PREPAREDNESS FOR THE IMPLEMENTATION OF SUSTAINABLE DEVELOPMENT GOALS (SDGS)

NITI AAYOG, MINISTRY OF HEALTH AND FAMILY WELFARE AND MINISTRY OF STATISTICS AND PROGRAMME IMPLEMENTATION

PUBLIC ACCOUNTS COMMITTEE
(2020-21)

THIRTY SECOND REPORT

SEVENTEENTH LOK SABHA

सत्यमेव जयते

LOK SABHA SECRETARIAT
NEW DELHI

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Presented to Lok Sabha on: 15-03-2021

Laid in Rajya Sabha on: 15-03-2021

LOK SABHA SECRETARIAT
NEW DELHI
March 2021/ Phalguna 1942 (Saka)

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✷ Not appended

COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE
(2019-20)

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MEMBERS

LOK SABHA

2. Shri T. R. Baalu

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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. Prof. M. V. Rajeev Gowda

18. Shri Naresh Gujral

19. Shri P. Bhattacharya[*]

20. Shri C. M. Ramesh

21. Shri Sukhendu Sekhar Ray

22. Shri Bhupender Yadav

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[*] Elected w.e.f. 10 February, 2020 in lieu of vacancy caused due to resignation of Shri Bhubaneswar Kalita from Rajya Sabha on 05 August, 2019.

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4.	Shri Paolienlal Haokip	-	Additional Director
5.	Smt. Anju Kukreja	-	Deputy Secretary

* Elected w.e.f. 11 February, 2021.

(iv)

Sub-Committee-I (Report No. 8 of 2019 – Preparedness for the Implementation of Sustainable Development Goals (SDGs) of Public Accounts Committee (2019-20)

(i)	Shri Adhir Ranjan Chowdhury	-	Chairperson
(ii)	Shri Naresh Gujral	-	Convenor
(iii)	Shri Sukhendu Sekhar Ray	-	Member
(iv)	Dr. Satyapal Singh	-	Member
(v)	Shri Jagdambika Pal	-	Member
(vi)	Smt.Darshana Vikram Jardosh	-	Member
(vii)	Shri Rajeev Chandrashekhar	-	Member

(v)

Sub-Committee-I (Report No. 8 of 2019 – Preparedness for the Implementation of Sustainable Development Goals (SDGs) of Public Accounts Committee (2020-21)

(viii)	Shri Adhir Ranjan Chowdhury	-	Chairperson
(ix)	Shri Naresh Gujral	-	Convenor
(x)	Shri Sukhendu Sekhar Ray	-	Member
(xi)	Dr. Satyapal Singh	-	Member
(xii)	Shri Jagdambika Pal	-	Member
(xiii)	Smt.Darshana Vikram Jardosh	-	Member
(xiv)	Shri Rajeev Chandrashekhar	-	Member

INTRODUCTION

I, the Chairperson, Public Accounts Committee (2020-21) having been authorised by the Committee, do present this Thirty-second Report (Seventeenth Lok Sabha) on "**Preparedness for the Implementation of Sustainable Development Goals (SDGs))**" based on C&AG Report No. 8 of 2019 relating to NITI Aayog, Ministries of Health and Family Welfare and Statistics and Programme Implementation.

2.   The aforesaid subject was taken up for examination by the Public Accounts Committee (2019-20) who took oral evidence of the representatives of the NITI Aayog as well as the Ministries of Health and Family welfare, Statistics and Programme Implementation and Finance (Department of Expenditure) on 13th September, 2019. Thereafter, the subject was allocated to the Sub-Committee – I (Preparedness for the Implementation of Sustainable Development Goals (SDGs)) for examination. The Sub-Committee took oral evidence of the representatives of the Ministry of Health and Family Welfare on 23rd January, 2020 and the Ministry of Statistics and Programme Implementation and NITI Aayog on 5th November, 2020.

3.   The Sub-Committee – I of PAC (2020-21) considered and adopted this Report at their sitting held on 09.03.2021. The Report was considered and adopted by the Public Accounts Committee (2020-21) during their sitting held on 10.03.2021. The Minutes of the Sittings of the Sub-Committee/Committee form Appendices to the Report.

4.   For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in thick type and form Part- II of the Report.

5.   The Committee thank their predecessor Committee/Sub-Committee – I (Preparedness for the Implementation of Sustainable Development Goals (SDGs)) for taking oral evidence and obtaining information on the subject.

6.   The Committee would like to express their thanks to the representatives of the Ministries of NITI Aayog, Ministries of Health and Family Welfare, Statistics and Programme Implementation and Finance (Department of Expenditure) for tendering evidence before the Committee/Sub-Committee and furnishing the requisite information to them in connection with the examination of the subject.

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

NEW DELHI;   ADHIR RANJAN CHOWDHURY
)𝕆 March,2021   Chairperson,
\ᑫ Phalguna, 1942 (*Saka*)   Public Accounts Committee.

REPORT

I. INTRODUCTORY

On 25th September, 2015 the 70th Session of the United Nations General Assembly adopted a resolution (70/1) titled *'Transforming our world: the 2030 Agenda for Sustainable Development'*. The resolution set a plan of action for people, planet and prosperity. It sought to strengthen Universal Peace in larger freedom. The Assembly resolved to free the human race from the tyranny of poverty and want to heal and secure our planet. Signatories to the resolution also agreed to take bold and transformative steps which are urgently needed to shift the world on to a sustainable and resilient path. In this collective journey it was agreed that no one will be left behind. 17 Sustainable Development Goals (SDGs) and 169 associated targets announced in the resolution demonstrates the scale and ambitions of the new Universal Agenda for the next 15 years.

2. The Agenda allows each Government to set its own national targets based on national circumstances and decide how global targets would be incorporated into National planning, processes, policies and strategies. To assist this process, the United Nations Development Group created a Reference Guide for mainstreaming the 2030 Agenda and SDGs.

3. The 2030 Agenda aims to end poverty and hunger everywhere; combat inequalities within and among countries; build peaceful, just and inclusive societies; protect human rights, promote gender equality and the empowerment of women and girls; and ensure the lasting protection of the planet and its natural resources. It also endeavours to create conditions for inclusive and sustained economic growth, shared prosperity and decent work for all.

4. The 17 Sustainable Development Goals are as follows:
(i)   No Poverty
(ii)   Zero hunger
(iii)   Good Health and well being
(iv)   Quality Education
(v)   Gender Equality and empowerment of women and girls
(vi)   Clean water and Sanitation
(vii)   Affordable and Clean Energy

(viii)   Decent work and Economic Growth

(ix)   Industry, Innovation and infrastructure

(x)   Reduced inequalities

(xi)   Sustainable Cities and Communities

(xii)   Responsible consumption and Production

(xiii)   Climate Action

(xiv)   Life below Water

(xv)   Life on land

(xvi)   Peace, Justice and strong Institutions

(xvii) Partnerships for the Goals

Salient feature of the 2030 Agenda

3.   Salient features of the 2030 Agenda are given below:

- Seeks to achieve sustainable development in all three dimensions i.e., Economic, Social and Environmental in a balanced and integrated manner both for present and future generations.

- Identifies and lays stress on five components of development i.e., People, Planet, Prosperity, Peace and Partnership and focuses on the principle of 'leaving no one behind' by reaching the farthest first.

- Allows each Government to set its own national targets based on national circumstances and also incorporate global targets into national planning processes, policies and strategies.

- Envisages achievement of 21 Targets by 2020, three Targets by 2025 and remaining Targets by 2030.

- Envisages regular reviews of progress at national and sub-national (State) levels. The outcomes from national level reviews will form the foundation for reviews at regional and global levels.

II.   CHAPTER-I: OVERVIEW AND AUDIT APPROACH

(a) Audit objectives and scope

4.   The Audit was taken up with the overall purpose of ascertaining 'Preparedness of the Government for the Implementation of the 2030 Agenda'. The specific audit objectives are as follows:

- to what extent has the Government adapted the 2030 Agenda into its national context;

- to what extent has the Government identified and secured resources and capacities needed to implement the 2030 Agenda;

- to assess the robustness and accuracy of procedures put in place to track allocation of resources against targets within the SDG;

- to what extent has the Government established a mechanism to monitor, follow-up, review and report on the progress towards the implementation of the 2030 Agenda.

5.   The Committee noted that audit has examined   the NITI Aayog as it is the nodal institution for coordination and overseeing the implementation of the Agenda 2030 and was entrusted with the task of identifying national targets, assigning the same to Ministries/ Departments and communicating the commitments undertaken by India under the 2030 agreement.

6.   The audit also examined the Ministry of Statistics and Programme Implementation which was entrusted with the task of preparing and monitoring indicators for SDGs targets.

7.   As the audit took up examination of preparedness with respect to implementation of Goal 3 : Good Health and Well Being it examined specifically the Ministry of Health and Family Welfare (MoH&FW). To have a broader view on the preparedness on goal 3 audit also studied the activities undertaken in seven States viz. Assam, Chhatisgarh, Haryana, Kerala, Maharashtra, Uttar Pradesh and West Bengal. These States were selected on the basis of their ranking of Health indices for 2015-16. While Kerala is a top ranking State, Haryana & Maharashtra are middle ranking States; Assam, Chhattisgarh, Uttar Pradesh and West Bengal are ranked lower in the category.

8.   Besides above the audit also examined the preparedness of 14 Ministries of Government of India which have defined role in the achievements of SDGs.

9.   The Committee noted that while examining the preparation for achieving targets the audit has analysed how the institutional framework has been formulated, how the government planning process, policies and strategies are working, how government is building awareness and ensuring stakeholders involvement in the process, how a coherent policy is being developed/ implemented, how the resource is being sourced to achieve the declared goals and how the government is monitoring and reporting the progress.

(b) **Audit Observations**

10.   Following observations were made by the audit after detailed examination :

- A roadmap is yet to be aligned with defined milestones for SDG targets to be achieved in the year 2020, 2025 and 2030.

- Vision document is still under preparation. States are yet to prepare policy documents. Mapping of Goals/Targets undertaken by NITI Aayog and selected States is still ongoing.

- Efforts to raise public awareness about SDGs and initiatives undertaken in the selected States were not comprehensive, focused or sustained.

- States may need to strengthen institutional arrangements by identifying support departments and defining roles and responsibilities.

- The Strategy document did not project the financing and budgeting requirements. While it is recognised that projecting financial resources for achieving the Targets by 2030 is a challenging task, Ministry of Finance and State Governments are yet to integrate SDG related financial resources in national budgeting for implementing SDGs.

- Delay in approval of NIF held up finalization of monitoring and reporting framework on implementation of SDGs. Initiatives undertaken in selected States were still in progress.

- There was no proposal to identify milestones for the national indicators. Out of 306 indicators included in NIF, data for 137 indicators were not yet available.

- Mapping in respect of Goal 3 was not comprehensive in selected States.

- Though States had indicated actions to formulate plans and policies in line with Goal 3, delays and absence of a holistic approach were noted.

- Three Ministries linked with Goal 3, were not involved in national consultation. Specific and sustained measures for promoting awareness and stakeholder involvement with Goal 3 were not seen in the States.

- Ministries associated with Goal 3 were not represented in Task Force and working groups/sub-groups. Policy coherence initiatives undertaken were either absent or inadequate in States.

- There is still a long way to go before the target of public health expenditure is achieved and the central allocation for health for 2019-20 was far short of target. In States, health spending as a percentage of total States expenditure, ranged from 3.29 to 5.32 *per cent* which shows that this need considerable augmentation.

- Data for certain health indicators were not regularly or uniformly available.

III.   CHAPTER-II: ADAPTING THE 2030 AGENDA

(a) Implementation Framework for the 2030 Agenda in India

11.   The Committee noted from the Audit Report that India has been pursuing a comprehensive development agenda which has encompassed the economic, social and environmental dimensions and cuts across sectors and levels of Government. India's Voluntary National Review (VNR) Report has noted that India's national development agenda is mirrored in the SDGs. Thus, identification of national targets and indicators and mapping of existing development schemes, programmes, interventions and Ministries/ Departments with SDGs targets were important for adapting SDGs into the national context.

12.   The Committee noted that in September, 2015 Government of India entrusted NITI Aayog with the responsibility of coordinating and overseeing the implementation of the 2030 Agenda. NITI Aayog was specifically given the task of identifying national targets and assigning them to concerned Ministries/Departments for implementation of SDGs in India. Further, in May, 2016 it has been tasked to formulate, a longer vision of 15 years keeping in view the social goals and SDGs, a Seven Year Strategy document as part of "National Development Agenda" and a Three Year Action Agenda for goals to be achieved. NITI Aayog advised State Governments to undertake mapping of Goals and Targets and sought inputs for formulation of a Vision document for the country. Subsequently, States were asked to take up budgeting for SDGs and organise capacity building activities. The Ministry of Statistics and Programme Implementation (MoSPI) has been entrusted in September 2015 with the task of preparing a National Indicator Framework (NIF) in consultation with all the Central Ministries for the monitoring of SDGs. Further Ministry of Health and Family Welfare was assigned the responsibility of Goal-3 of the SDGs i.e. "Good Health and Well being" which is intended to ensure healthy living promote well-being of people of all ages.

13.   The Committee find that India is a signatory to the UN General Assembly Resolution on SDGs and Government of India has affirmed its commitment to the 2030 Agenda and SDGs. To a query regarding adaptation of 2030 Agenda in the national context NITI Aayog in it's written reply mentioned that in the run up to the adoption of the 2030 Agenda a meeting was taken by the Principal Secretary to the Prime Minister of

India on 1st September, 2015. Two action points emerged for NITI Aayog (1) Identification of national targets and assigning them to the Ministries/ Departments concerned for implementation, (2) share details of the commitments undertaken by India under the Post 2015 with the State Governments and seek their participation in implementation and monitoring of these goals and targets. Further, NITI Aayog received a communication from PMO on 7th September, 2015 stating that NITI Aayog will be "responsible for identification and allocation/ assigning goals and targets to Ministries/Departments in the matter in consultation with Ministry of External Affairs and M/o Statistics & Programme Implementation.

14.   NITI Aayog had mapped Schemes/Programmes with Goals/Targets. In the mapping document prepared in August 2017, the NITI Aayog identified nodal Ministries with respect to all the SDGs along with Ministries/Departments associated with specific Targets under each Goal. However, the specific role of the nodal and associated Ministries was not defined. As a result, it was observed in some cases that Central Ministries were unaware of their role with respect to specific Targets. In a revised mapping document issued by the NITI Aayog in August 2018, the designation of a particular Ministry as nodal for specific SDGs **has been removed**. As per this mapping document, coordination and monitoring of achievement of SDGs would be done by NITI Aayog while individual Ministries would be responsible for specific SDG targets.

15.   On being enquired about the reasons for not defining the roles of Ministries with respect to the relevant SDG targets, the NITI Aayog in their Action Taken Notes on the C&AG Report stated as under:

> "If the 'Allocation of Business Rules' for each Ministry is read together with the SDG Targets assigned to them by NITI Aayog, their roles with respect to the assigned Targets becomes clear.
>
> Due to the multidimensional and interdisciplinary nature of SDGs, multiple Ministries and other stakeholders are required to work with convergence.
>
> For example, SDG 2 – Zero Hunger falls under the domain of Ministries of WCD, Food and Consumer Affairs, Health & FW, Jal Shakti, and Agriculture."

(b)   Institutional Arrangements at Central Level

16.   NITI Aayog has been identified as the nodal institution for coordination and overseeing the implementation of the Agenda 2030 and was entrusted with the tasks of identifying national targets, assigning the same to Ministries/Departments and

communicating the commitments undertaken by India under the 2030 Agenda, to the State Governments for seeking their participation.

17. NITI Aayog informed (May 2019) that it has followed a strategy of involving States/UTs "in improving SDGs by using the framework of competitive as well as cooperative federalism". NITI Aayog has undertaken several multi-disciplinary stakeholder consultations and issued advisories to various stakeholders. It also conducted periodic reviews with States and UTs of mainstreaming activities such as preparation of Vision/Strategy documents; creation of nodal structures; mapping of targets; capacity building for implementing, monitoring and evaluation; formulation of State-specific Indicators and orienting budgets with SDGs.

18. The Committee also noted that NITI Aayog has constituted a Task Force in August, 2017 with stakeholders drawn from Central Ministries, State Governments and institutions as Members.

A roadmap with defined milestones aligned with SDG targets to be achieved in the year 2020, 2025 and 2030, is however, yet to be prepared.

(c) **Institutional Arrangements at the State level**

While the Committee asked about the steps taken to strengthen the institutional arrangements created by the States by identifying support departments and defining roles and responsibilities of officers Niti Aayog in it's reply mentioned as under :

> "During the six monthly consultations with the States, the institutional structures/arrangements have been reviewed and States/UTs have been urged to strengthen such arrangements. Institutional arrangements across States/UTs were analysed, good practices identified and published in 2019 as 'Localizing SDGs : Early Lessons from India'. The document was shared widely with States/UTs and also presented in the regional and global meetings of the United Nations to promote localization of SDGs. The document was used to advocate the good practices and encourage States/UTs to strengthen the institutional structures and arrangements for implementation of SDGs."

19. In this regard NITI Aayog intimated to Audit (May 2019) that it has strategically rolled out a number of participatory initiatives to facilitate building of roadmaps at various levels and undertake all major activities within timelines.

20. When asked as to whether any milestones have now been identified for SDG targets to be achieved in the year 2020, 2025 and 2030, NITI Aayog in their written replies submitted as follows:

"Targets to be achieved in the year 2020, 2025 and 2030 are already specified in the 2030 Agenda which have already been endorsed by India along with other countries in their entirety. Therefore, identification of separate milestones may not be necessary."

