

Organization & Infrastructure

1.1 MINISTER IN CHARGE

The Ministry of Health & Family Welfare is headed by Minister of Health & Family Welfare - Shri Jagat Prakash Nadda since 10th November, 2014. He is assisted by the Ministers of State for Health & Family Welfare Shri Ashwini Kumar Choubey and Ms. Anupriya Patel.



Shri Jagat Prakash Nadda
Hon'ble Union Minister for
Health & Family Welfare



Shri Ashwini Kumar Choubey
Hon'ble Union Minister of
State for Health & Family
Welfare



Ms. Anupriya Patel
Hon'ble Union Minister of
State for Health & Family
Welfare

1.2 INTRODUCTION

In view of the federal nature of the Constitution, areas of operation have been divided between Union Government and State Government. Seventh Schedule of Constitution describes three exhaustive lists of items viz. Union List, State List and Concurrent List. Though some items like public health, hospitals, sanitation etc. fall in the State list, the items having wider ramification at national level like Family Welfare and Population Control, Medical Education, Prevention of Food Adulteration, Quality Control in manufacture of Drugs etc. have been included in the Concurrent list.

The Union Ministry of Health & Family Welfare is responsible for implementation of various programmes on national scale in the areas of health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines. In addition, the Ministry also assists States in preventing and controlling the spread of seasonal disease outbreaks and epidemics through technical assistance.

Ministry of Health & Family Welfare comprises the following two Departments, each of which is headed by a Secretary to the Government of India:

- (i) Department of Health & Family Welfare
- (ii) Department of Health Research (DHR)

1.3 ADMINISTRATION

The Department has taken new initiatives and steps to implement Government programmes and policies in an efficient and time-bound manner as part of Government's commitment for better health care for all its citizens.

Administration Division is responsible for personnel management of the Department. It also attends to service related grievances of the staff in the Department.

Aadhaar based biometric attendance system has been introduced in the Department. E-office is also being implemented in a phased manner. All payments have been integrated into Public Financial Management System (PFMS).

Government e-Market place (GeM) has been encompassed in making procurement of goods and services in the Ministry.

1.4 CENTRAL HEALTH SERVICES (CHS)

The Central Health Service, which was constituted in 1963, was restructured in 1982 to provide medical manpower to various participating units like Directorate General of Health Services (Dte. GHS), Central Government Health Service (CGHS), Government of National Capital Territory (GNCT) of Delhi, Ministry of Labour, Department of Posts, Assam Rifles, etc. Since inception, a number of participating units like ESIC, NDMC, MCD, Himachal Pradesh, Manipur, Tripura, Goa, etc. have formed their own cadres. JIPMER, Puducherry which has become an

autonomous body w.e.f. 14th July, 2008 has gone out of CHS cadre. Government of NCT of Delhi, which has made their own cadre namely Delhi Health Service (DHS) for Non-Teaching and GDMO doctors has also gone out of CHS cadre. At the same time, units like CGHS have also expanded. The Central Health Service now consists of four Sub-cadres and the present strength of each Sub-cadre is as under:

i. General Duty Medical Officer Sub-cadre	-	2198
ii. Teaching Specialists Sub-Cadre	-	1466
iii. Non-Teaching Specialists Sub-Cadre	-	595
iv. Public Health	-	104

In addition to the above, there are 19 posts in the Higher Administrative Grade Apex level, which are common to all the four Sub Cadres.

1.4.1 Recruitment in CHS

On the basis of Combined Medical Services Examination - 2016, dossiers of 894 candidates have been received from UPSC and they have been allocated to different cadres viz. Ministry of Defence, Ministry of Railways, MCD besides Central Health Services on the basis of their rank, preference and availability of vacancies. Out of aforesaid 894 candidates, 216 candidates have been allocated to CHS. This year first ever Induction Training for CHS Officers was successfully conducted by National Institute of Health & Family Welfare (NIHFW) for 100 GDMOs for 9 weeks (from 01.05.2017 to 30.06.2017). After training, they were posted to different units of CHS.

