CHAPTER 07

Other National Health Programmes

7.1 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIO VASCULAR DISEASE AND STROKE (NPCDCS)

India in tandem with its rapid social and economic development is experiencing a major and rapid health transition with a rising burden of Non-Communicable Diseases (NCDs) surpassing the burden of Communicable diseases viz. water-borne or vector-borne diseases, TB, HIV, etc. over the last quarter century. The Non-Communicable Diseases are estimated to account for around 60% of all deaths, thus making them the leading causes of death. Four types of NCDs - cardiovascular diseases, cancer, chronic respiratory diseases and diabetes make the largest contribution to morbidity and mortality due to NCDs. Four behavioural risk factors are responsible for significant proportions of these diseases namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Major metabolic risk factors are obesity, raised blood pressure, raised blood glucose and raised blood total cholesterol levels. NCDs cause considerable loss in potentially productive years of life. The probability of dying between ages 30 and 70 years from four major NCDs is 26%, which means that a 30-year old individual has a one-fourth chance of dying from these diseases before the age of 70 years. 7 out of 10 major causes of morbidity are NCDs. Losses due to premature deaths related to heart diseases, stroke and diabetes are also projected to increase over the years.

The prevalence of both behavioural and metabolic risk factors also continues to be high in India. The prevalence of current tobacco smoking in males (23.6%) is higher than the global prevalence of current tobacco smoking (22%). Tobacco use has been identified as single largest risk factor attributable to NCDs. Nearly one out of every ten persons aged 18 years and above in India has raised blood glucose. Every fourth individual in India aged above 18 years has raised blood pressure (hypertension). NCDs poses extra financial and service burden on the affected individuals, their families as well as the health system as a whole. India stands to lose $4.58 trillion before 2030 due to NCDs and mental health conditions. Cardiovascular diseases, accounting for $2.17 trillion will lead the way in economic loss.

In order to prevent and control major NCDs, Government of India is implementing the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all States across the country with the focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. For activities up to district level and below under NPCDCS, States are given financial support under the umbrella of NHM. The funds are being provided to States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10).

7.1.1 Strategy: The strategies of the NPCDCS are as follows:

a) Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.

b) Outreach camps are envisaged for opportunistic screening at all levels in the health care delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers.

c) Management of chronic non-communicable diseases, especially cancer, diabetes, CVDs and stroke through early diagnosis, treatment and follow up through setting up of NCD clinics.

d) Build capacity at various levels of health care

for prevention, early diagnosis, treatment, IEC/ BCC, operational research and rehabilitation.

e) Provide support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.

f) Provide support for development of database of NCDs through a robust surveillance system and to monitor NCD morbidity, mortality and risk factors.

7.1.2 Strengthening of Tertiary Care Cancer Facilities Scheme

For the Tertiary Care for Cancer component under the programme, 'Strengthening of Tertiary Care Cancer Facilities Scheme' is being implemented, under which assistance is being given for setting up of 20 State Cancer Institutes (SCIs) and 50 Tertiary Care Cancer Centres (TCCCs) for providing comprehensive cancer care in the country. Under the scheme, there is provision for giving a 'one time grant' of upto Rs. 120 crore per SCI and upto Rs. 45 crore per TCCC, to be used for building construction and procurement of equipment, with the Centre to State share in the ratio of 60:40 (except for North-Eastern and Hilly States, where the share is 90:10). The proposals for setting up of 15 State Cancer Institutes and 18 Tertiary Care Cancer Centers are approved.

SCIs & TCCCs

Sl. No.	State	State Cancer Institutes	Tertiary Care Cancer Centres
1	Karnataka	Kidwai Memorial Institute of Oncology (RCC), Bengaluru	-
2		-	Mandya Institute of Medical Sciences
3	Kerala	-	Government Medical College, Kozhikode
4		Regional Cancer Centre, Thiruvananthapuram	-
5	Tripura	Cancer Hospital (RCC), Agartala	-
6	Gujarat	Gujarat Cancer Research Institute, Ahmedabad	-
7	West Bengal	-	Government Medical College, Burdwan
8		-	Murshidabad Medical College & Hospital, Berhampore, Murshidabad
9		-	Sagore Dutta Memorial Medical College and Hospital, Kolkata
10	Jammu & Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar	-
11	Tamil Nadu	Cancer Institute (RCC), Adyar, Chennai	-
12	Himachal Pradesh	-	Indira Gandhi Medical College, Shimla

Sl. No.	State	State Cancer Institutes	Tertiary Care Cancer Centres
13	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	-
14	Mizoram	-	Civil Hospital, Aizawl
15	Uttar Pradesh	-	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
16	Rajasthan	-	S P Medical College, Bikaner
17		SMS Medical College, Jaipur	-
18		-	Jhalawar Medical College & Hospital, Jhalawar
19	Telangana	MNJ Institute of Oncology & RCC, Hyderabad	-
20	Punjab	Government Medical College, Amritsar	-
21		-	Civil Hospital, Fazilka
22	Delhi	-	Lok Nayak Hospital
23	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	-
24	Nagaland	-	District Hospital, Kohima
25.	Haryana	-	Civil Hospital, Ambala Cantt
26.	Maharashtra	-	Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur
27.		Government Medical College, Aurangabad	-
28.		-	Vivekanand Foundation & Research Centre, Latur
29.	Assam	Gauhati Medical College & Hospital, Guwahati	-
30.	Madhya Pradesh	-	G.R. Medical College, Gwalior
31.	Jharkhand	Rajendra Institute of Medical Sciences, Ranchi	-
32.	Andhra Pradesh	Kurnool Medical College, Kurnool	-
33	Goa	-	Goa Medical College, Panaji
	Total	**15**	**18**

7.1.3 Achievements of NPCDCS Programme

a) **Infrastructure:** As on 30th June 2017, the programme is under implementation in total 435 districts, with setting up of NCD clinics in 434 District Hospitals, and 2143 Community Health Centres. In addition, Cardiac Care Units have been set up in total 138 Districts and Day care centres for Cancer chemotherapy have been set up in 84 districts.

b) **Opportunistic Screening:** As per the monthly reports received from States, during 2016 - 2017, more than 2.24 crore people have been screened in the designated NCD clinics at districts and CHCs. Out of them, around 21.74 lakh (9.7%) were diagnosed to be diabetics and 27.09 lakh (12.1%) were hypertensive. Among these NCD clinic attendees, around 1.05 lakh (0.5%) persons were diagnosed to be suffering from cardiovascular diseases and over 0.39 lakh (0.2%) persons were detected with common cancers (including oral, cervical and breast cancers).

c) **Population-based Screening for Diabetes, Hypertension and Common Cancer (Orals, Breast, and Cervical):** Government of India has initiated population-based screening for diabetes, hypertension and common cancer (orals, breast and cervical) for early detection of common NCDs in community by utilising services of Frontline Health and Community workers under the existing primary health care system. More than 100 districts & 25 cities in the country have been identified for implementation of the programme in 2017-18. The National level Training of Trainers for MOs, Staff Nurses, ASHA & ANM have been carried out and State-level trainings are underway. This screening will also generate awareness regarding risk factors of NCDs.

d) **Chronic Obstructive Pulmonary Disease (COPD) and Chronic Kidney Disease (CKD):** In order to prevent and manage the Chronic Obstructive Pulmonary Disease (COPD) and Chronic Kidney Disease (CKD), which are also major causes of death due to NCDs, their intervention has been included under NPCDCS. Guidelines for COPD & CKD have been shared with the States/UTs with the request to submit their proposals in their State specific PIPs for central assistance.

e) **Opportunistic screening at IITF, 2016:** Opportunistic screening of common NCDs including Diabetes, Hypertension and Cancer, was organised at India International Trade Fair (IITF) at Pragati Maidan, New Delhi during 14-27 November, 2017. Besides screening NCDs and lifestyle related risk factors, this initiative also helps to increase awareness about the prevention and control of NCDs. 85,349 persons have been screened and suspected cases of diabetes, hypertension and common Cancers were referred to designated hospitals for further management.

