

**PRADHAN MANTRI SWASTHYA SURAKSHA
YOJANA**

[Action Taken by the Government on the Observations/Recommendations of the Committee contained in their One Hundred and Thirty-fourth Report (16th Lok Sabha)]

**MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)**

**PUBLIC ACCOUNTS COMMITTEE
(2020-21)**

TWENTY-EIGHTH REPORT

SEVENTEENTH LOK SABHA



सत्यमेव जयते

**LOK SABHA SECRETARIAT
NEW DELHI**

PAC NO. 2236

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**MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)**



Presented to Lok Sabha on:

Laid in Rajya Sabha on:

**LOK SABHA SECRETARIAT
NEW DELHI**

Febraury, 2021/ Magha, 1942 (Saka)

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COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE
(2020-21)

Shri Adhir Ranjan Chowdhury - Chairperson

MEMBERS

LOK SABHA

2. Shri T. R. Baalu
3. Shri Subhash Chandra Baheria
4. Shri Sudheer Gupta
5. Smt. Darshana Vikram Jardosh
6. Shri Bhartruhari Mahtab
7. Shri Ajay (Teni) Misra
8. Shri Jagdambika Pal
9. Shri Vishnu Dayal Ram
10. Shri Rahul Ramesh Shewale
11. Shri Rajiv Ranjan Singh alias Lalan Singh
12. Dr. Satya Pal Singh
13. Shri Jayant Sinha
14. Shri Balashowry Vallabhaneni
15. Shri Ram Kripal Yadav

RAJYA SABHA

16. Shri Rajeev Chandrasekhar
17. Shri Naresh Gujral
18. Shri C. M. Ramesh
19. Shri Sukhendu Sekhar Ray
20. Shri Bhupender Yadav
21. Vacant
22. Vacant

SECRETARIAT

1. Shri T. G. Chandrasekhar - Joint Secretary
2. Shri. M.L.K. Raja - Director
3. Smt. Bharti S. Tuteja - Additional Director
4. Smt. Smita Khade - Committee Officer

INTRODUCTION

I, the Chairperson, Public Accounts Committee (2020-21), having been authorised by the Committee, do present this Twenty-eighth Report (Seventeenth Lok Sabha) on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their One Hundred and Thirty-fourth Report (Sixteenth Lok Sabha) on '**Pradhan Mantri Swasthya Suraksha Yojana**' relating to the Ministry of Health and Family Welfare (Department of Health and Family Welfare).

2. The One Hundred and Thirty-fourth Report was presented to Lok Sabha/laid in Rajya Sabha on 21st December, 2018. Action Taken Replies of the Government to the Observations/ Recommendations contained in the Report were initially received on 31st July, 2019 and thereafter updated Action Taken Replies were received on 12th November, 2020. The Committee considered the draft Report on the subject and adopted the Report at their Sitting held on 4th February, 2021. Minutes of the Sitting are given at Appendix-I.

3. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in **bold** in the body of the Report.

4. The Committee place on record their appreciation of the assistance rendered to them in the matter by the Committee Secretariat and the office of the Comptroller and Auditor General of India.

5. An analysis of the Action Taken by the Government on the Observations/Recommendations contained in the One Hundred and Thirty-fourth Report (Sixteenth Lok Sabha) is given at Appendix-II.

NEW DELHI;
February, 2021
Magha, 1942 (Saka)

Adhir Ranjan Chowdhury
Chairperson,
Public Accounts Committee

PART-A

CHAPTER – I

REPORT

This Report of the Public Accounts Committee deals with Action Taken by the Government on the Observations/Recommendations of the Committee contained in their One Hundred and Thirty-Fourth Report (Sixteenth Lok Sabha) on “**Pradhan Mantri Swasthya Suraksha Yojana**” based on the C&AG Report No. 10 of 2018 Union Government, relating to the Ministry of Health and Family Welfare, Department of Health and Family Welfare.

2. The One Hundred and Thirty-Fourth Report (Sixteenth Lok Sabha) was presented to Lok Sabha/laid in Rajya Sabha on 21st December, 2018. It contained 17 Observations/ Recommendations. Action Taken Notes in respect of all the Observations/ Recommendations have been received from the Ministry of Health and Family Welfare, Department of Health and Family Welfare and are categorized as under:

- | | | |
|-------|--|--|
| (i) | Observations/Recommendations of the Committee which have been accepted by the Government:
Paragraph Nos. 1-17 | Total: 17
Chapter- II |
| (ii) | Observations/Recommendations which the Committee do not desire to pursue in view of the replies received from the Government:

-NIL- | Total: NIL
Chapter- III |
| (iii) | Observations/Recommendations in respect of which replies of Government have not been accepted by the Committee and which requires reiteration:

-NIL- | Total: NIL
Chapter- IV |
| (iv) | Observations/Recommendations in respect of which Government have furnished interim replies:

-NIL- | Total: NIL
Chapter- V |

3. The detailed examination of the subject by the Committee had revealed certain shortcomings/deficiencies on the part of Ministry of Health and Family Welfare, Department of Health and Family Welfare which *inter-alia* included non formulation of guidelines for the implementation of the PMSSY scheme; absence of any criteria or procedure for selection of Government Medical Colleges and Institutions (GMCIs) for upgradation; disbursement of funds without obtaining utilization certificate/statement of expenditure; provision of inadequate number of beds for patients, etc.

4. The Action Taken Notes furnished by Ministry of Health and Family Welfare, Department of Health and Family Welfare on the Observations/Recommendations of the Committee contained in their One Hundred Thirty-Fourth Report (Sixteenth Lok Sabha) have been reproduced in the relevant Chapters of this Report. In the succeeding paragraphs, the Committee have dealt with the Action Taken by the Government on some of their Observations/Recommendations made in the Original Report that merit comments.

5. The Committee desire the Ministry of Health and Family Welfare, Department of Health and Family Welfare to furnish Action Taken Notes in respect of Observations/Recommendations contained in Chapter I within six months of the presentation of the Report to the House.