Seventy one (71) Assistant Professors in the Teaching Sub-cadre and 26 Specialists Grade III in the Non-Teaching Sub-cadre have also joined in various specialties. Appointment of 45 Medical Officers have been notified in the Gazette of India and probation clearance orders in respect of 15 GDMOs have been issued. 64 Assistant Professors in the Teaching Sub-cadre and 14 Specialist Grade III in Public Health Sub-cadre were confirmed in service during the period.

1.4.2 Cadre Review

A cadre review committee constituted under the Chairmanship of Additional Secretary (Health) has submitted its report and recommendation. All

recommendations except unification of cadres have been accepted by the Government and accordingly the note for CoS is being forwarded to cadre review division after approval of the competent authority.

1.4.3 Enhancement of age of superannuation of Doctors other than Central Health Service (CHS) Doctors to 65 years

Earlier, in the year, 2016, the age of retirement of CHS Doctors was enhanced to 65 years. On similar lines, a consolidated proposal for enhancement of age of superannuation of doctors other than Central Health Service (CHS) Doctors to 65 years was submitted to the Union Cabinet for approval. The Union Cabinet in its meeting held on 27th September, 2017 approved the proposals of Ministry of AYUSH (AYUSH Doctors), Department of Defence (civilian doctors under Directorate General of Armed Forces Medical Service), Department of Defence Production (Indian Ordnance Factories Health Service Medical Officers), Dental doctors under Department of Health & Family Welfare, Dental doctors under Ministry of Railways and of doctors working in Higher Education and Technical Institutions under Department of Higher Education, to enhance the superannuation age to 65 years under their administrative control, subject to the condition that the doctors shall hold the administrative posts till the date of attaining the age of 62 years and thereafter their services shall be placed in Non-Administrative positions.

Accordingly, this Ministry issued order dated 30th September, 2017 for enhancement of the superannuation age of Dental Doctors working under Ministry of Health & Family Welfare to 65 years subject to the condition that the doctors shall hold the administrative posts till the date of attaining the age of 62 years and thereafter their services shall be placed in Non-Administrative positions.

1.4.4 Introduction of SPARROW

The Ministry introduced online recording of APARs through SPARROW (Smart Performance Appraisal Report Recording Online Window) for the Central Health Service (CHS) and Dental doctors for the year 2016-17 onwards.

1.4.5 Promotions

During the year, the following number of promotions took effect in various Sub-cadres of Central Health Service:

Sub-cadre	Sl. No.	Designation of posts	No.
GDMO	1.	Medical Officer to Senior Medical Officer	44
	2.	Senior Medical Officer to Chief Medical Officer	01
	3.	Chief Medical Officer to Chief Medical Officer (NFSG)	0
	4.	Chief Medical Officer (NFSG) to Senior Administrative Grade	25
TEACHING	1.	Assistant Professor to Associate Professor	23
	2.	Associate Professor to Professor	01
	3.	Professor to Director-Professor	0
NON- TEACHING	1.	Promotion in SAG	22
	2.	Promotion in HAG *Proposal for the promotion for 11 posts for the panel Year 2014-15 (six), 2015-16 (two) and 2016-17 (three) has been submitted for ACC approval.	11*
PUBLIC HEALTH	1.	Specialist Grade.III to Specialist Grade-II	27
	2.	Specialist Gr.II to Specialist Gr.I	06
	3.	Specialist Gr.I to SAG level	03

The benefit of Non-functional upgradation has been extended to 531 officers of Senior Administrative Grade of GDMO Sub-cadre of Central Health Service. In addition, 280 officers of GDMO Sub-cadre of Central Health Service (CHS) were granted Non-functional up-gradation to Higher Administrative Grade of the same Sub-cadre.

106 officers of Non-teaching, 3 officers of teaching and 3 officers of Public Health Sub-cadres of Central Health Services were granted Non-functional up-gradation to Senior Administrative Grade level. 45 officers of Non-teaching, 69 officers of teaching and 5 officers of Public Health Sub-cadres of Central Health Services were granted Non-functional up-gradation to Higher Administrative Grade level.

1.4.6 Deputation: During the year, two officers were taken on regular deputation basis in CHS from various State Governments/other Departments of Central Government in consultation with UPSC.

1.4.7 Vacancy Circular: A vacancy circular for filling up of 66 posts on deputation basis has been issued on 31.08.2016. The recommendation of the candidates from UPSC is awaited.

