

# ANNUAL REPORT 2014-15



**Department of Health & Family Welfare**  
**Ministry of Health & Family Welfare**  
**Government of India**  
Website : [www.mohfw.nic.in](http://www.mohfw.nic.in)



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# INTRODUCTION

India's health challenges are diverse. Communicable diseases, notably Tuberculosis and Malaria, continue to constitute a major part of the country's disease burden. At the same time the threat of Non-Communicable Diseases (NCD) including diabetes, hypertension, cancer and mental illness is on the rise. While we have made significant inroads in controlling maternal and infant mortality, they remain a challenge. As does the need to improve the skills of our health workforce and ensure its availability across the Country. My introductory note seeks to outline the major initiatives and activities of the Department of Health & Family Welfare directed at some of these challenges.

## 1. NATIONAL HEALTH MISSION

1.1 The Ministry of Health & Family Welfare is implementing various schemes, programmes and national initiatives to provide universal access to quality healthcare. The approach is to increase access to the decentralized public health system by establishing new infrastructure in deficient areas and by upgrading the infrastructure in the existing institutions. As part of the process to provide for an integrated and holistic approach, many different programmes have been brought together under the overarching umbrella of the National Health Mission (NHM). Some of these programmes are Routine Immunization (RI), National Vector Borne Disease Control Programme (NVBDCP), Revised National TB Control Programme (RNTCP), Integrated Diseases Surveillance Programme (IDSP),

National Programme for Control of Blindness (NPCB), National Mental Health Programme (NMHP), National Programme for Health Care of the Elderly (NPHCE) and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Strokes (NPCDCS). Besides, central assistance is also being provided to strengthen ambulatory services, disaster management, redevelopment of hospitals and dispensaries etc.

1.2. Under NHM substantial achievements have been made, the details of which are available in the report. The Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Total Fertility Rate (TFR) have shown accelerated decline. IMR in India declined from 88 in 1990 to 40 in the year 2013. Percentage annual compound rate of decline in IMR during 2005-13 has accelerated to 4.5% from 2.1% observed during 1990-2005. The Under 5 Mortality Rate (U5MR) in India declined from 126 per 1000 live births in 1990 to 52 in 2012 and the percentage annual rate of decline in U5MR during 2008-12 has accelerated to 6.8% from 3.3% observed during 1990-2008. MMR of India has declined from 560 per 100,000 live births in 1990 to 178 per 100,000 live births in the period 2010-12. Percentage annual compound rate of decline in MMR during 2005 to 2011 accelerated to 5.8% from 5.1% observed during 1990 to 2005. TFR in India declined from 3.8 in 1990 to 2.4 in the year

2012. The percentage annual compound rate of decline in TFR during 2005-2012 has accelerated to 2.7% from 1.8% observed during 1990-2005.

- 1.3. There has been a significant improvement in creation of new facilities and infrastructure, though adequate staffing of these facilities by qualified health personnel continues to be a challenge. Availability of drugs has improved at all levels and the robust logistic arrangements for procurement and storage of these drugs are being put in place.
- 1.4. Besides, continuing support to existing interventions, initiatives such "Rashtriya Bal Swasthya Karyakram" (RBSK) and "Rashtriya Kishor Swasthya Karyakram" (RKSK) has been launched under NHM. RBSK, launched in February, 2013 is intended to provide comprehensive healthcare and improve the quality of life of children through early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention. RKSK, launched in January, 2014 aims to reach out to 253 million adolescents in the country in their own spaces and introduce peer-led interventions at the community level, supported by augmentation of facility based services. In addition to these initiatives, the National Iron Plus Initiative has been rolled out to address anemia among children (6 months to 19 years) and women in reproductive age including pregnant and lactating women in both rural and urban areas throughout the country.
- 1.5. A new initiative namely, the "India Newborn Action Plan" (INAP), has been launched on 18<sup>th</sup> September, 2014. It outlines a targeted strategy for accelerating the reduction of preventable newborn deaths and stillbirths in the country.
- 1.6. NUHM, a sub-mission under the NHM, caters to the primary healthcare needs of the urban population with the focus on urban poor and vulnerable population. NUHM covers all cities and towns with more than 50,000 populations as well as District headquarters and State headquarters, while smaller cities/towns will be covered under National Rural Health Mission (NRHM). The Centre-State funding pattern is 75:25 for all the States except North-Eastern States including Sikkim and other special category States of Jammu & Kashmir, Himachal Pradesh and Uttrakhand, for whom the Centre-State funding pattern is 90:10.
- 1.7. Following targeted interventions are envisaged under NUHM for the slum dwellers and urban poor population:
  - One ASHA per 1000-2500 population covering approximately 200-500 households would serve as an effective, demand-generating link between the health facility and the urban slum population.
  - Mahila Arogya Samiti (MAS) for every 50-100 households having population between 250-500 and would act as community based peer education group in slums. They would be involved in community mobilization, monitoring and referral with focus on preventive and promotive care.
- 1.8. With a view to complementing the initiatives under the NRHM Programme, the Scheme for Forward Linkages to NRHM in NE has been introduced during the 11<sup>th</sup> Five year Plan, to be financed from likely savings from other Health Schemes. This aims at improving the Tertiary and Secondary level Health Infrastructure of the region in a comprehensive manner. An outlay of Rs. 748.00 crores has been made for the scheme in the 12<sup>th</sup> Plan.

