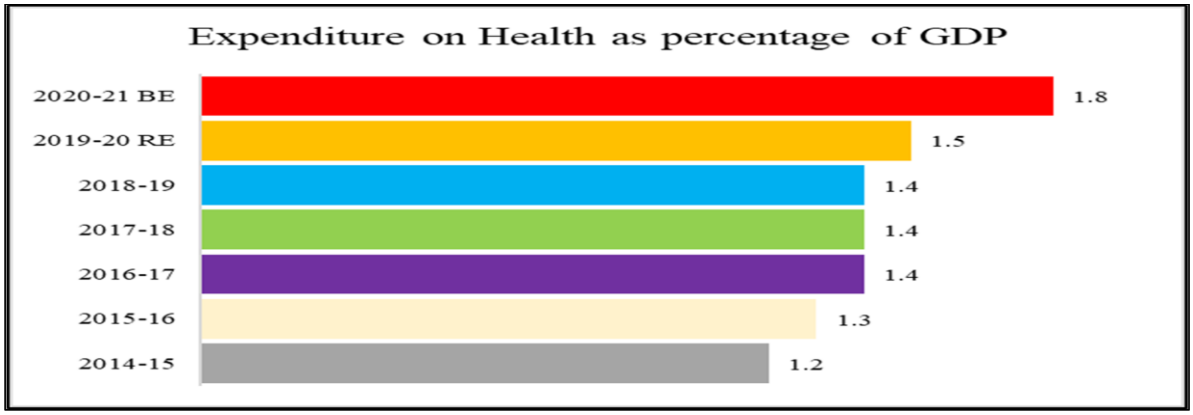
Table 4

General Government Health Expenditure as % GDP		
	Developed Countries	**2018**
1.	Sweden	9.27
2.	Japan	9.21
3.	Germany	8.88
4.	Norway	8.57
5.	United States of America	8.51
	Developing Countries	**2018**
1.	Maldives	6.65
2.	Argentina	5.91
3.	Colombia	5.47

Source: Global Health Expenditure Database, WHO,2018

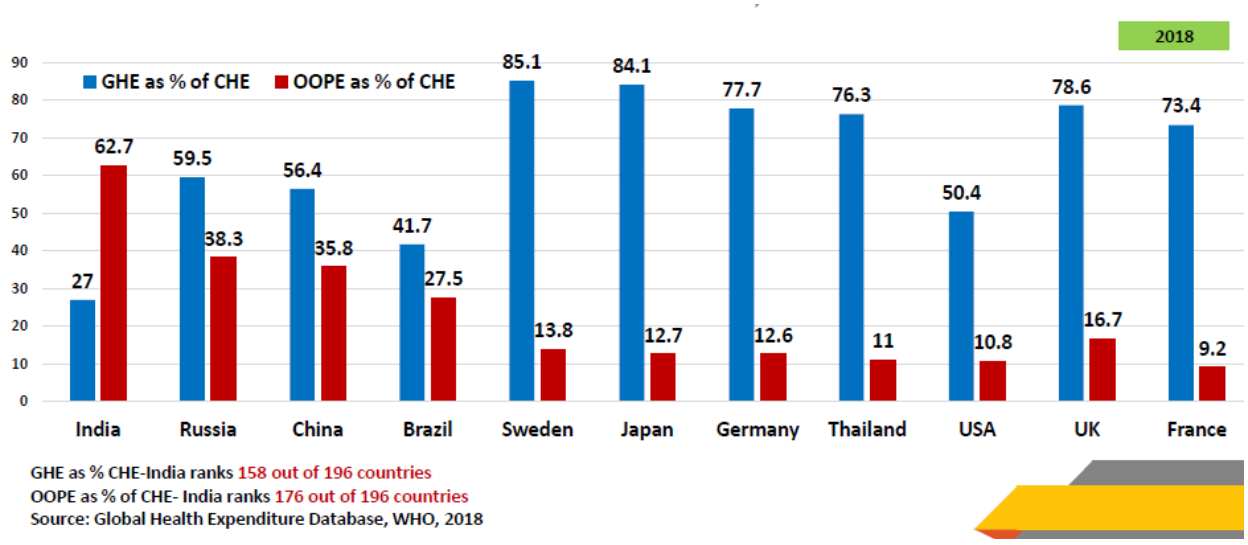
2.12 The Additional Secretary also submitted that as per the economic survey 2021, India's expenditure on health as a percentage of GDP is as follows:

Table 5



2.13 The Committee has also been given to understand that India's Government Health Expenditure (GHE) as percent of the Current Health Expenditure (CHE) is only 27% and India ranks 158 out of 196 countries of the world in GHE as % of CHE. (as per 2018 data). The Committee notes that the out of Pocket Expenditure in Health is 62.7% and India ranks 176 out of 196 countries in OOPE as % of CHE. The details of the Health expenditure of India vis-a-vis other countries are as shown below:

Table 6



2.14 On a specific query related to States that incur Health Expenditure more than eight percentage of their budget, the Ministry submitted that as per the data from RBI State Finances-A study of Budget 2020-21 report, three States/UTs have reported Public Health Expenditure as % Total Expenditure of more than 8%. These are Meghalaya, NCT of Delhi, and Puducherry. (Annexure 1) It may be mentioned that the National Health Policy 2017 also stipulates that States should spend over 8% of their budget on health. The Ministry further submitted that it has also advised States to prioritize allocation to the health sector and to increase State's health

spending to at least 8% of their budget in line with the National Health Policy, 2017. As per the Memorandum of Understanding (MoU) under NHM, States are required to increase their State's Health Budget by at least 10% annually.

2.15 The Committee notes the observations of the Economic Survey that quotes the data from World Bank and WHO (Global Health Expenditure DataBase) which ranks India at 179th position out of 189 countries in prioritization accorded to health in its Government Budgets. The Committee is dismayed to note that in 2018, when the Government Health Expenditure (GHE) as percentage of GDP was as high as 9.27% and 9.21% in developed economies of Sweden and Japan, the same was just 1.4% in 2018-19 of India. Even for developing economies such as Maldives, Argentina and Colombia the GHE as % of GDP amounted to 6.65, 5.91, and 5.47 % respectively.

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

2.17 The Committee notes the observations of the Ministry that State Public Health expenditure as percentage of total expenditure (as per 2018-19 Actual) of Meghalaya, NCT of Delhi and Puducherry was 9.1%, 13.7% and 8.6% respectively which is more than the envisaged National Health Policy's target of health expenditure to 8 percent of the State's budget. However the Committee is dismayed to note that most States have not allocated the stipulated percentage of their budget to the health sector. The Committee, therefore, strongly recommends that all the States and UTs must spend at least 8 percent of their total budget for the health sector as envisaged in the National Health Policy.

2.18 The Committee also notes that the Department of Health and Family Welfare had made a proposal of Rs. 5,97,906.56 Crores to the 15th Finance Commission for the period 2021-22 to 2025-26 for the Health sector. However, the total grants in aid for the period is Rs. 1,06,606 crore that is 10.3 percent of the total grants-in-aid recommended by the 15th Finance Commission. The Committee also observes that the Ministry of Health and Family Welfare has been given Rs 13,192 crore as FC Grants for health in BE 2021-22. This grant is just 2 percent of the Ministry's proposed demand of Rs. 5,97,906.56 Crore and approximately 12% of the recommended FC grant of Rs. 1,06,606 crore. The Committee understands that the FC grant is for the period of 2021-22 to 2025-26 for the health sector. Nevertheless, the Committee strongly recommends the Government to consider the proposal of Rs. 5,97,906.56 crores made by the Ministry of Health and Family Welfare to the 15th Finance Commission and provide appropriate budgetary funds under various heads as proposed by the Ministry.

Projected VS Allocated Budget

2.19 The Committee was also informed that the Department of Health & Family Welfare had projected the demand for Rs.1,21,889.55 Crore in 2021-22 which also included Rs.69,925.99 Crore for NHM. On a specific query with regard to the decrease in BE 2021-22 allocation of Rs.71,268.77 crores vis-à-vis RE 2020-21 of Rs.78,866.00 crores, the Ministry submitted that it would be fair if comparison is made with B.E. of current year with B.E. of previous year and R.E. of previous year with the RE of the current year. In comparison to RE 2020-21, there is a reduction in the budgetary allocation of the DoHFW in BE 2021-22. However, BE 2021-22 of DoHFW is 9.6% more than its BE 2020-21. With regards to a specific query, regarding the Projected Demand and the allocated budget to the Department of Health and Family Welfare in the past five years, the Ministry furnished the following data:

Table 7

(Rs. in crore)

Year	Projected Demand	Actual Allocation	Allocation as % of Projection
2016-17	56594.66	37061.55	65.49
2017-18	69548.23	47352.51	68.09
2018-19	66700.66	52800.00	79.16
2019-20	80408.45	62659.12	77.93
2020-21	117191.82	65011.80	55.47
2021-22	121889.55	71268.77	58.47

Table 8

Central Sector Schemes wise allocation for 2021-22

(Rs. in crore)

Sl. No.	Name of the Central Sector Scheme	Funds allocated during 2021-22
1.	Pradhan Mantri Swsthya Suraksha Yojana	7,000.00
2.	National AIDS & STD Control Programme	2,900.00
3.	Family Welfare Schemes	387.15
4.	Establishment and Strengthening of NCDC Branches and Health Initiatives Inter-sectoral Co-ordination for preparation and control of Zoonotic Diseases and Other neglected Tropical Diseases, Surveillance of Viral Hepatitis, Anti-microbial Resistance	61.44
5.	National Pharmacovigilance Programme	10.00
6.	Development of Nursing Services	17.54

7.	Health Sector Disaster Preparedness and Response and Human Resources Development for Emergency Medical Services	130.00
8.	National Organ Transplant Programme	30.50
	Total	**10536.63**

2.20 With regards to a query on the Projected Demand and Actual Allocation of the Major Schemes under the Department of Health and Family Welfare, the Department submitted the following details:

Table 9

Year	Major Scheme	Projected Demand	Actual Allocation	Actual Expenditure	% increase over last year
2020-21	National Rural Health Mission	62361.50	27039.00	28267.71	0.00
	National Urban Health Mission	1650.00	950.00	776.34	0.00
	Human Resource for Health & Medical Education	11495.00	4686.00	4634.00	10.26
	RSBY & Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)	8894.00	6429.00	2350.46	-1.94
	Pradhan Mantri Swasthya Suraksha Yojana	5733.35	6020.00	4163.98	50.50
	National AIDS and STD. Control Programme	3688.09	2900.00	2179.13	16.00
	Family Welfare Scheme	836.64	600.00	324.54	-14.29

* Actual Exp. for 2020-21 is up to 05/02/2021.

2.21 The Committee observes that under NRHM, out of the projected demand of Rs. 62,361.50 crore, only Rs. 27,039 crore were allotted which is just 43.35 % of the projected demands. Under NUHM, only 57.57 % of the project demands were allocated. Under human Resource for Health and Medical Education, out of Rs. 11,495 crore only Rs. 4686 crore were allocated which is just 40.76 % of the projected demand. Similarly under RSBY and AB-PMJAY, out of the total projected demand of Rs. 8894 crore, only Rs. 6429 crore were allocated which is 72.28 % of the projected demand. In all the Schemes except PMSSY, the actual allocation is less than the projected demand. The Committee believes

that shortfall of funds adversely affect the smooth implementation of Schemes and Programmes.

2.22 Under RSBY and Ayushman Bharat-PMJAY, Rs. 2350.46 crore was the actual expenditure, out of the actual allocation of Rs. 6429.00 crore, which is just 36.5 percentage of the total allocated funds. Under PMSSY, out of the actual allocation of Rs. 6020 crore, the actual expenditure was Rs. 4163.98 which is 69.16 percentage of the total allocated funds. Similarly under Family Welfare Scheme, the utilization was just 54.09 % of the total allocated funds. The Committee notes that only National Rural Urban Health Mission has shown a utilization trend of more than 100 percent.

2.23 The Committee is of the view that this mismatch in allocation and actual expenditure is a sign of poor financial management and subsequently results into slashing of funds in the next year. The Committee understands that funds under some schemes remained unspent in view of the unprecedented situation due to the pandemic, however the Ministry must now take charge of the situation and work towards prudent budgetary allocation under different schemes.

Challenges being faced by the Department

2.24 The key challenges faced by the Department include ensuring availability of adequate skilled human resources for health, to improve regulatory environment in Medical Education, to strengthen health infrastructure, to efficiently monitor public health programmes and to ensure delivery of quality healthcare services. To address these challenges, the Department has taken several initiatives. Some of these are as under:

(i) The National Medical Commission Act was passed by the Parliament in August, 2019. The National Medical Commission will steer the reforms in medical education. This will include increase in UG & PG seats along with improved access to quality and affordable medical education and maintaining high ethical standards in medical profession.

(ii) The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched to augment the tertiary healthcare capacity in clinical care, medical education and research in underserved areas of the country, under which AIIMS like institutions are built and Government Medical Colleges are upgraded by setting-up Super Speciality Blocks.

(iii) Primary Healthcare infrastructure is being strengthened through implementation of Ayushman Bharat- Health & Wellness Centres and other schemes under NHM.

(iv) A new Health Management Information System (HMIS) was launched. Various IT initiatives have been implemented like NCD App to monitor screening of Non-Communicable Diseases, Health and Wellness Centre Portal, and Mera Aspatal for tertiary care facilities.

(v) National Quality Assurance Program (NQAP) is being implemented with an aim at integrating quality as a dimension in healthcare services with a uniform measurement system. Quality Standards have been laid down for all levels of public health facilities. Performance of each level of facility is envisaged to be monitored through Key Performance Indicators. Facilities are incentivized on attainment of NQAS certified status and maintain it.

2.25 The Committee has been given to understand that the Government has taken several measures to augment the resources for the health sector and to increase public spending on health. These are:

(i) In 2018-19, Government announced 4% Health & Education Cess in place of 3% Education Cess on personal Income Tax and Corporation Tax, to cater to the education and health needs of the poor and rural families.

(ii) In the Union Budget 2020-21, Government announced that the additional 5% cess on import of medical devices will be utilized for financing health infrastructure and services in aspirational districts.

(iii) In addition to the budgetary resources, health education and research has access to funding from the Higher Education Funding Agency (HEFA).

(iv) To tackle the COVID-19 pandemic in India, India COVID-19 Emergency Response and Health Systems Preparedness package of Rs. 15000.00 crore was approved in April, 2020. The COVID-19 Package, a central sector scheme, is co-financed by the World Bank, Asian Infrastructure Investment Bank (AIIB) and Asian Development Bank.

(v) Further, the Ministry has initiated a new scheme i.e. PM Atma Nirbhar Swasth Bharat Yojna (PM-ASBY) with an outlay of Rs. 64,180 crores over 6 years. This is yet to be approved by the Cabinet. The scheme will develop capacities of primary, secondary, and tertiary care Health Systems, strengthen existing national institutions, and create new institutions, to cater to detection and cure of new and emerging diseases.

(vi) As Public Health is essentially a State subject, States have been advised to prioritize allocation to health sector and to increase State sector health spending to atleast 8% of their budget in line with the National Health Policy, 2017.

Pending Utilization Certificates

2.26 he Committee has been informed that a total of 4955 Utilization Certificates amounting to Rs. 8497.92 crore are outstanding as on 02.02.2021. As regard the strategy that can be chalked out to avoid long pendency of UCs and liquidate the pending UCs within a set timeframe, the Committee was informed that the Programme Divisions of MoHFW are regularly pursuing with Grantee Organizations/Autonomous bodies as the UCs are being monitored by the concerned Programme Division of MoHFW. However, as of now there is no provision for monitoring of UCs in PFMS module. Presently UCs are being monitored manually. All the institutions /Hospitals/Autonomous bodies to whom funds are released are on boarded on PFMS. The remaining institutes will be integrated with PFMS, as and when the funds are released to them.

2.27 The Committee takes a serious view over the fact that 4955 Utilization Certificate involving an amount of Rs. 8,497.92 crore are pending as on 02.02.2021, mainly because the UCs module of PFMS is still under development in PFMS. The Committee, therefore, recommends that the PFMS must be developed at the earliest for ensuring the timely liquidation of pending UCs.

SECRETARIAT

Total strength in position against the sanctioned strength

2.28 The Department informed the Committee that against the sanctioned strength of 1175 posts under Central Staffing Scheme/Central Secretariat Services/Central Secretariat Stenographer Services/Central Secretariat Clerical Services in the Ministry of Health and Family Welfare in position strength is 857, thus indicating 300 vacant posts. Similarly, as against the sanctioned strength of 187 posts in other Officers/Staff (Indian Statistical Service, Indian Economic Services, Subordinate Statistical Services etc.) in the Ministry of Health and Family Welfare the in position strength is 132 posts, thus indicating vacancy of 55 posts.

2.29 Responding to Committee's query whether the existing strength is sufficient to carry out the entrusted task of the department, if not, what measures can be further taken to rationalize the man power strength in the department, it was stated that while existing strength at some of the levels is adequate, due to shortage of Officers/Staff at other levels, difficulty is often observed in carrying out the task smoothly. The measures taken to manage the human resources and their work management in the department inter-alia includes regularly monitoring of work allocation of officers and proposal placed to the Cadre Controlling Authorities from time to time to fill up the vacant posts. Moreover, the extant guidelines of DoPT regarding the human resource management are being followed in true spirit.

2.30 The Committee also wanted to know the steps that were taken so far and the steps that can further be undertaken for professionalization of staff and officers in the Department for effective and efficient disposal of entrusted responsibilities and also about the HRD policy of the department. The Department maintained that the professionalization of Staff and Officers in the Department is a continuous and long-term process which is being effectively pursued. The

HRD policy notified from time to time by the Department of Personnel and Training(being nodal department) is being followed by the Ministry.

2.31 The Committee strongly recommends the Ministry to take effective measures to fill the vacant 300 posts under Central Staffing Scheme/Central Secretariat Services/Central Secretariat Stenographer Services/Central Secretariat Clerical Services in the Ministry of Health and Family Welfare. The Committee also recommends the Ministry to fill the vacant 55 posts in other Officers/Staff (Indian Statistical Service, Indian Economic Services, Subordinate Statistical Services etc.)

Direction and Administration

2.32 Primarily the amount to the tune of Rs. 57.55 was appropriated for the budget of DteGHS (DteGHS(HQ) + MSO +Pr.AO) for the smooth functioning of the Directorate. Target has been achieved successfully. An amount to the tune of Rs. 60.60 crore for the year 2020-21 proved sufficient for the intended purpose and the same was marginally increased to Rs. 61.62 crore at RE stage. Allocation to the tune of Rs. 68.71 crore in BE 2021-22.

CHAPTER - III

HEALTH SECTOR

CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

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

3.2 The Committee has been informed that, under the revenue head, against the projected demand of Rs. 1944.00 crore, an amount of Rs. 1748.03 crore has been earmarked in BE 2021-22 and the same would not be sufficient for the intended purpose. The additional funds would be required under Salary Head to pay the arrears of pay fixation on promotion to SAG/HAG to Doctors, PG allowance arrears etc. of Doctors/ Staff; payment of salaries to newly joined Medical Officers, Pharmacists etc. and promotion of officers; payment of regular increment in 2020-21; to meet the expenditure on proposed wellness centers at Madurai & Coimbatore and additional 16 Wellness Centres to be opened in 2021-22. Under Wages Head, additional funds are required for payment of wages to newly engaged Safaiwalas/ Housekeeping staff/ DEOs, Security Guard and daily labour in wellness centres. Similarly, under medical treatment additional funds are required to meet the expenditure due to COVID-19 treatment of staff & their family members and to clear the outstanding bills of 2019-20 and to meet Committed liabilities of last year pending bills.

3.3 The Committee sought to know the reasons for variation under the capital head where the actual expenditure is to the tune of Rs. 14.95 crore in 2019-20 and the same has been increased to the tune of Rs. 20.00 crore in BE 2020-21. The Capital outlay has further been enhanced to Rs. 25.26 crore at RE stage and subsequently decreased to Rs. 21.92 crore in BE 2021-22. The Department maintained that **t**he construction of CGHS Wellness Centres and Office of CGHS (HQ) at Sector-13 RK Puram has been completed and fund has been utilized for ongoing construction of CGHS buildings at Vikaspuri, Dwarka Sector-9, Dwarka Sector-23 and Pitampura. Since new projects are in the initial stages of approval of plan, the demand under BE for 2021-22 has been decreased.

3.4 Under Office Expenses additional funds are required to meet expenses on sanitisation, hygiene maintenance and bio-medical waste management for covid-19 situation, procurement of protective gears for MO/Staff of CGHS units and additional 16 Wellness centres are likely to be opened in Madurai & Coimbatore in 2021-22. Additional fund would be required for payment of Arrears of License fees to Estate Manager (Rs. 2.25 crore) at CGHS Mumbai and payment of monthly License fees is to be paid, to meet expenditure due to increase in rent of CGHS Buildings, payment of License fees to the concerned authority newly levied and additional 16

Wellness centres are likely to be opened in 2021-22. Under Supplies and Material Head additional fund is required to clear the pending liabilities of ALC/MRC/GMSD Bills of current year at various CGHS Units and to meet substantial increase in procurement of medicine through ALC and procurement of Life Saving medicine.

3.5 Moreover, funds are also required to meet the expenditure on Minor Work, Professional Services where additional funds are required for payment of salaries to newly appointed contractual staff at newly opened/merged dispensaries and for engagement of new medical officers for AYUSH Units and engagement of retired staff against vacant Posts. Additional funds will be required to meet extra expenditure on sanitisation/ cleanliness of premises etc. in 2021-22. The Committee has been assured that the additional Funds, as per requirement, would be sought at the stage of RE 2021-22.

3.6 The Committee expresses its concern that budgetary provision to the tune of Rs. 1748.03 crore in BE 2021-22 against the projected demand of Rs. 1944.00 crore is inadequate for CGHS keeping in view the requirement of funds on various heads viz. salary and wages, expenditure on proposed wellness centers, medical treatment, payment against the procurement of medicines through ALCs and procurement of life saving medicines, expenditure on sanitation/cleanliness of premises. The Committee, therefore, recommends that the additional funds as per the requirement must be allocated to CGHS at the RE 2021-22 supplementary demands.

3.7 Replying to the Committee's query about the on-going and new projects/initiatives being undertaken under CGHS, the Department clarified that the **f**unds are separately allocated only for Construction of buildings and all the funds allocated under this head for construction of buildings have been sanctioned to CPWD. The following is the new project/initiatives:-

(i) Proposal for Opening '16' New Wellness Centres is under consideration of Department of Expenditure - Proposal for opening new CGHS Wellness Centres in '16' Locations has been submitted to the Department of Expenditure with the approval of Hon'ble HFM.

(ii) Completion of construction of CGHS buildings : Construction of CGHS buildings is in the final stage at Vasant Vihar, Vasant kunj, Alaknanada and Rohini–Sector16.

(iii) 27 Ayurvedic Units and 26 Homeopathy Units have been sanctioned by Department of Expenditure, out of which , 5 units are already operationalized. The renaming units shall become operational after recruitment of Manpower (Medical Officers by Ministry of AYUSH and other staffs by Additional Directors of CGHS).

3.8 The Committee is of the view that all ongoing and new projects/initiatives under CGHS must be completed within originally stipulated time and at the approved cost. In

this connection, the Committee recommends that construction of CGHS buildings at various places viz. Vasant Vihar, Vasant kunj, Alaknanada and Rohini–Sector16 be completed in time so as to avoid cost overrun. The Committee also recommends that the Department of Expenditure must give approval to opening of 16 New Wellness Centres for covering large number of beneficiaries under CGHS Scheme. The Committee further recommends for operationalization of all sanctioned Ayurvedic and Homeopathic units under CGHS.

Vacancy Position

3.9 Apprising about the steps taken so far to fill up the various posts in CGHS, faculty and non-faculty wise, the Committee has been informed that Medical Officers of Allopathy and Non-teaching specialists are recruited by CHS Division of MoHFW through UPSC on regular basis. AYUSH Medical Officers are recruited by Ministry of AYUSH through UPSC. Vacancy position against sanctioned strength in CGHS is as under:-

Table 10

Gazetted Officers

Sl. No.	Category	Sanctioned Post	Vacant
1.	Medical Officers & Specialists	1932	458
2.	Administrative Officer Group 'B'	25	16
3.	Accounts Officer Group 'B'	9	9
4.	Physiotherapist Gr-I – Group 'B'	1	0
5.	Hindi Officer Group 'B'	1	1
	Total	1968	484

3.10 For the vacant Group 'B Gazetted posts, there are no eligible Departmental candidates and action has been initiated to fill up vacancies on deputation from other Ministries/ Departments. In the non-gazzetted employees, against the sanctioned strength of 4773 posts, 1390 posts stand vacant. For filling up vacant posts of non-Gazetted posts, Staff Selection Commission has been approached for recruitment through SSC. In order to reduce the shortage of Medical Officers in CGHS, the following steps have been taken:-

(a) The superannuation age of Central Health Service (CHS) doctors and dental doctors working under the Ministry of Health and Family Welfare has been enhanced to 65 years,

(b) The vacant posts are also being filled up on contract basis till regular appointment is done, as a stop gap arrangement, in public interest. The appointment of contractual doctors in Central Government Health Scheme (CGHS) is permissible upto the age of 70 years, Further, to mitigate the shortage of paramedical staffs in CGHS, retired paramedical employees are being engaged in CGHS Wellness Centres on contract basis as per need.

3.11 The Committee expresses its anguish over the continuing vacancy position under CGHS. In Gazetted Officers category, a total of 484 posts are vacant against the sanctioned

strength of 1968 officers. Vacancy of 1390 posts out of 4773 sanctioned posts in non-gazzetted category is a matter of grave concern. The Committee observes that a number of ad-hoc measures viz. filling up the posts on the contract basis, enhancing the superannuation age or re-employment of retired employees, are being taken, as a stop gap management, for ensuring the functional status of the scheme. The Committee, is of the considered view that urgent and concrete measures are required to be undertaken for filling up of the vacant posts in Gazetted and Non-Gazetted Officers Category, for proper working of the scheme and continuation of assured healthcare services to the beneficiaries of the scheme.

3.12 The Department intimated that measures are being taken to ensure extending out patient care facilities through allopathic, ayurvedic, homoeopathic, unani/siddha dispensaries/units under the schemes. Government has implemented online registration for consultation with medical officers at CGHS Wellness Centres. Regarding the progress made in expanding Yoga and AYUSH dispensaries/ units in CGHS and the updated status of sanctioned posts and vacancies w.r.t. AYUSH in CGHS, it was maintained that CGHS has opened Homeopathic Units at Agartala and Shillong and Ayurveda units at Jabalpur and Raipur. The Ministry of Ayush, being the cadre controlling authority for AYUSH Doctors under CGHS, is in the process of recruiting Medical Officers under AYUSH through UPSC and the remaining AYUSH Units shall be operationailized after recruitment.

3.13 The sanctioned posts and vacancy position w.r.t AYUSH in CGHS is as under:

Table 11

Post (s)	Sanctioned	Vacant
Homeopathy Doctors	97	37
Ayurvedic Doctors	108	36
Unani Doctors	19	4
Sidha	3	0
Para medical staff	141	49
Grand Total	368	126

3.14 The Committee observes that against the sanctioned strength of 368, 126 posts are lying vacant thus, depriving the beneficiaries of CGHS benefit of AYUSH treatment. The Committee, therefore, recommends the Department to approach the cadre controlling authority i.e. the Ministry of AYUSH to expedite the process of filling up of the vacant AYUSH posts in CGHS without delay.

3.15 About the monitoring mechanism, the Department maintained that medicines procured centrally through Medical Stores Organization (MSO) are invariably pre tested for quality before acceptance. Lifesaving medicines required for diseases like cancer, hepatitis C, etc., are procured directly from manufacturers or their distributors on case to case basis and no bulk purchases are made. MSO is in the process of fixing Rate contract for Anti-Cancer and other expensive medicines by generic name. Medicines that are not available through the above modes are procured from the Authorized Local Chemists (ALC) attached to each CGHS Wellness Centre against individual prescription and not in bulk. However, once there is greater reliance on MSO for procurement of drugs, quality issues will be taken care of to a larger extent.

3.16 The Committee has also been informed that referral system has been further simplified for listed investigations and Treatment procedures. No separate referral letter is required to avail the same from empanelled Health Care Organizations (HCOs). Provision is already made for OPD consultation from private empanelled hospitals after referral by CGHS and if any listed procedures are advised, only endorsement from CGHS is required. In case of elderly CGHS beneficiaries aged 75 years and above, no such referral is required for consultation. Guidelines have been issued by the Department to empanelled hospitals invariably to accord admission to CGHS beneficiaries in case of emergency**.** Advisory has also been issued dated 09.6.2020 to reiterate that all CGHS empanelled hospitals, which are notified as COVID-Hospitals by State Governments shall provide treatment facilities to CGHS beneficiaries as per CGHS norms, for all COVID related treatments.

3.17 Regarding the steps taken to ensure quality healthcare services to the beneficiaries under CGHS, it was stated that **t**he following actions have been taken to improve healthcare facilities to the CGHS beneficiaries:

(i) New Allopathic Wellness Centers have been opened at Kannur and Kozhikode during the year 2020.
(ii) Fortnightly health webinars are being conducted on topics of common health concern for CGHS beneficiaries.
(iii) Provision for online appointment for consultation with Medical Officers of CGHS is in place.
(iv) CGHS Medical Officers and Staff have been part of the fight against COVID-19 Infection – performing duties at Air-ports and Quarantine Centres.

The Committee has also been informed about the special provisions were made to CGHS beneficiaries in view of the COVID-19 Infection:-

(i) Option to purchase OPD Medicines for Chronic illnesses till 31st March 2021 and claim reimbursement
(ii) Directions to open separate ‘Fever Clinic’ at Wellness Centres for screening beneficiaries for Fever and other suggestive symptoms and referral to Nodal Centres

(iii) Directions to CGHS Wellness Centres to provide assistance to COVID 19 +ve CGHS beneficiaries under Home Quarantine and permission to such CGHS beneficiaries to purchase one Pulse Oxymeter (@ Rs1200/-) per family

(iv) Tele- consultation facility with Govt. Specialists through e-Sanjeevani- in specialities of Gl Medicine, Skin, Eye, ET and Psychiatry.

(v) Online payment of subscription through 'Bharatkosh'.

(vi) Action has been initiated for development of software applications though NIC for online submission of applications for CGHS Cards, online Grievance redress, etc., Construction of CGHS building in place of rented accommodation:

3.18 The Committee takes notes of the steps taken for strengthening the monitoring mechanism and simplification of referral system and issuance of guidelines for treatment of beneficiaries under emergent situation for effective working of the CGHS and special arrangement made for extending emergency services to the beneficiaries during Pandemic COVID-19. The Committee recommends the Department to give impetus to fresh measures, as per the requirement of the emerging situation, for upgrading the operational efficiency of CGHS so that the beneficiaries of CGHS get better and timely treatment.

3.19 Concerns have been raised regarding delay in supplying AYUSH medicines in the CGHS dispensary procured through indent. With regards to this, the Ministry of AYUSH had submitted that Supply of Homoeopathic medicines procured through indent takes two to four days after receiving the indent. In case of urgency, the indented medicines are supplied the same day or in the next functioning day especially for VIP /VVIP's dispensaries South Avenue and PHA unit on demand. Indented medicines do not delay for one month to supply.

3.20 The Committee believes that the supply chain of medicines to CGHS dispensary should be smooth and uninterrupted. The Committee strongly recommends the Ministry of Health and Family Welfare and Ministry of AYUSH to make efforts to establish a robust mechanism for easy accessibility and delivery of medicines at all the CGHS dispensaries.

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

3.21 Safdurjung Hospital (SJH) is a Central Government Hospital providing medical care. It also extends free Ayurvedic OPD, Homoepathic OPD within its premises. The hospital has a medical college associated with it namely Vardhman Mahavir Medical College.

3.22 The Capital Outlay (actual) in 2019-20 to the tune of Rs. 119.82 crore was decreased to Rs.54.86 crore in BE 2020-21 and substantially increased to Rs. 191.26 crore in RE 2020-21 but slashed to the tune of Rs. 110.14 crore in BE 2021-22. The Department clarified that the actual capital outlay in BE 2020-21 was Rs.512.80 crore for expansion of SIC, Dwaraka Housing Project, Additional infrastructure for VMMC, Machinery equipments and purchase of vehicles for the hospital, however, allocation was Rs. 54.86. crore which was very less. Hence as demand of Rs. 214.00 crore at RE 2020-21 was made but allocation stood at Rs. 191.26 crore which was

also less for the ongoing projects in SJH & VMMC and other CPWD works. The projected capital outlay *i.e.* BE 2021-22 was Rs. 343.87 crore, however allotted BE 2021-22 is Rs. 110.14 Crore, which is not sufficient to meet the originally conceived project scheme.

Table 12

EXPENDITURE STATEMENT: Utilization status of Funds during 2020-21

						Date:- 05.02.2021
SAFDARJUNG HOSPITAL						**Rs.in Crores.**
Component with Head		**B.E. 2020-21**	**EXPR.**	**% w.r.t. B.E. 2020-21**	**BALANCE BUDGET**	**Remarks**
CAPITAL	**4210SJH* MACH & EQUIP.**	**30.00**	23.67	78.90	6.33	**LC=Rs.7.25 Cr, M&E=Rs.16.42 cr. LC booked, Debit awaited: Rs. 2.90 Cr. & Gem Blocked budget Rs. 4.11 Cr.(not included in Exp)**
CAPITAL	**4210SJH* MAJOR WORKS**	**21.70**	21.68	99.91	0.02	**Placement to CPWD,Elect. Rs. 21.64 Cr.Civil=Rs.0.04 cr.**
CAPITAL	**4210SJH* MOTOR VEHICLE**	**0.16**	0.00	0.00	0.16	
CAPITAL	**4216 HOUSING**	**3.00**	2.88	96.00	0.12	**Placement to CPWD, Civil. Rs. 2.88. Cr.**
REVENUE	**2210 SJH**	**1426.50**	1214.59	85.14	211.91	
	G.TOTAL	**1481.36**	**1262.82**	85.25	218.54	
2210 - REVENUE - VMMC						**Rs.in Crores.**
Component with Head		**B.E. 2020-21**	**EXPR.**	**% w.r.t. B.E. 2020-21**	**BALANCE BUDGET**	**Remarks**
REVENUE	**2210 (VMMC)**	**20.50**	16.96	82.73	3.54	**CPWD (Civil)=Rs.1.26 cr., CPWD**

						(Elec.)=Rs.0.64 Cr.
	SIC					**Rs.in Crores.**
Component with Head		**B.E. 2020-21**	**EXPR.**	**% w.r.t. B.E. 2020-21**	**BALANCE BUDGET**	**Remarks**
REVENUE	**5009 (SIC)**	**15.70**	14.22	90.57	1.48	

3.23 The Committee desired to know as to how the paltry allocated fund to the tune of Rs. 30.00 Crore against the projected demand of Rs. 217.00 Crore was utilized in 2020-21. Responding to that, the Department stated that out of Rs. 30.00 Crore allocated under Major Head 4210 Sub Head Machinery & Equipment Rs.21.81 Crore has been utilized till date. Procurement of equipment was initated keeping in view the priority & urgency of equipment, availability of budget. Procurement of the rest of the equipment are kept pending till the availability of fund. Responding to the Committee's query whether any additional funds were granted to the departments of Radiotherapy, Radiology, Pediatrics, Medicine, Urology, General Surgery, Neuro Surgery for making fully operational, the Department of Health and Family Welfare stated that no Additional Funds (other than funds allocated under BE) were granted for fully operationalization of Department of Radiotherapy, Radiology, pediatrics, Medicine, Urology, General Surgery, Neuro Surgery, however, these departments have been given latest equipment as per acceptance/approval of specification of equipment by the user department within the allocated budget based on priority/urgency.

Table 13

BUDGET EASTIMEATE 2020-21	**ACUTAL EXPENDITURE 2020-21**	**TARGET FIXED AT THE TIME OF ALLOCATION OF BUDGET 2020-21**	**ACHIEVEMENT DURING F.Y. 2020-21 as on 5.02.2021**
SJH-CAPITAL **4210: Rs.51.86 Cr.** **4216: Rs.3.00 Cr.** **.** **REVENUE-2210** **SJH: Rs.1426.50.Cr.** **REVENUE-2210** **VMMC: Rs.20.50.Cr.** **REVENUE-5009** **SIC: Rs.15.70Cr.**	**SJH-CAPITAL** **4210: Rs.118.63. Cr.** **4216: Rs.2.86.Cr.** **.** **REVENUE-2210** **SJH: Rs.1214.59 Cr.** **REVENUE-2210** **VMMC: Rs.16.96.Cr.** **REVENUE-5009** **SIC: Rs.14.22 Cr.**	• Provision for Annual Maintenance entire Construction/Maintenance in the Hospital (Civil) • Provision for Annual Maintenance entire Electrical & Maintenance Services/ Original Works in the Hospital. • Provision for Original Works entire year (Civil& Electrical) • Provision for Procurement of Machinery & Equipment under procurement redevelopment	• Equipment costing Rs. 23.67 Cr. has been procured. • Repair/Renovation of the various deptts. has been done. • Maintenance of Sri Niwas puri placement done • Original work of CPWD Electrical/civil costing Rs. 21.68cr. has been done

		plan phase -I • Maintenance Sri Niwas Puri Nurses Residential Complex • **Projected Plan** • (1) Additional Infrastructure-27% OBC Quota from oversight Committee construction of 5 lecture Theatres, Auditorium and Student Hostel. • (2) Dwarka Housing Project. • (3) Expansion of Sports Injury Centre	• CPWD work of VMMC Rs. 1.89 Cr has been done.

3.24 As regards the status of approval of the additional infrastructure projects of VMMC at the revised estimated cost of Rs. 187.60 Crore pending since July, 2019, the Committee has been informed that DIB (Delegated investment Board) Note was submitted to MOHFW on 22.10.2019. Approval of Estimate amounting to Rs.187.60 Crores is still pending with MOHFW. Additional infrastructure for implementation of 27% reservation for OBC in SJH/VMMC is the ongoing/pipeline project in VMMC with the approval by EFC. The approximate cost is Rs.187.60 CR - which includes construction of lecture theatre complex, auditorium, boys hostel building. No fund has however been allocated till date for this project.

3.25 The Committee observes with concern the inadequate allocation of capital outlay to SJH & VMMC. Against the allocation of Rs. 191.26 crore in RE 2020-21 an amount to the tune of Rs. 110.14 crore has been earmarked in BE 2021-22 against the projected demand of Rs. 343.87 crore in BE 2021-22 which is not sufficient to meet the originally conceived project scheme. The fund is required for expansion of SIC, Dwarka Housing Project, Additional infrastructure for VMMC. Moreover, the approval of Estimate amounting to Rs.187.60 Crores is still pending with MOHFW which is required for construction of lecture theatre complex, auditorium, boys hostel building. The Committee, therefore, strongly recommends for allocation of adequate funds under the capital head for completion of projects within set timeframe.

