

## Chapter VII: Centrally Sponsored Schemes

### 7.1 Allocation and Expenditure under National Health Mission (NHM)

Finances for health infrastructure and management of health services in the State were sourced through the State budget, National Health Mission (NHM) and other schemes of the Government of India.

The expenditure under NHM was 19.46 per cent of the total expenditure on health in the State during 2016-22.

#### 7.1.1 Funding under NHM

The funds received and expenditure incurred under NHM for 2016-22 is given in Table 7.1.

**Table 7.1: Details of receipt and expenditure in National Health Mission**

(₹ in crore)

Year	Opening Balance	Interest Earned	Central Government Receipt (per cent)	State Government Receipt (per cent)	Total Funds	Expenditure	Closing/ Unutilised Balance (per cent)
	1	2	3	4	5 = (1+2+3+4)	6	7 = 5-6 (7/5x100)
2016-17	86.80	9.78	207.00 (89.91)	23.23 (10.09)	326.81	255.60	71.21 (21.79)
2017-18	71.21	3.83	329.48 (88.25)	43.86 (11.75)	448.38	347.85	100.53 (22.42)
2018-19	100.53	3.55	320.58 (85.65)	53.73 (14.35)	478.39	385.35	93.04 (19.45)
2019-20	93.04	3.96	493.71 (88.64)	63.25 (11.36)	653.96	545.97	107.99 (16.51)
2020-21	107.99	4.61	478.21 (84.87)	85.22 (15.13)	676.03	501.02	175.01 (25.89)
2021-22	175.01	4.02	881.93 (89.93)	98.79 (10.07)	1159.75	767.03	392.72 (33.86)
<b>Total</b>		<b>29.75</b>	<b>2,710.91 (88.05)</b>	<b>368.08 (11.95)</b>		<b>2,802.82</b>	

Source: Mission Director, NHM.

During 2016-22, 16.51 per cent to 33.86 per cent of the available funds remained unutilised.

#### 7.1.2 Funding under NHM in the selected Districts

The position of funds received and expenditure under NHM in the selected districts (Kinnaur, Solan and Kangra) is shown in Table 7.2:

**Table 7.2: Details of funds received and expenditure under NHM in the selected districts**

(₹ in crore)

Year	Opening Balance	Receipt	Interest	Total Funds	Expenditure	Closing Balance	Unutilised funds (per cent)
2016-17	8.6	31.5	0.39	40.49	28.63	11.86	29.29
2017-18	11.86	33.81	0.41	46.08	32.92	13.16	28.56
2018-19	13.16	40.19	0.44	53.79	40	13.79	25.64
2019-20	13.79	41.91	0.4	56.1	43.15	12.95	23.08
2020-21	12.95	43.85	0.9	57.7	54.1	3.6	6.24
2021-22	3.6	42.58	0.05	46.23	31.44	14.79	31.99
<b>Total</b>		<b>233.84</b>	<b>2.59</b>		<b>230.24</b>		

Source: Data supplied by the selected districts.

During 2016-22, 6.24 per cent to 31.99 per cent of the available funds remained unutilised in the selected districts.

## 7.2 Selected Schemes under NHM

Under the National Health Mission, out of 23 schemes/components, six components shown in **Table 7.3** were selected by Audit for examining funding and expenditure.

**Table 7.3: Showing details of funds allocation and expenditure for six selected schemes**

Sl. No.	Name of the scheme**	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		Total	
		A*	E*	A	E	A	E	A	E	A	E	A	E	A	E
1.	RCH	58.87	73.08	48.02	45.90	44.32	52.75	53.46	54.68	58.25	46.86	63.91	71.85	326.83	345.12
2.	RI/ IPPI	7.15	5.41	6.17	9.17	6.27	5.25	6.24	4.53	6.01	4.00	5.85	5.91	37.69	34.27
3.	NTCP(TB)	5.84	7.24	11.09	5.84	13.33	13.30	11.92	11.41	13.79	11.23	9.18	17.03	65.15	66.05
4.	HSS	110.05	121.93	176.55	158.33	204.05	212.83	236.65	248.80	274.06	232.73	327.98	364.86	1329.34	1339.48
5.	Covid-19	0.00	0.00	0.00	0.00	0.00	0.00	22.75	0.00	66.11	59.49	358.95	96.93	447.81	156.42
6.	IM	42.99	42.99	124.13	124.13	97.06	97.06	221.71	221.71	143.57	143.57	201.89	201.89	831.35	831.35
	<b>Total</b>	<b>224.90</b>	<b>250.65</b>	<b>365.96</b>	<b>343.37</b>	<b>365.03</b>	<b>381.19</b>	<b>552.73</b>	<b>541.13</b>	<b>561.79</b>	<b>497.88</b>	<b>967.76</b>	<b>758.47</b>	<b>3038.17</b>	<b>2772.69</b>

Source: Mission Director, NHM. \*A-Allocation, E- Expenditure.

\*\*RCH- Reproductive and Child Health, RI-Routine Immunisation, IPPI-Integrated Pulse Polio Immunisation, NTCP- National TB Control Programme, HSS- Health System Strengthening, IM- Infrastructure Maintenance.

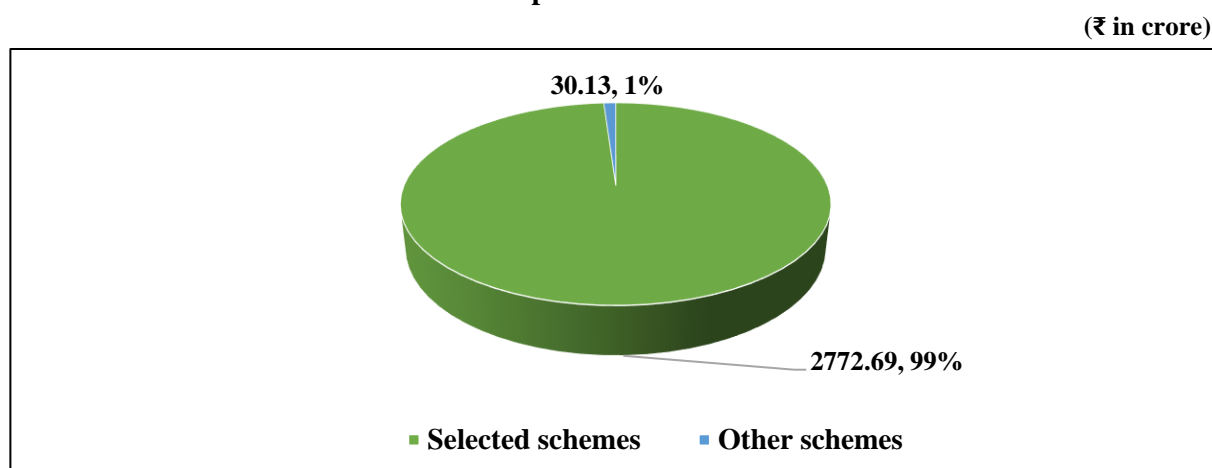
Note: In addition to the above selected schemes, points pertaining to other GoI schemes that were observed during audit were also incorporated.

From **Table 7.3**, it can be observed that while there was excess expenditure of ₹ 29.33 crore under three schemes RCH (₹ 18.29 crore), NTCP (₹ 0.90 crore) and HSS (₹ 10.14 crore) during 2016-22, there was saving in the other two schemes RI (₹ 3.42 crore), and Covid-19 (₹ 291.39 crore) during the same period.

