

**Chapter-VII**  
**Implementation of Centrally**  
**Sponsored Schemes**



## Chapter-VII

### Implementation of Centrally Sponsored Schemes

*The Health and Wellness Centres established under Ayushman Bharat scheme were not functioning as per the provisions of the scheme guidelines.*

*Under NHM, deficient utilization of funds under various components were noticed indicating deficient financial management.*

*Under Pradhan Mantri Swasthya Suraksha Yojana, Audit noticed delays in construction, and in issue and installation of equipment, and non-filling of sanctioned posts of doctors, nurses, paramedics and other ancillary staff.*

#### 7.1 Introduction

The Central Government supplements the efforts of the State Governments in delivery of health services through various schemes of primary, secondary, and tertiary care. Audit selected three<sup>129</sup> schemes for examination during this Performance Audit and the relevant observations are discussed in succeeding paragraphs.

#### 7.2 Ayushman Bharat-Health and Wellness Centres (AB-HWCs)

The Government of India announced *Ayushman Bharat* Programme in February 2018 with two interconnected components - *Ayushman Bharat - Health and Wellness Centres (AB-HWC)* and *Pradhan Mantri Jan Arogya Yojana (PMJAY)*<sup>130</sup>. Under the first component of AB-HWC, Health and Wellness Centres (HWCs) are to be created to deliver Comprehensive Primary Health Care (CPHC), that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community.

Analysis of data (as of 27 May 2022) of HWC portal<sup>131</sup> revealed that out of the 14,650 HWCs targeted by Ministry of Health and Family Welfare (GoI) to be rolled out in Rajasthan upto December 2022, the State Government targeted construction/upgradation of 10,841 HWCs (74 per cent) upto March 2022 and 13,478 HWCs (92 per cent) upto December 2022. Out of these 13,478 targeted HWCs, the State Government had constructed/upgraded 12,348 HWCs (92 per cent) upto 27 May 2022. However, out of these 12,348 HWCs, only 8,384 (68 per cent) HWCs were operational.

Analysis of data of HWC portal (as on 27 May 2022) for other key inputs, i.e., infrastructure and health promotion, revealed the following:

129 1. *Ayushman Bharat - Health and Wellness Center*; 2. *National Health Mission*; 3. *Pradhan Mantri Swasthya Suraksha Yojana*.

130 PMJAY provides health insurance cover of ₹ 5 lakh per family per year to over 10.74 crore poor and vulnerable families for seeking secondary and tertiary care.

131 <https://ab-hwc.nhp.gov.in/home/login> Information was gathered during field study through login based access to this portal. As the information on this portal was available only on 'as on date' basis and the access was withdrawn after completion of field study, figures could not be updated further.

### 7.2.1 Non-availability of required tests

Under AB-HWC, Ministry of Health and Family Welfare, GoI directed (July 2019) the State Governments to provide essential diagnostic facilities at HSC-HWCs (14 tests) and at PHC-HWCs (63 tests). Analysis of data of HWC portal revealed that out of 6,065 operational HSC-HWCs in the State, all the required 14 tests were being conducted in only 536 (nine *per cent*) HSC-HWCs. Further, out of 2,319 PHC-HWCs operational in the State, all the required 63 tests were being conducted in only 45 (two *per cent*) PHC-HWCs.

In the eight test-checked districts having 2,052 HSC-HWCs, all the required 14 tests were being conducted in only 145 (7.06 *per cent*) HSC-HWCs. Further, out of the 765 PHC-HWCs operational in the eight test-checked districts, all the required 63 tests were being conducted in only one PHC-HWC (Kharwa, Ajmer district).

The State Government stated (January 2024) that all the 14 tests could not be carried out due to non-posting of Community Health Officers at HSC-HWC. It was further stated that 15 tests are being conducted at PHC level and rest of the test would be conducted soon through Hub and spoke Model under MNJY at the level of PHC-HWC.

### 7.2.2 Health Promotion

Health promotion at the community level is an integral part of the expanded range of services under Comprehensive Primary Health Care.