3.26 Responding to the Committee's query about the status of sanctioned vis-à-vis position strength (post wise and cadre wise), the Committee has been given to understand about the following position in regard to sanctioned strength, in-position strength and vacant posts:-

Table 14

S. NO.	Name of the Cadre	Sanctioned Strength	In-position Strength	Vacant Posts
1.	Group – A, Medical	585	438	147

2.	Group – A, Non-Medical	53	27	19 ??
3.	Group – B, Gazetted	54	24	30
4.	Group – B, Non-Gazetted, Technical	222	154	66 ??
5.	Group– B, Non-Gazetted, Paramedical	38	32	06
6.	Group – B, Non-Gazetted, Ministerial	52	47	05
7.	Group – B, Non-Gazetted, Non-Ministerial	39	30	03 ??
8.	Group – B, Non-Gazetted, Nursing	2563	1982	581
9.	Group – C, Technical	295	229	66
10.	Group– C, Paramedical	145	106	39
11.	Group – C, Ministerial	73	51	10 ??
12.	Group – C, Non-Ministerial	319	279	40
13.	Group – C, Nursing	5	3	2
14.	Group – C, Erstwhile D	1039	746	293
	Grand Total	**5482**	**4186**	**1307 ??**

3.27 Requisite manpower is the first and the foremost requirement for delivering healthcare services by reputed hospital like SJH & VMMC. The Committee is however, at loss to assess the efficacy of working of the hospital without adequate manpower. It takes a glance at the vacancy position in some cadres which reflects huge gap in the sanctioned strength and the filled up position. For example, in Group – A in Medical category, against the sanctioned strength of 585 posts, a total of 147 posts stand vacant. Similarly, against the sanctioned strength of 2563 posts in Group – B, Non-Gazetted Nursing, 581 posts are vacant and against the sanctioned strength of 1039 posts in Group – C, a total of 293 posts are lying vacant. Overall, against the sanctioned strength of 5482 posts in various cadres, only 4186 posts are filled up. The Committee, therefore, recommends that urgent steps have to be taken for filling up of the vacant posts for ensuring a smooth running of SJH & VMMC.

Key Concern Areas of SJH and VMMC

3.28 The Department of Health and Family Welfare apprised the Committee of the Key Concern Areas of SJH and VMMC

(i) Referral policy-There is no efficient referral policy for patients being referred to Safdarjung Hospital from nearby primary or tertiary healthcare facilities. Valuable hours are lost in handling patients with simple diseases which otherwise could be utilized for providing specialized care at SJH.

(ii) Intra-departmental coordination between NEB & Super Speciality Block is hampered by the distance. A shuttle service for doctors as well as patients is being proposed for speedy management.

(iii) Deficiency of basic facilities - Against a need of about 40 lac liters a day only 1/3rd is being supplied by DJB or NDMC. No permission for tube wells being given by DJB.

(iv) Parking - Due to haphazard development of SJH surface parking is woefully short causing hardship to the patients/attendants and staff. Innovative mechanism like stack parking has been mooted in the newer blocks.

(v) Accommodation- A DPR for hostel facilities for resident doctors (782) and nurses (1004) has been submitted to Ministry for consideration. A plan for redevelopment of staff colony at West Kidwai Nagar & Raj Nagar was proposed by NBCC but could not be taken up on nomination basis.

(vi) Lack of manpower - It has been observed that there is a huge waiting list of patient for procedures/operations which can be sorted out by extending the OPD time / investigations time and OT time which is only feasible with additional manpower. The current manpower is stretched thin and will not be able to sustain the extended hours.

3.29 The Committee, while taking note of the key concern areas of SJH relating to inadequate manpower leading to overstressing of existing human resources, inadequate hostel facilities, haphazard development of SJH surface parking and lack of referral policy leading to loss of valuable hours, recommends provision for adequate manpower, immediate approval of DPR hostel facilities for resident doctors (782) and nurses (1004), and provision for stack parking in newer blocks etc. to remove some of the stumbling blocks for ensuring proper working of the hospital. The Committee also recommends that Medical Superintendent of the hospital may be vested with the power to hire staff/faculty on contract as per the situational requirement of the Hospital. The Department may also consider to extend higher remuneration/incentives with higher qualifications eg DM/MCH etc. for ensuring adequate manpower in the hospital.

Key concern area for Vardhman Mahavir Medical College:-

3.30 (i) Hostels for Undergraduate students and Postgraduate students:- Old Boys Hostel contains 182 rooms having facilities single accommodation for 156 students and double

accommodation 52 students in 26 rooms thus, total no. of students accommodated in old boys hostel is 208, however, hostel is not safe to live in due to old building. While, New Boys Hostel has 164 Rooms, 100 for single accommodation and 64 for double accommodation thus have the capacity to accommodate 100 + 128 = 228. Therefore, total no. of boys students accommodated is 208 + 228 = 436. Girls Hostel contains 190 rooms having accommodation for 170 single and 20 double, therefore, the no. of total students who can be accommodated is 170 + 40 = 210. Total No. Total numbers of MBBS Students of all the professionals at present 170+170+150+150+150 = 830 and in the next 3 years number will be 170+170+170+170+170 = 890. With additional no. of 170 interns total no. of required accommodation at present would be 890 + 170 = 1060 students. Since, old boys Hostel not safe to live in, so the proper facility for accommodation of students including girl students 228 + 210 = 438. So total additional hostel facility required on urgent basis for 622 undergraduate students (girls and boys) is 1060-438=622 (students)

(ii) LECTURE THEATERS:- At Present there are four Lecture Theaters of capacity 100 Students. However, the institute needs Four lecture Theaters of capacity 200 each as the intake of UG students 170 per year and there are four Batches i.e. 170 x 4 = 680 Students. The Committee takes note of the fact that the construction projects for the New Lecture Theaters in VMMC has been approved but pending due to lack of fund.

(iii) AUDITORIUM:- There is acute need of Auditorium of capacity at least 1000 persons as there is no auditorium in college and hospital. Again, the construction of Auditorium Project is approved but pending due to lack of fund.

(iv) Urgent space is required for Examination Cell, Academic Section, Department of Biochemistry, Department of Pathology and Department of Microbiology.

(v) Man Power:- There is acute need of filling up of the post of Registrar, Deputy Registrar and necessary staff strength in accounts section.

(vi) Adequate fund should be available for purchase of equipments and machines for research.

(vii) University Problems – Reportedly, management is not cooperative in paying TA, DA and Remuneration to External as well as to Internal Examiners as a result we are facing great difficulty in arranging the External Examiners for different Exams. The results of various exams of UG and PG students is not declared timely leading to unnecessarily delay in the promotion of students to next professional.

(viii) As per National Medical commission, Principal/Director should be the head of the institute with financial and administrative powers and Separate Budget should be allocated to the Medical College for better academic progress and optimum functioning of medical college.

3.31 **The Committee has been given to understand that the construction project for New Boys and Girls Hostel in VMMC has been approved but is pending due to lack of fund. It has been estimated that Hostel facility for Junior residents (Non PG) - 590, Senior residents – 810, Postgraduate students - 975 is required on urgent basis, as at present, Hostel facility is available only for 300 residents. The Committee also takes note with concern that adequate fund has not been earmarked for construction of Auditorium and Lecture Theatres. The Committee, therefore, recommends that requisite fund may be allocated to VMMC for construction of adequate hostel facilities for Undergraduate students and Postgraduate students, Auditorium and Lecture Theatres.**

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

3.32 RML Hospital is a Central Government hospital having a Nursing Home for Central Government employees, Members of Parliament, etc. The hospital is also a training centre for the under-graduate students of Lady Harding Medical College. A School of Nursing is also being run by this hospital.

Projects/schemes undertaken by the hospital during last two years the physical achievements

3.33 The details of BE 2019-20, BE 2020-21 and BE 2021-22 in respect of Dr. RML Hospital and Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS) is as under:-

Table 15

Sl. No.	Financial Year	Dr. RML Hospital (Rs. in Crores)		ABVIMS, Dr. RML Hospital (Rs. in Crores)	
		B.E. Allocated	Actual Expenditure	B.E. Allocated	Actual Expenditure
1.	2019-20	792.30	702.82	138.57	84.87
2.	2020-21	750.70		134.90	
3.	2021-22	798.10		152.00	

Capital Outlay Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS) and Dr. RML Hospital

Table 16

Sl. No.	Financial Year	R.E. 2020-21	B.E. 2021-22
1.	Dr. RML Hospital	68.60	100.00
2.	ABVIMS	50.00	42.00

	Total	118.60	142.00

3.34 The detail of RE 2020-21 and BE 2021-22 under Revenue heads in respect of ABVIMS and Dr. RML Hospital is as under: -

Table 17

Sl. No.	Financial Year	R.E. 2020-21	B.E. 2021-22
1.	Dr. RML Hospital	618.35	698.10
2.	ABVIMS	131.40	110.00
	Total	749.75	808.10

3.35 The increase of Revenue expenditure is less than 10% in ABVIMS and Dr. RML Hospital. This increase is due to Salary and purchase of necessary medicines and equipments for better patient care. The hospital has taken the Economic Measures to curtail the Travelling Allowance bills and Conveyance bills of the doctors as well as the other staff. Most of the purchases are made through GeM portal only. The funds allocated under Revenue head is sufficient for originally conceived Schemes/ projects in ABVIMS and Dr. RML Hospital.

3.36 The Capital Outlay has been increased to the tune of Rs. 142.00 crore in BE 2021-22 in comparison of Rs. 118.60 crore in RE 2020-21. The increase in Capital expenditure is due to Construction of Super Specialty Block (SSB) at G Point, Dr. RML Hospital. An amount of Rs. 150.00 crores was projected in BE 2021-22 on the basis of demand received from the CPWD but Rs. 60.00 crores has been allocated in BE 2021-22.

3.37 There are two projects undertaken by the ABVIMS & Dr. RML Hospital, New Delhi:-

(a) New Hostel Block at ABVIMS & Dr. RML Hospital - Project Management Consultant is M/s. HSCC & the Agency is M/s NCC LIMITED. The Scheduled Date of Commencement of the Project was 15.09.2017 however, the project actually commenced on 28.08.2018 with Project Duration of 24 months and Scheduled Date of Completion by 14.09.2019 however, the expected Date of Completion is 14.03.2022. The award cost is Rs. 138.30 Crore and the Project has achieved 26.6% (Rs 36.92cr).

3.38 The Committee has been apprised of the reasons for the delay which inter-alia includes:-

(i) Major Landslide occurred on 20.6.2018 while excavation despite taking all precautionary measures due to seepage from NDMC manhole on outer footpath of old RK Ashram Road
(ii) Basement Drawings upto plinth level approved by NDMC on 13.8.2018.
(iii) Approval for Drawings received from NDMC on 20.11.2019 for above Ground /Plinth level to 10th Floor level.
(iv) NGT ban on Construction activities from 26.10.2019 to 3.11.2019 for 12 hrs

(v) Complete construction ban for 24 hrs by Hon'ble Supreme Court from 4.11.2019 to 9.12.2019
(vi) 12 hr Construction ban by Hon'ble Supreme Court from 10.11.2019 to 14.2.2020
(vii) Nationwide Lockdown from 22.3.2020 to 3.5.2020
(viii) Material and Labour non availability due to lockdown and Corona impact

(b) Construction of Super Specialty Block at Dr. RML Hospital, New Delhi

3.39 The Project Management Consultant is CPWD and A/A & E/S Amount is Rs. 572.16 Crore and Date 27.04.2019. While Contract Agreement value is Rs. 398.79 Crore with the Project Duration of 24 Months and stipulated date of Start is 11.03.2020 and stipulated date of completion is 10.03.2022 and target date of completion of the project 10.09.2022.

3.40 The Committee takes note of the various construction projects at Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS) and Dr. RML Hospital. The Committee feels that effective monitoring mechanism to oversee the progress of the ongoing projects is required for ensuring timely completion of the project and without cost overruns. The Committee also takes into account that creation of Infrastructure for MBBS College and construction G+16 storey Super Specialty Block is required 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, etc. The Committee recommends that the RML management should chalk out specific course of action to implement the project in order to increase the additional 509 beds in the hospital.

Vacancy position against the sanctioned strength of faculty and non-faculty

3.41 The Committee has been given to understand that out of sanctioned strength of 4311 ABVIMS & Dr. RML Hospital as on 31.01.2021 only 2972 post has been filled on regular basis. Out of 1339 vacant post, 252 incumbent are working on contract basis. The hospital has initiated process to fill these vacant posts on regular basis. As regards the motivational scheme other than the higher salary to attract specialist faculty and trained & skilled non-faculty to join the institute, it was stated that the dynamic ACP has already been implemented to the cadre of Doctors. HPCA is being given to Group A, B, & C (Non-ministerial employees) staff and group 'C' (Ministerial staff). The Committee was, however, informed that the proposal of Cadre Review of Administrative staff of Dr. RML Hospital is under examination of the Ministry.

3.42 The Committee has been given to understand that out of sanctioned strength of 4311 in Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS) & Dr. RML Hospital, only 2972 post has been filled on regular basis as on 31.01.2021. Out of 1339 vacant posts, 252 incumbents are working on contract basis. The Committee, therefore, recommends to expedite the process of filling up of vacant posts at the earliest to enhance the operational efficiency of the hospital. The Committee also recommends for early approval of proposal for cadre review of administrative staff which is under the consideration of the Ministry. The Committee desires that for effective administration, proposal for revival/creation of

additional posts of Deputy Director, Joint Director and Additional Director may be considered. The Committee further recommends that Medical Superintendent may be given financial power for outsourcing of services, if so required. Keeping in view the long pending vacancy position and delay in the recruitment process exemption may be given in case of abolished/deemed abolished posts in the Hospital.

3.43 The Committee also notes that to encourage Medical Device Industry in India and participate in the Government's "Make in India" initiative, the Institute should be encouraged to procure equipment with CE/BIS certification. The Institute should avoid inappropriate procurement of medical devices/equipment with USFDA certification for basic equipment. However, high end equipment which are not manufactured by Indian Companies may be purchased from foreign manufacturers and exemption may be granted to RML hospital and such other hospitals/Institutes for such purchase under the "Make in India" programme.

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

3.44 LHMC is run by the Central Government to provide undergraduate and post graduate medical education for women, postgraduate medical education for male students and medical care for women and children. The college has associated hospitals, viz., Smt. Sucheta Kriplani Hospital and Kalawati Saran Children's Hospital for comprehensive practical training to students. It also runs the School of Nursing offering nursing and midwifery courses.

3.45 Stating about the reason for variation in revenue expenditure during 2019-20 of Rs 456.97 crore which was increased to Rs. 486 crores in B.E. 2020-21, the department maintained that the variation is mainly due increased fund required for repayment of loan and interest thereon for the loan taken from HEFA. The allocation of fund to the tune of Rs. 486.00 crore in B.E. 2020-21 was further enhanced to Rs. 509.90 crore in RE 2020-21 on account of additional fund required for Covid-19 related expenditure i.e. hiring of buses and hotel accommodations for Doctors, Nurses and paramedical Staffs during their engagement in Covid-19 duty. For operation and maintenance of ageing complex of college in addition to Oncology block now used as Covid block and purchase of drug/consumables/testing kits etc. for prevention, control and treatment of Covid-19 pandemic. Further the revenue outlay has been enhanced to Rs. 532.77 crore in B.E. 2021-22 due to the increase in the salary of employees, maintenance of upcoming new buildings, Oncology block, Admin block and new STP/ETP for sewage treatment and for making payment to contractual doctors, Nursing Staffs, IT Professionals, Sanitation Services, Security Services and other technical and Non-technical staffs etc. and also for making repayment of loan and interest to HEFA.

3.46 Stating about reasons for drastic variations in Capital Outlay earmarked at Rs. 146.00 crore in RE 2020-21 against allocation of Rs.16.44 crore in BE 2020-21 but substantially reduced to Rs. 68.02 crore in BE 2021-22. The Department maintained that the Capital Outlay was projected Rs. 146.00 crores in RE 2020-21 against Rs. 16.44 crore in BE 2020-21 due to the following reasons: -

(i) An amount of Rs. 97.00 crore demanded for CRP projects as the amount which was sanctioned from HEFA is not coming further for the procurement of Machinery and Equipment including establishing ICUs for the department of Obst. and Gynae. Comprehensive renovation and repair of old dwelling unit etc.

(ii) Further in B.E. 2020-21, an amount of Rs. 147.01 crore was projected for procurement of machinery and equipment where the demands have already been received and evaluated for regular purchase of hospital and for purchase of new machinery and equipment for making the new block functional constructed under CRP project, however 68.02 crore only has been approved for B.E. 2021-22 by Ministry of Finance.

3.47 The Committee wanted to know as to how the earmarked Capital Outlay to the tune of Rs.68.02 crore in BE 2021-22 is going to be appropriated and whether the same would be sufficient, it was maintained that Rs. 68.02 crore wouldn't be sufficient as the HEFA funding has stopped and expenditure on procurement of machinery and equipment for making new blocks constructed under CRP. Moreover, spill over work of CRP Phase-I may also be affected.

3.48 **By going through the above submission, the Committee feels that allocation of capital outlay to the tune of Rs. 68.02 crore in BE 2021-22 would not suffice for the intended purpose keeping in view stopping of the HEFA funding to meet the expenditure on procurement of machinery and equipments for making new blocks constructed under CRP project. The Committee, therefore, recommends for favorably considering the projected demand of Rs. 147.01 crore at the RE 2021-22 for the intended purpose.**

Vacancy position of faculty and non-faculty staff against the sanctioned strength.

Table 18

Name of the Post	Sanctioned Strength	Vacant post
Faculty	341	70
Non-Faculty	2427	804

3.49 The Committee was apprised that to mitigate the shortage of the faculties (Asstt. Professors) LHMC has been appointing Asstt. Professors on contract basis but with the approval of MoH&FW. With regards to recruitment of non-faculties personnel's, the vacant posts are filled through Walk in Assessment of eligible candidates. So far as other posts are concerned, the recruitment is done through recruitment agencies or in house recruitment Committee.

3.50 The Committee takes notes with concern the vacancy position of 70 faculty and 804 non-faculty posts in LHMC. The Committee has been given to understand that the recruitment of faculty/assistant professor is done at the level of Ministry of Health and Family Welfare and even for appointing assistant professors on contract basis approval of

the Ministry is required. The Committee, therefore, strongly recommends the Ministry to expedite the process for recruitment of faculty and non-faculty at the institute for effective working of the institute. The Committee also recommends that the Ministry may explore the possibility to delegate administrative autonomy to the institute for recruitment of non-faculty members and appointment of assistant professors on contract basis.

KALAWATI SARAN CHILDEN'S HOSPITAL

3.51 The hospital specialises children's diseases and is managed by Lady Harding Medical College. It provides facilities in Paediatrics, Surgery, Orthopaedics and intensive care facilities for children.

3.52 The Committee observes that the actual capital expenditure under revenue head was to the tune of Rs. 112.91 crore in 2019-20 which has been increased to Rs. 127.55 crore in BE 2020-21 and the same was further enhanced to Rs. 132.92 crore at the RE 2020-21 and an amount to the tune of Rs. 139.83 crore has been earmarked in BE 2021-22. Under the capital head the actual expenditure was to the tune of Rs. 8.49 crore in 2019-20 and the same was kept at Rs. 9.20 crore at BE and RE 2020-21 but enhanced to Rs. 10.09 crore in BE 2021-22.

3.53 The Department furnished the following information in regard to BE, RE & Actual Expenditure for 2019-20 & 2020-21

Table 19

		2019-2020			**Rs. in crores**	
Scheme / Institution / Programme		**Budget Estimates**	**Revised Estimate**	**Progressive Expenditure**	**% of Exp. W.r.t. R.E.**	
Revenue Section-2210						
1	**Salary &General**	113.65	117.93	112.91	95.74	
Capital Section-4210 & 4216						
3	**Creation of Capital Assets**	11.25	11.25	8.48	75.38	
Grand Total		**124.90**	**129.18**	**121.39**	**93.97**	
		2020-2021				
Scheme / Institution / Programme		**Budget Estimates**	**Revised Estimate proposed**	**Progressive Expenditure upto 06.02.2021**	**% of Exp. W.r.t. B.E.**	
Revenue Section-2210						
1	**Salary &General**	127.55	132.92	105.08	82.39	
Capital Section-4210 & 4216						
3	**Creation of Capital Assets**	9.20	9.20	4.59	49.90	
Grand Total		**136.75**	**142.12**	**109.68**	**80.20**	

3.54 The Committee has been given to understand that a proposal for creation of a 30 (thirty) bedded outborn neonatal Unit is under process. Although, the site has been identified and requisite map has been finalized, however, sufficient funds for the project has not been earmarked for KSCH, therefore, the project could not take off during the current financial year. The expansion of the existing hospital services has been under process under Comprehensive Redevelopment Project. Many services such as separate ENT and eye ward, Pediatric Haemodialysis facility are under process to be operationalised in the hospital.

3.55 **The Committee is perturbed to observe that adequate budgetary allocation has not been earmarked for Kalawati Saran Children's Hospital resulting into procrastination in taking off the project for creation of 30 bedded outborn neonatal unit despite finalization of site and map. Moreover, the Comprehensive Redevelopment Project is yet to see the light of the day. The Committee further notes with concern that many services viz. separate ENT and eye ward, Pediatric Haemodialysis facility are yet to be operationalised in the hospital due to inadequate infrastructure facilities. The Committee, therefore, strongly recommends the department to pursue the matter with the Department of Finance for adequate allocation of capital outlay for ongoing projects as well as the projects likely to be undertaken by the Kalawati Saran Children's Hospital Management.**

Vacancy position of KSCH (February) 2021

Table 20

S. NO.	Name of the Cadre	Sanctioned Strength	In-position Strength	Vacant Posts
1.	Group – A	16	09	07
2.	Group – B	474	437	37
3.	Group – C	199	154	45
4.	Group – C, MTS	84	72	12
	Grand Total	**773**	**672**	**101**

3.56 The Committee observes that in KSCH against the total sanctioned strength of 773 posts in various cadres, the in-position strength is 672 and 101 posts stand vacant. The Committee understands that inadequate human resources must be adversely affecting the working of KSCH due to patient care load. The Committee, therefore, recommends that the recruitment process for filling up the vacant posts in KSCH must be expeditiously completed.

OTHER HOSPITALS/INSTITUTIONS

3.57 It provides for cost of establishment expenditure of various subordinate offices and institutions of medical education, training and research viz. Central Institute of Psychiatry,

Ranchi, All India Institute of Physical Medicine and Rehabilitation, Mumbai, RAK College of Nursing, New Delhi, Central/Regional Leprosy training research institutes, Port Health Estt. Including APHO, Central Drugs Standard Control Org., BCG Vaccine Laboratory, Guindy, Chennai, CRI, Kasauli, AIIH & PH, Kolkata, CCTC Singur, Regional Health Offices, F.W. Training and Res. Centre, Bombay, Rural Health Training Centre, Najafgarh etc.

3.58 The actual revenue expenditure to the tune of Rs. 665.91 crore in 2019-20 was spent. The capital outlay of actual of Rs.93.49 crore in 2019-20 was drastically reduced to Rs. 51.90 crore in BE 2020-21 and further reduced to Rs. 43.90 crore at RE stage. The earmarked capital outlay is to the tune of Rs. 115.87 crore in BE 2021-22 is going to be appropriated.

3.59 Under the Department of Health and Family Welfare. The actual expenditure during 2019-20 is to the tune of Rs. 43.63 crore, the allocation in BE 2020-21 is to the tune of Rs. 50.54 crore that was reduced to Rs. 42.06 crore out of which the actual expenditure upto 5th February, 2021 is to the tune of Rs. 36.89 crore and a sum total of Rs. 49.75 crore has been earmarked and the revenue head but with nil capital outlay. As regards reduction of allocation under Capital Section in BE/RE 2020-21 in comparison to actuals 2019-20 is attributed to finalization of estimates of works and also slow progress in execution of works by the executive agencies.

3.60 **The Committee has been given to understand that the funds allocated under BE/RE 2020-21 and BE 2021-22 under Revenue and Capital for various Institutions/Organisations are estimated to suffice the requirement to meet the cost of establishment charges of various subordinate/field offices engaged in providing medical care, technical research, vaccines/sera production, Drug Quality and Standards, health education and intelligence, Nursing education, communicable diseases. The Committee, however recommends the Department to plead for allocation of additional funds, if required, during 2021-22 at RE stage.**

PRADHAN MANTRI SWASTHAYA SURAKSHA YOJANA (PMSSY)

3.61 PMSSY has been launched with the objective of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. The scheme envisages setting up of 6 AIIMS like institutions, one each at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh in the first phase; and two in West Bengal and Uttar Pradesh in the second phase. It also envisages up gradation of 13 existing Government Medical college institutions in the first phase, 6 in the second phase and 39 in the third phase of PMSSY. In addition, it is also proposed to set up AIIMS in each State in a phased manner and also upgrade 12 more Government Medical Colleges under PMSSY phase IV.

3.62 The financing of PMSSY is provided through two sources viz. CRIF (Central Roadways Infrastructure Fund) and GBS (Gross Budgetary Support). The allocated amount is distributed under GiA (General) and GiA (Capital). The Budgetary allocation of relevant heads of GiA in Revenue Section in comparison with Financial Year (F.Y.) 2020-21 and 2021-22 is given below:

Table 21

REVENUE OUTLAY					
Fund Source	**GiA (Heads)**	**B.E. 20-21**	**R.E. 20-21**	**Sanctions Released 10-2-21**	**B.E. 21-22**
CRIF (Central Roadways Infrastructure Fund)	GiA (General)	700.00	700.00	699.10	0.00
	GiA (Capital)	300.00	300.00	298.00	0.00
	GiA (Salaries)	1200.00	329.70	1200.00	1500.00
	CRIF Others	107.10	105.30	40.09	97.10
Total Support from CRIF		**2307.10**	**1435.00**	**2237.19**	**1597.10**
GBS (Gross Budgetary Support)	GiA (General)	100.00	600.00	494.50	1500.00
	GiA (Capital)	1520.00	537.25	460.00	1350.00
	GiA (Salaries)	-	1072.10	-	-
	Total	**1620.00**	**2209.35**	**954.50**	**2850.00**
Total CRIF + GBS		**3927.10**	**3644.35**	**3191.69**	**4447.10**
Other Heads, HEFA, SAP etc.		**1425.00**	**1425.00**	**650.43**	**706.03**
TOTAL REVENUE OUTLAY		**5352.10**	**5069.35**	**3842.12**	**5153.13**

3.63 During the current financial year there has been expenditure of Rs. 1193.60 crore in GiA (General) against allocation of Rs. 1350.00 crore in 10 months and Rs. 758.00 crore in GiA (Capital) against allocation of Rs. Rs. 537.25 crore in 10 months. Considering that several new AIIMS are going to be functional next year, it would be possible to utilize Rs. 1500.00 cr in GiA (General) and Rs. 1350.00 cr in GiA (Capital).

3.64 Informing about the reasons for variations in support from gross budgetary support in BE 2021-22 and RE 2020-21 against actual of Rs. 173.90 crore in BE 2019-20, the Department maintained that the capital outlay of Rs. 2447.90 crore has been in BE 2020-21 against nil provision at BE stage. There is no provision from Gross Budgetary Support (GBS) under capital head in BE 2021-22.

3.65 Advocating the reasons for variations in capital outlay under CIRF that is actual of Rs. 1130.82 crore in 2019-20, Rs. 667.90 crore in BE 2020-21 and Rs. 1846.87 crore in BE 2021-22, the Department furnished the details of the financing of the Capital Outlay through CRIF and GBS during 2019-20, 2020-21 and 2021-22 which are as under: The allocation through these two sources under Capital Head can be seen below:

Table 22

Fund Source	Capital Section	B.E. 20-21	R.E. 20-21	Sanctions Released 10-2-21	B.E. 21-22
CRIF (Central Roadways Infrastructure Fund)	Major Works	300.00	-	83.76	-
	Mach & Equip	315.90	-	946.89	-
	Maj Wo (Hou)	2.00	-	0.00	-
	Total	**617.90**	**-**	**1030.65**	**-**
GBS (Gross Budgetary Support)	Major Works	-	300.00	-	300.00
	Mach & Equip	-	2095.90	-	1494.85
	Maj Wo (Hou)	-	2.00	-	2.00
			2397.90		**1796.85**
Total CRIF + GBS		**617.90**	**2397.90**	**1030.65**	**1796.85**

Rs. 50.00 cr allocation in North East Funds for PMSSY Budget is re-appropriated to relevant Capital heads during processing of release.

3.66 The Committee desired to be apprised of the projects that are to be undertaken under Central Road and Infrastructure Fund (CRIF) along with total cost, timeframe set for their completion alongwith cost and time overruns, physical achievements till date along with the reasons for variations in revenue outlay of Rs.2332.10 crore in BE 2020-21 in comparison to actual of Rs. 2658.56 crore in BE 2019-20 and Rs. 1460.00 crore in RE 2020-21 and Rs. 1633.13 crore in BE 2021-22. Six of the AIIMS at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh are functional. Setting up of 16 remaining AIIMS is under progress. Out of 75 Up gradation of GMC projects, construction works of Super Speciality / Trauma Centre have been completed in 48 projects. There have been time overrun in many cases however, there has been no cost escalation reported in any of the projects undertaken. The variations/increase in Revenue outlay can be attributed to expenditure incurred due to rapid functionalisation of upcoming AIIMS of which six (06) are fully functional and thirteen (13) are at various phase of operationalisation. All 19 AIIMS are being released GiA periodically.

3.67 The GBS Capital outlay made available for R.E. 2020-21 and B.E. 2021-22 is as per requirement of the Scheme. The earmarked capital outlay to the tune of Rs.1846.87 crore under CIRF is to be appropriated during 2021-22 for construction of civil works and procurement of machinery and equipments for all new AIIMS under construction and upgradation of Government Medical Colleges. Additional Requirement if any will be sought during R.E. stage.

3.68 The Committee sought to know the total loan amount from HEFA for PMSSY and about the loan repayment plan along with the criteria for repayment of principal amount and interest amount to HEFA loan under CIRF. The Department replied that the total loan amount taken for new AIIMS projects under PMSSY is Rs 3727.25 Crore. As per the Terms & Conditions in the Sanction letter issued by HEFA for new AIIMS and as the Institute falls under window 5 as per

"RISE by 2022" Scheme, the principal repayment is fully met out of grants from the Health Ministry. For Principal Repayment, 50% of the annually committed escrow amount is to be deposited on signing the loan documents and the balance 50% before the end of 6 months from that date and similar amounts every 6 months thereafter, till closure of the loan account and remit the amount to Principal & Interest repayment account maintained with Canara Bank. As interest obligation is also fully serviced out of grants from the Ministry of Health and Family Welfare, upon demand notice from HEFA, the Interest is paid by this Ministry and on quarterly basis. Recently, an OM No. 13(04)/PFC-II/2016 dated 07.09.2020 was received to this Ministry from PFC-II Division, DoE, MoF in regard to revision of guidelines for HEFA funding and as per the directions Funds already disbursed under Windows IV & V will be paid to HEFA from the Budget. The timing and the manner of settlement will be worked out by Budget Division with HEFA.

3.69 The Committee takes note that PMSSY scheme is financed through two sources, CRIF and GBS. PMSSY encompasses two components viz. setting up of new AIIMS and up gradation of Govt. Medical Colleges (GMCs). So far, setting up of 22 new AIIMS and 75 up-gradation projects of GMCs have been sanctioned under PMSSY. The Committee observes that keeping in view the past experience, there is a need to strictly monitor the execution of the PMSSY Scheme in order to ensure the completion of the project within the scheduled time. In order to achieve the set objectives, the Department also requires to have effective monitoring mechanism to control the financial progress and to co-ordinate with the implementing agencies for ensuring timely implementation of the projects under taken on setting up of new AIIMS and upgradation of Government Medical Colleges (GMCs). The management of the 16 AIIMS and GMCs must have Always Better Control (ABC) in order to keep the implementing agencies on the alert mode.

Key Concern Areas of functioning of 16 AIIMS

3.70 Critical areas for making AIIMS functional in order to be able to deliver services are timely completion of projects and availability of adequate manpower. Progress in implementation of projects by the Executing Agencies (E.A.s) is monitored at various levels to ensure timely completion of the projects. Posts are sanctioned and recruitments are made depending upon expansion of services.

3.71 Setting up of remaining sixteen AIIMS are in progress. In 7 AIIMS (Bibinagar Nagpur, Bathinda, Raebareli, Mangalagiri, Gorakhpur, Kalyani) OPD services and MBBS classes have been started. In other 5 AIIMS i.e. Deoghar, Bilaspur, Guwahati, Rajkot and Jammu, MBBS classes have been started.

3.72 To further strengthen health infrastructure an ambitious programme and is being taken up in a phased manner; which broadly envisages improving tertiary health infrastructure through construction of Super Speciality Blocks / Trauma Care Centres etc. in existing

Government Medical College /Institutions (GMCIs) on cost sharing basis between Central and State Governments Share basis has been undertaken. Total 75 Govt. Medical Colleges up-gradation projects have been approved so far. Construction works of Super Speciality Block / Trauma Centre has been completed in 48 Projects.

3.73 Progress in implementation of the projects is being monitored at various levels in order to ensure timely completion of the projects.

3.74 Apprising the Committee about the status of upgradation of 30 existing government medical colleges/institutions in the first phase, 6 in the second phase and 39 in the third phase and twelve more government medical colleges in phase four under the PMSSY, the Department furnished the phase wise GMC upgradation projects sanctioned under PMSSY which are as under :

Table 23

Phase	GMCs covered	Current Status
I	13	All Completed
II	06	All Completed
III	39	• 25 projects completed up to March 2020 • 02 Projects already completed in 2020-21 and 02 more Projects likely to be completed in 2020-21 • 09 Projects likely to be completed in 2021-22
IV	13	• 01 Project completed in 2020-21 • 08 projects likely to be completed in 2021-22 and 03 in 2022-23
V	4	• One project Completed in 2019-20 another likely to be completed by March, 2021 • 02 projects likely to be completed in 2021-22

(as on 15.1.2021)

DETAILS OF NEW AIIMS (16) UNDER PMSSY

Table 24

S. No.	Phase	Location of AIIMS under PMSSY	Date of Cabinet Approval	Approved Outlay (Rs Cr)	Fund released (Rs Cr)	Cabinet approved date of completion	Expected date for completion	Physical Progress
1	Phase-II	AIIMS, Raebareli	05.02.2009 [RCE was approved by EFC on 22.06.2017]	823	456.86	April, 2020	Dec, 2020	• Medical College / Hospital under construction ✓ Progress – 92%

S. No.	Phase	Location of AIIMS under PMSSY	Date of Cabinet Approval	Approved Outlay (Rs Cr)	Fund released (Rs Cr)	Cabinet approved date of completion	Expected date for completion	Physical Progress
2	Phase-IV	Mangalagiri in Andhra Pradesh	07.10.2015	1618	782.29	Sep, 2020	June 21	• Progress of work: ✓ Phase I - OPD Block & Residential Complex: 95% ✓ Phase II – Hospital and Academic Campus: 60% ✓ IPD for COVID-19 treatment with COVID Lab functional
3		Nagpur in Maharashtra	07.10.2015	1577	932.21	Sep, 2020	June 21	• Progress of work: ✓ Phase I - OPD Block & Residential Complex: 98% ✓ Phase II – Hospital and Academic Campus: 80% ✓ IPD for COVID-19 treatment with COVID Lab functional
4		Kalyani in West Bengal	07.10.2015	1754	882.91	Sep, 2020	June 21	• Progress of work: ✓ Phase I - OPD Block & Residential Complex: 85% ✓ Phase II – Hospital and Academic Campus: 72%
5		Gorakhpur in Uttar Pradesh	20.07.2016	1011	702.54	April, 2020	June, 2021	• Construction in EPC Mode in progress (76.29%)
6	Phase-V	Bathinda in Punjab	27.07.2016	925	597.95	June, 2020	June, 2021	• Construction in EPC Mode in progress (75.56%)
7		Guwahati in Assam	24.05.2017	1123	341.73	April, 2021	June, 2022	• Construction in EPC Mode in progress (36.42%)
8		Bilaspur in Himachal Pradesh	03.01.2018	1471.04	750.45	Dec, 2021	Dec, 2021	• Construction in EPC Mode in progress. (48%)

S. No.	Phase	Location of AIIMS under PMSSY	Date of Cabinet Approval	Approved Outlay (Rs Cr)	Fund released (Rs Cr)	Cabinet approved date of completion	Expected date for completion	Physical Progress
9		Madurai in Tamil Nadu	17.12.2018	1264	12.35	Sep, 2022	Sep, 2022 (Depends on JICA collaboration)	• Site finalized at Madurai. • Pre-investment work in progress. • Preparatory survey by JICA Mission commenced in Feb, 2020. • The Preparatory survey has been completed by JICA and the main survey is in progress. • As indicated by JICA, the loan approval process would be expected to be completed at their end by January, 2021. • The detailed project schedule and the revised timelines will be prepared thereafter in consultation with JICA.
10		Darbhanga in Bihar	15.09.2020	1264	0	Sep, 2024	Sep, 2024	• Site at Darbhanga finalized for the establishment of new AIIMS in the State. • Appointment of EA in process
11		Samba in Jammu	10.01.2019	1661	248.33	Jan, 2023	Jan, 2023	• Pre-investment activities in progress. • Construction agency for the main work appointed by CPWD. • Work started (7%)
12		Awantipura in Kashmir	10.01.2019	1828	84.51	Jan, 2025	Jan, 2025	• Pre-investment activities in progress. • Master plan finalized. • Construction agency for the main work

S. No.	Phase	Location of AIIMS under PMSSY	Date of Cabinet Approval	Approved Outlay (Rs Cr)	Fund released (Rs Cr)	Cabinet approved date of completion	Expected date for completion	Physical Progress
								appointed by CPWD.
13	Phase-VI	Deoghar in Jharkhand	16.05.2018	1103	242.94	Feb, 2022	March, 2022	• Master Plan finalized. • Construction Agency appointed. • Work in progress- 24%.
14		Rajkot in Gujarat	10.01.2019	1195	7.20	Oct, 2022	Oct, 2022	• Site finalized at Khanderi • Pre-investment activities in progress. • Executing Agency for the main work appointed. • Design Consultant appointed. • Construction agency for the main work appointed.
15		Bibinagar in Telangana	17.12.2018	1028	22.78	Sep,2022	Sep, 2022	• Site finalized at Bibinagar. • Pre-investment work in progress. • Executing Agency for the main work appointed. • Design Consultant appointed.
16	Phase-VII	Manethi in Haryana	28.02.2019	1299	0	Feb, 2023	Feb, 2023 (Depends upon getting encumbrance free land from State Govt.)	• Encumbrance free land yet to be handed over by State Govt.

3.75 **The Committee recommends that Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been successful in correcting regional imbalances in the availability of**

affordable/reliable tertiary health care services and to augment facilities for quality medical education in the country. The Committee is of the view that robust mechanism must be put in place for effective utilization of funds earmarked to various Institutes under PMSSY to achieve the set objectives. Timely completion of the projects and availability of adequate manpower is concomitant to achievement of the core objective of PMSSY. The Committee hopes that concrete steps would be taken to expedite the work and construction projects. The Monitoring mechanism to oversee the progress of the construction projects also needs to be strengthened.

STATUS OF FILLED UP POSITION FOR VARIOUS POSTS FOR FIRST SIX AIIMS

Table 25

Sl. No.	AIIMS	No. of posts created			No. of Posts filled up (Regular + contractual)		
		Project Cell posts	Faculty posts	Non-Faculty posts	Project Cell posts	Faculty posts	Non-Faculty posts
1	Bhopal% (As on 05.01.2021)	8	305	3776	8	168	1976
2	Bhubaneswar (As on 28.12.2020)	8	30	3776	5	195	1311
3	Jodhpur (As on 30.12.2020)	8	305	3776	4	186	2726#
4	Patna (As on 31.12.2020)	8	305	3776	2	136	1131
5	Raipur (As on 30.12.2020)	8	305	3776	5	159	2293
6	Rishikesh (As on 31.12.2020)	8	305	3776	5	247@@	2949##
Total:		48	1830	22656	29	1091	12386

Including Outsourced staff. @@ 9 Faculty posts filled on contractual basis. ## 1229 working on ad-hoc basis. % includes 459 outsourced posts.

3.76 The Committee has been apprised that the recruitment to various positions is done on need basis keeping in view the range of additional services and facilities planned to be added in the hospitals. The incumbency position at various AIIMS is monitored regularly and vacancies are advertised from time to time depending on their requirement. However, as high standards have to be maintained in selection, keeping in view the stature of these Institutes of National Importance, all the advertised positions could not be filled up. Various steps have been taken to fill up the vacant posts in these AIIMS, however, vacancy position shows that efforts were not successful to achieve the set objectives of filling up of vacant posts. The Committee, is of the opinion that a Centralized Recruitment Process would yield speedy and better outcome. The Committee also feels that adoption of recruitment rules for various posts of AIIMS, New Delhi and for new AIIMS would bring forth uniformity in recruitment process for all AIIMS and have simultaneous recruitment for all AIIMS. The Committee, therefore, recommends that these options may be explored in earnest to fill up the vacancies in AIIMS.