### 7.2.1 Comparison of expenditure in six selected schemes vis-à-vis total expenditure under NHM

Comparison of expenditure in the six selected schemes vis-à-vis total expenditure under NHM during 2016-22 is shown in **Chart 7.1**.

**Chart 7.1: Total expenditure under NHM schemes**



From **Chart 7.1**, it can be seen that these six selected schemes contributed to 99 per cent of the expenditure under NHM.

## 7.3 Audit findings

### 7.3.1 Reproductive and Child Health (RCH)

Reproductive and Child Health (RCH) programme under the umbrella of Government of India's NHM aims to reduce social and geographical disparities in accessing quality reproductive, maternal, new-born, child and adolescent health services, along with focus on reducing maternal, new-born and child mortality.

#### 7.3.1.1 Janani Suraksha Yojana (JSY) – Statewise position

Janani Suraksha Yojana (JSY) was introduced in April 2005 as a key intervention to enable women to access institutional deliveries and thereby to reduce maternal and neonatal mortality in the State. As per the Sustainable Development Goal-3 (SDG) targets for 2022, 90 per cent institutional deliveries or deliveries attended by the skilled birth attendants were to be ensured.

Details of institutional deliveries in the State during 2016-22 is shown in **Table 7.4**.

**Table 7.4: Details of institutional deliveries in the State**

Year	Pregnant women registered	Deliveries in public health institutions (per cent)	Deliveries in private health institutions (per cent)	Total institutional deliveries	Home deliveries	Total Deliveries	Per cent of institutional deliveries	Abortion	MTP (Medical termination of pregnancy)	Expenditure incurred under JSY (₹ in crore)
	A	B	C	D = B+C	E	F=D+E	G=(D/F)*100	H	I	J
2016-17	1,21,493	65,809 (84.72)	11,865 (15.28)	77,674	11,886	89,560	86.73	9,716	3,294	5.20
2017-18	1,18,966	66,284 (84.36)	12,292 (15.64)	78,576	9,031	87,607	89.69	5,700	4,145	5.56
2018-19	1,12,553	67,510 (85.43)	11,518 (14.57)	79,028	8,391	87,419	90.40	7,650	5,199	6.06
2019-20	1,10,694	68,036 (82.92)	14,012 (17.08)	82,048	6,657	88,705	92.49	6,467	4,476	4.63
2020-21	1,11,417	64,535 (77.90)	18,305 (22.10)	82,840	7,540	90,380	91.66	5,011	3,205	4.37
2021-22	1,06,340	82,267* (77.36)		82,267	6,497	88,764	92.68	4,705	4,144	6.26
<b>Total</b>	<b>6,81,463</b>	-	-	<b>4,82,433</b>	<b>50,002</b>	<b>5,32,435</b>	<b>90.61</b>	<b>39,249</b>	<b>24,463</b>	<b>32.08</b>

Source: Figures as per Health Management Information System data, expenditure figures supplied by Mission Director, NHM.

\* Separate data for public and private institutional deliveries not available.

From **Table 7.4**, it can be seen that during 2016-22, out of the total 5,32,435 deliveries in the State, 90.61 per cent availed institutional deliveries in the health institutions. Thus, the SDG target of 90 per cent institutional deliveries by 2022 was achieved.

During the period 2016-22, expenditure of ₹ 32.08 crore was incurred on JSY.

#### 7.3.1.2 Status of home deliveries, abortions and miscarriages in the State

Government of India considers “Skilled Birth Attendant” as a person who can handle common obstetric and neonatal emergencies, recognise when the situation reaches a point beyond his/her capability and refers the woman or the new-born to a First Referral Unit/appropriate facility without delay. The Government of India (GoI) has a commitment under its National Health Mission (NHM)/Reproductive and Child Health (RCH)-II

programme to ensure universal coverage of all births with skilled attendance, both at the institutional and at the community level and to provide access to emergency obstetric and neonatal care services for women and new-borns, and thereby restrict the number of maternal and new-born deaths in the country.

The details of home deliveries attended by Skilled Birth Attendant is detailed in **Table 7.5**.

**Table 7.5: Details of home deliveries attended by Skilled Birth Attendant (SBA)**

Year	Total Home deliveries	Home deliveries attended by SBA (per cent)	Home deliveries not attended by SBA (per cent)
2016-17	11,886	1,755 (14.77)	10,131 (85.23)
2017-18	9,031	1,456 (16.12)	7,575 (83.88)
2018-19	8,391	1,130 (13.47)	7,261 (86.53)
2019-20	6,657	1,317 (19.78)	5,340 (80.22)
2020-21	7,540	1,410 (18.70)	6,130 (81.30)
2021-22	6,497	1,398 (21.52)	5,099 (78.48)

Source: Health Management Information System (HMIS).

From **Table 7.5**, it can be seen that during 2016-22, out of the total home deliveries, only 13.47 per cent to 21.52 per cent were attended by the skill birth attendants thereby compromising the health of both the mother and the child.

**Table 7.6: Details of Abortions and MTPs in the State**

Year	Total pregnant women registered	Number of Abortions	Per cent of abortion when compared with total pregnant women registered	MTP	Per cent of MTPs when compared with total pregnant women registered
2016-17	1,21,493	9,716	8.00	3,294	2.71
2017-18	1,18,966	5,700	4.79	4,145	3.48
2018-19	1,12,553	7,650	6.80	5,199	4.62
2019-20	1,10,694	6,467	5.84	4,476	4.04
2020-21	1,11,417	5,011	4.50	3,205	2.88
2021-22	1,06,340	4,705	4.42	4,144	3.90

Source: HMIS data.

From **Table 7.6**, it can be seen that during 2016-22 percentage of abortions and MTPs when compared with total pregnant women registered in the State ranged from 4.42 to eight per cent and 2.71 to 4.62 per cent respectively.

### 7.3.1.3 Institutional deliveries in the selected districts

The details of institutional deliveries (both public and private health institutions) in the three selected districts during 2016-22 is shown in **Table 7.7**.

**Table 7.7: Details of institutional deliveries in the selected districts during 2016-22**

Year	Kinnaur				Kangra				Solan				Total			
	Pregnant women registered	Total institutional deliveries	Home deliveries	Per cent of institutional deliveries	Pregnant women registered	Total institutional deliveries	Home deliveries	Per cent of institutional deliveries	Pregnant women registered	Total institutional deliveries	Home deliveries	Per cent of institutional deliveries	Pregnant women registered	Total institutional deliveries	Home deliveries	Per cent of institutional deliveries
2016-17	1,365	614	110	84.81	24,993	17,337	1202	93.52	12,603	6,473	857	88.31	38,961	24,424	2169	91.84
2017-18	1,265	463	64	87.86	23,495	17,218	716	96.01	13,264	6,662	579	92.00	38,024	24,343	1359	94.71
2018-19	1,212	420	75	84.85	22,691	17,155	555	96.87	12,890	7,324	494	93.68	36,793	24,899	1124	95.68
2019-20	1,154	424	77	84.63	21,820	17,916	365	98.04	12,769	8,510	308	96.51	35,743	26,850	750	97.32
2020-21	1,062	291	60	82.91	22,305	18,184	518	97.23	12,602	8,730	505	94.53	35,969	27,205	1083	96.17
2021-22	1,173	299	72	80.59	20,487	16,838	362	97.90	12,878	9,184	445	95.38	34,538	26,321	879	96.77
Total	7,231	2,511	458	84.57	1,35,791	1,04,648	3,718	96.57	77,006	46,883	3,188	93.63	2,20,028	1,54,042	7,364	95.44

Source: HMIS data.