#### (i) Non-conduct of yoga wellness sessions

Ensuring Wellness and Health Promotion through YOGA and mainstreaming of AYUSH<sup>132</sup> is one of the health promotion strategies planned for HWCs. The HWCs are required to fix and widely disseminate weekly/ monthly schedule of classes for Community Yoga Training at the HWCs. Analysis of data of HWC portal revealed that Wellness Sessions<sup>133</sup> were being conducted in just 674 (eight *per cent*) out of 8,384 operational HWCs in the State.

In the eight test-checked districts having 2,817 HWCs, Wellness Sessions were being conducted in 215 HWCs (eight *per cent*) of seven districts. Wellness Sessions were not being conducted in the HWCs of Baran district.

The State Government stated (January 2024) that sufficient number of Wellness Sessions could not be conducted due to non-availability of certified yoga instructors.

132 AYUSH is an acronym for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy and are the six Indian systems of medicine prevalent and practiced in India.

133 Wellness Sessions include wellness activities such as the practice of Yoga and physical exercises. Infrastructure requirement is sufficient space for outpatient care, dispensing medicines, diagnostic services, adequate spaces for display of health messages, appropriate community spaces.



**(ii) Inadequate screening of Non-Communicable Diseases in adults**

According to the Operational Guidelines of AB-HWC, screening of Non-Communicable Diseases is among the range of services to be provided through Health and Wellness Centres. For this, the Accredited Social Health Activist (ASHA) is responsible for filling the Community Based Assessment Checklist (CBAC) for all women and men aged 30 years and above. Target Population for screening is all men and women above 30 years of age for Oral Cancer, Hypertension and Diabetes Mellitus and all women above 30 years of age for Cervical and Breast Cancer.

From the analysis of the data of the HWC portal, Audit observed that in the total of 8,384 HWCs that not a single CBAC form was filled at 2,796 (33 per cent) HWCs, whereas only one to ten forms were filled at 564 (seven per cent) HWCs. It was also found that no man or woman was screened for Oral Cancer, Hypertension and Diabetes Mellitus in 1,093 HWCs. Further, not a single woman was screened for Breast and Cervical Cancer in 4,694 HWCs (56 per cent) and 5,469 HWCs (65 per cent) respectively.

In the eight test-checked districts having 2,817 HWCs, not a single CBAC form was filled at 908 HWCs (32 per cent), whereas only one to ten forms were filled at 214 HWCs (eight per cent). It was also found that no man or woman was screened for Oral Cancer, Hypertension and Diabetes Mellitus in 320 HWCs (11 per cent) of seven districts<sup>134</sup>. Further, not a single woman was screened for Breast and Cervical Cancers in 1,431 HWCs (51 per cent) and 1,693 HWCs (60 per cent) respectively.

The State Government stated (January 2024) that 76 per cent CBAC forms and 54 per cent screenings of the targeted population of above 30 years has been done. It was further stated that data entry could not be made on time due to shortage of staff.

The fact remains that 24 per cent CBAC forms and 46 per cent screening of targeted population of above 30 years are yet to be done. Further, reply is silent about the measures taken to achieve the target of screening.

**7.2.3 Use of Telemedicine/IT Platforms**

Under the scheme, at all levels, teleconsultation would be used to improve referral advice, seek clarifications and undertake virtual training, including case management support by specialists. The HSC-HWCs with telemedicine infrastructure can connect to Medical Officer (MO) at PHC or directly seek telemedicine services from MBBS/Specialist Doctors stationed in the State Medical College.

Audit observed that tele-consultation service was not available at 4,979 (59 per cent) HWCs out of the 8,384 operational HWCs in the State.

134 Ajmer, Baran, Jaipur, Jalore, Jhunjhunu, Jodhpur, Sriganganagar.

In the eight test-checked districts having 2,817 HWCs, tele-consultation service was not available in 1,949 HWCs (69 per cent) of seven districts<sup>135</sup>.

The State Government stated (January 2024) that effective telemedicine services could not be made available due to delay in procurement of IT equipment.

**Recommendation 14:** *The State Government may ensure proper functioning of Health and Wellness Centres as envisaged in the guidelines of Ayushman Bharat-Health and Wellness Centres.*

### 7.3 National Health Mission (NHM)

The vision of the NHM is the attainment of universal access to equitable, affordable and quality healthcare services, being accountable and responsive to people's needs, and with effective inter-sectoral convergent action to address the wider social determinants of health.