NATIONAL AIDS AND STD CONTROL PROGRAMME (NACP)

3.77 The National AIDS and STD Control Programme (NACP) is being implemented in India under the aegis of Ministry of Health & Family Welfare (MoHFW) since 1992 to combat and control the HIV/AIDS epidemic in the country. The HIV epidemic in India continues to be low with adult (15 to 49 years)HIV prevalence estimated at 0.22% with around 23.49 lakh people living with HIV (PLHIV) in the country. Currently, NACP Phase IV Ext. (2017-21) is under implementation with following objectives:

(i) Reduce the new infection by 75% from baseline of 2010

(ii) Ninety percent of HIV positive know their status, 90% of those who know their status are on treatment and 90% of those who are on treatment have suppressed viral load

(iii) Eliminate Parent to Child Transmission of HIV and Syphilis

(iv) Eliminate HIV related stigma and discrimination

3.78 The table below presents the progress under the National AIDS Control Programme Phase IV Ext. (2017-21) against the set objectives.

Table 26

Indicator	**Target (%)**	**Achievement (2019)**	
		India	**Global**
Reduction in annual new HIV infection	75	37	23
Reduction in annual AIDS related deaths	75	66	39
People Living with HIV (PLHIV) who know their Status	90	76	81
PLHIV who know their Status and are on treatment	90	84	83
PLHIV who are on treatment and virally suppressed	90	84	88
HIV-positive pregnant women on treatment	95	66	85

3.79 The Budgetary revenue actual expenditure was to the tune of Rs. 2800.97 crore in the year 2019-20 which was increased to Rs. 2846.16 crore in BE and RE 2020-21 which has further been increased to Rs. 2878.50 crore in BE 2021-22. The budgetary revenue expenditure variations are around 1.5% which is marginal considering the inflation index. The budget estimates during 2019-20 and 2020-21 were appropriated on the basis of the annual action plans. The earmarked amount for the year 2021-22 would be sufficient for the intended purpose. The outcome of the expenditure made during 2018-19 and 2019-20 are as below:

Table 27

Indicator	**2018-19**	**2019-20**
People Living with HIV (PLHIV) who know their Status (%)	71	76
PLHIV who know their Status and are on treatment (%)	82	84
PLHIV who are on treatment and virally suppressed	72	84

(%)		

3.80 The Department informed the Committee that the funds utilization earmarked under capital head while implementing the programme by the Government along with the unspent allocated fund during the last two years.

3.81 The details of funds utilization under capital head are as under:

Table 28

(Rs. in crore)

Year	**Allocation**	**Expenditure**
2018-19	Rs.65.50	Rs.59.14
2019-20	`Rs.17.00	Rs.4.89*

3.82 The project relating to setting up of **Metro Blood Bank at Chennai is under process and CPWD has been brought on-board.** A revised budget estimate is awaited for utilization. NACP provides regular HIV counselling and testing services for early detection of HIV infections. HIV counselling and testing services are offered only after administering the informed consent, maintaining full confidentiality and following a strict procedure of results disclosure in accordance to provisions made in The HIV and AIDS (Prevention and Control) Act, 2017. Free Counselling and testing of pregnant women are also offered aimed towards prevention of parent to child transmission of HIV and Early Infant Diagnosis (EID).

3.83 The Committee takes note of key strategies suggested to prevent outspread of AIDS and STDs in the country:-

(i) New generation communication strategy focused towards 'At risk' and 'Virtual' populations with the aim to target at populations not identifying themselves as being at risk and have poor risk perception.

(ii) Reaching the Missing million - The virtual approach for strengthening the HIV prevention efforts, including access to HIV testing among key and vulnerable populations (High-risk groups and, at-risk adolescents and youth, men and women with high-risk behaviours) seeking partners on virtual platforms.

(iii) Promoting integrated service delivery through one-stop centres for clinical and behavioural aspects of HIV services as integrated or combination approaches to HIV prevention centralize service provision with aim to reduce stigma or logistical barriers.

(iv) Provision of a comprehensive package of services (Sampoorna Suraksha) to reach the last mile plugging the linkage loss at each facility and aiming to provide a comprehensive package of preventive services to the 'at-risk' HIV negative clients.

3.84 The Committee exhorts the Department to take appropriate steps to implement the key strategies identified by it so as to present outspread of AIDS and STDs in the country. The awareness programmes undertaken by the Government so far has been successful in making people aware about the programme, the Department stated that the communication initiatives of NACO have been key in generating awareness on prevention as well as ensuring access to treatment, care and support. Information, Education and Communication, (IEC) through different channels of communication such as mass media (Long Format Programmes, Advertisement through Newspapers, Outdoors), mid-media (Folk Media and IEC Vans), Social Media (facebook, twitter, YouTube) is used to maximize the reach. IEC activities are also categorized and strategized based on target audiences, like youth (Adolescence Education Programme, Red Ribbon club, Out of school youth), general population, key populations including those at high risk of contracting HIV and bridge populations. This is done to generate demand for care, support and treatment services and to strengthen the enabling environment by facilitating appropriate changes in societal norms that reinforces positive attitudes, beliefs and practices to reduce stigma and discrimination.

3.85 The Committee observes that due to focused campaigns, there has been reduction in new infections that can be witnessed in the recent India HIV Estimation 2019 Report, according to which new HIV infections have declined by 37% in 2019. Overall, the estimated adult (15–49 years), HIV prevalence trend has been declining in India since the epidemic's peak in the year 2000 and has been stabilizing in recent years. There has been an increase in treatment seeking behaviour and adherence to treatment as well as reduction in AIDS related deaths. As per the HIV Estimation, 2019 report, AIDS related deaths have declines by 66% since 2010. The Committee, however, desires that concerted efforts on the part of the department must continue to achieve the objective of NACP.

3.86 The Committee recommends the Department to undertake specific campaigns to achieve the targets of 95:95:95 by 2025 and ending AIDS epidemic by 2030. New age communication interventions must be developed for virtual and hidden population. The traditional approach of mass-media, IPC may continue, however, emphasis should be given on social media and innovative engagement to identify HRG and linking them to HIV services. In addition to that, youth involvement is required to be strengthened in the priority districts. NACO should continue to lodge partnership with key Departments/Ministries of Government of India through entering in MoU in order to garner support for HIV/AIDS related activities and services in order to reach out to the large number of employees and associated communities with information on HIV/AIDS and services under the national programme.

3.87 The Committee understands that there is urgent need to undertake following specific course of action to achieve the objectives of the programme i.e. (i) prevention, (ii) taking care, support and treatment to people living with HIV/AIDS, (iii) capacity building (iv) strategic information management:-

(i) Since only 76% of the PLHIV know their HIV status, therefore, augmenting contact tracing and index testing promoting early detection of undiagnosed infections as index testing could link HIV-positive individuals to life-saving

treatment, break chains of transmission and link people to other appropriate related services.

(ii) The Committee has been given to understand that NACO developed client-centric IT enabled integrated monitoring, evaluation &surveillance system with embedded supply chain information system as the next generation of MIS. Since system is to be rolled out by 31st March 2021, therefore, IT-enabled client-centric integrated strategic information management system with embedded supply chain management would be quite useful, not only for generating alerts, but also to avoid a loss to follow up etc.

(iii) Though the National Strategic Plan (2017-24) aims to achieve, *inter alia*, the elimination of mother to child transmission of Syphilis by 2020, however, out of the estimated 3 Crore pregnant women, only 57% were tested for Syphilis in the financial year 2019-20, thus leaving a gap of 43%. Therefore, leveraging dual test kits (HIV & Syphilis) to (i) fast-track progress on the elimination of mother to child transmission of Syphilis, and (ii) promotion of an integrated approach for offering HIV and STI services to the people who are at higher risk of HIV and Syphilis infections would be result-oriented.

(iv) Endeavours be made to mitigate linkage loss across screening-confirmation-treatment-retention by leveraging technology, strengthening outreach, upskilling field resources, improving counselling and building synergy across service delivery points. Adoption of clinical decision support systems using artificial intelligence would help in identification of PLHIV requiring additional care and attend to the same timely.

(v) Given the fact that 12 months retention among PLHIV on ART is hovering at 72-75%, adherence to differentiated care model would improve the quality of services provided to PLHIV and also will optimize the output of the existing ART centre staff.

(vi) Prioritize sexual and reproductive health services for women at increased risk of HIV infection and women living with HIV through upskilling at NACP service delivery points as well as augmenting synergies through national health mission.

(vii) Adapting new approaches viz. by outsourcing the services under PPP model and by strengthening a network of public sector labs. to expand the reach of viral load testing services

(viii) Considering the fact that 29% of estimated pregnant women seek delivery services in the private sector, therefore, enhancement of private sector engagement under the programme to optimize the resources.

(ix) COVID-19 pandemic has highlighted the context of technology to facilitate the delivery of services as well as enable online programme management. The best practices developed during COVID-19 can be further strengthened and leveraged to expand the reach of services under NACP.

(x) Enhancement of community support through community system strengthening through formal and informal engagement with an emphasis on the decentralized model of district-level programme monitoring and community feedback loop.

(xi) The reach of National AIDS response has a potential to increase multi-fold across prevention-detection-treatment by leveraging strengths of the National Health Mission. Similarly, many of the national health programme may dovetail NACP systems and their reach to offer multiple services with minimal additional resources. HIV-TB collaboration, Hepatitis prevention and treatment among HRG populations, use of HIV sentinel surveillance systems towards integrated HIV-Hepatitis-Syphilis surveillance system are key points in the context.

(xii) Anchoring the response through focussed and strategic programme management and review.

(xiii) Enhancing the strategic information systems to meet the evidence needs in ever-evolving and dynamic epidemiological and programmatic context.

FAMILY WELFARE SCHEMES – Central Plan Scheme

3.88 FWS is a Central Plan Scheme for implementation of various Family Welfare activities such as Information, Education and Communication (renamed as Swastha Nagrik Abhiyan (SNA), Procurement of Family Planning material under Free Distribution and Social Marketing of Contraceptives, Health Surveys and Research Studies, WHO Supported National Polio Surveillance Project, etc.

Table 29

Annexure - A

Family Welfare Scheme

(Rs. in Crore)

Name of Scheme/Programme	AE 2019-20	BE 2020-21	RE 2020-21	AE upto 05/02/21	BE 2021-22 (Projected)	BE 2021-22
Swastha Nagrik Abhiyan(SNA)	132.21	220.00	60.00	41.99	100.00	60.00
Population Research Centres	23.30	26.50	21.75	15.15	31.80	29.05
Health Surveys and Research Studies	112.46	73.47	73.26	53.80	35.21	35.22
Social Marketing of Contraceptives	82.43	90.00	62.00	28.20	90.00	70.00
Free Distribution of Contraceptives	100.00	150.00	150.00	145.40	280.00	150.00
NPSF/National Commission on Population	0.01	0.01	0.01	0.00	0.01	0.01
FW Programme in Other Ministries	0.00	0.01	0.07	0.00	0.00	0.01
NGO (PPP)	0.00	0.01	0.01	0.00	0.00	0.01
WHO supported National Polio Surveillance Project (NPS)	39.00	40.00	128.59	40.00	116.71	42.85
Total	**489.41**	**600.00**	**495.69**	**324.54**	**653.73**	**387.15**

3.89 The actual expenditure was Rs. 489.41 crore for the year 2019-2020. The budgetary allocation which was increased to Rs. 600.00 crore in BE 2020-21 but slashed to Rs. 495.69 crore in RE 2020-21. The Committee observes with concern that there is drastic reduction in allocation i.e. the tune of Rs. 387.15 crore in BE 2021-22.

Health Survey and Research Studies (HSRS)

3.90 Out of the funds allocated for Grant in Aid Head under Health Survey and Research Studies (HSRS) to the tune of Rs. 73.14 Crores for the year 2020-21, it was submitted that Rs.53.75 Crores have been released to IIPS, nodal agency for conducting NFHS-5 till January 2021. A proposal for release of additional Rs.9.90 Crores was concurred by IFD for release in February, 2021. The National Family Health Survey (NFHS) is being implemented by the nodal agency, International Institute of Population Sciences (IIPS) under the monitoring and supervision of DoHFW. The Ministry, in order to meet the requirement of National, State and District level information need to monitor performance of health programmes/schemes at closer interval. The activities of Fifth round of NFHS (NFHS-5) are in progress and the State/UT/District Fact sheets for the 22 Phase-I States/UTs have been released by the Ministry. The survey field work in the remaining fourteen Phase-II States/UTs of NFHS-5, which got delayed due to worldwide COVID-19 pandemic, is scheduled to be completed by March, 2021. And, the national level estimates would be available for comparison with previous rounds estimates only after completion of entire survey work.

3.91 The Committee observes that the amount released in FY 2020-21 is less as compared to the allocated funds due to temporary suspension of NFHS-5 survey field work for eight months as a result of outbreak of Pandemic COVID-19 that impacted the timeline of achievement of milestones fixed as per MoA of the survey, which in turn has led to release of lesser funds to IIPS in the 2020-21 FY. As the NFHS-5 survey work has restarted in November, 2020 and the activities are attaining pace, the Committee recommends the Department to make all out efforts to revitalize the activities so as to ensure optimal utilization of available of funds towards achievement of set goals and objectives.

Population Research Centres (PRC)

3.92 The Ministry of Health and Family Welfare (MoHFW) has established the network of 18 Population Research Centres (PRCs) spread over 16 major States of India. The PRCs were established to undertake research projects relating to family planning, demographic research and biological studies & qualitative aspect of population control, with a view to gainfully utilize the feed back from these research studies for plan formulation, strategies and modifications of on going schemes. The PRCs have been functioning as a Central Sector Scheme where MoHFW provides 100% grants-in-aid for meeting all expenditure towards salary, allowances, approved research studies, infrastructure development, non-recurring expenditure and other office expenses(OE) /other administrative expenses (OAE) for various activities such as constructions, repairs and maintenance, purchase of office furniture, equipment, computers, software, organizing workshops/seminars, etc.

3.93 The year-wise research studies and PIPs of districts completed by the 18 PRCs during last 3 years are as under:

Table 30

Year	No. of Research Studies completed	District covered for PIP evaluation

2017-18	80	184
2018-19	82	177
2019-20	39	459

3.94 The Committee understands the pivotal role of PRCs in critical research based inputs related to the Health and Family Welfare Programs and Policies at the national and state levels. The Committee, therefore, recommends the Department to revitalize the PRCs with adequate budgetary provision so that PRCs must contribute in a better way by undertaking research work on various flagship schemes like HWC, HBNC, Laqshya, NQAS,Kayakalp, NCDs, NVHCP etc. of NHM.

ESTABLISHMENT AND STRENGTHENING OF NCDC BRANCHES AND HEALTH INITIATIVES, INTER SECTORAL CO-ORDINATION FOR PREPARATION AND CONTROL OF ZOONOTIC DISEASES AND OTHER NEGLECTED TROPICAL DISEASES, SURVEILLANCE OF VIRAL HEPATITIS, ANTI MICROBIAL RESISTANCE

3.95 According to notes on Demand for Grants (2021-22) the Scheme is envisaged as a centre-par-excellence to give impetus to the advancement of knowledge in the field of prevention and control of communicable/infectious diseases of public health importance and Strengthening of other Health Initiatives. Up to 2017-18, the schemes viz. Strengthening of existing branches & establishment of 27 branches of NCDC, strengthening intersectoral coordination of prevention and control of Zoonotic diseases. Viral Hepatitis and Anti-Micro Resistance were separate schemes which have been merged into one scheme from 2018-19.

3.96 The actual expenditure for the year 2019-20 in the scheme was Rs. 23.03 Crore (Rs.19.57 crore as revenue outlay and Rs. 3.46 crore as Capital outlay). The budgetary allocation was enhanced to Rs 52.00 crore (Rs. 37.00 crore as revenue outlay and Rs. 15.00 crore as capital outlay) in the year 2020-21. The reason for increase in budgetary allocation in FY 2020-21, is the progress made with MOU signing with thirteen states and land transfer/ Lease Deed done with seven states in the prior financial years i.e. FY 2018-19 and 2019-20. Anticipation of continuation of progress in states as a setback due to COVID-19 pandemic and the activities at centre as well as states were suspended affecting the preliminary activities pertaining to land identification and transfer etc. increase in salary component of contractual staff employed at NPMU cell at NCDC, Delhi.

3.97 The revenue outlay to the tune of Rs. 40.00 crore and capital outlay of Rs. 21.44 crore has been earmarked for the year 2021-22. As per the SFC 2015, the approved cost of construction (civil and Electrical work) is Rs 9 crore and for equipment is Rs 1 Crore. As progress related to signing of MOU and Leases Deed /Land transfer has been made with seven states, the budget for construction related activities, as per preliminary estimates of state's

CPWD, shall be released following the approvals by competent authority at MoHFW and approvals of design by CDB.

Physical achievement:

3.98 The physical achievement has been affected as this is a Central Sector scheme, which has contribution from Central government (60%) as well as from state government (40%). The State Govt. has to provide 2-3 acres of land, free of cost (this will be the state share contribution) while the cost of construction, equipment, manpower and recurring expenditure is to be borne by the Central Govt. under the project. Further two states like Madhya Pradesh and Telangana has offered free building space to initiate the activities of branches at the earliest. These branches i.e. Jharkhand, Madhya Pradesh and Telangana can be made functional with meeting expenses related to :

(a) minor civil and electrical works as per CPWD rates,

(b) hiring of contractual manpower (including misc expenses pertaining to selection and recruitment procedures) against the approved manpower for these branches i.e. 22 posts in each branch,

(c) Procurement of office and laboratory Equipment for these three branches in FY 2021-22.

(d) In anticipation of progress at other states the expenditure may be increased

3.99 Proposed appropriation for revenue outlay (under approval at MoH) consist of Rs 283 lakhs for Intersectoral, Rs 2608 lakhs for Viral hepatitis programme, Rs 870 lakhs for AMR programme and Rs 238 lakhs for NCDC branches

Expected Outcome for AMR programme

(i) The **Swachh Bharat Abhiyan** is a national initiative **"KAYAKALP"** to create a healthy environment including infection control practices in healthcare facilities.

(ii) **Through Information, Education and Communication (IEC)** to prevent misuse of antibiotics. Phase 2 media material, on role of infection prevention/hand hygiene on AMR containment, is under process. IEC activities are conducted to raise awareness about AMR. A Budgetary allocation over last 3 years (2017-2020): Rs 14.40 lakhs. This includes funds for strengthening state medical college labs for AMR surveillance, National reference laboratory activities. Expansion of AMR programme activities to all states and UTs and going beyond AMR surveillance to strengthen AMR containment activities.

(iii) AMR surveillance network involving 30 state medical college labs in 24 states/UTs has been established under the National Programme on AMR Containment. The data is also uploaded annually on Global AMR Surveillance System (GLASS). National Guidelines for

Infection Prevention and Control in Healthcare Facilities have been launched on 16th January 2020 and shared with various stakeholders across the country. National Guidelines for Infection prevention and control in Health care facilities has been launched in January 2020. Antibiotic resistance has affected the Indian society and the steps have been taken by Government to control the threat of AMR in the country. The Committee has been informed that AMR surveillance reports generated over last 3 years have shown that pathogens isolated from patients have developed resistance to all antibiotics. National action plan on AMR (NAP-AMR) was launched in April 2017 in alignment with Global action plan on AMR. The NAP-AMR includes 6 strategic priorities for AMR containment, one of these being Research & development. ICMR is the nodal agency for research and development in the country.

3.100 **The Committee cautions the Government that Anti-Microbial Resistance (AMR) has emerged as a major threat to public health estimated to cause 10 million deaths annually by 2050. Since India has been referred to as 'the AMR capital of the world', the Committee recommends that suitable measures for combating the threat of AMR must be taken.**

3.101 The Committee observes that the incidence of pandemic COVID-19 has highlighted the need for zoonotic diseases awareness in public, private and government forums, man-animal interactions and need for having multi-disciplinary One Health approach. Since ISCP is the only Central sector scheme which has been addressing intersectoral coordination for prevention and control of zoonotic diseases since 2011, the Committee recommends that ISCP be expanded with a multidisciplinary approach and a broader objective to respond to zoonoses and contribute to achieve the Sustainable Development Goals (SDGs), entitled "Transforming our world: the 2030 Agenda for Sustainable Development". The Committee feels that ISCP should aim at eradication poverty to achieve sustainable development. The program needs to be strengthened to have a more pragmatic approach in institutionalization of One Health and response to Zoonoses under "National One Health Program for Prevention and Control of Zoonoses". The Committee recommends the Department to undertake following activities to achieve the objective of the program:-

(i) Institutionalization of One health Structure for Zoonoses at National, State and District Level through Constitution of Multi-stakeholder and multidisciplinary Steering committees, Policy documents, Standard Guidelines and SOPs to address priority zoonosis.

(ii) Integrated Capacity building program on Zoonosis through Multidisciplinary Regional Network of One Health Institutes and Partner organizations

(iii) Integrated Surveillance program on Zoonoses by establishing of Sentinel Surveillance site for zoonosis and Integrated Web /Digital portal with linkages to IDSP/IHIP

(iv) Integrated Community Outreach Program for Prevention and Control of Zoonoses with One Health approach at grass root level

(v) Advocacy and Risk Communication activities

(vi) Operational Research

NATIONAL PHARMACOVIGILANCE PROGRAMME (PvPI)

3.102 PvPI aims for creating a nationwide system for patient safety through drug safety monitoring by recognition of Health Care facilities as Adverse Drug Reactions Monitoring Centers (AMCs). Programme successfully collaborates with other national programmes such as National Tuberculosis Elimination Programme, National AIDS Control Programme, Adverse Event Following Immunization, and National Vector Borne Disease Control Programme for Kala-azar Drugs. This helps in exchanging relevant information to build and strengthen pharmacovigilance database. The Programme trained both health care professionals and non-health care professionals about Pharmacovigilance activities through several Training/ awareness Programmes at National and International level. The Programme supports strengthening of National Formulary of India by providing information on Adverse Drug Reactions for the listed monographs.

3.103 The objectives of Pharmacovigilance Programme of India (PvPI) are as follows:

(i) To create a nation-wide system for patient safety reporting in respect of Adverse Drug Reactions of Medical Products

(ii) To identify and analyze the new Adverse Drug Reactions (ADR) (Signal) from the reported cases

(iii) To analyze the benefit- risk ratio of Medicinal Products

(iv) To generate the evidence based safety related information on drugs marketed in India

(v) To support the regulatory agencies in the decision-making process

(vi) To communicate the safety information to various stakeholders to minimize the risk associated with the use of drugs.

(vii) To emerge as a National Center of Excellence for the Pharmacovigilance activities and establish International linkages for exchange of information and data management and to collaborate with other National centers for exchange of information and data management.

(viii) To provide training and consultancy support to other National Pharmacovigilance Centers across the globe including SEARN Countries as part of World Health Organization Collaborating Centre (WHO-CC) for Pharmacovigilance in public health programme and regulatory services.

(ix) To promote rational use of medicine including antibiotic usage.

3.104 Explaining about the appropriation of earmarked amount to the tune of Rs.10.00 crore during the year 2021-22, the Ministry stated that as the IPC is dedicated for ensuring the wellbeing of society by medicines safety, the programme needs to be strengthened in terms of its expansion by enrolling new AMCs, so that maximum geographical regions in India will be covered for reporting of ADRs. To achieve the future goals, the up scaling of Pharmacovigilance programme of India is necessary, which requires human and financial resources to achieve objectives of PvPI. Requests are received from the various AMCs coordinators to depute staff at their centres. It is a herculean task for NCC-PvPI to bear all the financial expenses. As per the outputs/outcome financial outlay (FY: 2021-22) for PvPI the number of AMC should become 350 with around 5-10 % rise in ADRs reporting. Secondly, there will be utilisation of funds for second phase of Adverse Drug Reaction Monitoring System (ADRMS) software by the PvPI in financial year 2021-22. Therefore, in order to expand Pharmacovigilance Programme of India number of AMC as well as human resources will be enhanced from current level, which requires more budgets in comparison to last year.

Achievement of the PvPI

3.105 There has been a significant increase in reporting of Adverse Drug Reactions during the last few years.India has reported 476105 Individual case safety reports (ICSRs) and is currently ranking 9th position in Reporting of ADR among 142 member countries under WHO Programme of International Drug Monitoring. The Programme is able to identify and analyze Drug Safety Alerts, prescribing Information Leaflets changes and Signals from the reported cases. This information would help in generating evidence based information on safety of Medicines. All these information support regulatory agency i.e. CDSCO in decision making process on use medical products. PvPI is inching towards becoming a national centre of excellence for pharmacovigilance activities as evidenced by designation of it as a WHO Collaborating Centre for Pharmacovigilance in Public Health Programme and Regulatory Services valid from 18 July 2017 and is continuing this status.

3.106 The Committee has been informed that during last one year several numbers of outsource/contractual employees have left the organization, leading to reduction in target budget expenditure during the financial year 2020-21 by NCC-PvPI, as compared to the sanction budget. Secondly, the utilisation of funds for the development of Adverse Drug Reaction Monitoring System (ADRMS) software was not completely utilised by the PvPI in this year and it will be adjusted in next financial year. Moreover, due to COVID-19 pandemic very less physical meetings, conferences, workshops, trainings, sensitization or awareness programmes were conducted due to travel restriction in the country, leading to overall curtails the expenditure of fund.

3.107 The main outcomes of this programme are mentioned below:-

Table 31

S.No	PvPI Indicators	PvPI Achievements (as on 04.02.2021)
I	Recognition of Medical College-Hospitals/District Hospitals as Adverse Drug Reactions Monitoring Centers (AMCs)	311
Ii	Total number of Individual case safety reports (ICSRs)	476105
Iii	Drug Safety Alerts, Prescribing Information Leaflets changes and Signals	170
Iv	Pharmacovigilance activities through several Training/ awareness Programmes	3011

3.108 As Pharmacovigilance is a continuous process as drug safety issue or adverse drug reaction (ADR) can arise at any stage of life cycle of a drug, NCC-PvPI intends to enroll all Hospitals/ medical Colleges across the country as AMC under PvPI. Continuous sensitization and training programmes will be conducted by NCC-PvPI to spread awareness and increase the outreach of PvPI for the stakeholders to report ADRs related to commonly prescribed medicines. The post marketing surveillance or Pharmacovigilance after marketing authorization will provide a real evidence of safety of a drug, as during the Clinical Trial only limited number of subjects are enrolled and special group such as children, old people, pregnant are usually missed. Moreover, India is a country of about 1.38 billion people with different race, ethnicity, genetic diversity; systems of medicine, use of fixed dose combination and all these points make Indians more prone to drug ADRs. Therefore, a robust techno-science-based Pharmacovigilance Program of India (PvPI) system has enabled us for recommending appropriate regulatory interventions/decision to CDSCO, such as changing/updating Prescribing Information Leaflet, issuing drug alert warnings, drug safety signals, risk minimization plan/ Benefits-Risk ratio of drug etc. Therefore, Pharmacovigilance shall be carried out throughout the life cycle of drugs. These objectives will be achieved in near future.

3.109 The Committee is in agreement with the Department's call for creation of nationwide system for patients safety reporting in respect of Adverse Drug Reactions of Medical Products. The Committee is of the opinion that the Department should expedite the creation of Adverse Drug Reporting Management System (ADRMS) to take care of handling of adverse events data of medical products be it the new or the conventional drugs. The Committee, therefore, recommends that efforts be made for completion of Second Phase of Adverse Drug Reaction Monitoring System (ADRMS) software. The Committee also recommends that requisite funds should be allocated for enhancing the number of Adverse Drug Reaction Monitoring System (ADRMS) to 350 during 2021-22. Efforts should also be made to assess the requirement of the human resources and specific course of action be taken for human resource planning for placing trained and skilled personnel at the right place in right time. The Committee feels that specific course of action must be taken so as to expand the scope of Pharmacovigilance Programme of India.

DEVELOPMENT OF NURSING SECTOR

3.110 The Central Sector scheme of Development of Nursing Services has been formulated considering the need to upgrade quality of nursing education. Under this Scheme, funds are released for (i) training of nurses in the field of specialization and in service training by providing financial assistance for conducting short term training courses in clinical Speciality, Education technology, & Nursing administration; (ii) Infra structure development by way of strengthening of Schools of Nursing to improve the quality of nursing education; and (iii) National Florence Nightingale Awards to honour exemplary services made by nursing personnel. Funds are released to Schools of Nursing for upgrading to Colleges of Nursing under the sub component of Upgradation of School of Nursing. Proposals for Upgradation of School of Nursing into College of Nursing received from State Government are considered subject to availability of funds.

3.111 The Revenue Outlay funds of Rs.15.00 crore was allocated under BE 2019-20. Additional funds were sought under RE stage during 2019-20 in view of the proposals received from Jammu & Kashmir. The actual revenue expenditure was to the tune of Rs. 39.78 crore during 2019-20 was reduced to Rs. 16.00 crore in BE 2020-21 which was further slashed to Rs. 14.68 crore. Fewer number of proposals for Upgradation of School of Nursing into College of Nursing were received from State Government during 2020-21 in view of the Covid- 19 pandemic. Hence, budget outlay was slashed accordingly. Actual Expenditure as on 05/02/2021 amount to Rs.13.6653 Crore.

3.112 The revenue outlay to the tune of Rs. 17.54 crore in BE 2021-22 is going to be appropriated as per the breakup:-

Table 32

(Rs. in crore)

Training of Nurses	Rs. 1.74 crore
Upgradation of school of Nursing	Rs.14.30 crore
National Florence Nightingale Award	Rs.1.50 crore

3.113 It is anticipated that about 100 training courses would be conducted to train 3000 nursing personnel. Funds would be provided to 6 new institutions for upgradation to College of Nursing which will improve availability of graduate nurses in the country.

3.114 As per records maintained by the Indian Nursing Council, there are 3225 schools of nursing and 2066 colleges of nursing in the country. National Nursing & Midwifery Commission Bill, having core focus on quality of Nursing education is currently under

consideration of the government. Also, INC has introduced Nurse Practitioner courses and various other Bridge courses for nursing personnel's in an effort to continue upgrade the education standard of nursing in the country to global level. As per Indian Nursing Council (INC) records, there are around 934583 Auxiliary Nurse Midwives (ANM), 2272208 Registered Nurses and Registered Midwives (RN & RM) and 56842 Lady Health Visitors (LHV) in the country. A Committee of Experts has been constituted under the chairpersonship of Dr. Bimla Kapoor to look into the matter of Nurse Population ratio and skewed distribution of nurses and nursing institutions across the country.

3.115 The Committee recommends the Department to make concerted efforts to upgrade the education standard of nursing in the country to global standard and fill up vacant posts of various cadres of Nursing in various hospitals in the country so as to enhance the Nurse patient ratio in general. The present nurse patient ratio in the country is 1.7 nurses per 1000 population, is indicative of the shortage of nurses in the country. The Committee also desires that the issue of skewed distribution of nurses between rural and urban area needs to be addressed, suitably as per the recommendation of the Committee of Experts constituted under the chairpersonship of Dr. Bimla Kapoor.

3.116 The Committee has been given to understand that National Nursing and Midwifery Commission Bill, having core focus on quality of Nursing Education is currently under consideration of the Government. The Committee, recommends that the National Nursing and Midwifery Commission Bill for regulation and development and enrichment of Nursing and Midwifery service in the country should be brought both the Parliament.

HEALTH SECTOR DISASTER PREPAREDNESS AND RESPONSE AND HUMAN RESOURCE DEVELOPMENT FOR EMERGENCY MEDICAL SERVICES

3.117 A budgetary provision has been made for health Sector disaster preparedness & response and emergency medical services.

3.118 The Objectives of Health Sector Disaster Preparedness and Response scheme are as under:-

(i) Capacity building to respond to health consequences of disasters and Public Health Emergencies.

(ii) To promote risk communication for creating awareness for risk reduction.

(iii) To strengthen health sector command and control response through health emergency operational centers.

(iv) To develop specialized capacities for handling medical aspects of Chemical, Biological, Radiological & Nuclear (CBRN) disasters in identified hospitals in the vulnerable states/districts.

(v) To respond to public health emergencies/disasters with health impacts.

Status of the scheme:

(i) All training programs for managing public health emergencies have been started and about 25 training workshops have been accomplished. Training of trainers workshops for psycho-social care completed. 5 training workshops for managing CBRN medical emergencies also accomplished.
(ii) Risk communication materials prepared for public health emergencies (Ebola virus disease, Zika virus Disease and COVID-19).
(iii) Specifications for HEOCs finalized and the MoU signed with M/s HITES for setting up of all HEOCs. 15 State Health Departments identified and prototype model of HEOC made functional at MOHFW.
(iv) DPR on finalization stage to set up the CBRN Medical management centre.
(v) Supported States in mitigating the health impact of Floods (Kerala; 2018), Cyclone Fani (2019), Floods in Maharashtra, Karnataka, Orissa, Kerala, and Bihar (2019), Cyclone Amphan (2020).
(vi) Also supported the States in managing COVID-19 (2020)

Objectives of Human Resource Development for Emergency Medical Services scheme are:

(i) Develop, pre - test and finalize training curriculum and modules for National Emergency Life Support (NELS) course for doctors, nurses and paramedics.
(ii) Develop training infrastructure in all States/UTs to implement NELS course.
(iii) Create a cadre of trainers to train doctors, nurses and paramedics working in emergency departments of the hospitals and in the ambulance services.

Status of the scheme:

(i) Setting up of skill centres in rural areas are under process in 82 Government Medical Colleges/Institution out of these 12 skill centres equipped with mannequins, medical equipment, drugs and other materials.
(ii) Developed NELS course for doctors.
(iii) NELS course for nurses is in advanced stage of preparation.
(iv) 200 Doctors trained as mater trainers in National Emergency Life Support Course.

3.119 Disaster does not arrive with prior notice and health is the first casualty of the disaster. Strengthening of healthcare disaster preparedness is therefore the need of the hour to give the matching human response to the vicissitude of the disaster. The first and the foremost of any disaster is the deployment of disaster warriors and medical services for the affected persons on urgent basis. Keeping these facts into consideration, the Committee recommends the department to give greater impetus to the scheme for better human response while combating the disaster.

3.120 The Committee, in this regard, cautions the Government against the consequences of chemical, biological, radiological and nuclear (CBRN) disasters and at the same time urges the policy maker to underline the need for giving special impetus to develop specialised capacity building to combat the potential threat of CBRN Disaster. The Committee, accordingly, recommends for setting up of the CBRN Medical Management Centre. The Committee further recommends the Department to finalize Modern Training Curriculum and Modules for National Emergency Life Support (NELS) course for doctors, nurses and paramedics and its immediate implementation. The need of the hour is to sensitize all States and UTs for creation of requisite training infrastructure and implementation of NELS course.

3.121 The actual revenue expenditure to the tune of Rs. 166.39 crore in 2019-20 was utilized for setting up of skill centre in 31 Medical Colleges (Rs.39.41 crore), National Emergency Life Support trainings and Training on Facility based -IMNCI for AES syndrome for Doctors and Nurses (Rs.0.99 crore), disaster management to procure and supply of medicines/ medical consumables for flood affected States as medical relief (Rs.20.99 crores), funds provided to NIHFW for conducting trainings of district level officers and hospital managers on public health emergencies (Rs. 7.99 crore) and consultancy in preparation of Detailed Project Report for setting up of secondary level CBRN centre, Legal fees (Rs.0.66 crore)and COVID -19 expenditure for procurement of PPE Kits, Ventilators, N95 Masks and Hydroxychloroquine etc.(Rs. 96.35 crores).

3.122 COVID-19 pandemic demanded immediate funding for COVID pandemic response in terms of (i) essential logistic like PPE Kits, Ventilators, N95 Masks and drugs, such capacity building helped to sail through the initial part of the Pandemic. (ii) Emergency response for floods in many States, and cyclone (Amphan) mitigated the health impact. There were no major disease outbreaks reported after these floods/cyclones. (iii) The skill centres to enhance the capacities of training doctors, nurses and paramedics working in emergency departments in emergency life support. (iv) Capacities of various cadres of healthcare workforce enhanced to manage Public health emergencies, hospital emergencies and in managing psycho-social impact of such emergencies were utilized during these disasters/public health emergencies.

3.123 The revenue outlay was reduced to Rs.85.78 crore in BE 2020-21as per the originally conceived plan because the major expenditure for COVID shifted to HPE Division of Ministry of Health & Family Welfare. Further the expenditure was slashed to Rs.36.83 crore in RE 2020-21 due to the grant-in-aid projects under the scheme and other components suffered because of COVID-19 pandemic. This also applied to the capacity building component of physical trainings which all had to be cancelled. As on date (08/02/2021) Rs. 17.00 crore is the actual expenditure.

3.124 The earmarked revenue outlay to the tune of Rs. 77.18 crore would be appropriated in the year 2021-22 on following activities:-

(i) Training of Public health managers (420) for Managing Public Health Emergencies
(ii) Training Hospital Managers (420) on "Hospital Preparedness for Emergencies"
(iii) Training on Psycho- Social Care in disaster settings (600 participants).
(iv) Training on medical management of Chemical, Biological, Radiological and Nuclear Emergencies (420 participants).
(v) 2 Workshops (W), 1 survey and 4 expert group meetings (EGM) to finalize IEC materials and risk communication plan.
(vi) Doctors and hospital engineers sensitized on hospital structural and non- structural mitigation.
(vii) NELScourse training of 350 doctors, conduct NELS course training for nurses (240) and conduct NELS course training for paramedics (240).
(viii) 30 skill centres to be set up and equipping 50 skill centres.

3.125 The capital outlay to the tune of Rs. 39.88 crore in BE 2019-20 was enhanced to Rs. 44.22 crore in RE 2020-21 but drastically reduced to Rs. 0.55 crore in RE 2020-21. The capital outlay was enhanced to set up the tertiary level CBRN centre but due to non- finalization of DPR all activities related to finalization of DPR could not be carried out as per timeline due to COVID-19 pandemic. The secondary level CBRN centers project also did not take off as there was only one eligible bidder and could not be accepted as the cost quoted was 5 times more than the estimated budget. Hence no expenditure incurred till now (as on date 08/02/2021).

3.126 The capital outlay to the tune of Rs. 52.82 crore earmarked in BE 2021-22 is going to be appropriated for Establishment of two secondary level CBRN medical management centres and setting up of five Health Emergency Operation Centre (HEOC). The expected achievements are enhanced capacity to respond through an Incident Command System in Health Emergency Operation Centre and to respond to public health emergencies involving CBRN hazards.

3.127 The Committee has been given to understand that DPR to set up tertiary level CBRN Centre could not be finalized due to outbreak of pandemic Covid-19 and secondary level CBRN centres project could also not take off due to procedural hassles. The Committee, however, feels that with the waning away of the impact of pandemic Covid-19,

all out steps should be taken to finalize the DPR of the tertiary level CBRN and Government would also invite the eligible bidder for secondary level CBRN Centres project. The Committee also underscores the significance of setting up of Health Emergency Operation Centre (HEOC) for enhancing capacity to respond to public health emergencies involving CBRN hazards. The Committee believes that once the implementation of the scheme progresses as per plan, there would be optimal utilization of capital outlay to the tune of Rs. 52.82 crore earmarked in BE 2021-22.

COVID-19 Emergency Response and Health System Preparedness Package - (EAC)

3.128 The earmarked amount to the tune of Rs. 52.00 crore under revenue head and Rs. 43.00 crore under capital head in RE 2020-21 were appropriated by the National Institute of Communicable Diseases (NCDC) Delhi. The amount of Rs. 43.00 crore under the Capital head is to be spent on two BSL3 laboraotries each at 20 cr/ lab to be established at NCDC HQ and NCDC branch at Ranchi. A pre fab BSL3 lab @3 cr to be established at NCDC. While allocation of Rs.52.00 crore under Revene head has been made to meet expenditure on items - consumables (reagents, lab consumables, etc.), HR, equipment, setting up of Emergency Operations Centre, office expenses for National Helpline for COVID19, internet networking, strengthening of EIS, transportation, conducting sero-surveys and other operational expenses.