From **Table 7.7**, it can be seen that during 2016-22 period, 220028 pregnant women were registered in the three selected districts, out of which average institutional deliveries ranging between 84.57 per cent and 96.57 per cent were conducted in the health institutions during the period. It was observed that the average institutional deliveries in Kinnaur District was lower (84.57 per cent) during the period 2016-22 as compared to the other two districts.

### 7.3.1.4 Non-payment of JSY benefits and delay in payment of benefit to the beneficiaries

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under NHM being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional deliveries among the poor pregnant women. The scheme integrates cash assistance with delivery and post-delivery care. The cash incentive of ₹ 1,100 from December 2019 (earlier ₹ 700 in rural area and ₹ 600 in urban area) is given in the State for institutional delivery.

Audit noticed that in the three selected districts, cash incentive was not paid to 25,409 (51.40 per cent) JSY eligible beneficiaries during 2016-22 as per details given in **Table 7.8**.

**Table 7.8: Details of JSY beneficiaries in the selected districts**

(in numbers)

Year	Kinnaur			Kangra			Solan			Total		
	Eligible for JSY benefit	Benefit paid	Benefit not paid	Eligible for JSY benefit	Benefit paid	Benefit not paid	Eligible for JSY benefit	Benefit paid	Benefit not paid	Eligible for JSY benefit	Benefit paid	Benefit not paid
2016-17	614	538	76	4,581	2,557	2,024	2,747	1,449	1,298	7,942	4,544	3,398
2017-18	463	298	165	5,150	1,892	3,258	2,253	1,015	1,238	7,866	3,205	4,661
2018-19	420	214	206	5,605	2,844	2,761	2,274	1,006	1,268	8,299	4,064	4,235
2019-20	424	216	208	5,857	3,211	2,646	2,835	1,483	1,352	9,116	4,910	4,206
2020-21	291	428*	-137	5,731	2,353	3,378	3,036	1,553	1,483	9,058	4,334	4,724
2021-22	401	401	0	4,720	1,772	2,948	2,034	797	1,237	7,155	2,970	4,185
<b>Total</b>	<b>2,613</b>	<b>2,095</b> (80.18 per cent)	<b>518</b> (19.82 per cent)	<b>31,644</b>	<b>14,629</b> (46.23 per cent)	<b>17,015</b> (53.77 per cent)	<b>15,179</b>	<b>7,303</b> (48.11 per cent)	<b>7,876</b> (51.89 per cent)	<b>49,436</b>	<b>24,027</b> (48.60 per cent)	<b>25,409</b> (51.40 per cent)

Source: Data furnished by the CMOs.

\*Excess was due to payment to 137 previous year beneficiaries.

In reply CMO Kangra (November 2021) stated that non-payment of JSY benefits to the beneficiaries was due to their not being qualified for JSY benefits. CMO Solan (December 2021) stated that benefit was to be provided to BPL/SC/ST categories of beneficiaries for delivery in government hospitals. CMO Kinnaur (October 2021) stated that payment was delayed for the next financial year or not given due to families being migrants from Nepal.

In the selected health institutions, the following points were noticed by Audit:

- In BMO Syri, 331 out of 1,328 registered beneficiaries were not paid the cash assistance. In reply, it was stated that JSY beneficiaries' cases were received late and some deliveries were conducted in private institutes, while some deliveries resulted in abortions and still births. However, the fact remains that due to non-forwarding of JSY

cases timely by the field functionaries, the purpose of providing benefits to eligible beneficiaries was defeated.

- In BMO Thural, 24 out of the total 65 eligible beneficiaries were not paid the cash assistance during 2016-21.
- There was delay in payment of cash incentive to the beneficiaries ranging between 30 and 724 days in three out of eight selected BMOs, one out of three DHs and one out of three CMOs<sup>1</sup> during 2016-21. In BMO Thural and Jawalamukhi, 186 cases of delayed payment were noticed.

In reply, the health institutions stated that delay in payment was due to non-forwarding of the cases by the field functionaries like ASHA or equivalent worker, designated staff of PHC, HSC, CHC etc.

In the Exit Conference (January 2023), the Secretary (Health) stated that new guidelines are being issued by NHM for payment of JSY benefit at the institution level to avoid delays in future.

### 7.3.1.5 Organisation of camps for serving in remote and underserved areas under RCH

The Mission Director, National Health Mission, Himachal Pradesh executed an MoU with M/s Akash Hospital, Delhi during October 2019 for holding of multispeciality surgical camps under RCH scheme to provide healthcare facility at doorstep to the rural population of the State. Further, Mission Director, NHM conveyed to eight CMOs (December 2019) to hold these camps in difficult and tribal areas.

The details of medical camps organised in the State during 2018-22 are shown in **Table 7.9**.

**Table 7.9: Details of medical camps in the State**

Year	Number of camps organised		Number of patients who attended the camps	Number of surgeries conducted	Expenditure incurred (₹ in crore)
	Target	Achievement			
2018-19	38	38	Data not provided	5,277	3.52
2019-20	31	18	12,669	3,865	3.36
2020-21	16	10	4,791	1,967	1.44
2021-22	16	16	12,688	3,915	1.92
<b>Total</b>	<b>101</b>	<b>82</b> <b>(81.19 per cent)</b>	<b>30,148</b>	<b>15,024</b>	<b>10.24</b>

Source: Mission Director, NHM.

As seen from **Table 7.9**, during the period 2018-22, against the target of the number of camps to be organised, achievement was 81.19 per cent.

In the test-checked district Kangra, it was observed that camps were organised at the stations where civil hospitals (Indora, Jawalamukhi Baijnath, Dehra, Thural and Shahpur) existed. Few camps were organised where CHCs (Rajhoon and Gangath) existed. These stations did not fall under the category of difficult and tribal areas of the district. These camps should have been organised in difficult and tribal areas as conveyed by the Mission Director (December 2019). Civil hospital normally has specialised services and the patients dwelling

<sup>1</sup> BMOs Thural, Jawalamukhi and Syri; DH Solan; CMO Kinnaur.

in those areas can avail these facilities in the hospital. Therefore, these camps should have been organised in the remote and underserved areas of the State which are difficult and tribal areas as defined by the Government.

### 7.3.2 Routine Immunisation

The purpose of the programme is to reassert routine immunisation as the foundation for sustained decrease in morbidity and mortality from vaccine-preventable diseases across the life cycle of all individuals.

#### 7.3.2.1 Position of immunisation in the State

Immunisation of children against preventable diseases has been the cornerstone of routine immunisation under universal immunisation programme.