1.4.8 RTI: The number of RTI cases received in RTI division is 204.

1.4.9 Court cases: 18 court cases in CAT Benches/ High Courts/Supreme Court have been disposed of during the year. 99 cases are still pending in various CAT Benches/High Courts/Supreme Court.

1.4.10 Considering the representations of CHS officers for upgradation of ACRs/APARs: 24 representations for upgradation of ACRs/APARs were considered and disposed of.

1.4.11 Dental doctors: Requisition for filling up 10 vacant posts of Dental surgeons submitted to the UPSC. The Commission recommended 9 candidates, and presently, the pre-recruitment formalities are being carried out before the appointment letters are issued to the selected candidates.

1.4.12 Reservation for the Scheduled Castes, Scheduled Tribes and Other Backward Classes in Central Health Service: The instructions on reservation for the Scheduled Castes, Scheduled Tribes and Other Backward Classes in services is complied with, in direct recruitment basis at the entry level in all four Sub-cadres of Central Health Service.

1.5 ACCOUNTING ORGANIZATION

1.5.1 General Accounting Setup

The Secretary, DoHFW is the Chief Accounting Authority. This responsibility is discharged by her through and with the help of the Chief Controller of Accounts (CCA) on the advice of the Financial Advisor of the Ministry. The Secretary certifies the appropriation accounts and represents the Ministry in the Public Accounts Committee and Standing Parliamentary Committee on Accounts.

1.5.2 Accounting set up in the Ministry

The MoHFW has two Departments viz. Department of Health & Family Welfare and Department of Health Research. There is a common accounting wing for all the Departments of Ministry of Health & Family Welfare and Ministry of AYUSH. The Accounts wing functions under the supervision of a Chief Controller of Accounts (CCA) who is assisted by a Controller of Accounts (CA), Deputy Controller of Accounts (DCA), Assistant Controller of Accounts (ACA) and 11 Pay and Accounts Officers (PAOs) (7 PAOs in Delhi and one each at Chennai, Mumbai, Kolkata and Puducherry). The responsibility of the Budget Division of the Ministry is also entrusted to the CCA.

1.5.3 Internal Audit Wing

The internal audit wing of the Department handles the internal audit work of all the Department of Ministry of Health & Family Welfare and Ministry of AYUSH. There are more than 1012 units of the Health & Family Welfare, 61 units of AYUSH and 25 units of Health Research.

The internal audit plays a significant role in assisting the Department to achieve their aims and objectives. The CCS submit internal audit observations and matters related to financial discipline and its subordinate organization. The annual report of the internal audit is reviewed judicially by the Controller General of Accounts and Ministry of Finance.

The role of internal audit is growing and shifting from compliance audit confined to examining the transaction with reference to Government rules and regulations to more advanced technique of examining the performance and risk factor of an entity. In 2016-17, 705 Audit Paras have been raised which highlighted financial propriety observations to the tune of Rs. 9371.89 crore. A total number of 329 Para were settled during 2016-17. Besides this, during 2016-17, internal audit wing had conducted performance/risk based audit of following scheme and institution implemented working under MoHFW.

1.5.4 Bhavishya Pension Portal

It is a web responsive, pensioners service developed to provide single-point web solution for pensioners to obtain comprehensive information relating to status of the pensions and payments. Department of Pension & Pensioners Welfare is working with a vision of ensuring active and dignified life for pensioners. The goal is to ensure payment of all retirement dues and delivery of Pension Payment Order (PPO) to retiring employees on the day of retirement itself. Towards this goal, the Department has launched an online Pension Sanction & Payment Tracking System called 'BHAVISHYA'. The system provides for online tracking of pension sanction and payment process by the individual as well as the administrative authorities. The system captures

the pensioners personal and service particulars. The forms for processing of pension can be submitted online. It keeps retiring employees informed about the progress of pension sanction through SMS/E-Mail. The system obviated delays in payment of pension by ensuring complete transparency.

All the PAOs and the majority of the DDOs of the Ministry of Health & Family Welfare have been registered on the Bhavishya Portal. The rest of the DDOs are in the process of registration and implementation and are expected to process and disburse pension through the portal only.

