

## ORGANIZATION & INFRASTRUCTURE

### 1.1 INTRODUCTION

In view of the federal nature of the Constitution, areas of operation have been divided between Union Government and 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 medicines. In addition, the Ministry also assists States in preventing and controlling the spread of seasonal disease outbreaks and epidemics through technical assistance.

Expenditure is incurred by Ministry of Health & Family Welfare either directly under Central Schemes or by way of grants-in-aids to the autonomous/statutory bodies etc. and NGOs. In addition to the centrally sponsored family welfare programmes, the Ministry is implementing several World Bank assisted programmes for control of AIDS, Malaria and Tuberculosis in designated

areas. Besides, State Health Systems Development Projects with World Bank assistance are under implementation in various states. The projects are implemented by the respective State Governments and the Department of Health & Family Welfare only facilitates the States in availing of external assistance. All these schemes aim at fulfilling the national commitment to improve access to Primary Health Care facilities keeping in view the needs of rural areas and where the incidence of disease is high.

On August 7, 2014 vide extraordinary Gazette notification Part –II Section-3, Sub Section (ii), Department of AIDS Control was merged with Department of Health & Family Welfare and is now to be known as National AIDS Control Organization (NACO). As per the amendment of 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 and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) with focused attention on development of education and research in Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy Systems. Ministry of Health & Family Welfare comprises the following two Departments, each of which is headed by a Secretary to the Government of India:-

- I. Departments of Health & Family Welfare
- II. Department of Health Research (DHR)

Organograms of the Department of Health & Family Welfare are at Annexure at the end pages of the Annual Report. 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.

## 1.2 MINISTER IN CHARGE

The Ministry of Health & Family Welfare is headed by Minister of Health & Family Welfare, Shri Jagat Prakash Nadda since 10th November, 2014. He is assisted by the 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*

## 1.3 ADMINISTRATION

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

Administration Division is responsible for Personnel Management of the Department. It also attends to service related grievances of the staff in the Department of Health & Family Welfare.

Aadhaar based biometric attendance system has been introduced in the Department. e-office project is also being implemented in a phased manner.

## 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. 14th 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. Consequent upon the formation of Delhi Health Service 906 posts (14 SAG, 150-Non-Teaching, 742-GDMO) belonging to Govt. of NCT of Delhi, have been decadred from CHS. At the same time, units like CGHS have also expanded. The Central Health Service now consists of the following four Sub-cadres and the present strength of each Sub-cadre is as under:

- i) General Duty Medical Officer - 2196 Sub-cadre

- ii) Teaching Specialists sub-cadre - 1084
- 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, which are common to all the four sub cadres.

## 1.5 RECRUITMENT & PROMOTIONS

**1.5.1 Recruitment in CHS:** - On the basis of Combined Medical Services Examination- 2013, dossiers of 1300 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 1300 candidates, 538 candidates have been allocated to CHS, offer of appointment have been issued to over 320 candidates under CHS cadre. 60 Assistant Professors have joined CHS on recruitment. Appointment of 50 GDMO Officers has been notified in the Gazette of India. 15 new Public Health Specialist doctors have been recruited in Grade II (Junior Scale).

**1.5.2 Promotions:** During the year, the following number of promotions took effect in various sub-cadres of the Central Health Service:

Sub-cadre	Sr. No.	Designation of posts	No
	1.	Promotion to the post of Additional DGHS	04
<b>GDMO</b>	1.	Senior Medical Officer (Grade Pay Rs. 6600/- in PB-3) to Chief Medical Officer (Grade Pay Rs. 7600/- in PB-3)	05
	2.	Chief Medical Officer (Grade Pay Rs. 7600/- in PB-3) to Chief Medical Officer (NFSG) (Grade Pay Rs. 8700/- in PB-4)	48
<b>TEACHING</b>	1.	Assistant Professor (Grade Pay Rs. 6600/- in PB-3) to Associate Professor (Grade Pay Rs. 7600/- in PB-3).	38
	2.	Associate Professor (Grade Pay Rs. 7600/- in PB-3) to Professor (Grade Pay of Rs. 8700/- in PB-4).	51
<b>NON-TEACHING</b>	1.	Specialist Grade II (Jr. Scale) (Grade Pay Rs. 6600/- in PB-3) to Specialist Grade II (Sr. Scale) (Grade Pay Rs. 7600/- in PB-3).	05
	2.	Specialist Grade II (Sr. Scale) (Grade Pay Rs. 7600/- in PB-3) to Specialist Grade I (Grade Pay Rs. 8700/- in PB-4).	12
<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

**1.5.3 Review of CHS-Rules, 1996:** Revision of recruitment Rules, 1996 for Central Health Service has been finalized by Ministry of Health & Family Welfare taking into view the developments taken place in its entirety and the same has been notified on 07.04.2014.