I. Scheme Guidelines
(Observation/Recommendation No. 2)

6. The Committee noted with concern that the Ministry had not formulated any guidelines for the implementation of the PMSSY scheme and was guided by instructions issued from time to time and decisions taken by the Central Project Monitoring Committee (PMC) on case to case basis. This resulted in various adhoc decisions being taken with respect to fund management, selection of consultants, assignments of project task, award of management of contracts. The Ministry submitted that a two member committee had been constituted to draw up 'Scheme Guidelines' for PMSSY with the experience and learning from prior cases and the same would submit its Report within two months time. The Committee, therefore, recommended the Ministry to expedite the process of formulating the 'Scheme Guidelines' after the submission of the two member committee report so as to negate the ad-hoc decisions and implement the flagship scheme in the right perspective.

7. The Ministry of Health & Family Welfare, Department of Health & Family Welfare in their Action Taken Note have submitted as follows:

"The observations / recommendations of the Committee have been duly noted. A two member committee has been set up to formulate guidelines for the PMSSY Scheme. Report is under submission."

8. While vetting the above ATNs, the Audit made the following comments:
"Future progress made by the Ministry may be informed to PAC."
9. In their further comments to the above said Audit observation, the Ministry submitted as under:
"The two member committee has submitted its report. The same is under consideration."
10. The Ministry, in their updated reply (furnished in November, 2020), has submitted the following information:-
"After various internal discussion the report has been finalized and forwarded to all stakeholders for obtaining their suggestions/ feedback before submitting to the Hon'ble HFM for approval."
- 11. The Committee noted that the Ministry had not formulated any guidelines for the implementation of the PMSSY scheme and was guided by instructions issued from time to time and decisions taken by the Central Project Monitoring Committee (PMC) on case to case basis. The Committee note from the reply of the Ministry that the report of the two member committee constituted for drawing up 'Scheme Guidelines' for PMSSY has been finalized and forwarded to all stakeholders for obtaining their suggestions/ feedback before submitting to the Health & Family Welfare Minister (HFM) for approval. The Committee are, however, disappointed to note that Scheme Guidelines for PMSSY which was announced in 2003 have still not been formulated. Since, these guidelines are necessary for providing a framework for implementation of the scheme by laying down roles and responsibilities of those involved in implementation, the Committee desire that stakeholders may be impressed upon to give their responses at an early date. Following the approval by the Minister, the guidelines may also be implemented within a fixed time-frame in order to provide the much needed reference to the implementing agencies in ensuring consistent, rule based and time bound implementation and monitoring of the scheme.**

II Acquisition of Land
(Observation/Recommendation No. 4)

12. The Committee noted that in AIIMS at Bhubaneswar, Odisha though there was a requirement of 100 acres or more of land the State Government provided only 92.11 acres. Moreover, for the additional requirement of 50 acres of land for establishment of Cardiac Centre, Mental Health Centre and Neurosciences Centre the State Government could provide only 21 acres (2013). The Ministry in response thereto submitted that in case of AIIMS, Bhubaneswar there was delay in acquiring and handing over of the requisite land as the identified land was categorized as forest land. The Committee were dismayed to note the callous attitude of the Ministry/State Government in

selecting/ identifying a forest land which hampered the early acquisition of the same. The Committee, therefore, desired the Ministry/State Government to expedite the process of acquisition of the said land so as to avoid further delays in the establishment of these tertiary healthcare centre in AIIMS, Bhubaneswar.

13. The Ministry of Health & Family Welfare in their Action Taken Note have submitted as follows:

“The observations / recommendations of the Committee have been duly noted. AIIMS, Bhubaneswar has taken up the matter with the State Government and Hon’ble Chief Minister of Odisha for kind intervention for early transfer of land for expansion of activities. Copy of the letter is also attached.”

14. While vetting the above ATNs, the Audit made the following comments:

“As five months time has elapsed since the matter of transfer of land was taken up with the State Government/CM (23rd January, 2019), Ministry may inform PAC about the follow up action by the Ministry/AIIMS and latest status of acquisition of land.”

15. In their further comments to the above said Audit observation, the Ministry stated as under:

“The Government of Odisha has taken necessary action in this regard for issue of FRA certificate under Scheduled Tribes and other Traditional Forest Dwellers (Recognition of Forest Right) Act-2006, as 26.150 Acres out of 50.500 Acres is Gramya Jungle. Collector Khordha has also written to the Tahasildar of three adjoining Tahasils for identification of land for compensatory afforestation *in lieu* of Forest Land.”

16. The Ministry, in their updated reply (furnished in November, 2020), has submitted the following information:-

“There was an initial request to Govt. of Odisha for allotment of 200 acres of land. However, till date 92.107 Acre of Land has been allotted in favour of AIIMS. Further another request by AIIMS, authority for allotment of additional Land 50.50 acres of was made to Govt. of Odisha, out of which 26.150 Acre. of Land has been identified adjacent to the present Hospital campus and is under active consideration of Govt. of Odisha for allotment.

The Government of Odisha has taken necessary action in this regard for issue of FRA certificate under Schedule Tribes and other Traditional Forest Dwellers (Recognition of Forest Right) Act-2006, as 26.150 Acres is Gramya Jungle. Collector Khordha has also written to the Tehsildar of three adjoining Tehasils for identification of land for compensatory afforestation in lieu of Forest Land. Now, a land measuring Ac. 26.150 Dec. at Mouza – Sijua, Khata No. 35, Plot No. 1, Kisam – GramyaJangal is proposed to be alienated in favour of AIIMS Bhubaneswar by the Government of Odisha. The joint verification by the Forest Deptt. And Revenue Deptt. Of Govt. of Odisha has already been completed and DGPS map prepared. The enumeration list has been prepared by the Forest Dept. and compensatory afforestation a patch of land at Banapur Tehasil has

been identified. Basing on the instruction of the Forest Deptt. The land has been demarcated by AIIMS with fixing of concrete poles. (Appendix - B)”