21.   In their vetting comments to the aforesaid reply of NITI Aayog, Audit stated as under:

"The reply of NITI Aayog does not address the query of PAC as no road map has been prepared by NITI Aayog to achieve the defined milestones for SDG targets (21 targets by 2020, three by 2025 and remaining by 2030) to be achieved."

22.   NITI Aayog in their written submission stated as follows:

"NITI Aayog has been working closely with all the States to create their respective SDGs roadmaps to achieve the milestones as per the SDG targets. Most States have already developed their SDG roadmaps/ vision/ strategy documents."

23.   The Committee noted that NITI Aayog had constituted (August 2017) a multi-disciplinary Task Force to analyse and review implementation of SDGs. The Task Force which was required to meet at least once in each quarter however, held only two meetings since its constitution.

24.   The Committee desired to know as to why the Task Force on SDGs constituted by NITI Aayog is not having regular meetings as required. In response, NITI Aayog in their Action Taken Note submitted to Audit stated as under:

"The last meeting of the Task Force on Implementation of SDGs was held during the preparation of India's VNR Report 2020. In the meeting, as a part of its agenda, the Task Force discussed and adopted a detailed Action Plan for the preparation of the VNR Report."

On a query regarding reasons for not integrating the SDG related financial resources in national budget the Niti Aayog mentioned as follows:

" While Allocation of Business Rules of NITI Aayog is silent about the 2030 Agenda, the PMO's directives provide the only guidance with respect to the role of NITI Aayog in the implementation of SDGs and confer a limited ambit to its initiatives and interventions in the matter...."

(d)   Preparation of Vision, Strategy and Action Agenda Documents

25.   For the preparation of Vision, Strategy and Action Agenda documents for the country, NITI Aayog had asked Central Ministries in May, 2016 to provide inputs so that the document adequately reflects the priorities and concerns of various sectors and regions. In this regard, information on inputs provided was sought by audit from 20

Central Ministries of which 19 Ministries responded and confirmed providing inputs to NITI Aayog. It has not been mentioned which Ministry did not reply.

26.   Out of the three mandated documents, NITI Aayog released (August 2017) the "Three Year Action Agenda" covering the period 2017-20 and in December 2018 released a Strategy document titled "Strategy for New India @75" covering the period upto 2022-23. The third mandated document i.e., the "15 Year Vision Document" was yet to be released even though this was supposed to be the basis for the Strategy and Action Agenda documents. With respect to the Action Agenda, NITI Aayog had explained (November 2018) that this was taken up on priority as the 12th Five Year Plan was ending in 2017. The sequencing of the documents was however, not in accordance with the extant directions. NITI Aayog stated (May 2019) that the Vision document will be finalised by March 2020.

27.   Asked about the reasons for delay in finalisation of 15 year Vision Document, the NITI Aayog in their written replies submitted as under:

> "NITI Aayog was given the mandate in 2016 to develop the 3 year short-term Action Plan, 7 year mid-term strategy and 15 year long-term vision. NITI Aayog followed an extensive consultative process with multiple stakeholders including the Ministries and State/ UT Governments to develop these documents. The 3 year action plan was released in 2017 and the 7 year strategy was released in 2018. Currently, NITI Aayog is working with a vast array of stakeholders to prepare the Vision document by March 2020."

28.   On being asked as to whether vision document/Policy documents by States have since been prepared, NITI Aayog in their written replies stated as follows:

> "(1) NITI Aayog intends to make the Vision Document broad based and integrally focused on States' expectations and priorities. So inputs from Ministries and States have been given importance. Considerable inputs have been received in course of time. NITI Aayog is in the process of reviewing and finalizing the draft document and has assigned the work to a multi-disciplinary team. It will be completed by March 2020.
> (2) Regarding the States drafting their own vision documents, 23 States have vision documents/ action plans on SDGs already.
> (3) NITI Aayog hosts consultations with all States/ UTs once in every six months on their progress on adopting, implementing, and monitoring SDGs. In these consultations, their status/ progress on their vision documents/ action plans is also discussed."

29.   In their vetting comments on the aforesaid reply of NITI Aayog, Audit stated as under:

"The reply does not specifically answer the query from PAC about prescribing any timeframe for the preparation of various policy documents by the States. Facts remains that there have been delays in preparation of Policy documents for SDGs implementation since, even after advising the States on as long back as July 2016, there are still 13 States/UTs who are yet to prepare their policy documents."

30.   On being asked about the present position of finalisation of the same, NITI Aayog in their written replies stated that "On account of the exigencies created by the COVID-19 pandemic, the process of preparation of the Vision Document has been severely affected.

(e)   Adapting SDGs in selected States

31.   The Committee noted that in a National Conference of the Chief Secretaries and Planning Secretaries of the States (July 2016), NITI Aayog asked each State to have its own Vision, Strategy and Action Plan. Prior to this in April 2016, NITI Aayog had advised the State Governments to undertake a mapping exercise similar to the one carried by it, to facilitate fast track achievement of the SDGs and related Targets.

32.   Audit noted that the work of Vision/Strategy/Action Agenda documents in Uttar Pradesh and West Bengal was at a preparatory stage. Kerala had prepared a Perspective Plan 2030 in 2014 which was not reviewed and realigned with SDGs. Chhattisgarh had published its Vision 2030 document in March 2019. The mapping exercise undertaken in the selected States was not comprehensive. For instance, certain Schemes/Goals/Targets were not mapped in Assam, Chhattisgarh, Haryana, Maharashtra and Uttar Pradesh. Thus, both at the Central and State levels, the exercise of formulating policy documents in the context of SDGs was still ongoing.

33.   While submitting their justification on the aforesaid Audit observation, NITI Aayog in their replies stated as under:

"States have their own sets of schemes and programme to implement in addition to the centrally sponsored schemes. NITI Aayog has advised the States to do their own mapping in the light of the mapping done at the central level. The revisions suggested by the Audit will also be considered and incorporated by the States as relevant to their situation and context. NITI Aayog has requested the States to share updates in this regard. Given the federal structure of the country, NITI

Aayog, under its mandate, has been persuading the States and UTs from time to time to accelerate this process."

34.   Audit observed that close monitoring and effective follow up would have ensured timely completion of tasks, such as, preparation of vision documents, mapping of departments/schemes etc by States/UTs. In response thereto, NITI Aayog in their Action Taken Note submitted to Audit stated as under:

"NITI Aayog continuously monitors actions taken by States/UTs to localize and implement SDGs. Six-monthly reviews are held to provide feedback on past as well as planned initiatives. NITI Aayog's developmental indices (health, education, agriculture, aspirational districts, and water) cover key SDG themes and provide progress scorecards of States/UTs, and rank them according to performance. NITI Aayog's SDG India Index monitors the progress of States/UTs and ranks them specifically on SDGs. It has built up a healthy competitive ethos among the States and UTs with respect to the implementation of SDGs."

While the Committee drew the attention of Niti Aayog to the observation of audit regarding delay in approval of National Indicator Framework (NIF) Niti Aayog informed in a written reply that as per inputs provided by MoSPI, the delay was not on part of MoSPI and therefore MoSPI does not have any comment to offer. Thus, in this case Committee could not know the reasons for delay in approval of NIF.

(f) Building Awareness and Stakeholder Involvement

The Committee noted that in the United Nations Development Group (UNDG) Reference Guide titled 'Mainstreaming the 2030 Agenda' raising awareness is one of the key means to achieve the SDGs. This includes Planning, instructions and action for awareness and IEC (Information, Education and Communication) activities towards Government Officials and others viz. civil society, general public, institutions etc.

35.   Building awareness of the SDGs and adoption of a participatory multi-stakeholder approach is aimed at ensuring inclusive, effective and sustainable implementation of the 2030 Agenda. Audit examined measures taken by the Central and State Governments to raise awareness among Government officials, stakeholders and general public and also the existence and effectiveness of structures for encouraging stakeholder consultations and partnerships.

(i)   Initiatives at Central Level

36.   Initiatives taken for increasing awareness and promoting stakeholder involvement and key areas of concern relating to these initiatives are discussed in the table given below:

Awareness Raising and Stakeholder involvement	
Initiatives	**Areas of Concern (Audit)**
A. Multi-stakeholder interactions	
• NITI Aayog, along with partner institutions, held national and regional level workshops/consultations for raising awareness, exchanging ideas and experiences and assisting preparedness in States. • GoI partnered with Civil Society Organisations in areas such as preparation of Information, Education and Communication (IEC) material and taking up research and documentation on SDGs. • Multi-disciplinary Task Force facilitated stakeholder consultations. • 'Speaker's Research Initiative' (SRI) workshops were organised in July 2015, August 2016, December 2016 and March 2017 to provide SDG-related insights to Members of Parliament.	• There were delays in finalising outcome of these consultations and placing of the reports in public domain. • In case of most consultations, definite outcomes and recommendations for time-bound follow up action were not identified. Thus, there was limited assurance that deliberations shaped roadmap/policies for SDGs. • According to its website, SRI workshops on SDG related issues have not been held post March 2017.
B. Raising public awareness	
• NITI Aayog's consultations aimed at reaching out to stakeholders spearheading public awareness exercises. • These consultations expected to "set off an iterative process of information dissemination" across the country. • Schemes/Programmes of the Government have provision for outreach and publicity.	• Extent and effectiveness of efforts made by stakeholders to increase public awareness not ascertainable in the absence of feedback. • No centralised public awareness campaign envisaged. • Absence of dedicated awareness measures for general public may dilute objective of making the 2030 Agenda inclusive and participatory.
C. Capacity Building	

• The NITI Aayog advised (December 2017) Central Ministries and State Governments to initiate capacity building measures. • Instructions issued for training and resource centres to incorporate sessions on SDGs in their training modules/ programmes. • Test check in 15 Ministries showed that 10 Ministries have taken up capacity building exercises.	• Five out of the 15 Ministries where this aspect was reviewed were yet to initiate/report any capacity building exercise.

37.   NITI Aayog stated (May 2019) that the primary task of implementing Schemes and Programmes to achieve to SDGs lies with the States and the relevant Ministries.

38.   As regards the shortcomings enumerated in section A of the aforesaid Table, NITI Aayog in their Action Taken Note furnished to Audit stated as follows:

"Consultations generated awareness and clarity on various SDGs, targets, implementation strategies and stakeholder roles. These consultations enabled States/UTs to localize SDGs in terms of developing SDG vision/strategies, and working out implementation and monitoring structures."

39.   In regard to the issues pointed out in section B of the aforesaid table, NITI Aayog in their Action Taken Note submitted as follows:

"There is general consensus that awareness and communication campaigns are more successful if they are tailored to the context, language, values and resources accessible to local stakeholders and audiences. Effectiveness of a centralised public awareness campaign in a vastly diverse country like India will be limited. NITI Aayog motivates States/UTs & other stakeholders to take up specific & targeted awareness initiatives. NITI Aayog is planning a fresh series of stakeholder consultations in this regard."

40.   Further, issues highlighted in section 'C' regarding raising public awareness, NITI Aayog in their Action Taken Note stated that they are regularly following up on their earlier communications to the Ministries as well as States/UTs.

41.   When the Committee drew attention of Niti Aayog to the observation of the audit to the fact that no centralized public awareness campaign is envisaged NITI Aayog opined that Multiple and localized awareness initiatives are likely the best possible

options which NITI Aayog has motivated States /UTs, civil society and private sector to take up.

42.   Further, NITI Aayog has mentioned that the SDG India Index has been used as an effective publicity tool at the national and State levels. The States have executed their own publicity campaign to highlight their performance and ranking, thereby also augmenting public awareness on SDGs.

(ii)   Initiatives at State Level

43.   NITI   Aayog   intimated   that   State   Governments   participating   in consultations/workshops are spearheading public awareness initiatives in their own domains. NITI Aayog had also advised the State Governments to undertake capacity building initiatives. Initiatives undertaken for raising awareness, enhancing stakeholder engagement and capacity building were examined in seven selected States and the findings are discussed in Table:

Awareness Raising, Stakeholder's Involvement and Capacity Building initiatives by selected States	
Assam	• Awareness programme/workshops organised in 19 out of 33 Districts for autonomous councils, civil society organizations and district planning officers. • 52 inter-departmental meetings organised resulting in a 'Process Document on Journey towards SDGs in Assam'. • State Level Training Institute and four Regional Training Institutes planned by 2020 but no progress on implementation reported as of December 2018.
Chhattisgarh	• E-material for publicity of SDGs issued. • 11 departmental working groups with designated nodal departments set-up for SDGs. However, workshops for sensitizing officials and public awareness were not conducted except for Members of Legislative Assembly (February 2019). • Officials trained on preparation of decentralized District plan based on SDGs at all five divisions (July 2017). • Sensitization workshop for GPDP (Gram Panchayat Development Plan) members conducted, who would further disseminate the information at lower levels.
Haryana	• SDG Coordination Centre with responsibility inter-alia, for capacity

	building and raising awareness has been set up. • Seven inter-departmental working groups formed for facilitating convergence but had not met since adoption of the Vision document.
Kerala	• Workshops, trainings and review meetings held for raising awareness among Government officials, public representatives, civil society organizations and other stakeholders but action for raising public awareness not initiated. • National Foundation of India (NFI) identified for mobilizing and sharing knowledge, expertise, technologies and financial resources.
Maharashtra	• Meetings of officials held for sensitising them on SDGs but sensitisation of departments at the third tier of Government yet to be conducted. • Training programmes for Municipal/Zila Parishad members and District Level Officers planned and training module for continuous Education and Skill Development proposed.
Uttar Pradesh	• Awareness programme held only at the State level. • Workshops and inter-agency consultations held but proceedings in many cases were not documented. • Working Groups (October 2016) consisting of different departments constituted but they remained non-functional. • Website developed to disseminate information on SDGs was removed due to lack of technical support.
West Bengal	• Inter-departmental/sectoral meetings held for mainstreaming of the 2030 Agenda. • Awareness schemes specifically linked to SDGs not taken up.

From the above it is clearly visible that though some initiatives involving stakeholders and capacity building of officials at the Centre and States have been taken for raising awareness, these were not comprehensive, focused and sustained. The audit has expressed its view that the task of engendering inclusiveness and participatory decision making in implementation of the 2030 Agenda could face constraints.

IV.   CHAPTER-III: RESOURCE MOBILISATION FOR THE 2030 AGENDA

44.   The UNDG Guide on Mainstreaming SDGs recognizes effective mobilization and better use of financial resources as an area of primary focus. Keeping this in view audit examined the preparedness in terms of securing financial resources, and their availability and management of human and infrastructure resources. In the Audit Report it has been mentioned that Addis Ababa Action Agenda (AAAA) is an integral part of the 2030 Agenda. The Action Agenda draws upon all sources of finance, technology and innovation, promote trade and debt sustainability, harness data and address systemic illness.

45.   The Committee noted that the VNR Report and the Three Year Action Agenda highlighted several steps taken for optimizing domestic resource mobilization including the measures identified in the AAAA. The Three years Action Agenda has a projection of Union Government expenditure for the period 2017-20. The Committee find that the basis on which these projections were made was not clear and no specific linkage with Goals and Targets was made. The Strategy document viz. "Strategy for New India @75" sets targets for expenditure as percentage of GDP in the case of some sectors to be achieved by 2022-23, but does not make year to year expenditure projections for implementing the strategy for various sectors.

46.   In the SDG India Index: Baseline Report (December 2018) and the Strategy Document, NITI Aayog recognises that financial resources are a fundamental driver for achieving the SDGs in time. Audit however, noted that Ministry of Finance had not undertaken any exercise for assessment of financial resources for implementing the 2030 Agenda. It was also noted that similarly, none of the selected States had undertaken any concerted exercise for assessing resource requirements for implementing SDGs.

47.   NITI Aayog intimated in July 2018 that it would request all the Ministries to analyse their budget allocations with respect to achieving relevant SDG targets. Subsequently, in May, 2019, it advised that financial resources to support various Schemes/Programmes are identified each year during the budgeting process which in turn support SDGs.

48.   With respect to the States, audit noted that NITI Aayog had advised the States in January-February 2018 to start orienting their budgets to SDGs by linking allocations to Goals/Targets. Audit examination in the seven selected States showed that four States viz. Chhattisgarh, Kerala, Uttar Pradesh and West Bengal had not taken any substantive action for aligning their Budget with SDGs. Assam had prepared 'Outcome Budget' for the financial years 2017-18 to 2019-20 wherein allocations were linked to specific SDG targets. In Haryana, a budget document was prepared for financial year 2018-19 where some of the existing schemes were linked with 15 Goals and allocations were aggregated Goal wise. In Maharashtra, the software "Maharashtra Plan Schemes Information System (MP-SIMS)" has been modified to capture assignment of budget outlays under the State and District Level Schemes with SDGs. As such, most of the States are only at the preliminary stage of orienting their budgets with SDGs and the Committee find that there is no uniformity of action.