3.129 During the course of consideration of Demand for Grants, the Committee was informed that more than 2,300 testing facilities now are there as compared to just one in January, 2020. TruNAT, CBNAAT machines and Rapid antigen tests were utilized in conducting the tests and more than 200 million tests conducted. The testing capacity increased to 18.93 lakh tests / day from 30,000 in April. The National Digital Health Mission was launched on 15th August, 2020 for providing an architectural framework for digital health interventions and creation of longitudinal Electronic Health Record (EHR) for citizens duly following privacy and security norms. Registries for Facility, Practitioners and Patients are being created. Currently being implemented in 6 Union Territories on pilot bases besides Co-WIN platform. The Committee was also informed that practice guidelines for National Telemedicine services was issued on March 2020 by Board of Governors (BoG) and eSanjeevani Telemedicine services were made operational in 28 States. A total of more than 20 lakh consultations was held.

3.130 For Intelligent Vaccine Distribution for COVID, Co-WIN digital platform has been created for vaccine management and beneficiary tracking. Currently, Co-WIN digital platform is utilized by all States for session creation, beneficiary allocation , monitoring of multiple doses of approved vaccines and AEFI reporting. The Committee has also been informed about the Integrated Health Information Platform (IHIP) that revamped the Integrated Disease Surveillance Program (IDSP) where name based data entry has been made from more than 2 lakh facilities covering 33 epidemic prone diseases. Surveillance of disease predicting early outbreaks with advanced GIS mapping is being done and the facility is proposed to be launched in all States during 2021.

3.131 The department informed the Committee that 22.12 lakhs frontline heath workers including ASHAs fighting COVID-19 under PMGKP Insurance Scheme have been insured and so far, 252 claims settled out of which 235 paid. An amount to the tune of Rs. **6823.40 crore has been allocated** to the State/UTs for management of COVID-19. As an additional incentives to staff for COVID-19, a total of **8,30,748 health staff received additional incentives** until September 2020. For capacity building, **more than 1 lakh doctors and nurses have been** t**rained** on COVID-19 clinical management. The Committee has also been informed about the c**entralized procurement** of essential medical equipment supplied to States/UTs was undertaken:

Table 33

N95 masks	4.08 Crore
PPE kits	1.7 Crore
HCQ tablets	11.1 Crore
Ventilators	36,651
Oxygen cylinders	1,02,400
SARS COV2 Cartridges	1 lakh
COVID19 PCR Chip	12 lakhs

3.132 The Committee sought to know how the amount earmarked to the tune of Rs. 3626.00 crore under revenue head and Rs. 1098.00 crore under capital head in RE 2020-21 was expended during the year on Central Procurement of Supplies and Material for COVID-19 and how the earmarked amount to the tune of Rs. 6937.96 crore in RE 2020-21 under National Rural Health Mission (NRHM) was appropriated during the year. The funds amounting to Rs. 11756.96 Crore earmarked for COVID-19 has been appropriated under different components as given below:-

Table 34

(Rs. in crore)

Sl. No.	**Schemes/ Institutions**	**RE 2020-21**	**Actual Exp. up to 10.02.2021**
1	NRHM-COVID-19 Emergency Response and Health System Preparedness Package (EAC)	6937.96	6458.15
2	Central procurement of Supplies & Materials for COVID-19 Pandemic	4724	3179.34
3	National Centre for Disease Control	95	46.03
	Total	**11756.96**	**9683.52**

3.133 The Committee takes note of the various components of Covid-19 Emergency Response and Health System Preparedness Package and allocation of funds on each component meant for combating the challenges of pandemic Covid-19. The Committee, is pleased to note that the country has shown the great statesmanship in sailing through the turbulent situation caused due of outbreak of the pandemic. The Committee, is of the view that the threat is not all over and recommends that the Department should prepare itself to combat the new variants of Corona virus so that the Nation must come out of the aftershock of pandemic Covid-19 and march ahead towards the achievement of set goals in various sectors of economy so as to accelerate GDP at the expected rate.

COVID-19 VACCINATION FOR HEALTH CARE WORKERS AND FRONTLINE WORKERS –NHM

3.134 The Committee has been informed that the utilization of funds amounting to Rs. 360.00 Crore earmarked for Vaccination of Health Care Workers and Frontline Workers is given as under:-

Table 35

(Rs. in crore)

Sl. No.	Scheme	RE 2020-21	Actual Exp. up to 10.02.2021
1.	COVID-19 vaccination for health care worker and front line workers	360	123.49

3.135 During the course of presentation on consideration of Demand for Grants (2021-22) the Joint Secretary concerned informed the Committee that the National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) established in August 2020. The NEGVAC provides guidance on all aspects of COVID-19 vaccination including prioritization of population groups, procurement and inventory management, vaccine selection, vaccine delivery and tracking mechanism etc. The Prioritized Groups inter-alia include as under:-

(i) Health Care Workers (HCWs): Vaccination ongoing since 16th Jan'21
(ii) Front Line Workers (FLWs): Vaccination ongoing since 2nd Feb'21
(iii) Persons aged 50 years and above: Operational strategy is being finalized
(iv) Persons aged less than 50 years with comorbidities: Operational strategy is being finalized

3.136 The issue of reluctance to vaccine and the trend of State wise utilization of the allocated vaccines indicates varying vaccine acceptance by healthcare workers who have been offered the vaccines on the priority basis. In the Committee's meeting held on 17th February, 2021, the Committee understands that vaccine hesitancy is caused because of inadequate understanding of the benefits and risks of vaccination added by exaggerated perception of the side effects of the vaccines. Moreover, the controversy about the relative efficacy and safety of Covashield and Covaxin further fuelled the hesitant attitude of the

health workers. The Committee, in this regard, is of the view that the Department must chalk out a foolproof strategy to dispel the misunderstanding of the health workers by adopting the decentralized system and process of Information, Education, Communication (IEC) at district, town and panchayat level.

3.137 The Committee further recommends the Government to expedite vaccine approval to broadbase the choice of the people in terms of opting for a particular vaccine. Currently, only two vaccines are cleared for emergency use, therefore, process needs to be streamlined for approval of pending and future vaccines, after following all the due processes & procedures.

3.138 The Committee has come across the reported decision of the Government that people aged above 60 years and those of 45 years and plus with other serious illness (co-morbidities) will be allowed to self register and choose the place where they want to get vaccinated for Covid-19 from 1st March, 2021. The Committee has come across that Government has approved vaccination by the identified private hospitals with effect from 1st march, 2021 and capped the maximum cost of each dose at Rs. 250/-. The Committee hopes that the move would accelerate the vaccination drive. In this regard, an updated mobile application for the vaccination drive and Covid platform with eligible users to pick a different centre to be administered the second dose of vaccine. The Committee welcomes the move of the Government as the decision would speed up the process of vaccination drive. The Committee, however, recommends the Department to chalk out a time schedule for completion of the vaccination drive so that people could feel secured and devote their time and energy to economic activities for accelerating much needed GDP.

3.139 The Committee has been informed that two vaccines i.e. Covishield manufactured by M/s Serum Institute of India and Covaxin manufactured by M/s Bharat Biotech International Limited, having permission for restricted use in emergency situation by the Drug Controller General of India [DCG(I)] are used for vaccination. Operational Guidelines and Communication Strategy document has been shared with States/UTs for guidance on planning & implementation on 28th Dec'20 and 30th Dec'20 respectively. All States/UTs have been supplied COVID-19 vaccines and operational cost to meet the overheads

3.140 As regards the progress of vaccination drive, the Committee has been apprised that Nation-wide COVID-19 vaccination started from 16th January 2021 and the 2nd dose vaccination started from 13th February 2021. As on 16th February 2021, total 88.57 lakh beneficiaries covered. During the 1st dose period about 86.41 lakh (61.29 lakh HCWs and 25.11 lakh FLWs) got vaccinated while during the 2nd dose a total of 2.16 lakh doses were administered to HCWs.

3.141 The Committee has been informed that the Ministry of Finance have made provision of Rs 35000.00 crores for COVID 19 Vaccines in their Demand for Grants No. 40-Transfer to States during 2021-22.

3.142 The Committee fails to understand the rationale behind making provision for Rs. 35000.00 crore for Covid-19 vaccination in Demand for Grants No. 40 transfer to the States during 2021-22. The Committee feels that the devolution of funds to States should have appropriately been through the Ministry of Health and Family Welfare,

being the Nodal Ministry involved in the implementation of the Covid-19 Vaccination Programmes. Even the release of fund to the States could have been better monitored by the Nodal Ministry keeping in view the progress of programme for Covid-19 Vaccination.

NATIONAL ORGAN TRANSPLANT PROGRAM (NOTP)

3.143 The basic objective of NOTP is to bridge the gap between demand and supply of organs from transplantation by promoting cadaver organ donation in the country. The major steps taken to meet the objective of the programme include following:-

(a) Awareness activities to promote Organ and Tissue Donation by Deceased Donors.

(b) A dedicated website (www.notto.gov.in) is functional for providing information on organ and tissue donation, organ and tissue pledging, networking of hospitals and establishing National registry of organ and tissue transplantation and Donation.

(c) A 24x7 days Helpline/Call centre with provision of a toll free helpline

(d) Maintenance of National Organ and Tissue Transplant Registry (NOTTR) by NOTTO centrally.

(e) An apex level National Organ and Tissue Transplant Organisation (NOTTO) at New Delhi along with National Bio-material Centre and Five Regional Organ and Tissue Transplant Organizations (ROTTOs).

(f) Provision for one time grant of Rs. One Crore for setting up of Regional/State Biomaterial Centres (Tissue Bank)

(g). Provision for financial support is given @ Rs. 100 lakh for establishment of new transplant centre, @ of Rs. 50 lakh for establishment of new retrieval centre, and @ of Rs. 50 lakh for upgradation of existing retrieval/transplant unit.

(h). Provision for financial support for hiring of Transplant Coordinators at identified Government Medical Colleges (2 per medical college), Trauma Centers (one per Trauma Centre) and good performing private Institutions also..

(i) Provision for Financial Support for post-transplant immune- suppressants for financial assistance to BPL transplant recipients every year to provide financial support at the rate of Rs.10000/- per month for immunosuppressant therapy.

(j). Financial support for maintenance of deceased donor at the rate of Rs. 100000/ per donor when maintenance is done in a private hospital and at least one organ is allocated to a Govt. Institution.

3.144 The revenue outlay to the tune of Rs.31.65 crore in BE 2020-21 was drastically reduced to Rs. 6.00 crore in RE 2020-21 and the capital outlay of Rs. 1.35 crore in BE 2020-21 was made nil at RE stage. While deciding BE 2020-21, provision of Rs. 10.00 crore was made for advertisement and publicity under National Organ Transplant Programme. However, due to

Covid-19 situation in the country, proposal for advertisement could not be finalized. There is also a shift towards leveraging social media optimally for raising awareness at zero cost. Further, provision of Rs. 15.75 crore was made for financial assistance to States/UTs for establishment of new State Organ and Tissue Transplant Organisations (SOTTOs), bio-material centre, establishing new/upgradation of existing organ retrieval/transplant centres and other recurring grants for five ROTTOs and 12 SOTTOs. However, no request was received from States under NOTP for establishment. Further, the State was not able to use the funds sanctioned to them for establishment of SOTTOs during 2019-20. In view of the same the revenue outlay to the tune of Rs. 31.65 crore in BE 2020-21 was proposed as 9.0 crore which was reduced to Rs. 6.0 crore by Department of Expenditure in RE 2020-21. The Department informed the Committee that there is no major project in NOTTO under capital expenditure as of now, however provision has been made for Rs. 1.35 crore in 2021-22 on the request of NOTTO.

3.145 The revenue outlay to the tune of Rs. 29.15 crore in BE 2021-22 has been earmarked for salary of manpower in NOTTO, advertisement and publicity by NOTTO, financial assistance to States/UTs for establishment of new State Organ and Tissue Transplant Organisations(SOTTOs), bio-material centre, establishing new/upgradation of existing organ retrieval/transplant centres and other recurring grants for five ROTTOs and 13 SOTTOs. In view of the past expenditures trends it is envisaged that the earmarked amount would be sufficient for the intended purpose.

3.146 The Committee expresses its concern over non-receipt of proposals from State Governments and underutilization of funds earmarked to the State Governments for establishment of State Organ and Tissue Transplant Organisations (SOTTOs). No proposal was received from States during 2019-20. Similarly, the Revenue Outlay earmarked to the tune of Rs. 31.65 crore in BE 2020-21 was drastically reduced to Rs. 6.0 crore in RE 2020-21. The Committee apprehends that if the similar trend continues in the ensuing Financial Year, the cherished objective of NOTP for promotion of cadaver organ donation would be defeated. The Committee, therefore, recommends that the Department should persuade the State Governments to submit proposals for establishment of SOTTOs and ensure optimal utilization of funds for the purpose. The Committee hopes that the revenue outlay to the tune of Rs. 29.15 crore in BE 2021-22 would be spent as per plan and the physical targets set would be achieved, accordingly.

3.147 Replying to the Committee's query whether the Department has undertaken any exercise to analyze the program and its scope of expansion, the Department answered in affirmative. The Third Party Evaluation of NOTP has been carried out by National Institute of Health and Family Welfare (NIHFW). The evaluation has concluded that there is a clear evidence of the vital role played by NOTP. The number of deceased Organ Donations as well as the number of

hospitals engaged in transplant activity has increased substantially. The programme should not only be continued but also to be strengthened in terms of infrastructure, administrative powers, human resources, training and budget etc. Keeping in view the recommendation made by NIHFW a new SFC under NOTP has been prepared for continuation of the programme during 2021-2026 amounting to Rs. 426.61 Crore and is under consideration with the Ministry in consultation with NITI Aayog and Department of Expenditure.

3.148 The Committee is in agreement with the findings and recommendations of the National Institute of Health and Family Welfare for not only the continuation of NOTP during the period 2021-26 involving an amount to the tune of Rs. 426.61 crore, but also for strengthening the programme in terms of infrastructure, administrative powers, human resources, training and budget, etc. The Committee, therefore, recommends the department to formulate action plan for the said duration and the Ministry in consultation with NITI Aayog and Department of Expenditure, must give green signal to the proposal of continuation of the scheme.

3.149 Responding to the Committee's observation that the number of patients eligible for renal transplantations is mounting, however, organ supply is still largely inadequate and how the Government aims to address the issue of inadequate supply of organ, the Department stated that the Government aims to address to issue of inadequate supply of organs in the following manner:-

(i) Organizing a system of organ and Tissue procurement & distribution for transplantation in the country.

(ii) Promoting deceased organ and Tissue donation.

(iii) Improving infrastructure for Organ and Tissue Transplantation in the country specially Government Sector.

(iv) Training of the required manpower.

(v) Monitoring organ and tissue transplant services and bring about policy and programme corrections/ changes whenever needed.

3.150 On the issue of adequacy of existing legal framework, the Department informed that the Act was amended in 2011 and the amendment Act has come into force on 10-1-2014 in the States of Goa, Himachal Pradesh, West Bengal, and all Union Territories. Other States who have adopted the amendment Act till date are Rajasthan, Sikkim, Jharkhand, Kerala, Orissa, Punjab, Maharashtra, Assam, Manipur, Bihar, Chhattisgarh, Gujarat and Uttar Pradesh.

3.151 The existing legal framework has many provisions for improving Organ Donation Rate in the country which are enumerated as under:-

(i) 'Near relative' definition has been expanded to include grandchildren, grandparents.

(ii) Provision of 'Retrieval Centres' and their registration for retrieval of organs from deceased donors. Tissue Banks shall also be registered.

(iii) Provision of Swap Donation included.

(iv) There is provision of mandatory inquiry from the attendants of potential donors admitted in ICU and informing them about the option to donate – if they consent to donate, inform retrieval centre.

(v) Provision of Mandatory 'Transplant Coordinator' in all hospitals registered under the Act

(vi) Constitution of Brain death certification board has been simplified- wherever Neurophysician or Neurosurgeon is not available, then an anaesthetist or intensivistcan be a member of board in his place, subject to the condition that he is not a member of the transplant team.

(vii) National Human Organs and Tissues Removal and Storage Network and National Registry for Transplant are to be established.

(viii) Enucleation of corneas has been permitted by a trained technician.

(ix) There is provision of Advisory committee to aid and advise Appropriate Authority.

(x) Act has made provision of greater caution in case of minors and foreign nationals and prohibition of organ donation from mentally challenged persons.

(xi) To protect vulnerable and poor there is provision of higher penalties has been made for trading in organs.

3.152 The Committee takes into account that the Government has notified Transplantation of Human Organs and Tissues Rules 2014 to implement various provisions of the THOA (Amendment) Act, 2011. The Amendment and the Rules have many enabling provisions for improving organ donation rate in the country. The Committee, however, observes with concern that the amendment act and the rules are applicable only in the 16 States and UTs. The remaining States are also required to adopt the amendment act. The Committee, therefore, urges upon the Department to keep on pursuing the remaining States regularly and take follow up action with the State Government to adopt THOA (Amendment) Act, 2011.

Assessment of outcome of the programme

3.153 India is the 3rd country in the world after USA and China, in terms of total number of transplants done in a year. Total number of transplants done in the country has increased from 4990 in 2013 to 12666 in 2019 indicating marked improvement in infrastructure for undertaking transplants in the country. Capacity for undertaking rare transplants e.g. Pancreas, Intestine,

hand, limbs, Lung, Uterus have developed with in the country, besides a significant enhancement in capacities for undertaking relatively common transplants of Kidney, Liver and Heart. Some transplant centres including PGIMER Chandigarh have developed capacities for undertaking Donation after Cardiac Death also, as usually Organ donation can take place after brain Stem Death. Organ donation Rate (No. of deceased donors per million population) in the country increased from 0.27 in the year 2013 to 0.65 in 2018, however it has dipped to 0.52 in 2019. 529 Hospitals undertaking transplantation or retrieval out of the total estimated 690 in the country are now registered with NOTTO for the purpose of networking and National Registry. This indicates a significant progress in establishment of organized system in the country for organ procurement from deceased donors and their distribution and transplantation to the needy citizens of the country. However the data entry by the hospitals in the National registry is incomplete. The number of persons who have pledged for organ and/or tissue donation with NOTTO is now more than 14 lakhs, out of which more than 3 lakhs have been registered online. This indicates a significant improvement in awareness about organ donation.

NATIONAL DIGITAL HEALTH MISSION (NDHM)

3.154 On 15th August 2020, the Hon'ble Prime Minister announced the implementation of National Digital Health Mission (NDHM) in the country with a vision to create a national digital health ecosystem as proposed in NDHB. National Digital Health mission aims to create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information..

3.155 The NDHM is envisaged to be implemented in phase wise manner. Phase 1to cover 6 UTs on pilot basis. Phase 2 will cover additional States with expansion of the services. While Phase 3 will target nation-wide roll-out, operationalizing and converging with all health schemes across India along with promotion, on-boarding, and acceptance of NDHM across the country. Currently, the NDHM is being implemented in 6 Union Territories (Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Lakshadweep, Ladakh and Puducherry) in Phase: I, on pilot basis. Services like issue of Health ID, creation of registries for Doctors & health facilities and creation of personal health record have been initiated.

3.156 The Committee welcomes the announcement of National Digital Health Mission (NDHM) that envisages the creation of National Digital Health Ecosystem for providing universal health coverage in an efficient, affordable, accessible, timely and safe manner. The Committee hopes that the successful implementation of the mission in its first phase in the select six UTs would ultimately lead to nationwide roll out in the third

phase, the second being expansion of the Mission in the States. The Committee, however, recommends the Department to have a strict monitoring mechanism for adherence to the timeline of the Mission for its ultimate success.

3.157 The Department also informed the Committee about the re-appropriation of funds to the extent of Rs.30.00 crore for National Digital Health Mission from the savings within the Demand No. 42-Department of Health and Family Welfare during 2020-21.The expenditure till date is Rs.6.39 crore. Responding to the Committee's query as how the earmarked amount to the tune of Rs. 30.00 crore in BE 2021-22 is going to be appropriated during the year. However, the expected outcome of the expenditure in implementation of NDHM is creation of a national digital health ecosystem that supports universal health coverage and strengthens accessibility and equity of health services, including continuum of care with citizen as the owner of data, in a holistic healthcare programme approach, leveraging IT & associated technologies and supporting the existing health systems in a 'citizen-centric' approach.

3.158 Responding to the Committee's query about the main components of National Digital Health Eco-System, the Department explained that the key building blocks of National Digital Health Mission include- Interoperable Electronic Health Records, Health ID, Health Facility Registry, Health Professionals Registry and other building blocks as enumerated in National Digital Health Blueprint.

3.159 The Committee finds that Rs. 30.00 crore was re-appropriated for National Digital Health Mission from the savings within the Demand No. 42-Department of Health and Family Welfare during 2020-21 and an amount to the tune of the Rs. 30.00 crore has been appropriated in BE 2021-22 for implementation of the Mission during the year. The Committee hopes that the earmarked amount would be sufficient for the implementation of the scheme as per National Digital Health Blueprint and the phased wise progress of the Mission would not be derailed on its timeline for want of funds.

3.160 Replying to the pointed query of the Committee as regard the steps taken for ensuring the security, confidentiality and privacy of health related personal information, the Department maintained that the Government gives highest priority to data security and privacy. It is inbuilt in the design of NDHM. All applicable laws, rules and judgments of Hon'ble Supreme Court are being followed. Health Data Management Policy has also been approved. Apart from various legal provisions, all technical solutions possible to ensure data privacy and security are being put in place.

3.161 As mentioned in the National Digital Health Blueprint (NDHB), the guiding document for NDHM implementation, use of secure health networks and government community cloud

infrastructure, as defined by MeitY, is being used for hosting of data. All events on this cloud infrastructure would be under 24x7 surveillance to ensure highly secure environment. One of the key aspects of information security framework under NDHM highlights Privacy by Design as one of the key guiding principles. It aims to ensure that health data and its transfer are always compliant and adhere to all privacy requirements. All the building blocks that require handling personal health records are being designed to comply with such policy ab-initio. Further, medical records are made available to anyone only with the consent of the individual or his/her nominee.

3.162 The Committee is of the view that while implementing the National Digital Health Mission through cloud infrastructure under 24x7 surveillance, the security, confidentiality and privacy of health related personal information must be protected. In this regard, the Committee recommends the Department to make public aware of Health Data Management Policy for making the Mission successful. The Committee also recommends that transfer of data should take place only with the written and express consent of the individual concerned.

STATUTORY AND REGULATORY BODIES

3.163 According to notes on Demand for Grants 2021-22, a total revenue outlay to the tune of Rs. 315.66 crore has been earmarked in BE 2021-22 against Rs. 308.81 crore in BE 2020-21 and the actual expenditure of Rs. 329.12 crore in 2019-20 for FSSAI, Indian Pharmacopeia Commission, MCI, Dental Council of India, Pharmacy Council of India, Indian Nursing Council, National Academy of Medical Sciences and National Board of Examination.

(A) FOOD SAFETY AND STANDARD AUTHORITY OF INDIA (FSSAI)

3.164 The Food Safety and Standards Authority of India (FSSAI in short), also referred to as the "Food Authority", has been established under the Food Safety and Standards (FSS) Act, 2006 (Act No. 34 of 2006), primarily for laying down science-based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption.

3.165 The Department informed the Committee that the out of the allotted amount of Rs. 301.22 crore, only Rs. 274.19 crore was spent in FY 2019-20. Out of this amount, Rs. 19.77 crore was spent on GI-Salaries, Rs. 74.87 crore was spent on GI-General and Rs. 179.55 crore was spent on GI-Capital. The amount spent has helped in strengthening the food safety compliance, up-gradation of various Food Laboratories around the country, infrastructure development and provisioning of Mobile Food Safety Testing Vans to various States/UTs. The Allocation in BE 2020-21 to the tune of Rs. 283.71 crore was reduced at RE 2020-21 to an amount of Rs. 239.12 crore, however, Rs. 170.56 crore has been spent till date. The entire RE amount of Rs. 239.12 crore is expected to be utilised by 31.03.2021.

3.166 The budgetary estimate to the tune of Rs.283.71 crore has been reduced to Rs. 239.12 crore in RE 2020-21 due to COVID-19 lockdown, the States/UTs did not submit Utilisation Certificates for the grants given in previous financial years. Hence, FSSAI was unable to release further grants as per schedule. Also, the planned recruitment was delayed due to CoVid 19 by six to seven months. The projected demand of FSSAI in BE 2021-22 and the allocated amount is the same amount earmarked to the tune of Rs. 288.35 crore in BE 2021-22 and that would be sufficient for the intended purpose.

3.167 FSSAI has a network of 226 laboratories across the country comprising 190 primary testing laboratories recognized & notified under section 43(1) of FSS act 2006; and 18 referral laboratories for appellate (referral) testing recognized & notified under section 43(2) of FSS act 2006. There are 18 State Food Testing Laboratories working under the transition provision of Section 98 of FSS Act, 2006. Out of the total of 226 food laboratories, 208 are accredited for ISO 17025: 2017 by National Accreditation for Board of Testing and Calibration Laboratories (NABL). Almost 30 laboratories possess the testing facility for Mycotoxins (Aflatoxin M1). Additionally, Trilogy Analytical Laboratory, Hyderabad has been identified as a National Reference Laboratory for testing of Mycotoxins. The State Food Laboratories and Referral Food Laboratories have been equipped with portable/hand-held type screening device (RAPTOR^{TM}) to test Aflatoxin, antibiotic and pesticides residues in milk. The presence of Aflatoxin-M1 in milk and milk products, contamination along with Adulteration of milk continuous to be a serious public health concern especially in infants and young children.

3.168 As regards the present status of Mobile Food Testing Labs (SOFTeL) in the country, it was informed by the Department that under the SOFTeL, 60 Mobile Food Testing Labs (MFTLs) have been provided to 32 States /UTs across the country.

3.169 Relating to the need for review of organizational restructuring of FSSAI for better operating efficiency, the Department mentioned that the periodic review of organizational structure is desired for better operating efficiency. After the creation of additional posts for FSSAI in August 2018, the sanctioned strength has gone up from 356 to 824. In view of this, the revised new structure of FSSAI was approved by the Food Authority in its 31st meeting on 20.10.2020. Accordingly, at the Headquarters, the work has been bifurcated into 12 Divisions on the functional requirement basis. These Divisions will be headed by Executive Directors/ Advisors who will report to Chief Executive Officer and Chairperson.

3.170 **The Committee has been given to understand that the FSSAI is undergoing organizational restructuring as the revised structure has been approved by the Food Authority on 20th October, 2020. The work of the Headquarter has accordingly been divided into 12 divisions on the functional requirement basis and each division to be headed by the Executive Director and reporting to CEO and Chairperson. The**

Committee, in this connection, recommends that the organizational restructuring of FSSAI should be conducted within the set time frame. Committee also recommends the filling up of vacant posts for effective and efficient working of FSSAI

Aflatoxin-M1 in milk and milk products

3.171 The Committee sought to know whether the Government considers the existing laws adequate to tackle the problem of Aflatoxin-M1 in milk and milk products, the Department stated that the existing law governing punishment for offences under the Food Safety and Standards Act, 2006 is based on a graded structure. For offences of serious nature like adulteration and for unsafe food, the punishment is on higher side. Penalty for less serious offences like sub-standards food, misbranded food, misleading advertisement, food containing extraneous matter, and unhygienic or unsanitary processing or manufacturing of food the penalty is only fine in the range of one lakh to five lakhs. In respect of unsafe food, the penalty would not be less than Rs. ten lakhs and the imprisonment to be not less than seven years which can go upto life imprisonment where due to consumption of such food results in death. It may not be out of place to mention that the FSS Act has more deterrent punishment if compared to punishment as provided in the Indian Penal Code, 1860.

3.172 In case of wilful adulteration resulting in unsafe food and as recommended by the Department related Parliamentary Standing Committee on Health and Family Welfare, the punishment is being proposed to be more deterrent even in cases where actual death or injury has not taken place but the such unsafe food has the potential to cause such eventuality. Section 59A is proposed to be inserted for the purpose.

3.173 The Committee appreciates FSSAI for acceptance of the recommendations of DRSC on Health and Family Welfare on according more deterrent punishment in cases where actual death or injury has not taken place but such unsafe food has the potential to cause such eventuality. The Committee is, however, worried over the delay in insertion of Section – 59A for giving effect to the said deterrent punishment. The Committee, therefore, recommends that the insertion of the provision in the Act be made without any further delay.

3.174 The Committee also sought to know as to whether the existing protocols/rules/regulations can be modified to prevent and control the spread of Aflatoxins in food grains and the monitoring mechanism that can be adopted by the Government to control Aflatoxin contamination in food grains. FSSAI is constantly working to improve the quality and safety of the milk and milk products. The maximum residual limit for Aflatoxin-M1 has been fixed to 0.5 µg/kg in harmonization with the international standards-Codex which is based on the risk assessment by Joint FAO/WHO Expert Committee on Food Additives (JECFA). FSSAI has

made it mandatory for the commercial feed intended for cattle to comply with Bureau of Indian Standards (BIS) specifications for Compounded feeds for Cattle (IS 2052:2009) and to carry a BIS certification mark on the product label which shall be enforced from 1st July, 2021.

3.175 The Committee understands Mycotoxins found in mould contamination of food grains continues to cause various human diseases and include Aflatoxins that have the potential to cause cancer, abdominal pain, vomiting, hepatitis, impaired growth in children and also death after acute exposure to high concentrations in food. The Committee, therefore, strongly recommends FSSAI to control Aflatoxin contamination in food grains. The Committee further recommends the FSSAI to improve the quality and safety of the milk and milk products as the adulterated milk with Aflatoxin contamination adversely affects the health of the common masses. The Committee hopes the compliance with Bureau of Indian Standards (BIS) specification for compounded feeds for cattle that will be in force from 1st July, 2021 would ensure the assured quality and food safety in food items.

(B) Indian Pharmacopeia Commission

3.176 Indian Pharmacopeia Commission provides for performing activities to Publish Indian Pharmacopeia and its Addendum, to develop and validate the Indian Pharmacopeia Reference Substances (IPRS) and Impurity Standards, Skill Development of Drugs Analyst, Drugs Inspectors and Stakeholders etc.

3.177 Replying to the Committee's query as to how the amount to the tune of Rs. 24.29 crore in 2019-20 was appropriated during the year and why the amount was reduced to Rs. 21.85 crore in BE 2020-21 and further slashed to Rs. 20.35 crore in RE 2020-21, the Department maintained that the amount was reduced to Rs. 21.85 crore in BE 2020-21 and further slashed To Rs. 20.35 crore in RE 2020-21, due to Covid 19 pandemic the physical activities could not be conducted like Technical/Scientific Meetings, Workshops and Hands on Trainings at National & International level etc. Expected expenditure during the year upto 31.03.2021 would be upto 19.15crore. Yes. If extra budget would be required IPC may request for the same during the RE stage.

3.178 The Committee hopes that the allocation of Rs. 23.95 crore in BE 2021-22 to Indian Pharmacopeia Commission would be optimally utilized for publishing Indian Pharmacopeia Reference Substances (IPRS), developing Impurity Standards, Skill Development of Drugs Analyst, Drugs Inspectors and Stakeholders etc. as per the set target in output-outcome framework 2021-22 pertaining to Indian Pharmacopeia Commission. The Committee, however, wonders whether the other statutory and

regulatory bodies would be able to achieve its targets with the meagre allocation made during 2021-22.

All India Institute of Medical Science, New Delhi (AIIMS)

3.179 AIIMS has been set up by an Act of Parliament in 1956 as a premier institution to conduct experiments and research on various disciplines of medical services. Dr. Rajendra Prasad Centre for Ophthalmic Sciences is attached to it.

3.180 In FY 2019-20, the Institute was provided Rs. 43.00 crore from National Investment Fund (NIF). The Institute utilized this amount on procurement of M&E and on projects. Further, in 2020-21, the allocation of Rs. 2135.95 crore in BE 2020-21 has not been reduced at RE stage (2020-21). For AIIMS, New Delhi, the allocation is provided through NIF or GBS. The combined allocation for the Institute during 2020-21 was Rs.3489.96 crore as compared to the actual expenditure of Rs.3599.65 crore in 2019-20. For 2021-22, the total allocation is Rs.3800.00 crore. The total allocation of Rs. 3800.00 crore for 2021-22 will be sufficient and utilized fully. The allocated fund would be spent on Capital Projects, procurement of Machinery & Equipments, Establishment expenses, consumables, hospital /patient care; and repayment of Principal & Interest of HEFA loan.

3.181 As regards the overall planning for repayment of interest and principle amount on HEFA Loan and the reason of constant amount to the tune of Rs. 44.60 crore towards repayment of interest and Rs. 52.50 crore on repayment of principle amount, The Committee was informed that as per agreement with HEFA, Half Yearly Installment of Principal repayment of HEFA loan of amounting to Rs. 26.25 crore is being paid to HEFA. The entire loan shall be repaid in 17 half yearly installments of Rs. 26.25 Crore each and Rs. 7.04 crore in final installment. Interest accrued at the end of the calendar quarter (i.e March, June, September and December) has to be repaid within 30 days from the completion of the quarter.

Status of on-going projects taken by AIIMS, New Delhi

STATUS OF ONGOING PROJECTS AT AIIMS NEW DELHI **03.02.2021**

Table 36

(Rs. in Crore)

Sl. No	Name of Projects	Approved Cost/ Awarded Cost	Date of start	Stipulated Date of Completion	Expected date of Completion	Expenditure till date	Physical Progress as on date
1	Surgical Block	100.29	Sep. 2013	Apr. 2015	March, 2021	71.70	Work in progress 99% completed.

2	Mother & Child Block	290.70	May. 2015	May. 2017	March, 2021	245.04	Work in progress.90% completed
3	New Paid Ward	113.00	Dec. 2016	Aug. 2018	March, 21	57.48	Work is in progress 90% structure completed.
4	Construction of Geriatrics Block	250.00	Feb. 2018	Feb. 2020	June, 2021	80.58	Work is in progress 80% structure completed.

3.182 The Committee takes into account the status and timelines of various ongoing projects at AIIMS, New Delhi. The Committee desires that the AIIMS management to ensure the completion of ongoing projects as per revised schedule of completion as these projects have already been considerably delayed.

3.183 The Committee has been given to understand that the burns units of AIIMS has not been made functional yet despite the completion of the construction of the new building for the purpose. While the Committee would like to know the reasons for non-operationalisation of the units, it recommends that the unit be made functional without any further delay.

REDEVELOPMENT OF RESIDENTIAL COLONIES OF AIIMS (AYURVIGYAN NAGAR & WEST ANSARI NAGAR)

3.184 The Cabinet, in its meeting held on 13.10.2016, had approved the construction of 3519 Dwelling Units at a cost of Rs.4441.00 crore with supporting social and commercial infrastructure in place of the existing old / dilapidated housing units on self financing basis with no cost to the ex-chequer, within a span of 60 months from date of all approvals. The estimated cost of the project based on CPWD Plinth Area Rates was worked out to Rs.3854.00 crore. Total estimated project outlay is Rs.4441.00 crore, which includes maintenance cost for 30 years of Rs. 539.00 crore and Rs. 48.00 crore as provisioning for IRR. Memorandum of Understanding was entered between AIIMS and NBCC on 17.01.2017.

3.185 The Committee notes the planning for redevelopment of residential colonies of AIIMS, New Delhi known as Ayurvigyan Nagar & West Ansari Nagar i.e. construction of 3519 Dwelling Units at the cost of Rs.4441.00 crore to be completed within the span of 60 months from the date of approval i.e. 13.10.2016. The Committee, recommends that the construction of dwelling units in Ayurvigyan Nagar & West Ansari Nagar must be monitored strictly for ensuring timely completion of the residential projects.

IMPLEMENTATION OF MASTER PLAN OF AIIMS NEW DELHI

3.186 The Department informed the Committee that the Master Plan envisages freeing up adequate space through redevelopment, vertical expansion and reorganizing the land usage, thus optimizing the infrastructure of the Institute for the next 20 years. The Committee was further informed that the proposal has removed to re-develop the infrastructure of AIIMS, New Delhi by consolidating the Patient Care, Teaching Research, Administration and support services in areas in the East Ansari Nagar (Main) Campus and residential facilities from East Ansari Nagar (Main Campus) to Trauma Centre Extension (New Rajnagar) Campus. The project would provide highly specialized state-of-the-art healthcare to the patients and an integrated 'One Campus' answer to all the investigative, physiotherapeutic, operative, rehabilitative and vocational needs of the patients. It would ensure smart mobility and accessibility for the patients and become an apex tertiary care centre for advancement of research, clinical applications and management of patients.

3.187 The EFC in its meeting on 18.02.2019 approved pre-investment activities for the Master Plan at a cost of Rs.515.00 Crore. The Cabinet in its meeting held on 28.02.2019, in principle approved the proposal. M/S AECOM India Pvt. Ltd. (Master planner and program Management Consultant- MP-PMC) has been selected through open International bidding on 19.11.2020 and has initiated for the said consultancy work.

3.188 The Committee finds that the Master Plan of AIIMS, New Delhi, at the cost of Rs. 515.00 crore has been approved on 28th February, 2019 for optimizing the infrastructure of the Institute for the next 20 years. The Committee recommends the master plan which aims to develop AIIMS into a world class Medical University by March, 2024 by consolidating the Teaching, Research and Patient Care areas while segregating the residential areas. The Committee believe that the objective of the master plan, to augment the space available for patient care and enhance the patients' experience and to create adequate and better infrastructure for resident, students & scholars of the Institute, would be achieved only by ensuring the completion of the project without time and cost overruns for which AIIMS management need to have effective monitoring and control mechanism over the progress of the Master Plan.

3.189 The Committee desired to know the projected demand of AIIMS, New Delhi for creating facilities in the wake of outbreak of Pandemic Covid-19 and the treatment of Covid-19 patients by the Institute. Responding to that the Committee has been informed that the Institute projected additional requirement of funds Rs. 100.00 crore at Supplementary-1 stage under GIA General for COVID-19 pandemic and the same was allocated. Amount proved sufficient for the intended purpose. AIIMS, New Delhi has shown exemplary leadership in handling COVID-19 patients as details given below:-

(i) Treatment and management of COVID-19 patients:- The Institute facilitated the definitive treatment of patients with co-morbidities, requiring super specialty interventions like dialysis and complex surgeries for malignancies, trauma, orthopaedic interventions, obstetric and gynaecological emergencies etc. at JPNATC COVID-19 hospital. A quarantine facility was established for COVID positive patients at NCI Jhajjar, where some

clinical care beds were also added. The Institute also initiated the management of post - COVID complications and long COVID. The Institute extended the Tele-consultations for COVID patients through a COVID helpline.

(ii) Preparation of national guidelines for the treatment of COVID-19: AIIMS, New Delhi prepared the National guidelines for deployment of human resources for COVID-19 hospitals and health care facilities; Infection control guidelines for COVID-19 and the Management protocols for COVID-19 patients.

(iii) Education and training: The Institute initiated the National Grand Rounds bringing the best national and international experts on an online platform for dissemination of training and knowledge. It also operationalized the Helplines for medical personnel including doctors offering tele-consultations in the management of patients.

(iv) Arrangement of logistics and supplies at a national level as well as for AIIMS, Delhi: The Institute made arrangement of drugs, PPEs and oxygen assist devices for patients.

(v) Testing for COVID-19: AIIMS, New Delhi collaborated with the ICMR to increase testing for COVID-19 throughout the country using approved testing modalities, i.e. CBNAAT, RAT (for mass screening).

(vi) Research and Development: AIIMS, New Delhi conducted research on the role of different treatment as well as preventive modalities for COVID-19. Research for efficacy of vaccines for prevention of COVID-19 was also initiated.

