

# ORGANIZATION & INFRASTRUCTURE

## 1.1 MINISTER IN CHARGE

The Ministry of Health & Family Welfare is headed by Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda since 10<sup>th</sup> November, 2014. He is assisted by the Minister of State for Health & Family Welfare, Shri Shripad Yesso Naik.



**Shri Jagat Prakash Nadda**  
Union Minister of Health &  
Family Welfare



**Shri Shripad Yesso Naik**  
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 the State Governments. Seventh Schedule of Constitution describes three exhaustive lists of items, namely, 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 the 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 instrumental and responsible for implementation of various programmes on a 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 medicine. In addition, the Ministry also assists States in preventing and controlling the spread of seasonal disease outbreaks and epidemics by providing technical assistance.

Expenditure is incurred by Ministry of Health & Family Welfare either directly under Central Schemes or by way of grants-in-aid to the autonomous/statutory bodies etc. and NGOs. In addition to the Central Government sponsored programmes, the Ministry is implementing several multi-lateral/international NGO supported programmes in association with the State Governments.

On August 7, 2014 vide extraordinary Gazette Notification Part-II Section-3, Sub Section, Department of AIDS Control has been merged with Department of Health & Family Welfare and now be known as National AIDS Control Organization (NACO). As per the amendment, allocation of business rules vide Cabinet Secretariat's Notification No. 1/21/35/2014-Cab dated December 8, 2014; Department of AYUSH has been made Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH). Ministry of Health & Family Welfare

now 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)

Organograms of the Department of Health & Family Welfare are at Chapters 25 and 26. Directorate General of Health Services (DGHS) is an attached office of the Department of Health & Family Welfare and has subordinate offices spread all over the country. The DGHS renders technical advice on all medical and public health matters and is involved in the implementation of various health schemes.

### 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 healthcare 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 of Health & Family Welfare.

Aadhaar based biometric attendance system has been introduced in the Department. All Plan and Non-Plan payments have been integrated into Public Financial Management System (PFMS).

### 1.4 CENTRAL HEALTH SERVICES (CHS)

The Central Health Service 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. 14<sup>th</sup> July, 2008 has gone out of CHS cadre. The latest in the list of institutions which has gone out of CHS cadre is Govt. of NCT of Delhi. 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 - 2,198
- ii. Teaching Specialists Sub-cadre - 1,134
- iii. Non-Teaching Specialists Sub-cadre - 598
- iv. Public Health Specialists Sub-cadre - 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- 2014, dossiers of about 801 candidates were received from UPSC and they have been allocated to different cadres viz. Ministry of Defence, Ministry of Railways, MCD, NDMC, besides, Central Health Services on the basis of their rank, preference and availability of vacancies. Out of aforesaid 801 candidates, 130 candidates have been allocated to CHS, offer of appointment have been issued to 19 candidates under CHS cadre and pre-appointment formalities of some candidates are in process; 94 Assistant Professors have joined CHS on recruitment; 30 officers joined in Non-Teaching Sub-cadre in various specialties; appointment of 17 GDMOs has been notified in the Gazette of India and 16 new Public Health Specialist doctors have been recruited in Grade II (Junior Scale).

**1.4.2 Cadre Review:** The Central Health Service, which was constituted in 1963, was restructured

in 1982 keeping in view the recommendations of 3<sup>rd</sup> Pay Commission and other administrative consideration. In 1991, the cadre was again restructured keeping in view the recommendations of Tikku Committee. Thereafter, in 2004-05, a part-cadre review was done on the basis of the report submitted by a one-man committee under Shri S. Hariharan, a retired Deputy Secretary, Ministry of Health & Family Welfare to reduce stagnation of officers especially for promotion to

Senior Administrative Grade (SAG) and Higher Administrative Grade (HAG).

The Ministry has constituted a Cadre Review Committee on 20<sup>th</sup> March, 2015 under the Chairmanship of Additional Secretary (Health).