1.9 *Family Planning* has been repositioned as a critical intervention to reduce maternal and child mortality and not just as a strategy for achieving population stabilization. The basket of choice has been expanded with an introduction of a new device Cu IUCD 375 and a new method PPIUCD. In 2014-15 the compensation scheme for sterilization was enhanced for 11 high focus States. Additionally, for the promotion of PPIUCD, compensation scheme was introduced for PPIUCD service providers and ASHAs. There has been a greater emphasis on operationalization of many more facilities for providing FP services.

1.10. The ongoing ASHA schemes (Home Delivery of Contraceptives/ Ensuring Spacing at Birth/ Pregnancy Testing Kits) have increased the community outreach of FP programme. The introduction of RMNCH+A counselors, besides IEC/BCC, has been a tool in generating awareness and demand for FP services.

## 2. HEALTH POLICY

2.1. The Five Year Plans outline the strategy for implementing the policy, bearing in mind the dynamics of a developing economy. Accordingly, the Twelfth Five Year Plan for the health sector envisages transformation of the National Rural Health Mission into a National Health Mission covering both rural and urban areas. It envisages providing public sector primary care facilities in selected low income urban areas, expansion of teaching and training programmes for healthcare professionals particularly in the public sector institutions, giving greater attention to public health, strengthening the drug and food regulatory mechanism, regulation of medical practice, human resource development, promoting

information technology in health and building an appropriate architecture for Universal Health Care. The Twelfth Plan strategy is to strengthen initiatives taken in the Eleventh Plan to further expand the reach of healthcare with focus on vulnerable and marginalized sections of population and therefore envisages substantial expansion and strengthening of the public health systems and provision of robust primary healthcare.

2.2. Government has taken a decision to formulate a new Health Policy in the light of the changes that have taken place in the country's health sector scenario since the formulation of the National Health Policy 2002. Accordingly the draft new National Health Policy 2015 has been placed in public domain on 30th December, 2014 for wider stakeholder consultations.

## 3. MEDICAL EDUCATION AND TERTIARY CARE

3.1 At present, there are 404 Medical Colleges in the country out of which 189 are in Government and 215 in private sector with annual admission capacity of about 54,348 MBBS and 25,346 Postgraduate students per year. 17 new Medical Colleges were granted permission during the academic year 2014-15. A total of 2750 MBBS and 1150 PG seats were increased.

3.2 Similarly there are 304 Dental Colleges in the country out of which 43 are in Government and 261 in private sector with annual admission capacity of about 26,190 BDS and 5,020 Postgraduate Students per year. 4 new Dental Colleges were granted permission during the academic year 2014-15. BDS seats were increased by 250.

- 3.3. With a view to upgrading and strengthening medical education institutions in the country, the Ministry during 2014 put together the following schemes:
- i) Schemes for Strengthening and Up-gradation of State Government Medical Colleges for increase of PG Seats.
  - ii) Scheme for Establishment of New Medical Colleges attached with existing District/Referral Hospitals.
  - iii) Strengthening and Up-gradation of State Government Medical Colleges for increase in intake capacity of MBBS Seats.
- 3.4. The Country now has nearly 25 lakh registered nursing and mid-wives personnel. There is an annual capacity of around 2.79 lakh nursing personnel. The sector is growing at around 11% to 12% in numbers. The Department while continuing to focus on setting up of Nursing Schools in Government Sector through the GNM/ANM scheme, is also supporting a major push in quality of nursing education and nursing services. The NHM as well Centrally Sponsored Scheme of setting up Colleges of Excellence in Nursing are being harnessed to this end.
- 3.5. Moving towards larger sustainable efforts towards skill upgradation of nursing cadre and empowering them to be more active participants in promotive and curative health are goals towards which we intend to work in 2015.
- 3.6. Department of Health has also put in place a number of schemes for strengthening of Allied Health Education in the Country. Proposed setting up of National/Regional/ and State Level Allied Health Institutions is a part of these schemes.
- 3.7. The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been launched with the objectives of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. PMSSY has two components—setting up of AIIMS like institutions and upgradation of State Government Medical Colleges.
- 3.8. In first phase, six AIIMS are being set up, one each at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh. These AIIMS have started both OPD and IPD Services. They are also continuing medical education in MBBS as well as nursing courses. Simultaneously, 58 existing Government Medical Colleges are being upgraded by way of creation of super speciality facilities. It is proposed to further expand the scheme in the coming years.

