

F.No. Z.28016/351/2014-SSH  
Government of India  
Ministry of Health & Family Welfare

**MINUTES OF THE 41<sup>ST</sup> MEETING OF THE PROJECT MONITORING COMMITTEE OF PMSSY HELD UNDER THE CHAIRMANSHIP OF SECRETARY, HFW AT 4PM ON 19 NOVEMBER 2014 AT NIRMAN BHAWAN, NEW DELHI**

1. The 41<sup>st</sup> meeting of the Project Monitoring Committee of PMSSY was held under the Chairmanship of Secretary, HFW on 19 November 2014 at 4 PM in the Conference Room (155-A), Nirman Bhavan, New Delhi. Agenda and notes had been circulated among the Members and the Special Invitees well in advance. The meeting was attended by the following:

- i. Shri Lov Verma, Secretary (HFW) - **In Chair**
- ii. Shri Arun Panda, AS (Health)
- iii. Shri Gautam Guha, AS & FA, MoH&FW
- iv. Shri Sundeep K Nayak, Joint Secretary, MoHFW & Head PMU-PMSSY
- v. Dr. Rakesh Sarwal, Advisor (Health), Planning Commission
- vi. Dr. A.K. Mahapatra, Director, AIIMS, Bhubaneswar
- vii. Dr. Sanjeev Misra, Director, AIIMS, Jodhpur
- viii. Dr. G.K. Singh, Director, AIIMS, Patna
- ix. Dr. N.M. Nagarkar, Director, AIIMS, Raipur
- x. Dr. Raj Kumar, Director, AIIMS, Rishikesh
- xi. Col Prerak Mittal, Dir AFMS (JPlg & Trg), O/o DGAFMS, Ministry of Defence
- xii. Dr SK Sadharwal, Executive Director Health, Railways Board
- xiii. Shri PS Saini, SHE, PGIMER, Chandigarh (rep of Director PGIMER)
- xiv. Shri Amrit Lal, Director, MoH&FW
- xv. Shri RK Nirmal, GM (EC), AAI
- xvi. Shri PK Nagpal, ED Engg, AAI
- xvii. Shri Nirmal Goel, Director P&WA, CPWD HQ
- xviii. Shri Rajiv Kanaujia, Sr Architect, CDB, MoHFW
- xix. Shri Mukesh Bajpai, Architect, CDB, MoHFW
- xx. Shri Sachin Mahindru, Architect, CDB, MoHFW
- xxi. Shri BL Meena, US (PMSSY), MoHFW
- xxii. Shri Baidyanath Prasad, SO (PMSSY), MoHFW
- xxiii. Shri Ravindra Thatn, Chief Architect (NR-II) CPWD
- xxiv. Shri S.M. Amrit., Consultant (Engg. PMSSY), MoHFW
- xxv. Shri Rafat H Husain, Consultant Electric PMSSY
- xxvi. Shri GK Pandey, CMD, HSCC
- xxvii. Shri SK Jain, Director Engg HSCC
- xxviii. Shri RP Khandelwal, Director Fin, HLL Lifecare Ltd
- xxix. Shri SN Sathu, SrVP, HLL Lifecare Ltd
- xxx. Shri Solomon Fernandez, HLL Lifecare Ltd
- xxxi. Shri Rajesh Banga, SE CPWD Lucknow
- xxxii. Shri Rajesh Kumar, EE CPWD
- xxxiii. Dr. R. Chandrashekhar, HLL Lifecare
- xxxiv. Shri SA Usmani, CGM (P&DLE), HSCC Ltd.
- xxxv. Shri SS Popli, Sr. Manager (C), HSCC Ltd.
- xxxvi. Shri SK Kalra, VP (ID), HLL Lifecare Ltd.