Details of immunisation during 2016-22 in the State is shown in **Table 7.10**:

**Table 7.10: Details of immunisation in the State**

Year	Target for immunisation	Pentavalent- 1 (per cent)	Vitamin K birth dose (per cent)	BCG (per cent)	Measles (per cent)	Hepatitis-B (per cent)
2016-17	1,08,183	1,06,105 (98.08)	57,954 (53.57)	98,124 (90.70)	1,04,574 (96.66)	71,651 (66.23)
2017-18	1,12,000	1,04,316 (93.14)	54,075 (48.28)	93,294 (83.30)	50,886 (45.43)	72,320 (64.57)
2018-19	1,14,100	1,04,006 (91.15)	74,677 (65.45)	92,096 (80.72)	1,01,755 (89.18)	73,982 (64.84)
2019-20	1,15,000	1,01,319 (88.10)	75,526 (65.67)	90,906 (79.05)	99,982 (86.94)	74,583(64.85)
2020-21	1,15,000	1,02,699 (89.30)	74,898 (65.13)	92,430 (80.37)	1,00,642 (87.51)	74,457 (64.75)
2021-22	1,14,210	1,00,237 (87.77)	73,942 (64.74)	89,210 (78.11)	98,987 (86.67)	73,215 (64.11)

Source: Mission Director, NHM.

Against the target fixed by the Department for immunisation, shortfall ranged in case of Pentavalent-1 (two to 12 per cent), Vitamin K (35 to 52 per cent), BCG (nine to 22 per cent), Measles (three to 55 per cent) and Hepatitis-B (34 to 36 per cent).

#### 7.3.2.2 Position of immunisation in the selected districts

Details of immunisation during 2016-22 in the selected districts (Kangra, Kinnaur and Solan) are shown in **Table 7.11**.

**Table 7.11: Details of immunisation in the selected districts**

Year	Targets of immunisation	Pentavalent-1 (per cent)	Vitamin K birth dose (per cent)	BCG (per cent)	Measles (per cent)	Hepatitis-B (per cent)
2016-17	32,902	33,403 (102)	Data not available	31,919 (97)	34,244 (104)	22,919 (70)
2017-18	33,807	32,966 (98)	16,898 (50)	31,950 (95)	23,612 (70)	22,923 (68)
2018-19	32,074	32,774 (102)	23,591 (74)	30,683 (96)	33,122 (103)	23,742 (74)
2019-20	31,746	32,497 (102)	23,577 (74)	30,096 (95)	32,646 (103)	23,502 (74)
2020-21	31,515	32,592 (103)	23,537 (75)	31,331 (99)	32,217 (102)	23,545 (75)
2021-22	32,307	31,676 (98)	22,227 (69)	29,142 (90)	32,053 (99)	22,189 (69)

Source: Mission Director, NHM.

Against the targets fixed by the Department for immunisation in the selected districts, shortfall was observed in Vitamin K (25 to 50 per cent) and Hepatitis B (25 to 32 per cent) while it was appreciably good in Pentavalent-1, BCG and Measles immunisation (except in the year 2017-18).



### 7.3.3 National Tuberculosis Control Programme (NTCP)

The Revised National TB Control Programme (RNTCP), erstwhile National Tuberculosis Control Programme (NTCP), based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, was launched in 1997 and expanded across the country in a phased manner.

In Himachal Pradesh, the details of expenditure on major components under RNTCP for 2016-22 is given in **Table 7.12**.

**Table 7.12: Expenditure on major components under RNTCP**

(₹ in lakh)

Sl. No.	Name of the components	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total	Per cent of total expenditure
1	Civil works	29.51	34.76	27.85	285.51	11.17	66.59	455.39	6.89
2	Laboratory Material	35.48	32.27	48.11	32.80	101.33	343.35	593.34	8.98
3	Training	41.42	23.28	17.62	28.78	20.09	21.37	152.56	2.31
4	Procurement of drugs	1.49	2.13	2.77	2.12	3.75	6.52	18.78	0.28
5	Procurement of equipment	4.66	0	3.72	2.77	46.47	69.36	126.98	1.92
6	Contractual Services	368.29	330.11	659.70	0	0	505.34	1,863.44	28.21
7	Procurement of vehicle	35.76	0	0	0	0	0	35.76	0.54
8	Supervision and Monitoring	30.04	3.44	15.61	25.64	21.15	27.58	123.46	1.87
9	Vehicle Maintenance	36.52	35.10	43.82	33.90	40.22	41.83	231.39	3.50
10	Honorarium	18.83	55.58	357.67	638.51	669.64	60.35	1,800.58	27.26
11	Others	121.76	67.85	153.12	91.07	209.05	561.24	1,204.09	18.23
<b>Total</b>		<b>723.76</b>	<b>584.52</b>	<b>1,329.99</b>	<b>1,141.10</b>	<b>1,122.87</b>	<b>1,703.53</b>	<b>6,605.77</b>	

Source: Mission Director, NHM.

As seen from **Table 7.12**, major expenditure was incurred on contractual services and honorarium during the period 2016-22.

The details of TB patients identified during 2018-22 are detailed in **Table 7.13**.

**Table 7.13: TB patients identified in the State**

Year	Total number of TB patients identified during the year
2018-19	16,820
2019-20	18,254
2020-21	14,214
2021-22	15,706
<b>Total</b>	<b>64,994</b>

Source: Mission Director, NHM.

As seen from **Table 7.13**, during the period 2018-22, the number of TB cases identified in the State showed a mixed trend.

A new scheme NIKSHAY Poshan Yojana was launched by the GoI in 2018 for distribution of incentives for nutritional support to Tuberculosis (TB) patients. Benefits under the scheme are delivered through Direct Benefit Transfer to the bank account of the beneficiary. All TB patients notified on or after 1<sup>st</sup> April 2018 including all existing TB patients are eligible to receive support under the scheme. The objective of the scheme is to provide nutritional support to every TB patient at the rate of ₹ 500 per month for six months of their treatment.



Details of incentive paid in the State are shown in **Table 7.14**.

**Table 7.14: Details of incentive paid in the State**

Year	Total number of TB patients identified during the year	Number of patients to whom incentive was paid	Number of patients to whom incentive was not paid	Reasons for non-payment
2018-19	16,820	15,108	1,712	Due to non-availability of bank account number, submission of wrong bank account number
2019-20	18,254	17,008	1,246	
2020-21	14,214	13,538	676	
2021-22	15,706	15,125	581	
<b>Total</b>	<b>64,994</b>	<b>60,779</b>	<b>4,215</b>	

Source: Data supplied by the Department.

From **Table 7.14**, it can be seen that 4,215 (6.49 per cent) patients were not paid incentive under the scheme.

In the three selected districts, financial incentive for nutritional support was not paid to 1,176 beneficiaries as per the details given in **Table 7.15**.

**Table 7.15: Details of incentive paid to beneficiaries**

Year	Kinnaur			Kangra			Solan		
	Total number of TB patients	Patients paid incentive	Patients not paid incentive	Total number of TB patients	Patients paid incentive	Patients not paid incentive	Total number of TB patients	Patients paid incentive	Patients not paid incentive
2018-19	210	191	19	3,200	2,992	208	1,927	1,657	270
2019-20	228	207	21	3,332	3,084	248	2,023	1,930	93
2020-21	187	186	1	2,523	2,423	100	1,622	1,584	38
2021-22	192	192	0	2,649	2,563	86	1,909	1,817	92
<b>Total</b>	<b>817</b>	<b>776</b>	<b>41</b>	<b>11,704</b>	<b>11,062</b>	<b>642</b>	<b>7,481</b>	<b>6,988</b>	<b>493</b>

Source: Data supplied by the Department.