49.   Apprising the Committee about the reasons for not intergrating the SDG related financial resources in national budgeting and action taken to ensure that Ministries/Departments analyse their budget allocations vis-a-vis gaps in resources for achieving relevant SDG targets, NITI Aayog in their written replies stated as under:

> "(1) While the Allocation of Business Rules of NITI Aayog is silent about the 2030 Agenda, the PMO's directives provide the only guidance with respect to the role of NITI Aayog in the implementation of SDGs and confer a limited ambit to its initiatives and interventions in the matter. According to the 'Allocation of Business Rules', national budgeting and financial allocations are under the purview of Ministry of Finance. Therefore, the Ministry of Finance in collaboration with Ministries needs to conduct such assessment for integrating the SDGs with national budgeting, which is prepared by Ministry of Finance.
>
> (2) Since NITI Aayog is not responsible for budgeting and financial allocations, Ministries and States are expected to weigh in on their respective requirements and provisioning and work out suitable and demand-driven budget allocations under the guidance of the Ministry of Finance.
>
> (3) According to the inputs provided by Ministry of Finance, Government of India has been implementing several Central Sector/Centrally Sponsored Schemes (CS/CSS) for sustainable development of the country and its people in three dimensions viz. economic, social and environmental. These developmental schemes mostly address the Sustainable Development Goals (SDGs) which are targeted to be achieved by 2030. Under BE of 2019-20 a sum of ` 3.31 lakh crore has been provided for the CSSs.
>
> (4) Further, the Central Sector Schemes include all those schemes which are entirely   funded   and   implemented   by   the   Central   Agencies   viz.

Ministries/Departments or various agencies of GoI such as the autonomous bodies and other special purpose vehicles. In some cases, as an exception, and with the specific prior consent of Finance Ministry (Department of Expenditure) the central sector schemes may be allowed to be implemented through the concerned State implementing agencies. Exceptions to this general rule shall apply to those schemes where specific approval has been given by the Department of Expenditure. In Budget 2019-20, an outlay of ` 8.70 lakh crore has been provided for CSs.

(5) The CSSs and CSs being implemented by the Central Government are also meant to achieve the SDGs. Under the CSSs the relevant line Ministry/Department hold discussions/consultations with the State Governments in order to achieve the national goals. This also involves discussions on the financial requirements for the same. The Ministries/Departments based on the sharing pattern make projections for financial requirements to the Ministry of Finance. These are appraised and approved by the Ministry of Finance.

(6) The CS/CSS framework provides an opportunity to renew and integrate efforts in order to meet, to a significant degree, national and global aspirations as articulated under SDGs in a defined time frame. For example, multi-dimensional extreme poverty requires action on all fronts of water, energy, food security, livelihoods creation, securing the health of natural resources on which the livelihoods of people depend, reducing vulnerabilities, ensuring equity and a just governance framework. These are also components of the targets in the SDGs.."

To a specific query by the Committee as to how NITI Aayog is ensuring the budget allocations are prudently aligned against the SDGs and National Development Goals it replied as follows:

" According to the 'Allocation of Business Rules' making budget allocations are beyond the purview of NITI Aayog. However, alignment of budget allocation with SDGs is an important agenda which may be taken up by the Ministry of Finance in consultation with all line ministries."

50.   In their vetting comments to aforesaid replies, Audit stated as follows:

"Reply of NITI Aayog does not address the query of PAC on integration of SDG related financial resources in national budgeting and arrangements put in place to have consultations/discussions between Ministry of Finance and State Government in matters of integrating financial resources in national budgeting."

51.   Further, on being apprised about the coordinating mechanism with the Ministry of Finance to obtain the requisite budgetary allocation for the concerned Ministries so as to achieve the SDG targets, NITI Aayog in their written replies stated asunder:

"NITI Aayog has taken up the matter with the Ministry, NITI Aayog and Department of Economic Affairs (DEA), Ministry of Finance are conducting a study jointly with the International Monetary Fund (IMF) on estimating the financial resources needed to achieve the SDGs in the areas of education, health, electricity, roads and water and sanitation. This study also gives insights into the

current allocation, allocation required to meet the SDGs and associated targets on time, and the gap between requirement and current allocation. The study report is currently under finalization."

52.   During evidence representative of NITI Aayog stated that:

"This study by the Ministry of Finance should get completed in the next two months."

V.   CHAPTER-IV: MONITORING AND REPORTING

53.   The 2030 Agenda envisages systematic follow-up, monitoring and review of progress at all levels to ensure its effective and expeditious implementation. NITI Aayog is the nodal institution responsible for coordinating and overseeing the implementation of SDGs. To enable monitoring and review, MoSPI was entrusted with the task of developing a NIF which was published only in November 2018. As a result, tasks key to the institution of a proper monitoring and reporting framework, such as preparation of baseline data was completed only in March 2019. Audit also observed that Milestones were yet to be aligned with timeline for targets achievement. In the seven selected States, action on developing indicators and identification of data sources had not achieved required level of progress. The creation of a robust mechanism for monitoring, evaluating and reporting progress on implementation of SDGs therefore, remains an area requiring immediate and focussed action.

54.   Audit further observed that delay in approval of National Indicator Framework (NIF) held up finalisation of monitoring and reporting framework on implementation of SDGs. Initiatives undertaken in selected States were still in progress. Again, there is no proposal to identify milestones for the national indicators. Out of 306 indicators included in NIF, data for 137 indicators were not yet available.

55.   Apprising the Committee about the reasons for delay in approval of NIF, MoSPI in one of the written replies stated as under:

> "However, several initiatives have been taken by the MoSPI after the Cabinet Approval which inter-alia include release of first Baseline report on SDG-NIF, release of SDGs Dashboard, preparation of guidelines for States for preparation of State indicator Framework, Capacity Development on Sustainable Development Goals for Central and State officials, inclusion of certain SDGs national indicators for bridging the data gaps by collecting data on those indicators in the next round of National Sample Surveys.
> Cabinet in its meeting held on 24.10.2018 has approved the proposal of the Ministry on constitution of High-Level Steering Committee (HLSC) to periodically review and refine the National Indicator Framework. The first meeting of HLSC was held in June 2019 and certain refinements in the indicators were approved by the HLSC.
> SDG monitoring at the national and sub-national level is undertaken by NITI Aayog. The SDG India Index, designed by NITI Aayog in partnership with UN in India, ranks all States/ UTs based on their progress in their journey towards

achieving the goal and the targets. The Index will track the progress of the country and the States/ UTs on an annual basis, using the latest available data.

The monitoring and reporting on SDGs has already been initiated by NITI Aayog and MoSPI. Some of such initiatives are the SDG India Index released by NITI Aayog in 2018 to monitor the progress of the States/ UTs; National Indicator Framework and Baseline Report by MoSPI; and their corresponding dashboards. Hence, monitoring and reporting on SDGs is being done regularly.

The Global Indicator Framework consists of the global list of 242 suggestive indicators circulated by the UN. However, according to the UN Resolution on the Agenda 2030, member states were expected to customize these and design their own national indicators. Accordingly, the National Indicator Framework (NIF) with 306 indicators were devised by MoSPI in consultation with all stakeholders."

Niti Aayog replied to this query that as per inputs provided by MoSPI, the delay was not on part of MoSPI and therefore MoSPI does not have any comment to offer.

56.   Further, attributing the reasons for non-availability of data for as many as 137 indicators, MoSPI in their written replies submitted as follows:

"(1) Regarding data availability for national indicators in NIF, at present 191 National indicators are included in SDGs NIF Baseline Report, 2015-16 released on National Statistics Day 29th June, 2019. Efforts are being made to collect data for remaining 115 indicators through Inter- Ministerial meetings and official correspondences.

(2) Further, MoSPI has initiated the new surveys in order to cater to data need of SDG indicators. Some of these surveys are Periodic Labour Force Survey (PLFS), Time Use Survey (TUS), Situation Assessment Survey (SAS) on Agricultural Households Conditions, etc.

(3) The first progress report on SDGs with time-series data is likely to be released by December 2019 followed by regular release of progress report every year. MoSPI has also released an SDG Dashboard based on NIF, developed in collaboration with United Nations in India. The dashboard provides an aggregated overview of all goals, targets and maps data for national indicators. It is a unified data repository on SDG Indicators as per the National Indicator Framework.

(4) The deadlines by which specific targets are to be achieved are already in-built in the target statements. Some targets are to be achieved by 2020, some others by 2025, and others by 2030."

In a written question the Committee asked Niti Aayog whether it is going to constitute some enforcement agency for monitoring compliance of SDGs by various institutions, Niti Aayog replied as follows:

" It is not within the mandate of NITI Aayog to enforce compliance with SDGs by various institutions. However, NITI Aayog will continue to monitor the performance of States/UTs using the SDG India Index and help improve their performance within the framework of cooperative and competitive federalism."

57.   MoSPI intimated to Audit (July 2018) that no milestones for the indicators have been proposed. Thus, Audit observed that non-identification of milestones may affect the preparation of an effective road-map/policy for achieving the related Targets.

58.   As regards the absence of the milestones for indicators, representative of Ministry of Statistics and Programme Implementation apprised the Committee during evidence as under:

> "Right now, we do not have a milestone because for some of the indicators, we are too early at that stage but we all are working day and night to ensure that all the indicators are captured. We will ensure that these are aligned through our NIF and the NIF architecture is aligned with the GIF framework. At the earliest, when we get that confidence level that by this time, we will be able to achieve these many indicators and framework, then we will take it forward."

59.   Asked about the existing mechanism to monitor efficacy of coordination among the three concerned Ministries/Departments and whether this was effective enough, NITI Aayog replied as follows :

> "With respect to monitoring of progress on the implementation of SDGs the Ministries share information on a regular basis . This facilitates the preparation and publication of the SDG India Index Report which provides an SDG Progress snapshot at the national level. The existing coordination among the three Ministries is functional and smooth."

60.   When the Committee enquired how Panchayat Raj Institutions are being empowered for attaining NITI Aayog simply mentioned that the Ministry of Panchayat Raj deals with the empowerment of Panchayat Raj Institutions. Further, to know the actual implementation on the ground the Committee asked about the programs planned in the 112 Aspirational Districts. From the written reply from NITI Aayog it was found that the progress is measured through the 49 indicators in the index. These are monitored periodically and also the third party validation is done periodically to keep the competition fair. The Committee could not find any inkling of implementation of SDGs in the Aspirational District programme which include some important index viz. health and nutrition, education, agriculture and water resources, financial inclusion and basic infrastructure.

INVOLVEMENT OF PRIVATE SECTOR

The Committee enquired about the role and involvement of private sector in achieving the SDGs. NITI Aayog mentioned that it has been continuously partnering with various stakeholders in public and private sector to achieve the SDGs.

Emphasizing the role of private sector in achieving SDGs NIti Aayog in a written reply mentioned that the comprehensive framework of the SDGs require that the growing might of the private sector in terms of finance, technology, skills, innovation and outreach is harnessed to fructify the SDG implementation efforts. The ways business source, invest, employ and spend, have significant influence on sustainable development. They can become key SDG implementers by transforming their entrepreneurship and profits into enablers of sustained economic growth, social inclusion and environmental protection. Thus, it is imperative to enable the private sector to go beyond its core business activities by not only creating wealth and employment, but also helping in technology transfer, capacity development, creation of public goods for the poor and efficient implementation of policies and programmes to achieve to achieve the SDG targets.

The Committee further enquired about the envisaged role for the Non-Governmental Organization/ charities and non-profit organisations on way to achieve the SDGs. Niti Aayog further informed in a written reply as follows:

> " The NGOs of charity/non-profit organisations have been an important partner in implementation of SDGs. They have all along been part of the sensitization and awareness development work of NITI Aayog. Niti Aayog has also supported them in their own awareness and capacity development work on the SDGs of the grassroots and other levels. Those working with disadvantaged communities directly or indirectly are contributing to the work of social inclusion so that 'no one left behind'. Niti Aayog partnered with a number of such organisations and their networks in 2019-20 to hold nation-wide consultations on all SDGs with various vulnerable social groups, such as, children, women, farmers, people from Scheduled Castes and Scheduled Tribes, migrant labour, elderly, people with disabilities, people with HIV, etc. The outcome of the consultations were incorporated in the VNR Report."

VI. CHAPTER-V: GOAL 3: GOOD HEALTH AND WELL BEING

61. Audit has selected Goal 3 of SDGs i.e Good Health and Well Being for detailed examination. This covers the Health Sector and it's preparedness to achieve the targeted goals. The importance of this goal is that it is key to protection of individuals, families, and societies. The new National Health Policy(NHP), 2017 was set keeping in view the SDGs.

62. Audit followed the same procedure in it's detailed examination of the sector viz. institutional arrangements at the Central and State level, planning to achieve the targeted goals, policy coherence, resource mobilization and reviewing and Monitoring.

63. As per the NITI Aayog's mapping document released in August 2017, Ministry of Health and Family Welfare (MoH&FW) has been identified as the nodal Ministry along with nine other implementing Ministries with respect to Goal 3. In the revised mapping document (August 2018), Targets across Goal 3 along with related interventions and schemes to be undertaken by these Ministries, had been delineated.

64. While providing details of the Goal-3 i.e. "Good health and well being" of SDGs which is intended to ensure healthy living and promote well-being of people of all ages, the Ministry of Health & Family Welfare in their written replies furnished as under:

"SDG 3 *"Ensure Healthy Lives and Promote Well Being at all ages"* has nine key targets.

- Four targets relate to the Millennium Development Goals- (the precursor to SDGs) namely:
    - o reduction in maternal mortality,
    - o reduction in new born, and child deaths,
    - o ending epidemics of selected infectious diseases/combating waterborne and other communicable diseases, and
    - o improving access to sexual and reproductive health services.
- The second set of targets address
    - o reductions in deaths from non-communicable diseases/promoting mental health,
    - o reduction in road traffic accident deaths, injuries and accidents,
    - o strengthening prevention and treatment for substance abuse,
    - o addressing health effects of pollution, chemicals and contamination.
- The overarching target of SDG 3 is SDG 3.8 which reads as *"Achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all"*.

- Besides the above, SDG 3 has four means of implementation related targets, on the strengthening the implementation of the
    o Framework convention for tobacco control,
    o access to medicines and vaccines,
    o health financing and workforce and
    o strengthen capacity for early warning, risk reduction, and management of health risks.

For effective monitoring of SDG-3, there are 13 identified targets i.e. target 3.1 to 3.9 and target 3.a to 3.d. These are:

1. Target 3.1: By 2030, reduce the global Maternal Mortality Ratio to less than 70 per 1,00,000 live births
2. Target 3.2: By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce Neonatal Mortality to at least as low as 12 per 1,000 live births and Under-5 Mortality to at least as low as 25 per 1,000 live births
3. Target 3.3: By 2030, end the epidemics of AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (NTDs) and combat Hepatitis, Waterborne Diseases and other Communicable Diseases
4. Target 3.4: By 2030, reduce by one third premature mortality from Non-Communicable Diseases through prevention and treatment and promote mental health and wellbeing
5. Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
6. Target 3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents
7. Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
8. Target 3.8: Achieve Universal Health Coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
9. Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
10. Target 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
11. Target 3.b : Support research and development of vaccines and medicines for the Communicable And Non-Communicable Diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

12. <u>Target 3.c</u>: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

13. <u>Target 3.d</u>: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks."

65. As regards the targets assigned to Ministry of Health and Family Welfare for achievement of Goal 3 and progress made therein so far, the Ministry of Health and Family Welfare in their written replies stated as under:

"National Task Force on SDG-3 was constituted in M/o H&FW under the Chairmanship of Secretary (Health & Family Welfare) on 13.10.2016. As per the directions of the Task Force, Working Group and Sub-Working Groups were formed to sensitize different Programme Divisions, stakeholders for effective implementation of programs and availability of datasets and periodic flow of information on SDG-3.

- To monitor SDG-3, a list of 73 Health related indicators have been identified by MoSPI and communicated in the Health Indicator Framework (HIF) including mortality and other indicators which have direct impact on the Health.

- Subsequently, in the National Indicator Framework (NIF) prepared by Ministry of Statistics and Programme Implementation (MoSPI), this Ministry of Health and Family Welfare has been assigned as data source agency for 44 indicators (which is a subset of above mentioned 73 HIF indicators).

- For the remaining indicators which have impact on health, the major data sources are Office of Registrar General of India (ORGI), Department of Drinking Water & Sanitation under Ministry of Jal Shakti, National Crime Record Bureau (NCRB), Ministry of Environment, Forest & Climate Change etc.

India has made substantial progress in major health indicators towards achieving the SDG Health Goals by or before the stipulated timeline, i.e. the year 2030.It is informed specifically that for some vital mortality indicators, viz. Maternal Mortality Ratio (MMR), Under Five Mortality Rate (U5MR) and Neo-Natal Mortality Rate (NNMR), where the past annual trend of data is available in the public domain, statistical projections has been undertaken which indicates that India is likely to achieve the respective targets as per the timeline indicated below.

- MMR, released by the SRS (ORGI), has declined to 122 per 1 lakh live births during 2015-17 from 130 during 2014-16. If India continues to maintain the present percent change (-6.2%) annually, the country is expected to achieve the MMR target of 70 by the year 2025.

- U5MR has declined from 39 per 1000 live births in 2016 to 37 per 1000 live births in 2017 (as per SRS report). India is expected to achieve SDG target well before by the year 2020-21 if the past trend is continued.

- NNMR has declined to 23 per 1000 live births as per SRS, 2017. India is expected to achieve the SDG targets of 12 by the year 2025 if the past trend is continued.

However, as regards other indicators including incidences of Communicable and Non-Communicable Diseases, this Ministry makes regular assessment of status and on that basis evolves necessary policy/ programme interventions towards achieving specific targets by or before the stipulated time. Thus, the Programme Divisions in the Ministry are actively involved in monitoring the processes while the Statistics Division of M/o H&FW is monitoring in terms of performance of health outcome indicators through periodic household surveys, viz. National Family Health Surveys (NFHS) and Management Information Systems(MISs)such as Health Management Information System (HMIS) etc."

a)   Promoting Awareness and stakeholder involvement

66.   Initiatives for raising awareness and enhancing stake-holder engagement in respect of Goal 3, both at the Central and State levels were not comprehensive, as discussed below.