2. Chairman welcomed the participants and asked Joint Secretary (PMSSY) to start the proceedings as per agenda circulated. Joint Secretary (PMSSY) started the proceedings and stated that the 40<sup>th</sup> meeting of PMC was held on 26 March 2014 and minutes were circulated on 28 March 2014 by PMSSY Division. He drew attention to the agenda note where under the progress under PMSSY Ph-III covering 39 Government Medical College Institutions (GMCI) in 19 States was reported. He stated that for each GMCI, a Project Management & Supervision Consultant (PMSC) has been appointed with the approval of Hon'ble HFM. One Institution of National Importance (INI) from among PGIMER Chandigarh, JIPMER Puducherry six new AIIMS has been identified as mentor for each GMCI. Gap analysis committees were set up and elaborate exercises were carried out by respective



States. The State Governments presented their preliminary gap analysis reports to the Committees Co-Chaired by AIIMS Directors and JS (PMSSY). Based on these Committee meetings the ceilings for buildings construction, medical equipments, additional PG seats, ICU beds etc were recommended for TWENTY SIX GMCIs. JS (PMSSY) drew attention of the PMC to the minutes of the Committee meetings held on 30-9-2014 and 21-10-2014 which were circulated with the approval of the Secretary. Accordingly PMSC were asked to prepare DPRs and get them forwarded by the respective States to Ministry. After receipt of DPRs in the Ministry they were examined by Technical Committee set up with the approval of Secretary. JS stated that the Technical Committee would make presentation on its findings on DPRs to the PMC.

3. Advisor (Health) Planning Commission stated that there was no mention in the cabinet note that the up-gradation of GMCIs would cover super-specialties only. It was clarified to him that coverage of only super-specialty facilities was as per EFC recommendations which formed part of Cabinet Note and the Ministry had to abide by EFC appraisal with which Ministry had agreed to.

4. Advisor (Health) Planning Commission further stated that standards of super-specialty be framed before taking up gap analysis. It was clarified that the appraisal from super specialty point of view was within the purview of the INIs whose Directors co-chair the Gap Analysis Committees. The Directors of INIs present in the PMC meeting stated that requirements of individual GMCIs vary from place to place and there could not be one standard for gap analysis for the entire country.

5. Advisor (Health) Planning Commission observed that HMIS, IT and family medicine be made part of the super specialty. The Directors of INIs stated that family medicine super-specialty was a misnomer and super-specialties would be covered as per need of the GMCI and as agreed to by the States. It was clarified that HMIS/IT were already part of DPR and also mentioned in the DO on PMSSY Phase-3 from Secretary HFW to Chief Secretaries of States sent on 2 January 2014.

6. Advisor (Health) Planning Commission observed that the super-specialty buildings should be constructed by the State Governments. It was clarified that the construction agencies were to be selected based on open tender and supervision would be by one of the PMSCs (CPWD, HSCC, HLL).

7. Director AIIMS Bhubaneswar observed that the State Governments must create the posts of super-specialties in time otherwise the up-gradation programme would be wasted. He pointed out to the flaw in Nephrology faculty posts in one of the six DPRs presented before the PMC. He also stated that staff lift, dirty lift, patient lift and fire escape should be planned.

8. Director AIIMS Jodhpur stated that ramp for patients should be part of the design. He also added that there should be captive power of adequate capacity to run the OPD, OTs and ICUs.

9. Director AIIMS Patna observed that focus should be on restoring the glory to MBBS teaching so that there was no need to develop family medicine as a specialty. He added that patient flow in the design for the super specialty hospital be kept in mind.

10. Director AIIMS Raipur stated that in all gap analysis exercises focus had been kept on the stage of development of the GMCI and its future growth potential. He added that in many cases focus had been on trauma care and oncology.

11. AS (Health) observed that FAR requirements for buildings should be optimally used. He added that future plans of the GMCI should be kept in mind while utilizing land.

12. AS &FA observed that for planning construction activity in an GMCI, patients visiting the hospital should not be put to inconvenience. He also observed that operating a service in any mode including PPP was prerogative of the State and PMSSY should not burden the State with any prescriptive mode.