f) **Social Media:** Along with different forms of media, social media is also being used to generate awareness about prevention and control of NCDs. To leverage mobile technology, an application called mDiabetes has been launched to generate awareness, to promote adherence of treatment and to inculcate healthy habits among the masses with special focus on target groups.

g) **Integration of AYUSH with NPCDCS:** For comprehensive management of lifestyle related disorders, a pilot project on 'Integration of AYUSH with NPCDCS' has been initiated in six districts, viz. Bhilwara (Rajasthan), Gaya (Bihar), Surendranagar (Gujarat) under Central Council for Research in Ayurvedic Sciences (CCRAS); Lakhimpur-Kheri (Uttar Pradesh) under Central Council for Research in Unani Medicine (CCRUM); and Krishna (Andhra Pradesh) and Darjeeling (West Bengal) under Central Council for Research in Homeopathy (CCRH). Synergy is being harnessed between the Allopathy system under NPCDCS and the alternative systems of medicine under AYUSH, for prevention and management of 'lifestyle-related' common NCDs. Besides health promotion and patient management services at the NCD/lifestyle clinics, training on Yoga are also provided through an integrated Yoga programme. 1,75,417 and 65,169 patients have been enrolled for NCD management under

NPCDCS-AYUSH as on 1st May 2017. Besides, 2,21,257 participants have been registered under daily yoga classes conducted at CHC and PHC level. For creating awareness against NCDs among the masses, 1,157 outreach camps have been conducted.

h) **Diagnostic and drugs facilities:** Provision has been made under the programme to provide free diagnostic facilities and free drugs for NCD patients attending the NCD clinics at the district and CHC levels.

7.2 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

India is the second largest consumer of tobacco in the world. An estimated one million Indians die annually from tobacco-related diseases. Globally, tobacco consumption kills nearly 6 million people in a year.

In order to protect the youth and masses from the adverse effects of tobacco usage and Second Hand Smoke (SHS), the Government of India enacted the "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA-2003)".

National Tobacco Control Programme (NTCP) was launched in the year 2007-08 to facilitate effective implementation of the Tobacco Control Laws - COTPA 2003 - in the country and to bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws. NTCP is being implemented through a three-tiered structure i.e., the National Tobacco Control Cell, the State Tobacco Control Cells and the District Tobacco Control Cells. The National Tobacco Control Programme (NTCP) is being implemented in 405 districts across 36 States/ UTs.

7.2.1 Major Achievements during 2017-18 (upto 30th September, 2017)

- The Government has enhanced the size of health warnings on tobacco products covering 85% of the principal display area of the packages of tobacco products with effect from 1st April, 2016 and notified two sets of images. The second set of images of specified health warning has been implemented with effect from 1st April, 2017.

- **National Consultation on Tobacco Free Films Policy:** MoHFW in collaboration with the WHO India Office organized a National Consultation on Tobacco Free Films and Television Policy. The broad objectives of the consultation were to provide a platform for sharing the findings of the study conducted to assess the implementation of the Film Rule and to facilitate a dialogue with all stakeholders for better implementation of the rules while reiterating the public health benefits of the tobacco free film policy.
- The consultation called upon the GoI and Film & TV industry for strengthening implementation of the tobacco-free film rule notified under Cigarettes and Other Tobacco Products Act (COTPA). The workshop concluded with a set of recommendations to further strengthen and streamline the implementation of these rules.

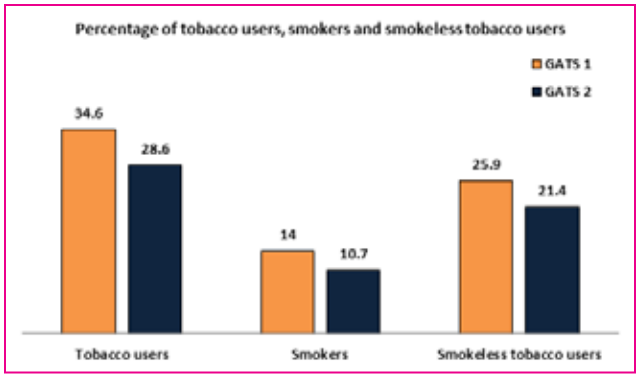
Secretary (Health) replying to the queries during the Consultation

Release of Report on "Evaluation of Tobacco Free Film and Television Policy in India

Awareness Slogan Walkathon

Oath by Hon'ble Minister of Health & FW along with other dignitories

- "World No Tobacco Day" was observed on 31st May, 2017. On this occasion, Nukkad Natak was organised at Nirman Bhawan and thereafter Hon'ble Minister of Health & Family Welfare flagged off the awareness slogan walkathon from Nirman Bhawan which was completed at India Gate with a thematic show.
- The second round of Global Adult Tobacco Survey (GATS) completed and key findings of the Survey was released on 8th June, 2017 during National Consultation on Accelerating Implementation of WHO Framework Convention on Tobacco Control (FCTC) for Achievement of Sustainable Development Goals (SDGs) from 8-9 June, 2017. The highlights show that prevalence of tobacco use has decreased by six percentage points from 34.6% in GATS-1 (2009-10) to 28.6% in GATS-2(2016-17) and the total number of tobacco users has reduced by about 81 lakh during the said period.



Dignitories on dice during the National Consultation

AS&MD addressing the Consultation

The following key documents were also released during this Consultation:

- National Framework for Joint TB-Tobacco Collaborative Framework:
- Monograph on smokeless tobacco and public health in India:
- National Tobacco Control Programme Training Module:

Release of Monograph on Smokeless Tobacco and Public health in India

Release of National Tobacco Control Programme Training Module

- **WHO Director-General's Special Recognition Award:** Shri J. P. Nadda, Hon'ble Union Minister of Health and Family Welfare has been awarded with the DG-WHO Special Recognition Award for global tobacco control.
- An amendment has been made in the prohibition of smoking in public places rules in order to curb the menace of hookah bars in the country.
- MoHFW has collaborated with Ministry of Labour & Employment for 'Skill Development' programme for bidi rollers to facilitate them to shift to alternative vocations which are equally remunerative. The programme has been launched on a pilot basis in 5 States, viz. Sambhalpur - Bhubaneshwar Region; Rajnandgaon - Raipur Region; 24 Pargana – Kolkata Region; Kasargod – Kannur Region; and Nizamabad – Hyderabad region.
- The public advertisement was published in leading national and regional dailies on the occasion of World No Tobacco Day, 2017.

Hon'ble HFM receiving WHO Director-General's Special Recognition Award from Regional Director - WHO (SEARO)

7.3 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

NMHP was started in 1982 with the objectives to ensure availability and accessibility of minimum mental health care for all, to encourage mental health knowledge and skills and to promote community participation in mental health service development and to stimulate self-help in the community. Gradually the approach of mental health care services has shifted from hospital based care (institutional) to community based mental healthcare, as majority of mental disorders do not require hospitalization and can be managed at community level. The District level activities under the NMHP i.e. the District Mental Health Programme (DMHP) has been brought under the overarching umbrella of NHM under the NRMH NCD Flexible pool from 2013-14 onwards. The Programme will be expanded to cover the entire country in a phased manner based on the proposals submitted by the States in their respective State PIPs.