At Central Level

67.   The MoH&FW organised a national consultation on transitioning from MDGs to SDGs (May 2016) which was attended by participants from the Central Ministries, States and Union Territories, international organisations, institutions and experts. In 2017, the MoH&FW organised five State level conferences on Goal 3. The Ministry has also used electronic media and social media for increasing awareness about Goal 3.

State Level

Awareness raising initiatives by States in respect of Goal 3	
Assam	• The nodal Agency for Goal 3 viz. 'Health and Family Welfare Department' was involved with awareness programme in only one out of the 17 Districts covered under the awareness programme. • In the Health Sector, stakeholders like hospitals, nursing homes, diagnostic centers were not involved during awareness programme.
Chhattisgarh	• Draft Vision document for Health identifies several initiatives for IEC activities and awareness programmes against various targets under Goal 3.
Haryana	• The SDG Coordination Centre has been set up to take action for increasing public awareness, etc., for SDGs including Goal 3.
Kerala	• The Health and Family Welfare Department had taken action for raising awareness regarding the 2030 Agenda among Government officials and other stakeholders through workshops, trainings and

	review meetings.
	• The Information and Public Relation Department will be entrusted with the responsibility to conduct specific awareness generation programme for SDGs among general public.
Maharashtra	• The State has not taken any action regarding raising public awareness. • The State Government intends to assign funds out of the District Annual Plan to conduct training programme for the Municipal Councillor and Zila Parishad members etc., for creating greater awareness of the importance of SDGs by March 2019.
Uttar Pradesh	• In respect of Goal 3, the State Health Ministry did not undertake public awareness programmes and workshops/meetings to engage with civil society organizations and other stakeholders. The Ministry however, held inter-departmental/sectoral meetings involving different levels of Government officials. • The Medical Health & Family Welfare (MH&FW) Department did not earmark budget for publicity of the 2030 Agenda and did not plan to incorporate awareness raising issues of the Agenda.
West Bengal	• Although various health awareness programmes were held in the State, in the absence of sectoral papers on SDGs, their linkage with SDGs were not established.

68.   As regards the initiatives taken by the Ministry of Health and Family Welfare at Central and State levels for raising awareness and enhancing stake-holder engagement in respect of Goal 3, Ministry of Health & Family Welfare submitted as under:

"In May 2016, the M/o H&FW in collaboration with WHO held a National Consultation on transitioning from the MDGs to SDGs. The consultation addressed issues such as learning from MDGs to inform SDGs, discussion of policy options for health SDG, monitoring frameworks and challenges and solutions to emerging health challenges. The consultation resulted in the adoption of the Commitment on SDGs.
A National Task Force specific to Goal 3 with representation from MoH&FW, NITI Aayog and MoSPI, States, agencies and experts, has been constituted along with working groups/sub-groups on specific items of work. The Task Force was reconstituted in January 2020 and includes representatives of Ministry of Women & Child Development, Rural Development, Housing and Urban Affairs, Home affairs, AYUSH, Tribal Affairs, Social Justice & Empowerment, Railways and Jal Shakti.
In January 2020, a meeting of the Task Force Members was held on 22nd January 2020.

As per the reconstituted National Task Force, all the nine ministries as per the CAG report have been involved.

Regular Meeting with the related Ministries and meeting of the National Task Force and Working Groups besides, the Joint Video Conferences held with the related Ministries are used for enhancing stakeholder engagement besides raising awareness. "

b)   Mapping of Schemes

69.   NITI Aayog had undertaken an exercise of mapping SDGs and Targets with Ministries, schemes and initiatives, mapping the National Health Mission with Goal 3 which the MoH&FW has identified as the primary vehicle to achieve this Goal. The MoH&FW intimated (March 2018) that after undertaking a review, the Ministry has specifically aligned different interventions/initiatives/schemes and targets with Goal 3 in the 2017-2020 phase of NHM. **Nineteen Ministries are involved with MoHFW towards achieving SDG – 3. MoHFW is coordinating with these** Ministries. It was however noted that, Ministry of Railways which implements road safety measures at railway crossings, had not been mapped with Target 3.6 dealing with road safety.

Adapting Goal 3 in selected States

70.   Audit observations on adapting Goal 3 in selected States are given below:

Adapting Goal 3 in selected States		
State	**Vision/Strategy/Action Plan**	**Audit Observation**
Assam	The Health and Family Welfare Department prepared (December 2017) the Departmental Strategic Plan and Action Plan targeting implementation of the SDG in three phases.	Four State sponsored Health Schemes not mapped with the Goal 3.
Chhattisgarh	Draft Strategy and Action plan for Goal 3 prepared but not sent for approval (March 2018).	Six departments viz. AYUSH, Medical Education, Public Health Engineering, Home, Commerce & Industry and Environment though linked were not mapped with Goal 3. Besides, four State Health Schemes were not mapped with Goal 3.
Haryana	Vision document deals only with Health department and seven targets/interventions under Goal 3 whereas the budget document shows	No separate mapping document was prepared and mapping was done through the vision and budget

	linkage with 88 schemes of 12 departments under Goal 3.	documents which were not in sync.
Kerala	The nodal department for Goal 3 conducted a review of strategies plans and schemes keeping in view SDG targets, so that gaps could be identified.	The Expert Groups constituted to develop State specific targets had identified indicators and performed responsibility mapping.
Maharashtra	The State's Vision 2030 document did not address Targets 3.6, 3.9, 3.a, 3.c under Goal 3.	Two departments (Women and Child, Water Supply and Sanitation) and two State schemes though linked with Health were not mapped with Goal 3.
Uttar Pradesh	The State Government was yet to formulate any new policy/plan as per SDG targets. Preparation of a State Health Policy aligned to SDG targets and the National Health Policy 2017 was reported to be underway.	Eight schemes though connected to health were not mapped with it.
West Bengal	Sectoral plan documents for the Sectoral Groups covering Goal 3 had been submitted in July 2018 but was awaiting approval.	Sectoral Report for Health and Welfare aligned Goal 3 with Goals 1, 2,4,5,8 and 16 for achieving health targets. Target 3.6, 3a and 3d were not included and aligned with Key Performance Indicators and the scheme 'Safe Drive Save Life' was not aligned with the Target 3.6 in the absence of measurable indices.

71.   The above table indicates that mapping in respect of Goal 3 was not comprehensive in selected States. The Committee, therefore, desired to be apprised of the steps taken to make the mapping comprehensive in the States. In response the Ministry of Health & Family Welfare in their written replies stated as under:

"With reference to the CAG report 8 of 2019, the comments have been received from the States of Haryana, Maharashtra, Assam and West Bengal.

Status of Haryana:

The State has initiated the process of mapping with various programme divisions and their schemes linked with SDGs in sync. with the budgetary allocations for the respective programmes.

- The data is being taken for year wise targets for the listed indicators along with the budgetary expenditure, future allocations for the achievement of the specified targets.
- Assessment is being done for financial requirements for resource mobilization to achieve the specified SDG targets (both immediate and long term).
- The budgetary expenditure/allocation includes both the central as well as state funds.

Haryana has already mapped the various departments of health sector as per the listed indicators of SDG. For this, meetings and follow-ups are being done on regular basis.

- To ensure robust monitoring and evaluation of the SDG implementation in the State, data w.r.t. numerator, denominator, outcome indicators, touch points for data verification, detailed write-up for the listed indicators is being taken from the concerned departments.
- State is liasioning with the other departments viz. AYUSH, Women and Child Development, Medical Education and Research etc. for monitoring the achievement of the listed schemes related to SDGs and for mobilization of financial resources as per their requirement.
- The State is also in process of preparing sector specific plan for better implementation of SDGs.

Status of West Bengal:

Inter-sectoral co-operation is in vogue at all levels in service delivery. Efforts are being made to link the health awareness programmes with SDG.

"Safe Drive Safe Life Campaign" has been launched in the state in 2016-17 with an aim to focus towards greater road safety and it is fully aligning to the commitment to SDG. Fund to the tune of around Rs.50 crore has been allotted only in 2016-17 to different Police Authorities for procurement of traffic and road safety equipment and CCTV cameras. Besides, extensive campaigning has also been made to create awareness among the citizens. Transport Department is the nodal agency in implementation of this campaign and this programme is being implemented with active participation of Transport, Home, PWD, Health and Education Departments.

- Role of Health Department relates to a) implementation of Good Samaritan guideline; b) treatment of patients within the 'Golden Hour'; c) Management of trauma patients through trauma care centres; d) Building of infrastructure for the same and e) prompt transportation of trauma victims through 'toll free' ambulance network – at present Transport Department is in the process of implementation of this project.
- Since submission of the SDG document, Department of Health has implemented 'PathaBandhu', a project for training on local volunteers in

vulnerable accident prone spots, for prompt first aid of road traffic accident cases and early transportation to the nearest trauma care facility and starting management within the 'Golden Hour'.

- Also initiative has been taken for training of medical officers and nursing personnel of trauma care facilities in basic and advanced life saving support along with handling of road traffic accidents in the emergency of the hospital.
- The department has also notified 47 trauma care centres vide notification no HF/SPSR/21/2013/17 dated 15/01/2019.

Status of Maharashtra:

Liaison of Health Department with other Department:

1. At village level, Health Services are provided with coordination of Health workers (Female), Anganwadi workers and ASHA. This implementation is according to GR no PHD-2017/P.K.76/Health-7dated 7 Dec 2017
2. In Pradhan Mantri Matru Vandana Yojana (PMMVY) implementation, Anganwadi worker (AWW), under the ICDS scheme, acts as promoters for registration of Primigravida mothers.
3. Anganwadi Workers (ICDS scheme) helps in conducting the village Health Nutrition Days and also during Pulse Polio Immunization activities.
4. National Deworming Day Drive is conducted in Anganwadi centres with the liaison of Anganwadi workers.
5. Village child Development Centre (VCDC) is conducted by women and child department at Anganwadi level. The Children who does not show improvement at VCDC are admitted in Health Institutes and they are treated and monitored by Health Department.
6. The Core Committees are established for monitoring the various programs at block, District and State level which includes Women and Child Department as member of Committee.
7. The Health Department has liaison with Water Supply and Sanitation Department for water quality in the State. Block, District and State level Water Supply and Sanitation Committees have to be established with Health Department as member of committee.

The State has taken following steps to increase public awareness:

- State has prepared Programme-wise Annual Action Plan for general awareness in the general public by using mass media, mid-media IEC and Social media and implementing year-wise in consultation with DGIPR Govt. of Maharashtra.
- State has prepared IEC Policy document for the State of Maharashtra.
- State has started following public awareness campaign on social media platforms – a. Facebook b. Instgram c. Twitter d. You Tube e. Linked in
- State has prepared District wise guidelines to conduct the awareness programme in the District. From this year i.e. 2020-21, State has created IEC plan for Tribal Districts.
- State is implementing special IEC package for Ayushman Bharat Health and Wellness Centres to cover the rural area.

- State has developed "*Annual Health Days Calendar*" including 106 Health Days. According to this calendar, all public health facilities are instructed to do health promotion activities on the specific days and display it at their institute and do IEC / SBCC activities in their area.
- All health institutes were instructed to develop "Arogya Patrika Corner" (Arogya Patrika is State's newsletter magazine in Marathi published monthly) to their institute in which 12 issues of Arogya Patrika may be displayed.
- Monthly reporting System has been developed by State and following activities were included in it. These activities were reported by Sub Health Centre, PHC/ RH/ SDG, Block and District Hospitals.
    o Advocacy & Meetings
    o Capacity Building
    o Social Mobilization Work
    o Mid Media
    o Mass Media and
    o Other Activities

Status of Assam

National Health Mission, Assam has prepared and implemented comprehensive State Programme Implementation Plan (SPIP) based on guidelines issued from various divisions of M/o H&FW to achieve SDG Goal – 3 "Ensure healthy lives and promote well-being for all at all ages".

- In addition to that, gap analysis has been done to identify the shadow areas and accordingly area / community specific special plans developed and implemented with support from Govt. of India as well as from State Govt. fund.
- Various guidelines have been received from Ministry of Health & Family Welfare, Government of India regarding implementation of NHM programmes which are directly linked with the SDG goals.

Mapping in the States was reinforced during the meeting of the working group on the roll out of SDG-3 in states/UTs held on 28th January 2020. Mapping in respect of Goal 3 will be facilitated through ensuring regular support and monitoring.In respect of those targets that require multi-sectoral action, the role of the MOFHW is to monitor indicators that are directly within its purview.

In India, States are constitutionally mandated to deliver on most of the socio-economic sectors that constitute the SDGs. Therefore, the Ministry of Health and Family Welfare (M/o H&FW) and all other stakeholder Ministries, under the overall guidance of NITI Aayog and MoSPI, are continuously providing support and enhancing capacities for monitoring all the SDG goals, including SDG Goal-3, at the State and sub-state levels.

a. Moreover, in the course of national and regional consultations, it emerged that the detailed examination of programs, strategies and implementation designs at sub-national levels is critically important. Accordingly, States/UTs are encouraged in developing their own State Indicator Frameworks (SIFs), in sync with the National Indicator Framework (NIF), under the guidance of NITI Aayog, MoSPI and all the stakeholder

Ministries. States are advocated to prepare State-level Vision Documents and SDG Action Plans.

b. NITI Aayog, in partnership with UN India, developed the SDG India Index Baseline Report and Dashboard, which document comprehensively and measure the achievements made by States and UTs by ranking them on a select set of indicators. The SDG India Index has enabled States and UTs to keep a real time watch on the trajectory of progress towards the Goal.

Ministry of Health and Family Welfare is proactively working with all states for helping the States to complete the mapping."

72. Ministry of Health and Family Welfare in their written replies further submitted as under:

"(1) The key Ministries associated with Goal 3 such as M/o Women and Child Development, M/o Health and Family Welfare, M/o Tribal Affairs, and M/o Ayush have been regularly involved in the consultations/ review meetings held by NITI Aayog.

(2) To enhance policy coherence among various ministries:

a) The National Health Mission under the Ministry of Health and Family Welfare is supporting States for mainstreaming AYUSH. Provision of comprehensive primary health care through Ayushman Bharat Health and Wellness Centre (AB-HWCs) envisage prevention and health promotion through lifestyle changes, exercise, yoga, etc. for which M/o H&FW is engaging with Ministry of AYUSH.

b) M/o H&FW has been engaging with Ministry of Tribal Affairs and many measures/initiatives have been taken by the M/o H&FW.

c) All tribal majority districts whose composite health index is below the state average have been identified as High Priority Districts (HPDs) and these districts are to receive more resources per capita under the NHM.

d) A committee has been recently constituted under the Ministry to develop immunisation strategy for tribal population."

73. In their vetting comments on the aforesaid replies of Ministry of Health and Family Welfare, Audit observed as follows:

"The reply does not address the PAC query about exclusion of key ministries viz. AYUSH, Tribal Affairs, and Home Affairs from national Consultation organised by Ministry of Health & Family Welfare in May 2016 and their exclusion from the Task Force, Working Groups, and Sub-Groups constituted by the Ministry of Health & Family Welfare for the implementation of Goal-3."

74. Providing details about the National Task Force constituted for specific items of work, Ministry of Health & Family Welfare in their written replies stated as follows:

"National Task Force on SDG-3 was constituted in M/o H&FW under the Chairmanship of Secretary (Health and Family Welfare) on 13.10.2016 and the Terms of References(ToRs) of the National Task Force are as under.

1. Develop the monitoring Framework for SDG-3 in India with a roll out plan:

- 1.1) Map all the proposed indicators under each target and identify the key domains and data elements that are being collected and those that may be challenging to collect;
- 1.2) Identify indicators/areas requiring further deliberations;
- 1.3) Agree upon the equity stratifies to capture (age, sex, urban/rural, wealth, education) and how to maintain this in current information systems and compatibility with future planned health surveys; and
- 1.4) Recommend data flow and management – who collects and reports what data, at what level, using what methodology, with what periodicity/frequency.

2. Support the States with roll out of the SDG health agenda
   - 2.1) Plan for State/regional levels consultations involving key stakeholders to build a shared understanding, approach and vision;
   - 2.2) Develop the package of technical and resource material for conducting regional workshops; and
   - 2.3) Provide technical support to the States in development of State specific operational and M&E plans for the SDG-3.

3. Set up review mechanism
   - 3.1) Put in place mechanisms for periodic review and progress in the SDG implementation; and
   - 3.2) Guide the analysis of data for feeding into policy/programmatic action.

Since its constitution, the task force has constituted a Sub Group of National Task Force, on 31.1.2017 and its meeting held on 3.2.2017. Two working groups were constituted by this Sub Group of NTF on 20.2.2017 and meeting of Working Group on SDG Monitoring Framework was held on 30.3.2017. Further, Sub Working groups were constituted under the Working Group on Monitoring Framework on 30.3.2017. The task force contributed in finalization of SDG 3 related indicators in the National Indicator Framework. So far, two meetings of National Task Force had been held on 13.10.2016 and 22.1.2020.

Related Ministries are meeting for coordination of various national programmes on regular basis, besides the formal meeting of National Task Force. This ensures the smooth coordination among all, resulting in better performance in the national programmes, which result in expected outputs in the Indicators under SDG-3. Coordination and collaboration with the related Ministries and Departments is one of the key factors for the achievement and progress mentioned above.

As all the concerned Ministries are part of the Task Force, the necessary coordination and other collaborative activities is facilitated and thus, the Task Force is equipped to carry out the required monitoring of the indicators under SDG-3.