**1.5.4 RTI:** The number of RTI cases received in this Division is 266.

## 1.6 e-GOVERNANCE INITIATIVES OF THE MINISTRY OF HEALTH & FAMILY WELFARE

### i) Mother & Child Tracking System (MCTS)

MCTS has been implemented across the country in all the States. MCTS was started in December 2009. It has registered more than 7.6 crore Pregnant Women/Mother and more than 6.45 crore of

Children and their Health Care Services record. More than 2.2 lakh ANMs and 9.2 lakh ASHAs have been registered on MCTS Portal. Out of above, 1.99 crore Pregnant Women and 1.78 crore children have been registered in 2014-15.

MCTS was strengthened for Mother and Children Fact Sheets, Reporting and Seeding of Aadhaar Numbers for direct cash transfer to JSY beneficiaries and its monitoring. Potential JSY beneficiary's data was integrated with Public Financial Management System (PFMS) for making the direct payments. SMSes were sent to potential JSY beneficiaries for getting the Aadhaar Numbers and opening of Bank Accounts. Technical support was provided for MCT Helpdesk. USSD based technology has been implemented for data updation by ANM.

#### **ii) Online Tracking of TB Patients – NIKSHAY**

In order to monitor individual TB patient, NIKSHAY, case-based, web-based application software has been developed and hosted at <http://nikshay.gov.in> on June 4, 2012. The application includes monitoring & management of users and masters at National, State and District level. Tuberculosis units register the TB patients and a unique number is generated for future references.

NIKSHAY has been implemented across all States. As of now, more than 34 lakhs TB patients have been registered on NIKSHAY. More than 44,256 Designated Microscopic Centres (DMC)/Peripheral Health Interface (PHI) have been registered. More than 7813 Contractual Staff information is available and more than 2100 Health establishments have been registered while only 1.5 lakhs TB patients of Private Sector have been registered. 80,108 patients have been screened for Multi-Drug Resistant patients. 7024 DRTBC patients have been registered.

#### **iii) Online Medical Counseling & Admission Project**

Online Counseling has been implemented for admission into Under Graduate and Post Graduate Medical for All India Quota Medical/Dental Seats. <http://mcc.nic.in> website provides registration, round wise results, reporting at respective colleges and closing process. Apart from this, All India Pre-Medical/Pre-Dental Entrance Test (AIPMT), conducted by CBSE is technically supported by NIC through <http://aipmt.nic.in> web application.

#### **iv) e-Office implementation in Ministry of Health & Family Welfare**

In order to better manage the files, leaves and official documents, e-Office product from NIC has been implemented in Ministry of Health & Family Welfare. It includes File Tracking System (FTS) also, which has been implemented across the ministry.

#### **v) Workflow based online application for National Organ Transplant Organization (NOTTO)**

In order to manage the work-flow processes based on Transplant of Human Organs Act through newly created NOTTO, a web application on <http://notto.nic.in> has been developed for Registration of Donor Pledge and Registration of Hospital for capturing information related to Kidney. Awareness among the general public is being done through SMS.

#### **vi) ICT support for Central Government Health Services (CGHS)**

A web based application <http://cghs.nic.in> has been implemented since 2007 in all the wellness centres across the country. It includes registration, prescription and pharmacy. Apart from this permission generation module for taking the medical facility from empanelled hospital is also



done in online manner. This software has also been implemented in AIIMS, President House also for their employee health schemes.

**vii) Website of Ministry of Health & Family Welfare and related Organizations**

Website of Ministry of Health & Family Welfare (<http://mohfw.nic.in>) has been redesigned and made GIGW compliant so that general public can access information in easy manner. Around 11 lakhs visits have been made since its redesign on 20/01/2014. Website is updated on daily basis by declared Web Information Manager. About 50 websites have also been made available to public including AYUSH and Department of Health Research.

**viii) e-Hospital–Hospital Management Information Solution from NIC**

e-Hospital from NIC includes OPD registration, Appointments, Laboratory Information System, Radiology Information System, Admission, Discharge and Transfer (ADT), Ward Management, OT Management, Laundry, Dietary and Administration. Open Source based web application is based on industry standards.