The NHM encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), Communicable and Non-Communicable Diseases Control Programme.

The financing to the State is based on the State's Programme Implementation Plan (SPIP). The funds under SPIP are released under the following major pools: (i) NRHM/RCH Flexi-pool<sup>136</sup>, (ii) NUHM Flexi-pool (iii) Flexible pool for Communicable Disease, (iv) Flexible pool for Non-Communicable Disease including injury and trauma, (v) Infrastructure Maintenance and (vi) Family Welfare Central Sector Component.

The functions under the Mission are carried out through the State Health Society (SHS), Rajasthan headed by the Chief Secretary, GoR. The Central and State Governments provide funds for NRHM in the ratio 60:40. The Central and State funds are released to SHS through the Treasury. The State has to deposit its proportionate share within seven days of release of funds by GoI.

#### 7.3.1 Utilization of fund

Audit examination of records of MD, NHM related to expenditure in national programmes, i.e. National Rural Health Mission, National Urban Health Mission flexi pool and Reproductive Child Health (RCH) flexi pool, during the period 2016-22 revealed the following:

135 Ajmer, Jaipur, Jalore, Jhunjhunu, Jodhpur, Sriganganagar, Udaipur.

136 As per NHM Manual for District Level Functionaries 2017, Flexi-pool is a financial envelope for allocation of funds with flexibility across various strategies as per local needs and broad national priorities related to NRHM/NUHM/Communicable Disease and for Non-Communicable Disease.



**(i) National Rural Health Mission**

The National Rural Health Mission (NRHM) was launched in April 2005. Under NRHM, support is provided to the States and the Union Territories (UTs) to provide accessible, affordable, and quality healthcare to the rural population especially the vulnerable group up to DH (District Hospital) Level. It also aims to bridge the gap in rural healthcare services through improved health infrastructure, augmentation of human resources, enhanced service delivery and decentralization of the programme.

Against the approved State Programme Implementation Plan (PIP) amounting to ₹ 13,850.72 crore, expenditure of ₹ 7,296.15 crore (53 per cent) was incurred under NRHM flexi pool. The percentage utilization of fund ranged from 44 per cent (2021-22) to 80 per cent (2018-19) during the period 2016-22. Details are given in **Table 7.1** below:

**Table 7.1: Fund utilization as per PIP**

(₹ in crore)

Year	Approved Budget as per State PIP	Fund Utilized	Fund utilization percentage
2016-17	1,021.24	670.02	65.61
2017-18	1,278.80	811.81	63.48
2018-19	1,285.30	1,031.60	80.26
2019-20	2,624.47	1,347.18	51.33
2020-21	4,020.73	1,826.35	45.42
2021-22	3,620.18	1,609.19	44.45
<b>Total</b>	<b>13,850.72</b>	<b>7,296.15</b>	<b>52.68</b>

Source: Information provided by MD, NHM, Rajasthan.

The State Government stated (January 2024) that funds were less utilized due to the programme was in preliminary stage during 2016-18, lesser availability of resource and COVID-19. It was further stated that the *Ayushman Bharat - Health and wellness Centre* programme was launched in January 2018, proper execution to the full extent of various component is under process. Funds were not utilized sufficiently due to shortage of post and cancellation of recruitment of Community Health Officers, COVID-19 pandemic, and cancellation of procurement of IT equipments.

**(ii) National Urban Health Mission**

The National Urban Health Mission (NUHM) was launched on 1 May 2013 for providing equitable and quality primary healthcare services to the urban population with special focus on slums and vulnerable sections of the society. The existing governance structure and financial mechanisms under the NHM serves NUHM as well. In Rajasthan, NUHM was launched in December 2014. At State level, NUHM is being implemented by State Programme Management Unit (SPMU) under MD, NHM, Jaipur, and in the districts it is being implemented by the District Programme Management Unit (DPMU) through the offices of the Chief Medical & Health Officer (CM&HO).