Mapping in the States was reinforced during the meeting of the working group on the roll out of SDG-3 in states/UTs held on 28th January 2020. Mapping in respect of Goal 3 will be facilitated through ensuring regular support and monitoring. In respect of those targets that require multi-sectoral action, the role of the MOH&FW is to monitor indicators that are directly within its purview.

In India, States are constitutionally mandated to deliver on most of the socio-

economic sectors that constitute the SDGs. Therefore Ministry of Health and Family Welfare (M/o H&FW) and all other stakeholder Ministries, under the overall guidance of NITI Aayog and MoSPI , are continuously providing support and enhancing capacities for monitoring all the SDG goals, including SDG Goal-3, at the State and sub-state levels.

a. Moreover, in the course of national and regional consultations, it emerged that the detailed examination of programs, strategies and implementation designs at sub-national levels is critically important. Accordingly, States/UTs are encouraged in developing their own State Indicator Frameworks (SIFs), in sync with the National Indicator Framework (NIF), under the guidance of NITI Aayog, MoSPI and all the stakeholder Ministries. States are advocated to prepare State-level Vision Documents and SDG Action Plans.

b. NITI Aayog, in partnership with UN India, developed the SDG India Index Baseline Report and Dashboard, which document comprehensively and measure the achievements made by States and UTs by ranking them on a select set of indicators. The SDG India Index has enabled States and UTs to keep a real time watch on the trajectory of progress towards the Goal.

Ministry of Health and Family Welfare is proactively working with all States for helping the States to complete the mapping."

c) Policy Coherence

75.   MoH&FW informed audit (April 2018) about several initiatives taken by it that supported both vertical and horizontal coherence with respect to Goal 3. These include adoption of "Delhi Commitment on SDG for Health" after a National Consultation of Health secretaries; constitution of an Inter-Ministerial committee to support the Full Immunization Programme; approval of State Programme Implementation Plans (PIP) under NHM and convergence between Central agencies with respect to targets relating to non-communicable diseases and the Rashtriya Bal Swasthya Karyakram. However, audit examination of the aspect of policy coherence with respect to Goal 3 disclosed that important agencies such as Indian Council of Medical Research and Central Health Education Bureau were not formally associated with the implementation of Goal 3. In addition, three Ministries linked with Goal 3 viz. AYUSH, Tribal Affairs and Home Affairs were not associated during the National Consultation on Transitioning from MDGs to SDGs. Moreover, as pointed out in Para 5.2, other Ministries connected with Goal 3 had not been made part of the Task Force constituted by the MoH&FW. With respect to vertical coherence, a Working Group set up by the MoH&FW for implementing Goal 3 in the States and UTs had not held any meeting. Observations on policy coherence in States in respect of Goal 3 are given in Table:

Policy coherence in selected States	
Assam	Nodal Department had not identified other associated departments under Goal 3 such as Public Health Engineering Department (PHED), Transport Department, Environment and Forests, etc.
Chhattisgarh	As reported under para 5.3.3, six departments viz. AYUSH, Medical Education, Public Health Engineering, Home, Commerce & Industry,

	Environment though linked to Goal 3 were not mapped with it.
Haryana	In the Vision document, only one department has been linked with Goal 3 even though 11 other departments viz. Ayush, Medical Education and Research, Rural Development, Women and Child Development, etc. are also linked with this SDG. The nodal department (SDGCC) stated that, detailed sector wise plan will be prepared for better implementation of SDGs.
Kerala	The Department of Health and Family Welfare had taken up issues relating to road safety and deaths due to road accidents; health education and pollution, with the concerned departments.
Maharashtra	There was no evidence on any specific steps having been taken with respect to Goal 3 for horizontal mapping and identifying interconnections between SDGs.
Uttar Pradesh	The State Government had selected (October 2016) MH&FW as a nodal department for Goal 3 but specific roles for related entities and for different levels of administration had not been defined. Department (MH&FW) explained (May 2018) that these aspects would be addressed in the proposed State Health Policy and Gram Panchayat Development Plan after the approval of the Department's Vision Document.
West Bengal	No institutional links at the local/district/block levels for promoting vertical coherence and integration were identified in the absence of approval for sectoral plans.

76. Asked about the reasons for aforesaid Audit observations, the Ministry of Health & Family Welfare in their written replies stated as under:

"(1) ... the Ministry has been engaging with various Ministries associated with Goal 3 and a host of measures/ initiatives has been taken.
a) All tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs) and these districts are to receive more resources per capita under the NHM as compared to the rest of the districts in the State. These districts also receive focussed attention and supportive supervision. Norms for infrastructure, Human resources, ASHAs, MMUs etc. under NHM are relaxed for tribal and hilly areas.
b) An expert committee set up jointly by M/o H&FW and Ministry of Tribal Affairs is presenting its report on 9th August 2018.
c) An MOU is being signed with Ministry of Tribal Affairs for fostering objective of Ayushman Bharat including through School Ambassador initiative.
d) A Committee has been recently constituted under the Ministry to develop immunisation strategy for tribal population.
e) The Ministry is also engaging with Ministry of Road Transport and Highways on regular basis.

f) As part of contribution towards the Swachh Bharat Abhiyan, M/o H&FW, has under the NHM undertaken initiative such as Kayakalp Award Scheme in 2015, Swacch Swasth Sarvatra as joint initiative with MDWS in December 2016 and VISHWAS- Village based Initiative to synergise Health Water and Sanitation in July, 2017. Approval of ` 276 crore has been accorded under NHM to States for Kayakalp in the last three years and ` 58 crore under Swacch Swasthya Sarvatra last year. The VISHWAS Campaign is aimed at strengthening community level convergent action on health water and sanitation. The yearlong campaign has been designed which is to be carried out by each VHSNC in its area, to focus on building awareness and social mobilisation, developing community for action on water, sanitation and health, and a platform for building synergies between various Government programmes. Training of trainers have already been completed in 10 States.

g) Kayakalp is also being implemented for tertiary care hospitals and institutions.

(2) Horizontal coherence pertains to different Ministries and departments working together, channelizing their efforts towards achieving the same outcomes. Vertical coherence pertains to various levels of the government administration – centre, state, district, and local, playing their respective roles effectively in a collaborative manner to bring about the intended outcomes."

77. Further on the issue of Policy coherence, Ministry of Health & Family Welfare stated as follows:

"There exists adequate policy coherence between Centre and State Governments on the intended objectives of the National Programmes including the initiatives towards achieving SDGs. On-going dialogue and discussions with States enable specific issues relating to policy coherence to be taken up on immediate basis and subsequent resolution with the State Governments concerned as and when the issue arises."

78. Audit observed that with respect to vertical coherence, a working group set up by the Ministry of Health and Family Welfare for implementing Goal 3 in the States and UTs had not held any meeting.

79. Apprising the Committee about the reasons thereof, the Ministry of Health & Family Welfare in their written submission stated as follows:

"It is to submit that the Working group of the National Task Force under the chairpersonship of JS Policy met on 28th January 2020.

National Task Force meeting held on 22.1.2020 has reiterated the conduct of regular meetings of the working groups and required instructions have been communicated to all the concerned officials."

d)   **Mobilisation of Financial Resources and Budget Allocation**

Expenditure under National Health Policy

80. Goal 3 envisages substantial increases in health financing to meet various targets under the Goal. NHP, 2017 released by the MoH&FW proposes raising public health expenditure in a time bound manner from around one per cent (2015-16) to 2.5 per cent of GDP (at current price) by 2025. The Ministry affirmed its commitment to audit to increase the public health expenditure in a time bound manner and intimated (September 2018) that under NHM, States are mandated to increase health spending on primary care by at least 10 per cent every year. It also highlighted steps taken at a policy level for augmenting resources for the health sector such as levy of a combined four per cent health and education cess and provision of funds for health education infrastructure through the Higher Education Financing Agency. Though Public Health Expenditure as a percentage of GDP has been increasing since 2015-16, it has remained within a narrow band of 1.02- 1.28 per cent of GDP. A study of data on trend of spending in the States and budget allocations at the Central level as given in subsequent paras would show that concerted efforts would be needed to reach the target levels of spending on Public Health by 2025.

Budget Allocation for Health Sector at the Centre

i)   Financial allocation for Health at Centre

81. Following projections of the Three Year Action Agenda (2017-20) to increase the Central allocation for the health sector to ` one lakh crore by 2019-20, GoI allocated ` 54,852.00 crore in 2017-18 (RE), ` 57,671.60 crore in 2018-19 (RE) and ` 65,037.88 crore in 2019-20 (BE) to the MoH&FW24 and AYUSH, which is far short of the target.

ii)   Allocation for National Health Mission

82. The MoH&FW intimated that NHM is the primary vehicle for achieving Goal 3. The budget projection and allocation for NHM during 2017-18 and 2018-19 is depicted in Table and shows a shortfall in allocations in both the years:

Budget Allocation for NHM (` in crore)				
Financial Year	**Projection**	**Allocation**	**Shortfall**	
			Amount	**Percentage**
2017-18	34,315.7	26,690.7	7,625.0	22.2

2018-19	34,882.3	30,129.6	4,752.7	13.6

83.   The Standing Committee of Parliament on Health while examining the allocations had observed that these shortfalls would affect strengthening of Health facilities.

84.   On a further enquiry about the target of public health expenditure Niti Aayog has informed the Committee National Health Mission commits to increasing health spending to 2.5% of GDP by 2025. Under NHM States are mandated to increase health spending on primary care by at least 10% every year.

85.   Audit has commented on this that against the targeted allocation of Rs. One lakh crore by 2019-20 the actual allocation was Rs. 65,037.88 crore (BE) falling short by 35%. While the target of spending by States only in primary health care is 10% of the GDP their total expenditure on health sector ranged from 3.29 to 5.32 percent.

Mobilisation of Funds and allocation for Health Sector in States

86.   The National Health Policy prescribes increasing health spending to more than eight per cent of State's Budget by the year 2020. Audit examination of records in the seven selected States revealed that the achievement ranged between 3.29 to 5.32 per cent as detailed in Table:

Average Health Expenditure in selected States							
State	Assam	Chhattisgarh	Haryana	Kerala	Maharashtra	Uttar Pradesh	West Bengal
Average Health Expenditure (As percentage of average State Expenditure for the period 2012-17)	5.32	4.78	3.29	5.24	4.15	4.74	4.47

87. In respect of action taken for assessment and mobilisation of financial resources for Goal 3, audit noted that none of the States except Assam had undertaken an assessment of financial requirements for the medium to long term. Assam had prepared an Outcome Budget for three years linked to SDGs including Goal 3.

88. Asked about the steps taken to ensure the availability of required central allocation for health, the Ministry of Health & Family Welfare is their written replies stated as under:

"M/o H&FW regularly pursues with Ministry of Finance on Demands for Grants. M/o H&FW also follows up with States on submission of Demands for Grant. Continuous efforts are being undertaken to converge the resources mobilization of resources to strengthen health systems in the States by liaisoning with the Ministry of Tribal Affairs, Ministry of Minority Affairs and other Ministries."

89. Further in regard to the steps taken to ensure the augmentation of health spending in States, the Ministry of Health & Family Welfare in their written replies submitted as under:

"Following Steps are taken to nudge States to augment health spending in States:

- Under the flagship programme of National Health Mission(NHM), funds are shared in the ratio of 60:40 (Centre: State) and 90:10 (for NE and hilly States), and 100% for UTS without Legislature.
- To monitor the contribution of matching State share under NHM against Central releases, it is mentioned that no releases are proposed unless the matching State shares against previous releases are met out.
- Further, while proposing the 2nd tranche of release under NHM, it is ensured that the State has increased its health budget by 10% over the previous year. Where the increase over the previous is less than 10%, the average of last three years in considered. Trends in States' expenditure on health are assessed by National Health Accounts (NHA), which compiles the health expenditure by the States from RBI Bulletins.

States' Health expenditure as proportion of total budgetary expenditure is one of the indicator in NITI's State Health Index (SHI). The NITI's SHI has significant weightage in the NHM Conditionality Framework to incentivize States to spend larger proportion of their budget on health."

e) **Physical Infrastructure and Human Resources in Health Sector**

90. NHP, 2017 focuses on closing of infrastructure and human resource gaps, optimum use of existing manpower and infrastructure as available in the health sector. Examination of budget items that support physical infrastructure and human resources in

the health sector shows augmentation in financial allocations in the last three years for ensuring availability of required infrastructure and human resources. MoH&FW (September 2018) has highlighted initiatives to upgrade existing Sub-Centres and Primary Health Centres to Health and Wellness Centres so as to ensure comprehensive primary care. In addition, it intimated that several measures such as increased recruitment of medical personnel and augmenting capacity of medical educational institutions were being undertaken to improve availability of human resources in the health sector.

91.   The Performance Audit Report of the Comptroller and Auditor General of India (Report No. 25 of 2017), on National Rural Health Mission (NRHM26) which seeks to strengthen the delivery of public health services in the rural areas, highlighted shortfalls (ranging between 24 and 38 per cent) in the availability of SCs, PHCs and Community Health Centres in 28 States/UTs. The report also disclosed shortages of doctors and paramedical staff in almost all centres selected by audit. The annual report of the MoH&FW (2016-17) also accepts that health care service delivery requires intensive human resource inputs. The position with respect to availability of physical infrastructure (PHCs) and human resources (doctors) in selected States is provided in Table: 92.

Distribution of Health Resources (Infrastructure and Human)					
States	Infrastructure			Human	
	PHCs required as per population norms	PHCs Functioning	Shortfall	Total number of Doctors in PHCs	Availability of Doctors per PHC
A	B	C	D= (B-C)	E	F =(E/C)
Assam	1,112	1,014	98	1,048	1.03
Chhattisgarh	870	785	85	341	0.43
Haryana	501	366	135	429	1.17
Kerala	1,141	849	292	1,169	1.38
Maharashtra	2,461	1,814	647	2,929	1.62
Uttar	5,183	3,621	1,562	2,209	0.61

Pradesh					
West Bengal	3,046	914	2,132	918	1.00

93. Thus, Audit found that despite existence of plans/policies and increased allocations for augmenting physical and human resources, significant shortages persist in physical resources in all seven States. In respect of human resources, there were considerable shortages in the States of Chhattisgarh and Uttar Pradesh.

94. When asked about the reasons for persisting shortages in physical resources in all the seven States and steps contemplated to augment the same, the Ministry of Health & Family Welfare in their written replies stated as follows:

"Public health and Hospitals is a State subject and the primary responsibility of strengthening the healthcare delivery systems lies with the respective States. However, under National Health Mission (NHM), technical and financial support is provided to the States to strengthen the public health systems based on the proposals submitted by them in the form of Programme Implementation Plans (PIPs), which are appraised in the National Programme Coordination Committee (NPCC) meetings and approvals are accorded in the form of Records of Proceedings (RoPs) according to the resource envelope of the State. Ministry also provides support through capacity building, dissemination of good practices, etc.

The inputs received from the State to enhance the human resources is given below:

Reply from the State of Uttar Pradesh as sent by the State are given below

The steps taken by the State of Uttar Pradesh to enhance the human resources are as follows:

- Introduction of transparent and fair recruitment process by hiring GoI empanelled recruitment agency for facilitating in selection of contractual staff at State/Division/ District/Block level.

- Innovative Bidding Model has been introduced for hiring of Specialists (Obs&Gynaecologist, Anaesthetist and Paediatrician) under NHM, UP. This model has been helpful in fulfilling the gaps of Specialists Doctors in the rural areas.