(vii) Vaccination for COVID-19: AIIMS has started vaccination for front line healthcare workers against COVID-19

3.190 The Committee sought to know the future use of infrastructure facilities created during Covid-19. It was informed that AIIMS, New Delhi has supplemented its existing infrastructure to create COVID-19 facilities within existing areas. Their usage, after the pandemic, will be as follows:-

Table 37

S. No.	**Covid infrastructure**	**Usage after the pandemic**
1.	Emergency reception for COVID – 19 patients	It will continue to function as AIIMS Emergency
2.	C6 and D6 wards of Main Hospital which were used as holding areas for suspect cases	Both wards will revert back to functioning as clinical care wards.
3.	JPNATC COVID hospital	The hospital will revert to function as the Jai Prakash Narayan Apex Trauma Centre.
4.	NCI, Jhajjar	The NCI, Jhajjar shall function as the cancer hospital and the isolation facilities will function as hostels for NCI students and staff.
5.	Laboratory diagnostic facilities	The RT-PCR, CB-NAAT and Abbot

		machines shall be used for the diagnosis of other viral and bacterial markers, as well as for the confirmation of COVID suspect cases, if required.

3.191 The Committee appreciates the exemplary leadership of AIIMS, New Delhi for treatment of Covid-19 patients, preparation of National Guidelines for the treatment of Covid-19, imparting education and training on an online platform and operationalising the helpline for medical personnel and offering tele-consultation and participating in vaccination drive for frontline healthcare workers. The Committee takes note that the institute was allocated Rs. 100.00 crore under GiA general for Covid-19. The Committee hopes that the existing Covid infrastructure would be utilized for revitalizing the functioning of the AIIMS, New Delhi.

Vacancy Position in AIIMS

3.192 As regards the vacancies of faculty and non-faculty in AIIMS, New Delhi and steps taken to fill up the vacant position, the Committee was informed that at present following 354 faculty posts are vacant consisting of 262 posts at the level of Assistant Professors, 1 post of Medical Superintendent and 91 posts of professors.

3.193 Status of vacancy in non-faculty posts is as under:-

Table 38

Group	**Sanctioned Strength**	**In-position**	**Vacancy**
Group A (Non-faculty)	650	473	177
Group B	7360	5979	1381
Group C	4194	3513	681
Total	**12204**	**9965**	**2239**

3.184 The Committee has been informed that 597 posts of Nursing Officer were advertised and the online Computer Based Test was conducted on 8.9.2020. The recruitment process for these posts is going on.632 Posts have also been advertised for non-faculty posts and the recruitment process is going on. Apart from above, approx. 867 vacancies are under promotion mode and the departmental promotion process is going on to fill the vacancies which will be completed in due time. As regards the status of formulation of Recruitment Rules for 31 Posts (11 Posts NCI, Jhajjar, 01 Epidemology Post, 17 Posts pertaining to expansion of JP & APC and 02 Posts relating to Surgical Block)**,** the Department replied that the framing of Recruitment Rules for 2 posts (Bariatric Co-ordinator& Genetic Counsellor) relating to Surgical Block, has already been finalized/notified. For framing of Recruitment Rules for the post of Epidemiologist, the same is under consideration with the concerned department. Framing of RRs for 11 Posts in NCI, Jhajjar and 17 Posts of JPNATC are under process.

3.195 The Committee expresses its serious concern over the vacancy of 354 faculty and 2239 non-faculty posts in a premier institute like AIIMS . The Committee, reiterates its recommendation for filling up of the vacant faculty and non-faculty posts by expediting the recruitment process and framing of recruitment rules at the earliest for reducing the patient care load and timely healthcare delivery to the needy patients. The Committee applauds the Patient care management by AIIMS, New Delhi, however, the Committee feels that the Patient Care management can be further improved by reducing/minimizing existing demand supply mismatch between the available services.

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

3.196 PGIMER, Chandigarh, was set up by an Act of Parliament as an Institute of National importance. The Institute is wholly financed by Central Government and is a centre for medical education research and specialized hospital services. PGIMER, Chandigarh is catering to a humongous number of patients in its Emergency, Indoor as well as Patient Department. More than One Lac admissions are made every year and close to 3 Million patients visit its OPD annually.

3.197 The Committee has been apprised of the additional amount of Rs. 100.00 crores sought under First Supplementary Batch as additional GIA (Salaries) in addition to already sanctioned fund of Rs. 1200.00 crores for the year 2020-21 on account of fresh recruitments of Faculty & Other staff in the Institute as well as other Satellite Centres of the Institute, Arrears of Technical, Nursing & Other staff. However, due to COVID-19 pandemic, the recruitment process was hampered and could not be materialized as scheduled. Hence, the demand of funds has been reduced to original budget i.e. Rs.1200.00 crores. The over and above expenditure under GIA (General) will be met from Internal Accruals of the Institute. The funds under GIA (CCA) have been provided in the month of October, 2020, however the Institute is already in process to utilize the funds by end of the Financial Year 2020-21.

3.198 For PGIMER the allocation is funded through NIF or GBS. The combined allocation for the Institute during 2020-21 was Rs.1426.53 crore as compared to Rs.1861.53 crore at RE stage, as compared to actual expenditure of Rs.1672.50 crore in 2019-20. For 2021-22, the total allocation is Rs.1613.82 crore. The total allocation of Rs.1613.82 crore for 2021-22 will be sufficient and utilized fully.

3.199 To cater such heavy load of patients the Government has approved PGIMER Satellite Centres at Sangrur, Una and Ferozepur. The Government has also approved the setting up of Mother & Child Centre and Advanced Neuroscience Centre. The work for Modernization of Research Block “A” & “B” and Modernization of Nehru Hospital was entrusted to NBCC India Ltd. during March, 2013 at a cost of Rs.48.33 crore and Rs.87.82 crore respectively. However, NBCC failed to complete the work inspite of follow up and assistance from the Institute except 11 KV Sub Station of Research “A” & “B” Block and Manifold Gas Plant of the Nehru Hospital. Finally, the work has been withdrawn from NBCC during September, 2019 and the remaining work is now planned to be carried out departmentally. The Committee has been apprised that the allotment of Sarangpur Campur, PGIMER, Chandigarh has been envisaged at the Projected Cost of Rs. 2500.00 crore.

3.200 The Committee is of the considered view that PGIMER, Satellite Centres at Sangrur, Una and Ferozepur be completed without delay in order to cater to the healthcare needs of the patients who accounts for more than One Lac admissions every year and close to 3 Million patients in OPD annually. The Committee also recommends completion of work for Modernization of Research Block "A" & "B" and Modernization of Nehru Hospital without further delay. The Committee desires development of Sarangpur Campus, PGIMER, Chandigarh at the projected cost of Rs. 2500.00 crore to be undertaken on priority basis.

3.201 The Committee has been given to understand that against the sanctioned strength of 8844 posts in various cadres, in- position strength is 7158 posts and a total number of 1686 posts stands vacant. It was maintained that the recruitment/filling up of the post is an ongoing process. The vacant posts are being filled by the Institute from time to time as per the provisions of recruitment rules for the post.

3.202 The Committee expresses its concern over the delay in filling up of 1686 posts in various cadres of PGIMER, Chandigarh. The Committee understands that though the recruitment of posts is an ongoing process, the provision of in-position strength as per the sanctioned strength would definitely improve the working of institute in delivery of healthcare services. The Committee, therefore, strongly recommends that all out efforts must be made for filling up of the vacant posts in PGIMER, Chandigarh without further procrastination.

3.203 On a specific query regarding starting of a separate department of Rheumatalogy, the Ministry submitted that PGIMER, Chandigarh is running DM Rheumatology and Clinical Immunology programs both in adult and pediatric separately. There is a unit in Internal Medicine that runs this course (from where it was originated and the faculty provided by Internal Medicine) and all the rheumatologic and immunological related services for patient care of adult patients are provided. Similarly, there is a separate unit of pediatric rheumatology and immunology which is running in the pediatrics departments of Advanced Pediatrics Centre. Both of these units are running separate DM (Superspecialty) programs in their respective fields. Department of Immunopathology and specialized laboratory attached to Advanced Pediatrics centre are performing cutting edge basic work related to autoimmune rheumatic diseases. All these units/department/laboratories are involved in the patient care and the most advanced research in the field.

3.204 The Committee notes that auto immune rheumatic diseases are expected to pose a formidable health related challenge and there is a need to evolve a specialized treatment & teaching in rheumatology. The Committee strongly recommends PGIMER, Chandigarh to start a separate Department of Rheumatology and all the rheumatologic and immunological related services for patients can be dealt by this Department.

JAWAHARLAL INSTITUTE OF POST GRADUATION MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY

3.205 JIPMER is an Institution of National Importance under Ministry of Health and Family Welfare catering to patients from all over India but prominently from Tamil Nadu and provides quality care to all the patients. To cater such heavy load of patients the Government has approved JIPMER, Karaikal, JIPMER Multispecialty Consulting Unit at Yanam, Puducherry and Augmentation of Regional Cancer Centre.

3.206 The projected demand, budgetary allocation earmarked to Jawaharlal Institute of Post-Graduation Medical Education and Research, Pudducherry and the actual expenditure incurred by the Institute during last three years is as under.

Table 39

Financial Year	**Projected Demand**	**Budgetary Allocation**		Expenditure Incurred
		BE	**RE**	
2019-20	1410.00	1100.00	1053.49	957.18
2018-19	1246.00	1096.00	976.00	810.20
2017-18	1076.00	1034.63	1034.63	943.30

3.207 Stating about the reasons for under utilization of funds by the Institute leading to idle parking of funds, the Committee was informed that under-utilization of funds was due to vacancy of posts arising out of superannuation, voluntary retirement, resignation, death cases etc. and also due to provisions made for posts to be filled by recruitment under progress. In respect of GIA-Creation of Capital Assets under-utilization was due to slow pace of expenditure and availability of unspent balance with the Institute pertaining to previous financial years. Measures have been initiated by this Institute to arrive at exact expenditure forecast while formulating Budget Estimates and Revised Estimates due to which under-utilization of grants and accumulation of savings have considerably reduced in the current financial year (i.e. 2020-2021).

3.208 For JIPMER the allocation is funded through NIF or GBS. The combined allocation for the Institute during 2020-21 was Rs.1000.00 crore as compared to Rs.1053.48 crore in 2019-20. At RE stage, the allocation has been slightly reduced keeping in view of the pace of expenditure. For 2021-22 the total allocation is Rs.1000.00 crore. An amount of Rs.34.95 crore has been utilized from the sanctioned fund under the GBS. The total allocation is funded through NIF or GBS and used for funding different activities of the Institute. The combined allocation for the Institute during 2020-21 was Rs.1000.00 crore. The total allocation of Rs.1000.00 for 2021-22 will be sufficient and utilized fully.

3.209 The Committee has been informed about the on-going developmental projects/creation of capital assets pertaining to this Institute inter-alia include, establishment of Animal House at JIPMER, construction of 50 rooms International hostel at JIPMER, modernization and up-gradation of Regional Cancer Center at JIPMER, construction of JIPMER Karaikal New Campus (Phase-I) at Karaikal, modernization of Old Hospital and Institute buildings at JIPMER, construction of multispecialty consulting Unit at Yanam, establishment of 110 KV GIS substation along with 110 KV UG cable and bay extension at 110/22KV Kurumbapet SS, JIPMER second campus at Sedarapet village at Puducherry. It was informed that the unspent balance available with the Institute pertaining to previous financial year with respect to creation of capital assets are adjusted with the Grants released by the Ministry during the succeeding financial year.

3.210 The Committee observes that JIPMER has not optimally utilized the allocated fund, for various reasons viz non-filling up vacant post and due to slow pace of expenditure and availability of unspent balance of previous financial year led to idle parking of fund in the past. The Committee feels that administrative lapses have led for the under utilisation of funds which could have been addressed by strict monitoring. The Committee cautions the Institute against under-utlilization of earmarked amount during 2021-22. The Committee, also, recommends the Department to have resilient monitoring mechanism for timely execution of ongoing developmental projects/creation of capital assets which inter-alia include establishment of animal house at JIPMER, construction of 50 rooms international hostel, modernisation and upgradation of cancer centres at JIPMER, construction of JIPMER Karaikal new campus (Phase-I) etc. and completion of all such projects within the set timeframe and without cost overruns.

Table 40

Vacancy position of faculty and non-faculty

	Sanctioned	Existing	Vacant
Faculty	367	316	51
Non Faculty	4568	3640	928

3.211 Proposals related to additional creation of manpower (Faculty and Non-Faculty posts) on par with increased number of services and number of patients is under active consideration. In JIPMER recruitment is being carried out from time to time for filing the vacant posts.

3.212 The Committee expresses its concern over the vacancy position of faculty and non-faculty in JIPMER. The Committee is not convinced with the clarification given by the Department. The very fact of 51 vacancies against the sanctioned strength of 367 posts faculty posts and 928 non-faculty posts lying against the sanctioned strength of 4568 posts spells out faulty recruitment policy and process of the Institute. The Committee, therefore, recommends the Institute to strive hard in piloting its proposal for filling up of vacant posts without further delay.

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

3.213 The Institute provides Services, training and research functions in the field of mental health and neurosciences. The Institute is a deemed university and offers degrees and diploma courses in this field in medical and para-medical disciplines.

3.214 NIMHANS has worked with several state governments in order to build capacity to cater to the huge burden posed by the mental disorders (Karnataka, Uttarakhand, Bihar, Chhattisgarh, Maharashtra, Sikkim, Odisha, Gujarat etc.). NIMHANS is supporting a few other State Governments viz. Goa, West Bengal and Punjab in finalizing programs related to mental health capacity building. Through NIMHANS, Digital Academy NIMHANS has come up with innovative, skill-based digital courses (blended and hybrid mode; both certificate courses and diplomas) to exponentially increase capacity building in mental health in India.

3.215 NIMHANS has contributed to the development of operational guidelines for medical officers, community health officers (midlevel health providers) and field level health workers as part of the AYUSHMAN BHARAT program for the Health and Wellness Centre's. NIMHANS, in association with the National Health Systems Resources Centre, is completing the National level TOT and the State level TOT for Community Health Officers and the Medical Officers. NIMHANS has worked with various agencies of Govt.'s including the police department (Tamil Nadu), Central Armed Paramilitary Forces (BSF, ITBP etc.) for implementing stress management and suicide prevention strategies. All patient care services, diagnostic services and infrastructure services are done and Mera Aspatha survey of NIMHANS is 82% in 2019-20 which is a major achievement.

Table 41

Projected demand, budgetary allocation earmarked to NIMHANS, Bengaluru

(Rs. In Crores)

2017-18							
Grants in Aid -GoI	**Projected demand**		**Budget Allocation**		**Actual Expenditure**	**GIA GoK**	**Internal Resources**
	BE	RE	BE	RE			
Salary	227.26	238.46	210.00	238.46	296.81	30.85	65.32
General	80.57	78.00	68.00	68.00	97.41	29.26	
Capital	106.99	98.19	72.94	72.94	72.94	-	
Total	**414.82**	**414.65**	**350.94**	**379.40**	**467.16**	**60.11**	**65.32**
2018-19							
Grants in Aid -GoI	**Projected demand**		**Budget Allocation**		**Actual Expenditure**	**GIA by GoK**	**Internal Resources**
	BE	RE	BE	RE			
Salary	271.66	254.19	224.54	253.87	307.48	43.16	75.31
General	94.89	91.02	73.36	73.36	113.44	28.40	
Capital	78.00	145.89	84.60	84.60	72.86	-	
SAP	-	-	-	-	5.98	-	
Total	**444.55**	**491.10**	**382.50**	**411.83**	**499.77**	**71.56**	**75.31**
2019-20							
Grants in Aid -GoI	**Projected demand**		**Budget Allocation**		**Actual Expenditure**	**GIA GoK**	**Internal Resources**
	BE	RE	BE	RE			
Salary	287.02	273.66	270.25	273.66	388.91	60.33	85.90
General	106.73	151.61	85.65	85.65	130.76	11.75	
Capital	140.67	102.41	91.10	91.10	102.83	-	
SAP		3.00	3.00	3.00	4.67	-	
Total	**534.41**	**530.67**	**450.00**	**453.41**	**627.17**	**72.08**	**85.90**

3.216 The Committee has been informed that the grants in Aid from GOI was not sufficient to meet the capital and General Expenditure of the Institute as seen from the above table. The difference was met from additional GIA from the Govt. of Karnataka and also from Internal Resources. The physical targets were achieved at the stipulated cost and with set time frame for the capital assets and equipments and consumables.

3.217 The Grant in Aid of Rs.453.41 crore during 2019-20 was spent salaries, allowances and Pension payments, Operation and maintenances expenses of the institute/hospital, procurement of equipment, construction of building, expenses including COVID related activities. An amount of Rs.605.29 crore was requested in BE 2020-21 based on the projected requirements of the Institute. However, the Grant-in-Aid sanctioned was Rs.434.43 crore. The expected expenditure for the financial year 2020-21 would be Rs.650.02 crore. The Grant-in-Aid requested for the financial year 2021-22 is Rs.600 Crore which includes Salary Rs.350 Crores, General –Rs.121.70 Crores and Capital Rs.125 Crores. If Grant-in-Aid is restricted to Rs.500.44 crore, the Capital Expenditure would have to be curtailed. However, major works like IT networking, 3D C-Arm, ERP solutions and to procure other equipments initiated with the approval competent authority requires an additional sum of Rs.49 Crore. The amount would be spent salaries, allowances and pension payments, operation and maintenances expenses of the Institute/hospital, procurement of equipment, construction of building, expenses including COVID related activities.

3.218 The Committee observes that inadequate Grant-in-Aid to the tune of Rs. 500.44 crore has been allocated to NIMHANS, Bengaluru in BE 2021-22 to meet the capital expenditure as a result of which the major works like IT networking, 3D C-Arm, ERP solutions procurement of certain equipments, and COVID related activities have to be curtailed. The Committee, therefore, strongly recommends for allocation of Grant-in-Aid at the RE Stage as per the requirement of the Institute.

3.219 The Committee has been informed that the vacant posts were not filled due to the on-going pandemic COVID-19. However, steps are now taken to advertise the said posts and recruit the same at the earliest. During March 2020, 210 posts of higher level Nursing cadre posts were created and sanctioned. These posts are yet to be advertised due to the pandemic COVID-19 and the same will be advertised at the earliest. The Institute as further requested for 320 additional nursing posts for creation, which has been cleared by the Governing Body of the Institute pending clearance from the Ministry. Currently, the shortage is covered by nursing internees.

3.220 The Committee has been given to understand that 210 posts of higher level Nursing Cadre posts were created in March, 2020 however, these posts could not be advertise due to outbreak of COVID-19. The proposal of the Institute for creation of 320 additional nursing posts which has been cleared by the Governing Body of Institute is pending with the Ministry. The Committee, recommends that recruitment process shluld be expedited for filling up of 210 posts of higher level Nursing Cadre posts without further delay. The Committee also recommends the Department to consider the proposal of the Institute for

creation of 320 additional Nursing Posts on merit basis and give green signal to the proposal if found essential.

3.221 The recently conducted National Mental Health Survey states reveals the prevalence of mental disorders to be 10.6%, translating to absolute numbers that stands about 15 crores population has a mental illness that requires treatment and care. To cater to the needs of patients with mental illnesses, India has 47 government mental hospitals. In NIMHANS, during the year 2018-19, about 2,00,000 patients were cared for. The previous year, about 1,80,000 patients were treated. In addition, a number of medical colleges (both government and private) across the length and breadth country have departments of Psychiatry with both inpatient and outpatient facilities. District hospitals particularly in the southern states have psychiatrists to cater to the needs of patients with mental illness. District Mental Health Program is operational in more than 655 districts of the country where treatment for common psychiatric disorders are made available. The Country, annually gets about 700 psychiatrists graduate, 50 clinical psychologists and 75 psychiatric social workers and 25 psychiatric nurses graduate.

3.222 India has about 9000 psychiatrists spread across the country, majority of who work in the private sector. Majority of these are concentrated in urban areas, while 70% of the population is situated in the rural areas. Further, about 2000 clinical psychologists, 1000 psychiatric social workers and about 1000 psychiatric nurses could be working in India. Government of India has formulated manpower development schemes under NMHP to address this issue. Under the scheme, 25 centres of excellence in mental health, 120 PG departments in mental health specialties, up-gradation of psychiatric wings of medical colleges, modernization of state-run mental hospitals are being supported.

3.223 **The Committee takes note of the shortage and uneven deployment of psychiatrist, clinical psychologists, psychiatric social workers and psychiatric nurses in the country due to their high concentration in the urban areas and meagre & skewed deployment in the rural areas. The Committee, therefore, recommends the Department for rationalized deployment of manpower under NMHP to address the issue of shortage of psychiatrists for treatment of common psychiatric disorders, especially in the rural areas.**

3.224 The challenges faced by the institute are in terms of the large numbers of patients who need care and treatment at the institute. Though the DMHP services are operational, still, the systems are not well established, and gaps are existing in the delivery of care. One prime example is the continuous availability of psychotropic medications in DMHP. Many a times, patients come back to NIMHANS for routine care despite referrals to the local treatment center and the principal reason is the non-availability of psychotropic drugs in the local places. Also, the state mental health rules and regulations are not framed and operationalized throughout the country. COVID pandemic too has extracted a toll on the continuity of care of patients and also for those new patients who have onset of their mental illnesses. NIMHANS has taken up the

above-mentioned measures along with supporting, coordinating and guidance to all other activities apart from continuous education and awareness building of all stake holders.

3.225 The Committee notes that District Mental Health Programme (DMHP) is operational in more than 655 districts in the Country but the system is not well established and gaps exist in the delivery of care on the ground level. The Irony is that many States have not framed the State Mental Health Rules and Regulations and thus this programme has not been operationalised throughout the country at the seamless pace. Needless to say, Pandemic Covid-19 has taken its toll on the continuity of care of patients suffering from mental illness.

3.226 The Committee sought to know the status of filling up of 179 vacant posts (61 posts in Group-A, 48 posts in Group-B and 70 posts in Group-C) in NIMHANS, Bengaluru. The Ministry replied that the above vacant posts were not filled due to the on-going pandemic. However, steps are now taken to advertise the said posts and recruit the same at the earliest.

3.227 **The Committee takes note with concern the vacancy position of 179 posts (61 posts in Group-A, 48 posts in Group-B and 70 posts in Group-C) in NIMHANS, Bengaluru which according to the Department of the Health and Family Welfare could not be filled up due to intervening periods of Pandemic Covid-19. The Committee, recommends the NIMHANS management to expedite the process of recruitment of 179 vacant posts in the Institute for category services to patients of the mental health illness.**

3.228 One of the key Concern Areas of NIMHANS, Bengaluru is that **t**he patients seeking treatment and clinical services are significantly increasing year by year. The Institute has undertaken measures to reach patients through tele-medicine, tele-consultation, outreach programmes to increasing load. Further the Institute has expanded clinical services for community mental health services at Sakalwara Campus and NIMHANS Well Being Centre. For comprehensive trauma care, a poly trauma centre with hospital with all medical services is planned at NIMHANS North campus.

3.229 The Committee has been given to understand the prevalence of mental disorder has reached to 10.6% (about 15 crore population) as per the study conducted by National Mental Health Survey. The Committee, therefore, recommends the NIMHANS to revisit its pivotal role in steering services to the patients of the region, and expending its outreach to Community mental health services at the Sakalwara Campus and NIMHANS Well Being Centre. The Committee hopes that a poly trauma centre, as planned at NIMHANS North Campus, would play vital role in extending comprehensive trauma care.

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

3.230 The Institute was set up in 1987 with the objective of providing inter-alia specified medical care to the people of the entire North Eastern Region and to produce trained medical manpower.

3.231 Apprising about the utilization status of revenue expenditure to the tune of Rs. 360.00 crore during 2019-20, the Committee was informed that the Institute during the year 2019-2020

was allocated an amount of Rs.359.00 Crore as per Revised Estimate. The Institute was allocated an amount of Rs. 362.00 Crore in Revised Budget Estimate 2019-2020. The reasons for the revision are due to the ongoing Major Works Construction such as RCC, Under Graduate Medical College, Nursing College & Hostel and expenses relating to Patient Care Services Etc. and payment of all committed expenses. The Institute has utilized the amount by spending Grant-in-Aid- General an amount of Rs. 85.00 Crore; Grant-in-Aid- Assets to the tune of Rs. 161.05 Crore and an amount of Rs. 151.21 crore on Grant-in-Aid- Salaries.

3.232 During 2020-21 the Institute projected at BE Stage to the tune of Rs. 553.14 crore and received an amount to the tune of Rs. 310.31 crore. Against the projection of Rs. 504.69 crore at RE Stage the Institute was allocated Rs. 310.31 crore, however, the actual fund received was only Rs. 190.75 crore but the actual amount utilized till December, 2020 is to the tune of Rs. 219.37 crore.

3.233 The earmarked fund of Rs 310.31 Crore during the year during 2020-21 is being utilized towards payment of Salaries & other Salaries related expenses, payment of Electricity Charges, Telephone Charges, Dietary Services, Medicine/Reagents, Consumable, Security Charges, Hiring of Manpower, House Keeping, AMC/CMC, Covid 19 expenses, Repairs & Maintenance, Vehicle Hiring Charges, Payment towards the ongoing Major Construction i.e. Regional Cancer Centre, Under Graduate Medical College, Nursing College & Hostel Etc, Procurement of Medical Equipment, Furniture & Fixtures, Minor Civil Work Construction Etc. The expected outcome is that the Institute will be fully utilize the fund under Grant-in-Aid-General and it is also expected to utilize the same in case of Grant-in-Aid- Creation of Capital Assets.

3.234 The Committee has been further informed that the institute has been allocated a total of Rs 350.00 Crore in the Budget Estimate 2021-2022 out of which the Institute proposed Rs. 100.00 Crore only towards Creation of Capital Assets (including ongoing Schemes) and the same will be increased at the time of Revised Estimate for the smooth functioning of the works and to achieve the overall objective of the Institute.

3.235 The earmarked fund to the tune of Rs. 350.00 crore in BE 2021-22 may not be sufficient to meet all the requirement during the next financial year 2021-2022. towards payment of Salaries & other Salaries related expenses, payment of Electricity Charges, Telephone Charges, Dietary Services, Medicine/Reagents, Consumable, Security Charges, Hiring of Manpower, House Keeping, AMC/CMC, Covid 19 expenses, Repairs & Maintenance, Vehicle Hiring Charges, Payment towards the ongoing Major Construction i.e. Regional Cancer Centre, Under Graduate Medical College, Nursing College & Hostel Procurement of Medical Equipment, Furniture & Fixtures, Minor Civil Work Construction Etc. The expected outcome is that the Institute will be utilized fully the fund under Grant-in-Aid-General and it is also expected to utilized the same in case of Grant-in-Aid- Creation of Capital Assets. The Institute is expected to utilize the same fully, however the Institute will submit the additional requirement of fund with justification at a time of preparing the Revised Estimate 2021-2022.

3.236 The Committee has been apprised of the following ongoing projects of the Institute with the expected date of completion of the project on 31st December, 2021**:-**

(i) Construction of Under Graduate Medical College for 100 annual intake and with hostels for 600 students for Rs. 249.54 crores.

(ii) Construction of Regional Cancer Centre with 252 beds with patients Guest House of 28 rooms for 224.79 crores.

(iii) Expansion of Nursing College from 50 to 100 annual intake and Hostel at the cost of Rs 61.89 crores.

3.237 The Committee hopes that the ongoing construction projects of NEIGRIHMS, Shillong would be completed by December, 2021. The Committee, however recommends to have strict monitoring mechanism to ensure the completion of the undertaken projects at the estimated cost and within the set time frame.

3.238 The challenges faced by the Institute in catering to large number of patients and steps taken to deal with such challenges includes **s**hortage of faculty especially in Super speciality departments and Paramedical staff; shortage of Resident Doctors; shortage of beds due to space constraint; shortage of Anaesthesists for OT and shortage of funds. Regular advertisement is made for filling up of vacant faculty posts. Once the building infrastructure for the Under Graduate Medical College for 100 annual intake is completed, the non clinical departments from the existing hospital building will be shifted to the new building. Then more beds can be created to the existing clinical departments. Moreover, the budget allocation is not commensurate with the demand. Ministry to allocate more funds to the Institute.

3.239 The Committee has been informed that against the sanctioned strength of 205 Posts in Group – A only 137 posts are filled up while 68 posts are lying vacant. Moreover, in Group – C against the sanctioned strength of 105 Posts of Senior Resident Doctors only 66 posts are filled up and 39 posts stands vacant. Against the sanctioned strength of Junior Resident Doctors in Group – C, 37 posts are filled up and 27 posts stands vacant although the recruitment process is at the advanced stage. The Committee has also been informed that in non-faculty against the sanctioned strength of 917 posts in Group – B 548 posts are filled up, 04 posts outsourced and 365 posts stands vacant. In Group – C, against the total sanctioned strength of 509 posts, 430 posts are filled up and 79 posts are vacant. The selection of candidates for filling up of above mentioned posts are at different stages of recruitment process.

3.240 The Institute is resorting to adhoc appointments of faculty at the level of Assistant Professor to meet the shortage of faculty. The Institute is also issuing advertisement to fill up the vacant posts of Professor & Associate Professor in various departments on contract basis. The Institute had submitted a proposal for creation of 15 (fifteen) posts at the level of Professor, Associate Professor & Assistant Professor and 15 (fifteen) posts of Senior Resident Doctors for the department of Anaesthesiology to meet the shortage of Anaesthesists. The Institute has also submitted proposal for creation of posts for Under Graduate Medical College for 100 annual intake.

3.241 The Committee has also been informed that the following measures are proposed to be taken up by the Institute for improving the functioning of the Institute and enabling it to achieve its cherished mission and set target.

(i) Holding of regular Assessment Promotion Scheme for time bound promotion of faculty Members to retain the existing faculty.

(ii) Payment of Learning Resource Allowances to the Faculty members to retain the faculty.

(iii) Construction of additional residential quarters to accommodate the faculty and paramedical staff.

(iv) Holding National/ International Conferences, Symposia, Workshops, Teleconferences, Tele-medicine in collaboration with other institutes in the country, involving various other funding agencies for research, especially ICMR,HRD,DST etc and has been in the forefront with its research publications of appreciable impact on need based, indigenous projects.

(v) Ministry to expedite the creation of posts for the Under Graduate courses to enable the Institute to fill up the posts in order to achieve the mandate as enshrined in the approved EFC 2000.

(vi) Once the posts are sanctioned and filled up, the mandated Post Doctoral and Post Graduate Programmes can be started as laid down in

3.242 The Committee expresses its deep anguish over the vacancies both in faculty and non-faculty post in NEIGRIHMS, Shillong and desires that the recruitment process be expedited for without further delay as the vacant posts against the total sanctioned strength pose a serious challenge to the effective working of the Institute. The Committee appreciates the stop gap arrangement made by the Institute for improving the functioning of the Institute, however, these measures only accounts for ad-hoc arrangement.

REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

3.243 RIMS is a medical institute established at Imphal having a 1074 bedded hospital, equipped with modern equipments and teaching facilities having an intake capacity of 100 MBBS, 50 BDS, 50 B.Sc. Nursing and 147 Post Graduate Degree Diploma Seats, Students from 7 North Eastern States (except Assam) and all over India are trained in Undergratduate and Post Graduate courses.

3.244 An amount to the tune of Rs. 440.35 crore was spent on GIA Salary, GIA General, GIA Assets and SAP General against the earmarked amount of Rs. 459.66 crore during the year 2019-20. In the year 2019-20, a sum of Rs. 3.91 crore under GIA-General, Rs. 13.12 crore under GIA-Creation of Asset, Rs. 2.28 crore under GIA-SAP General was unutilized due to hindrances in delivery of equipments and execution of works arising from COVID-19 pandemic. Only a sum of Rs. 4.75 crore was provided in the BE 2020-2021 for RIMS for Asset Creation. As many ongoing construction works of the Institute is being taken up through HSCC and State Government agencies, apart from procurement of new medical equipments, provision of GIA Assets has been increased in RE 2020-2021. Expenditure incurred on Creation of Assets in the year 2019-2020 was Rs. 109.39 crore. New Superspeciality Block is being planned for starting construction in 2021-22. Rs. 438.77 allocated in BE 2021-2022 for RIMS, Imphal may be adequate.

On-going projects/schemes/developments

(i) Construction of New OPD Block (Balance Works) with value of Rs. 24.27 crore and scheduled to be completed by September, 2021.

(ii) Construction of New PG ladies Hostel (Balance Work) with value of Rs. 4.97 crore and which was scheduled to be completed by February, 2021.

(iii) Construction of following work with completed tendering process in January, 2021 and approval sought from the Ministry in January, 2021 for award of work:-

(a) UG Gents Hostel, UG Ladies Hostel, Residential Quarters related to increase of MBBS seats to 154. (Balance works) Value : Rs. 87.09 crore.

(b) Construction of Balance Works of UG Ladies Nursing Hostel, BDS Ladies Hostel, PG Gents Hostel (tender value of L1 bidder : Rs.52.81 crore)

(c) Construction of Balance Works of Casualty Block, Forensic and Community Medicine Block, Maternity Ward Block, Lecture Halls(tender value of L1 bidder : Rs.79.92 crore)

(iv) Establishment of New Nursing College at the cost of Rs. 28.40 crore and establishment of New Dental College at the cost of Rs. 39.97 crore, which are scheduled to be completed by March, 2021.

3.245 The Committee takes into account the ongoing projects of RIMS, Imphal and recommends to oversee the execution of the ongoing projects so as to ensure the completion of the projects within the stipulated cost and timeframe. The Committee also recommends the Department to expedite its approval for the award of work.

Air Ambulance Service at RIMS, Imphal

3.246 As regards the status of Air Ambulance Service at RIMS, it was maintained that the matter of Air Ambulance is to be decided by the State Government. Land for the service is available at RIMS, Imphal

3.247 The Committee urges upon the Department to take up the matter with the State Government for ensuring Air Ambulance Service at the RIMS, Imphal, to ensure connectivity within NER and with the mainland for providing transporting facilities to the patient. The Committee, time and again has recommended for providing Air Ambulance Services at RIMS, however, the issue has not been taken to the logical conclusion. The Committee, therefore, reiterates its recommendation for commencing Air Ambulance Service.

Status of vacancies in RIMS, Imphal

3.248 The Committee has been informed that the Institute has vacant posts – 10 posts in Group A, 31 posts in Group B and 23 posts in Group C. Replying to the Committees query regarding the challenges faced by the Institute in catering to large number of patients and steps taken to deal with such challenges, it was stated that the Hospital has the same no. of faculty position as 20 years back but the patient load increase to 20 folds. So there is urgent need to increase the faculty position by creation of new posts which has been proposed earlier. Currently, there is very less no. of Sr. Resident post and so there is acute shortage. Already requested for creation of 210 new Sr. Residents post but not yet materialized. The OPD space of the Hospital remains the same for the last 45 years. New OPD constructed may solve the congestion once its construction is completed in about one year's time. There is requirement of increase of bed strength for superspeciality as well as broad speciality departments. A new Block is being planned.

3.249 The Committee notes that the patient load has increased many folds in the last 20 years. However, the sanctioned strength of faculty has remained the same. This shows that all is not well with human resources planning of RIMS, Imphal. The Institute has 10 posts in Group A, 31 posts in Group B and 23 posts in Group C since long and the Committee has been recommending for filling up the posts, however, no concrete action has been taken so far. Moreover, proposal for creation of 210 new Sr. Residents post has not yet materialized and the proposal is still hanging in the balance. The Committee, therefore, strongly recommends the department to look into the matter and expedite the recruitment process to fill up the vacant posts and approval of the new proposal, soon.

REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCE, AIZWAL

3.250 The Institute has been identified as 9th RIPS for taking up necessary measures for staring various paramedical courses apart from the present five degree courses. The main objective of the Institute is to provide education in Nursing, Pharmacy and paramedical Sciences to the whole North Eastern Region.

Table 42

(Rs. in crore)

Particulars	**BE 2019-20**	**RE 2019-20**	**BE (Projected) 2020-21**	**BE (Approved) 2020-21**	**RE (Approved) 2020-21**	**BE (Approved) 2021-22**
GIA General	15.00	15.00	16.50	14.00	14.00	16.50
GIA Salaries	11.00	10.80	12.65	12.00	12.00	13.50
Grants for Creation of Capital Assets	9.18	14.68	85.82	9.46	17.00	58.87
Total	**35.18**	**40.48**	**114.97**	**35.46**	**43.00**	**88.87**

3.251 RIPANS has made provision for payment of committed liabilities amounting to Rs. 5.50 crore to M/S HSCC Limited for completing the project of Creation of Capital Assets at RIPANS, Aizawl viz. Construction of Academic Block-III, Library cum Examination Hall, Boys' & Girls' Hostels. The final bill was not received at the time of formulation of BE 2019-20 and therefore, provision for the project was not included in BE 2019-20 as HSCC was able to submit the final bill at the end of August, 2019 only.

3.252 The project for Development of RIPANS, Aizawl at an estimated cost of Rs. 480.12 crore was approved by competent authority and conveyed by the Ministry on 27.2.2019. An amount of Rs. 12.00 crore is provisioned for the Project under Grants for Creation of Capital Assets in RE 2020-21. As regards the ongoing project of RIPANS, Aizawl pertains to development of RIPANS, Mizoram at the cost of Rs. 480.12 crore as approved on 27th February, 2019 and 4th January, 2021 the date of approval for award of work. An amount to the tune of Rs. 217.97 crore has been disbursed as an amount of award of work (Civil Works only) with the likely completion time of 24 months from the date of handing over of site to the contractor. The funds earmarked for the project year-wise gives the time schedule viz Rs. 21.08 crore in 2019-20, Rs. 12.00 crore in 2020-21, Rs. 80.00 crore in 2021-22, Rs. 118.92 crore in 2022-23, Rs. 123.09 crore in 2023-24, Rs. 76.54 crore in 2024-25 and Rs. 48.49 crore in 2025-26, thus a sum total of Rs. 480.12 crore for the project.

3.253 An amount to the tune of Rs. 5.00 crore was made for procurement of laboratory equipments for the existing Courses and for other civil construction and development works of the Institute and **Rs. 53.87 crore** - For release of mobilization fund to M/S HLL Limited for undertaking the Project of Development of RIPANS. The work will be started in March, 2021 and is expected to be in full swing during the FY 2021-22.

3.254 The Committee notes that the development of RIPANS, Mizoram at the cost of Rs. 480.12 crore was approved on 27th February, 2019 and the work was awarded on 4th January, 2021. It reflects how the development work project hanged in fire for almost a year. Ultimately, the work will commenced in March, 2021 with the expected time schedule of completion of 24 months. The Committee urges upon the RIPANS management to oversee the progress of the projects so that they are completed without time and cost overruns.

3.255 The Committee has been informed that the recruitment process for filling up of 25 vacant posts of Professors, Assistant Professors, Tutor and Demonstrator is under process against the sanctioned of 112 posts, where the advertisement to fill-up the above posts has recently been completed.

3.256 Taking into account the long pending recruitment process for filling up of 25 vacant posts of Professors, Assistant Professors, Tutor and Demonstrator, the Committee strongly recommends the Department to intervene in the matter and expedite the recruitment process for filling up these posts for efficient working of RIPANS, Aizwal.