CMOs, in reply, stated that bank accounts of patients were not available; some patients died; some patients refused to take benefits. The replies were not acceptable as all the necessary formalities should have been completed at the time of treatment of the patients so that intended benefits could be provided to the patients.

In the Exit Conference (January 2023), the Secretary (Health) stated that the State is trying to do wide follow-up in order to reduce the level of non-payment of benefits to TB patients.

### 7.3.4 Health Systems Strengthening (HSS)

Components of Health Systems Strengthening (HSS) include adoption of Indian Public Health Standards, defined quality standards, skill gaps and standard treatment protocols, hospital management society (Rogi Kalyan Samiti) and quality improvement programme. HSS aims to strengthen public health facilities by the above components.

#### 7.3.4.1 Creation of Health and Wellness Centres under Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (PMJAY)

National Health Policy, 2017 envisaged comprehensive primary healthcare through establishment of "Health and Wellness Centres". In the budget 2018-19, the Government of India announced creation of 1.50 lakh Health and Wellness Centres (HWCs). The objective of HWC is to deliver comprehensive primary healthcare that is universal and free to the user

with a focus on wellness and delivery of an expanded range of services closer to the community.

In Himachal Pradesh, against GoI approval of 1,752 number of HWCs (PHCs and HSCs), 1,752 HWCs (431 PHCs, 1,321 HSCs) were designated as HWCs in the State during 2018-21. As of March 2023, 1468 (530 PHCs, 938 HSCs) HWCs were operationalised against 2,136 (563 PHCs, 1,573 HSCs) notified HWCs. The following observations are made on the status of HWCs in the State:

- (i) Community Health Officers (CHOs) were to be posted in HWCs (only in HWCs converted from HSCs<sup>2</sup>). It was noticed that only 758 (57 per cent) CHOs were posted in 1,321 HWCs. In the absence of CHOs, activities under the scheme could not be started in the remaining 563 HWCs which resulted in delay in achieving the targets for delivery of services to the community.
- (ii) As per the Framework for Implementation of Record of Proceedings (2020-21) of GoI, CHOs were not to be recruited on outsourced basis. However, it was seen that these CHOs were outsourced through a company<sup>3</sup>. GoI directed the State Government during August 2020 that all 758 CHOs already recruited through M/s HLL Lifecare Ltd on outsourced basis should be shifted under National Health Mission contract. Appropriate action in this regard was yet to be taken as of date of audit.
- (iii) Under NHM, extra expenditure of ₹ 7.98 crore (April 2020- April 2022) was incurred on account of GST and administrative charges for hiring CHOs on outsourced basis and not on contract under NHM.

As per MoU, the CHOs before joining the bridge course<sup>4</sup> had to sign a contract accepting all the terms and conditions and a bank guarantee valuing ₹ one lakh shall be provided to HLL Lifecare Ltd valid for one year. Selected candidates will have to serve the HWC for three years. In case the candidate resigns without serving three years (without three months' prior notice), the bank guarantee submitted would be forfeited.

It was noticed that 62 CHOs resigned before completion of three years' service and bank guarantee obtained for ₹ 62 lakh was to be forfeited by HLL Lifecare Ltd. The forfeited amount of bank guarantee was not refunded to NHM, which had to bear the cost of the bridge course provided to CHOs.

The Department confirmed the facts and figures (January 2023) and further stated that the matter regarding refund of the forfeited amount will be taken up with the company.

In the Exit Conference (January 2023), the Secretary (Health) stated that the process for recruitment of CHOs has been initiated and posting would be done in due course.

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<sup>2</sup> Medical Officer (MBBS) is in charge of the PHC; CHO (B.Sc. Nursing) is in charge of the HWC.

<sup>3</sup> HLL Lifecare Limited Thiruvananthapuram (Kerala).

<sup>4</sup> Course for prospective CHOs to enable comprehensive primary healthcare service delivery

### 7.3.4.2 Utilisation of the funds under HWCs in State

The position of funds allotted by the Government under Health & Wellness Centres (HWCs) and their utilisation during 2018-22 is shown in **Table 7.16**.

**Table 7.16: Showing funds allotted under HWCs**

(₹ in crore)				
Year	Funds allotted by GoI	Expenditure incurred	Shortfall	Shortfall (per cent)
2018-19	14.72	3.22	11.50	78.13
2019-20	62.05	24.56	37.49	60.42
2020-21	128.73	31.47	97.26	75.55
2021-22	59.50	62.23	-	No shortfall
<b>Total</b>	<b>265.00</b>	<b>121.48</b>		

Source: Data supplied by the Department.

From **Table 7.16**, it can be seen that there was shortfall in utilisation of funds ranging between 60 and 78 per cent during the three-year period (2018-21) while no shortfall was noticed during 2021-22.

Audit noticed that:

- ₹ 82.89 crore<sup>5</sup> out of ₹ 265.00 crore was allotted by GoI for infrastructure strengthening of sub-centres to HWCs during 2018-22, out of which only ₹ 18.35 crore was utilised during 2020-22.
- Under IEC activities, against the allotment of ₹ 2.86 crore (2018-22), expenditure of ₹ 1.36 crore only was incurred during 2020-22 which shows that adequate IEC activities were not carried out.

### 7.3.4.3 Utilisation of funds under HWCs in the selected districts

For creation of infrastructure in the newly opened HWCs, funds were released by the Director, NHM to the CMOs/ District Health Societies during 2018-22 but the CMOs/District Health Societies failed to utilise the allotted funds. The details of allocation and utilisation are given in **Table 7.17**.

**Table 7.17: Details of allocation and utilisation**

(₹ in lakh)									
Year	Kinnaur			Kangra			Solan		
	Amount released	Amount utilised	Unspent balance	Amount released	Amount utilised	Unspent balance	Amount released	Amount utilised	Unspent balance
2018-19	--	--	--	--	--	--	--	--	--
2019-20	12.54	0.50	12.04	39.84	13.37	26.47	20.90	1.50	19.40
2020-21	31.17	1.45	29.72	279.78	117.43	162.35	85.18	11.41	73.77
2021-22	11.93	4.52	7.41	448.01	132.54	315.47	140.26	33.15	107.11
<b>Total</b>	<b>55.64</b>	<b>6.47</b>	<b>49.17</b>	<b>767.63</b>	<b>263.34</b>	<b>504.29</b>	<b>246.34</b>	<b>46.06</b>	<b>200.28</b>

Source: Data supplied by the Department.

Thus, against the allotment of ₹ 10.70 crore during 2019-22, CMOs/District Health Societies could only utilise a meagre amount of ₹ 3.16 crore and the remaining amount of ₹ 7.54 crore was lying unutilised with the districts.

<sup>5</sup> 2018-19: ₹ 7.46 crore, 2019-20: ₹ 17.50 crore, 2020-21: ₹ 56 crore, 2021-22: ₹ 1.93 crore.

In the selected HSCs which were upgraded as HWCs, required facilities were not provided as given in **Table 7.18**.

**Table 7.18: Details of facilities provided in HWCs (earlier HSCs) in the selected districts**

Description of the facility required	Kinnaur (35 HWCs)	Solan (103 HWCs)	Kangra (449 HWCs)
	Number of HWCs in which facility was provided		
CHOs posted	2	66	163
External branding undertaken	2	103	220
Repair and renovation undertaken	0	3	26
Tablet/ PC provided for IT application	3	83	227
Internet connectivity	3	61	357

It can be seen from **Table 7.18** that meagre facilities were created.