1.5.5 Public Financial Management System (PFMS)

Prime Minister has emphasized the need for improved financial management in the implementation of Central Plan Schemes and also monitoring of the usage of funds up to the end level beneficiaries including information on end use of the funds.

The Public Financial Management System (PFMS) provides an end-to-end solution for processing payment, tracking, monitoring, accounting, reconciliation and reporting. It has been decided to universalize the use of PFMS to cover all transactions/payments under the Central Sector Schemes. The office of the CCA keeps a close tab on these developments and implements them in a pro-active manner.

All PAOs under the Chief Controller of Accounts of this Ministry are already using PFMS portal for all schemes. Herein e-payments are being released through PFMS to all the first level agencies of central sector schemes. Further all the agencies receiving funds up to last level under central sector schemes, centrally sponsored schemes and other central expenditure are targeted to be brought on PFMS by this year. Consequently, 19 Autonomous Bodies including six AIIMS, AIIMS, New Delhi, PGIMER, Chandigarh have already been brought on board for PFMS. Rest of the Autonomous Bodies are also planned to be brought on the portal by targeted dates.

1.5.6 Direct Benefit Transfer (DBT)

MoHFW is already implementing the scheme Janani Suraksha Yojana (JSY) under National Health Mission (NHM) on Direct Benefit Transfer.

1.6 IMPLEMENTATION OF THE RIGHT TO INFORMATION (RTI) ACT, 2005

Under the Right to Information Act, 2005, 58 Central Public Information Officers (CPIOs) and 29 Appellate Authorities (A/As) have been appointed in the Ministry.

Shri Ashish V Gawai, Deputy Secretary has been nominated as Nodal Officer to receive the requests for information under RTI Act, 2005 on behalf of all CPIOs for MoHFW. During the period 03/01/2017 to 24/10/2017, 6252 RTI applications (received through R&I and online in the RTI Web-portal) and 641 RTI appeals (received through R&I and online in the RTI Web-portal) have been received.

1.7 VIGILANCE

Vigilance Wing of the Department of Health & Family Welfare is under the control of an officer of the rank of Joint Secretary to the Government of India who also works as part time Chief Vigilance Officer (CVO). The CVO is assisted by a part-time Director (Vig.), an Under Secretary and Staff of Vigilance Section.

The Vigilance Division of the Ministry deals with vigilance and disciplinary cases having vigilance angle involving the officers/staff of Dte.GHS, CGHS, MoHFW and all autonomous institutes under the administrative control of the Ministry, where there is no independent CVO. The Vigilance Wing also monitors vigilance enquiries, disciplinary proceedings having vigilance angle in respect of doctors and non-medical/technical personnel borne on the Central Health Service (CHS) and posted in P&T dispensaries and other institution like Medical Stores Organization, Port Health Organization, Labour Welfare Organization, etc. The vigilance cases of Department of Health Research (DHR) are also to be looked after by CVO, MoHFW.

In year 2017 (till September, 2017), following actions have been taken/dealt with by Vigilance Division:

Sl. No.	Item	Instances
1.	Charge Sheet Issued Under Rule 14 of CCS (CCA) Rules	02
2.	Instances of sanction for prosecution accorded	05
3.	Finalization of disciplinary cases	02
4.	Instances of appointment of IOs/POs	07
5.	Advice given to the other divisions of the Ministry	16
6.	Instances of suspension extension	03
7.	No. of disciplinary cases live at the end of the period	21
8.	No. of complaints received from CVC for appropriate action and which are under examination/processed	23
9.	Misc. complaints received from CBI for appropriate action	32
10.	Complaints received from other sources	186
11.	Case sent to CVC for advice	06
12.	Case sent to UPSC for advice	01
13.	Matter referred to DOP&T for advice	04
14.	Cases referred to Ministry of Law and Justice for advice	08
15.	RTI application received and disposed	24
16.	RTI appeals	02
17.	No. of Court Cases processed	13
18.	Vigilance clearance granted	4902
19.	Case of appointment of Vigilance Officer	05

As per the directions of Central Vigilance Commission, Vigilance Awareness Week is celebrated in the Ministry by administering pledge to officers/staff of MoHFW during the Vigilance Awareness Week period.