LOKPRIYA GOPINATH BORDOLOI REGINAL INSTITUTE OF MENTAL HEALTH, TEZPUR

3.257 The Institute is a premier tertiary psychiatric care institute in the North East. The Institute caters to patients from all over the North Eastern region country. Apart from the patient care services, the institute has also expended is activities in the academic field. During Financial year 2019-20 actual expenditure incurred was to the tune of Rs. 62.27 crore that encompasses GIA General- Rs.16.65 crore, GIA- Creation of Capital Asset- Rs. 7.82 crore, GIA Salaries- Rs. 36.35 crore and GIA SAP- Rs. 1.45 crore. The actual expenditure incurred against the allocated fund to the tune of Rs. 55.00 crores. The outcome was reflected during the year 2019-20 altogether 1, 27,490 number of patients treatment was done in OPD and Indoor services. Moreover, community services were continuously extended in and around of Tezpur, Sonitpur district. Running of Academic Courses viz. MD (Psychiatry), M. Phil in PSW and Clinical Psychology, M. Sc. in Nursing (Psychiatric Nursing), Ph. D. in Psychiatric Nursing and PSW and Diploma in Psychiatric nursing

3.258 During the Financial year 2020-21 budget estimate under the revenue head was approved for 53.20 crores which was subsequently reduce to Rs. 46.00 crores in revised estimate 2020-21 by the budget division of Ministry of Health and Family Welfare. The actual expenditure incurred at the end of 31st January 2021 of Rs. 45.20 crores, Earmarked fund of 53.20 crores has been rationally enhanced by the institute to the tune of Rs 54.00 crores in RE 2020-21 based on trend of expenditure.

Ongoing Development Projects

3.259 The construction of Library and Informatics Centre & Sports Complex(Phase- l) at L.G.B. Regional Institute of Mental Health (LGBRIMH) Tezpur, Assam is the ongoing projects with the commencing date 16th January, 2020 at project cost of Rs. 12.69 crore as per tender and completion date is 14th July, 2021. The physical progress is 30% as and the financial progress is 49% as on 11th December, 2020. The Project is not suffering from time and cost overrun as yet.

3.260 The Committee takes note that the construction of Library and Informatics Centre & Sports Complex(Phase- l) at L.G.B. Regional Institute of Mental Health (LGBRIMH) Tezpur, Assam is ongoing project with estimate cost of 12.69 crore with scheduled date of completion of 14th July, 2021. The Committee, recommends the LGBRIMH management to have effective monitoring mechanism to oversee the execution

of the project and to ensure the completion of the project within the scheduled time and cost.

Vacancy Position

3.261 As regards the status of the vacant Administrative Posts at LGBRIMH, Tezpur, the Committee has been informed that against the sanctioned strength of 54 posts, 41 posts are filled up and 13 posts stands vacant. Similarly, in Academic Department at the institute as on 31.01.2021 against the sanctioned strength of 46 in Group – A service only 20 posts are filled up and 26 posts stands vacant. At hospital against the sanctioned strength of 231 posts, 206 posts have been filled up and 25 posts are still vacant. As regards the measures that have been taken so far to fill up the vacant posts, the Ministry replied that The Institute has been advertising time and again to fill up the vacant posts, but could not succeed due to either non- responsive or unqualified applications. The advertisement is being published in national/ regional dailies, employment news, through DAVP. Further, for administrative posts, institutes has been writing to all central govt. Offices located in North East / outside North East for filling up the vacant posts on deputation basis, however, there is no response from any corner.

3.262 The Committee expresses its anguish over the vacancy position of 13 Administrative Posts, 26 Group – A Academic Posts and 25 Posts in the Hospital despite the continuous efforts made by the management to fill up the vacant posts. The Department has informed the Committee that the Institute is finding it a herculean task to fill up the vacant posts even on deputation basis from the Central Government Offices located in North-Eastern Region. The Committee, therefore, urges upon the Department to chalk out incentive schemes for motivating the eligible officer to opt for Administrative Posts on deputation basis. However, the remaining vacant posts be filled up by inviting the eligible candidates as per regular recruitment process.

Collaboration

3.263 Responding to the Committee's pointed query about the steps were taken to identify a suitable institute in each State for collaboration with LGBRIMH, Tezpur to facilitate better mental healthcare service to the people of the country, the Department furnished the following information:-

(i) For training and human resources development, MOU has been signed with NIMHANS in Karnataka.
(ii) Under NMHP, training of Medical Officers is ongoing from the State of Assam.
(iii) For Online training of health personnel, letters had been sent to the seven sisters of the North-East for collaboration.
(iv) Various institutions and universities from different states receive exposure training in LGBRIMH for their students and healthcare personnel.

3.264 **The Committee notes that LGBRIMH is making efforts for integrating other States within NER and outside for collaboration with LGBRIMH to facilitate better mental healthcare service to the people of the country, however, the Committee feels that much more needs to be done on this count on the part of the LGBRIMH. The Committee recommends that the option of signing MoU with State Governments in other parts of the Country and imparting exposure training to the healthcare personnel for creating human resource development, especially skilled for mental illness diseases may be explored.**

Key Concern Areas

3.265 The institute however, is facing the following challenges in catering to large number of patients:-

(i) Paucity of Doctors, Nurses and other paramedical staff - Increasing human resources would definitely help the Institute to reach out to more number of people with good quality care.

(ii) Transportation difficulties for patients due to natural calamities - Leveraging technology, Telemedicine Services have been started in the institute to reach out to patients in far off places.

(iii) Integrating Mental Health in Primary care by imparting training to Medical Officers and other allied professionals from the state.

(iv) Lack of Awareness and Stigma surrounding Mental Health issues - Regular IEC activities are being conducted through community outreach camps, social media and publications.

3.266 The Committee understands that the relative dearth of human resources in Mental Healthcare affects patient care, therefore, training activities, community outreach camps and increasing human resources would improve the quality of the services being provided. Further boosting of training activities can be taken up with increase in manpower and resources. Due to lack of medications, many people still don't benefit from Telemedicine resulting into emergence of the treatment gap that needs to be abridged. The Committee feels that to minimize the treatment gap the Government needs to take suitable steps to integrate mental health into primary care. The Committee recommends that efforts should be made by the Government to remove the stigma attached to mental health issues.

Working of District Mental Health Programme at the District Hosptial

3.267 As of FY 2020-21, DMHP is functioning in 27 districts of Assam (out of 35 districts), funding for DMHP is done from Govt. of India through NHM. The activities of NMHP/DMHP inter-alia include:

(i) Targeted intervention cum screening camps in different communities, including schools, colleges, workplaces, urban slum areas, communities, jails, NGOs etc.

(ii) Development and distribution of suitable IEC materials in local language and distribution of medicines

(iii) Training of Medical Officers/Jail Doctors, MMU Doctors, Nurses, Paramedical workers, 108 & 102 drivers and technicians for efficient management and transportation of the mentally ill patient, NGO workers, Asha etc. at the district level to generate knowledge and skill on mental health.

(iv) Training of college teachers and police personnel on basic information of mental health and mental disorders.

(v) Training of Non- Psychiatric Medical Officers from the CHC/Model Hospital/District Hospital on mental health at LokopriyaGopinathBordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur for the integration of mental health with general health (under NMHP)

(vi) Training of Clinical Psychologists, Psychiatric Social Worker & Nurses under NMHP.

(vii) Activities during COVID-19

(a) Mental Health counselling and COVID-19 counselling through a direct visit by observing the COVID-19 protocol or tele-counselling over phone calls/ video calls to the home quarantined people, isolation ward, quarantine centre, general people, jail, NGOs working for the people with mental issues etc.

(b) Psycho-social support and mental health counselling services provided to the migrant workers.

(c) Psychological Tele – counselling through "Sarathi 104" and "Monon: Assam cares" to the people in need. A total of approx. 19,000 calls were made.

3.268 The Committee appreciates the role of LGBRIMH, Tezpur Assam in integration of Mental Health with General Health under NMHP. The Committee also notes the activities of the Institute during Covid-19 by extending Psycho-social support and mental health counselling to the quarantine people. The Committee, would like the Institute to continue its efforts especially in the rural areas in development and would like distribution of IEC material in local language and conduct targeted intervention cum screening camps to generate knowledge and skill on mental health.

Other Autonomous bodies

3.269 The other Autonomous Bodies mainly provide for grants-in-aid to various Autonomous Bodies responsible for implementation of various activities relating to medical care, health education, training and research activities such as (i) Lala Ram Sarup Institute of TB & Allied Diseases, New Delhi, (ii) VPCI, Delhi University, (iii) Kasturba Health Society, Wardha, (iv) Chittaranjan National Cancer Institute, Kolkata, All India Institute of Speech & Hearing, Mysore,(vi) National Institute of Biologicals, NOIDA etc.

3.270 The actual expenditure for these other Autonomous Bodies is to the tune of Rs. 621.41 crore, BE 2020-21 Allocation was reduced to Rs. 637.77 crore and the actual expenditure upto 5th February, 2021 is 430.36 crore and an amount of Rs. 717.21 crore has been earmarked for the year 2020-21. As regards reduction in allocations in RE 2020-21 as compared to BE 2020-

21, it is based on the progress in implementation of the Schemes and requirement of funds during the year. With respect to utilization of funds of Rs. 49.19 crore under NIF, the same was released as Grants-in-aid to these.

Others

(i) Medical Treatment of CGHS Pensioners (PORB)

CGHS pensioners for which actual expenditure was to the tune of Rs. 2617.22 crore in 2019-2020 however, same was slashed to Rs. 1750.17 crore in BE 2020-21 but again enhanced to Rs. 2805.00 crore in RE 2020-21 but subsequently reduced to Rs. 2300.00 crore in BE 2021-22**.** The total number of CGHS pensioners in 2019-20 was 12 Lakh (aprox.). The requirement of Rs. 3240.62 crore was projected under PORB Head for 2020-21, however, a sum of Rs. 1750.17 crore was provided under BE in 2020-21. Additional funds were provided at RE 2020-21 for settlement of pending hospital bills and bills of chemists etc. A sum of Rs. 2300.00 crore has been provided under BE 2021-22. Additional funds will be sought at RE stage, as per requirement.

(ii) Purchase of material in India and Abroad.

The Committee sought to know the procedure for procurement of material in India and from abroad and whether the earmarked amount during 2020-2021 and 2021-2022 will prove sufficient for the intended purpose. Responding to that the Department stated that the MSO/GMSDs procure drugs through annual rate contracts finalized by an open tender system. The budget provisions under the sub Head MPIA for MSo/Depots in BE 2020-21 and RE 2020-21 is Rs. 310 Crore and in BE 2021-22 is 300 Crore, which considering the present trend of indents received from Intenders will prove sufficient for the purpose.

(iii) International Co-operation

The Committee desired to know the funds earmarked for international cooperation is adequate and as per the international standards and practice, the Department replied that IC/IH Divisions release grants to World Health Organization(WHO), International Academy for Research on Cancer(IARC), International Vaccine Institute(IVI), PMNCH etc and various UN Agencies. IH Division is also releasing funds for construction of WHO SEARO office in India, situated at Indraprastha, New Delhi. IH Division also provides financial assistance to CHS doctors and officials of MoHFW for attending international conference/workshops etc. All the commitments of IH/IC Divisions for the financial year 2021-22 require Demands for Grants of Rs. 99.38 crores, which is adequate.

(iv) Other Miscellaneous Expenditure

The Committee desired to know the various components of other miscellaneous expenditure and why the revenue outlay earmarked amount to the tune of Rs. 206.06 crore was reduced to Rs. 104.90 crore during 2020-21 and how the GBS earmarked was

spent and how the earmarked GBS to the tune of Rs. 132.66 crore is going to spent during the year 2021-22. Responding to that the Department furnished the following information:-

Table 43

Other Miscellaneous Expenditure						**(Rs. in Crore)**
Name of Hospitals/Institutions	**Particulars**	**AE 2019-20**	**BE 2020-21**	**RE 2020-21**	**AE upto 05/02/21**	**BE 2021-22**
National Centre for Disease Control Programme	Revenue	0.44	0.71	0.64	0.18	0.63
	Capital	16.40	10.00	11.00	9.09	59.50
	Total	***16.84***	***10.71***	***11.64***	***9.27***	***60.13***
Discretionary Grant	Revenue	3.45	6.00	3.00	0.77	5.00
Haj Pilgrims	Revenue	17.31	7.00	8.50	1.20	7.67
Rashtriya Arogya Nidhi	Revenue	66.21	177.32	70.00	31.07	105.00
Award of Prizes in Hindi	Revenue	0.07	0.10	0.10	0.04	0.10
Award of Prizes to Govt. Hospitals/Institutions under Kaya Kalp Scheme	Revenue	10.00	10.00	20.04	0.00	10.04
Counselling for UG/PG seats in Government Colleges	Revenue	0.68	2.17	1.61	0.00	1.46
Establishment of Stem Cell Donor Registry (New)	Revenue	*0.00*	*2.66*	*1.00*	*0.00*	2.66
Compensation to the vicctims or to their families on account of accidents, injury or death at public places	Revenue	*0.00*	*0.10*	*0.01*	*0.00*	0.10
Total	**Revenue**	**98.16**	**206.06**	**104.90**	**33.26**	**132.66**
	Capital	**16.40**	**10.00**	**11.00**	**9.09**	**59.50**
	Total	**114.56**	**216.06**	**115.90**	**42.35**	**192.16**

3.271 Explaining about the reason for variation in capital outlay to the tune of Rs. 11.00 crore in RE 2020-21 and Rs. 59.50 crore in BE 2021-22, the Department maintained that the allocation under Capital Section under RE 2020-21 has been enhanced to meet additional expenditure on Works. However, allocation in BE 2021-22, will be utilized for construction of Building and Strengthening of Laboratory for expansion of NCDC Programme.

CHAPTER – IV

NATIONAL HEALTH MISSION

4.1 The National Health Mission (NHM), a flagship health systems reform programme, provides a robust platform for implantation of a range of interventions focused on primary and secondary healthcare in rural and urban areas. NHM's efforts in strengthening health systems in States by allocating additional financial resources, flexibility in design and implementation, ensured sharper focus on particularly marginalized and vulnerable populations and enabled to achieve impressive improvements in several key health indicators. The Department submitted that the National Health Mission comprises the National Rural Health Mission, National Urban Health Mission, Communicable Disease Programme, Non-Communicable Diseases Programmes and Infrastructure maintenance.

NATIONAL HEALTH MISSION

1. NRHM- RCH Pool

(A.) RCH Felxipool

- RMNCHA+N
- Immunization
- RBSK
- RKSK

(B) Health System Strengthening

- AB-HWCs
- ASHAs & HRH
- Free Essential Drugs & Diagnostics
- NAS & MMUs
- Quality Assurance Infrastructure United Funds

2. NUHM

3. COMMUNICABLE DISEASE PROGRAMME

- NTEP- National TB Elimination Programme
- NVBDCP- National Vector Borne Disease Control Programme
- NLEP- National Leprosy Elimination Programme
- IDSP- Integrated Disease Surveillance Programme
- NVHCP- National Viral Hepatitis Control Programme

4. NCDS PROGRAMME

- NPCDCS- National Prog. For Prevention & Control of Cancer, Diabetes, Cardiovascular Disease & Stroke
- NPCB- National Programme for Control of

Blindness
- NMHP- National Mental Health Programme
- NTCP- National Tobacco Control Programme.
- NPHCE- National Programme for Health Care of Elderly

5. INFRASTRUCTURE MAINTENANCE

4.2 The Ministry submitted that with an aim to increase health expenditure to 2.5% of GDP in a time bound manner as envisaged in the National Health Policy 2017, an outlay of Rs. 69,925.00 Crore was projected for NHM in BE 2021-22. However, budgetary outlay of Rs. 31,100.00 Crore has been provided. Funds under NHM are required *inter-alia*, for strengthening primary health care, bridging the gap in public healthcare infrastructure, addressing healthcare workforce shortage, supporting national ambulance services, training of allied health workforce, and procurement of equipment, drugs and diagnostics, etc. The Ministry further submitted that the inadequacy of funds would affect the execution of many of the activities planned under NHM.

4.3 The Committee was given to understand that the net budgetary outlay of NHM has increased by 11.1 % from Rs. 27,989.00 crore in BE 2020-21 to Rs. 31,100 crore in BE 2021-22. The requirement of additional funds for NHM, if any, would be addressed at the stage of RE discussions. The Ministry in its written submission mentioned that under the National Health Mission (i.e. NRHM and NUHM), scheme specific allocation for BE 2020-21, RE 2020-21 and BE 2021-22 is as under:

Table 44

National Health Mission (NHM) - Net Budget				
				(Rs. in Crore)
S. No.	**Particulars**	**2020-21**	**2020-21**	**2021-22**
	Name of Scheme	**BE**	**RE**	**BE**
A: (a)+(b)	**NRHM-RCH Flexible Pool**	**17,639.09**	**19,339.11**	**20,691.59**
(a)	RCH Flexible Pool including RI, PPI and NIDDCP	5,703.02	6,241.02	6,273.32
(b)	Health Systems Strengthening under NRHM	11,936.07	13,098.09	14,418.27
B	Flexible Pool for Communicable Disease Control Programme	2,178.00	2,110.14	2,178.00
C	Flexible Pool for Non-Communicable Diseases, Injury & Trauma	717.00	403.51	717.00
D	Infrastructure Maintenance	6,343.41	6,343.41	6,343.41

E	Others	161.50	170.58	170.00
A to E	**National Rural Health Mission (NRHM)**	**27,039.00**	**28,366.75**	**30,100.00**
H	**Nation Urban Health Mission (NUHM)**	**950.00**	**950.00**	**1,000.00**
NHM (i.e. NRHM+NUHM)		**27,989.00**	**29,316.75**	**31,100.00**

4.4 On a specific query regarding the budgetary allocation and the expenditure under National Health Mission (i.e. NRHM and NUHM) during the last five financial years, the Ministry submitted the following information:

Table 45

NHM					
(Rs. in crore)					
Sl. No.	**Financial Year**	**B.E.**	**R.E.**	**Release / Central Expenditure**	**Release (%) against R.E.**
1	2015-16	18,295.00	18,295.00	18,282.40	100%
2	2016–17	19,000.00	20,000.00	18,872.43	94%
3	2017–18	21,940.70	26,110.66	25,975.13	99%
4	2018-19	25,154.61	26,118.05	26,027.62	100%
5	2019-20	27,989.00	28783.00	29,282.02	102%
Note: *During the F.Y. 2019-20, release was over and above RE due to re-appropriation of savings of other programmes of DoHFW to NHM which was distributed to the States/UTs for containment and management of COVID-19 pandemic.*					

Recommendations/Observations

4.5 The Committee observes with concern that as against the projected demand for NHM of Rs. 69,925 crore, the Department has been allocated only Rs 31,100 crore leading to a shortfall of Rs. 38,825 crore, despite the fact that the Scheme has a track record of 100% or more utilization of budgetary resources.

4.6 The Committee takes into account that a slew of initiatives are carried out under NHM's subcomponents: National Rural Health Mission and National Urban Health Mission. The Scheme provides healthcare services related to mental health, child health, universal immunisation, Non-communicable diseases etc. The Committee emphasizes that

increasing the budget of the Scheme will not only supplement the efforts of the States but also provide access to affordable healthcare at the primary level. The Committee, therefore, strongly recommends for enhancement in its budgetary allocation.

4.7 The Committee observes that a strong network of Primary Health Care centers is fundamental for a robust health care delivery system. It strongly recommends that the primary health expenditure should be increased to two-thirds or more of the total health expenditure as envisaged in the National Health Policy with a view to strengthen the primary health care services under NHM.

National Rural Health Mission

4.8 The National Rural Health Mission (NRHM) was launched with an objective to provide accessible, affordable and quality health care to the rural population, especially vulnerable groups. The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and control of Communicable and Non-Communicable Diseases (NCDs).

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

4.9 The Committee was informed that the total budgetary allocation under the RCH Pool for the year 2020-21 was Rs. 5703.02 Crore which was increased to Rs.6241.02 Crore at RE stage. The total budgetary allocation under the Scheme in BE 2021-22 is Rs. 6273.32 Crore.
On a specific query regarding the financial performance under the Scheme, the Ministry submitted that during the F.Y. 2020-21, the expenditure as on 05.02.2021 under RCH Flexible Pool including Routine Immunization (RI), Pulse Polio Immunization (PPI) and National Iodine Deficiency Disorder Control Programme (NIDDCP) is Rs.5048.31 crore i.e. 88.5% of BE . The Ministry further submitted that the full Immunization Coverage for the year 2020-21 (April-December) is 84.6%. The physical performance under the Scheme is as follows:

(i) Maternal Health

4.10 GoI has launched Surakshit Matritva Aashwasan (SUMAN) initiative on 10th October 2019 with an aim to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities in order to end all preventable maternal and newborn deaths and morbidities and provide positive birthing experience.

4.11 Under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) more than 2.67 crore antenatal check-ups have been conducted at PMSMA sites for comprehensive services under the programme and more than 20.57 lakhs high risk pregnant women have been detected since inception. More than 6,000 volunteers have been registered under this programme. The Ministry further submitted that under LaQshya initiative, States and UTs have identified 2,805 facilities

for certification, till 31st January 2021. Total 1302 Labour Rooms / Maternity Operation Theatres (702 LRs& 600 OTs) are certified at State level. 517 LR / OTs (274 LRs& 243 OTs) are certified at National level.

4.12 The Ministry also submitted that 636 Maternal and Child Health (MCH) wings, 3150 First Referral Units (FRU), 278 Obstetric High Dependency Unit(HDU) and Obstetric Intensive Care Unit (ICU) are operational.

4.13 The Committee was also informed that under the Janani Sishu Suraksha Karyakram JSSK program in year 2019-2020, 1,27,21,893 pregnant women were provided with Free Medicine, 79,80,758 pregnant women were provided with a Free Diet, 1,31,15,920 pregnant women were provided with Free Diagnostic, 49,26,653 pregnant women were provided with Free Home to Facility Transport and 49,49,666 pregnant women were provided with Free Drop back to home. The Ministry also submitted that a policy decision has been taken to roll out midwifery services in the country in order to improve the quality of care and ensure respectful care to pregnant women and newborns.

4.14 The Committee takes note of the fact that as against the global MMR decline of 45% between 1990 to 2017, MMR decline in India has been almost double, i.e, 80% during the same period. Five States have already attained SDG targets. However, the Committee finds that the overall Maternal Mortality Ratio in 2018-19 was 113 whereas the 2030 Sustainable Development Goals Target is 70. The Committee believes that ensuring easily accessible and better quality healthcare for pregnant women is fundamental to reducing MMR. India still lags behind the envisaged target for MMR and the Ministry will have to make concerted efforts to reduce the MMR in the country to bring it below the SDG target. The Committee is of the view that increasing the number of institutional deliveries along with ensuring regular checkups and proper nutrition for the mother has to be pursued vigorously. The Committee notes that ASHA and ANM act as a link between the Government and the pregnant women. Their role as a facilitator in providing adequate antenatal, natal and postnatal care can substantially improve health outcomes on various indicators. The Committee also recommends the Ministry and the States to increase the outreach of the healthcare services under NHM especially in the backward and remote areas.

(ii) Child Health &Nutrition:

4.15 The Ministry submitted that as per Sample Registration System (SRS) Statistical Report, 2018 of Registrar General of India (RGI), Under-5 Mortality Rate (U5MR) is 36 per 1000 live births in 2018, Infant Mortality Rate (IMR) is 32 per 1000 live births in 2018, and Neonatal Mortality Rate is 23 per 1000 births in 2018 at National level (SRS bulletin released in May, 2020 and SRS Report released in June, 2020). At present, 894 Special Newborn Care Units (SNCU) at District level, 2579 Newborn Stabilization Units (NBSU) at First Referral Units (FRU) level and 20,337 Newborn Care Corners (NBCC) are operational. More than 19,000 dedicated beds for newborns have been provided in SNCUs. During 2020-21 (April-December, 2020), 50 new SNCUs and 58 new NBSUs have been functional. More than 7.7 Lakhs sick and small newborns were treated in these facilities during FY 2020-21 (April-December, 2020).

4.16 The Committee was also informed that under Home Based Newborn Care (HBNC) Program, more than 55.2 Lakhs newborn visited in FY 2020-21 (April-September, 2020) by ASHAs. Under the Home Based Care for Young Child (HBYC), the existing 242 Districts of FY 2019-20 have been expanded with additional 275 Districts i.e. total 517 Districts for providing Home Based Care for Young Child (HBYC) program in FY 2020-21. More than 29.5 Lakhs young children (3 months-15 months) visited by ASHAs during FY 2020-21 (April-September, 2020).

4.17 Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative was launched to accelerate the action to reduce deaths due to childhood pneumonia. During National Deworming Day (NDD) conducted in August/September 2020-21, 25.6 crore children were covered out of the targeted 28.8 crore (89%). The diarrhea prevention and management activities were conducted under Intensified Diarrhea Control Fortnight (IDCF)/ Defeat Diarrhea following COVID-19 protocols in FY 2020-21, wherein 7.07 crores (77.5%) families with Under-5 children received ORS packets at home out of targeted 9.12 crores Under-5 children. Nearly 75,177 sick Severely Acute Malnourished (SAM) children received treatment at 1077 functional Nutrition Rehabilitation Centres (NRCs) during FY 2020-21 (April-September, 2020).

4.18 The Ministry further submitted that under Anaemia Mukt Bharat strategy, the coverage for Iron Folic Acid (IFA) supplementation during FY 2020-21 (April-December, 2020) is as follows:

- 1.8 crore pregnant women have been given 180 doses of IFA supplements during ANC in every month,
- 0.99 crore lactating women have been given 180 doses of IFA supplements during PNC in every month,
- 1.4 crore children 6-59 months have been provided with biweekly IFA supplements every month,
- 1.0 crore children 5-9 years have been provided with weekly IFA supplements every month,
- 1.7 crore adolescents 10-19 years have been provided with weekly IFA supplements every month.

4.19 The Committee takes note of POSHAN Abhiyan, the flagship programme of the Government for tackling malnutrition in the country. The Committee is of the view that the Ministry of Health and Family Welfare in collaboration with the Ministry of Women and Child Development should make targeted interventions for delivery of nutritional and health benefits under NHM.

(iii) Immunization:

4.20 The Ministry submitted that the Full Immunization Coverage for the year 2020-21 (April-December) is 84.6% (Data source: HMIS, as on 21st January 2021). The Committee was also informed that in 2019-20, Intensified Mission Indradhanush (IMI) 2.0 was conducted to reach the unreached and partially vaccinated children in 381 districts across 29 states/ UTs. 4 rounds of IMI 2.0 were conducted from December 2019 and March 2020, wherein 37.09 lakh children and 7.4 lakh pregnant women were vaccinated.

4.21 The Department also submitted that New Vaccines: Pneumococcal Conjugate Vaccine (PCV) was available in 19 districts of Uttar Pradesh (apart from 4 other States- Himachal Pradesh, Bihar, Madhya Pradesh & Rajasthan & Haryana (state initiative)). In 2020-21, PCV was expanded to the remaining 56 districts to cover the entire State of Uttar Pradesh.

4.22 The Committee recommends the Department to expand the vaccination programme in far flung and rural areas also. The Committee also recommends the Department to continue efforts to make the immunization programme hundred percent successful. The Committee also underlines the need of conducting awareness campaigns in rural areas highlighting the importance of vaccines and develop communication toolkits to educate people accordingly.

4.23 The Committee also takes note of the varying vaccination chart given by the Government Hospitals and the Private Doctors for children. The Committee, therefore, recommends creation of State/Area specific uniform vaccination program.

(iv) Family Planning:

4.24 The Ministry submitted that 9.25 lakh female sterilizations and 9,931 male sterilizations were done in FY 2020-21 (April-December, 2020). 14.88 lakhs IUCD (interval), over 15.55 lakhs PPIUCD and 43,138 PAIUCD were inserted during FY 2020-21(April-December,20). The Ministry further submitted that two new contraceptives Injectable MPA (Antara program), and Centchroman (Chhaya) were launched under the National Family Planning program. 9.97 lakh doses of MPA have been given, and 32.31 lakh strips of Chhaya distributed during FY 2020-21 (April-December, 20).

(v) Adolescent Health:

4.25 The Committee was informed that School Health & Wellness Ambassador Initiative under Ayushman Bharat: School Health Programme is being implemented in government and government aided schools in 200 Districts (including 117 Aspirational Districts) of the country in the first phase of the implementation. Two teachers, preferably one male and one female, in every school, designated as "Health and Wellness Ambassadors" shall be trained to transact health promotion and disease prevention information on 11 thematic areas in the form of interesting activities for one hour every week. 18,00 State Resource Group (SRG) members have been trained.The States/UTs have initiated the Health and Wellness Ambassadors training; Arunachal Pradesh, Chandigarh, Chhattisgarh, Delhi, Haryana, Odisha, MP, Sikkim and Uttarakhand have already begun their HWA training; other States/UTs are also planning it on priority.

4.26 The number of Adolescent Friendly Health Clinics (AFHCs) has increased from 7980 in FY 2019-20 to 8099 in FY 2020-21. As on 31stJanuary 2021, total 18.57 lakh adolescents have received services at AFHC. 56.10 lakh Adolescents were provided weekly iron folic acid supplementation under WIFS Programmes during the year FY 2020-21 (upto December,2020). Menstrual Hygiene Scheme (MHS) covered rural adolescent girls in 21 States upto December 2020, the programme has been rolled out in 10 States/ UTs and in remaining States/ UTs the

procurement of sanitary napkins is under process. Under Peer Education Programme, 78,098 Peer Educators have been selected during FY 2020-21 till September, 2020.

Recommendations/Observations

4.27 The Committee expresses its concern over the lack of sanitary pads and non practice of menstrual hygiene leading to rising infection and cancer among women. The Committee, therefore, impresses upon the need to conduct awareness campaigns on menstrual hygiene especially in rural areas and work towards eradicating the stigma attached to menstruation. The Committee advocates the strong need of "no tax policy" on sanitary pads so that the pads are easily available even to the women of economically weaker sections of the society.

4.28 The Committee recommends the Department to increase the allocation under the RCH flexible pool programs and ensure that financial constraints do not pose a roadblock in achieving the targets envisaged under the program. The Committee urges the Ministry to consider targeted interventions in the aspirational districts and States that have consistently performed poorly on various health indicators. The Committee is particularly concerned for rural and remote areas and urges the Ministry to increase the outreach of the different initiatives under the RCH Flexible Pool in such areas. The Committee also recommends the Ministry to monitor the progress of all the States/UTs made under various special initiatives.

B Health System Strengthening under NRHM

4.29 The Committee was informed that the budgetary allocation under Health System Strengthening (HSS) under NRHM in BE 2020-21 was Rs.11,936.07 crore and the allocation in RE 2020-21 was Rs.13,098.09 crore. Total budgetary allocation under the Scheme for the year 2021-22 is Rs.14,418.27 Crore which includes Rs. 12768.27 crore for the Other HSS under NRHM and Rs.1650.00 crore for Ayushman Bharat-Health & Wellness Centre (AB-HWC).

4.30 The Department further submitted that the GBS component under the Health Systems Strengthening (HSS) under NRHM was increased from Rs. 836.99 crore to Rs. 1999.01 crore at 2020-21 RE stage. The increase of Rs.1162.02 crore (i.e. Rs. 1999.01 crore - Rs. 836.99 crore) is for augmenting health care facilities and infrastructure, for scaling up programme of free drugs and diagnostics, provision of ambulance and patient transport services as per population norms, etc.

4.31 The GBS component under HSS under NRHM in 2021-22 BE has been reduced to Rs. 608.59 crore as HSS under NRHM is also being financed through Pradhan Mantri Swastha Suraksha Nidhi (PMSSN). Therefore, total allocation to HSS remains unchanged at Rs. 12768.27 crore.

4.32 A sum of Rs. 9.68 crore has been provisioned from NIF, Rs. 608.59 crore has been allocated for Gross Budgetary Support and Rs. 12150.00 crore has been provisioned for Pradhan Mantri Swastha Suraksha Nidhi (PMSSN) under the Health System Strengthening under NRHM

in 2021-22 BE. Budgetary outlay is financed through Gross Budgetary Support, Pradhan Mantri Swastha Suraksha Nidhi and National Investment Fund. On addition of all three components, budgetary outlay under HSS under NRHM (excluding Ayushman Bharat –Health & Wellness Centre) comes to Rs. 12,768.27 crore.

Recommendations/Observations

4.33 The Committee finds that Health System Strengthening under NRHM is the bedrock of NHM under its five major components, namely, Ayushman Bharat-Health and Wellness Centres, ASHAs & HRH, Free essential Drugs and Diagnostics, National Ambulance Services and Mobile Medical Units (NAS & MMUs) and Quality Infrastructure Untied Funds. The Committee is of the view that there is a substantial scope for increasing the absorption capacity under this head. As per data furnished by the Ministry, over 70% of OOPE is on Out-Patient care (of which 60% is on medicines and 10% is on diagnostic services). In a scenario when medical emergencies have the potential of driving people to poverty, availability of free essential drugs and diagnostic services can go a long way in easing the financial hardships of a common man. The Committee, therefore, recommends that Government should pay serious attention to this issue and provide financial protection against health risks.

4.34 The Committee also applauds ASHA and other frontline health workers for their role as foot soldiers in India's fight against the pandemic. In its previous Reports, the Committee has noted that the ASHA workers have proved pivotal in connecting the weaker and marginalized community to a host of health services. The Committee, therefore, recommends the Ministry of Health and Family Welfare to allocate specific funds under the budget for these frontline workers and ensure their fair minimum wage. The Committee recommends the Ministry to consider incentives and financial protection for the ASHA workers under the ASHA package.

4.35 The Committee recommends the Ministry to extend National Ambulance Services (NAS) and Mobile Medical Units (MMUs) to rural and the remotest regions of the country. NAS and MMUs can ensure better accessibility of healthcare services in under-served areas. The Committee, therefore, strongly recommends the Ministry to provide enhanced allocations for Health System Strengthening under NRHM in right proportion which will help actualize the initiatives under the Scheme.

C. Ayushman Bharat-Health and Wellness Centres

4.36 The Department submitted that the mission objective is to set up 1.5 lakh Ayushman Bharat Health and Wellness Centres (AB-HWCs) by December 2022 in order to facilitate the Universal Health Coverage and reduce Out of Pocket Expenditure (OOPE) (over 70% of OOPE is on Out-Patient care, of which 60% is on medicines and 10% is on diagnostic services). The Department further submitted the following as the key elements of AB-HWCs:

- Provision and expansion of free Essential Medicines and Diagnostics, Comprehensive Primary Health Care Services (CPHC) comprising of 12 healthcare services to address the changing disease burden, care Closer to the community.

- Promote Wellness and Promotive Healthcare.
- Encourage Community ownership through Jan Arogya Samitis.
- Ensure reliable bi-directional referral linkages with AB-PMJAY.
- Provide tele-consultation services.

4.37 The Committee was also informed that under Ayushman Bharat, all the States/UTs are making sufficient efforts to transform the Sub Health Centres and Primary Health Centres in rural and urban areas into Health and Wellness Centres (AB-HWCs) and it is envisaged to set up 1.5 lakhs AB-HWCs by December 2022.

4.38 On a specific query with regards to the number of functional Health and Wellness Centres (HWCs), the Department submitted that against the target of 70,000 AB-HWCs for the year 2020-21, 59,542 HWCs are functional(as on 10th February 2021) The Ministry further submitted that Rs.1650 Crore is the Central share component. With 60:40/90:10 ratio, the total outlay (Centre & State) would be Rs.2600 crore. Further, under NHM, there is flexibility to States to contribute more State share under any programme as per their felt need and priority. Therefore, the allocated fund is sufficient for AB-HWC.

4.39 The Department submitted that due to the public health challenge of COVID19, the States/UTs could not proceed with the plan for the recruitment and training of Community Health Officers to be posted at Sub Health Centre level AB-HWCs in time. However, despite these challenges, the States/UTs are putting up all the efforts to transform the SHCs and PHCs into AB-HWCs as per the target indicated. These Centres have provided valuable services during COVID19 pandemic. During COVID19, these Centres (Between 1st February 2020 to 17th February, 2021) have conducted more than 5.26 Cr screenings for Hypertension, 4.17 Cr screenings for Diabetes, 4.85 Cr screenings for common cancers such as Oral, Breast and Cervix Cancer and also follow-up these patients, for the management of these chronic illnesses. Besides, these Centres have conducted about 54.58 lakhs Yoga and Wellness Sessions. Hence, these Centres are successfully achieving the target of providing comprehensive primary healthcare services closer to the community.

Recommendations/Observations

4.40 The Committee notes with concern that against the target of 70,000 AB-HWCs for the year 2020-21, as on 10th February 2021, 59,542 HWCs are functional. The Committee recommends the Ministry to make the remaining HWCs functional so that the envisaged target of 1.5 lakh Health and Wellness Centres is achieved by December, 2022. The Committee observes that there are critical gaps in the Primary health centres and therefore urges upon the Ministry to monitor the functioning of already established HWCs. A brick mortar structure without the required health workforce, medical infrastructure and specialist doctors cannot deliver the targeted health services. The Committee also recommends the Ministry to further enhance the allocation under this head. The Committee is also dismayed at the huge inter-State disparity in the healthcare sector and recommends the Ministry to pay special focus to States that perform poorly in health outcomes.

4.41 The Committee also notes that the Fifteenth Finance Commission has recommended *health grants aggregating to Rs. 70,051 for urban HWCs, building less sub centres, PHCs, CHCs, block level public health units, support for diagnostic infrastructure for the primary healthcare activities and conversion of rural sub centres and PHCs to HWCs.* The FC has recommended for release of these grants to local governments. The Committee strongly recommends the Ministry to release the earmarked grants so that the gaps in public health system at the primary healthcare level can be addressed.

D. Flexible Pool for Communicable Diseases

4.42 The Department submitted that a revenue allocation of Rs. 2178.00 crore will be utilized for release of grants in aid to States and cost adjustment of commodity support as per the approved Programme Implementation Plan of 2021-22. The Department further submitted that the allocation is sufficient under the Flexible pool for Communicable Disease Control Programme for the year 2021-22.

4.43 Strategy to control the Communicable Diseases Control Programme is as follows:

National Tuberculosis Eradication Programme (NTEP):

4.44 The Government of India is implementing an ambitious National Strategic Plan (NSP) for Tuberculosis (2017-2025) with the goal of ending TB by 2025, five years ahead of the global targets related to TB under the Sustainable Development Goals i.e. 80% reduction in incidence and 90% reduction in mortality from the baseline of 2015. The key focus areas are:

- Early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens along with suitable patient support systems to promote adherence.
- Engaging with the patients seeking care in the private sector.
- Prevention strategies including active case finding and contact tracing in high risk / vulnerable population
- Airborne infection control.
- Multi-sectoral response for addressing social determinants related to TB
- Community engagement for a community led response

4.45 As a result of the intensified efforts by all State/UTs in the country, the overall incidence of TB has reduced from 217 / lakh population in 2015 to 193 / lakh population in 2019 (as per the Global TB Report 2020 by the World Health Organization). At the same time, the mortality due to TB has also reduced from 36 / lakh population in 2015 to 33 / lakh population in 2019.

National Vector Borne Disease Control Programme:

4.46 The National Vector Borne Disease Control Programme (NVBDCP) is an umbrella programme for prevention and control of vector borne diseases, *namely, Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis.* Out of these six diseases, three diseases namely Kala-azar ,Lymphatic Filariasis and Malaria are targeted for elimination. The States/UTs are responsible for the implementation of the programme whereas

the Directorate of NVBDCP, Delhi provides technical assistance, facilitates policies and assistance to the States/UTs in the form of cash & commodities, as per the approved pattern.

4.47 The Drugs and Diagnosis under NVBDCP are provided for free to the community. Vector control strategies are based on the endemicity of the Disease.

4.48 Strategies for prevention and control of Vector Borne Diseases (VBDs) under NVBDCP are as follows:

(i) **Integrated Vector Management** includes Indoor Residual Spraying (IRS) in selected high risk areas, Long Lasting Insecticidal Nets (LLINs) in high Malaria endemic areas, use of larvivorous fish, anti-larval measures in urban areas including bio-larvicides and minor environmental engineering and source reduction for prevention of breeding.

(ii) **Disease Management** involves early case detection with active, passive and sentinel surveillance, followed by complete and effective treatment, strengthening of referral services, epidemic preparedness and rapid response.

(iii) **Supportive Interventions** aim at Behaviour Change Communication (BCC), Inter-sectoral Convergence and Human Resource Development through capacity building.