**1.4.3 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.
	1.	Promotion to the post of Additional DGHS	04
<b>GDMO</b>	1.	Medical Officer (Grade Pay Rs. 5400/- in PB-3) to Senior Medical Officer (Grade Pay Rs. 6600/- in PB-3)	79
	2.	Senior Medical Officer (Grade Pay Rs. 6600/- in PB-3) to Chief Medical Officer (Grade Pay Rs. 7600/- in PB-3)	27
	3.	Chief Medical Officer (Grade Pay Rs. 7600/- in PB-3) to Chief Medical Officer (NFSG) (Grade Pay Rs. 8700/- in PB-4)	07
	4.	Chief Medical Officer (NFSG) (Grade Pay Rs. 8700/- in PB-4) to Senior Administrative Grade	05
<b>TEACHING</b>	1.	Assistant Professor (Grade Pay RS. 6600/- in PB-3) to Associate Professor (Grade Pay Rs. 7600/- in PB-3).	21
	2.	Associate Professor (Grade Pay Rs. 7600/- in PB-3) to Professor (Grade Pay of Rs. 8700/- in PB-4).	21
<b>PUBLIC HEALTH</b>	1.	Specialist Grade. II (Sr. Scale) (Grade Pay Rs. 7600/- in PB-3) to Specialist Grade. I (Grade Pay Rs. 8700/- in PB-4).	05

**1.4.4 Deputation:** During the year, 06 officers were taken on regular deputation basis in CHS from various State Governments/other Departments of Central Government, in consultation with UPSC. 02 officers were taken on ad-hoc deputation in CHS from State Governments.

**1.4.5 RTI:** The number of RTI cases received in this Division is 280.

**1.4.6 Court Cases:** 18 court cases in CAT Benches/High Courts/Supreme Court have been

disposed off during the year. 88 numbers of cases are still pending in various CAT Benches/High Courts/Supreme Court.

**1.4.7 Representations of CHS officers for upgradation of ACRs/APARs:** In terms of the guidelines issued by the Department of Personnel & Training vide O.M. No. 21011/1/2005-Estt. (A) (Pt. II) dated 14.05.2009 and O.M. No. 21011/1/2010-Estt. A dated 13.04.2010, up to November, 2015, 35 representations for up-gradation of APARs/ACRs were considered and disposed off.

**1.4.8 Dental Doctors:** Earlier, the Persons with Disabilities (PwD) candidates were not eligible to man the post in Dentistry. During the year, a policy decision was taken thereby making candidates with locomotor disability between 40 and 70% eligible for the posts in Dentistry. Promotion orders in respect of three Dental Surgeons to the post of Junior Staff Surgeon in PB-3 issued.

## 1.5 ACCOUNTING ORGANIZATION

### 1.5.1 General Accounting Set Up

As provided in Article 150 of the Constitution, the Accounts of the Union Government, shall be kept in such form as the President of India, may on the advice of Comptroller & Auditor General of India prescribe. The Controller General of Accounts (CGA) in the M/o Finance shall be responsible to prepare and compile the Annual Accounts of the Union Government to be laid in the Parliament. The CGA performs this function through the Accounts Wing in each Civil Ministry. The Officials of Indian Civil Accounts Organization are responsible for maintenance of Accounts in Ministry of Health & Family Welfare. They have dual responsibility of reporting to the Chief Accounting Authority of the Ministry/Department through the Financial Adviser for administrative and accounting matters within the Ministry, as well as to the Controller General of Accounts, on whose behalf they function in this Ministry to carry out its designated functions under the Allocation of Business Rules. The administration of Accounts Officials in Ministry of Health & Family Welfare is under the control of the office of the CGA.

The Secretary of each Ministry/Department is the Chief Accounting Authority in Ministry of Health & Family Welfare. This responsibility is to be discharged by him through and with the help of the Chief Controller of Accounts (CCA) and on the advice of the Financial Advisor of the Ministry. The Secretary is responsible for certification

of Appropriation Accounts and is answerable to Public Accounts Committee and Standing Parliamentary Committee on any observations of the accounts.

### 1.5.2 Accounting set up in the Ministry

The Ministry of Health & Family Welfare 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 Accounting Wing is functioning under the supervision of a Chief Controller of Accounts supported by a Controller of Accounts (CA), Assistant Controller of Accounts (ACA) and 11 Pay & Accounts Officers (PAOs) (7 PAOs in Delhi & One each at Chennai, Mumbai, Kolkata & Puducherry). The CCA is also entrusted with the responsibility of Budget Division of the Ministry.