1.8 PUBLIC GRIEVANCE CELL

Public Grievances Redressal mechanism is functioning in the Ministry of Health & Family Welfare as well as in the Subordinate/Attached Offices of the Dte.GHS and CGHS, Central Government Hospitals, Autonomous Bodies under the Ministry and PSUs as per various guidelines issued from time to time by the GoI through the Department of Administrative Reforms and Public Grievances.

Centralized Public Grievance Redress and Monitoring System (CPGRAMS) is an online web-enabled system over NICNET developed by NIC, in association with Directorate of Public Grievances (DPG) and Department of Administrative Reforms and Public Grievances (DARPG). It is a web based portal wherein a citizen can register his grievance online directly with the concerned Ministries/Departments. The Economic Advisor is the nodal officer for the DOH&FW and all Director/DS level officers have been made nodal officers for their respective Divisions within the Department. Status of disposal of public grievances received during 2017-18 on CPGRAMS portal (as on 31-12-2017) is given in the table on next page.

Year	Opening Balance as on 01-04-2017	Grievance petitions received from 01-04-2017 to 31-12-2017	Grievance petitions disposed of during 01-04-2017 to 31-12-2017	Balance as on 31-12-2017
2017-18	1,986	17,454	17,649	1,791

Regular monitoring is conducted to ensure qualitative, quantitative and expeditious disposal of public grievances.

1.9 INFORMATION & FACILITATION CENTRE

The Information & Facilitation Centre of the Ministry, inter-alia, provides the following information to public:

1. Information and guidelines to avail financial assistance from Rashtriya Arogya Nidhi and Health Minister's Discretionary Grant.
2. Guidelines and instructions regarding issue of 'No Objection Certificate' to doctors to pursue higher medical studies abroad.
3. Information and guidelines relating to CGHS and queries relating to the work of the Ministry.
4. Receiving petitions/suggestions on Public Grievances.

General queries relating to the Ministry that were received in the Information and Facilitation Centre were disposed of to the satisfaction of all concerned.

1.10 RURAL HEALTH INFRASTRUCTURE

Biomedical Equipment Management & Maintenance Programme

Prime Minister observed that many equipment in hospitals and health centers were either unused or there was no maintenance resulting wastage of resources. He directed that Ministry may consider either maintenance or management contract along with purchases or outsource maintenance after the guarantee period. To address this, MoHFW organized consultations with officials from States to devise appropriate mechanisms to ensure that medical equipment already purchased are properly maintained. An extensive exercise was undertaken to map the inventory of all

Bio-medical equipment including their functionality status. The mapping has been completed for 29 States. 7,56,750 number of equipment in 29,115 health facilities costing approximately Rs. 4,564 crores were identified. Equipment in range of 13% to 34% were found dysfunctional across States. Comprehensive guidelines along with RFP on Biomedical Equipment Management and Maintenance Programme (BMMP), linked with uptime of equipment (95% in District hospitals, 90% in Community Health Centres and 80% in Primary Health Centers). Under BMMP, support is being provided to State Governments to outsource medical equipment maintenance comprehensively for all the equipment across all the facilities. Subsequent to inventory mapping, RFPs/tenders were rolled out to award maintenance contract for the respective States.

The implementation of BMMP has helped in improving diagnostics services in health facilities, thereby reducing cost of care and improving the quality of care in public health facilities.

Under the NHM, 17 States/UTs have rolled out BMMP (through PPP) while 12 States/UTs are in process to implement the programme. 5 States/UTs are maintaining their Biomedical equipments in-house.

1.10.1 Free Diagnostics Service Initiative

To streamline the process and standards related to diagnostic services, MoHFW has formulated the NHM Free diagnostic Services guidelines that were shared with the States on 2nd July, 2015. The guidelines provide an illustrative list of essential diagnostics tests specific to various levels of care that includes 9 tests at Sub-centre level, 19 tests at PHC level, 39 tests at CHC level and 57 tests at SDH/DH level. The tests encompass hematology, serology, bio-chemistry, clinical pathology, microbiology, radiology and cardiology. The guidelines also provide model RFP (Request for Proposal) documents for States to engage with service providers for provision of diagnostic services. The following model RFPs have

been provided in the Guidelines:

- a) RFP for outsourcing a defined list of high cost, low frequency, diagnostic tests which cannot be provided with existing technical capacities.
- b) RFP for outsourcing of digitalization of images (X-rays), transmission and diagnosis and reporting services.
- c) RFP for setting up CT scan facilities at district level under Public Private Partnership model where providers may be encouraged to establish the facilities within or near the district hospital.
- d) RFP for model document for in sourcing of hiring of fixed term contractual staff (laboratory technicians, radiographers).