This solution has been implemented in 35 Hospitals across the country including AIIMS, New Delhi and its OPD, Jhajjar, NIMHANS, Bengaluru.

**ix) Online application for National Blindness Control Programme (NPCB)**

<http://npcb.nic.in> – Web based application for registration of blind patients operated by NGOs for re-imbursement of funds to them and entry of numbers by public health hospitals across the country.

**x) Online Registry of Clinical Establishments**

<http://clinicalestablishments.nic.in>- Web application developed to implement Clinical Establishments (Registration and Regulation) Act,

2010, enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country with a view to prescribing the minimum standards of facilities and services provided by them.

**xi) Online processes for Procurement of Medicines by Medical Stores Organization (MSO)**

<http://msotransparent.nic.in> – Web application for implementation at Medical Store established under the Medical Stores Organization primarily to meet the needs in respect of medicines, surgical equipments and other medical supplies. It includes indenting, procurement and distribution of medicine.

**xii) ICT Infrastructure Services**

ICT infrastructure services include Internet Services, Video Conferencing Services, Aadhaar Enable Biometric Attendance System (AEBAS), E-mail Services, SMS Services, Technical Consultancy Services in terms Framing of Meta Data and Data Standards (MDDS).

**1.7 ICT FOR HEALTH & HEALTH INFORMATION NEEDS**

e-Health, i.e. ICT interventions in Health is becoming an integral part of healthcare systems across the world

*Health information a key dimension of healthcare system; bringing about multifaceted benefits for stakeholders.*

and has been influencing delivery of healthcare in a big way in the developed countries as well as the developing world. Health Information is acknowledged as one of the key dimensions of the health systems. Use of ICT has helped reduce frequency of hospital visits & management of chronic diseases. e-Health can also facilitate medical consultation with specialists at remote

locations, capacity building of healthcare workers/professionals improve programme monitoring and supervision and delivery of emergency care. Keeping in view the above mentioned benefits, Ministry of Health & Family Welfare (MoHFW) has undertaken various ICT initiatives for improving the outcome of the Indian healthcare system.

### 1.7.1 Progress & Achievements

MoHFW undertook various activities/tasks during 2013-14 towards its aim of implementing e-Health in an integrated manner across central and state

levels. These are highlighted as below:

- Launch of “National Health Portal” [<http://nhp.gov.in>] on 14th November, 2014 to provide healthcare information to the citizens of the country. Presently the Portal is disseminating information in Hindi, Gujarati, Bangla, Tamil and English.
- India became a member of International Health Terminology Standards Development Organisation (IHTSDO) which owns SNOMED-CT.



- Use of social media platforms namely Twitter, YouTube for health information dissemination to citizens.
  - o **Various campaigns organized on Twitter include:** Intensified Diarrhoea Control Fortnight, National Nutrition Week, National Breast-feeding Week, Launch of TB survey,

India's Newborn Action Plan, Independence Day, Eye Donation Day, Alzheimer's Disease, Cardio Vascular Disease, Gandhi Jayanti, Mental Health, World Polio Day and Global Hand-washing Day.

- o Various videos on health information Ported on YouTube.



[https://twitter.com/mohfw\\_india](https://twitter.com/mohfw_india)

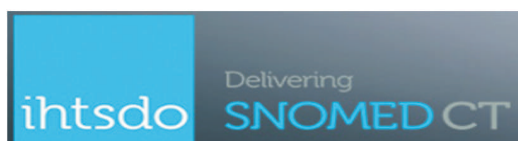


[http://youtube/mohfw\\_india](http://youtube/mohfw_india)

- o Use of “My GOV, Creative Corner & Open Forum” for e-Greeting & discussion group viz Healthy India.



- In order to disseminate information regarding the SNOMED-CT standards, MoHFW in coordination with FICCI, organized an interactive workshop on “SNOMED CT- Introduction & Implementation” in August, 2014.



## 1.8 ACCOUNTING ORGANIZATION

### 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 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.

### Accounting set up in the Ministry

The Ministry of Health & Family Welfare has four<sup>1</sup> Departments viz. Department of Health & Family Welfare, Department of AYUSH (Ayurveda, Yoga, Unani, Siddha & Homeopathy), Department of Health Research & Department of AIDS Control (NACO). There is a common Accounting Wing for all the Departments.