In addition, there are 14 encadred posts of the Accounts Officers located at various places. There is a common Internal Audit Wing for all the Departments, which carry out the inspection of all the Cheque Drawing and Non-Cheque Drawing Offices, Pr. Accounts Office and all the PAOs. There are 5 Field Inspection Parties located at Delhi, Chandigarh, Mumbai, Kolkata and Bengaluru.

### 1.5.3 Accounting functions in the Ministry

The Accounting function of the Ministry comprises of various kinds of daily payments and receipts, compiling of daily challans, vouchers, preparation of daily Expenditures Control Register etc. Monthly expenditure accounts, monthly receipts and monthly net cash flow statements are being prepared for submission to Ministry of Finance through the CGA's office. The entire work of payment and accounts has been computerized.

The Principal Accounts Office prepares Annual

Finance Accounts, Annual Appropriation Accounts, Statement of Central Transactions, Annual Receipts Budget, Actual Receipts and Recovery Statement for each grant of the Ministry. The head-wise Appropriation Accounts are submitted to the Parliament by the CGA along with the C&AG's report.

In addition, the Pr. Accounts Office issues orders for placement of funds to other civil Ministries, issues advices to Reserve Bank of India (RBI) for release of loans/grants to State Governments and LOC to the accredited Bank of the Ministry for placing funds with DDOs. Apart from general accounting functions, the Accounts Wing gives technical advices on various Budgetary, Financial and Accounting matters.

The Accounting Wing also functions as a coordinating agency on all accounts matters between Ministry and the Office of the Controller General Accounts & the Comptroller & Auditor General. Similarly it coordinates on all budget matters between Ministry and the Budget Division of the Ministry of Finance.

#### **1.5.4 Internal Audit Wing**

The Internal Audit Wing of the Department of Health & Family Welfare handles the internal audit work of all Departments of Ministry of Health & Family Welfare and Ministry of AYUSH. There are more than 600 audit units of the Health & Family Welfare, 24 units of AYUSH and 25 units of Health Research. The Internal Audit plays a significant role in assisting the Departments to achieve their aims and objectives.

The CCA submits internal audit observations and matter related to financial discipline to the Secretary in respect of each Department and its subordinate organizations. The Annual Review Report of the Internal Audit is also subject to scrutiny by the CGA 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 complex auditing techniques of examining the performance and risk factors of an entity. In 2014-15, 953 audit paras have been raised which highlights financial propriety observations to the tune of Rs. 149.82 crores. A total No. of 209 paras have been settled during 2014-15. Besides this, during 2014-15, Internal Audit wing had conducted Performance/Special Audit of following schemes and institutions implemented/working under Ministry of Health & Family Welfare:

#### **Special Audit**

1. MSD Gole Market, New Delhi.
2. M/s Dental Life for Wellness Centre, Sadiq Nagar.

#### **Performance/Risk based Audit**

1. State Health Society Karnataka, Daman & Diu, Jammu & Kashmir and Delhi.
2. New AIIMS of Bhopal and Bhubaneswar under PMSSY.
3. State Aids Control Society M.P., Haryana, Tamil Nadu and Chhattisgarh.

### **1.6 IMPLEMENTATION OF THE RTI ACT, 2005**

Under the Right to Information Act, 2005, 55 Central Public Information Officers (CPIOs) and 30 Appellate Authorities (AAs) have been appointed in the Ministry of Health & Family Welfare (Department of Health & Family Welfare).

In the light of directions of DOP&T, Shri Rajeev Kumar, Director (CDN) has been nominated as the Nodal Officer to receive the requests for information under RTI Act, 2005 on behalf of all CPIOs for the Ministry of Health & Family Welfare.

Department of Health & Family Welfare has

placed all obligatory information pertaining to their office, under Section 4(1) (b) of the RTI Act, 2005 on the Website of this Department.