Audit examination of records of office of the MD, NHM, Jaipur revealed that against the total allotted budget of ₹ 690.91 crore, the cumulative utilisation was ₹ 471.50 crore (68 per cent). The percentage of utilisation of fund ranged from 48 (2021-22) to 103 per cent (2016-17) as shown in **Table 7.2** below:

**Table 7.2: Fund utilization as per PIP**  
(₹ in crore)

Year	Approved Budget as per PIP	Fund Utilized	Fund utilization percentage
2016-17	95.13	97.60	102.60
2017-18	88.40	70.09	79.29
2018-19	89.88	85.34	94.95
2019-20	133.79	81.07	60.59
2020-21	133.30	65.23	48.93
2021-22	150.41	72.17	47.98
<b>Total</b>	<b>690.91</b>	<b>471.50</b>	<b>68.24</b>

Source: Information provided by MD, NHM, Rajasthan.

The State Government stated (January 2024) that funds could not utilized due to non-appointment of various contractual posts in newly created Urban PHCs and CHCs since 2015.

### (iii) Reproductive and Child Health (RCH) Programme

The Reproductive and Child Health Programme, launched in April 2005, is a comprehensive programme under the umbrella of NHM, directed towards the reduction of maternal and infant mortality and total fertility rates. It also aims to reduce social and geographical disparities in access to and utilisation of quality reproductive, maternal, newborn, child and adolescent health services. Six key components of the RCH programme are maternal health, child health, nutrition, family planning, adolescent health (AH) and regulation of preconception and prenatal diagnostic techniques. Under these components, various schemes such as *Janani Shishu Suraksha Karyakram*, *Rashtriya Kishore Swasthya Karyakram*, Adolescent Reproductive and Sexual Health Programme, and Weekly Iron and Folic Acid Supplementation Programme are being implemented, in addition to various training programmes.

At the State level, against the approved State Programme Implementation Plan aggregating to ₹ 4,384.99 crore, expenditure of ₹ 3,072.53 crore (70 per cent) was incurred under the main component of Reproductive Child Health flexi pool, as shown in **Table 7.3** below:



**Table 7.3: Fund utilization under PIP****(₹ in crore)**

Year	Approved Budget as per PIP	Fund Utilized	Fund utilization percentage
2016-17	707.87	510.41	72.11
2017-18	596.70	438.76	73.53
2018-19	698.15	553.92	79.34
2019-20	700.90	488.20	69.65
2020-21	747.16	513.45	68.72
2021-22	934.21	567.79	60.78
<b>Total</b>	<b>4,384.99</b>	<b>3,072.53</b>	<b>70.07</b>

Source: Information provided by MD, NHM, Rajasthan.

Audit examination of financial records of NHM for the period 2016-22 also revealed that utilisation of funds was less than 50 per cent in certain schemes, such as *Rashtriya Kishore Swasthya Karyakram* (28 per cent), Pre-Conception and Pre-Natal Diagnostic Techniques (37 per cent) and Training head under RCH (43 per cent). Details are given in *Appendix 7.1*.

The State Government stated (January 2024) that less funds were utilized due to funds were allocated on the basis of tentative forecast beneficiaries and few beneficiaries changed their option to take services from private hospitals where these entitlements are not applicable and effect of COVID-19 and lockdown.

### 7.3.2 Physical Infrastructure

The National Health Mission aimed to bridge the gaps in the existing capacity of the rural health infrastructure by establishing functional health facilities through revitalisation of the existing physical infrastructure, such as health centers and new constructions or renovation, wherever required.

Audit observed that despite substantial shortage of physical infrastructure, the pace of augmentation of hospital infrastructure was tardy, as discussed in the succeeding paragraph:

#### *Physical achievement of works*

Rule 351 of Public Works Finance & Accounts Rules (PWF&AR), Part-I recommended that no work should be commenced on land which has not been duly made over by responsible civil officers. Rule 289(2) of PWF&AR envisaged that detailed survey and investigations must be carried out and working designs/drawings should be prepared before preparation of detailed technical estimates.

Analysis of monthly progress reports of construction and renovation of health infrastructure facilities under National Health Mission provided by Chief Engineer (CE), Civil Wing, National Health Mission during 2016-22, as of March 2022, is shown in **Table 7.4** below:

**Table 7.4: Status of works during 2016-22**

Year	Sanctioned works	Works completed and handed over	Works completed but not handed over	Works in progress	Works not started due to non-availability of land	Works not started due to other reasons
2016-17	208	156	26	3	12	11
2017-18	1,034	903	24	2	65	40
2018-19	384	292	20	11	19	42
2019-20	5,119	4,324	495	27	166	107
2020-21	9,023	5,560	1,657	351	980	475
2021-22	481	60	30	196	50	145
<b>Total</b>	<b>16,249</b>	<b>11,295</b>	<b>2,252</b>	<b>590</b>	<b>1,292</b>	<b>820</b>

Source: Information provided by CE, NHM.