17. The Committee had, while noting that identifying forest land hampered its early acquisition, desired the Ministry/State Government to expedite the process of acquisition of the land so as to avoid further delays in the establishment of the tertiary healthcare centre in AIIMS, Bhubaneswar. The Committee note from the reply of the Ministry that land measuring Ac. 26.150 Dec. at Mouza – Sijua, Khata No. 35, Plot No. 1, Kisam – GramyaJangal is proposed to be alienated in favour of AIIMS, Bhubaneswar by the Government of Odisha. The joint verification by the Forest Department And Revenue Department of Government of Odisha has already been completed and Differential Global Positioning System (DGPS) map prepared. The enumeration list has been prepared by the Forest Department and for compensatory afforestation, a patch of land at Banapur Tehasil has been identified. Based on the instruction of the Forest Department, the land has been demarcated by AIIMS by fixing concrete poles. The Committee are concerned to note that due to prolonged delay in acquisition of land the expansion of the Institute in the most critical areas viz. Cardiology, Mental Health and Neurosciences has been severely affected. The Committee, therefore, desire the Ministry to now take appropriate measures towards acquiring the land expeditiously and setting up the tertiary healthcare centre in AIIMS, Bhubaneswar within a fixed time-frame so as to ensure that the ailing get access to the best possible medical care at the earliest.

**III. Criteria for Upgradation of Government Medical Colleges and Institutes (GMCIs)
(Observation/Recommendation No. 6)**

18. The Committee observed that the Ministry had not formulated any criteria or procedure for selection of GMCIs for upgradation and have selected them without obtaining preliminary project report from the State Government and merely on the basis proposals submitted by respective Deans. The Ministry submitted that PMSSY proposes to correct the imbalances in the availability of tertiary healthcare and medical education in different parts of the country and by according higher priority to the States generally considered backward with respect to the broad socio-economic indicators. The Committee opined that in the absence of requisite criteria, the primary objective of PMSSY could not be achieved. The Committee were unhappy to note the avoidable delays in the matter and desired that the criteria for selection of GMCI upgradation may be formulated in a time bound manner and the Committee be apprised thereof.

19. The Ministry of Health & Family Welfare in their Action Taken Note have submitted as follows:

"The observations / recommendations of the Committee have been duly noted. As mentioned earlier, the Ministry has its own database under National Health Mission on penetration and reach of healthcare throughout the country. The Ministry while finalizing the upgradation projects gives higher priority to the States generally considered "backward" with respect to the broad socio-economic indicators. The State also has to agree to operate and maintain the facilities created, so willingness of the State to contribute its share and participate in the scheme is also important apart from their backwardness. The two members Committee has been set up to formulate guidelines for the PMSSY Scheme. The report is under submission."

20. While vetting the above ATNs, the Audit made the following comments:
"Future progress in this regard may be furnished to PAC."

21. In their further comments to the above said Audit observation, the Ministry stated as under:-

"The comprehensive reply provided to the audit may be referred to in the matter. It is also brought out that the two member committee has submitted the draft guidelines which are under consideration in the Ministry. The matter regarding criterion for selection of GMC has also been addressed in these guidelines."

22. The Ministry in their updated reply (furnished in November, 2020), has stated that '*no updation required*' in their earlier submitted reply.

23. Opining that the Ministry had not formulated any criteria or procedure for selection of GMCIs for upgradation and have selected them merely on the basis of proposals submitted by respective Deans without obtaining preliminary project report from the State Government, the Committee desired that the criteria for selection of GMCi upgradation may be formulated in a time bound manner. The Committee note from the reply of the Ministry that it has its own database under National Health Mission on penetration and reach of healthcare throughout the country and while finalizing the upgradation projects gives higher priority to the States generally considered "backward" with respect to the broad socio-economic indicators. The Committee also note that the State has to agree to operate and maintain the facilities created, owing to which willingness of the State to contribute its share and participate in the scheme would also be an important factor apart from backwardness. In this context, the Committee desire that reasons for State Governments non-cooperation may be accessed and the Ministry should strive to address those concerns to arrive at a consensus while upgrading States GMCIs. The Committee, while noting that the reasons for delay include obtaining clearances, etc. from the State Governments are of the opinion that had the Dean submitted the proposals after obtaining preliminary project report from the State Governments, the delays could have been addressed to a great extent. The Ministry should, therefore, in future, ensure obtaining preliminary project reports from respective State Governments before sending their proposal for upgradation of GMCIs. Further, the Committee desire that the

draft guidelines brought out by the two member committee and under consideration of the Ministry may be finalized and implemented in time-bound manner to ensure uniformity in categorization of criterion for selection of GMCIs. The Committee would like to be apprised of, State-wise, details of actual penetration and reach of healthcare, as per the database of National Health Mission and the projects taken up under PMSSY in each State. The Committee also desire that the criteria for selection of GMCI upgradation may be formulated at the earliest, and they may be apprised thereof.

**IV. Shortage of faculty and non-faculty posts
(Observation/Recommendation Para No. 14)**

24. The Committee note that the Ministry sanctioned 305 faculty and 3776 non-faculty posts for each of the six AIIMS. However, the shortage against various faculty and non-faculty posts in different AIIMS ranged from 55 percent to 83 percent and 77 percent to 97 percent, respectively, restricting the functioning of various Departments and ultimately resulting in failure to provide treatment of required quality to the patients. The Ministry in reply thereto submitted that non-availability of quality faculty and need based recruitment of non-faculty posts as the reasons for the figures indicating shortage of faculty and non-faculty posts in the six new AIIMS and measures have been taken to improve the position of the same by considering streamlining the recruitment process through standard recruitment by clubbing all the AIIMS. The Committee, therefore, recommended the Ministry to steadfastly formulate and implement the common recruitment process urgently for all the AIIMS so that the required quality of treatment is dispensed to the patients.

25. The Ministry of Health & Family Welfare in their Action Taken Note have submitted as follows:

“The observations / recommendations of the Committee have been duly noted. Measures to improve faculty strength in new AIIMS were also discussed in the meeting of the Central Institute Body (CIB) held on 16.7.18, 10.12.18 and 24.01.19. CIB advised that the regular recruitment will be done at Institute level while combined contractual recruitment will be done by AIIMS, New Delhi through Walk-in-Interview twice in a year for selecting students passing from premium Institutes / INIs in addition to the recruitment done by the individual AIIMS.