The facility of filing Application and 1<sup>st</sup> Appeal under RTI Act, 2005 online through RTI online Web Portal developed by DOP&T has been introduced in Department of Health & Family Welfare w.e.f. 3<sup>rd</sup> June, 2013 and RTI applications from general public are being received through this facility. Besides, Applications and Appeals, under the RTI Act, are also being received through post or by hand, through Receipt & Issue (R&I) Section of the Ministry and also by RTI Cell, Room No.216. "D" Wing, Nirman Bhawan, New Delhi.

During 2015-16 i.e. from 1<sup>st</sup> April, 2015 to 11/12/2015, 5710 RTI applications and 823 RTI appeals have been received through RTI Web Portal, by post and by hand.

## 1.7 VIGILANCE

Vigilance Wing of the Department of Health & Family Welfare is under the control of an officer in 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. During the period Shri Manoj Jhalani, IAS has been looking after the charge of Chief Vigilance Officer (CVO).

The Vigilance Division of the Ministry deals with vigilance and disciplinary cases having vigilance angle against the officers of Ministry of Health & Family Welfare, Dte. GHS, CGHS of the Department of Health & Family Welfare 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, other institutions like Medical Stores Organization, Port Health Organization, Labour Welfare Organization etc.

In year 2015-16 (till November, 2015) following actions have been taken/dealt with by Vigilance Division.

Sl. No.	Item	Number
1.	Charge Sheet issued under Rule 14 of CSS (CCA) Rules	3
2.	Instances of sanction for prosecution accorded	4
3.	Finalization of Disciplinary Cases	8
4.	Instances of Appointment of IOs/POs	3
5.	Instances of permission accorded to CBI for registration of case against senior level officers	--
6.	Instances of suspension extension	6
7.	No. of Disciplinary cases live at the end of the period	22
8.	No. of complaints received from CVC for appropriate action and which are under examination/processed	30
9.	Misc. Complaints received from CBI for appropriate action	60
10.	Complaints received from other sources	52
11.	Case sent to CVC for advice	7
12.	Case sent to UPSC for advice	3

13.	Matter referred to DOP&T for advice	1
14.	Cases referred to Ministry of Law and Justice for advice	4
15.	RTI application received and disposed	46/46
16.	RTI appeal received and disposed	4
17.	No. of Court Cases processed during the period	8
18.	Vigilance clearance granted during the period	3249
19.	VIP/PMO reference received/processed	5

## 1.8 PUBLIC GRIEVANCE CELL

Public Grievance Redressal Mechanism is functioning in the Ministry of Health & Family Welfare as well as in the attached offices of the Directorate General of Health Services and other Subordinate Offices of CGHS (both in Delhi and other Regions), Central Government Hospitals and PSUs falling under the Ministry for implementation of the various guidelines issued from time to time by the Government of India through the Department of Administrative Reforms & Public Grievances.

Dr. (Smt.) Sheela Prasad, Economic Advisor in the Department of Health & Family Welfare has been designated as Nodal Officer for Public Grievances relating to the Department. Shri Ziley Singh Vical, Deputy Secretary in the Department of Health & Family is functioning as Public Grievances Officer. Similarly, other organizations under the Ministry have also senior level officials functioning as Public Grievances Officers.

Pursuant to the instructions of the Govt. for creation of Sevottam Complaint System to redress and monitor public under Results Framework Documents for 2010-11 and implementation of Centralized Public Grievances Redressal and Monitoring System (CPGRAMS) in the Ministries/ Departments. CPGRAMS has been implemented in the Department, Attached Office i.e. Directorate General of Health Services (Dte. GHS), Central Government Health Scheme and extended to Autonomous Bodies/PSUs. It is being extended to other Subordinate Offices of Dte. GHS. It is a

web based portal and a citizen can lodge grievance through this system directly with the concerned Departments. A link of CPGRAMS has also been provided on the website of the Ministry i.e. [www.mohfw.nic.in](http://www.mohfw.nic.in).