- In the selected districts, out of 587 HWCs, CHOs were posted only in 231 HWCs, external branding was not carried out in 262 HWCs, repair and renovation was not undertaken in 558 HWCs, tablet/PC was not provided in 274 HWCs and internet connectivity was not provided in 166 HWCs of Kinnaur, Solan and Kangra districts.

Merely designating HSCs and PHCs as HWCs without creation/provision of services will not serve the intended purpose of delivery of comprehensive primary healthcare.

#### 7.3.4.4 Treatment of final expenditure without obtaining Utilisation Certificates

Operational guidelines (Para 5.5.2) of National Rural Health Mission for financial management provides that the funds released against the works are to be considered as "Deposit under Capital Work in progress and funds released to the DHS/Sub-District Hospitals/CHC/PHC/Medical Officer etc. shall not be treated as expenditure unless they are reported as expenditure (either SOE/UC, whichever is applicable) by these institutions/bodies."

The year-wise details of funds released for civil works is shown in **Table 7.19**.

**Table 7.19: Year-wise details of funds released**

Year	(₹ in crore)				
	Directorate of Health Services	DHs	CHs/CHCs	PHCs	Total
2016-17	11.87	0.91	4.42	5.96	23.16
2017-18	0.00	0.97	4.03	3.13	8.13
2018-19	43.20	0.88	2.76	2.25	49.09
2019-20	0.00	0.55	2.75	2.90	6.20
2020-21	4.43	0.21	3.60	4.04	12.28
2021-22	0	0.40	3.21	3.76	7.37
<b>Total</b>	<b>59.50</b>	<b>3.92</b>	<b>20.77</b>	<b>22.04</b>	<b>106.23</b>

- An amount of ₹ 106.23 crore was booked as final expenditure in the accounts by Mission Director, NHM without obtaining Utilisation Certificates (UCs). Out of total funds, ₹ 59.50 crore was released during 2016-22 to the Director, Health Services (DHS) for civil works under HSS for further transfer to PWD/contractor/executing agencies. Further, an amount of ₹ 46.73 crore (₹ 106.23 crore - ₹ 59.50 crore) was

released to District Health Societies on account of annual maintenance grant/untied funds/corpus granted to DHs/CHs/CHCs/PHCs.

- In the accounts, the funds released to the DHS and District Health Societies were treated as final expenditure whereas it should be shown as deposit/advance till completion/submission of UCs from the concerned executing agencies.

Thus, the above funds which were released to DHS and District Health Societies for civil works/grants were booked as expenditure instead of showing them as advance in the accounts of NHM till their actual utilisation, due to which neither the status of execution of the works could be ascertained nor were UCs received.

In CMO Kangra, it was noticed that UCs for ₹ 0.22 crore were not obtained from 1,413 Village Health Sanitation and Nutrition Committees (VHSNCs) for the advances released under NHM during 2016-21. In four<sup>6</sup> out of eight selected BMOs, it was noticed that UCs for an amount of ₹ 28.17 lakh were pending as of April 2022. In reply, BMOs stated that necessary action would be taken for obtaining the UCs.

#### 7.3.4.5 Diversion of funds from NHM to State Scheme

Under HSS, an amount of ₹ 1.02 crore was transferred to Chief Executive Officer, Himachal Pradesh Swasthya Bima Yojana in April 2021 by Mission Director, NHM Shimla on account of reimbursement to dialysis beneficiaries covered under Mukhya Mantri Himachal Health Care Scheme (HIMCARE). The HIMCARE scheme is a State scheme and diversion of NHM funds to State health scheme without the approval of GoI was irregular.

#### 7.3.4.6 Non-utilisation of Funds

The details of the cases where Mission Director, NHM Shimla released funds which were unutilised are shown in **Table 7.20**.

**Table 7.20: Details of cases where funds were unutilised**

(₹ in crore)

Sl. No.	Allocated funds	Purpose	Date of release of fund	Agency to whom funds were released	Amount lying unutilised	Remarks
1.	1.05	Civil Works (7 HSCs, 1 PHC)	August 2016 to April 2019	CMO, Kangra (released to Executive Engineer, HPPWD)	0.26	CMO Kangra replied that the amount of ₹ 0.26 crore (May 2023) was lying unutilised in the office and the proposal for diversion has been sent to the competent authorities for obtaining necessary approval.
	1.78	Construction of 15 HSCs, 2 PHCs	July 2021		1.78	Amount was lying unutilised due to non-start of works. In reply, CMO Kangra (May 2023) stated that the funds had been released to the concerned executive agencies and were lying unutilised with the executive agency.
2.	5.00	Campus computerisation	March 2015	Principal, RPGMC Kangra	1.32	₹ 5.00 crore was received in March 2015 out of which ₹ 3.68 crore was utilised whereas the remaining ₹ 1.32 crore was

<sup>6</sup> BMO Thural ₹ 9.37 lakh, VHSNCs-91; BMO Jawalamukhi: ₹ 4.71 lakh, VHSNCs-178; BMO Shahpur: ₹ 2.73 lakh, VHSNCs-153 and BMO Mahakal: ₹ 11.36 lakh, VHSNCs-110

Sl. No.	Allocated funds	Purpose	Date of release of fund	Agency to whom funds were released	Amount lying unutilised	Remarks
						lying unutilised. Neither any action had been taken for utilisation of the amount, nor was any action taken for return of the unspent amount even after lapse of seven years from the date of receipt of fund. (January 2023)
3.	3.77	Construction of School of Nursing	March 2022	Principal, RPGMC Kangra	3.77	The funds were lying unutilised in the saving bank account as of June 2022 as the funds were sanctioned in March 2022 for machinery and equipment.
4.	0.50	Establishment of bone clinic	October 2013	Principal, RPGMC Kangra	0.50	The full amount was refunded during October 2022. Thus, the department failed to utilise funds of ₹50.00 lakh after keeping them in saving bank account for nine years, depriving the patients of the intended facility.
5.	0.25	Kayakalp award money	August 2020	DH Kangra	0.09	As per reply of DH Kangra (May 2023) ₹ 0.09 crore was lying unutilised even after more than 32 months.
6.	19.37	Construction of TCCC (Tertiary care cancer centre)	2015-16	IGMC Shimla	7.52	Out of ₹ 19.37 crore released by NHM, ₹ 11.85 crore was released to HPPWD (March 2019 onwards) and the balance amount of ₹ 7.52 crore plus interest accrued was transferred to DMER (nodal officer) during September 2021 which remained unutilised. 85 per cent construction work of TCCC was completed so far (September 2022). However, the TCCC could not be made functional even after lapse of 7 years from the date of sanction of funds.
<b>Total</b>					<b>15.24</b>	

A total amount of ₹15.24 crore, as detailed in **Table 7.20**, remained unutilised due to reasons like non-availability of land and delayed execution of work which deprived the users of the intended benefits.

#### 7.3.4.7 Telemedicine Service

Under the NHM, telemedicine facility was started through M/s Apollo Hospitals, Chennai in tribal areas of Lahaul & Spiti and Chamba districts at DH Keylong and CHC Kaza during 2015-16, CH Killar in October 2018 and CH Bharmour in October 2019.