It was also decided by the CIB to allow temporarily, the new AIIMS to fill up the senior level posts by selection of candidates at one level below in case the posts could not be filled up due to non-availability of suitable candidates.

For non-faculty positions, the proposal regarding conducting recruitments for Technical cadres on centralized basis for all new AIIMS have been proposed and approved in third CIB meeting. This step will help synergise the recruitment process for non-faculty position across all AIIMS.”

26. While vetting the above ATNs, the Audit made the following comments:
“Ministry may provide the latest position of recruitment of Faculty and Non-faculty posts.”

27. In their further comments to the above said Audit observation, the Ministry stated as under:-

“The latest position of recruitment of Faculty and Non-faculty posts is as below:

**A. PRESENT FACULTY POSITION IN SIX FUNCTIONAL AIIMS
(As on 30.06.2019)**

AIIMS	Sanctioned strength	Filled up position	Vacancy	Recruitment status and No. of posts Advertised
Bhopal	305	144	161	Recruitment process for vacant posts is going on.
Bhubaneswar	305	181	124	Advertisement for 125 Faculty posts have been issued on 28.01.2019 and the same is under process of selection.
Jodhpur	305	164	145	
Patna	305	119	197**	Vacant posts are in the process of recruitment.
Raipur	305	130	175	183 Faculty posts were advertised in September, 2018. Result for 9 posts was declared in Feb, 2019. Joining process is going on. Interviews for 2 nd Phase completed in May, 2019 and result declared in June 2019. Joining process is going on.
Rishikesh	305	225	80	Faculty interviews have been conducted on 14 th , 15 th and 16 th July, 2019 and result to be approved.

** Includes 10 posts filled on contractual basis.

B. Present Position of Non-Faculty posts in six AIIMS as on 19.07.2019

AIIMS	Sanctioned Posts	Posts filled	Posts vacant	Remarks
Bhopal	3776	1418	2358	Recruitment for around 1024 posts is underway.
Bhubaneswar	3776	1588*	2188	107 posts advertised. 1212 posts were advertised in 2017, out of which recruitment process for 904 posts have been completed and underway for 304 posts.
Jodhpur#	3776	1125	2651	Total 1130 posts advertised since 2017.
Patna#	3776	1382**	3454	165 posts have been advertised. Recruitment for 500 posts is underway.
Raipur#	3776	1451	2325	1028 posts have been advertised.
Rishikesh	3776	2665***	1111	644 posts advertised and recruitment process is underway.

* includes 472 posts filled on Outsourced basis.

** Includes 1060 posts filled on Outsourced basis.

*** includes 39 posts filled on contractual basis and 977 posts filled on outsourced basis.

28. The Ministry in their updated reply (furnished in November, 2020), has submitted the following information:-

"The position of faculty posts as on 30.09.2020 against sanctioned posts in first six AIIMS under PMSSY is as under:

AIIMS	Sanctioned Posts	Current On roll Position	
		Post filled	(%)
Bhopal	305	179	58.68%
Bhubaneswar	305	196	64.26%
Jodhpur	305	174	57.04%
Patna	305	144	47.21%
Raipur	305	147	48.19%
Rishikesh	305	252	82.62%
Total	1830	1092	59.67%

The current status of Non-Faculty posts in various AIIMS is appended below :

AIIMS	Sanctioned Posts	Current On roll Position	
		Post filled	(%)
Bhopal	3776	1520	40.25%
Bhubaneswar	3776	1949	51.61%
Jodhpur	3776	2013	53.31%
Patna	3776	1094	28.97%
Raipur	3776	2322	61.49%
Rishikesh	3776	3007	79.63%
Total	22656	11606	51.22%

29. The Committee had noted that the Ministry sanctioned 305 faculty and 3776 non-faculty posts for each of the six AIIMS. However, the shortage against various faculty and non-faculty posts in different AIIMS ranged from 55 percent to 83 percent and 77 percent to 97 percent respectively. The Committee had, therefore, recommended the Ministry to steadfastly formulate and implement the common recruitment process urgently. The Committee note from the reply of the Ministry that the measures to improve faculty strength in new AIIMS were taken up in the meeting of the Central Institute Body (CIB) which advised that the regular recruitment will be done at Institute level while combined contractual recruitment will be done by AIIMS, New Delhi through Walk-in-Interview twice in a year in addition to the recruitment done by the individual AIIMS; it was also decided to allow temporarily, the new AIIMS to fill up the senior level posts by selection of candidates at one level below in case the posts could not be filled up due to non-availability of suitable candidates. Further, for non-faculty positions, the proposal regarding conducting recruitments for Technical cadres on centralized basis for all new AIIMS was approved. The Committee find that the

progress of filling up of vacant posts, both of Faculty and Non-Faculty, in the span of 15 months (from June/July, 2019 to September, 2020), indicate upward trend for filling of posts in all six AIIMS (notably Bhubaneswar, Jodhpur and Rishikesh where current on-roll position crosses 50% mark), except for Patna's non-faculty posts which has a downward trend (1382 to 1094 for Non-faculty posts). The Committee while observing the status of recruitment furnished by the Ministry find that the replies and the remarks on the process of recruitment are vague as they do not mention when the recruitment process was initiated and how long it took for completion, in each case. The Committee, therefore, strongly feel that the Ministry may periodically monitor, assess reasons for delays and if necessary, introduce new norms and measures to overcome the obstacles in the recruitment. The Committee also find from the reply of the Ministry that shortfall against various sanctioned faculty and non-faculty posts in different AIIMS still range from 47 percent to 82 percent and 40 percent to 79 percent respectively. The Committee while expressing disappointment on the shortage of human resources in the premier institutes like AIIMS and the stop-gap arrangements being implemented opine that formulating and implementing a comprehensive recruitment policy for streamlining the same will go a long way in ensuring timely and effective delivery of health services to the patients.