The number of written grievance petitions received/ disposed of and pending during 2014 & 2015 are as follows:-

Year	Opening Balance	Grievance petitions received	Grievance petitions disposed of	Pending
2014	30	175	185	20
2015 (as on 29.12.2015)	20	187	195	12

**The position in regard to grievance through CPGRAMS during 2015 is as under:-**

No. of Grievance received	Disposal	Pendency
22197 (as on 29.12.2015)	20442	2662

## 1.9 INFORMATION & FACILITATION CENTRE

To strengthen the Public Redressal Mechanism in the Ministry of Health & Family Welfare, an Information & Facilitation Centre is functioning adjacent to Gate No. 5, Nirman Bhawan. The Facilitation Centre provides the following information to public:-

1. Information and guidelines to avail the financial assistance from Rashtriya Arogya Nidhi and Health Minister's Discretionary Grants;

2. Guidelines and instructions regarding issue of NOC to Indian 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 and
5. General queries regarding the work of the Ministry received at the Information and Facility Centre on telephone and in person were disposed of to the satisfaction of all concerned.

### 1.10 RURAL HEALTH INFRASTRUCTURE

The Health and Family Welfare Programme in the country is being implemented through primary healthcare system. In rural areas, primary healthcare services are provided through a network of 153655 Sub-Centres, 25308 Primary Health Centres and 5396 Community Health Centres as on March, 2015. The population norms for SC/PHC/CHC are as follows:

Centre	Population Norms	
	Plain Area	Hilly/Tribal/ Difficult Area
Sub Centre (SC)	5000	3000
Primary Health Centre (PHC)	30,000	20,000
Community Health Centre (CHC)	1,20,000	80,000

The Ministry has recently decided to provide a Sub-Health Centre within 30 minutes of walk of habitation in certain districts of hill states.

#### 1.10.1 Sub-Centre

Sub-Centre is the most first peripheral and first contact point between primary healthcare system and the community. It is required to be manned

by at least one Auxiliary Nurse Midwife (ANM)/ Female Health Worker and one Male Health Worker. One Lady Health Visitor (LHV) is entrusted with the task of supervision of six Sub-Centers. Sub-Centers are assigned task relating to maternal and child health; disease control and health counselling.

Government of India bears the salary of ANM and LHV, while the salary of the Male Health Worker is borne by the State Governments. Under NHM, Sub-Centers are being strengthened by provision of untied funds of Rs. 20,000/- per year. Up-gradation of existing Sub-Centres, including buildings for Sub-Centers functioning in rented premises and establishing new ones based on population and time to care norms is also being undertaken.

#### 1.10.2 Primary Health Centre (PHC)

PHC is the first contact point between village community and the Medical Officer. It is manned by a Medical Officer and other support staff. It acts as a Referral Unit for 6 Sub-Centres and has 4-6 beds for patients. It provides curative, preventive, promotive and Family Welfare services.

The PHCs are being strengthened under NHM to provide a package of essential public health services and support for outreach services including for regular supplies of essential drugs and equipment, upgrading single doctor PHC to 2 doctors PHC by posting AYUSH practitioners at PHC level, provision of 3 Staff Nurses in a phased manner based on patient load and delivery load. The States/UTs have to incorporate their proposals and requirement of funds in their Programme Implementation Plans (PIP) under NHM. Untied Grant per PHC for local health action to Rogi Kalyan Samiti (RKS) is provided to undertake and supervise improvement and maintenance of physical infrastructure



### 1.10.3 Community Health Centre (CHC)

CHC is established and maintained by the State Governments. As per minimum norms, a CHC is supposed to be manned by four Medical Specialists i.e. Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff. It normally has 30 in-door beds with one OT, X-ray and Labour Room and Laboratory facilities and serves as a referral center for 4 PHCs. It provides facilities for emergency obstetrics care and other specialist consultations.

Funds are being provided every year as requested by the States in their Programme Implementation Plan under NHM to strengthen CHCs as per IPHS standards and make them First Referral Unit (FRU). Untied Grant per CHC for local health action to Rogi Kalyan Samiti (RKS) is also provided to undertake and supervise improvement and maintenance of physical infrastructure.

### 1.10.4 Strengthening of the Sub-Divisional/ Sub-District and District Hospitals

Strengthening of sub-divisional/sub-district and district hospitals is also an approved activity under NHM. The States propose their requirement in their PIPs, which are approved by the National Programme Coordination Committee (NPCC) and approvals are generated in light of the appraisal. Besides, funds for carrying out approved activities, Untied Grant per Sub-Divisional/Sub-District and District Hospitals is also provided for local health action to Rogi Kalyan Samiti (RKS) to undertake and supervise improvement and maintenance of physical infrastructure.