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

<sup>1</sup>On the basis of back year calendar i.e. 2013-14. So, there were four Departments under Ministry of Health & Family Welfare.

In addition, there are fourteen 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.

### **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 of 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 and Auditor

General. Similarly it coordinates on all budget matters between Ministry and the Budget Division of the Ministry of Finance.

### **Internal Audit Wing**

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

The CCA is submitting 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 2013-14, 785 audit paras have been raised which include observations to the tune of Rs. 217.19 crores. A total No. of 589 paras have been settled during 2013-14. Besides this in 2013-14 Internal Audit wing had conducted Performance/Special Audit of following schemes and Institutions implemented/working under Ministry of Health & Family Welfare:-

### **Special Audit**

1. PAO, LHMC, New Delhi.
2. PAO, CGHS, New Delhi.
3. UTITSL, New Delhi.

### **Performance Audit**

1. State Health Society Haryana, Jharkhand, Punjab and Maharashtra.



2. Health Care Services under PMSSY for AIIMS Raipur, Jodhpur and Patna.
3. State Aids Control Society Guwahati, Himachal Pradesh, Jaipur, Lucknow, Mumbai and New Delhi.

### 1.9 IMPLEMENTATION OF THE RTI ACT, 2005

Under the Right to Information Act, 2005, 53 Central Public Information Officers (CPIOs) and 30 Appellate Authorities (A/As) 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) had been nominated as 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 Ministry.

The facility of filing Application and 1st 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. 3rd June 2013 and the general public is sending their RTI applications through this facility in a large number. Besides, the Applications and Appeals under the RTI Act, are also being received through post or by hand, by Receipt & Issue (R & I) Section of the Ministry and also by RTI Cell, Room No. 216 'D' Wing, Nirman Bhawan, New Delhi.

During 2014-15, 6656 RTI applications & RTI appeals have been received through RTI Web Portal, by post and by Hand till 13.02.2015.

### 1.10 VIGILANCE

Vigilance Wing of the Department of Health & Family Welfare is under the control of an officer 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, Dr. Vishwas Mehta, IAS (upto 9th October, 2014) and Shri Manoj Jhalani, IAS (from 10th October, 2014 onwards) have 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 Dte.GHS and CGHS of the Departments of Health & Family Welfare. 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), Dt. GHS/PNT Dispensaries and other institution like Medical Stores Organizations, Port Health Organization, Labour Welfare Organization, etc.

In year 2014-2015 (ending December 2014), following actions have been taken/dealt with by Vigilance Division.

SN	Item	Number
1.	Charge Sheet Issued Under Rule 14 of CCS (CCA) Rules	2
2.	Instances of sanction for prosecution accorded	5
3.	Finalization of Disciplinary Cases	9
4.	Instances of Appointment of IOs/POs	4
5.	Instances of permission accorded to CBI for registration of case against senior level officers.	--
6.	Instances of Suspension extension	2
7.	No. of Disciplinary cases live at the end of the period	26
8.	No. of Complaints Received from CVC for appropriate action and which are under examination/processed	32

SN	Item	Number
9.	Misc. Complaints received from CBI for appropriate action	35
10.	Complaints received from other sources	48
11.	Case sent to CVC for advice	3
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	--
15.	RTI application received and disposed	31
16.	No. Of Court Cases processed during the period	3
17.	Vigilance clearance granted during the period	5000
18.	VIP/PMO reference received/ processed	2

### 1.11 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 the 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. 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 Mahendra Singh, Director in the Department of Health & Family Welfare is functioning as Public Grievance 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 Compliant system to redress and monitor public grievances under Results Framework Documents for 2010-11 and implementation of Centralized Public Grievances Redress 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 Govt. Health Scheme, and extended to Autonomous Bodies/PSUs. It has been 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 2013 & 2014 are as follows:

Year	Opening Balance	Grievance petitions received during the year	Grievance petitions disposed of during the year	Pending
2013	55	154	179	30
2014	30	175	185	20

The position in regard to grievance received through CPGRAMS during 2014 is as under:-

No. of Grievances Received.	Disposal	Pendency
4648 (As on 15.12.2014)	4566	748

### 1.12 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 center provides the following information to public: -

1. Circulars/Booklets/Pamphlets/Posters/NGO Guidelines and forms for public use.
2. Information and Guidelines to avail the financial assistance from Rashtriya Arogya Nidhi (RAN) and Health Minister's Discretionary Grants (HMDG).
3. Guidelines and instructions regarding issue of NOC to Indian Doctors to pursue higher medical studies abroad.
4. Information and guidelines relating to CGHS and queries relating to the work of the Ministry.
5. General queries regarding the work of the Ministry received at the information and Facility Centre on telephone and personally were disposed of to the satisfaction of all concerned.