13. Sh. Rajeev Kanojia, Senior Architect (CDB) and Chairman of Technical Committee made a presentation on the Committee's observations on the six DPRs reviewed by them. Four DPRs pertaining to GMC Thanjavur and GMC Tirunelveli in Tamilnadu, GMC Kozikode and GMC Alappuzha in Kerala prepared by HLL and two DPRs of GMC Meerut and GMC Gorakhpur prepared by CPWD had been reviewed by TC. The remaining DPRs had come late and could not be reviewed before the PMC but would be taken up subsequently. A power point presentation was made by Chairman TC and his Committee Members in which detailed observations both architectural and engineering aspects were highlighted shown in respect of DPR of each of the six GMCIs. It was informed that in case of DPRs submitted by HLL, besides architectural observations, the cost estimate had been prepared based on BOQ of detailed estimate submitted as volume-2 of DPR instead of being on PAR basis. In case of DPRs submitted by CPWD besides architectural observations it was observed that though the Cost Estimates had been prepared on



PAR basis, the cost estimate was substantially higher than ceiling fixed during gap analysis meetings. The Technical Committee recommended that in case of four DPRs submitted by HLL, necessary direction might be given to HLL to revise the cost estimate on PAR basis and to address the other observation of TC, and also to ensure that the project cost was within the ceiling fixed in the Gap Analysis meetings held on 30 September, 2014 and 21 October, 2014. TC also recommended that there should not be any vendor specific items in the DPR or in the tender document in any manner and it should be transparent in absolute terms. TC recommended that e-tendering must be done by all the PMSCs failing which the tender process should be cancelled by Ministry.

14. The gap analysis committee had fixed the following ceilings in its meetings:

State	Govt Med College / Institution	No of Super Specialty <u>DEPARTMENTS</u> to be considered under PMSSY -3	No of <u>ADDITIONAL PG SEATS</u> to be created in relation to PMSSY ph-3	No of <u>BEDS</u> related to Super Specialty Deptt to be additionally created under PMSSY -3	No of <u>ICU BEDS</u> related to Super Specialty Deptt to be additionally created under PMSSY -3	No of <u>OPERATION THEATRES</u> related to Super Specialty Deptt to be additionally created under PMSSY -3	<u>Civil Works</u> (includes Electrical etc) component ceiling in Rs Cr.	<u>Medical Equipment</u> component ceiling in Rs Cr.
Rajasthan	SP MC, Bikaner	FIVE	14	160	40	8	70	65
Rajasthan	RNT MC Udaipur	NINE	16	200	60	6	75	60
Rajasthan	GMC Kota	NINE	15	210	70	12	80	55
T. Nadu	GMC Thanjavur	TEN	14	200	90	5	80	55
T. Nadu	GMC Tirunelveli	EIGHT	24	280	50	7	84	51
Tripura	GMC Agartala	ELEVEN	No base exists	200	50	6	95	40
UP	LLR MC Meerut	SEVEN	18	140	35	6	70	65
UP	MLNMC Allhbad	EIGHT	24	150	50	10	70	65
UP	GMC Gorakhpur	EIGHT	18	160	36	8	70	65
UP	GMC Jhansi	SIX	18	180	60	6	80	55
Assam	Gauhati MC, Guwahati	SIX	27	180	60	6	80	60
Assam	Assam MC, Dibrugarh	SIX	18	120	60	6	80	60
Karnataka	VIMS,	TEN	27	120 inc ICU		6	65	75

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Karnataka	KIMS, Hubli	EIGHT	30	160	40	6	75	65
Kerala	TD MC, Alappuzha	NINE	15	200	45	8	80	60
Kerala	GMC Kozhikode	EIGHT	10	200	40	8	80	60
Maharashtra	GMC, Aurangabad	EIGHT	24	160	50	6	75	65
Maharashtra	GMC; Latur	SEVEN	21	160	50	6	75	65
Maharashtra	GMC, Akola	SEVEN	21	160	50	6	75	65
Maharashtra	SVN GMC, Yavatmal	SEVEN	21	160	50	6	75	65
Odisha	MKCG MC, Berhampur	EIGHT	24	180	60	6	80	60
Odisha	VSS MC, Burla	NINE	27	180	60	6	80	60
W.B.	BS MC, Bankura	NINE	27	180	60	6	80	60
W.B.	GMC, Malda	Trauma Emer Med, Onco	--	120 in TEM incl ICU, HDU  60 in Onco	--	6	65	75
W.B.	NB MC, Darjeeling	SEVEN	21	140	70	8	80	60

15. In case of two DPRs submitted by CPWD, it was recommended by Technical Committee that necessary direction might be given to CPWD to revise the cost and to attend the other observations of TC, and, also to ensure the project cost is within the ceiling fixed in the Gap Analysis meeting held on 30 September, 2014 and 21 October, 2014.