- To enhance the outreach for hiring of Specialists & MBBS Doctors, following two models has been introduced under NHM, UP:

  1.State Walk in Interview

  2. District Walk in Interview

SI no	Selection Through	Total Vacancies	Total Selections	Selection of Medical Officer	Selection of Specialist
	Selection Status of Specialists and Medical Officers (FY 2017-18) under NHM, UP				
1	District Walk-in (Specialists & Medical Officers)	1407 [Medical Officer-843 & Specialists-564 (Obs.&Gynae.-152, Anaesthetist-125, Paediatrician-225, General Physician-62)]	475	373	102 (Pediatrician-35, Gynaecologist-39 and Anaesthetist-28)
2	Bidding round 1st (November-2017)		123		123 (Pediatrician-49, Gynaecologist-39 and Anaesthetist-35)
3	Specialists under National Mental Health Program (NMHP)	27	27		
	Total FY 2017-18	1434	625	373	225

SI no	Position Name	Total Vacancies	Total Selections
	Selection Status of Paramedical Positions (ANM, Staff Nurse, Lab Technician, Lab Attendant & PRO etc) and rest Positions under NHM, UP		
1	ANM	2683	2364
2	Staff Nurse	1290	1042
3	Lab Technician	373	326
4	Lab Attendant	64	64
5	Public Relation Officers (PRO)	18	18
6	Community Health Officer (CHO)	1166	1054
7	Psychiatric Nurse and Clinical Psychologist	49	49
8	Various District & State Level Positions including Consultants, BCPM, RSKM, RSKO, District Counsellor etc.	345	345
	Total FY 2017-18	5643	5262

S.No.	Selection through	Total Vacancies	Total Selections
	Selection Status of Specialists and Medical Officer under NHM, UP.		
	Selection Status of Specialist under NHM, UP (For FY 2018-19 & 2019-20)		
1	Bidding Model	949	330

Selection Status of Specialists and Medical Officer under NHM, UP.			
S.No.	Selection through	Total Vacancies	Total Selections
2	State Walk-in		140
3	District Walk-in		119
	Total	**949**	**589**
Selection Status of Medical Officers under NHM, UP (For FY 2018-19 & 2019-20)			
1	State Walk-in	843	125
2	District Walk-in		470
	Total	**843**	**595**

Selection Status of Paramedical Positions (ANM, Staff Nurse, Lab Tech. , Lab Attendant & PRO etc.) and rest Positions under NHM, UP (For FY 2018-19)			
Sl no	Position Name	Total Vacancies	Total Selections
1	Staff Nurse, Lab Technician, Microbiologist	817	802
2	Various District & State Level Positions	554	534
3	Community Health Officer (CHO)	1275	1275
	Total FY 2018-19	**2646**	**2611**

Recruitment status under Process at NHM,UP for FY 2019-20			
S.No.	Position Name	Total Vacancies	Selections
1	Paramedical Positions (Nursing Sister, Staff Nurse, Lab Technician & OT Technician) under MCH Wing.	1365	1358
2	Paramedical Positions (ANM, Staff Nurse, Lab Technician, Pharmacist, OT Technician etc.) 10000+	10977	10575
3	State, Division and District level Positions including Consultants, Counselor, Audiologist etc. 1100+	1054	791
4	Community Health Officer (CHO)	6000	5889
	Virtual Training	154	153
	Total FY 2019-20	**19550**	**18766**

Recruitment drive under process for contractual vacancies under NHM, UP for FY 2019-20			
S. no	Position Name	Total Vacancies	Total Selections	Remarks
1	Backlog	1622		Advertised on 06th Oct 2019

Recruitment drive under process for contractual vacancies under NHM, UP for FY 2019-20			
S. no	Position Name	Total Vacancies	Total Selections	Remarks
	vacancies(Division & District level)			and last date for submission of application was 06th Nov 2019.
2	New vacancies sanctioned in RoP 2019-20 and other backlog vacancy shared by Program Divisions (State, Division & District level)	2735		Advertised on 05th Jan 2020 and last date for submission of application was 04th Feb 2020.
	Total FY 2019-20	4357		

Reply from the State of Chhattisgarh as sent by the State are given below

The steps contemplated by the State to enhance the human resources in the State of Chhattisgarh are as follows

Every Monday, Walk-in-Interview is conducted for Specialist and Medical Officers at NHM office. Health facilities have been categorized into three zones according to levels of 'difficulty' and 'accessibility' – Difficult, Most Difficult and Inaccessible. According to the Health facilities, differential salary package has been implemented for Specialist and Medical Officers. At District level, some posts are recruited through District Minerals Fund (DMF) like Specialists posted in District Hospitals and Medical Colleges and Medical Officers posted in DHs, CHCs, UPHCs and UCHCs.

Chhattisgarh Rural Medical Corps (CRMC) scheme has been implemented. Its aim is to improve availability of human resources in rural and remote areas of the State. Health facilities have been categorized into three zones according to levels of 'difficulty' and 'accessibility' – Difficult, Most Difficult and Inaccessible. Provisions of differential financial incentives and extra marks for PG admission are provided for health staff at each level

Name of the Post	Difficult	Most Difficult	Inaccessible
Specialist	30000	40000	-
PGMO	25000	35000	-
EMOC / LSAS	22000	30000	-
MO	20000	25000	30000
RMA	3000	5000	10000

Staff Nurse	2000	3000	5000
ANM	-	1000	2000

- 43 Transit Hostels have been sanctioned in tribal blocks for accommodation of health staff
- 3126 residential staff quarters have been sanctioned in all 27 districts for accommodation of health staff
- Group Insurance (accidental death) for all NHM employees through Bank of India
- 180 days Maternity leave sanctioned for female employees
- Ex-gratia payment on accident death of NHM employees."

95.   Asked about the specific reasons for shortage of doctors in Wellness Centres, the Ministry of Health & Family Welfare in their written replies submitted as follows:

"Under Ayushman Bharat, it is envisaged to transform 1.5 lakhs Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Urban Primary Health Centres (UPHCs) into Health and Wellness Centres (AB-HWCs) by December 2022.

- In this regard, a total of 30,574 PHCs in rural and urban areas and 1,32,674 lakhs SHCs are to be transformed into AB-HWCs. It is not envisaged to post a doctor at the SHC level AB-HWC.
- SHC level AB-HWCs will be lead by a new cadre of Community Health Officer (CHO).
  o CHOs are B.Sc Nursing graduates or Ayurvedic Practioners, who are trained in six-month course in Certificate Programme for Community Health, with core competencies in public health and primary health care.
  o This six month course is offered by IGNOU and State Universities in States such as Maharashtra, Gujarat, etc.
  o Further, in coordination with Indian Nursing Council (INC), B.Sc Nursing curriculum has been updated with the above six month course content so that the nursing graduates passing out, need not undergo six months course and they can be directly appointed as CHOs by a due process.
  o This will address all the requirement of CHOs to be posted at SHC level AB-HWCs.

As per Rural Health Statistics (RHS) 2019, the number of MBBS Doctors in-place at PHCs is 29,799 against the requirement of 24,855. However, there are state-wise disparities leading to a shortfall of 1484 posts of doctors, which is only 4.98 % of the total requirement at PHCs.

Action taken by the Government in this regard to ensure availability of doctors in the rural areas:

- Provision for additional allowance to staff posted in rural and remote areas

- Higher remuneration for staff posted in rural areas compared to those posted in urban areas
- Providing weightage for rural/ remote posting in PG and diploma courses for MBBS doctors
- Providing scope for professional growth and continuous professional learning

M/o H&FW is confident that the requirement of one doctor at each PHC level AB-HWCs will be achieved by 2022 as envisaged comfortably."

96.   During evidence, one of the representatives of Ministry of Health & Family Welfare deposed that some of the measures for overall supply situation of doctors have been taken in terms of the medical education reforms.

97.   She further submitted during evidence that:

"We are hopeful that over the course of next three to five years, the supply situation of doctors in the country should be much better than what we have currently"

f)   Framework and Data for Monitoring at Central Level

98.   The MoH&FW set up a Working Group for formulating a monitoring framework, identifying data sources, developing metadata for indicators, recommending targets for each indicator and development of a dashboard for Goal 3. In addition, two sub-groups were set up for fixing Universal Health Care indicators and strengthen the Health Information Systems for SDGs.

99.   With regard to the monitoring framework, audit noted that the MoH&FW commenced (November 2016) developing the Health Indicator Framework (HIF) and in August 2017 identified 47 health indicators out of 232 indicators from the Global Indicator Framework (GIF). After deliberations and refinements, this was expanded to 73 indicators and also included health related indicators pertaining to other SDGs. In comparison, the NIF prepared by the MoSPI consists of 50 indicators relating to Health/MoH&FW.

100.   The difference in the number of indicators covered by the two frameworks i.e., HIF and NIF was due to exclusion of 23 indicators from NIF due to non-availability of data/data sources. Despite this, MoSPI included five indicators in the NIF, for which data were not available and some important indicators such as maternal mortality ratio, under-

five child mortality rate and neonatal mortality rate, for which according to MoH&FW, data were not regularly or uniformly available.

101. Explaining the reasons for not maintaining such data and action taken to ensure maintenance of the data, the Ministry of Health & Family Welfare in their replies stated as follows:

"The National Task Force of M/o H&FW prepared a zero draft containing 48 indicators for internal discussion on 16.11.2016. This indicator framework had undergone multiple changes through its various versions. In view of definitions, country specific relevance and scope of collecting information etc. these changes were incorporated based on stakeholder consultations. Finally, the Health Indicator Framework (version 0.6), containing 73 health related indicators was approved by HFM on 05.08.2017 for draft Cabinet Note.

However, subsequently, in November' 2018, Ministry of Statistics Programme Implementation (MoSPI) prepared a National Indicator Framework (NIF) for monitoring the progress of country w.r.t. SDGs. In this NIF, a detailed list of indicators against the targets of SDG goals was prepared wherein M/o H&FW was assigned the responsibility of maintaining and supplying of information on 44 NIF health related indicators.

Data for SDG Monitoring

While evolving the framework before finalization of NIF, the robust data was not directly available for some of the health related indicators. Subsequently, some modifications in the NIF indicators have been done keeping in mind the country specific requirements. Also, for the purpose of initial assessment, close proxy indicators were identified for which the data was not directly available.

M/o H&FW has provided SDG baseline (2015-16) data for 42 out of the assigned 44 Health indicators. For two indicators, i.e Viral Hepatitis (including A & B) incidence per lakh population and Number of deaths due to Cancer, robust datasets were not available. However, Hepatitis has been included in NFHS and steps are being taken to assess baseline values based on NFHS-4 dried blood spots. Several possibilities are being explored for having data on deaths due to cancer.

- In order to provide comprehensive datasets in respect of majority of the SDG health indicators, M/o H&FW is now conducting National Family Health Surveys (NFHS) once in three years as envisaged in the National Indicator Framework.
- It is worthwhile to clarify here that earlier the MMR estimates for major States were provided once in three years by Office of Registrar General of India (ORGI). Since 2015, ORGI has started giving annual estimates of MMR. However, MMR estimates obtained through sample surveys are available only for major States and not for smaller States & UTs of India. This is because maternal/child mortality is a 'rare event 'and it is difficult to estimate it through surveys for smaller populations.

However, to resolve this issue, a Committee of Experts was also constituted by M/o H&FW under the Chairmanship of Shri Jayant Kumar Bhanthiya, former Chief Secretary of Govt. of Maharashtra. This Committee will evolve a system based on Civil Registration System (CRS) and Medically Certified Causes of Death (MCCD) for getting timely and reliable data on MMR, U5MR, Disease burden etc., especially for smaller States/UTs.

Maintenance of Data

Data maintenance and availability is an evolving process and it has been improving over time. Statistics Division of Ministry has been actively involved in various Sectoral Committee Meetings and High Level Steering Committee Meetings towards this end. In these forums, all stakeholders are involved in discussions on maintenance of datasets. On the above mentioned 44 SDG health indicators, the data is being maintained regularly as per the latest available information from the data sources and as per the prescribed periodicities as envisaged under the NIF.

Present Status

M/o H&FW regularly provides updated information on 44 NIF health indicators to MoSPI for the unified data repository on maintenance and monitoring of SDGs in India.

- In addition, inter-agency and inter-ministerial consultations, workshops and training programs are being regularly organized towards developing more comprehensive data system on SDG-health in India.
- The Sectoral Meetings and High Level Steering Committee Meetings are also organized by MoSPI with stakeholders/Ministries/Agencies (National & Inter-National) to review and evolve better utilization and capturing of data for SDG indicators.

Efforts are also made to utilize the available Administrative datasets to monitor the process at more frequent intervals."

102. Details of 44 indicators under SDG-3 assigned to Ministry of Health & Family Welfare are given as under:

"Details of 44 Indicators under SDG-3 assigned to M/O H&FW

44 INDICATORS assigned to M/o H&FW		
SDG Targets	Indicators under NIF	India
(Goal 1) 1.3 : Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	(1) (1.3.1) Percentage of Households with any usual member covered by a health scheme or health insurance (%), NFHS-4	28.7

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
(Goal 2) 2.1 : By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	(2) (2.1.1) Percentage of Children who are underweight (Weight-for-Age(below - 2SD) %, NFHS-4	35.7
(Goal 2) 2.2 : By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	(3) (2.2.1) Percentage of Children who are stunted (Height-for-Age), NFHS-4	38.4
	(4) (2.2.2) Percentage of children who are wasted (Weight-for-Height (below - 2SD) %, NFHS-4	21.0
	(5) (2.2.3) Percentage of women(age 15-49) whose body mass index (BMI) is below normal (<18.5 kg/m2), NFHS-4	22.9
	(6) (2.2.4) Percentage of pregnant women age 15-49 years who are anaemic (<11.0 g/dl) NFHS-4	50.4
	(7) (2.2.5) Percentage of children age 6-59 months who are anaemic (<11.0 g/d), NFHS-4	58.5
(Goal 3) 3.1 : By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	(8) (3.1.2) Percentage of births attended by skilled health personnel (5 years preceding the survey), NFHS-4	81.4
	(9) (3.1.3) Percentage of births attended by skilled health personnel (last one year)	Not available
	(10) (3.1.4) Percentage of women aged 15-49 years with a live birth, for last birth, who received antenatal care, four times or more (5 years), NFHS-4	51.2

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
(Goal 3) 3.2 : By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	(11) (3.2.3) Percentage of children aged 12-23 months fully immunized (BCG, Measles and three doses of Pentavalent vaccine), NFHS-4	62.0
(Goal 3) 3.3 : By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water- borne diseases and other communicable diseases	(12) (3.3.1) Number of new HIV infections per 1,000 uninfected population (Incidence Rate) (NACO)	0.08 in 2015 0.07 in 2017
	(13) (3.3.2) Tuberculosis incidence per 100,000 population (NTEP)	2015 = 217 2017 = 204
	(14) (3.3.3) Malaria incidence per 1,000 population (NVBDCP)	2015 = 0.92 2016 = 0.85 2017 = 0.64 2018 = 0.32 2019 = 0.18 (P)
	(15) (3.3.4) Viral Hepatitis (including A & B) incidence per 100,000 population	Not available
	(16) (3.3.5) Dengue Cases (NVBDCP)	2015 = 99913 2016 = 129166 2017 = 188401 2018 = 101192 2019 = 91457 (P)
	(16.a) (3.3.5) Dengue: Case Fatality Ratio (CFR) (NVBDCP)	2015 = 0.2% 2016 = 0.2% 2017 = 0.2% 2018 = 0.2% 2019 = 0.1% (P)
	(17) (3.3.6) Number of Chikungunia cases (NVBDCP)	2015 = 27553 2016 = 64057 2017 = 67769 2018 = 57813 2019 = 54033 (P)

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
	(18) (3.3.7) Number of new cases of Kalaazar/V Lieshmaniasis (NVBDCP)	2015 = 8500 2016 = 6249 2017 =5758 2018 = 4380 2019 = 2539(P)
	(19) (3.3.8) Number of new cases of Lymphatic Filariasis (LF) (NVBDCP)	2016 =16746 2017 = 6979 2018 = 26324
	(20) (3.3.9) The proportion of grade-2 cases amongst new cases of Leprosy detected (NLEP)per 10 lakh population	4.6 in 2015-16 3.74 as on 31.5.201i
	(21) (3.3.10) : HIV Adult Prevalence Rate (NACO)	0.23 in 2015 0.22 in 2017
(Goal 3) 3.4 : By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	(22) (3.4.1) : Number of deaths due to cancer	NA
(Goal 3) 3.5 : Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	(23) (3.5.1) : Percentage of adults (15+ years) who have had at least 60 mililitre or more of pure alcohol on at least one occasion weekly (approximately) equivalent to standard alcoholic drinks)	NA
	(23) (3.5.1) Modified by MoSPI : Proxy Indicator - Percentage of Women age 15-49 who drink alcohol about once a week out of total (figures given against indicator 3.5.3) who drink alcohol (NFHS-4)	35.0
	(23) (3.5.1) Modified by MoSPI: Proxy Indicator - Percentage of men age 15-49 /15-54 who drink alcohol about once a week out of total (figures given against	Men 15-49 = 40.7 Men 15-54 = 40.6

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
	indicator 3.5.3) who drink alcohol (NFHS-4)	
	(24) (3.5.3) Percentage of population men 15-54 and women 15-49 years who consume alcohol	
	(24) (3.5.3) Proxy Indicator : Percentage of men (15-54) who drink alcohol, NFHS-4)	29.5
	(24) (3.5.3) Proxy Indicator : Percentage of men (15-49) who drink alcohol, NFHS-4)	29.2
	(24) (3.5.3) Indicator : Percentage of women (15-49) who drink alcohol, (NFHS-4)	1.2
(Goal 3) 3.7 : By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	(25) (3.7.1) Percentage of currently married women (15-49) who use any modern family planning methods, NFHS-4	47.7
	(26) (3.7.2) Percentage of women aged 15-19 years who were already mothers or pregnant, NFHS-4	7.9
	(27) (3.7.3) Percentage of institutional births (5 years), NFHS-4	78.9
(Goal 3) 3.8 : Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	(28) (3.8.1) Percentage of currently married women (15-49 years) who use any modern family planning methods, NFHS-4	47.7
	(29) (3.8.2) Percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified to the national health authorities during a specified period (NTEP)	2015 = 67% 2017 = 65.25%
	(30) (3.8.3) Percentage of	2015-16 62%

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
	people living with HIV currently receiving ART among the detected number of adults and children living with HIV (NACO)	2017-18 70%
		2018-19 82%
	(31) (3.8.4) Percentage of population in age group 15-49 years who are currently taking antihypertensive medication among age group 15-49 with systolic blood pressure $\geq$ 140 mmHg, or with diastolic blood pressure $\geq$ 90 mmHg	NA
	(31) (3.8.4) Modified Proxy Indicator - Prevalence of hypertension- Women (15-49), NFHS-4	11.0
	(31) (3.8.4) Modified Proxy Indicator - Prevalence of hypertension - MEN (15-49 years), NFHS-4	14.8
	(32) (3.8.5) Percentage of population in age group 15-49 years who are currently taking medication for diabetes (insulin or gycaemic control pills) among number of adult 15-49 years who are having random blood sugar level - high (>140 mg/dl)	NA
	(32) (3.8.5) Proxy Indicator : Percentage of women (15-49) who reported that they have diabetes , NFHS-4	1.7
	(32) (3.8.5) Proxy Indicator : Percentage of men (15-49) who reported that they have diabetes, NFHS-4	1.7
	(32) (3.8.5) Modified by MoSPI Proxy Indicator - Percentage of women (15-49) who reported sought treatment (out of total who	81.3