Figure 1 Tertiary level activities under NMHP

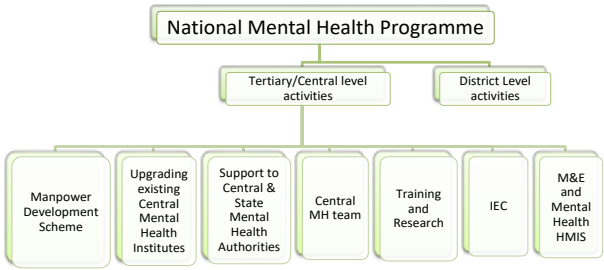
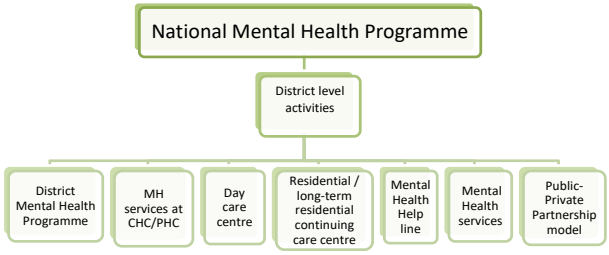


Figure 2 District level activities under NMHP



A. Tertiary/Central level activities under the NMHP

Manpower Development Schemes

1. **Centre of Excellence (Scheme-A):** Under this Scheme, financial support towards construction, technical & non-technical equipment, library and faculty salary to the existing Central and State Mental health Institutions is provided. The Scheme was initiated in the year 2009 and continued during the 12th Five Year Plan period. 11 Centres of Excellence were established during the 11th Plan period with financial assistance of Rs. 30 crore per Centre. For 12th Plan, 10 more Centres of Excellence approved with financial assistance up to Rs. 33.70 crores per centre. During the FY 2017-18, one more Centre of Excellence approved.

2. **Strengthening/Establishment of PG departments in mental health specialties (Scheme-B):** The Scheme provides financial support towards capital works and faculty support to the existing Central and State Mental Health Institutions for strengthening/ establishment of Post Graduate Departments in mental health specialties. 27 Post Graduate Departments were established during the 11th Plan period. Strengthening/establishment of 13 more PG Departments was approved with financial assistance in the range of Rs. 0.85 crores to Rs. 0.99 crores per Department during 12th Plan. During the FY 2017-18, 6 additional PG Departments have been approved for strengthening/establishment.

   Expenditure Finance Committee had recommended implementation of Tertiary Level Activities under NMHP during the period 2017-2020 at a cost of Rs. 270 crores. A proposal for seeking approval of Cabinet Committee on Economic Affairs for implementation of Tertiary Level Activities under NMHP has been circulated among the stakeholder Departments/ Ministries.

B. District level activities under NMHP

1. District Mental Health Programme (DMHP)

For improving coverage and accessibility of mental healthcare, district level activities under the NMHP have been supported in 517 districts across all 36 States/UTs. These district level activities are organized by a dedicated District Mental Health Programme team stationed at District Hospital. As per Guidelines of the Scheme, one psychiatrist, one clinical psychologist, one psychiatric social worker, one psychiatric nurse, one community nurse, one monitoring and evaluation officer and case registry assistant and one ward assistant are the staff of the District Mental Health Programme Team. Remaining districts would be supported for implementation of the DMHP in a phased manner based on the proposals submitted by the States/UTs in their Annual Programme Implementation Plans.

Components of DMHP:

- Rs. 2.4 lakhs per annum per district for ambulatory support for transportation of people with mental disorders to public health facilities.
- Non-specialist medical officers, social workers, psychologists, could be trained in mental healthcare in case of non-availability of specialist human resources.
- Training of Medical Officers, Community Health Workers, Nurses, Pharmacists of CHC and PHC for integration of mental healthcare in general health care, for increasing reach of mental healthcare and to facilitate early diagnosis and management and follow-up of chronic cases.
- Community awareness- awareness generation to increase help seeking behaviour and address stigma and discrimination faced by people with mental illness.
- Inter-sectoral linkages - establish linkages with schools and college to provide like skill education and set-up counselling services for children and adolescents.

- Support for a 10 bedded psychiatric ward at District Hospital and for regular availability of essential psychotropic drugs.
- Standardized package of care to people with mental illnesses accessing primary healthcare facilities, including OPD, IPD and referral services.
- Outreach clinics/camps at CHC or Taluka Hospitals by DMHP team.

2. Newer district level activities under NMHP

- Day care centre for person with mental illness-rehabilitation and recovery services with counselling rooms, activity room for yoga/ group therapy and facility to enhance skills for care-givers.
- Residential/long-term residential continuing care centre for persons with chronic mental disorder - shifting chronically ill persons to centres in vicinity of mental hospitals and providing them a structured programme over a period of 3-12 months.
- Mental health services - support to medical colleges to provide a basic or advanced packages of mental health services.
- Mental health helpline - country-wide dedicated helpline for crisis management, information provision, and assistance on medico-legal cases.

National Mental Health Survey

The Standing Parliamentary Committee in 2012 recommended that a scientific and representative National Mental Health Survey for the country be undertaken. Accordingly, NIMHANS was commissioned by MoHFW to undertake this activity. National Mental Health Survey was formally initiated on 1st June, 2015 across the country in 12 States and data collection completed as on 1st August, 2016.

Objectives of the survey were to:

- Estimate the prevalence and burden of mental, neurological and substance use disorders in a representative population of India.
- Identify the treatment gap, health care seeking and service utilisation patterns.
- Assess mental health services and systems in the surveyed States for planning and strengthening mental health programmes.

The country was classified into 6 regions: North, South, East, West, Central and North-east and 12 States of India were selected: Kerala; Tamil Nadu; Gujarat; Rajasthan; Punjab; Uttar Pradesh; West Bengal; Jharkhand; Chhattisgarh; Madhya Pradesh; Assam; Manipur. The National Mental Health Survey (NMHS) covered a nationally representative population to identify the prevalence, pattern, outcome, treatment gap, disabilities along with the current status of mental health services, facilities and programmes. The NMHS study interviewed nearly 40,000 individuals and 1200 young adolescents from 12 States across 6 regions of the country. The study adapted a uniform, standard scientific methodology and data collection was done by trained staff using hand held devices.

Key findings of the survey are:

- NMHS indicates that nearly 150 million Indians aged 13 and above are likely to be suffering from one or more mental health problems and are in need of services.
- Mental health problems are comparatively more prevalent in urban areas.
- The proportion of those with a mental health disorder in young adolescents was 7.3%.
- Neurosis and stress related disorders (phobias and anxiety disorders) affected twice as many women compared to men.
- Alcohol use disorder in men was 4.6% amongst the 18+ population while, illicit substance use disorders (dependence + abuse) was 0.6%.
- Less than 2% had a severe mental illness like psychoses or bipolar disorder, but amongst those with the disorder, nearly 50% had moderate to severe disability.
- A growing concern has also been the risk of suicide in India and data indicate that 0.9% are at a high risk of suicide,
- The economic impact of mental disorder is huge as the median monthly expenditure ranged between INR 1000 to 2500 and varied across conditions.

The Mental Healthcare Act, 2017

The United Nations Convention on the Rights of Persons with Disabilities was ratified by the Government of India thus making it obligatory on the Government to align the policies and laws of the country with the convention. There was an increasing realization that persons with mental illness constitute a vulnerable section of society and are subject to discrimination in our society.

The Mental Healthcare Bill, 2013 was introduced in the Parliament in order to protect and promote the rights of persons with mental illness during the delivery of health care in institutions and in the community and to ensure health care, treatment and rehabilitation of persons with mental illness, is provided in the least restrictive environment possible. Further to regulate the public and private mental health sectors within a rights framework to achieve the greatest public health good and to promote principles of equity, efficiency and active participation of all stakeholders in decision making. Suicide has been decriminalized under the Act. The bill received assent of the Hon'ble President of India on 07.04.2017. The Ministry has constituted a Committee of Experts for formulating Rules and Regulations under the Act.

7.4 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCB&VI)

Introduction

National Programme for Control of Blindness and Visual Impairment (NPCB&VI) was launched in the year 1976 as a 100% centrally sponsored scheme (now 60:40 in all states and 90:10 in NE States) with the goal of reducing the prevalence of blindness to 0.3% by 2020.

Prevalence rate of blindness and targets

- Prevalence of Blindness: 1.1% (Survey 2001-02).
- Prevalence of Blindness: 1 % (Survey 2006-07).
- Current Survey (2015-18) in progress. The projected rate of prevalence of blindness is 0.45%.
- Prevalence of Blindness target - 0.3% (by the year 2020).

Main Causes of blindness

Cataract (62.6%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%) and others (4.19%). Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand.