### 1.13 RURAL HEALTH INFRASTRUCTURE

NHM seeks to strengthen public health delivery system at all levels as per Indian Public Health Standards. New construction/upgradation and renovation works are sanctioned every year to augment the number and functionality of Sub Centres (SCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub District Hospitals (SDHs) and District Hospitals (DHs). High focus states can be provided upto 33% of their total resource envelope for infrastructure upgradation whereas other States can be provided upto 25% resource envelope for the same. The Norms for establishment of public health facilities have been as under:

- **Sub Centre:** 1 per 5,000 population in Plain areas and 1 per 3,000 population in hilly/difficult/tribal areas.
- **Primary Health Centre:** 1 per 30,000 population in Plain areas and 1 per 20,000 population in hilly/difficult/tribal areas.

- **Community Health Centre:** 1 per 1,20,000 population in plain areas and 1 per 80,000 population in hilly/difficult/tribal areas.
- The Framework for National Health Mission also provides for setting up new facilities based on “time to care”. It allows funding support to States for setting up of Sub Centres in selected districts of hilly States and desert areas. In these districts, a Sub Centre would be allowed to be set up within 30 minutes by walk from habitations.
- 100/50/30 bedded Maternal and Child Health (MCH) Wings are sanctioned in Public Health facilities with high bed occupancy to cater to the greatly increased demand for services.
- As on 31st March, 2014, there are 152326 SCs, 25020 PHCs and 5363 CHCs functioning in the country. The State/UT wise statement regarding the number of SCs, PHCs, CHCs, SDHs and DHs in the country as on 31st March, 2014 is placed at **Appendix I**.
- A Statement regarding Shortfall of SCs, PHCs and CHCs in the country as per RHS Bulletin, 2014 is placed at **Appendix II**.
- A Statement regarding number of proposals received/approvals accorded for Hospital Strengthening/New Construction/Setting Up works under NRHM at District Hospitals (DHs), Sub-Divisional Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs) in FY 2014-15 is placed at **Appendix – III**.

### Achievement in establishment of physical infrastructure of healthcare facilities:

- The concerted efforts of National Health Mission and State Health Mission has resulted into the following achievements in establishment/upgradation of health

infrastructure across the country as follows:

Facilities	Number in 2013	Number in 2014	Increase (in number) (in 2013)	Number of facilities in Govt. Building (in 2014)	Number of facilities in Govt. Building	Increase in number
Sub Centre (SC)	151684	152326	642	99991	102319	2328
Primary Health Centres (PHCs)	24448	25020	572	20499	20521	22
Community Health Centres (CHCs)	5187	5363	176	4924	5028	64

The Percentage of health facilities functioning in government buildings has increased significantly from 2005 to 2014. The reported increase is from 50% of overall health facilities in 2005 to 67.2% of overall health facilities in 2014 in respect of Sub-Centre. In case of PHCs the corresponding increase is from 78% to 88.7% whereas in respect of CHCs this

increase is from 91.6% to 93.8%. This significant increase of health facilities made operational from government buildings has been due to consistent efforts on the part of National Health Mission alongwith the State Health Mission mainly that of Assam, Chhattisgarh, Gujarat, Karnataka, Madhya Pradesh, Maharashtra and Uttar Pradesh.



**Statement regarding number of Sub-Centres (SCs), Primary Health Centres (PHCs) & Community Health Centres (CHCs), Sub Divisional Hospital (SDH) and District Hospital (DH) functioning in the country as per Rural Health Statistics Bulletin (RHS) 2014**