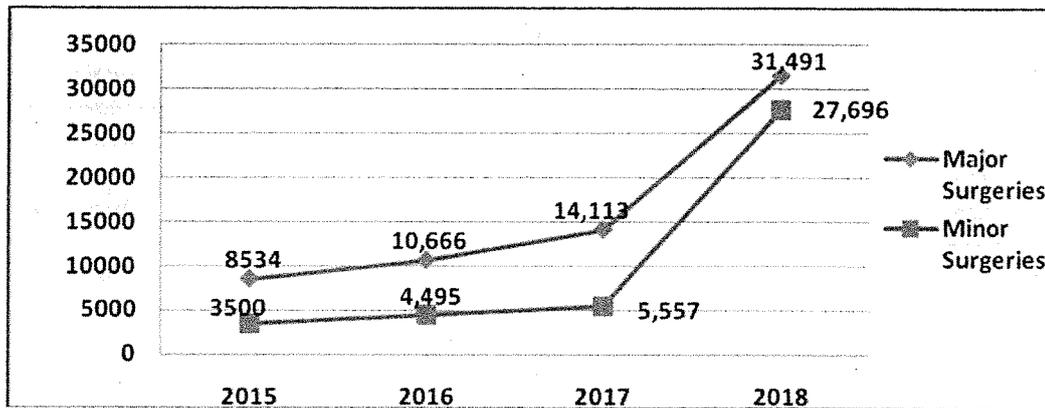
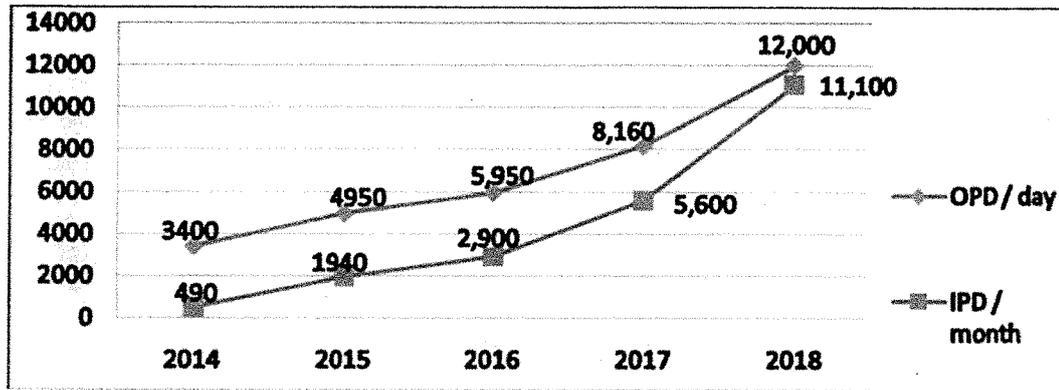
V. Deficient Bed Strength

(Observations/Recommendations Para No.15)

30. The Committee noted that the scheme envisaged a 960 bedded hospital in each of the six new AIIMS scheduled to be completed between August 2011 and July 2013. However, only 152 to 546 beds were available in these Institutes as on March 2017. The Ministry submitted that full bed strength of 960 beds would be achieved with the completion of hospital buildings in all the AIIMS by December, 2018. The Committee were astounded to note that the Ministry failed to provide adequate number of beds for patients which is a basic requirement for proper service delivery and quality patient care/treatment. The Committee, therefore, desired the Ministry to apprise them of the status of completion of the six new AIIMS and provision of number of beds in the six new AIIMS.

31. The Ministry of Health & Family Welfare, Department of Health & Family Welfare in their Action Taken Note have submitted as follows:

"The observations / recommendations of the Committee have been duly noted. Basket of services in six AIIMS has been witnessing fast growth and presently, on an average, more than 12000 patients visit OPD every day and about 2600 major surgeries are getting performed every month in these six AIIMS. The growth in healthcare services over the years in these six AIIMS is depicted in the below graphs:



No. of Beds	Sanctioned Beds	01.04.16	01.04.17	01.04.18	01.04.19
Bhopal	960	225	307	421	574
Bhubaneswar	960	344	509	540	792
Jodhpur	960	200	400	596	700
Patna	960	131	152	184	650
Raipur	960	151	271	400	600
Rishikesh	960	300	416	706	880
Total	5760	1351	2055	2847	4196

32. Audit in their vetting comments stated as under:

"Further progress may be furnished to PAC."

33. In their further comments to the above said Audit observation, the Ministry stated as under:

"The progress in 6 functional AIIMS is as below:

A. HOSPITAL FACILITIES / SERVICES (As on 30.06.2019)

S.No.	AIIMS	HOSPITAL FACILITIES			MEDICAL FACILITIES		
		No. of Beds (Out of 960)	No. of Super Speciality Functional (Out of 16)	No. of Speciality Functional (Out of 18)	OPD, IPD & ICU	Emergency, Trauma Care, Blood Bank services	Diagnostics, Pathology services
1	Bhopal	574	12	18	Functional	Available	Available
2	Bhubaneswar	803	15	18	Functional	Available	Available
3	Jodhpur	708	13	18	Functional	Available	Available
4	Patna	747	14	18	Functional	Available	Available
5	Raipur	600	12	18	Functional	Available	Available
6	Rishikesh	880	16	18	Functional	Available	Available
Total		4312					

B. PATIENT SERVICES RENDERED

S.No.	AIIMS	Average daily OPD	Total IPD Admissions in June 2019	Total nos. of Surgeries in June 2019		
				Major	Minor	Total
1	Bhopal	2013	1496	336	642	978
2	Bhubaneswar	2254	1881	784	532	1316
3	Jodhpur	3136	4394	911	201	1112
4	Patna	2534	1884	651	115	766
5	Raipur	1611	1577	488	599	1087
6	Rishikesh	2916	4532	1042	1074	2116
Total		14464	15764	4212	3163	7375

The progress of construction under different packages has also been given in Para 12 above. (i.e., Ministry's reply to Recommendation/Observation at Para 12 of 134th Report of PAC (16th LS)).