#### 4. COMMUNICABLE DISEASES

- 4.1. The incidence of vector borne diseases viz. Malaria, Filariasis, Kala-azar, Acute Encephalitis Syndrome (AES) including Japanese Encephalitis (JE), Dengue and Chikungunya is linked with economic and social development of the community. There are various factors which govern the transmission of the diseases. Among all the vector borne diseases, malaria is still a major problem in the country though the reported figures from the States have shown a decline. The focus has been on strengthening of surveillance and early detection so as to provide for early case management by the States/UTs. Kala-azar has been targeted for elimination by 2015 as per tripartite agreement between India, Nepal and Bangladesh. Lymphatic Filariasis too has been targeted for elimination by 2015.



4.2. The National Leprosy Control Programme was launched by the Government of India in 1955. Although prevalence has come down at National and State level, new cases are being detected and these are being handled through appropriate interventions.

4.3. The Department continuously monitors the seasonal influenza with the State/UT Governments. The Department also undertakes health activities required as per International regulations during the time of Public Health Emergencies of International concern like Ebola Virus Disease.

## **5. NON-COMMUNICABLE DISEASES (NCDs)**

5.1. The Non-Communicable Diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Keeping that in view, there are common preventable risk factors for Cancer, Diabetes, CVD & Stroke, Government of India initiated a National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) during 2010- 2011. The focus of NPCDCS is on promotion of healthy life styles, early diagnosis and management of diabetes, hypertension, cardiovascular diseases & common cancer e.g. cervical cancer, breast cancer and oral cancer.

5.2. Under Tertiary Care Cancer Centre (TCCC) scheme under NPCDCS, it is envisaged to support the establishment of 20 State Cancer Institutes (SCI) and 50 Tertiary Care Cancer Centres (TCCC) in different parts of the country. The broad objective is to develop capacity for tertiary care for cancer.

## **6. PROGRAMME FOR ELDERLY AND TRAUMA CARE**

6.1. Government of India had launched the "National Programme for Health Care of the Elderly" (NPHCE) to address health related problems of elderly people. The basic aim of the NPHCE Programme is to provide separate, specialized and comprehensive healthcare to the senior citizens at various levels, of State healthcare delivery system including outreach services. National Programme for Control of Blindness (NPCB) is an ongoing Centrally Sponsored Scheme.

6.2. During 11<sup>th</sup> Five Year Plan the Government of India initiated a scheme on trauma care with an outlay of Rs. 732.75 crore, to develop a network of 140 trauma care facilities in Government Hospitals.

6.3. Out of the identified 140 hospitals, the trauma centres in 118 hospitals were funded under the trauma scheme. 20 hospitals were funded under PMSSY scheme and 2 trauma centres in Delhi Dr. RML Hospital and AIIMS were developed with their own funds.

6.4. The scheme has been extended to the 12<sup>th</sup> plan period and has already been approved by CCEA with total budget outlay of Rs. 899.29 crore. The proposal was approved for development of another 85 new Trauma care centres on the same pattern.

6.5. The Ministry of Health & Family Welfare Govt. of India launched the Pilot Programme for Prevention & Management of Burn Injuries during 11<sup>th</sup> FYP which is being continued as National Programme on Prevention and Management of Burn Injuries (NPPMBI) during the 12<sup>th</sup> FYP.

## 7. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

- 7.1 The Ministry has recognized Information, Education and Communication (IEC) as an integral component of all health initiatives. The IEC strategy has on the one hand focused on creating awareness about various health issues including communicable and non-communicable diseases, and on the other made efforts to bring about a health seeking behavior in the masses. Different channels of communication have been tapped for their myriad benefits such as the print, TV, radio, folk and community and outdoor. Health melas with free check-up camps have emerged as potent venues for creating awareness and inducing behavioral changes.