Telemedicine services were also started at 25 rural locations in Shimla, Sirmour and Chamba districts during 2015-16. Specialist hub for providing teleconsultation through specialist doctors in gynaecology, general medicine and paediatrics was started in Solan district during 2015-16. Facilities were mapped with specialist hub at IGMC Shimla, RPGMC Kangra and LBSGMC Ner Chowk. One General Nursing and Midwifery (GNM) staff was posted in each telemedicine centre for facilitating teleconsultation of patients with specialist doctors. Telemedicine services were also started in 50 remote HSCs from April 2019 onwards. The operation and management of these 75 telemedicine centres were done through M/s Piramal

Swasthya Management and Research Institute, Hyderabad. Details of the patients consulted by both the firms and expenditure incurred are given in **Table 7.21**.

**Table 7.21: Details of patients consulted through Telemedicine Services**

Year	Expenditure incurred (₹ in lakh)	Number of patients consulted through Apollo Hospital in 4 telemedicine centers				Number of patients consulted through Piramal Swasthya in 75 telemedicine centers <sup>7</sup>
		CHC Kaza	DH Keylong	CH Killar	CH Bharmour	
2016-17	207.59	1,958	1,919	Started during		10,712
2017-18	222.30	1,988	1,830	2018-19		10,500
2018-19	318.78	1,818	1,551	473	0	16,755
2019-20	478.28	1,691	1,400	1,525	444	35,491
2020-21	415.29	758	632	458	515	43,520
2021-22	421.14	1,046	621	565	591	71,026
<b>Total</b>	<b>2,063.38</b>	<b>9,259</b>	<b>7,953</b>	<b>3,021</b>	<b>1,550</b>	<b>1,88,004</b>

Source: Mission Director, NHM.

From **Table 7.21**, it can be seen that:

- There was a downward trend in telemedicine consultation by the patients through Apollo hospital in DH Keylong, increasing trend in CH Bharmour and mixed trend in CHC Kaza and CH Killar during 2016-22.
- Number of consultation of patients through Piramal Swasthya in 75 telemedicine centers showed upward trend.

#### 7.3.4.8 Execution of Level III Trauma Centres

For construction of level III Trauma Centres, an amount of ₹ 8.29 crore was released by the Government of India in December 2019 through NHM for setting up three trauma centre facilities including equipment and communication at CHC Nalagarh in Solan, CHC Kotkhai in Shimla and DH Una. In addition to the above, ₹ 4.50 crore was also sanctioned and released by the State Government for civil works, ₹ 4.21 crore for CHC Kotkhai and ₹ 0.29 crore for CHC Nalagarh, in January 2022 and February 2021 respectively. The details of funds released to the executing agency is given in **Table 7.22**.

**Table 7.22: Details of funds released to the executing agency**

Year	Name of the Level III trauma centre	Funds released/available		Total
		Civil works	Equipment and communication	
December 2019	Trauma centre CHC Nalagarh	61.95	242.40	304.35
December 2019	Trauma centre CHC Kotkhai	454.41	242.40	696.81
December 2019	Trauma centre DH Una	33.34	242.40	275.74
<b>Total</b>		<b>549.70</b>	<b>727.20</b>	<b>1,276.90</b>

Source: Mission Director, NHM.

Audit noticed that:

- 95 per cent of the construction work of Trauma Centre at CHC Nalagarh was completed (June 2022).
- Construction work of CHC Kotkhai was not started as of July 2022.

<sup>7</sup> Chamba-20, Kangra - five, Kinnaur-two, Kullu- five, Mandi-20, Shimla-10 and Sirmour-13



- The approval of the State Government for construction of Trauma Centre at DH Una was awaited as of July 2022 and funds of ₹ 2.76 crore were lying unutilised with DHS.
- The DHS took about 13 to 24 months to release the amount of ₹ 5.51 crore to CHC Kotkhai and CHC Nalagarh from the date of receipt of funds from Mission Director, NHM and the balance amount of ₹ 2.76 crore (DH Una) was lying unutilised with DHS (July 2022) even after 30 months from the date of receipt of funds from NHM.
- Process for purchase of equipment required for Trauma Centres was not initiated and funds of ₹ 4.80 crore for the purpose was lying unutilised with the concerned CHCs.

Due to delay in taking action, Trauma Centres were still lying incomplete, and the purpose of their establishment was not accomplished.

### 7.3.4.9 Construction of Mother and Child Hospitals

GoI approved the construction of ten Mother and Child Hospitals (MCHs) estimated at ₹ 175.25 crore between 2013-14 and 2017-18 as detailed in **Table 7.23**.

**Table 7.23: Status of Mother and Child Hospitals in the State**

(₹ in crore)

Sl. No.	Name of the health institution	Year of sanction	Number of beds	Approved cost	Funds received from GoI	Funds transferred till June 2022 to the district	Civil work completed (per cent)
1	DH Mandi	2013-14	100	20.00	20.00	20.00	99
2	DH Kullu	2017-18	100	20.00	20.00	13.61	99
3	RPGMC Kangra	2016-17	200	40.00	28.95	23.95	65
4	CH Nurpur	2016-17	50	10.00	10.00	10.00	60
5	DH Bilaspur	2017-18	50	10.00	6.50	6.50	70
6	DH Una	2016-17	100	20.00	13.57	13.57	60
7	YSPGMC Nahan*	2016-17	50	10.00	5.00	5.00	Not started
8	DH Solan	2016-17	50	10.00	2.00	2.00	Not started (land unavailability)
9	KNH Shimla	2013-14	100	23.25	23.25	23.25	Completed
10	RH Sunder Nagar	2015-16	50	12.00	12.00	12.00	Completed
<b>Total</b>				<b>175.25</b>	<b>141.27</b>	<b>129.88</b>	

Source: Mission Director, NHM.

\*Yashwant Singh Parmar Government Medical College.

GoI released ₹ 141.27 crore to NHM for the construction of these MCHs. The Mission Director, NHM released ₹ 129.88 crore between 2013-14 and 2017-18 to the executing agencies. Out of 10 MCHs, construction of two MCHs had not started, six MCHs were in progress and two were completed.

It was also observed that:

- Construction of two MCHs at Nahan and Solan had not been started and funds of ₹ 7.00 crore were lying unutilised with the concerned health institutions for almost six years.
- Construction of three MCHs (RPGMC Kangra, CH Nurpur & DH Una) and one MCH (DH Bilaspur) was not completed even after six years and five years respectively from their respective years of sanction.

- Civil works of two MCHs at DH Mandi and DH Kullu were stated to be completed during April and June 2022 respectively but the facilities were not utilised due to non-installation of equipment.

#### 7.3.4.10 Mechanism for maintenance of Medical Equipment

Letter of intent was issued to M/s Next Gen Medical Devices during October 2017 for maintenance of medical equipment in health institutions in the State. The firm was to start the work in November 2017 as per the terms and conditions, but the agreement was signed in May 2019 i.e., after 20 months from the date of issue of letter of intent. The Standard Operating Protocol (SOP) for the implementation of project was finalised by Mission Director, NHM in July 2019. The service provider was to ensure that at no point in time should any equipment remain dysfunctional beyond 7 days of registering of the complaint at the user end. In case the equipment is dysfunctional beyond 7 days, penalty ranging between ₹ 300 to ₹ 3,000 for every extra day beyond seven days, depending upon the declared asset value, would be imposed.