Main objectives

- To reduce the backlog of avoidable blindness through identification and treatment of curable blindness at primary, secondary and tertiary levels, based on assessment of the overall burden of visual impairment in the country;
- Develop and strengthen the strategy of NPCB for "Eye Health for All" and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery;
- Strengthening and up-gradation of Regional Institutes of Ophthalmology (RIOs) to become Centre of Excellence in various sub-specialties of ophthalmology and also other partners like Medical College, District Hospitals, Sub-district Hospitals, Vision Centres, NGO Eye Hospitals;
- Strengthening the existing infrastructure facilities and developing additional human resources for providing high quality comprehensive Eye Care in all Districts of the country;
- To enhance community awareness on eye care and lay stress on preventive measures;
- Increase and expand research for prevention of blindness and visual impairment;
- To secure participation of Voluntary Organizations/Private Practitioners in delivering eye Care.

Major programme activities and service providers:

Sl. No.	Components/Eye care activities	Eye Care Service Providers
1	Free Cataract Surgery	Medical Colleges/District Hospitals/NGOs
2	School Eye Screening	District Hospitals
3	Free Specs to School Children	District Hospitals
4	Collection of Donated Eyes	Eye Banks & Eye Donation Centres
5	Free Keratoplasty	RIOs , Medical Colleges & NGOs
6	Diagnosis and Treatment of Diabetic Retinopathy, Glaucoma, Childhood Blindness etc.	District Hospitals, RIOs, Medical Colleges & NGOs
7	Training of Eye Surgeons, PMOAs	Medical Colleges/RIOs/identified NGO eye hospitals
8	IEC for prevention & promotion	Through print & electronic media etc. at central, state and district levels

Targets and achievements during last and current year:

Cataract operations

Year	Target	No. of Cataract operations performed	% surgery with IOL
2016-17	66,00,000	64,81,435	95
2017-18*	66,00,000	10,27,498	

School Eye Screening Programme

Year	No. of children screened for refractive error	No. of children found with refractive errors	No. of free spectacles provided to school children suffering from refractive errors	
			Target	Achievement
2016-17	3,27,79,542	11,48,033	9,00,000	7,57,906
2017-18*	12,44,450	55,844	9,00,000	31,630

Treatment/management of other eye diseases (Diabetic retinopathy, glaucoma, childhood blindness, keratoplasty etc.)

Year	Target	Achievement
2016-17	72,000	4,04677
2017-18*	72,000	94,516

Collection of donated Eyes for corneal transplantation

Year	No. of donated eyes collected	
	Target	Achievement
2016-17	50,000	65,135
2017-18*	50,000	10,838

** Provisional*

Best practices adopted under the programme:

- To reach every nook and corner of the country to provide eye-care services, provision for setting up Multipurpose District Mobile Ophthalmic Units in the District Hospitals of States/UTs as a new initiative under the programme. Few States have set up these Units. There is a need to replicate the same by other States.
- Provision for distribution of free spectacles to old persons suffering from presbyopia to enable them for undertaking near work as a new initiative under the programme. The activity needs to be expedited in the all the States.
- Emphasis on the comprehensive eye-care coverage by covering diseases other than cataract viz. diabetic retinopathy, glaucoma, corneal transplantation, vitreo-retinal surgery, treatment of childhood blindness including retinopathy of pre-maturity (ROP) etc. These emerging diseases need immediate attention to eliminate avoidable blindness from the Country.
- Strengthening of tertiary eye-care centres by providing funds for purchase of sophisticated modern ophthalmic equipment.
- Ensure setting up of super-specialty clinics for all major eye diseases including diabetic retinopathy, glaucoma, retinopathy of prematurity etc. in state level hospitals and medical colleges all over the country.
- Linkage of tele-ophthalmology centres at PHC/Vision centres with super-specialty eye hospitals to ensure delivery of best possible diagnosis and treatment for eye diseases, especially in hilly terrains and difficult areas.
- Development of a network of eye banks and eye donation centres linked with medical colleges and RIOs to promote collection and timely utilization of donated eyes in a transparent manner.

7.5 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS (NPPCD)

MoHFW, Government of India launched National Programme for Prevention and Control of Deafness (NPPCD) on the pilot phase basis in the year 2006-07 (January 2007) covering 25 districts. At present, approval has been given for implementing the programme in 436 districts of 35 States and Union Territories.

Objectives of the programme

i. To prevent avoidable hearing loss on account of disease or injury.

ii. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.

iii. To medically rehabilitate persons of all age groups, suffering with deafness.

iv. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.

v. To develop institutional capacity for ear-care services by providing support for equipments, material and training personnel.

Strategies:

i. To strengthen the service delivery for ear-care.

ii. To develop human resources for ear-care services.

iii. To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.

iv. To develop institutional capacity of the district hospitals, community health centers and primary health centers selected under the Programme.

The components of the Programme are:

i. **Manpower Training & Development** - for prevention, early identification and management of hearing impaired and deafness cases, training would be provided from medical college level specialists (ENT and Audiology) to grass root level workers.

ii. **Capacity building** – for the district hospital, community health centers and primary

health center in respect of ENT/Audiology infrastructure.

iii. **Service provision** – Early detection and management of hearing and speech impaired cases and rehabilitation at different levels of health care delivery system.

iv. **Awareness generation through IEC/BCC activities** – for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness.

7.6 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUOROSIS (NPPCF)

Fluorosis, a public health problem is caused by excess intake of fluoride through drinking water/food products/industrial pollutants over a long period. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis.

The National Programme for Prevention and Control of Fluorosis (NPPCF) was initiated in the 11th five Year Plan (2008-09) with the aim to prevent and control Fluorosis in the affected States.

The objectives of the programme are:

(i) assess and use the baseline survey data of fluorosis of Ministry of Drinking water & Sanitation;

(ii) comprehensive management of fluorosis in the selected areas;

(iii) capacity building for prevention, diagnosis and management of fluorosis cases.

The strategy followed under the Programme is surveillance of fluorosis in the community; capacity building (Human Resource) in the form of training and manpower support; establishment of diagnostic facilities in the district; health education for prevention and control of fluorosis cases; management of fluorosis cases including supplementation, surgery and rehabilitation etc.

- Fluoride prevalence was earlier reported in 230 districts of 19 States. As per present data from Ministry of Drinking Water and Sanitation, there are 13,492 habitations (as on 1.4.2017) from 17 States which are yet to be provided with safe drinking water. The population at risk based on population in habitations with high fluoride in drinking water is 108.3 lakh.
- At present there are 147 districts of 19 States that have been progressively covered under NPPCF including 15 new districts in 2017-18. At the district level 81 District Consultants and 77 Laboratory Technicians have been engaged. 85 laboratories have been established for estimation of Fluoride levels in water and urine. 75 districts reported trainings for Medical Officers, Paramedical, ASHA/AWWs, teachers, VHSNC members.

Visits to States of Haryana, Punjab, Bihar, Chhattisgarh, Jharkhand, Odisha, Andhra Pradesh, Telengana and Rajasthan were made in order to review of implementation of National Programme for Prevention and Control of Fluorosis (NPPCF).

Review Meeting cum Capacity Building workshop for East & North East Region was held at Guwahati from 2nd - 3rd November, 2017 for the States of Assam, Bihar, Jharkhand, West Bengal and Odisha.

A video documentary film on Fluorosis in 8 regional languages i.e. Assamese, Telugu, Gujarati, Kannada, Malayalam, Marathi, Oriya and Bengali & is under progress.

7.7 NATIONAL PROGRAMME FOR HEALTHCARE OF THE ELDERLY (NPHCE)

To address health related problems of elderly people, NPHCE is being implemented in 100 identified districts of 21 States during the 11th Plan period. Eight Regional Geriatrics Centres as referral units have also been developed in different regions of the country under the programme.

The basic aim of the NPHCE is to provide dedicated, specialized and comprehensive health care to the senior citizens at various level of State health care delivery system including outreach services. Preventive and promotive care, management of illness, health

manpower development for geriatric services, medical rehabilitation and therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.