(iv) **Vaccination** against Japanese Encephalitis.

(v) **Annual Mass Drugs Administration (MDA)** against Lymphatic Filariasis.

National Viral Hepatitis Control Programme:

4.49 The strategies adopted under the National Viral Hepatitis Control Program to reduce the burden of viral hepatitis in India are mentioned below:

(i) Enhance community awareness on hepatitis and lay stress on preventive measures among general population especially high-risk groups and in hotspots.

(ii) Provide early diagnosis and management of viral hepatitis at all levels of healthcare

(iii) Develop standard diagnostic and treatment protocols for management of viral hepatitis and its complications.

(iv) Strengthen the existing infrastructure facilities, build capacities of existing human resource and enhance additional human resources, where required, for providing comprehensive services for management of viral hepatitis and its complications in all districts of the country.

(v) Develop linkages with the existing National programmes towards awareness, prevention, diagnosis and treatment for viral hepatitis.

(vi) Develop a web-based "Viral Hepatitis Information and Management System" to maintain a registry of persons affected with viral hepatitis and its sequelae.

Recommendations/Observations

4.50 The Committee notes that utilization under the Flexible Pool for Communicable Disease Control Programme has been satisfactory; however, the decrease in allocation of funds under the head is a matter of concern. In 2019-20, funds to the tune of Rs. 3357.44 crores were spent which was subsequently reduced to Rs. 2178 crores in BE 2020-21 and

Rs. 2110.14 crores in RE 2020-21. In BE 2021-22, the funds to the tune of Rs. 2178 crores have been allocated under the head. The Committee however is not convinced with the submission of the Ministry that the funds allocated are sufficient for the year 2021-22.

4.51 The Committee also notes that intensified TB eradication efforts have led to the reduction of overall incidence of TB. However, the Committee would also like to point out that as per WHO Global Tuberculosis Report 2019, India accounts for 27 per cent of the global Tuberculosis burden followed by China with 9 per cent, Indonesia at 8 per cent, Pakistan (6 percent) and Bangladesh (4 percent). The Committee, therefore recommends, the Ministry to intensify its efforts especially when India shares the highest burden of tuberculosis (TB) and multidrug-resistant (MDR) TB. The Committee reiterates its recommendation made in the 118th Report that the Department must take necessary initiatives to remove the stigma attached with TB. The Committee recommends that the Department must not let budgetary constraints come in the way of implementation of this programme. The Committee also urges the Department to ensure that adequate primary healthcare infrastructure and trained human resources is available so that high level of communicable disease transmission is prevented.

E. Flexible Pool for Non-Communicable Diseases, Injury and Trauma

4.52 The Committee was informed that the budgetary allocation under the Pool was Rs. 717 crore for the year 2020-21 but the same was reduced to Rs. 403.51 crore at RE stage. On a specific query behind this reduction, the Ministry submitted that due to outbreak of COVID-19 pandemic in 2020-21, the utilization of funds under this flexible pool has been low. The allocation was revised at RE stage keeping in view the absorptive capacity of the States/UTs.

4.53 The revenue allocation for this Pool has been again increased to Rs. 717.00 crore in BE 2021-22. The Ministry submitted that with the restoration of normalcy, the pace of utilization will increase in 2021-22 and the entire allocation is expected to be utilized.

Recommendations/Observations

4.54 The Committee is anguished to find that in the FY 2020-21, the Ministry could not fully utilise the Budget allocated under the head and funds to the tune of Rs. 313.49 crore remained unspent. Here, the Committee would also like to invite attention to its observation made in its 118th Report, when out of Rs. 708 crore allocated under the head in 2019-20, only Rs. 380.86 crore were utilized. The Committee had desired the Ministry to ensure proper utilisation of funds; however, the Ministry has failed to do the same. The Committee, therefore, strongly recommends the Ministry to judiciously utilize the allocated funds by upholding the principles of fiscal discipline and sound financial management.

4.55 The Committee intends to highlight that according to the World Health Organisation (WHO), Non-Communicable Diseases (NCDs) kills 41 million people each year globally. Almost 5.8 million people die from NCDs (Heart and Lung diseases, Stroke, Cancer and Diabetes) every year. (WHO report 2015). The Committee takes note of the fact that while 71% of global deaths and about 65% of deaths in India are caused by non-communicable diseases. Between 1990 and 2016, the contribution of NCDs increased 37%

to 61% of all deaths. The Committee is concerned at the increasing cases of Non-Communicable Diseases in the country and recommends the Ministry to conduct state specific surveys regarding its incidence so that targeted policies can be framed for containing NCDs. The Committee also recommends the Ministry to launch lifestyle awareness programs that focus on healthy eating and healthy living. The Ministry must also include lifestyle modification programme especially for controlling obesity amongst adolescents.

F. Infrastructure Maintenance

4.56 The budgetary allocation under Infrastructure Maintenance for the F.Y. 2020-21 is Rs. 6343.41 Crore. It is for meeting the salary requirement of regular staffs engaged in implementation of Family Welfare Programme under seven Schemes. Out of it, Rs.4349.75 Crore has been released to the States/UTs as on 5.02.2021.

J. Janasankhya Sthirtha Kosh (JSK)

4.57 The Ministry submitted that India was the first country of the world to launch a National Programme in 1952. Over the decades, the programme has undergone transformation in terms of policy and actual programme implementation and currently it is being repositioned to not only achieve population stabilization goals but also promote reproductive health and reduce maternal, infant & child mortality and morbidity. A number of new initiatives viz. Mission Parivar Vikas, expansion of basket of choices by introduction of new contraceptives, home delivery of contraceptives, holistic media campaign etc. have been launched to reinvigorate programme.

4.58 The Ministry further submitted that in order to realize the objectives of population stabilization, the National Commission on Population (NCP) was constituted as per resolution adopted by the Planning Commission in May 2000 to review, monitor and give direction for the implementation of the National Population Policy (NPP), 2000 with a view to meet the goals set out in the policy.

4.59 Accordingly, JSK, an autonomous body was constituted for carrying out various schemes like Prerna scheme, Santushti scheme, National Helpline and Social Franchising Scheme to promote population stabilization. Later, as per the cabinet decision, to prevent the duplicity of population programmes, JSK has been closed and its activities merged with the Ministry.

4.60 The Ministry submitted that a revenue allocation of Rs. 20.58 crores was made at RE 2020-21 stage for settlement of pending income tax dues of the erstwhile Jansankhya Sthirata Kosh.

4.61 The details of various Schemes under National Family Planning (FP) Programme for population stabilization are as follows:

1. **Mission Parivar Vikas: -** The Government has launched Mission Parivar Vikas on 10th November 2016 for substantially increasing access to contraceptives and family planning

services in 146 high fertility districts with Total Fertility Rate (TFR) of 3 and above in seven high focus States.

2. **Clinical Outreach Team (COT) scheme:-** The scheme has been launched in 146 'Mission Parivar Vikas' districts w.e.f. December 2017 for providing family planning services through mobile teams from accredited organizations in far flung , underserved and geographically difficult areas.

3. **New Contraceptive choices:-** New contraceptive choices viz. injectable contraceptive (Antara programme) and Centchroman (Chhaya) have been added to the exiting basket of choices in FY 2015-16.

4. **Scheme for Home delivery of Contraceptives by ASHAs** at doorstep of beneficiaries has been launched in August 2011.

5. A new method of IUCD insertion immediately after delivery i.e. post–partum IUCD (PPIUCD) has been introduced in 2010.

6. Scheme for ASHAs to ensure spacing in births launched on 16th May 2012.

7. Improved Demand generation activities through a holistic media campaign.

4.62 The Committee notes the different initiatives being carried under National Family Planning (FP) Programme for population Stabilization which has resulted in a considerable decline in India's total fertility over the last few decades; from 3.2 in 1999 to 2.2 in 2018. However, the Committee is of the view that an overarching body like JSK would have led to a more coordinated and targeted response towards Population stabilization. The Committee observes that though many States have witnessed an increase in the use of modern contraceptives, the Ministry is required to make more concerted efforts and conduct awareness campaign about family planning especially in areas and States with high level of Total Fertility Rate (TFR).

II. National Urban Health Mission

4.63 The NUHM seeks to strengthen the primary healthcare delivery system in urban areas and provide equitable and quality primary healthcare services to the urban population with special focus on slum dwellers and vulnerable population. It also seeks to de-congest secondary and tertiary health care facilities by providing robust comprehensive primary healthcare services in urban areas.

A. Other Health System for activities covered under NUHM

4.64 The Department submitted that the total budgetary allocation under Other Health Systems Strengthening for activities covered under NUHM was Rs. 699.99 crore in 2020-21 BE and Rs. 700.00 Crore in 2020-21 RE stage. The Department further submitted that so far, 1087 cities/ towns have been covered under NUHM. Under NUHM, support is provided to the States/ UTs for strengthening their service delivery mechanism for the following components:

A. Service Delivery Infrastructure

NUHM envisages setting up of service delivery infrastructure which is largely absent in cities/towns to specially address the healthcare needs of urban poor and provides:

i. Urban – Primary Health Centre (U-PHC):

U-PHC to be established as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. The U-PHCs preferably be located nearby slum or such habitations for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing services, apart from counseling for all communicable and non- communicable diseases. So far, 5246 existing facilities have been approved for strengthening as UPHCs and the construction has been approved for 807 new UPHCs,

ii. Urban-Community Health Centre (U-CHC) and Referral Hospitals:

One U-CHC is to be established for every 2.5 lakh population (in non-metro cities above 5 lakh population) and for every 5 lakh population in metro cities. It would provide in patient services with 30-50 bedded facility. For the metro cities, the U-CHCs may be established for every 5 lakh population with 100 beds.
So far, 172 UCHCs have been made functional and *new construction for 86 U-CHCs has been approved*

iii. Outreach services:

NUHM also supports engagement of ANMs for conducting outreach services for targeted groups particularly slum dwellers and the vulnerable population for providing preventive and promotive healthcare services at the household and community level. So far in FY 2020-21, approvals have been given for conducting 54,545 Special Outreach Camps and 62,5599 UHNDs.

B. Community Process

The Department submitted that the following targeted interventions are envisaged under NUHM for the slum dwellers and urban poor population:

- One ASHA per 1,000 – 2,500 population covering approximately 200-500 households to serve as an effective demand–generating link between the health facility and the urban slum population.

- Mahila Arogya Samiti (MAS) per 250 – 500 population covering approximately 50 – 100 households to act as community based peer education group in slums. They

would be involved in community mobilization, monitoring and referral with focus on preventive and promotive care. So far, for slum habitations,

- 66118 ASHAs have been engaged against 77019 approved. (One ASHA covers 200 to 500 households)
- 72376 Mahila Arogaya Samiti (MAS) have been formed against 93600 approved. (One MAS covers 50-100 households)

- Besides, 89 Mobile Health Units have been approved to cater to the hard reach areas and vulnerable population and 611 Health Kiosks are also approved to provide healthcare services at the door step of the marginalized and poor population.

B. Ayushman Bharat - Health and Wellness Centres

4.65 The objective of Ayushman Bharat – Health & Wellness Centres is to ensure delivery of Comprehensive Primary Health Care (CPHC) services through existing UPHCs which are being strengthened as Health and Wellness Centres (HWCs) which offers an expanded range of services while ensuring promotion of health, wellness and continuum of care. The Department submitted that many services are provided at UPHC-HWCs, viz, (i) Care in pregnancy and child-birth; (ii) Neonatal and infant health care services; (iii) Childhood and adolescent health care services; (iv) Family planning, Contraceptive services and other Reproductive Health Care services; (v) Management of Communicable diseases including National Health Programmes; (vi) Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments; (vii) Screening, Prevention, Control and Management of Non-Communicable diseases; (viii) Care for Common Ophthalmic and ENT problems; (ix) Basic Oral health care; (x) Elderly and Palliative health care services; (xi) Emergency Medical Services; (xii) Screening and Basic management of Mental health ailments are provided at UPHC-HWCs.

4.66 On a specific query regarding the number of Health and Wellness Centres that have been established till date with respect to the National Urban Health Mission under the Scheme, the Ministry submitted that so far, 3823 HWCs have been made operationalized in urban areas as on 05.02.2021, against the approved 5246 UPHCs.

4.67 In response to the proposed action plan to include artificial intelligence (AI) and machine learning (ML) in the operations at healthcare facilities, the Ministry submitted that AI solutions in Radiology will be implemented in Health and Wellness Centres. Under AB-PMJAY, Artificial Intelligence (AI) / Machine Learning (ML) technologies are planned to be deployed in the following fields:

(i) Disease Diagnosis: AI / ML based standard treatment workflow systems to ensure proper treatement and Clinical decision support system with AI / ML triggers

(ii) Fraud Prevention: Developing Machine Learning and artificial intelligence based models for fraud detection and prevention.

Recommendations/Observations

4.68 The Committee notes that the total allocation under NUHM comprising two components, "Other Health System for activities covered under NUHM" and "AB-HWCs" has been Rs. 1000 crores in BE 2021-22 which is merely a Rs. 50 crore increase from BE 2020-21 under the first component. The Committee is of the strong view that the allocation for NUHM should be increased considering the range of outreach services that the program aims to conduct.

4.69 The Committee also notes that existing Urban – Primary Health Centre (UPHCs) are being strengthened as Health and Wellness Centres (HWCs) under Ayushman Bharat and Urban-Community Health Centres (U-CHCs) are being constructed for providing inpatient services. The Committee strongly recommends the Ministry to expedite the operationalization of all the 5246 UPHCs and the newly approved 86 U-CHCs. The Committee believes that such a decentralized network of UPHCs, U-CHCs and referral hospitals would enhance the quality of healthcare services. However, the Committee is apprehensive that inadequate budgetary allocation may impact the functioning of these health centres. The Committee therefore, strongly urges the Ministry for timely release of funds for expediting the construction and full operationalization of such centers. The Committee also advocates increasing the number of AB-HWCs, U-CHCs and referral hospitals.

4.70 The Committee also notes that the 15th FC in its Report has recommended health grants to the tune of Rs. 24,028 crore exclusively for Urban HWCs and adequate grants to the local government for public health. The Committee is in consonance with the views of the FC and strongly recommends the Government to fully involve local governments and communities and provide adequate health grants for the purpose.

III. Strengthening of State Drug Regulatory System

4.71 The Department submitted that there was a decrease in the budgetary allocation from Rs. 175 crore at BE stage 2020-21 to Rs. 130 crore at RE stage in 2020-21 under the Scheme. On the reason for the same, the Ministry submitted that the projects being undertaken by State Govts. under the scheme of strengthening the States Drug Regulatory system are ongoing in nature and civil/construction activities got halted due to Covid-19 pandemic. Also, there was less demand for funds raised by some States/UTs particularly North Eastern States. Some States/UTs have yet to sign the Memorandum of Understanding (MoU) with the Central Government on account of which funds allocated in the BE-2020-21 could not be sanctioned/released. Hence, there was decrease in budgetary allocation from Rs. 175.00 crore at BE stage 2020-21 to Rs. 130.00 crore at RE stage 2020-21.

4.72 The actual expenditure in FY 2020-21 till date is given hereunder:

Table 46

Financial Year	Budget Estimates	Revised Estimates	Actual (Grant-in-aid released)
2020-21	175.00	130.00	77.43*****

****** *Proposals of four States/UTs to the tune of around Rs. 20 crore which have already been concurred by IFD are pending for issue of sanction orders.*

4.73 The Department further submitted that the allocation of funds to the tune of Rs. 175 crore in BE 2021-22 under the Scheme is sufficient to cater to the needs of all the States/UTs which are to be sanctioned next instalment of grant-in-aid including those States/UTs which are yet to sign the MoU.

4.74 On a specific query on the total expenditure made till date against the total outlay of Rs. 850.00 Crore on the scheme, the Ministry stated that an amount of Rs. 544.06 crore against total outlay of Rs. 850.00 crore has been released to various States/UTs under the scheme of strengthening the States Drug Regulatory system as on 31.01. 2021.Year wise details are given hereunder:

Table 47

(Rs. in crore)

S. No.	Financial Year	BE/RE	Grant-in-aid released
1.	2015-16	Nil (there was no allocation of funds despite projection)	Nil
2.	2016-17	29.01	29.01
3.	2017-18	52.35	52.35
4.	2018-19	206.00	179.27
5.	2019-20	206.00	206.00
6.	2020-21	130.00	77.43
Total			544.06

4.75 The Ministry further submitted that out of the 36 States/UTs, only 32 States/UTs, submitted proposals for release of grant-in-aid along with Memorandum of Understanding duly signed by respective State/UT and an amount of Rs. 544.06 crore has since been released as on 31.01.2021. Some States/UTs have not yet signed their respective Memorandum of Understanding (MoU) with the Central Government. Moreover, due to ongoing nature of the projects, some States/UTs have not been released their projected requirement of funds in one go. The next instalment of funds is normally due for release after submission of Utilization Certificate in respect of the funds released earlier. It is, therefore, stated that if the scheme of Strengthening of States' Drug Regulatory system is continued for further two years i.e. 2021-22 and 2022-23, the residual amount would be utilized.

4.76 The Committee notes that the Scheme for upgrading and strengthening the States Drug Regulatory structures which started in 2015 was scheduled to be implemented during

the three financial years viz, 2015-16, 2016-17 and 2017-18. However, till 31.01.2021, only Rs. 544.06 crores have been released out of a total outlay of Rs. 850 crore. The Committee is compelled to point out the lackadaisical approach of the Department and especially those State Governments that have not yet signed the MoUs even after lapse of almost six years since the commencement of the Scheme. The Committee, therefore, recommends the Department to follow up with the States and make every effort to persuade the States to sign the MoUs.

4.77 The Committee also recommends the Ministry to examine the project proposals of the remaining States and expedite the signing of MoUs so that the funds are released to the concerned States. The Committee, at the same time, recommends the Department to impress upon the State Governments to submit their Utilization Certificates in respect of earlier instalment of released funds.

IV. Tertiary Care Programs

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

The BE and RE allocation under various Programs for the years 2018-19, 2019-20 and 2020-21 is as follows:

Table 48

	Name of the Components of Tertiary Care Programme	**BE Proposed**			**BE Allocated**			**Actual Expenditure**		
		2018-19	**2019-20**	**2020-21**	**2018-19**	**2019-20**	**2020-21**	**2018-19**	**2019-20**	**2020-21**
1	National Tobacco Control Programme & Drug De-addiction Programme	77.66	99.00	121.12	65.00	65.00	65.00	61.55	51.58	44.97
2	National Mental Health Programme	88.15	51.30	40.00	50.00	40.00	40.00	2.01	2.51	9.07
3	Assistance for Capacity Building for Trauma & Burn Injury Centers	229.50	150.00	100.00	150.00	100.00	100.00	7.37	2.14	8.90
4	National Prog. for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and	590.16	535.52	325.00	295.00	175.00	175.00	98.18	150.02	124.57

	Stroke									
5	Health Care for the Elderly	108.20	144.00	107.00	105.00	105.00	105.00	74.71	9.92	0.72
6	National Prog. for Control of Blindness	86.00	31.00	20.00	30.00	20.00	20.00	2.82	1.82	2.87
7	Telemedicine	128.00	121.00	45.00	55.00	45.00	45.00	42.04	23.14	31.18

4.79 The Committee was informed that under tertiary Care Programs, funds to the tune of of Rs 550 crore was allotted for the year 2020-21 and this was further reduced to Rs. 311.50 crore at the RE level 2020-21. The various components under Tertiary Care Programs are as follows:

A. National Mental Health programme

4.80 The Department submitted that Rs. 40 crore was allocated in BE 2020-21 which was reduced to Rs. 27.36 crore at RE 2020-21 stage. On a specific query on the reason for the budgetary allocation to the National Mental Health Programme being reduced to Rs. 27.36 crores at RE stage 2020-21 from Rs 40 crores at BE stage for the year 2020-21, the Ministry submitted that as per approval of the CCEA, no new activity could be supported under the programme. Further, as per the new funding mechanisms the remaining funds had to be released on reimbursement basis. This Ministry had requested the Institutions already supported under NMHP to submit proposals for further release of funds as per the revised funding mechanism. Based on the requests received and anticipated requests for release of funds in the 2020-21, from the Institutions already supported under NMHP, the budgetary allocation at BE stage of 2020-21 has been proposed to be reduced to Rs. 27.36 crores.

4.81 The Department further submitted that it has not launched any special Schemes under the National Mental Health Programme considering the increase in mental health issues due to COVID-19. However, realizing the impact that COVID-19 may have on the mental health of the people, the Government has taken a number of initiatives to provide psychosocial support during COVID-19. These initiatives include:

a) Setting up of a 24/7 helpline to provide psychosocial support, by mental health professionals, to the entire affected population, divided into different target groups viz. children, adult, elderly, women and healthcare workers.
b) Issuance of guidelines/ advisories on management of mental health issues, catering to different segments of the society.
c) Advocacy through various media platforms in the form of creative and audio-visual materials on managing stress and anxiety, and promoting an environment of support and care for all.
d) Issuance of detailed guidelines by the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru- "Mental Health in the times of COVID-19

Pandemic - Guidance for General Medical and Specialized Mental Health Care Settings".

e) Online capacity building of health workers by NIMHANS in providing psychosocial support and training through (iGOT)- Diksha platform.

Recommendations/Observations

4.82 The Committee observes that Rs. 50.00 crore was allotted at BE 2018-19 under the NMHP and the same was reduced to Rs. 40 crore in BE 2019-20 and BE 2020-21. However to make things worse, the actual expenditure was Rs. 2.01 crore, Rs. 2.51 crore and Rs. 9.07 crore in 2018-19, 2019-20, 2020-21 respectively. The Committee expresses its deep concerns over the gross underutilisation of funds under National Mental Health Programme followed by dwindling trend of allocation of funds. The Committee is of the view that a constant underutilization over the years under this head clearly points towards the Ministry's inability to comprehend the magnitude of mental health burden in the country. Various studies have highlighted the high prevalence of mental illness in the country but no substantial progress has been achieved to facilitate a robust mechanism for delivery of mental healthcare services.

4.83 The Committee points out that Ministry did not launch any specific programs pertaining to mental health during Covid-19. According to WHO about 7.5 per cent Indians suffer from some mental disorder and WHO predicted that by 2020, roughly 20 per cent of India will suffer from mental illnesses. The Committee is of the view that unprecedented condition during the pandemic would have considerably increased the prevalence of depressive disorders and mental illness in the country. The Committee desires the Ministry to conduct a study to assess the prevalence of mental illness, depressive disorders and suicide death rate in the country including the impact of the pandemic on the mental health of the population.

4.84 The Committee is appalled at the shortage of mental health professionals in the country. As per WHO Mental Health Atlas 2017, India has only 1.93 mental health workers and 0·29 psychiatrists per 100,000 population, which is much below the global average. The Committee is also dismayed to note the lack of a centrally maintained database on the number of clinical health professionals working in the field of mental health in the country. The Committee strongly recommends the Ministry to create a database on the number mental health professionals in the country so as to realistically assess their requirement.

B. <u>Capacity Building for Trauma Centres</u>

4.85 The Committe was informed that the BE for the Trauma and Burn Programme for the year 2019-20 and 20-21 is same i. e. Rs. 100 crore . Hence there was no substantial increase in budget in these years. The details of BE/RE is as under:

Table 49

(In crore)

	Trauma Component		**Burn Component**	
	BE	RE	BE	RE
2019-20	60	7	40	3
2020-21*	60	15	40	5

*Due to covid pandemic the budget of Rs. 100 crore was reduced to Rs. 92.5 crore.

4.86 The Department further submitted that at RE stage 2020-21, the revenue allocation under the same head was again drastically decreased to Rs. 20.00 crore. On a specific query for this gross underutilisation, the Ministry submitted that the Cabinet approval for continuation of umbrella scheme-'Tertiary Care Programmes' was accorded in year 2019, with new fund release pattern i.e on reimbursement basis. For which the State Governments/UT administration needs to make expenditure as per the approved amount under the respective centrally sponsored schemes and claim the funds from GoI accordingly. The revenue allocation projected in FY 2019-20 and FY 2020-21 BE stage were calculated based on the committed liabilities and progress made by the States. It was expected to release the second installment of funds for HR component in Trauma Care Facilities (TCFs) approved during 11th FYP. Due to non-receipt of claims from State Government, the allocated budget could not be utilised and therefore in RE stage, budget is reduced to Rs. 20 crore [Rs. 15 crore for trauma and Rs. 5 crore for burn programme]. It is expected to utilize the complete RE budget under the scheme.

4.87 Actual expenditure upto Feb, 2021 for the current FY is as under:

Table 50

	Trauma component	Burns component
BE	Rs. 55 crore	Rs. 37.50 crore
RE	Rs. 15 crore	Rs. 5.00 crore
Utilized	Rs. 8.56 crore till date	Rs. 2.04 crore till date

4.88 In respect of the physical achievement under this head, it is stated that during FY 2019-20 and FY 2020-21, TCFs in 23 Hospitals and Burn Units in 6 Medical Colleges have been made functional with continuous efforts, despite the challenges thrown by Pandemic Covid 19 recently.

4.89 In respect of BE in 2021-22 Rs. 60 crore earmarked for the Trauma and Burn programmes will be utilized in the next financial year as the states are submitting the re-imbursement claims under the component Human Resources. It is expected to utilize the complete amount allocated.

4.90 The Committee notes that under the Capacity Building for Trauma Centres Scheme, an amount of Rs. 150 crore was allocated in BE 2018-19 and the same was reduced to Rs. 100 crore in BE 2019-20 and BE 2020-21. However, the actual expenditure was just Rs. 7.37 crore, Rs. 2.14 crore and Rs. 8.90 crore in FY 2018-19, 2019-20, 2020-21 respectively. The Committee in its 118th Report had also highlighted the poor trend of underutilisation under Capacity Building for Trauma Centres, however, the Ministry has not undertaken any corrective measures and the same trend continues to be repeated.

4.91 The Committee also notes the submission of the Ministry that due to non-receipt of claims from State Governments the allocated budget could not be utilised. The Committee is not convinced with the submission of the Ministry and strongly recommends that a prudent fiscal analysis and a fiscal roadmap must be devised for allocating the financial resources. The Committee recommends the Ministry to ensure the utilisation of funds at different levels so that higher budgetary allocation is made in ensuing financial year onwards.

C. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke

4.92 The Department submitted that the budgetary allocation under the Scheme in BE 2020-21 is Rs. 174.90 cr. and the allocation at RE stage is Rs. 133.87 cr, leading to a utilization of Rs. 109.35 cr. By the end of current financial year, the amount allocated at RE stage is expected to be utilized subject to Re-appropriation of funds.

4.93 The revenue allocation made in 2020-21 is adequate. The allocation made in BE-2021-22 is for release of balance funds to the already approve & SCI and TCCCs.

4.94 Re- appropriation of expenditure/fund carried out is as under :-

Table 51

Sl.No.	Amt.	From Budget head	To budget head
1	Rs.4.70 cr	2552	3601
2	Rs.4.98 cr	3601-06101-2103-35	3601-06796-1603-35

**Few other cases are awaited for re-appropriation.*

4.95 The Department further submitted that 19 State cancer Institutes (SCIs) and 20 Tertiary Care Centre (TCCC) have been approved till date. The States are being supported through fund (Centre share) for construction and equipment in cancer care and till date expenditure of Rs. 1309.58 cr. has been incurred since the inception/approval of Scheme i.e. FY-2014-15. Time to time meetings with the Implementing Agencies/ State Governments are being arranged by the Ministry of Health and Family Welfare to expedite the projects and also physical targets achievements are examined time to time and encourage the agencies/states to expedite the progress.

4.96 The Department also elaborated that strengthening of Tertiary Cancer Care Scheme is a under Tertiary Care component wherein States are given financial assistance in the ratio of 60:40 (90:10 in case of NE and hilly States) to enhance the facilities for tertiary care of cancer, the Central Government is implementing Strengthening of Tertiary Care for Cancer Scheme, under which setting up of 19 State Cancer Institutes and 20 Tertiary Care Cancer Centres have been approved.

4.97 Cabinet Committee on Economic Affairs (CCEA) in its meeting held on 28th February 2019 had approved the continuation of the scheme till the year 2020 with continued support for already approved 35 SCIs/TCCCs and setting up of 4 more identified SCIs. The scheme was further given extension for current year till 31st March 2021. The financial assistance to State Government is on reimbursement basis now. State is expected to complete the projects. The SCIs and TCCCs approved are at various stages of development.

4.98 The reason behind the reduction of budget can primarily be attributed to the outbreak of COVID19 pandemic. Further, the scheme involves procurement of equipment and construction which was jeopardized during the COVID19 pandemic. The expenditure and release of Central share is dependent on matching contributions by the State share and submission of Utilisation Certificates and Audited financial expenditure.

4.99 The Ministry also submitted that health care specialization in cancer may be available with qualification such as doctors with D.M. (Medical Oncology), M.Ch (Surgical Oncology) and M.D. (Radiation Oncology) who treat cancer patients in higher level tertiary care hospitals. Other Doctors such as General Surgeons, Gynecologists, ENT Surgeons etc. depending on the type and site of Cancer also treat in different hospitals. The number of oncologists who are MD Radiotherapy, DM Medical Oncology and MCH Surgical Oncology may be very few (about 2000) but several other specialties are involved in the diagnosis and management of cancer. State-wise data on the number of cancer patients is given at Annexure-II.

4.100 The Committee notes that under the Scheme, an amount to the tune of Rs. 295 crore was allotted in 2018-19 and the same was reduced to Rs. 175 crore in BE 2019-21 and 2020-21. However, funds to the tune of Rs. 98.18 crore, Rs. 150.02 crore and Rs. 124.57 crore was allocated at RE stage in 2018-19, 2019-20, 2020-21, respectively. The Committee, therefore, recommends the Department to expedite the completion of the projects under the Scheme.

4.101 The Committee expresses its anguish over the fact that while there has been a considerable increase in the number of cancer patients across the country and expenditure incurred on cancer treatment is huge, there is absolute laxity on the part of the Department in completing the projects. The Committee directs the Department to chalk out a timeframe for the completion of all the 19 State cancer Institutes (SCIs) and 20 Tertiary Care Centre (TCCC). The Committee also recommends the Ministry to explore the possibility of increasing the number of State funded Cancer Institutes in the country.

4.102 The Committee observes that major cancer speciality institutes must also be established under PPP model for conducting cancer research. Such institutes can be established as per the incidence of most occurring cancer in a particular geographical location. The Committee also recommends the Ministry to periodically update the Cancer Registry and the number of cancer cases in the country.

4.103 The Committee also observes that despite the launch of NPCDS, there is limited awareness amongst the people regarding cancer, diabetes and Cardiovascular diseases. The Committee, in its previous Reports, has emphasized that the lack of access to screening, diagnostic and treatment centres at Primary, Secondary and tertiary levels is one of the major cause for poor survival rate. The Committee, again reiterates its recommendation and urges the Department to make more concerted efforts to tackle the growing burden of these diseases.

4.104 The Committee in its study visit to Kolkata in 2018 was informed that the new campus of CNCI in Rajarhat will be functional by 2019. The Committee would also like to be updated on the Status of CNCI.

D. National Programme for Health Care for the Elderly

4.105 The Committee was informed that the National Programme for Health Care for the Elderly was allocated Rs 105 crore in the budget last year. The revised estimates, however, were Rs 15 crore. The BE for the FY 2020-21 was Rs. 105 Crore which was reduced to Rs. 15 Crore at RE Stage due to non- receipt of release request on reimbursement basis from the implementing agencies and non- receipt/issues in the UCs & Financial Statements of the earlier releases.

4.106 The Department submitted that Rs. 105 crore has been allotted as BE for the FY 2020-21 for meeting the expected GIA release request under reimbursement mode from the implementing agencies i.e. Regional Geriatric Centres (RGCs) at 19 locations, National Centre of Ageings (NCAs) at 2 locations and International Institute of Population Sciences (TIPS) for LAST Survey. In the EFC note, Department has proposed that instead of reimbursement mode, scheme should be implemented in grant in aid mode. This will improve expenditure. Rs 105 crore will be required to complete ongoing schemes in the financial year 2020-21

4.107 The Committee notes that funds to the tune of Rs. 105 crore was allocated in 2018-19, 2019-20 and 2020-21 under the National Programme for Health care for the Elderly, however, the actual expenditure was Rs. 74.71 crore, Rs. 9.92 crore and Rs. 0.72 crore in 2018-19, 2019-20 and 2020-21, respectively. The Committee expresses its deep concern over the steep downtrend in the utilisation of funds from 2018 to 2020. Taking note of the findings of Longitudinal Ageing Study in India specifying that about one out of the two people above 60 years of age suffers from some chronic disease, the Committee recommends the Ministry to make concerted efforts in providing comprehensive and dedicated health care facilities for the elderly by prudently utilising the allocated outlay. The Ministry should also aim towards expanding the National Programme for Health Care for the Elderly to other all the districts of all the States/UTs. The Committee recommends the Department to ensure adequate utilisation of funds under the Scheme.

4.108 The Committee also notes the high rate of underutilisation under National Tobacco Control Programme & Drug De-addiction Programme and National Programme for Control of Blindness. The Committee strongly recommends the Ministry to assess the reason for this gross underutilisation and ensure better financial prudence while allocating the budget.

4.109 The Committee is also of the opinion that a part of the extra tax levied on tobacco and alcohol can be used for tobacco related cancer research. The Committee therefore, recommends the Ministry that a corpus fund should be created from the tax levied on tobacco and alcohol for carrying out research in tobacco related diseases and tobacco related cancer.

4.110 On a specific query regarding the key concern areas identified in implementation of various programmes/components of NRHM and NUHM during 2020-21, the Ministry submitted the following concerns:

1. **Provision of Non-COVID essential services during COVID-19 Pandemic:** The following Guidance Notes on provision of essential non-COVID services during & post COVID-19 Pandemic had been shared with States/UTs for smooth implementation of these services:

    - "Enabling Delivery of Essential Health Services during the COVID 19 Outbreak", released on 14th April 2020 to all States/UTs.
    - "Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic", released on 24th May 2020 to all States/UTs.
    - Guidance notes for various disease control programmes like National Tuberculosis Eradication Programme, National Vector Borne Disease Control Programme, etc.
    - Regular meetings were held with the States/UTs to ensure the continuity of non-COVID services.

2. Inter District Variation in coverage and health indicators & hard to reach areas: Inter-District variation in coverage and health indicators is being addressed through intensive monitoring with the special focus on Aspirational Districts. Hard to reach areas and unreached population are also reached through special approaches like Intensified Mission Indradhanush and strengthening micro-planning at the village level.

3. Quality of Service: Keeping this into consideration, special initiatives like LaQshya, capacity building of health care providers, supportive supervision, analysis of SNCU online data, etc. are being done.

4. Data consistency and reliability: In this regard, strengthening of data collection through the existing HMIS system and case based data on RCH portal is being carried out. Further, this data is being used for giving performance linked payments (PLPs) and conditionality framework.

5. Under the Health System Strengthening under NRHM, key challenges and strategies adopted are as under:

Table 52

S No	Key Challenges	Interventions/Strategy
1.	Disruptions in essential services	● Hon'ble HFM held meeting with State Ministers for ensuring provision of essential services ● Detailed guidelines share with the States /UTs ● Regular VCs held with the Group of States
2.	Capacity of the health systems to deal with the Present Pandemic	● Whole of government and whole of society approach followed ● States / UTs are provided technical and financial support under COVID19 Package
3.	Unable to complete training of Community Health Officers to be posted at HWCs	● All the DHs are concerted as Programme Study Centres to complete the training of CHOs ● Service delivery is given preference ● Coordination with IGNOU for UT-Ladakh
4.	Disruptions in the National Health Programmes	● Mop-up sessions are being held wherever applicable ● States / UTs pursued to complete the back logs with focused interventions
5.	Shortage in critical HR of the public health care system	● States / UTs pursued regularly to fill up the vacancies on contractual basis under NHM, pending regular recruitment ● Under NHM Conditionality, incentives are provided to States when the shortage is addressed by the States
6.	Public Health System not enough prepared to handle health emergencies	● Under the Pradhan Mantri Atmanirbhar Swasth Bharath Yojana (PM-ASBY): Strengthening of health systems including surveillance and research capacity is being enhanced to handle present and future health emergencies.

4.111 The Ministry further submitted that it adopted the following strategies under NUHM:

- To establish and up-gradation of urban public health facilities as per gap reported in RHS data (2018-19).
- Shortfall of HR may be addressed by a variety of measures (e.g. walk-in interviews, campus recruitments, competitive remuneration, performance incentives etc.) to ensure filling of sanctioned posts.
- Services related to communicable diseases, non-communicable diseases, including mental health, care for the elderly, and basic emergency and trauma care to be prioritized with the provision of free medicines, diagnostics and access to telemedicine services along with preventive, promotive and well being activities.

- The modality of PPP models in urban areas including partnerships with the not for profit/private sector, across a range of areas including service delivery, community outreach, capacity building etc. needs to be explored.
- Setting up robust convergence mechanisms with departments related to sanitation, water, nutrition, housing etc. and community level to be strengthened, more involvement of local bodies in review and implementation of Programme.

4.112 The Committee notes the above mentioned key concern areas identified in implementation of NHRM and NUHM. The Committee is concerned to note that the major volume of services delivered under NHM was severely impacted during the pandemic. The Committee feels that the concerns raised by the Ministry shed light on the ground harsh realities. The Ministry should therefore take up the matter with States/UTs and fill up the vacancies under NHM. Grants or incentives to better performing States must also be provided. The Committee strongly recommends the Ministry to take effective measures to overcome the hurdles in delivery of healthcare services under NHM.

V. Human Resources for Health and Medical Education

A. Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges

4.113 The Department submitted that the Programme Division is administering three Centrally Sponsored Schemes (CSS) which are mentioned as under:

a. *Establishment of new medical colleges attached with district/referral hospitals,*
b. *Up gradation and strengthening of State Govt medical colleges for increasing MBBS Seats, and;*
c. *Up gradation and strengthening of State Govt medical colleges for increasing PG seats.*

4.114 The Department further submitted that under the Scheme of Establishment of New Medical Colleges, the Centre sponsors establishment of new medical colleges by up gradation of district hospitals. This is an important mechanism for not only expanding tertiary care in peripheral areas, but also increasing the number of MBBS and Postgraduate seats in line with the vision of increasing the number of doctors and specialists in the country. The other two schemes, that provide for funding support for infrastructure and equipment to increase MBBS and PG seats have a similar goal and complement each other. Therefore, during the 14th Finance Commission period, all the above mentioned three schemes were merged under the Umbrella scheme HRH&ME and continuation of these schemes was approved by the Cabinet on 07/02/2018.

4.115 The Department further submitted that the details of overall Outlay for the Human Resources for Health & Medical Education Scheme is as follows:

Table 53

S No	Scheme	Phase	Central Share	Released	Remaining to be released
1	CSS for Establishment of New Medical Colleges attached with District/referral Hospitals	Phase-I	7541.10	7541.10	NA
2		Phase-II	3675.00	3150.70	524.3
3		Phase-III	15500.00	4111.00	11389
4	Up gradation and strengthening of State Govt medical colleges for increasing MBBS Seats		3325.00	2451.10	873.9
5	Up gradation and Strengthening of State Govt medical colleges for increasing PG seats	Phase-I	1063.03	1063.03	NA
6		Phase-II	1840.85	694.53	1146.314
	Total		**32944.98**	**18921.46**	**13933.514**

4.116 The committed liabilities in the various Schemes may be seen as above. An amount of Rs. 11,389 Crore is yet to be released for the Phase-III of the Scheme. Thus to fulfil the financial requirements of the projects an amount of Rs. 6711.69 Crore was proposed in RE 2020-21 out of which an amount of Rs. 5386 Crore has been approved for the year 2020-21. Funds to the tune of Rs. 4686 Crore have been spent till date.