34. The Ministry in their updated reply (furnished in November, 2020), has submitted the following information:-

“ The progress in 6 functional AIIMS is as below :

- Hospital services in these 6 AIIMS are operating with substantial capacity as all the Specialities and most of Super-specialities are functional at each of these six AIIMS. All key hospital facilities and services such as Emergency, Trauma, COVID Block, Blood Bank, ICU, Diagnostic and Pathology are functioning. Medical education, Healthcare and Research are also functional substantially in these six AIIMS.
- Basket of services in these six AIIMS has been expanded and presently, on an average, more than 16000 patients are visiting OPD daily besides more than 18000 patients getting treatment in IPD every month. Also, about 4500 major surgeries are being performed every month in these six AIIMS. The progress in 6 functional AIIMS is as below :

Sl.	AIIMS	No. of Beds functional (Out of 960)	No. of MOT		Avg. OPD / Day (As on December 2019)	Total IPD (January to December 2019)	Major Surgeries (Jan. to December 2019)	No. of Speciality Functional (Out of 18)	No. of Super Specialit Function: (Out of 17)
			Sanctioned	Functional					
1	Bhopal	840	24	24	2248	20276	4624	18	14
2	Bhubaneswar	922	25	25	3009	25341	8086	18	17
3	Jodhpur	960	30	30	3106	54525	9497	18	14
4	Patna	960	28	28	2589	22591	7268	18	13
5	Raipur	900	28	28	1806	21,387	6704	18	13
6	Rishikesh	960	25	25	2470	52,742	12823	18	17
		5542	160	160	15228	196862	49002		

- A total of 4631 research projects on varied issues of public health, vaccinations, use of new technologies and methods of treatment in these AIIMS have been completed or in progress.
- Dedicated hospitals blocks created in 6 AIIMS as Category-1 Hospitals and mapped with State Govt. COVID Care Facilities for treatment of COVID -19 patient. COVID test Lab also made functional in the above AIIMS.

Status of Dedicated hospitals blocks created in 6 AIIMS as Category-1 Hospitals						
Sr. No.	AIIMS	No. of dedicated Isolation Beds	ICU beds	Ventilators available	No. of Bed with Oxygen supply	CoVID Lab
1	Bhopal	208	40	40	168	Functional
2	Bhubaneswar	198	45	36	198	Functional
3	Jodhpur	410	100	56	410	Functional
4	Patna	510	90	142	510	Functional
5	Raipur	500	70	112	346	Functional
6	Rishikesh	500	200	150	500	Functional
	Total	2326	545	536	2132	

35. The Committee in their Original Report had noted that the Ministry would achieve full bed strength of 960 beds in the six new AIIMS with the completion of hospital buildings by December, 2018 and desired to know the status of completion of six new AIIMS and the number of beds made functional in each of them. The Committee further note from the action taken replies submitted by the Ministry that 5542 beds have been made available out of the sanctioned total of 5760. The Committee are disappointed to note that the full bed strength of the three new AIIMS i.e. Bhopal, Bhubneswar and Raipur has still not been achieved. The Committee are of the considered opinion that inadequate number

of beds affect the proper service delivery as well as quality of patient care and treatment being given to the patients. The Committee, therefore, desire that they may be apprised of the reasons for the delay in providing the requisite number of beds in the three AIIMS and the steps taken to achieve the full bed strength. The Committee would also like to be apprised of the details of the average occupancy of these beds and the number of patients who could not be admitted due to shortage of beds. The Committee while acknowledging the progress made towards achieving full capacity in the new AIIMS particularly AIIMS, Rishikesh desire that the model adopted for achieving the full strength may be studied and emulated by the other AIIMS. The Committee further note from the reply of the Ministry that the basket of services in these six AIIMS has been expanded and presently, on an average, more than 16000 patients are visiting OPD daily besides more than 18000 patients getting treatment in IPD every month. Also, about 4500 major surgeries are being performed every month in these six AIIMS. The Committee, while analyzing the data regarding total IPD Admissions in 2019 and major surgeries undertaken, find IPD Admissions at AIIMS Rishikesh and Jodhpur are quite high (more than double) as compared to remaining four AIIMS. The Committee are, therefore, of the opinion that the Ministry may also look at increasing the bed capacity to align with the number of patients seeking IPD admission. The Committee are of the view that in view of COVID pandemic there is an urgent need to increase facilities at the dedicated blocks at these AIIMS thereby making them ready for administering the COVID vaccine, whenever ready, keeping in mind huge demand on account of the demography of the States.

**VI. Fixing responsibility for delay in completion of Government Medical Colleges and Institutions (GMCIs)
(Observation/Recommendation Para No. 16)**

36. The Committee note that the upgradation work in six GMCIs under Phase III of PMSSY scheduled for completion in March 2017 had commenced during the period from May 2016 to December 2016 mainly due to non-availability of encumbrance free land, delays in getting clearances for excavation and free cutting, changes made in the scope and quantum of work, delay in providing drawings, delay in release of mobilization advance and payments to contractors etc. The Ministry submitted that Ministry have taken steps to expedite the completion of work in the GMCIs under Phase III such as issuing instructions to the work agencies, synchronization with site readiness, coordination with the State Governments for their share online dashboard for real time monitoring etc. The Committee was aghast to note that the Ministry miserably failed in ensuring completion of the projects within 18 months from the commencement of work. The Committee, therefore, recommended the Ministry to fix responsibility against the erring officials for the delay in completion of the six GMCIs and apprise them of the status of completion of work within three months of the presentation of this Report.

37. The Ministry of Health & Family Welfare in their Action Taken Note have submitted as follows:

“The observations / recommendations of the Committee have been duly noted. However, there have been cases of hindrances due to non-availability of clear sites and other hindrances. A list of hindrances which caused delay in individual projects is brought out in Table below. All such matters have been regularly taken up with the respective States at senior levels as well as in the PMC meeting. Issues have also been taken up in the State level review meetings under Chief Secretary/ Principal Secretary (ME). Presently, the hindrances have been removed and the construction is progressing in all the projects as brought out below.