It is expected to cover all districts in the country by 31.03.2020 in a phased manner. 12 new Regional Geriatric Centres in selected Medical Colleges of the country are also expected to be developed under the programme by 31.03.2020. In addition, two National Centres of Ageing (NCA) are also being established at AIIMS, New Delhi and Madras Medical College, Chennai, the core functions of which are training of health professionals, research activity and health care delivery in the field of geriatrics.

The details of the geriatric setup and activities undertaken so far under the programme at various health Care levels are as below:

- National Centres of Ageing (NCAs): The Ministry is supporting the development of two National Centres of Ageing - one in AIIMS, New Delhi and another in Madras Medical College, Chennai under the tertiary level activities of the programme 'Rashtriya Varishth Jan Swasthya Yojana (RVJSY)'.

The functions of the NCAs are as indicated below:-

- Health Care delivery with 200 bedded facility
- Training of Health Professionals
- Research activity
- Development of Health Professionals.
- Development of IEC material and course curricula

So far an amount of Rs.69.00 crore to Government of Tamil Nadu and Rs.33.90 crore to AIIMS, New Delhi, have been released for civil works, machinery & equipment and ambulance towards establishment of National Centre of Ageing (NCA).

- **Department of Geriatric at 20 Super Specialized Institutions:** Geriatric Departments are expected to be developed at 20 identified medical institution located in various regions of the country with 30 bedded in-patient facility. Apart from providing referral treatment, research and manpower development, these institutions will be involved in developing and updating training materials for various levels of health functionaries, developing IEC material, guidelines, etc. Funds have been provided for manpower, equipment, medicines, construction of building, training etc. So far 19 identified Medical Institutions have been funded for development of Regional Geriatric Centres (RGCs) in various regions of the country.

- **Geriatric unit at District Hospitals:** There is a provision for establishing 10 bedded geriatric ward and dedicated OPD services exclusively for geriatric patients. The grant-in-aid has been provided for contractual manpower, equipment, medicines, construction of building, training etc. A total no. of 520 districts of 35 States/UTs have so far been approved for implementation under the programme during FY 2017-18.

- **Rehabilitation units at CHCs falling under identified districts:** There is provision for operating dedicated health clinics for the elderly persons twice a week. A rehabilitation unit is being set up at all the CHCs falling under identified districts. The grant-in-aid has been provided for manpower, equipment, training. A Rehabilitation Worker is supposed to provide physiotherapy to the needy elderly persons.

- **Activity at PHCs under identified districts:** Weekly geriatric clinics are arranged at the identified PHCs by a trained Medical Officer. For diseases needing further investigation and treatment, persons will be referred to the first referral unit i.e. the Community Health Centre or District Hospital as per need. One-time grant is given to PHCs for procurement of equipment.

- **Activity at Sub-centre under districts:** The ANMs/Male Health Workers posted in sub-centre will make domiciliary visits to the elderly persons in areas under their jurisdiction. She/he will arrange suitable calipers and supportive devices form the PHC and provide the same to the elderly disabled persons to make them ambulatory. Also, there will be a provision for treatment of minor ailments and rehabilitation equipment at the identified sub centers. Grant-

in-aid will be provided to SCs for purchase of aids and appliances.

- **A Longitudinal Ageing Study in India (LASI) Project:** - The project has been initiated under tertiary level activities of the programme to assess the health status of the elderly (age 45-60 years). This project is going to be one of the largest comprehensive ageing surveys in the world with a sample size of 61,000. LASI project is conducted by International Institute for Population Sciences, IIPS, (Deemed University), Mumbai which is an autonomous organization under Ministry of Health and Family Welfare. In India, LASI is to be undertaken by IIPS in collaboration with Harvard School of Public Health and Rand Corporation with the financial sponsorship from Ministry of Health & Family Welfare, UNFPA India and National Institute of Health (NIH)/ National Institute of Ageing (NIA), USA. The project was launched at Vigyan Bhawan, New Delhi on 22nd March, 2016.

Development of the programme:-

(a) The programme was approved with an outlay or Rs. 288 crore for the remaining period of the 11th Plan. The expenditure was shared by Central and the State Government on 80:20 basis. Total amount of Rs. 112.86 crore was released to the States/ 8 regional Geriatric Centres during the 11th plan period. Amount to the tune of Rs. 68.55 crores during the year 2012-13, Rs. 1.16 crores during the year 2013-14 and Rs. 22.90 crores during 2014-15, have been released to States/UTs under NPHCE. Since 2015-16, the activities upto the district level of the programme have been subsumed in NCD flexible pool under overarching umbrella of National Health Mission (NHM) and no separate allocation of funds have been made programme wise. The fund release to States/ UTs is being done by NHM-Finance division for the programme under NCD flexible pool.

(b) The tertiary component of the programme has been renamed as Rashtriya Varishth Jan Swasthya Yojana (RVJSY). The tertiary activities include, inter alia, continuation of NPHCE activities and setting up of 20 Regional Geriatric Centres, setting up of two National Centres for Ageing, special initiatives for 75+ population, national level activities including IEC, research activity, survey through LASI, staff and state level activities (review, monitoring, IEC etc.).

The following are the achievements made so far under the programme:

- Geriatric OPDs have been opened in 16 Regional Geriatric Centres (RGCs) viz:

(1) All India Institute of Medical Sciences, New Delhi;

(2) Madras Medical College, Chennai;

(3) Grants Medical College & JJ Hospital, Mumbai;

(4) Sher-I-Kashmir Institute of Sciences (SKIMS), J&K;

(5) Govt. Medical College, Thiruvananthapuram;

(6) Guwahati Medical College, Assam;

(7) Dr. S.N. Medical College, Jodhpur, Rajasthan;

(8) Banaras Hindu University, U.P.;

(9) Gandhi Medical College, Bhopal;

(10) Kolkatta Medical College, Kolkatta, W.B.;

(11) Nizam's Institute of Medical Sciences, Hyderabad, Telangana;

(12) S.C.B. Medical College, Cuttack, Orissa;

(13) King George's Medical University, Lucknow, U.P.;

(14) Rajendra Institute of Medical Sciences, Ranchi, Jharkhand;

(15) Bangalore Medical College & Research Institute, Bengaluru, Karnataka; and

(16) Agartala Medical College, Agartala, Tripura.

- Indoor services have been established in 10 Regional Geriatric Centres viz:

➢ All India Institute of Medical Sciences(AIIMS), New Delhi; Madras Medical College, Chennai; Grants Medical Collage & JJ Hospital, Mumbai; Sher-I-Kashmir Institute of Medical Sciences

(SKIMS), J&K; Govt. Medical College, Thiruvananthapuram; Dr. S.N. Medical College, Jodhpur; Banaras Hindu University, Varanasi; Guwahati Medical College, Guwahati; Kolkata Medical College, Kolkata; and Nizam's Institute of Medical Sciences, Hyderabad.

- 520 districts have been sanctioned in 35 States/ UTs. Among the sanctioned States/UTs, 233 Geriatric OPDs, 153 Wards, 170 Physiotherapy units and 192 Laboratories at various District Hospitals have been made operational under the programme.
- Similarly, Bi-weekly OPD Geriatric Clinic at 814 Community Health Centres (CHCs); Physiotherapy units in 176 CHCs; Weekly Geriatric Clinics at 990 Primary Health Centres (PHCs); and 1981 Sub-Centres (SCs) are operational under the programme.

7.8 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

National Oral Health Programme (NOHP) is an initiative of the 12th Plan period launched in the year 2014-15 to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. The objectives of NOHP are as under:

i. Improvement in the determinants of oral health e.g. healthy diet, oral hygiene improvement etc. and to reduce disparity in oral health accessibility in rural & urban population.

ii. Reduce morbidity from oral diseases by strengthening oral health services at Sub district/district hospital to start with.

iii. Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral health; namely various National Health Programs.

iv. Promotion of Public Private Partnerships (PPP) for achieving public health goals

Progress/Achievements in FY 2017-18

1. On the occasion of World Oral Health Day on 20th March, 2017, NOHP TV commercial and radio jingle were launched by Hon'ble Minister of State (HFW). Hon'ble MoS also launched a National Dental and Oral Health IVRS Helpline **(toll free number 1800-11-2032)**.