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
	reported they have diabetes), NFHS-4	
	(32) (3.8.5) Modified by MoSPI : Proxy Indicator - Percentage of men (15-49) who reported sought treatment (out of total who reported they have diabetes), NFHS-4	72.5
	(33) (3.8.6) Proportion of women aged 30-49 years who report they were screened for cervical cancer and the proportion of women aged 30-49 years who report they were screened for cervical cancer during the last 5 years	NA
	(33) (3.8.6) Modified by MoSPI : Proxy Indicator - Percentage of women age 15-49 who have ever undergone Cervix examinations, NFHS-4	22.3
	(34) (3.8.7) Prevalence of current tobacco uses among men and women aged 15-49 years	NA
	(34b) (3.8.7) Modified by MoSPI : Percentage of men (15-49) who use any kind of tobacco, NFHS-4	44.5
	(34a) (3.8.7) Modified by MoSPI Percentage of Women (15-49) who use any kind of tobacco, NFHS-4	6.8
	(35) (3.8.8) Total Physician, nurses and midwives per 10000 population (CBHI)	2015 = 35.8 2016 = 36.4

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
(Goal 3)3.9 : By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	(36) (3.9.2) Proportion of men and women reporting Asthma 15-49 years :	NA
	(36) (3.9.2) Percentage of women (15-49) reporting Asthma, NFHS-4	1.9
	(36) (3.9.2) Percentage of men (15-49) reporting Asthma, NFHS-4	1.2
(Goal 3) 3.a : Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	(37) (3.a.1) Prevalence of current tobacco uses among men and women aged 15-49 years	NA
	(37) (3.a.1) Modified by MoSPI : Percentage of men (15-49) who use any kind of tobacco, NFHS-4	44.5
	(37) (3.a.1) Modified by MoSPI : Percentage of women (15-49) who use any kind of tobacco , NFHS-4	6.8
(Goal 3) 3.b : Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	(38) (3.b.1): Total net official development assistance to medical research and basic health sectors (DHR) : Modified by MoSPI : Budgetary allocation for Department of Health Research.	2015-16 = 1018.17 Crores 2017-18 = Rs.1800 crores

44 INDICATORS assigned to M/o H&FW		
SDG Targets	**Indicators under NIF**	**India**
(Goal 3) 3.c : Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	(39) (3.c.1) Total Physician, nurses and midwives per 10000 population (CBHI)	2015 = 35.8 2016 = 36.4
(Goal 5) 5.2 : Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	(40) (5.2.6) Percentage of currently partnered girl and women aged 15-49 who have experienced physical or sexual violence	NA
	(40) (5.2.6) Modified by MoSPI : Proxy Indicator - Percentage of ever married women age 15-49 who have experienced Physical or sexual violence committed by their husband, NFHS-4	30.9
(Goal 5)5.3 : Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	(41) (5.3.2) Percentage of women aged 20-24 years who were married below age 18 years	
	(41) (5.3.2) Modified by MoSPI : Percentage of women aged 20-24 years who were married by exact age 18, NFHS-4	26.8
(Goal 5) 5.6 : Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	(42) (5.6.1) Percent distribution of currently married women age 15-49 by contraceptive method currently used- any modern method (NFHS-4)	47.7
	(43) (5.6.2) Percentage of currently married women age 15-49 with unmet need for family planning (NFHS-4)	12.9
	(44) (5.6.3) Proportion of population aged 15-24 years with correct knowledge of	NA

44 INDICATORS assigned to M/o H&FW		
SDG Targets	Indicators under NIF	India
	HIV/AIDS	
	(44) (5.6.3) Percentage of Women aged 15-24 who have comprehensive knowledge about HIV/AIDS, NFHS-4	21.7
	(44) (5.6.3) Percentage of Men aged 15-24 who have comprehensive knowledge about HIV/AIDS, NFHS-4	31.5

"

g)   Framework and Data for Monitoring at State Level

103.   State wise observations on formulation of monitoring framework and data identification with respect to Goal 3 are given in Table 5.7:

Monitoring of Goal 3 in selected States	
Chhattisgarh	No separate framework was designed for monitoring and evaluation of data collection, transmission and coordination.
Kerala	Health and Family Department stated that it had initiated action regarding mainstreaming of the 2030 Agenda by identification of agencies for development of indicators, production of disaggregated data, collection, monitoring, follow-up, reporting and reviewing the progress achieved in implementation of SDGs.
Maharashtra	Data sources for 13 global health indicators were not available with the State Government.
Uttar Pradesh	MH&FW neither took any action for identification of agencies for indicators development, data collection, and production of disaggregated data and for reviewing the progress of SDGs nor assessed gaps in the existing monitoring mechanism for corrective actions.

West Bengal	Department of Planning, Statistics and Programme Monitoring set 80 Key Performance Indicators (KPIs) for measuring health targets. However, in respect of 25 KPIs, data source was not mentioned. In respect of four KPIs, baseline data were outdated and the data availability /data source/methodology was yet to be devised by the H&FW department.

104. In response to the abovesaid Audit observations, Ministry of Health & Family Welfare submitted as follows:

"As Public Health and Hospitals being the State subject, there are focussed efforts at the State level and the achievement of MDGs by India show the sufficient and concerted efforts of Centre and States. Similar and more focussed efforts by both Centre and States are being streamlined towards achievement of SDG targets as well.

In the National Indicator Framework (NIF), for 42 out of 44 health indicators assigned to M/o H&FW, the metadata and data are available at National and State level.

- Moreover, individual States are now preparing State Indicator Framework (SIF) in sync with the NIF to monitor & assess the progress w.r.t. SDGs at Sub-State level.
- Half of the States have already finalized their State Indicator Framework (SIF) and monitoring the progress at Sub-State level. This is being done in close coordination with all the Central Ministries concerned including M/o H&FW.

As far as M/o H&FW is concerned, for about 21 indicators, district-wise information is available from NFHS data. Also, in NFHS-5 (presently the fieldwork of which is in progress), data items have been modified to make them co-terminus with the SDG indicators in NIF and GIF. The scope of the survey has also been expanded by considering target population groups to align with SDGs, for e.g. expanded age range will be considered for collecting information on the incidence and risk factors of non-communicable diseases viz; diabetes, hypertension etc.

It may be seen from the above that substantial efforts are being made for putting in place a comprehensive indicator framework, identification of data sources, and production of disaggregated data for SDG Goal 3."

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PART II

OBSERVATIONS AND RECOMMENDATIONS

India's Commitment to Sustainable Development Goals (SDGs)

1.   The 70th Session of the UN General Assembly held on 25th September, 2015 adopted the document titled "Transforming our World: the 2030 Agenda for Sustainable Development" comprising 17 Sustainable Development Goals (SDGs) and 169 associated targets. The SDGs seek to address not only the root causes of poverty but also the universal need for development to provide a life of dignity to all and are the most comprehensive list of global goals integrating the Social, economic and environmental dimensions of development both for present and future generations. It also endeavours to create conditions for inclusive and sustained economic growth, shared prosperity and decent work for all. It envisages achievement of 21 Targets by 2020, three targets by 2025 and remaining Targets by 2030. Countries have the primary responsibility for follow-up and review, at the national, sub-national and lower levels with regard to the progress made in implementing the goals and targets over the next 15 years. Though not legally binding, the SDGs have become *defacto* international obligations and will re-orient domestic spending priorities during the next fifteen years. Implementation of SDGs and their success will rely on countries own sustainable development policies, plans and programmes.

In this Assembly, Government of India affirmed its commitment to the 2030 Agenda and SDGs. In regard to implementation of 2030 Agenda in India, Government of India entrusted (September 2015) National Institution for Transforming India (NITI Aayog) with the responsibility of coordinating and

overseeing the implementation of the 2030 Agenda. NITI Aayog was specifically given the task of identifying national targets and assigning them to Ministries/Departments concerned for implementation of SDGs in India. In addition, it has been tasked (May 2016) to formulate, a longer vision of 15 years keeping in view the social goals and SDGs, a Seven Year Strategy document as part of "National Development Agenda" and a Three Year Action Agenda for goals to be achieved. NITI Aayog involved the States and UTs Government in the preparedness exercise by associating them with the formulation of the Vision and Strategy documents and advising them to undertake mapping of Goals and Targets with various departments, while building their institutional capacities for implementing, monitoring and evaluation of the SDGs. Further, Ministry of Statistics and Programme Implementation (MoSPI) is responsible for the development of the National Indicator Framework (NIF) for measuring the progress of the SDGs and associated targets. MoSPI is also making efforts to ensure that State Governments and UTs have guidance and capacities to monitor the SDGs at the State and Lower levels. Ministry of Health & Family Welfare was given the responsibility of Goal-3 of SDGs i.e. "Good Health and Well being" which is intended to ensure healthy living and promote well-being of people of all ages.

The Committee's examination of the subject is based on the Audit review of the preparedness of the Government for the implementation of Sustainable Development Goals. Audit selected seven States (Assam, Chhattisgarh, Haryana, Kerala, Maharashtra, Uttar Pradesh and West Bengal) on the basis of ranking (both high and low) of Health indices for 2015-16. The purpose of the review, as stated, is to ascertain the extent to which the Government adapted the 2030 Agenda into its national context, extent to which the Government identified and secured

resources and capacities needed to implement the 2030 Agenda, to assess the robustness and accuracy of procedures put in place to track the allocation of resources against targets within the SDGs and the extent to which the Government established a mechanism to monitor, follow-up review and report on the progress towards the implementation of the 2030 Agenda. Examination of the subject by the Committee in detail has revealed that there have been certain deficiencies in the preparedness for implementation of SDGs. The Committee have dealt with the various aspects of the preparedness for the implementation of Sustainable Development Goals in the subsequent Paragraphs.

Efforts towards mainstreaming activities pertaining to SDGs

2.   The Committee note that NITI Aayog has undertaken several multi-disciplinary stakeholder consultations and conducted periodic reviews with States and UTs for mainstreaming activities such as preparation of vision/strategy documents; creation of nodal structures; mapping of targets; capacity building for implementing, monitoring and evaluation; formulation of State-specific indicators and orienting budgets with SDGs. However, a preparation of a roadmap with defined milestones aligned with SDG targets to be achieved was not initiated till the time of presentation of the Audit Report. Apprising the reasons for not initiating measures towards drawing up the roadmap initially, NITI Aayog stated that as these targets have already been specified in the 2030 Agenda which was endorsed by India along with other countries, it was felt that identification of separate milestones may not be necessary. Further to this, NITI Aayog informed that they have been working closely with all the States to create their SDG roadmaps to achieve the milestones as per the SDG targets and most of the States

have already developed their SDG roadmaps. The Committee, in this regard, note that milestones for the SDGs have been a part of the 2030 Agenda. For achieving these milestones, comprehensive and co-ordinated efforts of all stakeholders is a necessity. What the Committee find to be surprising to note is that the nodal institution, NITI Aayog pursued the matter with the States for developing the roadmaps only after the issue was pointed out by Audit. The Committee, in this regard, express the view that the apparently inappropriate attitude displayed at the initial stage towards a commitment made by India in the United Nations may have a bearing on the good standing the country has in the pursuit of SDGs. The Committee, therefore, exhort NITI Aayog to take suitable measures to compensate for the delayed action. Also, it may be preferrable to clearly specify NITI Aayog's role in implementation of SDGs in the Allocation of Business. The Committee would also like to have details of the current status of development of roadmaps by all the States/UTs and remedial measures taken against the defaulting States/UTs.

Meetings of the Multi-Disciplinary Task Force

3.   The Committee find that apart from directly reviewing the work on SDGs in the State and Central Ministries, NITI Aayog had constituted in August 2017 a multi-disciplinary Task Force to analyse and review implementation of SDGs. Though the Task Force was required to meet at least once in each quarter, the Committee find that it has held only two meetings since its constitution. It has been merely informed to the Committee that the last meeting of the Task Force was held during the preparation of VNR Report 2020 and no explanation has been given for not holding the meetings at quarterly intervals. The Committee, while

expecting a suitable explanation in this regard also impress upon NITI Aayog on the need for arranging meetings at quarterly intervals so that the suggestions/ feedback may become available more frequently, and consequently boost the monitoring process. The Committee may also be apprised of the outcome of the sitting(s) of the Task Force.

Designation of Nodal Ministries for SDGs

4.   The Committee find that in the revised mapping document issued by the NITI Aayog in August, 2018, the aspect of designating a specific Ministry as being the nodal Ministry for specific SDGs has been done away with. The Committee are of the view in this regard that this may lead to lack of proper accountability, and monitoring by NITI Aayog only may not help in achieving the desired results.

Preparation of "15 Year Vision Document"

5.   The Committee are concerned to note that the "15 Year Vision Document" which is to serve as the basis for the Strategy and Action Agenda document is yet to be released although five years have passed. The Committee are appreciative of the intention of NITI Aayog to make the Vision Document broad based and integrally focused on States expectations and priorities owing to which importance has been given to obtain inputs from the Ministries and the States. As informed, NITI Aayog is in the process of reviewing and finalizing the draft document and has assigned the work to a multi-disciplinary team. While the Vision Document was expected to be finalized by March, 2020, the process of preparation of the Document is said to have been severely affected due to COVID-19 pandemic. What the Committee find to be intriguing in this regard is that it was only after the Audit pointed out this issue, that NITI Aayog took the initiative of

assigning the work to a multi disciplinary team. The reply of NITI Aayog is also silent on the date on which the multi-disciplinary team was constituted and by when the Vision Document is now likely to be finalised. The Committee would await conclusive details in this regard.

Preparation for achieving the SDG Goals

6.   So far as the preparation for achieving the goals at the State level is concerned, the Committee feel perturbed to note that the work on Vision/Strategy/Action Agenda documents in Uttar Pradesh and West Bengal were at preparatory stage. Kerala had prepared a Perspective Plan, 2030 in the year 2014 but the Plan has not been reviewed and realigned with SDGs. Chhattisgarh had published its Vision 2030 document in March 2019. The Committee also regret to observe that the mapping exercise undertaken in the selected States was not comprehensive. For instance, certain Schemes/Goals/Targets have reportedly not been mapped at all in Assam, Chhattisgarh, Haryana, Maharashtra and Uttar Pradesh. The Committee have been informed that NITI Aayog has advised the States to do their own mapping in the light of the mapping done at the Central level. NITI Aayog has also been persuading the States and UTs from time to time to accelerate this process. The Committee are constrained to observe that NITI Aayog has not explained the reasons for slow progress at the State level and the obstacles the States may have been facing in adopting/implementing the SDGs. The Committee are appreciative of the stance towards localizing the SDGs. However, as the monitoring agency, NITI Aayog needs to identify and recognize the difficulties faced by different States, assist in addressing them and apprise the Committee of the same. The Committee also desire that NITI Aayog pursue the

matter with the defaulting States for expeditious completion of the required documents and put in place an effective co-ordinating/monitoring mechanism in order to fast track the achievement of the SDGs and related targets.

Public Awareness Programmes

7.   The Committee note that as per the United Nations Development Group (UNDG) Reference Guide titled 'Mainstreaming the 2030 Agenda', raising awareness is one of the key means to achieve the SDGs. This includes Planning, issuing instructions and action for awareness and IEC (Information, Education and Communication) activities for Government Officials and others viz. civil society, general public, institutions etc. The Committee have noticed in this regard that the awareness programmes on SDGs have not been extended to educational institutions, students and youth organisations. The Committee are of opinion that there is a need to share the commitments for the future with the younger generation. The Committee would, therefore, expect to be apprised of the measures taken in this direction.

Consultations with Stakeholders

8.   The Committee also note that building awareness of the SDGs and adoption of a participatory multi-stakeholder approach is aimed at ensuring inclusive, effective and sustainable implementation of the 2030 Agenda. The Committee are, however, concerned to note that (i) there have been delays in finalising outcome of these consultations and placing the reports in public domain; (ii) in case of most consultations, definite outcomes and recommendations for time-bound follow up action were not identified owing to which there was limited assurance that the deliberations enabled in shaping the roadmap/policies for SDGs; (iii) according to

its website, SRI workshops on SDG related issues have not been held post March 2017; (iv) extent and effectiveness of efforts made by stakeholders to increase public awareness is not ascertainable in the absence of feedback; (v) no centralised public awareness campaign has been envisaged; (vi) absence of dedicated awareness measures for general public may dilute the objective of making the 2030 Agenda inclusive and participatory; and (vii) five out of the 15 Ministries where this aspect was reviewed were yet to initiate/report any capacity building exercise. The Committee are also constrained to observe that efforts to raise public awareness about SDGs and initiatives undertaken in the seven selected States have not been comprehensive, focussed and sustained. On this aspect too, NITI Aayog has averred that the onus of implementing schemes and programmes to achieve SDGs rests with the States and the relevant administrative Ministries. The Committee, in this regard, also express the view that awareness and communication campaigns would be more effective if they are tailored to the context, language, values and resources accessible to the local stakeholders and audiences. To this end, NITI Aayog is reportedly taking measures towards motivating the States/UTs and other stakeholders to take up specific and targeted awareness initiatives. Also, public awareness programmes that are being undertaken being of a subdued nature, do not seem to be very effective in terms of outreach. The Committee desire that NITI Aayog should have an interactive web page to reach out to the States and the general public. The Committee, in this regard, would also like to know whether fresh series of stakeholder consultations have been conducted. The Committee would await the details of the outcome of these consultations.