## 8. TRAINING

- 8.1. Department of Health & Family Welfare had recognized the crucial role of training of health personnel in providing effective and efficient health care services to the rural community from the very beginning of the Five Year Plans. Strengthening of National and State level constitutions dedicated to training of health work force remains one of the priorities of the Department.
- 8.2 The pre-service and in-service training for different categories of health personnel are imparted through different Centrally Sponsored Schemes by the training institutes like Family Welfare Training and Research Centre (FWTRC), Mumbai and Gandhigram Institute, Dindigul, (T.N.) which are under direct administrative control of Training Division.
- 8.3 Under Reproductive and Child Health (RCH) scheme, NIHFV has been identified as nodal institute for training. NIHFV has the

responsibility of organizing National Level Training Courses and coordination of the NRHM/RCH training activities and Professional Development Course with the help of 22 Collaborating Training Institutions (CTIs) in various parts of the country.

## 9. MONITORING AND EVALUATION

- 9.1 Ministry of Health & Family Welfare (MoHFW) has set up an effective monitoring and evaluation mechanism to assess the utilization of services provided by health facilities and their quality of services. MoHFW has been conducting large-scale sample surveys like National Family Health Survey (NFHS), District Level Household Survey (DLHS) and Annual Health Survey (AHS). DLHS and AHS provide District level estimates whereas NFHS provide State level estimates on important indicators on maternal and child health, family planning and other important programme interventions. The Ministry decided to integrate all surveys and to conduct one survey (i.e. National Family Health Survey) to provide district and above level data with a periodicity of three years. Accordingly, the NFHS-4 is in progress which will provide essential data on Health and Family Welfare programmes/indicators including data on nutrition, anemia, blood pressure, blood glucose and iodine in salt used by households.
- 9.2 MoHFW launched a web-based *Health Management Information System (HMIS)* in October, 2008 to monitor its health programmes and provide key inputs for policy formulation and interventions. At present, 633 districts are reporting facility wise data while rest are uploading District Consolidated figure on the HMIS web portal. The data is being

made available to various stakeholders in the form of standard & customized reports, factsheets, score-cards etc. HMIS data is widely used by the Central/State Government officials for monitoring and supervision purposes.

9.3 *Mother & Child Tracking System (MCTS)* is a web based, name based tracking system being implemented across all States/UTs to facilitate timely delivery of antenatal and postnatal care services to all the pregnant women and immunization to all the children. MCTS provides alerts to health service providers about the services due list and service delivery gaps. Furthermore, the system also provides ready reference about the status of services/vaccination delivered to pregnant women and children. Under MCTS, appropriate health promotion messages to beneficiaries that are relevant according to the month of pregnancy or date of birth of the child are being sent on mobiles of beneficiaries.

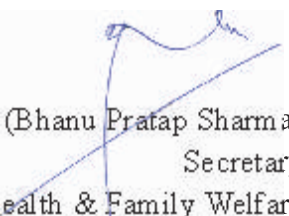
9.4 MoHFW has set up *Mother and Child Tracking Facilitation Centre (MCTFC)* at National Institute of Health and Family Welfare (NIHFW). It is designed to be a powerful tool in providing relevant information and guidance directly to the pregnant women, parents of children and to community health workers, thus creating awareness among them and take feedback about health services and promoting right health practices and behaviour.

## 10. ASSISTANCE TO PATIENTS

10.1 The Department is providing financial assistance to the poor patients for treatment at different hospitals all over the country under the Rashtriya Arogya Nidhi (RAN) and the Health Minister's Discretionary Grants (HMDG). RAN is providing financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government hospitals. The Health Minister's Cancer Patient Fund (HMCPF) within RAN provides financial assistance to the cancer patients receiving treatment at 27 Regional Cancer Centre(s) through the revolving fund placed at their disposal.

## 11. SUMMATION

It is acknowledged that the vision of Health for all can be achieved only by involving various stake holders. The Government is committed to providing affordable and accessible health care to all its citizens, particularly the vulnerable sections, in an efficient and equitable manner. We will continue to work towards this goal.

  
(Bhanu Pratap Sharma)  
Secretary  
Department of Health & Family Welfare



A teal ribbon graphic that is wider at the top and bottom and tapers towards the center. A large white circle is centered on the ribbon, containing text.

**Part-A**

**Department of  
Health  
&  
Family Welfare**