Name of the project	Date of Award of work	Start of work	Scheduled date of completion as per the contract	Reason for delay	Present progress of Civil Works	Expected date of completion
SMC, Muzaffarpur Bihar	04.11.2016	01.12.2016	31.05.2018	<ul style="list-style-type: none"> • Initial delay due to delay in tree cutting by State Govt. • Flooding of site due to heavy rains in July-Aug'17. • Strife between locals & SMC students hindered the work • Change in floor plan for accommodating MGPS, Plant room & CSSD. • Poor performance of contractor due to financial crunch faced • Ban in mining by Bihar Govt. 	54 %	December 2019
GMC, Darbhanga Bihar	30.09.2016	01.12.2016	31.05.2018	<ul style="list-style-type: none"> • Delay in demolition of existing buildings and relocation of water 	61 %	November 2019

				<p>pipelines & underground utilities by the State Govt.</p> <ul style="list-style-type: none"> • Flooding of site due to heavy rains in July-Aug'17. • Modification in structural drawings due to filled up soil & high water table • Very limited space for vehicle movement & storage of material during OPD timing • Strike by transporters & ban in mining • Poor performance of contractor due to financial crunch faced 		
GMC, Rajkot Gujarat	08.06.2016	08.05.2017	07.11.2018	<ul style="list-style-type: none"> • Due to delay in demolition of existing building by the State Govt., the work started late. • Clear site made available and laid foundation stone laid on 7.5.2017. • Shifting of electric poles & sewer line • Change in floor plan by the GMC authorities 	Completed	-
PMC, Dhanbad	27.08.2016	27.08.2016	31.03.2018	<ul style="list-style-type: none"> • Initially the work was 	68 %	August 2019

Jharkhand				<p>held up as per direction of Hon'ble High Court Ranchi on dated 18 September 2017. The Hon'ble High Court, Ranchi revoked the status quo on dated 11.12.2017, the same was communicated by the Principal, PMCH, Dhanbad on 31.01.2018.</p> <ul style="list-style-type: none"> Progress of the work also affected due to very heavy rain and non-availability of sand in Jun – Aug, 2017 and in Jun – Aug, 2018. 		
GRMC, Gwalior Madhya Pradesh	29.06.2016	14.07.2016	31.10.2018	<ul style="list-style-type: none"> Initial delay due to dismantling of existing structures, shifting of electricity line, tree cutting etc. High court stay at encroachment area necessitating change of building plans Scarcity of Sand at site. 	Completed	-
GMC, Kota Rajasthan	10.05.2016	25.05.2016	30.09.2018	<ul style="list-style-type: none"> Local Body approval was initially granted upto 8m height only. Scarcity of 	Completed	-

				Sand at site.		
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From the above, it may be seen that the nature of hindrances were such as needed some time by the State Government to remove these or were such as beyond the control of Executing Agencies. Further, the matter of hindrances were also taken up with the State Government in different review meetings in Ministry and at local State level and through letters/D.O. letters to State Government functionaries.

In view of the above position, it is submitted that no individual officials may be held responsible for the delays.”

38. Audit in their vetting comments stated as under:
 “Upto date progress may be intimated to PAC with respect to incomplete projects with details of specific measures at address reasons for delays.”

39. In their further comments to the above said Audit observation, the Ministry stated as under:

“It is submitted that the up to date progress of incomplete projects with details of specific measures to address reasons for delays are as under :

Name of the project	Date of Award of work	Start of work	Scheduled date of completion as per the contract	Specific measures taken for delay mentioned above in Ministry Reply	Present progress of Civil Works (as on 22.07.19)	Expected date of completion
SMC, Muzaffarpur Bihar	04.11.2016	01.12.2016	31.05.2018	Construction work is getting delayed due to poor performance of the contractor. Contractor pulled up for poor performance. Show Cause notices served on 8.5.2018 and 9.11.2018 to the Contractor by HITES. In view of current slow progress a Show Cause notice is again issued to the Contractor on 20.07.19 by EA.	55.5 %	December 2019
GMC, Darbhanga Bihar	30.09.2016	01.12.2016	31.05.2018	<ul style="list-style-type: none"> • Pulling up the contractor on performance. • Closely monitoring the 	62.1 %	December 2019

				<p>Progress</p> <ul style="list-style-type: none"> • review meeting at regular intervals • Release of overhang of BG of Rs. 4.85 Cr. against Mobilization advance already recovered in order to facilitate contractor's cash flow. • Release of amount of Rs. 4.85 Cr. withheld for non-achievement of milestone (s) against the submission of Bank Guarantees to provide liquidity to the contractor • Retention Money of Rs. 2.00 Cr. released against submission of Bank Guarantees to further improve liquidity position of contractor • Amount to be withheld against non-achievement of milestone (s) was relaxed. Only token amount was withheld to facilitate cash flow at site. As a result, approximately 	
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				<p>Rs. 2.70 Cr. was not withheld.</p> <ul style="list-style-type: none"> • Waiver of minimum/threshold amount of work done to qualify for submission of RA Bill as per the Contract Agreement. • Intervention of senior officers to monitor progress of work and resolve micro level issues. 		
PMC, Dhanbad Jharkhand	27.08.2016	27.08.2016	31.03.2018	<ul style="list-style-type: none"> • Efforts made for early disposal of Court case filed by local people for land dispute in Hon'ble High Court, Ranchi. • Intervention of senior officers to monitor progress of work and resolve micro level issues. • Extra manpower deployment by contractor for expediting the construction. 	89 %	November 2019

40. The Ministry, in their updated reply (furnished in November, 2020), has submitted the following information:-

"Presently, the hindrances have been removed and the construction is progressing in all the projects. The current status of construction is as below:"

Name of the project	Date of Award of work	Start of work	Scheduled date of completion as per the contract	Present progress of Civil Works	Expected date of completion
SMC, Muzaffarpur Bihar	04.11.2016	01.12.2016	31.05.2018	67.92 %	March 2021
GMC, Darbhanga Bihar	30.09.2016	01.12.2016	31.05.2018	75.94 %	February 2021
GMC, Rajkot Gujarat	08.06.2016	08.05.2017	07.11.2018	Completed	-
PMC, Dhanbad Jharkhand	27.08.2016	27.08.2016	31.03.2018	97 %	November 2020
GRMC, Gwalior Madhya Pradesh	29.06.2016	14.07.2016	31.10.2018	Completed	-
GMC, Kota Rajasthan	10.05.2016	25.05.2016	30.09.2018	Completed	-