Participation of the private sector and NGOs

9.   The Committee have also looked into the possible role, the private sector and NGOs could play in achieving the SDGs. The means by way of which Businesses source, invest, employ and spend, have a significant influence on sustainable development. The comprehensive framework of the SDGs necessitate that the growing strength of the private sector in terms of finance, technology, skills, innovation and outreach is appropriately harnessed so as to ensure that the SDG implementation efforts are fructified. The Committee note in this regard that in the view of NITI Aayog, the Private sector can become a key factor in implementing SDGs and enabling sustained economic growth, social inclusion and environmental protection. Thus, it would be imperative to enable the private sector to go beyond its core business activities and start helping in technology transfer, capacity development, creation of public goods for the poor and efficient implementation of policies and programmes to achieve the SDG targets. Similarly, the Committee have also enquired about the role of NGOs and noted that the NGOs involved in charity work/not-for-profit organisations are also an important partner in implementation of SDGs. They have all along been part of the sensitization and awareness development work of NITI Aayog. NITI Aayog have informed the Committee that NGOs have also supported them in their own awareness and capacity development work on the SDGs at the grassroots and other levels. Those working with disadvantaged communities directly or indirectly are contributing to the work of social inclusion so that 'no one is left behind'. NITI Aayog partnered with a number of such organisations and their networks in 2019-20 to hold nation-wide consultations on all SDGs with various vulnerable social groups such as, children, women, farmers, people from Scheduled Castes and

Scheduled Tribes, migrant labour, elderly, people with disabilities, people with HIV, etc. The outcome of the consultations have been incorporated in the VNR Report. The Committee desire that NITI Aayog frame detailed guidelines for the Private Sector to enable the sector to channel their resources and activities towards achievement of SDGs. Businesses need to be invited to apply their creativity and innovation towards solving sustainable development challenges and engaged as partners in the development process. The Committee further desire that NGOs and similar Organisations involved in charity work are apprised of SDGs through various means and they may be encouraged to participate in the awareness programme on SDGs. The Committee would await details of the action taken in this regard.

Mobilization of Resources for Implementation of SDG Agenda

10. The Committee further observe that the 2030 Agenda lays stress on identifying and securing all means, including the financial resources required for implementation of the Agenda. The Voluntary National Review Report and the Three Year Action Agenda have highlighted several steps taken by the Government for optimizing domestic resource mobilisation. However, no comprehensive exercise for assessing and identifying the financial resources required for implementing SDGs has been undertaken either by the Ministry of Finance at the Centre or by the selected States. No steps have been initiated at the Central level for integrating SDGs in national budgeting and most of the selected States were only at the preliminary stage of orienting their budget with SDGs even after 5 years following the General Assembly Resolution. According to NITI Aayog, under the Central Sector Schemes, the relevant line Ministry/Department hold discussions/consultations with the State Governments in order to achieve the

national goals which also involves discussions on the financial requirements for the same. The Ministries/Departments, based on the sharing pattern make projections of financial requirements to the Ministry of Finance which appraise and approve the desired financial assistance. The Committee find that NITI Aayog has not been able to apprise the Committee of the steps taken towards integration of SDG related financial resources in national budgeting. It was only after the Committee took up the subject for examination, that NITI Aayog took the initiative of conducting a study by the Ministry of Finance (Department of Economic Affairs) jointly with the International Monetary Fund (IMF) for estimating the financial resources needed to achieve the SDGs in the areas of education, health, electricity, roads and water and sanitation. The study Report is currently stated to be under finalization. The Committee trust that the study would be completed expeditiously. The Committee would also like to be apprised of the outcome of the study and follow up action taken thereon by the NITI Aayog and Ministry of Finance (Department of Economic Affairs). The Committee are of the view in this regard even in the likelihood of harmonizing the SDGs with the Central Sector Schemes, the benefit towards achieving SDGs should be clearly delineated so that India can showcase the country's achievement.

National Indicator Framework (NIF)

11.   The Committee note that for enabling monitoring and review, the Ministry of Statistics and Programme Implementation (MoSPI) has been entrusted with the task of developing a National Indicator Framework (NIF) which was published only in November 2018. As a result, tasks that are a key to the institution of a proper monitoring and reporting framework such as preparation of baseline data were

completed only in March 2019. Milestones have not been aligned with the timelines for achieving the targets. In the seven selected States, action on developing indicators and identification of data sources has not achieved required level of progress. The Committee have been apprised in this regard that the NIF, with 306 indicators was devised by MoSPI in consultation with all stakeholders. Further, data in respect of 250 indicators is currently said to be available and for collecting the data for rest of the indicators, new surveys have reportedly been initiated. Some such surveys include the periodic Labour Force Survey (PLFS), Time Use Survey (TUS), Situation Assessment Survey (SAS) on Agricultural Households Conditions etc. The Committee, while appreciating the steps initiated by MoSPI, in this regard would like to know as to when these surveys were initiated and the time frame by which the surveys would be completed. The Committee would also like to be apprised of the results of these surveys and desire that data in respect of the remaining milestones be compiled and made available expeditiously. The Committee also note the fact that some of the indicators which are a part of the General Assembly resolution are treated as new in the Indian context for which, as informed by the Secretary, MoSPI, milestones have not been delineated as of now, and would be worked out in course of time. The Committee feel that non-identification of milestones may affect the preparations of an effective roadmap/policy for achieving the related targets. The Committee, therefore, recommend that MoSPI should initiate effective steps expeditiously so as to identify the milestones for all the indicators and commence working on these indicators in right earnest.

Goal 3 - Good Health and Well Being

12.   The Committee note that the Ministry of Health and Family Welfare is responsible for Goal-3 of SDGs i.e. "Good health and well being" which is intended to ensure healthy living and promote well-being of people of all ages. To monitor SDG-3, a list of 73 Health related indicators have been identified by MoSPI and communicated in the Health Indicator Framework (HIF). These include, 'mortality' as also other indicators which have an impact on health. As per the National Indicator Framework (NIF) prepared by MoSPI, the Ministry of Health & Family Welfare is to serve as the data source agency for 44 indicators (which is a subset of above mentioned 73 HIF indicators). Further, as for the remaining indicators which have an impact on health, the major data sources are the office of Registrar General of India (ORGI), Department of Drinking Water and Sanitation under Ministry of Jal Shakti, National Crime Record Bureau (NCRB), Ministry of Environment, Forests and Climate change etc.

The Committee note that the Ministry of Health & Family Welfare are optimistic of the country achieving the following targets as per the timelines indicated :

- MMR, released by the SRS (ORGI), has declined to 122 per 1 lakh live births during 2015-17 from 130 during 2014-16. If India continues to maintain the present percent change (-6.2%) annually, the country is expected to achieve the MMR target of 70 by the year 2025.

- U5MR has declined from 39 per 1000 live births in 2016 to 37 per 1000 live births in 2017 (as per SRS report). India is expected to achieve SDG target well before by the year 2020-21 if the past trend is continued.

- NNMR has declined to 23 per 1000 live births as per SRS, 2017. India is expected to achieve the SDG targets of 12 by the year 2025 if the past trend is continued.

The Committee trust that the goals would be within reach despite the challenges posed by the ongoing pandemic, for tackling which a significant amount of resources are being utilized. The Committee would like to know the present status of achievement of the said targets and steps taken to achieve the same within the stipulated time.

Consultative Process - Ministry of Health and Family Welfare

13. The Committee note that the Ministry of Health and Family Welfare have organized consultations on transitioning from MDGs to SDGs and also held a State Level Conference on Goal 3. However, three Ministries/Departments, namely AYUSH, Tribal Affairs and Home Affairs that are associated with Goal 3 of the SDGs have not been involved in such consultations; and it was only after the matter was pointed out by the Audit as well as the Committee that the representatives of these Ministries were included in the National Task Force. The Committee also note with dismay that specific and sustained measures for promoting awareness and stakeholder involvement in regard to Goal-3 have not been seen in the States. The Committee have been informed in this regard that besides regular meetings that are held with related Ministries as also the National Task Force and Working Groups, Joint video conferences with the related Ministries are used as a means for enhancing stakeholder engagement and raising awareness. Expanding the scope of public awareness from boardrooms to the ground level SDGs may not be easy to achieve. The Committee, therefore, desire that besides the meetings of Ministries concerned and the Task Force, Members of

Parliament, MLAs, Chairman, Zila Panchayat, District Health officer, Officers at the Block level etc. may also be associated with the task of raising awareness and thereby enable in effective participation in achievement of SDGs.

Monitoring by Ministry of Health & Family Welfare

14.   The Committee note that the Ministry of Health & Family Welfare specifically aligned different interventions/initiatives/schemes and targets with Goal 3 in the 2017-2020 phase of NHM. It was, however, noted that mapping in respect of Goal 3 was not comprehensive in the selected States, and several State sponsored Health Schemes were also not mapped with Goal 3. The Committee, in this regard, are of the view that cases of gaps could have been filled if proper Audit of all the States/UTs had been done. As informed to the Committee, mapping in the States has been reinforced as a result of the meeting of the Working Group on the roll out of SDG-3 in States/UTs that was held on 28 January, 2020. Mapping in respect of Goal 3 will be facilitated by way of ensuring regular support and monitoring and Ministry of Health & Family Welfare is proactively working with all States for helping them to complete the exercise of mapping. As per the Ministry of Health & Family Welfare, States are constitutionally mandated to deliver on most of the socio-economic sectors that constitute the SDGs. Yet, the Committee are of the view that primarily on account of the fact that the Country is committed to achieving certain specific goals, the aspect of monitoring and providing support to the States would ideally rest with the Ministry of Health & Family Welfare and other relevant Ministries concerned. Therefore, the Committee recommend that the Ministry of Health & Family Welfare should develop an effective mechanism for monitoring the various programmes/schemes at the Block, District and State level

so as to enable in achieving the target of mapping by all the States. The Committee would also emphasise on continuing with persuading and understanding the problems faced by the States and the implementing agencies at the ground level so that the goals envisaged can be achieved.

Integration of Policy Framework

15.   From the information furnished, the Committee note that the Ministry of Health & Family Welfare has initiated several measures that are supportive of achieving horizontal and vertical policy coherence. However, coherent policy initiatives have either been absent or inadequate in the States. As per the submission of the Ministry of Health and Family Welfare, however, there is adequate policy coherence between the Centre and the State Governments. The Committee find this contention of the Ministry to be untenable, as in all the seven States, the Centre and the States have not been playing their respective roles effectively in a collaborative manner for achieving the intended outcomes. The Committee also feel anguished to note that with regard to the aspect of vertical coherence, a working group set up by the M/o H&FW for implementing Goal 3 in the States and UTs has not held any meeting. It was only after the issue was pointed out by the Committee in their sitting on 23 January, 2020, that the Working Group of the National Task Force held a meeting on 28 January, 2020. It has also been informed by the Ministry that the National Task Force reiterated the need for conducting regular meetings of the working groups and that necessary instructions have been communicated to all the officials concerned. The Committee are of the view in this regard that mere issue of instructions would not produce the desired results unless these are complied with both in letter and

spirit. The Committee therefore, recommend that the meetings of the Working Groups be held at regular intervals so as to suggest ways and means to achieve vertical as well as horizontal coherence on policy measures between the Centre and the State Governments. The Committee would also desire to be apprised of the sittings of working groups held so far, the steps suggested by them to maintain policy coherence and the action taken by the Centre/States thereon.

Public Health Expenditure

16.   The Committee note that NHM envisages to increase the Public Health expenditure from around one percent (2015-16) to 2.5 percent of GDP (at current price by 2025). As per the Audit observation, however, though Public Health Expenditure as a percentage of GDP has been increasing since 2015-16, it has remained within a narrow band of 1.02 to 1.28 per cent of GDP. The Committee also find that the National Health Mission was being allocated comparatively less funds during the years 2017-18 and 2018-19. Inadequate allocations may hinder achieving the laudable targets set. Considering the need to achieve the SDGs in health sector, the Committee recommend that there should not be any inadequacy of funds that may hamper in reaching the target level of achievement of Goal-3. Additionally, the Centre as well as the States should make proper assessment of their financial requirements and availability of financial resources for the implementation of Goal-3. Further, steps also need to be taken to integrate SDGs into the accounting and budgeting framework both at the Centre and the States. The Committee are also unhappy to note that though the NHP prescribed increasing States health spending, records of seven selected States reveal that the allocation for health care has been inadequate. Although several steps are stated to have been taken to nudge the States to augment health spending, the

Committee are of the considered view that the expenditure on health must receive earnest consideration and priority.

<u>Adequacy of Public Health Care Facilities</u>

17.   The Committee are concerned to find that despite the prevalence of Plans/Policies as well as increase in allocations for augmenting Physical and human resources, significant shortages continue to persist in regard to the physical resources in all seven States. As for human resources, there were considerable shortages in the States of Chhattisgarh and Uttar Pradesh. The Committee, in this regard are not in agreement with the plea taken by the MoH&FW that Public Health and Hospitals is a State subject and the primary responsibility of strengthening the healthcare delivery systems lies with the respective States. This argument does not absolve the Ministry from the responsibility of being the nodal Ministry in the health sector, which can create the intended healthcare facilities across the country. The Committee are of the considered view that the primary responsibility for attaining Goal-3 in an efficacious manner within the given timeframe lies with the MoHFW. Further, in regard to the large difference between the PHCs required as per population norms and PHCs actually functioning in the selected States, the Committee have been apprised that under Ayushman Bharat Scheme, it is envisaged to transform 1.5 lakh Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Urban Primary Health Centres (UPHCs) into Health and Wellness Centres (AB-HWCs) by December, 2022. These centres are proposed to be headed by a new cadre of Community Health Officers (CHOs) who would be B.Sc. Nursing Graduates or Ayurvedic Practitioners trained in six-month course in certificate programme for core competencies in Public Health and Primary Health Care. The Committee in this regard feel that it would be

advisable to post at least one MBBS Doctor in these Wellness centres as para-medical personnel cannot prescribe medicines to the patients. Effective utilisation of the services of MBBS Doctors in the health care delivery system of India right from Wellness Centres, can possibly make a big difference in achieving the SD Goals. The Committee are also of the view that to prevent doctors from going abroad, suitable facilities and encouragement may be given to them to serve the people in the country. The Committee, therefore desire that with a view to improving health services in remote areas, at least one Allopathic doctor along-with paramedical staff should be posted in each Wellness Centre. The Committee feel that there is also an imperative need to constantly monitor the functioning of Wellness Centres at regular intervals besides ensuring regular attendance of Doctors there so that the goal of providing affordable, effective and reliable health care, especially for the poor in the rural areas is achieved.

Data on Health Parameters

18. The Committee observe that both at the Central and State levels, there is evidence of insufficient efforts at putting in place a comprehensive indicator framework, identification of data sources, and production of disaggregated data for Goal 3 which are essential for creating a robust monitoring and reporting framework. The Committee are also astonished to find that for some important indicators such as Maternal Mortality Rate, Under-five Child Mortality Rate and Neonatal Mortality Rate, data was not uniformly or regularly available. The Committee are constrained to observe in this regard that the absence of relevant data would obviously hamper the Ministry in monitoring such cases and combating the same. The Committee, therefore recommend that the M/o H&FW

needs to collect and collate authentic data on various health parameters. The database so compiled also needs to be digitalized and constantly updated so as to enable in taking effective steps for addressing issues relating to mortality rates. The Committee further find that in the National Indicator Framework (NIF) the Ministry of Health & Family Welfare was assigned the responsibility of maintaining and supplying information on 44 NIF health related indicators. The Committee have been apprised that the Ministry of Health & Family Welfare has provided SDG baseline data in respect of 42 out of the assigned 44 Health indicators. For two indicators i.e. viral Hepatitis (including A&B) and number of deaths due to cancer, robust datasets were not available. Presently, however, Hepatitis has been included in the National Family Health Surveys (NFHS), and the possibility of having authentic data on deaths due to cancer is being explored. The Committee note that substantial efforts are being made for putting in place a comprehensive indicator framework, identification of data sources and production of disaggregated data for SDG Goal 3. The Committee would like to be apprised of the details of the indicators that have actually been mapped and those that remain to be mapped following the validation by the C&AG establishment.

Addressing the shortcomings highlighted

19.   For addressing the deficiencies in regard to Goal 3 of SDGs, as highlighted, the Committee feel that the best practices for achieving the SDGs as followed by various States should be studied in depth by the M/oH&FW and wherever feasible, replicated in the States where deficiencies are noticed. The Committee also recommend that the Ministry should also conduct a study of the best healthcare systems prevailing in other countries - both developed and developing, so that the

health schemes could be restructured accordingly to make the achievement of Sustainable Development goals a grand success. In particular, the Ministry should study the Cuba model, which is considered to be one of the best health care system in the world.

Corrective steps for timely achievement of SDGs

20.   The Committee have noticed several deficiencies/Shortcomings in achieving the Sustainable Development Goals in India. The facts stated in the foregoing Paragraphs clearly identified certain shortfalls in each area, which require immediate attention and remedial action. Both at the Central and State levels, the exercise of formulating policy documents in the context of SDGs is still underway. A roadmap with defined milestones aligned with UN SDG Targets is yet to be prepared. Greater efforts also appear to be necessary for localising and publicising the SDGs to ensure inclusiveness. With respect to resource mobilisation for achieving the SDG targets, a financial gap analysis has not yet been undertaken. Further, integration of SDGs into the accounting and budgeting framework remains to be done at the Centre and in most States. With respect to Monitoring and Reporting, the delay in publication of the National Indicator Framework (NIF) had held back several key tasks such as development of indicators and monitoring frameworks in the States and identification of baseline data and milestones. The Committee express serious concern over the facts narrated above and desire that in the light of the Committee's suggestions, the NITI Aayog and Ministries/Departments concerned should take adequate/corrective steps with a view to effectively achieving all the Sustainable

Development Goals within a prescribed time limit. The Committee also feel that there is a need for scrutiny in other sectors as well.

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NEW DELHI;   Adhir Ranjan Chowdhury
10 March, 2021   Chairperson,
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