1.10.2 The three components under the umbrella of the Free Diagnostics Service Initiative are:

1) Essential Pathology Initiative: It is to assure every patient a range of essential diagnostic packages free of cost tailored to various levels of care to complement existing public health facilities. The samples are collected by service provider from facilities and results reported within stipulated time frame.

There are three alternative delivery models illustrated for the States to adopt:

Hub and Spoke Model: Under this model, the samples are collected at peripheral facilities/collection centres (including Mobile Medical Units) and safely transported to a central laboratory which will act as the Hub.

Outsourcing of high cost, technologically demanding and lower frequency diagnostic services to private service providers while high volume, low cost tests not requiring highly skilled manpower are undertaken within public health facilities.

Contracting in of the services of specialists, such as like radiologists, pathologists, microbiologists etc. where in house expertise is not available.

2) Tele-radiology initiative: Apart from infrastructure, lack of specialist clinicians especially radiologists has been a major challenge which denies

the poor patient of essential radio-diagnosis. To bridge this gap, a viable and cost effective PPP model has been devised under which digitized X-Ray films are transmitted to service provider and reports are received within a stipulated time frame.

3) CT scan Services at District Hospital & Technology Support: Since CT Scan is an expensive test and many districts in India do not have a single CT Scan facility, this initiative is of great value – both in terms of health sector development in a given area as well as in reducing patient out-of-pocket expenditure. Under NHM, States are being supported to setup CT Scan services at DH level (with population above 7.5 Lakhs) under PPP.

To ensure transparent, smooth and timely engagement of private partners for all three components of diagnostic services, model RFP and terms of hiring have been shared with the States and all technical support is provided to ensure seamless implementation of the initiative.

An approval of Rs. 759.10 crore has been accorded under National Health Mission to 29 States/UTs in FY 2017-18 till date. In last Financial Year i.e. 2016-17, an approval of Rs. 649.30 crore has been given to 24 States/UTs.

27 States/UTs, as on date, have identified/notified the number of investigations to be provided free of cost at each level of facility.

1.10.3 MMUs (Mobile Medical Units)

In order to provide services at door-step of the population living in most remote and hard to reach areas, States have been supported with Mobile Medical Units (MMUs). NHM is supporting 1274 MMUs in 396 districts (As on 30.03.2017).

1.10.4 ‘Mera Aspataal’ Feedback Initiative

An IT based feedback system ‘Mera Aspataal’ (My Hospital) was launched by MoHFW on 29.08.2016. A multi-channel approach is used to collect information on patients’ level of satisfaction i.e. Short Message Service (SMS), Outbound Dialing (OBD), Web Portal and Mobile Application. The application automatically contacts the patient (out-patient after the closure of the OPD and the in-patient at the time of discharge)

using the above information to collect information on patients level of satisfaction. The application provides almost real time analysis of data and meaningful insights to analyze the performance at different levels i.e. from facilities to national level. It helps the Government and the participating institutions to develop action plans based on the feedback leading to improved patient experience and quality of care.

A total of 890 Central and State Government hospitals across 22 States/UTs have been integrated with the Mera Aspataal application so far. During the period from 4th September, 2016 to 30th September, 2017, out of 3,44,40,870 patient visits to these facilities, 9,63,362 patients submitted their feedback.

The proportion of very satisfied and satisfied was 37% and 40% respectively, while those dissatisfied were 23%. This information is being shared with the States and the facilities on regular basis.