SN	State/UT	Sub Centre (SC)	Primary Health Centres (PHC)	Community Health Centres (CHC)	Sub Divisional Hospital (SDH)	District Hospital (DH)
1	Andhra Pradesh	12522	1709	292	61	17
2	Arunachal Pradesh	286	117	52	0	14
3	Assam	4621	1014	151	13	25
4	Bihar	9729	1883	70	45	36
5	Chhattisgarh	5161	783	157	14	27
6	Goa	207	21	4	1	2
7	Gujarat	7274	1158	300	31	24
8	Haryana	2542	454	109	20	20
9	Himachal Pradesh	2068	489	78	45	12
10	Jammu & Kashmir	2265	637	84	0	22
11	Jharkhand	3958	330	188	10	24
12	Karnataka	9264	2233	193	146	32
13	Kerala	4575	829	224	79	16
14	Madhya Pradesh	8764	1157	334	63	51
15	Maharashtra	10580	1811	360	86	23
16	Manipur	421	85	17	1	7
17	Meghalaya	422	108	27	1	11
18	Mizoram	370	57	9	2	8
19	Nagaland	396	126	21	0	11
20	Odisha	6688	1305	377	27	32
21	Punjab	2951	427	150	41	22
22	Rajasthan	14407	2082	567	19	34
23	Sikkim	147	24	2	0	4
24	Tamil Nadu	8706	1369	385	236	31
25	Tripura	972	84	18	13	3
26	Uttarakhand	1847	257	59	17	19
27	Uttar Pradesh	20521	3497	773	0	160
28	West Bengal	10356	909	347	38	21
29	A & N Islands	119	22	4	0	3
30	Chandigarh	16	0	2	0	1
31	Dadra & Nagar Haveli	51	7	1	0	1
32	Daman & Diu	26	3	2	0	2
33	Delhi	27	5	0	13	34
34	Lakshadweep	14	4	3	2	1
35	Puducherry	53	24	3	0	5
	<b>All India</b>	152326	25020	5363	1024	755

Note: As on 31<sup>st</sup> March, 2014

## Shortfall in Health Infrastructure as per 2011 population (provisional) in India (as on March, 2014)

S N	State/ UT	Sub Centres				Primary Health Centres				Community Health Centres			
		R	P	S	% Short- fall	R	P	S	% Shor t-fall	R	P	S	% Shor t-fall
1	Andhra Pradesh	11969	12522	*	*	1965	1709	256	13	491	292	199	41
2	Arunachal Pradesh	318	286	32	10	48	117	*	*	12	52	*	*
3	Assam	5850	4621	1229	21	954	1014	*	*	238	151	87	37
4	Bihar	18637	9729	8908	48	3099	1883	1216	39	774	70	704	91
5	Chhattisgarh	4885	5161	*	*	774	783	*	*	193	157	36	19
6	Goa	122	207	*	*	19	21	*	*	4	4	0	0
7	Gujarat	8008	7274	734	9	1290	1158	132	10	322	300	22	7
8	Haryana	3301	2542	759	23	550	454	96	17	137	109	28	20
9	Himachal Pradesh	1285	2068	*	*	212	489	*	*	53	78	*	*
10	Jammu & Kashmir	2009	2265	*	*	327	637	*	*	81	84	*	*
11	Jharkhand	6060	3958	2102	35	966	330	636	66	241	188	53	22
12	Karnataka	7951	9264	*	*	1306	2233	*	*	326	193	133	41
13	Kerala	3551	4575	*	*	589	829	*	*	147	224	*	*
14	Madhya Pradesh	12415	8764	3651	29	1989	1157	832	42	497	334	163	33
15	Maharashtra	13512	10580	2932	22	2201	1811	390	18	550	360	190	35
16	Manipur	509	421	88	17	80	85	*	*	20	17	3	15
17	Meghalaya	759	422	337	44	114	108	6	5	28	27	1	4
18	Mizoram	172	370	*	*	25	57	*	*	6	9	*	*
19	Nagaland	455	396	59	13	68	126	*	*	17	21	*	*
20	Odisha	8193	6688	1505	18	1315	1305	10	1	328	377	*	*
21	Punjab	3468	2951	517	15	578	427	151	26	144	150	*	*
22	Rajasthan	11459	14407	*	*	1861	2082	*	*	465	567	*	*
23	Sikkim	113	147	*	*	18	24	*	*	4	2	2	50
24	Tamil Nadu	7533	8706	*	*	1251	1369	*	*	312	385	*	*
25	Tripura	691	972	*	*	109	84	25	23	27	18	9	33
26	Uttarakhand	1442	1847	*	*	238	257	*	*	59	59	0	0
27	Uttar Pradesh	31200	20521	10679	34	5194	3497	1697	33	1298	773	525	40
28	West Bengal	13083	10356	2727	21	2153	909	1244	58	538	347	191	36
29	A & N Islands	50	119	*	*	8	22	*	*	2	4	*	*
30	Chandigarh	5	16	*	*	0	0	0	0	0	2	*	*
31	Dadra & Nagar Haveli	56	51	5	9	8	7	1	13	2	1	1	50
32	Daman & Diu	13	26	*	*	2	3	*	*	0	2	*	*
33	Delhi	83	27	56	67	13	5	8	62	3	0	3	100
34	Lakshadweep	4	14	*	*	0	4	*	*	0	3	*	*
35	Puducherry	79	53	26	33	13	24	*	*	3	3	0	0
	<b>India</b>	179240	152326	36346	20	29337	25020	6700	23	7322	5363	2350	32