World Oral Health Day, 2017 New Delhi on 20th March, 2017

2. For World Oral Health Day on 20th March 2017, a week-long oral health screening camp was held in Nirman Bhawan, New Delhi in collaboration with Lady Hardinge Medical College and AIIMS, New Delhi. 685 employees were screened and oral health education imparted.

3. NOHP proposals were received from 33 States and UTs as part of the PIP process. Approvals to the tune of Rs. 17.24 Crores have been given for setting up of 471 dental care units across these 33 States and UTs.

4. Pit and Fissure Sealant Pilot Project was initiated in collaboration with 12 dental colleges across the country. The pilot project aims to seal 53,750 molars in school going children of the age group 6-14 years in order to prevent dental caries. The first training session for the participating 12 dental colleges was held on 1st May, 2017 at CDER, AIIMS, New Delhi

First Training Session of Pit and Fissure Sealant Project on 1st May, 2017 at CDER, AIIMS, New Delhi

5. On 25th September, 2017, a Regional Review Meeting was held for NOHP State Nodal Officers of Northern States and UTs at King George's Medical University, Lucknow, UP.

Regional Review Meeting of Nodal Officers of NOHP of NE States & UTs on 25th September, 2017 at King George Medical University, Lucknow

6. On 26th September 2017, Hon'ble Minister of State for Health & Family Welfare launched the Pit and Fissure Sealant Pilot Project at King George's Medical University, Lucknow.

7.9 CAPACITY BUILDING FOR DEVELOPING TRAUMA CARE FACILITIES IN GOVT HOSPITALS

As per the WHO, historically, injuries have been neglected from the global health agenda despite being predictable and largely preventable. In 2015, injuries caused 5,252,329 deaths, accounting for 9.2% of all deaths. Road traffic injuries are the ninth leading cause of death and it is predicted that by year 2030, road traffic deaths would be the seventh leading cause of death unless an urgent action is taken. World Health Organization has also projected that by the year 2020, road traffic accidents would be the third major cause of disability adjusted life years (DALY) lost. As per Ministry of Road Transport and Highways, road injuries are one of the top four leading causes of death and health loss among persons of age group 15-49 years. During 2016, the total number of road accidents are reported to be 4,80,652 causing injuries to 4,94,624 persons and claiming 1,50,785 lives in the country. This would translate, on an average, into 1317 accidents and 413 accident deaths taking place on Indian roads every day; or 55 accidents and 17 deaths every hour.

During the 11th Plan, the programme named as **"Assistance for capacity building for trauma care for up gradation and strengthening of emergency facilities in Govt. hospitals located on National Highways"** was implemented for developing a network of trauma care facilities in the Govt. Hospitals along the Golden Quadrilateral Highway Corridor covering 5,846 Kms connecting Delhi-Kolkata-Chennai-Mumbai-Delhi as well as North-South & East-West Corridors covering 7,716 Kms connecting Kashmir to Kanyakumari and Silchar to Porbandar respectively. Under the 11th FYP, 116 trauma care facilities in the Govt. Hospitals were funded.

The scheme was extended to the 12th plan period as **'Capacity Building for developing Trauma Care Facilities in Govt. Hospitals on National Highways'** for development of 85 new Trauma Care Facilities. As per the norms of the Scheme, designated hospitals

are upgraded for providing trauma care facilities. It is envisaged that the network of trauma care facilities along the corridors will bring down the morbidity and mortality on account of accidental trauma on the roads in India by providing trauma care within the ambit of golden hour. Unlike the 11th FYP, the scheme was not 100% centrally sponsored. As per guidelines, the fund sharing between centre and State Governments is in the ratio of 60:40, with 100% central share to the UTs, and 90:10 ratio for North Eastern and hill States of Uttarakhand, Himachal Pradesh and Jammu and Kashmir. Following are the objectives of the Scheme:

- To establish a network of trauma care facilities in order to reduce the incidence of preventable death due to road traffic accidents by observing golden hour principle.
- To develop proper referral and communication network between ambulances and trauma care facilities and within the trauma care facilities for optimal utilization of the services available.
- To develop National Trauma Injury Surveillance and Capacity Building Centre for collection, compilation, analysis of information from the trauma centres for the use of policy formation, preventive interventions.
- To develop trauma registry centres for improvement of quality control.

7.9.1 Achievements:

- Out of the 116 trauma care facilities funded during the 11th FYP, 100 are reported to be functional by the States.
- 85 Medical Colleges/District Hospitals have been approved by the Government of India during 12th Five Year Plan for establishing trauma care facilities.
- National Injury Surveillance, Trauma Registry and Capacity Building Centre has been established at Dr. RML Hospital. Software for Injury Surveillance and Burn Registry has been developed. Website for NISC (www.nisc.gov.in) has been developed. The NISC has been connected with 8 Central and State Government Hospitals of Delhi.

Website for NISC

- Rehabilitation Guidelines and MoU for L-II trauma care facilities have been finalized.
- Pre-hospital trauma technician course initiated during 2007 has been revised by an Expert Group through an Agreement for Performance of Work (APW) with WHO and training is provided in the three Central Govt. Hospitals in Delhi.
- ATLS/ NELS training for doctors and BLS training for nurses is being organized at Dr. RML Hospital.
- A draft curriculum for training of General Surgeons in Neuro-trauma management has been developed.
- As per the directive of Hon'ble Supreme Court Committee's on Road Safety to MoHFW to work on the 'Report of the Working group on Emergency Care in India, 2011', a National Trauma System Plan is being developed for which three regional workshops have been held to assist the States in developing the State Trauma System Plan and first draft of State Action Plan has been received from 24 States.
- Under the IEC activities, 1000 copies of CD's/ DVD's of audio-visuals on Good Samaritan & First Aid have been developed and distributed across all the States through MMU. A bulk SMS campaign on Good Samaritan was undertaken during March, 2017. The prototype of print material (5 stickers, 2 charts and 2 posters) has been developed.

7.9.2 Continuation of the scheme till 31st March, 2020

The scheme is proposed to continue as 'National Programme for Trauma Care' under the umbrella scheme 'National Programme for Prevention & Management of Trauma & Burn Injuries' for establishing 30 new trauma care facilities. The proposal aims at upgrading and strengthening trauma care facilities in identified government hospitals across the country by financial assistance for construction/ renovation/extension of building, procurement of equipment and deployment of additional manpower. In addition, activities mainly in the form of training, surveillance, developing National Trauma System Plan and public awareness will also be undertaken under the scheme. It is also proposed to implement some new initiatives towards incentivizing human resource in the identified trauma care facilities, incentivizing the bystanders who help the victim to reach the hospital and provision of establishing Regional Apex Trauma Centre with Heli ambulance services, during the next three years.

7.10 NATIONAL PROGRAMME ON PREVENTION AND MANAGEMENT OF BURN INJURIES (NPPMBI)

As per WHO (2017), Burns are a global public health problem, accounting for an estimated 180,000 deaths every year. The majority of these occur in low and middle-income countries and almost two thirds occur in the WHO African and South-East Asia regions. In India, over 1,000,000 people are moderately or severely burnt every year. The high incidence is attributed to illiteracy, poverty and low level safety consciousness in the population. The situation becomes further grim due to the absence of organized burn care at primary and secondary health care level. However, the death and disability due to burn injury are preventable to a great extent provided timely and appropriate treatment is provided by trained personnel.

Keeping in view the magnitude of the problem, a pilot programme was initiated in the year 2010 by MoHFW in the name of "Pilot Programme for Prevention of Burn Injuries" (PPPBI) in three Medical Colleges

and six Districts Hospitals. The goal of PPPBI was to ensure prevention of Burn Injuries, provide timely and adequate treatment in case burn injuries do occur, so as to reduce mortality, complications and ensuing disabilities and to provide effective rehabilitative interventions if disability has set in.