The above Table shows that out of the total 16,249 sanctioned works, a total of 2,252 works (14 per cent) were completed but not handed over, 590 works (four per cent) were not completed and 2,112 works<sup>137</sup> (13 per cent) could not be taken up for construction. It was also observed that 43 works related to 2016-20 had also not been completed.

The State Government stated (January 2024) that works could not be taken up for construction due to court stay, land not available and encroachment etc. on allotted land.

It shows that the extant provisions of PWF&AR regarding proper preliminary survey had not been adhered to.

#### 7.4 Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched (March 2006) by Ministry of Health and Family Welfare (MoHFW), GoI with the objectives of correcting regional imbalances in the availability of affordable and reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. Under this scheme, projects of upgradation<sup>138</sup> of Government Medical Colleges (GMCs)/ Institutes have been undertaken in different phases. In Rajasthan, three Government Medical Colleges at Bikaner, Udaipur and Kota were approved (November 2013) in Phase-III and one GMC at Jaipur was approved (August 2016) in Phase-IV. Memorandums of Understanding (MoUs) for Phase-III and Phase-IV were signed between State Government (Department of Medical Education) and Ministry of Health and Family Welfare, GoI in June 2016 and August 2018 respectively.

Audit selected RNT Medical College, Udaipur to examine the implementation of the scheme and the shortcomings noticed by Audit are detailed below:

137 2,112 works: 1,292 works not started due to non-availability of land and 820 works due to other reasons such as encroachments etc.

138 Upgradation broadly envisages improving health infrastructure through establishment of Super Specialty Blocks/Trauma Care Centers and procurement of medical equipment.



#### **7.4.1 Delay in construction of Super Specialty Block at RNT Medical College, Udaipur**

Construction of Super Specialty Block (SSB) in RNT Medical College, Udaipur was awarded in July 2016 and was to be completed by January 2018. Audit observed (November 2021 and April 2022) that the construction was completed and the building handed over to the Medical College in August 2020 with a delay of more than two years.

The State Government (July 2023) attributed the delay in construction to the executive agency of the Central Government.

Further, 61 types of equipment were received (August 2018 to September 2021) by the Medical College from the central procurement agency (HITES<sup>139</sup>) for the Super Specialty Block. Out of the 61 types of equipment, 47 types of equipment were issued to SSB with delays ranging from 36 days to 740 days from the date of their receipt in the Medical College. Details are shown in **Appendix 7.2**.

In addition, it was also found that 22 types of equipment were installed in the Super Specialty Block with a delay ranging from 33 to 772 days after being issued by the central store of the Medical College. Details are shown in **Appendix 7.3**.

#### **7.4.2 Non-filling of posts of doctors, nursing staff, para medical and other ancillary staff in the Super Speciality Block at RNT Medical College, Udaipur**

As per the directions (January 2014) regarding upgradation of GMCs under Phase-III of PMSSY by MoHFW, GoI as well as MoU executed (June 2016) between State Government and MoHFW for up-gradation of Government Medical Colleges, the State Government was responsible for creation of required posts and deployment of personnel for functioning of the Super Speciality Block.

Audit noticed that against the 58 posts of Professors/ Associate Professors/ Assistant Professors, and 109 posts of Nursing Staff/ Para Medical Staff/ Other Ancillary Staff sanctioned by the State Government for the Super Speciality Block, only 20 Professors/Associate Professors/ Assistant Professors and one electrician had been posted, indicating huge vacancies of 66 *per cent* and 99 *per cent* respectively. Details are shown in **Appendix 7.4**.

GoR stated (December 2023) that Super Speciality Block is being operated at present at RNT Medical College, Udaipur. However, the reply is silent about huge vacancies in Super Speciality Block.

139 HLL Infra Tech Services Limited (HITES) is a 100 *per cent* subsidiary of HLL Lifecare Limited (a Mini Ratna PSU) under Ministry of Health and Family Welfare, Government of India.