Notes: The requirement is calculated using the prescribed norms on the basis of rural population from Census, 2011. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the States.

R: Required P: in Position: S: Shortfall; \*: Surplus

**Statement regarding Number of Proposals received/Approvals accorded for Hospital Strengthening/New Construction/Setting Up works under NRHM at District Hospitals (DHs), Sub-Divisional Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs) in FY 2014-15\* #**

SN	State/UT	DH	SDH	CHC	PHC	SC
1	Andhra Pradesh	4	0	0	5	120
2	Arunachal Pradesh	4	0	14	7	34
3	Assam	25	3	58	97	826
4	Bihar	3	0	0	349	296
5	Chhattisgarh	17	0	169	147	38
6	Goa	0	0	0	0	0
7	Gujarat	0	0	5	85	286
8	Haryana	0	0	22	78	282
9	Himachal Pradesh	0	0	0	0	10
10	Jammu & Kashmir	17	0	45	25	150
11	Jharkhand	0	0	0	0	0
12	Karnataka	0	0	0	105	180
13	Kerala	3	2	0	0	0
14	Madhya Pradesh	0	0	116	232	1235
15	Maharashtra	2	0	0	145	79
16	Manipur	0	0	0	3	0
17	Meghalaya	2	0	0	2	0
18	Mizoram	0	0	0	0	0
19	Nagaland	0	0	0	0	0
20	Odisha	32	27	226	32	153
21	Punjab	2	2	1	3	0
22	Rajasthan	46	0	274	537	1064
23	Sikkim	0	0	0	0	0
24	Tamil Nadu	0	0	0	0	0
25	Tripura	0	0	0	9	8
26	Uttarakhand	2	0	0	0	0
27	Uttar Pradesh	0	0	0	0	0
28	West Bengal	4	10	21	2	47
29	A& N Islands	1	0	0	0	0
30	Chandigarh	0	0	0	0	0
31	D & N Haveli	0	0	0	0	0
32	Daman & Diu	0	0	0	0	0
33	Delhi	1	0	0	0	0
34	Lakshadweep	0	0	0	0	0
35	Puducherry	0	0	0	0	0
36	Telangana	0	0	0	0	0
	<b>Total</b>	165	44	951	1863	4808

\* Based on ROPs 2014-15, #This does not includes proposals/approvals for DEICs, SNCUs, Training Institutes, Infrastructure wings, drug ware houses, DPMU/SPMU offices, ICUs, miscellaneous civil works

#### **1.14 ACTIVITIES OF THE COMPLAINT COMMITTEE ON SEXUAL HARASSMENT OF WOMEN EMPLOYEES**

During the period (January to December, 2014) one complaint of a women employee, alleging Sexual Harassment by an official of CGHS was received by the Establishment Division of the Ministry of Health & Family Welfare. The complaint was forwarded by the Establishment Division to the Chairperson of the Internal Complaints Committee on Sexual Harassment, constituted in the Ministry, for inquiring into the complaint.

The Complaint Committee on Sexual Harassment enquired into the complaint by holding three meetings in which the members of the committee as well as officials/officers of the Division to which the complaint pertained participated. During the course of inquiry, the Committee obtained the written statements of the complainant, the accused official and another officer for deciding the further course of action. However, during the course of inquiry it was learnt by the Complaint Committee that the Sexual Harassment Complaint of the complainant has already been examined by a Committee in CGHS Division. The records of the proceedings of enquiry into the complaint of the official conducted by CGHS were called for by the Internal Complaints Committee.

After going through the records of CGHS, the Committee observed that the committee in CGHS Division which examined the complaint of the official alleging Sexual Harassment could not find any element of Sexual Harassment as alleged by the complainant. The Sexual Harassment complaint was, therefore, closed with the approval of the competent authority in CGHS with the issuance of warning to both the officials. As the Sexual Harassment complaint received by the Internal Complaint Committee constituted in the Ministry

had already been enquired into by CGHS and had been closed. The Internal Complaints Committee of the Ministry on knowing this factual position submitted its report containing the proceedings of the enquiry conducted by the Committee to the Establishment Division of the Ministry with the submission that the Committee was not in a position to examine the same complaint again.