7.10.1 12th Five Year Plan

The proposal for continuation of pilot project as full-fledged programme was approved by the Cabinet Committee for Economic Affairs (CCEA) on 6th February, 2014, for covering 67 State Government Medical Colleges and 19 District Hospitals during the 12th Five Year Plan. The District Hospital component was undertaken under National Health Mission (NHM). Unlike the 11th FYP, the scheme was not 100% centrally sponsored. As per guidelines, the fund sharing between Centre and State Governments is in the ratio of 60:40, with 100% central share to the UTs, and 90:10 ratio for North Eastern and hilly States of Uttarakhand, Himachal Pradesh and Jammu & Kashmir.

7.10.2 The main objectives of the Programme are:

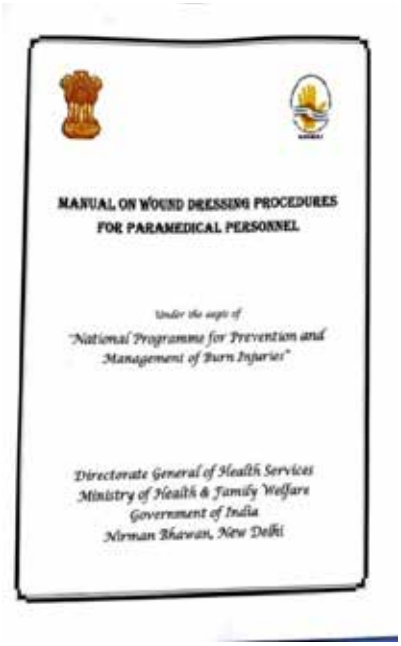
- To reduce incidence, mortality, morbidity and disability due to burn injuries;
- To improve awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers;
- To establish adequate infrastructural facility and network for behavior change communication, burn management and rehabilitation interventions; and
- To carry out research for assessing behavioral, social and other determinants of burn injuries in our country for effective need based program planning for burn injuries, monitoring and subsequent evaluation.

7.10.3 The Programme has following main components:

- Prevention (IEC)
- Treatment
- Rehabilitation
- Training
- Monitoring and Evaluation
- Research

7.10.4 Achievements:

- A total of 60 Medical Colleges and 17 District Hospitals have been approved by the Government of India to establish Burn Units.
- The Practical Handbook/ Manual for burn injury management developed during the 11th FYP has been revised. A chapter on the standard treatment guidelines for acid attack victims has been incorporated in the practical handbook.
- Operational Guidelines for the programme have been finalized and circulated to States and UTs.
- Operational Guidelines for the District Hospital component finalized and uploaded on the NHM website.
- The burn data registry format along with the software has been developed to collect, compile and analyze data related to burn injuries in the country and the same has been sent for security audit.
- The 6-day practical training in burn injury management for 10 Medical Officers each is organized regularly at Dr. RML Hospital and Safdarjung Hospital. Till date, around 40 medical Officers/General Surgeons have been provided with the training in burn injury management.
- A pilot training for 25 dressers was organized during WOUNDCARECON 2017, the 11th Annual Conference of "The Society for Wound Care & Research" organized by Burns & Plastic Surgery Department of Safdarjung Hospital from 15th to 17th September, 2017, under the aegis of NPPMBI. A manual and CD on wound dressing procedures for paramedical personnel was also inaugurated during the conference.



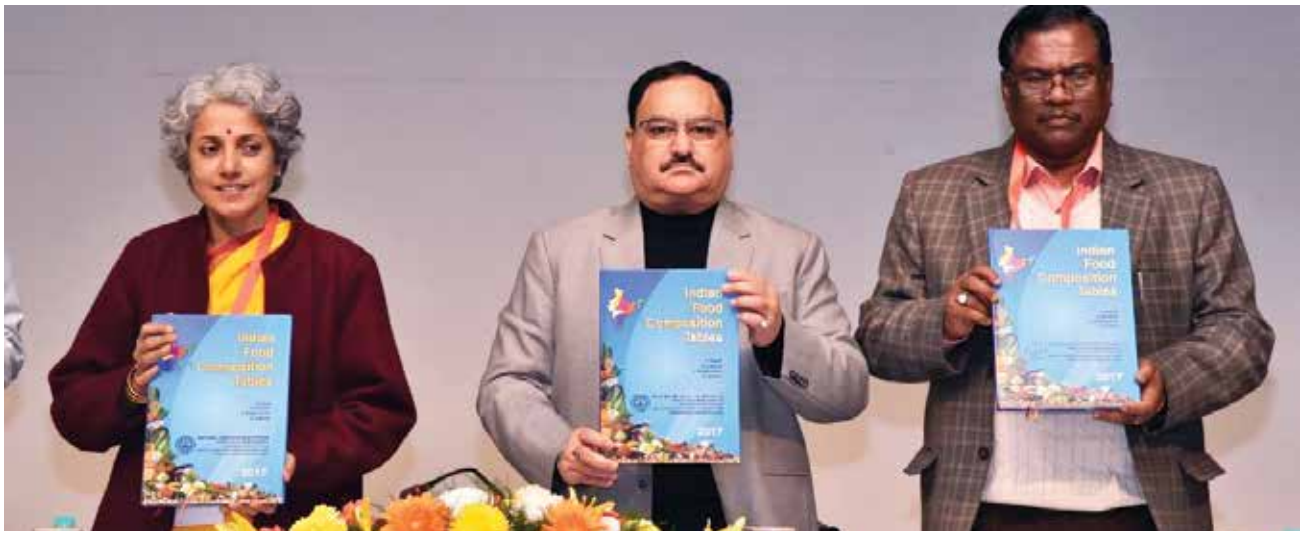
- Under IEC activities, print material (8 posters/ charts/ pamphlets) developed and distributed in States.

7.10.5 Continuation of the scheme till 31st March, 2020:

The scheme is proposed to continue under the umbrella scheme **'National Programme for Prevention & Management of Trauma & Burn Injuries'** for establishing 15 new burn units. The proposal aims at upgrading and strengthening trauma care facilities in identified Medical Colleges across the country by financial assistance for construction/renovation/ extension of building, procurement of equipment and deployment of additional manpower. The District Hospital component will be covered under NHM. In addition, activities mainly in the form of training, surveillance, developing and public awareness will also be undertaken under the scheme.

7.11 FOOD FORTIFICATION

Micronutrients are essential vitamins and minerals required on daily basis for normal human growth, development and maintenance of life to ensure good health and to enable the body to fight diseases and infections. These are referred to as micronutrients because individuals need them in small quantities.



Release of Food Composition Tables (ICMR) by Hon'ble Union Minister for Health & Family Welfare Shri J.P. Nadda on 18th January, 2017

Micronutrient deficiencies can be prevented and even eliminated if optimal quantities of micronutrients are consumed on a regular basis. Micronutrient deficiencies such as Iron Deficiency Anaemia (IDA), Vitamin A Deficiency (VAD) and Iodine Deficiency Disorder (IDD) are significant public health problems in India.

Food Fortification is globally accepted as a proven, cost effective strategy for prevention and control of micronutrient deficiencies. With an aim to address the problems of micronutrient deficiencies, the Food Safety and Standards Authority of India has laid down standards for fortification of food items namely edible oil, milk, double fortified salt, wheat flour and rice . Standards for aforesaid fortified food items have been operationalised again with effect from 19.05.2017. Simultaneously, the Regulations on fortified food are in the process of finalisation.

The Food Authority has also launched the +F logo to be put on all fortified packaged food to help identify foods that are being fortified as per FSSAI's standards.

FSSAI has set up the 'Food Fortification Resource Centre' (FFRC) as a nodal point to provide support to stakeholders. FFRC engages and aligns all

Inauguration of National Convention of Food Security on 16th October, 2017 by Hon'ble Union Minister of State for Health & Family Welfare Shri Ashwini Kumar Choubey in the presence of Secretary (HFW) Ms. Preeti Sudan and Special Secretary & FA Ms. Vijaya Shrivastava

stakeholders to build consensus including key government ministries and departments, technical specialists, development partners, food businesses, industry partners, scientists and academia, civil society and consumers. It provides technical and implementation support with respect to technology, premix, equipment procurement, as well as creates awareness among consumers.