16. In response to observations of Technical Committee, HLL stated that they had already taken action and revised the DPR by reducing the plinth area and rationalizing other elements and also prepared cost estimates based on PAR of CPWD. HLL submitted the same to the Ministry. HLL also made a presentation of the DPR of one of the colleges. It was informed by HLL that the cost estimate was slightly high in case of revised DPRs submitted by them.

17. Officers of CPWD informed that they had taken action and revised DPR by reducing the Plinth Area and cost estimates had also been revised and would be submitted. CPWD also informed that the cost estimate was still coming out slightly high.

18. CMD HSCC stated that he had submitted 13 DPRs and should be examined by TC.

19. JS (PMSSY) explained that the medical equipment list was under vetting by the INIs. He also requested the PMC to take a view on the procurement mechanism of medical equipment.

20. Secretary HFW observed that the buildings should be green and disabled friendly.

21. The following decisions were taken by the PMC:
- 21.1 Minutes of 40<sup>th</sup> PMC were confirmed.
  - 21.2 HLL must sign the agreement with Ministry in case it wanted to act as PMSC. It was noted that HSCC had signed the agreement. CPWD need not sign agreement, but enter into an MoU as suggested by them. Legal liability created by PMSC cannot be transferred to Ministry.
  - 21.3 Check lists, Gap Analysis Committees, Technical Committee, PMSC appointment, INI mentorship was confirmed.
  - 21.4 Decision taken by Apex Committee for new AIIMS procurement to adopt AIIMS specifications for up-gradation proposal equipments was confirmed. This would apply to Phase-III up gradation also.
  - 21.5 FAR requirements for buildings should be optimally used.
  - 21.6 Ceilings on buildings, equipments, PG posts etc as fixed in the gap analysis committee meetings have to be adhered to while preparing DPRs.
  - 21.7 In case a State Government wanted to contribute to the up-gradation programme beyond the State share of Rs.30 cr per GMCI, the State could do so, but, the ceilings for civil construction could not be breached. The additional funding by State could be for separate specifically identifiable area/structure.
  - 21.8 E-tendering has to be followed by each PMSC.
  - 21.9 There should not be any vendor specific items in the DPR or in the tender document in any manner and it should be transparent in absolute terms.
  - 21.10 HMIS /IT should be part of DPR for the super-specialty building.
  - 21.11 For procurement of medical equipment several Procurement Support Agents should be appointed in a transparent manner so that separate PSAs to handle procurement of equipments based on specialty (eg. Radio diagnosis category, Radio therapy category, Clinical services category, Hospital furniture category etc.). PMSSY division should prepare separate tender documents to appoint PSAs of different categories.
  - 21.12 Equipments with estimated cost of Rs.30=00lakh or higher and common equipments should be procured centrally by PSA as was the practice in Phase-I and Phase-II.
  - 21.13 State Governments should take timely action to create posts for the up gradation programme.
  - 21.14 All DPRs submitted by PMSCs through State Governments should henceforth be examined by TC and approval taken from Secretary HFW on file. On the subsequent meeting of PMC the matter can be reported.
  - 21.15 Gap Analysis Committee meetings should be held regularly.

The Meeting concluded with vote of thanks to the Chair.

This issues with the approval of Secretary HFW.



(Amrit Lal)  
Director

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26 November 2014

Copy to:-

- i. All Members, PMC \_\_\_\_\_
- ii. All participants \_\_\_\_\_
- iii. All Principal Secretaries (Medi Edu / Health) of States covered under PMSSY up gradation \_\_\_\_\_
- iv. DG CPWD; CMD HLL; CMD HSCC
- v. PS to HFM
- vi. PMSSY Division
- vii. EC (SMA); Elect Consultant, Head EU HLL
- viii. AAO PMSSY
- ix. PPS to Secretary HFW/ AS&FA/ AS(H)/ JS PMSSY/ CCA/ CA-CDB
- x. PMSSY MoHFW Website