#### **1.15 CENTRAL MEDICAL SERVICES SOCIETY (CMSS)**

Central Medical Services Society (CMSS), an autonomous body under Ministry of Health & Family Welfare has been established and registered under Societies Registration Act 1860 system to eliminate existing deficiencies and to streamline drug procurement and distribution system in a more transparent way.

The CMSS will function as a professional and autonomous agency for purchasing Medicines, Vaccines, Contraceptives and Medical Equipments for all diseases control, Family Welfare & Immunization Programme of the Union Health Ministry. It will also procure various commodities for the National AIDS Control Programme (NACP) of the Department. The CMSS is also responsible for distribution of above mentioned health sector goods to the State and UT Government by setting up IT enabled State level warehouses at different locations spread across the country.

An action plan to make the CMSS operational has been prepared. As per action plan, regular requirement of the year 2015-16 shall be supplied to States/UTs by the CMSS from its own network of IT enabled warehouses.

During the current year following major achievements have been made:

- Warehouses planning done and 21 warehouses hired from Central Warehousing Corporation.



- Warehouses have been inspected in presence of Drug Inspector.
- Repair as per inspection report have been carried out.
- Laboratores for quality testing of diagnostic kits have been identified.
- IT software solution providing agency i.e. C-DAC identified and draft MoU has been approved.
- Drug Distribution Policy formulated and circulated to all States.
- Advertisement for empanelment of laboratories has been published.

### 1.16 EMPOWERED PROCUREMENT WING (EPW)

The EPW Division has been entrusted with the work of procurement of drugs and commodities under various diseases control programme like Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Disease Control Programme (NVBDCP) and Immunization Programme under externally aided components (World Bank/GFATM/Projects) in addition to projects under domestic budgetary support. EPW has also been engaged in procurement of cold chain equipment through HLL, the procurement agency of Ministry of Health & Family Welfare (MoHFW) under KfW<sup>2</sup> Project.

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

#### Achievement of EPW Section during the year 2013-14

- M/s. HLL Lifecare Ltd., a phone sector

undertaking under Ministry of Health & Family Welfare was declared a captive unit on 26.08.2005 for supply of contraceptives to the Ministry to avoid stock out situations and disruptions in the supply of contraceptives. In order to mitigate certain difficulties in procurement of different contraceptives and to ensure uninterrupted supplies at the field level, the order was amended on 30.08.2013 with the approval of Cabinet.

- Contact agreement for providing consultancy services was signed between Ministry of Health & Family Welfare and M/s. RITES Ltd. Gurgaon on 12.01.2010. The services of RITES were extended to include domestic funded procurement with compliance to GFRs. The contract has also been extended further up to 31.03.2015.
- The EPW Division undertook emergency procurement of Anti TB drugs to avoid stock out situation. The tender was invited on 05.06.2013 and orders were placed on 22.06.2013. The entire procurement process was completed within 18 days from the date of issue of tender.
- During the Financial Year 2013-14 the following value of procurement were finalized under the Revised National Tuberculosis Control Programme (RNTCP) and National Vector Borne Disease Control Programme (NVBDCP):-

Programmes	Value of procurement
RNTCP	Rs. 227.45 crores
NVBDCP	Rs. 24.29 crores
<b>Total</b>	<b>Rs. 251.74 crores</b>

<sup>2</sup> KfW is a public law institution serving domestic and international public policy objectives of the Federal Government (The Federal Government) of the Federal Republic of Germany (Federal Republic).

- During the Financial Year 2014-15 total value of Rs. 36,68,87,057/- procurement has been finalized in respect of RNTCP so far.
- CMSS, the Central Procurement Agency of Ministry of Health & Family Welfare was registered as a society on 22.03.2012 for procuring health sector good in a transparent and cost effective manner to ensure uninterrupted supply of health sector goods to State/UT Governments. One time budgetary support of Rs. 50 crore was provided to CMSS. The position of DG & CEO and four GMs have been filled up.
- Tender for procurement of cold chain equipment valued at an estimated price of Rs. 203.73 crores under KfW funding had been floated by HLL, the procurement agency of MoHFW.