### 1.10.5 Indian Public Health Standards (IPHS)

Indian Public Health Standards (IPHS), detail the specifications of standards to which institutions of primary healthcare should be raised to so that the citizen is confident of getting public health services in the hospital that can be measured to be of acceptable standards. Indian Public Health Standards (IPHS) for Sub-centres, PHCs, CHCs,

Sub-divisional/Sub-district Hospitals and District Hospitals lay down Standards not only for personnel and physical infrastructure but also for delivery of services and management.

Each hospital as part of IPHS, is required to set up a Rogi Kalyan Samiti (RKS)/Hospital Management Committee (HMC). This brings in community control into the management of public hospitals. The objective is to provide sustainable quality care with accountability, people's participation and total transparency.

## 1.11 CENTRAL MEDICAL SERVICES SOCIETY (CMSS)

Central Medical Services Society (CMSS), the Central Procurement Agency of Ministry of Health & Family Welfare 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.

The CMSS will follow a consumption based procurement system. It will tender quantities based on past consumption in the first year and later on, based on the consumption data. The tenders will indicate approximate annual requirements and will be settled for unit prices and orders placed periodically based on requirement.

The CMSS has an ex-officio Chairman, the Additional Secretary in-charge of procurement in the Ministry of Health & Family Welfare. 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 equipments.

During the current year, following major activities/

achievements have been made:-

- **Memorandum of Association (MoA) with Central Warehousing Corporation (CWC):** After a series of negotiations with the CWC, the MoA for hiring warehouses at 21 locations was signed on 30.06.2014.
- **IT Software:** The CMSS will conduct its operations through a web-based online inventory control system with features and complete supply chain management for which MoU has been signed between CMSS and CDAC on 25.11.2014.
- An inspection of the warehouses was performed by CMSS along with a representative from DCGI in order to ensure that the requirements laid as per Scheduled M (GMP requirements) of the Drugs and Cosmetic Rules 1945 for the warehousing area were met. Repairs as per inspection report have been carried out.
- **Empanelment of Laboratories:** Arrangements for testing the procured drugs have been made to ensure that quality is met in every batch that will be distributed to the States and UTs through CMSS. For this purpose laboratories that meet the qualification criteria have been empanelled.
- **Processing of tenders for drug procurement:** Fresh Tenders for procurement of condoms, ACT combi pack and LLIN have been published in 2015-16.

## 1.12 EMPOWERED PROCUREMENT WING (EPW)

The EPW Division has been engaged with procurement of drugs and commodities under various programme like Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Disease Control Programme

(NVBDCP) and Immunization Programmes under externally aided components (World Bank/ATM projects) in addition to projects under domestic budgetary support. The Division has also been engaged in procurement of cold chain equipment through HLL, the procurement agency of Ministry of Health & Family Welfare under KfW project.

EPW is nodal agency for providing access to e-procurement passwords to other agencies and to provide guidance on procurement issues to other division. It also deals with the matters relating to Pharmaceuticals Purchase Policy and Captive Status of M/s HLL Lifecare Ltd.

Achievements of EPW Section during the year 2014-15:-

- Contract agreement which was signed between Ministry of Health and Family Welfare & M/s. RITES Ltd. Gurgaon on 12.01.2010 for providing consultancy services and extended to include domestic funded procurement with compliance to GFRs, has been extended further up to 31.03.2016.
- During the financial year 2014-15 the following value of procurements were finalized under the Revised National Tuberculosis Control Programme (RNTCP) and National Vector Borne Disease Control Programme (NVBDCP):-

Programmes	Value of procurement
RNTCP	Rs. 151.40 crores
NVBDCP	Rs. 9.87 crores
<b>Total</b>	<b>Rs. 161.27 crores</b>

- During the financial year 2015-16, total value of Rs. 2,36,37,56,742/- procurement has been finalized in respect of RNTCP and NVDBCP so far.