1.11 CENTRAL MEDICAL SERVICES SOCIETY (CMSS)

Central Medical Services Society (CMSS), the central procurement agency of MoHFW was registered as a Society on 22.03.2012 for procuring health sector goods in a transparent and cost effective manner to ensure uninterrupted supply of health sector goods to State/UT Governments by setting up IT enabled supply chain infrastructure including warehouses in 50 locations. At present warehouses have been established at 20 locations and all States/UTs have been covered.

The Additional Secretary in-charge of procurement in the Ministry is the Ex-Officio Chairman of the CMSS. There is a full time Director General & Chief Executive Officer (a Joint Secretary level officer), responsible for overall management of society. He is assisted by General Managers, each responsible for procurement, logistics, finance, quality assurance, administration and medical equipment.

During the current year tenders have been published for National Vector Borne Disease Control Programme (NVBDCP), Family Welfare Programme (FWP), Revised National Tuberculosis Control Programme (RNTCP) and National AIDS Control Organization (NACO). Following major activities/achievements

have been made during the current year:

- Purchase order for Condoms, Pregnancy Test Kits (PTK), Oral Contraceptive pills (OCP), Emergency Contraceptive Pills (ECP), Tubal Rings and Condoms have been placed for the total value of Rs. 85,50,36,120/-.
- Purchase order for Long Lasting Insecticidal Nets (LLINs) was placed for the total value of Rs. 98,69,43,615/-.
- Purchase order for ARV Drugs was placed for the total value of Rs. 4,90,07,61,396/-.
- Purchase order for Anti TB Drugs was placed for the total value of Rs. 88,96,71,340/-.
- Tenders for other drugs for a total value of Rs. 929 crore are under process.
- All the 20 warehouses are fully functional and drugs and medicines pertaining to Family Welfare Programme, RNTCP, NVBDCP and NACO are being stored and distributed to the respective nodal officers of the programme.
- The e-Aushadhi software is functional and all the receipt, inter warehouse transfers and issues are being undertaken through the ERP only.

1.12 EMPOWERED PROCUREMENT WING (EPW)

The EPW division has been engaged with procurement of drugs and commodities under various programmes like Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Disease Control Programme (NVBDCP) and Immunization Programmes under externally aided components (World Bank/GFATM projects) in addition to projects under domestic budgetary support.

EPW is also acting as a nodal division of Ministry of Health & Family Welfare to implement Govt. policies related to public procurement. Government policies related to implementation of GFR, Public Procurement Policy for Micro and Small Enterprises (MSEs) order-2012, DIPP Order on Domestic Industry Preference (Make in India) have been implemented and monitored in all procurement entities under Ministry of Health & Family Welfare. All the procurement entities have been asked to implement end-to-end e-procurement in a time bound manner.

Contract agreement which was signed between Ministry of Health & Family Welfare & M/s. RITES Ltd. Gurgaon on 12.01.2010 wherein RITES is acting as a 'Procurement Agent', has been extended further up to 31.03.2018 to enable them to complete the remaining post contractual obligations.

1.13 COMMITTEE ON SEXUAL HARASSMENT

A case regarding Complaint made by one former employee of NBE, New Delhi was forwarded to the Complaint Committee on Sexual Harassment of women at work places, Department of Health & Family Welfare, MoHFW during the year 2017. After examination of the case of complaint by the Committee, it was observed that the complaint does not merit consideration by ICC of Department of Health & Family Welfare as neither the complainant nor the accused is a staff of Department of Health &

Family Welfare. The same was conveyed to concerned Administrative Division for further action.

No other complaints were referred to the Committee during the year 2017.

1.14 PERSONS WITH DISABILITIES

The representation of Persons with Disabilities (PwDs) and their welfare related issues are also being dealt by Welfare & PG Section of this Ministry. A Special Recruitment Drive for PwDs to ensure the representation of PwDs in the Department/Attached offices/Sub-offices under this Ministry has been undertaken, which is monitored by the Welfare & PG Section. The representation of Persons with Disabilities in D/o Health & Family Welfare and its Attached & Subordinate offices, as on 01.01.2017 is as follows:

Groups	Total Employees	VH	HH	OH
A	5875	0	1	120
B	4636	1	2	34
C (Ex Sweeper)	8375	13	15	94
C (Sweeper)	873	1	0	5
Total	19759	15	18	253
Percentage		0.0759	0.0911	1.2804