Significant progress has been made for both open market availability and adoption of fortified staples in the government programs at the national and State level. Safety net programs - both MDM and ICDS - have mandated the use of fortified wheat flour, edible oil and double fortified salt nationally, ensuring that the most vulnerable sections of society receive appropriate and timely nutrition. Through these schemes, over 250 million beneficiaries including pregnant and lactating mothers and children upto the age of 13 can be reached directly.

Additionally, the Department of Food and Public Distribution has recommended the distribution of fortified wheat flour in States where wheat flour is distributed instead of wheat grain and has also recommended the distribution of fortified edible oil. Public Distribution System (PDS) covers approximately 65% of the population and is hence an important channel for implementing both wheat flour and rice fortification.

There is open market availability for all the 5 staples now with a large number of food businesses responding to FSSAI's call to action and voluntarily launching fortified variants in the market. These include the companies and brands pan India.

7.12 NATIONAL ORGAN TRANSPLANT PROGRAMME (NOTP)

A large number of persons suffer from end stage organ failure and as compared to the requirement for organs, their availability is very meagre. Consequently, there is a huge gap between the demand for and availability of organs and consequently there is also the threat of commercial dealing in organs. Transplantation of Human Organs Act, 1994 was, therefore, enacted to regulate removal, storage and transplantation of human organs for therapeutic purposes and for prevention of commercial dealings in human organs. The Act has been adopted by all States and UTs except J&K, Andhra Pradesh and Telangana. The Act was further amended in 2011. The amended Act came into force on 10th January, 2014. It includes many provisions to promote donation of organs from deceased persons. In pursuance of the Act, the Transplantation of Human Organs and Tissues Rules were notified on 27th March, 2014.

The Act as amended and rules thereunder, provide for inclusion of tissues in the Act along with organs, expansion of the definition of 'near relative' to include grand-children, grand-parents, provision of mandatory inquiry from attendants of potential donors admitted in ICU and informing them about the option to donate organs. These also have a provision for 'Transplant Coordinator' in all registered hospitals under the Act, provision of higher penalties for trading in organs, to protect vulnerable and poor, simplification of Brain Stem Death Certification Committee, permission for enucleation of corneas by a trained technician, etc.

The Government of India is implementing National Organ Transplant Programme (NOTP) for carrying out various activities related to retrieval, storage and transplant of organs, training of manpower and promotion of organ donation from deceased persons. There is a need to promote organ donation from deceased (cadaveric) donors rather than relying on living donors, because of risk of commercial trading and inherent risk to health of living donor. Cadaveric organ donor transplant can be done from "brain stem dead" persons before the heart stops beating.

Under the programme, an apex level organization viz. National Organ and Tissue Transplant Organization (NOTTO) has been set-up at Safdarjung Hospital,

Pledge Ceremony on 8th Indian Organ Donation Day Function on 27th November, 2017 at New Delhi

Inauguration of 8th Indian Organ Donation Day by Hon. MoS Smt. Anupriya Patel in the presence of Secretary (HFW) Ms. Preeti Sudan and DGHS Dr. Jagdish Prasad on 27th November, 2017 at New Delhi

New Delhi with its main activity to formulate policy, guidelines for organ donation and transplantation, establish a national network of organ retrieval, transplant centres and tissue banks through a dedicated online system. Further, NOTTO is required to carry out national level awareness activities and maintain a national registry of organ and tissue donation and transplantation. NOTTO is also responsible for organizing/supervising the training activities. A National Biomaterial Centre has also been established at NOTTO.

Five regional level organizations called Regional Organ and Tissue Transplant Organization (ROTTO) are being established at Government multi-speciality hospital, Omandurar Estate Chennai, Tamil Nadu, KEM Hospital Mumbai in Maharashtra, PGIMER Chandigarh, Gauhati Medical College, Assam and IPGMER, Kolkata, West Bengal. ROTTO is mainly located in institutions in the States to cover the 5 regions of the country. These institutions already have significant organ donation and transplantation activities so that they may be able to develop the programme and provide consultancy and guidance to the States in their region. They will be responsible for regional registry, regional networking and allocation of organs to the other States if not utilized in a particular State in their region. They will also be carrying out awareness and training activities in their region. As envisaged under the programme, ROTTO will also undertake functions of SOTTO in the State where it is located.

Further, State level organizations called State Organ and Tissue Transplant Organization (SOTTO) are also envisaged to be set up in States in consultation with the State Governments. NOTTO is also SOTTO for Delhi and NCR.

7.12.1 Significant Achievements

A series of activities have been initiated under the aegis of NOTTO. Updated information is provided to general public through a dedicated website namely www.noto.gov.in and a 24x7 call centre with toll free helpline number (1800114770). Facilities for both online and offline pledging of organs have been

operationalized. National Organ and Tissue Donation and Transplant Registry has been launched.

Organ donation rate (number of persons who donate organs after death in one million population) in India is less than one. As per 2016 data 807 persons donated organs in 1324 million population of India which is equivalent to 0.61 donors per million population. It is encouraging to note that this rate has increased to about four times as compared to 2012, when it was 0.16. As per 2016 data available with NOTTO, in India, 2347 transplants (out of total of about 10000 organ transplants) were undertaken from organs donated from deceased donors. However there are gaps in data from some of the States, which requires action by State Government authorities.

Online facility for registration of hospitals for networking and data collection for national registry has been made functional. So far 210 hospitals undertaking organ/tissue transplantation have been registered with the NOTTO website and allocated a unique ID.

Around 12000 Transplant Coordinators have been trained under aegis of NOTTO till October 2017, with support of various Government and NGOs.

An MoU has been signed in the presence of Hon'ble Prime Minister during his visit to Spain in the current year for cooperation in the field of organ donation. In pursuance to that, the Embassy of Spain, New Delhi in association with NOTTO and the Spanish Foundation TPM-DTI hosted a working meeting on "Organ Procurement and Management Best Practices" on 28th July, 2017 at New Delhi. The meeting provided a platform for encouraging dialogue and exchange of best practices amongst national stakeholders (government officials, medical practitioners, administrators, surgeons, intensivists, transplant coordinators, policymakers) and representatives of TPM-DTI Foundation (Spain) on organ donation practices and procurement model.

Interactive workshop of experts for developing SOPs for deceleration and certification of DBD & DCD on 20th February, 2017 involving various stakeholders across India at New Delhi.

National Retrieval Workshop was organized for surgeons in collaboration with M.S Ramaiah Advanced Learning Centre, Bengaluru on 23rd-24th March, 2017 and 36 surgeons from across India were trained on Cadaver models with hands on experiences.

Retrieval Training Workshop

NOTTO has coordinated 140 donors across India for vital organs and 56 cornea from January, 2017 till October, 2017.

7.12.2 Awareness Activities organized to promote Organ Donation

A number of sensitization and awareness activities including panel discussions have been organized. Different types of media campaigns like audio visual media, advertisements in print media; broadcast of audio spots on AIR/FM channels; scroll of messages on TV news channels etc. have been carried out. Activities like walkathons, observing Indian Organ Donation Day annually, pledging campaigns, involvement of religious leaders, involvement of BSF and other paramilitary forces, Indian Red Cross Society, functions for felicitating donor families, campaigns in schools, colleges, medical colleges, awareness activities in other Ministries, corporates etc. have been organized regularly. Similar activities have also been organized by all ROTTOs also.

Organ Donation and Whole Body Donation Awareness Campaign 2016-17 Release of Guidelines by Hon'ble Union Minister for Health & Family Welfare Shri J.P. Nadda on 12th May, 2017

DGHS handing over 10000 Donor Cards to Father David Chiramal, Chairman, Kidney Federation of India (KFOI), Kerala on 25th August, 2017