4.117 The Department submitted that the following physical progress has been under the Scheme:

- Under the Centrally Sponsored Scheme for establishment of medical colleges, 157 colleges were approved under three Phases. All these 157 colleges have been sanctioned. Of these, currently, **47** colleges are already functional (list attached as per *Appendix-I*).
- Another 35 new medical colleges have applied to the National Medical Commission for Letter of Permission to start the MBBS course from academic session 2021-22.
- Under the Centrally Sponsored Scheme for up gradation of State Govt Medical colleges for increasing MBBS seats, the targeted increase is 3325, out of which the proposals for increase of 2240 seats have been approved.
- Under the scheme for up gradation of State Govt Medical Colleges for increasing PG seats, in Phase I, 4058 seats in 72 colleges in 21 States were approved. Under Phase II, proposals for increase of 1741 seats in 16 colleges in four States have been approved.

Recommendations/Observations

4.118 The Committee observes that under "Establishment of New Medical Colleges attached with District/referral Hospitals" Phase II, funds to the tune of Rs. 524.3 crore and in Phase III funds to the tune of Rs. 11389 crore have not yet been released. This reflects the lackadaisical approach of the Departments' planning towards Human Resource in Health and Medical Education. This is the "seed stage" where investment in Health Sector will have flowering infrastructure for delivery of healthcare facilities. The Department must ponder over as how to enrich this core component of health sector.

4.119 Under "Up gradation and strengthening of State Govt medical colleges for increasing MBBS Seats", out of the Central share of Rs. 3325 crore, Rs. 873.9 crore have not been released till date. Under overall outlay for the human resources for health and medical education schemes, out of the total central share of Rs. 32944.98 crore, an amount of Rs. 18921.46 crore have been released which is approximately 57 percent of the total allotted funds.

4.120 The Committee is concerned at the non release of entire earmarked funds for such an important scheme that aims to upgrade the medical infrastructure and enhance health workforce in the country. The Committee strongly recommends the Ministry to release the funds to the States in a timely manner and also monitor the proper utilisation of these funds. The Committee also strongly recommends the Ministry to monitor the physical progress under the different components of the Scheme. The Committee recommends the Ministry to expedite the completion of all the sanctioned medical colleges under different phases of the Scheme.

4.121 The Committee has come across the concerns expressed due to delayed admission in the MBBS course through NEET exam that was conducted in September, 2020 causing apprehension that the MBBS batch 2020-2021 may lose six months in the first year of the MBBS program. The Ministry, in this regard, submitted that in view of COVID Pandemic, only for MBBS batch admitted in academic year 2020-21 revised course duration has been prescribed by NMC as per Competency Based Curriculum. The foundation course of dedicated one month has been subsumed within the first professional of eleven months. Foundation course will be covered after usual teaching hours or on weekends/holidays. Thus first professional has been compressed to eleven months instead of thirteen months. Final professional examinations will take place in February 2025 instead of normal schedule in January 2025. Care has been taken not to curtail practical and clinical postings. Internship will remain for one year only. Even though it appears that the course duration is shortened, actual teaching and training hours have been preserved through absorption of buffer time available during the course such as dedicated one month foundation course and vacations course duration of the first MBBS curriculum totaling 12 months has been condensed to 11 months.

4.122 Responding to the Committee's further query regarding the subsuming of the one month foundation course within the first year MBBS course, the Ministry clarified that the course duration of first MBBS curriculum totaling 12 months has been condensed to 11 months and the 13th Month was extra for the foundation course which has been spread across remaining 11 months over and above the usual working time. Responding to the further query of the Committee that taking extra hours, weekends and curtailing their vacation to one month will leave no time to the students for their preparation and study, the Ministry stated that the time beyond the prescribed working hours is completely available to the students for referring and personal studies. The Committee further desired to know that since each subsequent professional phase of training has been compressed by one month thereby meaning to cover the missing six months course, every year will have to be compressed by one month. The Ministry further informed that the total duration of actual teaching and training is 61 months (including internship and excluding time of professional examinations) of which only 4 months have been condensed and spread across the remaining months. Replying further to concern over the unnecessary and

security issues for girls staying in hostels alone when all other students will proceed on vacation, the Ministry maintained that the issue of vacation applies to all batches irrespective of their year of admission and hence no discrimination as apprehended.

4.123 The Committee acknowledges the apprehension of the students, who sought admission to MBBS course through NEET exam conducted in September, 2020. The Committee also notes the strategy of the Department wherein the course duration of the first year MBBS curriculum has been condensed to 11 months from 12 months. The Committee recommends the Department to strike a balance between the students concern and the need for covering the learning loss due to outbreak of pandemic Covid-19. The Committee further recommends the Department to take effective measures to allay the concerns of the students causing stress and mental agony due to additional hours of learning but without compromising on the quality of education imparted and the learning loss.

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

4.124 The Committee was informed that a revenue allocation of Rs. 6400 crore was made in 2020-21. This Rs. 6400 crores was drastically reduced to 3100 crores at RE 2020-21 stage.

4.125 On a specific query regarding the steep variation of funds, the Ministry submitted that the variation of funds is due to relatively slower than estimated pace of expenditure, the structural reasons for which are as under:

i. Four States (West Bengal, Telangana, Odisha and NCT of Delhi) which account for 20% of the eligible beneficiary population are not implementing AB PM-JAY.
ii. Three large States (Bihar, Uttar Pradesh and Madhya Pradesh) which account for 30% of the beneficiary population are implementing the scheme for the first time, the demand for healthcare services under AB PM-JAY is still picking up.
iii. Issues related to quality of decade old SECC data has posed serious challenges in beneficiary identification as some of the deprived poor families are not covered under the scheme and approx. 30% eligible beneficiary families are not traceable.
iv. The average premium is lesser than Rs. 1052 per beneficiary family as was estimated at the time of inception of AB PM-JAY.

4.126 The Ministry further submitted that the utilization of AB-PMJAY was adversely impacted with the onset of the COVID-19 pandemic. Due to COVID-19, the performance of 79% empanelled private hospitals was adversely impacted in the COVID period (April 2020 to June 2020) when compared to pre-COVID times. This has severely constrained the availability of choice with respect to healthcare providers under the scheme. Beneficiary identification and e-card generation activities considerably slowed down during this period. Until, the onset of COVID-19, nearly 7.7 crore e-cards had been generated using AB-PMJAY IT systems. Of these nearly 70 Lakh e-cards (~10%) were created during January 2020 to March 2020 alone. However, with the onset of the pandemic, this momentum was lost. Subsequently, in the period

from April 2020 to September 2020, only 21 Lakh e-cards were created – a potential gap of at least 1.20 crore e-cards.

4.127 Furthermore, demand for healthcare services experienced a sharp downward trend. In the six months preceding the onset of COVID-19 viz. September 2019 to February 2020, there was an average of approx. 8 Lakh monthly authorized hospital admissions averaging approx. Rs. 926 crore per month. Post the advent of Covid-19 and during the subsequent lockdown period from March' 2020 to August' 2020, there was an average of approx. 5.4 Lakh monthly authorized hospital admissions averaging approx. Rs. 557 crore. This was a decline of 30% in terms of actual count of authorized hospital admissions and 40% in terms of value of authorized hospital admissions.

4.128 It is also pertinent to add that the States/UTs utilized the funds under National Health Mission (NHM), National Disaster Response Fund (NDRF), State Disaster Response Fund (SDRF) and wherever applicable through District Mineral Foundation funds for providing treatment related to COVID-19. This also contributed to limited utilization of funds through AB-PMJAY.

4.129 The Department further submitted that as on 31.01.2021, an amount of Rs. 1526.03 crore has been utilized under AB-PMJAY.

4.130 On a specific query that even after a dismal utilisation trend for the year 2020-21, the Department has allocated Rs. 6400 crores at BE 2021-22 under the Scheme, the Department submitted that the uptake of the scheme is expected to move towards a higher trajectory broadly due to the following reasons:

- The scheme will be entering its third year of implementation and it is expected that the State Health Agencies and District Implementation Units across the country would have developed sufficient competencies to rigorously implement the scheme.
- NHA is preparing to undertake a mass e-card generation drive across the country. This is expected to rapidly scale up the number of card holders under the scheme.
- A renewed focus on engaging empanelled health care providers is being planned by:
    - Activating empanelled hospitals that were not fully participating in the scheme
    - Focussing on 100-bedded hospitals across the country especially with regard to Tier-II, Tier-III and Tier-IV cities
    - Greater participation of tertiary hospitals run by Central Government Ministries & Departments
- States/UTs not implementing AB-PMJAY are expected to join the scheme
- There is a general trend that the insurance premium discovered under the scheme is increasing

- Further, the pan-India rollout of rationalized Health Benefits Packages with increase in prices of 270 packages will be completed in the financial year 2021-22.
- With respect to increase in utilization under the scheme post-COVID impact, green shoots are visible. In fact, uptake of the scheme in the private sector has surpassed the pre-COVID performance.
- It is also important to note that a lot of elective surgeries were postponed in the aftermath of COVID. It is expected many of these surgeries would be conducted in the current financial year.

4.131 Therefore, it is expected that the allocated budget would be spent entirely under the scheme in 2021-22.

4.132 The Committee takes into account the submission of the Ministry that utilization of AB-PMJAY was adversely impacted with the onset of the COVID-19 pandemic, however, the Committee is anguished to find that in BE 2019-20, funds to the tune of Rs. 6400 crore were allotted under AB-PMJAY which was reduced to Rs. 3200 crore at the RE stage. In the next year i.e. BE 2020-21, Rs. 6400 crore were allocated which was again reduced to Rs. 3100 crore. The Committee is also concerned at the gross underutilisation of funds under the Scheme; since the scheme enters its third year of implementation during Financial Year 2021-22. The Committee hopes that the States would develop the required competency for speedy implementation of the Scheme to achieve the set targets.

4.133 The Committee notes that NHA is preparing to undertake a mass e-card generation drive across the country which is expected to rapidly scale up the number of card holders under the scheme. The Committee recommends the Ministry to take special care that the entitled beneficiaries are not denied the benefits of the scheme due to unavailability of e-cards as there have been concerns about many stakeholders being left out.

4.134 The Committee also notes that the entitled individual under AB-PMJAY can avail the benefits if he/she is included in the SECC census 2011. The Committee is concerned that identifying the list of beneficiaries through the outdated SECC census 2011 data may lead to exclusion of many real beneficiaries. The Committee, therefore, recommends the Ministry to expand the list of beneficiaries under AB-PMJAY. The Committee also recommends the Ministry to conduct awareness campaigns for wider dissemination of guidelines by engaging the community health workers and the local government.

CHAPTER – V

HEALTH MANAGEMENT AND BUDGETING BEYOND PANDEMIC COVID-19 IMPASSE

5.1 **The Committee is of the view that the outbreak of Pandemic Covid-19 and its Management has brought the Paradigm Shift behind the philosophy of Budgeting for the Covid-19 period and the Health Sector seized the centre stage of Economic Policy Programme not only for the National Economy but the International Economy as a whole. Although the apprehension about continuing incidence of Covid cases and occurrence and emergence and its re-surge of its various strains of Covid-19 cannot be ruled out, awareness towards the threat of Covid-19 should not be underestimated. All efforts at each level must continue for strict adherence to adoption of Covid-19 Appropriate Behavior (CAB) viz. mask wearing, social distancing of two yards, guard against the Covid-19 and report to the Covid designated hospital in case of suffering from Covid-19. The Committee believes that Government should not take the guard off against the potential and possible threat emanating as reflected in fluctuating trend of incidence of Covid-19 i.e. moving up and down with new strains. The rising incidence of Covid-19 cases is a matter of concern to the Committee and therefore, the Government should continue to keep the monitoring vigilance against the pandemic Covid-19 and implementation of Covid Appropriate Behaviour in public places, common mass gathering and the rural areas.**

5.2 The Committee, however, feels that the opportune time is approaching to give a national call to 'go to the basics' and move towards undertaking normal and usual course of economic activities for compensating National Economic Loss due to outbreak of Pandemic Covid-19 and expenditure incurred on its management. Need of the time is to come out of 'aftershock of Covid-19' and chalking out the strategy, Economic Planning & Policy and placing resilient & robust monitoring mechanism to oversee the effective and efficient implementation of development Projects/Programmes intended to accelerate GDP at the rate of 11% during 2021-22 to generate economic resources to the expected amount of Rs. 149,00,000 crore for further oiling the National Economy to gain the new height of V-shaped economic development.

5.3 The Committee desired to know the steps that could be undertaken to make the health infrastructure agile to enable India to effectively respond to Covid-19 like future pandemics. The Department maintained that, as part of its COVID-19 response, COVID-19 Emergency Response and Health Systems Preparedness project was initiated. The project outlines the broad strategy to enable India to effectively respond to the current Covid-19 and future pandemic like situation. Further, the Ministry has initiated a new scheme i.e. Pradhan Mantri AtmaNirbhar Swasth Bharat Yojna (PM-ASBY) with an outlay of Rs. 64,180 crores over 6 years. This is yet to be approved by the Cabinet. The scheme will develop capacities of primary, secondary, and tertiary care Health Systems, strengthen existing national institutions, and create new institutions, to cater to detection and cure of new and emerging diseases. The Committee, however, strongly feels that creation of healthcare infrastructure must be adequate. The Committee has come across the situation of inadequate basic facilities viz. inadequate postings of doctors in rural areas, especially lack of healthcare services by the specialists, reference was made Shivpuri Trauma Centre where reportedly payment has not been made to the staff for last three years. Another

example has been cited Udaipur district Rajasthan where Ayushman Bharat Yojna is not properly working and it is reported Covid patient had to made payment in medical college/university. It has also been pointed out that the people of Banshwara, Dungarpur and Pratapgarh had to travel Udaipur to get treatment under AB Yojna, therefore, arrangement may be made in the district headquarter for treatment of patient.

5.4 The Committee finds direct proportional relationship between effective healthcare system to labour productivity and domestic economic growth. The Committee, in this regard, sought to know the steps taken to ensure the citizens of the country having access to the equitable, affordable and accountable healthcare system. Responding to that the Department pointed out the introduction of Ayushman Bharat to enhance access to the equitable, affordable and accountable healthcare system. The Committee takes into account the new centrally sponsored scheme, PM AtmaNirbhar Swasth Bharat Yojana which will be launched with an outlay of about ` 64,180 crores over 6 years. The Finance Minister during her budget speech spelled out that the scheme will be in addition to the National Health Mission. The main interventions under the scheme are:

(i) Support for 17,788 rural and 11,024 urban Health and Wellness Centers

(ii) Setting up integrated public health labs in all districts and 3382 block public health units in 11 states

(iii) Establishing critical care hospital blocks in 602 districts and 12 central institutions;

(iv) Strengthening of the National Centre for Disease Control (NCDC), its 5 regional branches and 20 metropolitan health surveillance units;

(v) Expansion of the Integrated Health Information Portal to all States/UTs to connect all public health labs;

(vi) Operationalisation of 17 new Public Health Units and strengthening of 33 existing Public Health Units at Points of Entry, that is at 32 Airports, 11 Seaports and 7 land crossings;

(vii) Setting up of 15 Health Emergency Operation Centers and 2 mobile hospitals; and

(viii) Setting up of a national institution for One Health, a Regional Research Platform for WHO South East Asia Region, 9 Bio-Safety Level III laboratories and 4 regional National Institutes for Virology.

5.5 **The Committee believes that the effective and efficient implementation of AtmaNirbhar Swasth Bharat Yojana on the ground level would ensure the development of capacities of primary, secondary, and tertiary care Health Systems, strengthening the existing national institutions, and creating new institutions for catering to detection and cure of new and emerging diseases.**

Implementation of National Health Policy 2017

5.6 The National Health Policy (NHP) was launched in 2017 taking into consideration the health priorities of the country including maternal and child health, non-communicable disease, infectious diseases, emergence of rapidly growing health care industry, and growing incidences of catastrophic expenditure. The policy of 2017 has taken a holistic view on health and it envisages as its goal the attainment of the highest possible level of health and wellbeing for all at

all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. With regards to National Health Policy 2017, the Ministry submitted that the objective of National Health Policy 2017 is to improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality. The specific objectives are as follows:

(i) To progressively achieve Universal Health Coverage by assuring availability of free, comprehensive primary health care services, for all aspects of reproductive, maternal, child and adolescent health and for the most prevalent communicable, non-communicable and occupational diseases in the population.

(ii) To ensure improved access and affordability of quality secondary and tertiary care services through a combination of public hospitals and well measured strategic purchasing of services in health care deficit areas, from private care providers, especially the not-for profit providers.

(iii) To achieve a significant reduction in out-of-pocket expenditure due to health care costs and achieving reduction in proportion of households experiencing catastrophic health expenditures and consequent impoverishment.

(iv) Reinforcing trust in Public Health Care System by strengthening the trust of the common man in the public health care system by making it predictable, efficient, patient centric, affordable and effective, with a comprehensive package of services and products that meet immediate health care needs of most people.

(v) To align the growth of the private health care sector with public health goals by influencing the operation and growth of the private health care sector and medical technologies to ensure alignment with public health goals. And, to enable private sector contribution to making health care systems more effective, efficient, rational, safe, affordable and ethical.

5.7 The Committee desires that the Department should continue to give impetus to achieve the set objectives and physical targets laid down in National Health Policy 2017. The Committee believes that successful implementation of NHM, PMJAY and operationalization of Ayushmaan Bharat Health & Wellness Centres (AB-HWCs) and several disease specific programmes would enable to control and prevent various Communicable and Non-Communicable diseases.

Investment on Healthcare Delivery Infrastructure

5.8 With regards to the status of Healthcare Delivery Infrastructure in the Country vis-à-vis the developed countries, the Ministry submitted that India has roughly 1.4 beds per 1,000 population. This is lower than in many comparator countries. China's bed density exceeds four

per 1,000; Sri Lanka, United Kingdom and United States of America have around three per 1,000; and in Thailand and Brazil hospital beds exceed two per 1,000 persons.

5.9 The number and distribution of Sub Centre, PHCs and CHCs in rural areas is based on population norms and there are significant shortfalls, ranging from 23% for sub-centre to 28% for PHCs to 37% for CHCs. The Ministry submitted that the central releases and expenditure under the Health System Strengthening (HSS) under NRHM during last three years is as under:

Table 54

(Rs. in Crore)

S.No.	Financial Year	Central Release	Expenditure
1	2017-18	8,444.38	15,108.40
2	2018-19	10,141.02	17,538.97
3	2019-20	12,972.22	21,777.10
	Total	**31,557.62**	**54,424.47**

1. Above mentioned Expenditure figures are as reported by the States/UTs includes expenditure against the Central Release, State Share & unspent balances of previous years.

2. The above figures are as per Financial Management Report (FMR) reported by the States/UTs, hence provisional.

3. Releases made during 2019-20 include releases made to the States/UTs under HSS under NRHM towards containment and management of COVID-19 pandemic.

5.10 The Ministry further submitted that the COVID-19 pandemic has highlighted the need for larger public spending on health and health infrastructure. The pandemic also brought the focus on core public health functions such as expansion of disease surveillance capacity, augmentation of critical care facilities, augmentation of critical human resources for health, laboratory capacity and improving the quality of care.

5.11 As per information submitted by the Ministry, the Department of Health and Family Welfare had made a proposal of Rs.5,97,906.56 Crore to the 15th Finance Commission for the period 2021-22 to 2025-26 for the health sector. The gist is as under:

Table 55

S.No	Key element of Support	Rs. in Crore
1 (a)	Proposal to set up 50 medical colleges in Phase IV	21275.00
1 (b)	Proposal to set up 75 medical colleges (on-going) Phase III	23758.19
	Total [1 (a) + 1(b)]	**45033.19**

2	Training 1.5 million skilled workforce related to Allied Health	**14562.71**
3	Starting Super Speciality Blocks under PMSSY	**15000.00**
4	Health System Strengthening including Primary Health Care :	
(a)	Bridging the shortfall infrastructure gap in public health facilities including for Wellness Infrastructure	104611.49
(b)	Addressing the shortfall in Health Workforce	183595.07
(c)	Supporting the National Ambulance Service	15951.95
(d)	Support for IT infrastructure for the Primary Healthcare	11203.20
(e)	Support for diagnostic infrastructure to the primary healthcare facilities	18807.20
(f)	Ensuring Access to Medicines to reduce Out of Pocket Expenditure	138039.00
(g)	Support to the States to run DNB Courses in the District Hospitals	2933.34
(h)	Post COVID Health Sector Reforms	48169.41
	Total [4 (a) to 4 (h)]	**523310.66**
	Grand Total **(1+2+3+4)**	**597906.56**

5.12 **The Ministry submitted that as per the Fifteenth Finance Commission Report, the total grants-in-aid support of Rs. 1,06,606 crore has been given to the health sector over the award period from 2021-22 to 2025-26. The Committee recommends that the Department must continue to pursue with the Ministry of Finance for adequate allocation to the tune of Rs. 597907.56 crore during the award period from 2021-22 to 2025-26 to the Department for creating adequate healthcare infrastructure in the country.**

5.13 According to Annual Report 2020-21 the Department of Health and Family Welfare, the Ministry of Health and Family Welfare is implementing various schemes, programmes and national initiative to provide universal access to the quality healthcare. The efforts of the Department enables progress towards the commitment of the National Health Policy (NHP), 2017 that strives towards universal, accessible, equitable and affordable healthcare for all. The National Health Mission (NHM), a flapship health systems reform programme, provides a robust platform for implantation of a range of interventions focused on primary and secondary healthcare in rural and urban areas. NHM's efforts in strengthening health systems in States by allocating additional financial resources, flexibility in design and implementation, ensured sharper focus on particularly marginalized and vulnerable populations and enabled to achieve impressive improvements in several key health indicators.

5.14 The Committee has time and again raised concerns over the lack of healthcare infrastructure in rural areas and especially the abysmally low number of beds in the country. The Committee in its 123rd Report on the Outbreak of Pandemic Covid-19 and its management had observed that the total number of Government hospital beds in the country was grossly inadequate keeping in view the rising incidence of Covid-19 cases. Data from National Health Profile–2019 states that there are total 7,13,986 Government hospital beds available in India which amounts to 0.55 beds per 1,000 population. This low number

of beds in Government hospitals in the country especially at the peak of the pandemic had led to a frantic search for hospital beds and patients running from one hospital to another. The Committee reiterates its recommendation that the Government must increase its investment in public health and take appropriate steps to decentralize the healthcare services/facilities in the country. The Committee believes that a meticulous plan of action with adequate financial and human resources would be a step in the right direction.

5.15 The Committee has also taken into consideration the output-outcome framework for schemes of Department of Health and Family Welfare (Ministry of Health and Family Welfare) which envelops financial outlay, targets sets for outputs and outcome during 2021-22. The Committee hopes that the financial outlay earmarked for various schemes would create the enabling environment and bring forth catalectic change in the basic infrastructure for medical education and healthcare delivery besides carrying out bio-medical and health research. The Committee is of the considered view that the budgetary allocation to the Centre and Centrally Sponsored Schemes would definitely enhance the operational and professional efficiency of various hospitals in the treatment of communicable and non-communicable diseases. The Committee believes that all the projects undertaken during 2021-22 would be completed without time and cost overrun. The Committee recommends the Department of Health and Family Welfare to strengthen the monitoring mechanism to oversee the execution of research projects and to ensure that physical targets set during the year must be achieved. The Committee also recommends the department to undertake annual performance evaluation of each scheme and programme through cost benefit analysis and SWOT analysis. The Committee desires that the department should formulate output-outcome framework for remaining years of 15th Finance Commission in order to have a holistic overview of the schemes under the department. The Committee, while taking into account the financial and the physical achievement under various schemes of the department, recommends the following organizational interventions for improvements:-

(i) Advance planning to be made for completion of various formalities so that the process of sanctioning and release of funds for the various projects be started in the beginning of the next financial year.

(ii) More workshops and review meetings to be organized for addressing the issues in the implementation of the schemes.

(iii) More field visits to be organized for onsite appraisal of progress of implementation of the schemes.

(iv) Dashboard for online monitoring of schemes and programmes.

Streamlining Human Resources for Health (HRH)

5.16 **The Committee, in its 117th Report, has deliberated upon the need for streamlining Human Resources for Health (HRH). The Committee is of the view that advancement in technology in recent times demands trained individuals who can provide reliable results in conjunction with patient safety. However, there is a huge dearth of trained technologists/technicians in the system. The Report of the Public Health Foundation of India (PHFI) has indicated a supply-demand gap allied health professionals when demand was calculated using basic international norms. The Human Resources for Health (HRH) shortfalls have resulted in the uneven distribution of all cadres of health workers. The uneven distribution of professional colleges and schools has led to a severe health system imbalance across the states, both in the production capacity and in the quality of education and training, leading to poor health outcomes. The Committee is in the agreement with the views of the National Knowledge Commission that recommended for producing more Healthcare Professional including AHPs by improving the quality and orientation of service provision towards better meeting the health needs of the people stipulating that, 'there is a dire need to focus on increasing the quantum and quality of human resources for nursing and paramedical/allied health services. The Committee believes that Healthcare can only be improved if human resources for nursing and allied health services are developed, nurtured and enhanced in a systematic and planned manner. The Committee hopes that the Department would streamline the stewardship and oversight and provide HRM strategic framework for rational deployment of skilled manpower, performance management system, task shifting and associated career development pathways for allied and healthcare professionals.**

5.17 The Committee believes that recent modernisation of healthcare has initiated a team-based healthcare delivery model as medical teams are usually 'action teams' due to their dynamic work conditions, wherein teamwork and collaboration are the pre-requisites for patient safety. The Committee is of the view that not only the team approach is instrumental for safe patient outcomes but critical for efficient, cost-effective operations. The Committee, therefore, recommends that Department must pay attention to generate the spirit of teamwork in the health sector reflecting interdisciplinary approach, requiring a division of labour among the medical, nursing and allied and healthcare professionals on equal footing, although the doctors being the captain of the team, for better and faster and much more holistic decision-making.

5.18 The Committee feels that courses should follow international standards so that they are widely accepted and receive worldwide recognition. Course delivery, practical training and assessments should be standardised. Standardisation should incorporate the demonstration of learning as well. Strategies should be developed to create flexibility in course delivery through alternative delivery modes, multiple locations and timings. Students passing out from colleges should be in great demand and get good jobs. The educational methods should produce such healthcare professionals as worthy of recruitment in domestic as well as global healthcare sector. In this regard, it is also pertinent to keep them abreast of knowledge and maintain good liaison with the industry in search of employment. The Committee is of the view that for each course, centres of

excellence and globally recognized institutions should be identified along with hospitals with known good practices, which may become possible training sites.

5.19 The Committee also recommends that the allied and healthcare professionals must play its pivotal role in providing community healthcare services and be the part and parcel of all the healthcare schemes especially, Pradhan Mantri Jan Aarogya Yojana - Ayushman Bharat. The Committee also desires that the government should plug policy gaps and ensure generation of adequate and effective human resource for health to provide quality care at primary, secondary and terteisury level of health delivery in the country. The Committee, in this regard, recommends for synchronizing and strengthening the allied health sciences into articulate policies that help in capacity building and value realization of allied health professionals in the healthcare delivery system.

Winning over Saliency Bias

5.20 **The Committee is in agreement with the suggestion in the Economic Survey 2020-21that the healthcare policy should not become a victim of 'Saliency Bias' involving over-weighing the recent phenomena i.e. pandemic Covid-19. The Committee strongly believes that the budgeting process must cruise ahead the pandemic Covid-19 impasse and address the other rising challenge of communicable and non-communicable diseases.**

5.21 The Committee notes that the Govt. is implementing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) under National Health Mission (NHM) in all States/UTs in the country, with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. Under NPCDCS, 638 District NCD Clinics, 186 District Cardiac Care Units, 228 District Day Care Centre, 4464 Community Health Center NCD Clinics has been set up. "National Framework for Joint Tuberculosis-Diabetes collaborative activities" has been developed to articulate a national strategy for 'bi-directional screening', early detection and better management of Tuberculosis and Diabetes co-morbidities. To leverage and strengthen the ongoing efforts of hypertensive control interventions by NPCDCS and improve the linkages between population based screening initiative with health care, India Hypertension Control Initiative (IHCI), a collaborative project of MoHFW, ICMR, State Governments and WHO India, has been rolled out in 25 districts in 5 states. MoHFW has decided to scale up the project to cover a total of 100 districts across the country which is progressing in a continuous manner. National Multi-Sectoral Action Plan (NMAP) for prevention and control of NCDs has been developed through series of consultations with various stakeholders including other Ministries/Departments. **The Committee feels that the Government should continue to make concerted efforts to guide multi-sectoral strives towards attaining the NCD targets mentioned in the National Health Policy, 2017 and National NCD Monitoring Framework.**

5.22 The Committee has been given to understand that to enhance the facilities for tertiary care of cancer, the Central Government is implementing Strengthening of Tertiary Care for Cancer Scheme, under which setting up of 19 State Cancer Institutes and 20 Tertiary Care Cancer Centres have been approved. Most of them are existing operational institutions. However, the funding is provided for strengthening of institutions. All of the institutions are

proposed to be made operational by the end of March 2026. The SCI /TCCC are envisaged to provide comprehensive cancer diagnosis, treatment and care services. SCI will be a role model and leader in this field. It will serve as the nodal and apex Institution to mentor other Government Institutes (including TCCC and RCC). Similarly, the TCCC mentors cancer related activities including at the district level and below in their respective footprint area (the areas from where patients are accessing the TCCC). SCI/TCCC promote prevention of cancer. Patients screened for cancer under NPCDCS and other Government programmes get tertiary care diagnosis and treatment in TCCC and SCI. The Committee feels that once the institutional arrangement is complete and its structure is ready to discharge its role and responsibilities, there would be certain decline in the incidence of the cancer cases.

5.23 Given the increasing burden of NCD, lower life expectancy, higher MMR and IMR, the low hospitalization rate are unlikely to reflect a more healthy population as compared to mid income or OECD countries. The Committee feels that the Department should undertake specific course of action to remove such stumbling blocks. In order to improve the health index, the Department must ensure maximum utilisation of funds for different development activities, and to minimize the scope for available surrender at a later stage. The Department must judiciously take into account the past performance, the stages of formulation/ implementation of the various schemes, the institutional capacity of implementing agencies to implement the scheme as scheduled. While formulating budgetary provision for a scheme/programme, likely unspent balances during previous year are taken into account while releasing grant during a financial year.

5.24 **Aggregate human resource for health density in India is close to the lower threshold of 23 and the distribution of health workforce across States is also lop-sided. Since the Doctor/Nurse-midwives ratio is also inadequate, the Committee recommends the Department to reverse this trend by improving the ratio of doctor, as ratio of nurses to population is low as compared to the norm set by the World Health Organisation. The Committee also feels that State-wise variation in availability of doctors/nurses must be adequately addressed. The Committee appreciates that the Government has initiated several programmes to augment the supply of healthcare professionals including doctors and nurses which encompasses Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) under which setting up of 22 AIIMS and up gradation of 75 government medical colleges have been sanctioned. Further setting up of 157 medical colleges in States have been approved in three phases, of which, 47 are functional. The Committee recommends the Department to step up concerted efforts in this direction with a holistic and integrated approach.**

5.25 **The Committee is of the view that the Department should revisit the criterion/formulae for selection of sites for establishing AIIMS like institutions in order to strengthen the tertiary healthcare infrastructure and to minimize the existing trend of 4.16 per cent population slipping into poverty because of catastrophic health infrastructure since the Government expenditure is hardly 27 per cent while out of pocket expenditure is approximately 73% therefore, there is the need to enhance Government expenditure on the tertiary healthcare. In this regard, the Ministry should consider the geographical spread**

and population density as the main criterion to set up a healthcare centre or the AIIMS like institution. The Committee, in this regard, recommends for establishing of AIIMS in Silchar, the North East which is a very populous city and bigger than the 4-5 state capitals of smaller states. The Committee had already recommended for establishing AIIMS in Kosi region of Bihar. Kerala is a state which has been demanding establishment of AIIMS. The Committee came across that AIIMS Madurai, JICA as the implementing agency, construction work has not been started. The Committee also recommends that in all AIIMS like institutions full fledged facilities must be given for not only reducing out of the pocket expenditure and thus preventing the common masses slipping into the wave of poverty but also reducing the patient load in AIIMS New Delhi. Reportedly, AIIMS, Bhopal is yet to start the heart surgery and many of the facilities even in six AIIMS has not commenced leave apart other 16 AIIMS.

5.26 The Committee believes that pandemic Covid-19 transformed the healthcare crisis into economic and social crisis but at the same time opened the golden opportunity to focus on long term healthcare priorities by keeping the health infrastructure agile in order to respond the future pandemic. In this regard, the department should utilise technology enabled platforms as an alternative distribution channel for remote delivery of healthcare services to address India's last mile healthcare and delivery challenge. The Committee recommends that concept of tele-medicine and National Health Digital Mission must reach to the grass root level i.e. urban slum, tribal areas and rural areas.

5.27 The Committee, in view of lack of sufficient public fund, underlines the need to give impetus to Public Private Partnership Model for laying of long-term healthcare infrastructure. The Committee, in this connection, recommends the department for exploring the setting up of Medi-City on Public Private Partnership Model suburbs adjacent to the big cities, for example, adjacent to Mumbai, Pune, Kolkata, Patna, Gwalior or other such select cities, so that liveability quotient of that area can be enhanced. The Committee feels that provision of Medi-City would some extent overcome the problem of deployment of specialist doctors in the rural areas as the suburbs area would facilitate the doctors to get attracted to the Medi-City. The provision for Medi-City on the PPP Model can save the golden hour.

5.28 The Committee also came across the problem of adequate human resources at the rural health and wellness centre and the common masses feel impoverished, neglected and marginalised as there is no takers for their illness as doctors are averse to their posting in rural areas. The Committee, therefore, recommends the department for compulsory posting of doctors passing MBBS in the rural areas for three years and practitioners violating the rule may be de-registered and prohibited from undergoing medical practices for the de-registered period. The Committee, however, recommends that all basic facilities must be provided to the doctors posted in rural areas viz. marketing centres, quality educational institutions and recreational avenues.

5.29 The Committees observes that there is lack of co-ordination and collaboration between public healthcare managers and people's representative on the modus operandi of public healthcare institutions. The Committee understands that the delivery of healthcare facilities, at the ground level, that infact constitutes the legitimate expectation of the people from the responsive and responsible Government in the democratic set up, lack the vigour and agility on the part of the healthcare managers and the people's representative faced the

consequences due to leader and follower continuum in a democratic country. People's representative being the vehicle of people's expectation has to face the outcry of public in view of inadequacy of readily availble healthcare facilties. The Committee, therefore, strongly recommends for better co-ordination and information sharing mechanism having linkage at the district, state and national level amongst the policy makers and implementing authorities of cherished healthcare programmes with the people's representative and all other stakeholders to ensure cent percent successful implementation of the flagship health programme.

5.30 The Committee gives equitable credence to all system of medicines in the treatment of diseases and health keeping of the common masses, the efficacy may vary as per the scientific validation or technological development of each system of medicine. The Committee believes that each system of medicine encompasses certain meritorious principle of treatment of diseases. The Committee, therefore, recommends the department to explore the scope for Integrated Medicine Course which should contain the good medical practices of allopathy, homeopathy, ayurveda and other streams of Indian system of medicines. The outbreak of pandemic Covid-19 and its management has highlighted the relative strength of each system of medicine, including AYUSH in enhancing the immune system or guard against the infection from Corona Virus.

5.31 The Committee, keeping in view the incredible role of Corona warriors during combating the vicissitude of corona virus, is of the view that the moment is the golden opportunity to explore the possibility of organizing Indian medical services in order to create specialised task force for implementation of the flagship programme relating to health. The Committee recommends for the creation of an All India Medical Services on the lines of All India Civil Services such as IAS, IPS and IFS. The Committee feels that Indian Medical Services would provide efficient healthcare managers to enhance the success rate of healthcare projects and make policy programme and specific course of action for fighting against lethal disease.

5.32 India was ranked 145th out of 180 countries as per the study of Global Burden of Disease Study, 2016. The Committee desired to know whether the Ministry of Health & Family Welfare is contemplating to introduce the Quality and Outcome Framework (QOF) as introduced by the National Health Service in the U.K. to imbibe quality assessment practice. The Department maintained that at present, there is no proposal under consideration in the DoHFW to introduce Quality and Outcome Framework (QOF) as introduced by National Health Service in U.K. The Committee is of the view that the Department of Health and Family Welfare may consider to introduce Quality and Outcome Framework (QOF) in order to generate awareness about the quality of healthcare services.

Progressive legislation and integrated Health Management

5.33 The Committee understands that in recent times Health Sector has been on the move steered by progressive legislation with the purpose of establishing institutional-legal framework for regulation & monitoring. The progressive legislation would strengthen the health infrastructure for imparting medical education in the country that aim at streamlining the healthcare delivery system. In order to achieve the said objectives the Government has brought forth progressive reforms in the health sector. New legislation and policies have been formulated for the medical, alternate system of medicine and the allied and healthcare profession. The Committee on Health and Family Welfare has been the participatory observer to

all health reforms i.e actively involved in detailed examination of bills referred to it viz. National Medical Commission, 2017, The National Commission for Indian System of Medicine Bill, 2019, The National Commission for Homoeopathy Bill, 2019 and The Allied and Healthcare Professions Bill, 2018. The Ministry accepted 40 recommendations out of 56 recommendations given by the Committee in its 109th Report on NMC. Similarly, the Government accepted 108 recommendations out of 110 recommendations made by the Committee in its 117th Report on AHP Bill.

5.34 The Committee believes that all progressive legislation undertaken by the Government aims at focusing integrated Health and Well-being and that is the guiding philosophy of the Budget 2021-22. The Committee has already accorded the adoption of an inclusive and integrated health care policy. The Committee believes that AYUSH and its holistic approach to promoting preventive and holistic healthcare must also be strengthened. The Committee, in this regard, impress upon the Government to expedite the process of piloting the Yoga and the Naturopathy Bill, to give further impetus to the integrated and holistic approach to the Health and Well-being.

5.35 The Committee is of the view that the issue of regulation and supervision of the healthcare sector must be taken up seriously as the regulation plays pivotal role due to market failure and act as key lever for Government to ensure the quality, quantity, safety and distribution of services in health system. The System of sectoral regulator to undertake regulation and supervision of the healthcare sector must be seriously considered by the Government.

5.36 The Committee, in view of 'Health' being a state subject, underscores the need for resilient institutional arrangement for delivery of healthcare schemes at the primary health centre. There is urgent need to ensure the quality aspects and a strict monitoring mechanism for timely execution of central scheme in a state to yield the desired result. Similarly, for the Centrally Sponsored Schemes, the State Government must spent the earmarked share for ensured integration of the scheme in terms of outcome. Here at, the Committee understands the need for institutional mechanism, fine tuned federal co-ordination and co-operation between union and states or various organs of State Government, implementing agencies in a collaborated manner to ensure that people do not sleep into poverty because of inadequate healthcare expenditure, the Committee reiterates that neither the Central Scheme nor the Centrally Sponsored Scheme should suffer because of inadequate allocation of fund to the flagship programme.

5.37 The Committee accords the address by the President of India to the Joint Sitting of two Houses of Parliament on 29th January 2021 when he shares with the people of the Nation in following words:-

> *"During this period, India has demonstrated its scientific capabilities, technical expertise & strength of its start-up ecosystem by developing a network of over 2200 laboratories in a short time span, manufacturing thousands of ventilators, PPE kits and test kits thereby, attaining self-reliance. It is a matter of immense pride that India is conducting the world's largest vaccination programme. Both the vaccines rolled out under this programme are produced indigenously. By making lakhs of corona vaccine doses available to several countries India has fulfilled its obligation towards humanity in these times of difficulty. The accolades being showered on India globally for this work along*

with the essence of our age-old cultural tradition of 'Sarve Santu Niramayaha' and endeavour to work for human welfare is imparting strength to our efforts."

5.38 The Committee desires that the Nation must march ahead coping up with fast changing scientific and technological order so as to attain the global standard for delivering of healthcare facilities as in the words of the 'Father of the Nation', Mahatma Gandhi, "It is health that is real wealth and not pieces of gold and silver".

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