Audit noticed that:

- As per portal of NHM developed by the firm, a total of 7,597 complaints (May 2019 to June 2022) were registered for repair of equipment by the health institutions. In 1,207 out of 7,597 complaints, there was delay ranging between eight to 292 days in resolving the complaints. No action was taken by the Mission Director, NHM to impose penalty as per the clause of the agreement. District-wise total number of complaints which were not attended/resolved within seven days are given in **Table 7.24**.

**Table 7.24: District-wise details of complaints attended late**

Sl. No.	Name of district	Number of complaints attended after delay	Period of delay (in days)
1	Bilaspur	76	8 to 233
2	Chamba	77	8 to 178
3	Hamirpur	107	8 to 280
4	Kangra	455	8 to 249
5	Kinnaur	23	8 to 60
6	Kullu	63	8 to 160
7	Lahaul and Spiti	8	8 to 86
8	Mandi	125	8 to 292
9	Shimla	101	8 to 181
10	Sirmour	59	8 to 245
11	Solan	59	8 to 187
12	Una	54	8 to 97
<b>Total</b>		<b>1,207</b>	

Source: Portal of NHM.

- Penalty of ₹ 2.80 crore (penalty calculated as per the data available in the portal) was not imposed on the firm for delay in repairing of equipment as prescribed in the agreement. The NHM has not initiated any action in this regard.

The Department confirmed the facts and figures (January 2023) and further stated that matter regarding the penalty would be taken up with the firm.

- In district Kangra, the firm was not repairing the medical equipment properly as some of the equipment declared as non-repairable by the firm, was subsequently got repaired by the health institution (RPGMC, Kangra) from another firm. This shows that the firm had not discharged its responsibility as efficiently as it should have. Further, physical verification conducted by Audit revealed dissatisfaction with the services of the firm.

#### 7.4 Other findings related to remaining schemes

##### 7.4.1 Non-utilisation of funds

Details of non-utilisation of funds are shown in **Table 7.25**.

**Table 7.25: Non-utilisation of funds of GoI schemes**

(₹ in crore)

Sl. No.	Funds received from	Amount	Purpose	Month of release of fund	Funds released to	Amount lying unutilised	Remarks
1	GoI	0.99	For strengthening and upgradation of State Government Medical colleges for increase in PG seats	September 2018	Principal IGMC	0.99	The amount was drawn by the Principal, IGMC Shimla and retained by the college upto March 2021 and thereafter transferred to the DMER, Shimla. Thus, the amount was lying unutilised as of May 2023.
2	GoI	6.17	Setting up of College of Paramedical Education	March/ May 2019	SLBS GMC, Mandi	6.17	The whole amount was drawn in March 2021 and was lying unutilised as of May 2023 due to non-identification of suitable land near the college campus, want of essentiality certificate for running of the college and non-creation of additional posts.
3	GoI	0.55	National Mental Health Programme	August 2017	IGMC Shimla	0.47	After 19 months of sanction by GoI, the fund was drawn during March 2019, out of which only ₹ 8.00 lakh was utilised during 2019-20. The balance was lying unutilised. (June 2022)
4	GoI	5.86	Establishment of Regional Geriatric centre	November 2016, February 2017 and November 2017	Principal RPGMC, Kangra	3.00	GoI had released ₹ 5.86 crore but the Principal RPGMC, Kangra had drawn only ₹ 3.00 crore during March 2021 and the amount was transferred to DMER, Shimla. The amount was lying unutilised as of May 2023. The work regarding establishment of Regional Geriatric Centre could not be started due to court case.

### 7.4.2 Strengthening of State Drugs Regulatory System

A Centrally Sponsored Scheme, namely Strengthening of State Drugs Regulatory System was started by GoI in the year 2015. The scheme comprises upgradation of existing State drug testing labs, setting up of new drug testing labs and addition of manpower etc.; scheme to be completed by the end of March 2021. An MoU was signed (February 2015) between the State Government and GoI for strengthening of State Drug Regulatory Structure through construction of one drug testing lab at Baddi in the State. GoI released GIA of ₹ 40.50 crore<sup>8</sup> between April 2017 and November 2021. Further, the State allocated an amount of ₹ 5.11 crore.

Audit observed the following:

- Out of total released amount of GoI share of ₹ 40.50 crore, ₹ 20.94 crore was drawn from the treasury after six to eight months from the date of release of the amount by GoI. The remaining amount of ₹ 19.56 crore released by GoI during February 2021 (₹ 1.56 crore) and November 2021 (₹ 12.44 crore, ₹ 4.53 crore and ₹ 1.03 crore) was not drawn from the treasury as of August 2022.
- Out of total State share of ₹ 5.11 crore, ₹ 3.15 crore was drawn from the treasury after six to eight months from the date of release of the amount and ₹ 1.96 crore was not drawn from the treasury as of August 2022.

Scrutiny of records further revealed that a building was purchased during 2016-17 for ₹ 7.50 crore from Himachal Pradesh Housing and Urban Development Authority (HIMUDA) for setting up of the new drug testing laboratory. For installation of machinery and equipment required for this laboratory, the lease deed was executed with a firm<sup>9</sup> in March 2019. As of January 2023, expenditure of ₹ 19.17 crore was incurred on the project for civil work and equipment and the amount of ₹ 4.09 crore was lying unutilised in the savings account. Thus, despite provision of funds by GoI, the laboratory was not completed till date.

The Department confirmed the facts (January 2023) and further stated that matter was being regularly pursued with the firm for the completion of the laboratory.

The Government in its reply (January 2024) stated that civil work in respect of State drug testing laboratory is complete and the procurement process of 95 *per cent* of the equipment has been completed and the laboratory can be made operational now. The Department has also finalised the agency for operation and maintenance of the laboratory and the laboratory will be made functional soon.

### 7.5 Conclusion

Management of funds released under the NHM to the State Government was not satisfactory, with amounts persistently remaining unspent at the end of each year. In the State, SDG target of 90 *per cent* institutional deliveries by 2022 was achieved. Deficiencies were noticed in the implementation of JSY and NIKSHAY Poshan Yojna as all the beneficiaries were not

<sup>8</sup> April 2017: ₹ 15.00 crore, February 2021: ₹ 0.81 crore, ₹ 5.13 crore, ₹ 1.56 crore and November 2021: ₹ 12.44 crore, ₹ 4.53 crore and ₹ 1.03 crore

<sup>9</sup> HLL Infra Tech Services Limited

provided the benefits as envisaged under the scheme. Shortfall in target was also noticed in the immunisation programme. Health and Wellness Centres grappled with problems of shortage of manpower, inability to spend funds and lack of necessary infrastructure. Construction of trauma centres, mother and child hospitals, drug testing lab at Baddi and several other civil works were delayed and were yet to be completed which deprived intended beneficiaries of the benefits. Services of maintenance of medical equipment by the outsourced firms was unsatisfactory both in terms of timeliness and efficiency.

## **7.6 Recommendations**

*State Government may take steps to:*

- *Strive to ensure that funds under NHM are optimally utilised to cover maximum beneficiaries.*
- *Develop a system to ensure maximum institutional deliveries and timely payment/coverage of all JSY beneficiaries for cash incentive.*
- *Develop a system for creation of infrastructure in HWCs created under Ayushman Bharat, appointment of CHOs and providing facilities as per the guidelines to ensure upgradation and operation of healthcare centres.*
- *Develop a system for monitoring of civil works under Health Strengthening System for timely completion of works.*