41. The Committee had pointed out that the Ministry had failed in ensuring completion of the upgradation work in six GMCIs within 18 months from the commencement of work and had recommended that the responsibility against the erring officials be fixed. The Committee note from the reply of the Ministry that the nature of hindrances were such that needed the indulgence of the State Governments to be addressed or were of such nature which went beyond the control of the Executing agencies. However, the hindrances have since been removed and the construction is in progress. The Committee, while noting the reasons that caused delay in execution of these projects are of the opinion that the Ministry failed to do the required ground-work before undertaking these projects which resulted in poor performance and delayed execution. The Committee observe that one of the main reason for delay in execution of projects is poor performance on the part of the contractors leading to Show Cause Notices being served to them. The Committee are of the opinion that such contractors need to be blacklisted and barred from obtaining any contracts for a minimum period of 5 years on account of poor work performance. The Committee desire that the Ministry may assess whether there is escalation in cost of these projects due to delay on the part of the contractors and recommend that strict and punitive action may be initiated against them for delayed execution of the projects. The Committee find that three out of six projects, as pointed out by the Audit, are yet to be completed. Notably, the ongoing projects at SMC, Muzaffarpur Bihar and GMC, Darbhanga, Bihar are far from completion even after more than two years from the scheduled date. The Committee note from the reply of the Ministry that the poor performance of the contractor, in the case of SMC,

Muzaffarpur Bihar, was responsible for the delay and show cause notices have been issued to the erring contractor thrice. The Committee would like to be apprised of the specific action taken against the contractor for poor performance as only 67.92% of the construction has been completed till now. Further, in case of GMC, Darbhanga, Bihar, the Committee note that the contractor has been given many relaxations to improve his cash flow to get the work done. The Committee would like to know whether the interest of the exchequer has been safeguarded while allowing these relaxations. The Committee opine that such huge delays in executing the projects invariably impact the delivery of envisaged benefits in terms of both improvement in health infrastructure and its accessibility to the larger population and hope that the remaining projects would be completed within their extended timelines. The Committee are of the view that a robust monitoring mechanism needs to be developed where periodical review of the projects, by the senior officers of the Ministry is done, to ensure that such instances of delay are brought to their notice for timely redressal. The Committee also desire that the Ministry may frame SOPs for execution of future projects within the prescribed timelines.

NEW DELHI:
February, 2021
Magha 1942 (*Saka*)

ADHIR RANJAN CHOWDHURY
Chairperson,
Public Accounts Committee

MINUTES OF THE TENTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE (2020-21) HELD ON 4TH FEBRUARY, 2021.

The Public Accounts Committee (2020-21) sat on Thursday, the 4th February, 2021 from 1430 hrs to 1440 hrs in Committee Room 'D', Parliament House Annexe, New Delhi.

PRESENT

Shri Adhir Ranjan Chowdhury - Chairperson

Members

LOK SABHA

2. Shri T. R. Baalu
3. Shri Subhash Chandra Baheria
4. Shree Sudheer Gupta
5. Shri Bhartruhari Mahtab
6. Shri Ajay (Teni) Misra
7. Shri Jagdambika Pal
8. Shri Vishnu Dayal Ram
9. Shri Rahul Ramesh Shewale
10. Shri Rajiv Ranjan Singh alias Lalan Singh
11. Dr. Satya Pal Singh
12. Shri Jayant Sinha
13. Shri Balashowry Vallabhaneni

RAJYA SABHA

14. Shri Rajeev Chandrasekhar
15. Shri C. M. Ramesh
16. Shri Bhupender Yadav

LOK SABHA SECRETARIAT

1. Shri T.G.Chandrasekhar - Joint Secretary
2. Shri S.R.Mishra - Director
3. Smt. Bharti S.Tuteja - Additional Director

OFFICERS OF THE OFFICE OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA

1. Shri Deepak Anurag - Director General
2. Shri K.S. Subramaniam - Director General
3. Ms. Kavita Prasad - Director General
4. Shri S. V. Singh - Principal Director

2. At the outset, Hon'ble Chairperson welcomed the Members and Officers of the office of C&AG of India to the sitting of the Committee. Thereafter, he invited suggestions of the Members on the following Draft Reports:-

- i. xxxx xxxx xxxx xxxx
- ii. xxxx xxxx xxxx xxxx
- iii. xxxx xxxx xxxx xxxx
- iv. xxxx xxxx xxxx xxxx
- v. Draft Report on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their One Hundred and Thirty Fourth Report (Seventeenth Lok Sabha) on "Pradhan Mantri Swasthya Suraksha Yojana"
- vi. xxxx xxxx xxxx xxxx
- vii. xxxx xxxx xxxx xxxx

3. After some deliberations, the Committee adopted the aforesaid Draft Reports without any modification and authorised the Chairperson to finalise the Reports in the light of factual verification done by the Audit.

The Committee then adjourned.

APPENDIX-II
(Vide Paragraph 5 of Introduction)

ANALYSIS OF THE ACTION TAKEN BY THE GOVERNMENT ON THE OBSERVATIONS/RECOMMENDATIONS OF THE PUBLIC ACCOUNTS COMMITTEE CONTAINED IN THEIR ONE HUNDRED AND THIRTY-FOURTH REPORT (SIXTEENTH LOK SABHA)

(i) Total number of Observations/Recommendations	-	17
(ii) Observations/Recommendations of the Committee which have been accepted by the Government:	-	Total : 17 Percentage:100%
Para Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,16 and 17		
(iii) Observations/Recommendations which the Committee do not desire to pursue in view of the reply of the Government:	-	Total : 00 Percentage: 00%
-NIL-		
(iv) Observations/Recommendations in respect of which replies of the Government have not been accepted by the Committee and which require reiteration:	-	Total : 00 Percentage: 00%
-NIL-		
(v) Observations/Recommendations in respect of which the Government have furnished interim replies/no replies:	-	Total : 00 Percentage: 00%
-NIL-		