CHAPTER-IV

REVIEW OF PERFORMANCE

In order to meet people's growing demand for health and in alignment to the vision of the Twelfth Five Year Plan, the Department of Health & Family Welfare has been orienting itself to bringing about improvements in the implementation mechanism for health care provisioning in public health facilities. There is emphasis on strengthening the healthcare delivery system with a focus on the needs of the poor and vulnerable sections among the population, through an incremental approach in entitlement based health care provisioning.

The Twelfth Five Year Plan also seeks to strengthen the initiatives taken in the Eleventh Plan to expand the reach of the health care with focus on vulnerable and marginalised sections of the society and work towards the long term objective of establishing a system of Universal Health Coverage (UHC) in the country for providing assured access to a defined essential range of medicines and treatment entirely free for a large percentage of population. During the last Five Year Plan, the Department has made various strides in the healthcare delivery under the National Rural Health Mission, with major impetus on upgrading the existing infrastructure and in creating new infrastructure to cater to the health needs of the rural populace. During the current Five Year Plan, the National Health Mission, has been launched emcompassing both the National Rural Health Mission(NRHM) and the National Urban Health Mission(NUHM) with a view to provide health care delivery to the urban poor as well, apart from further strengthening the other schemes under the Health Sector. The achievements of the programmes are discussed in the following paragraphs.

1. NATIONAL HEALTH MISSION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. The main programmatic components include Health System Strengthening in rural and urban areas, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A) interventions and control of Communicable and Non-Communicable Diseases.

Vision and Goal of NHM: The main Goals of the NHM are "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health". To safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees. Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care. Build environment of trust between people and providers of health services. Empower community to become active participants in the process of attainment of highest possible levels of health. Institutionalize transparency and accountability in all processes and mechanisms. Improve efficiency to optimize use of available resource.

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavor would be to ensure achievement of those indicators. Specific goals for the states will be based on existing levels, capacity and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

1. Reduce MMR to 1/1000 live births.
2. Reduce IMR to 25/1000 live births.
3. Reduce TFR to 2.1.
4. Prevention and reduction of anaemia in women aged 15–49 years.
5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases.
6. Reduce household out-of-pocket expenditure on total health care expenditure.
7. Reduce annual incidence and mortality from Tuberculosis by half.
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts.
9. Annual Malaria Incidence to be <1/1000.
10. Less than 1 per cent microfilaria prevalence in all districts.
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks.

NATIONAL RURAL HEALTH MISSION

National Rural Health Mission (NRHM) was launched in 2005 to provide effective health care particularly to the rural population throughout the country with special focus on 18 states having weak public health indicators and/or weak health infrastructure. It was launched with the objective of improving the access to quality healthcare especially for the rural women and children and in strengthening of health infrastructure, capacity building, and decentralised planning. The Mission aims at effective integration of health with social determinants of health like sanitation and hygiene, nutrition, safe drinking water, girls education etc. The Mission was conceived as an umbrella programme subsuming all the then existing programmes of health and family welfare including RCH-II, National Disease Control Programmes for Malaria, TB, Kala-azar, Filaria, Blindness and Iodine Deficiency. The Mission targets to provide universal access to rural people to effective, equitable, affordable and accountable primary health care. Some of the strategies employed by the mission to achieve its goals were -: promoting access to improved healthcare at household level through ASHAs, strengthening sub-centres, PHCs and CHCs, preparing and implementing of inter-sectoral district health plans and integrating vertical health programmes at all levels, envisaging convergent health plans for each village through the Village Health Sanitation and Nutrition Committee, etc.

Over the last ten years, large numbers of contractual manpower including Doctors, Specialists, Paramedics, Staff Nurses and ANMs, etc. have been added to augment the health human resources in health facilities at different levels. Better infrastructure, availability of man power, drugs and equipments and other factors has led to improvement in health care delivery service and increase in OPD and IPD services. Similarly, contractual people have been engaged to man the Programme Management Units at the State and District levels. The community based functionaries, named as Accredited Social Health Activist (ASHA) have been envisaged under the NRHM as a first port of call for any

health related demands of deprived sections of the population, especially women and children, who were finding it difficult to access health services. The role of ASHA in creating awareness on health and its social determinants and mobilising the community towards local health planning and increased utilization and accountability of the existing health services, and in providing basic package of curative health care has been well acknowledged.

Achievements of NRHM (As on 30th June'2015)

- Maternal Mortality Ratio (MMR): The MMR, i.e. number of maternal deaths per 100,000 live births, has declined from 560 per 100,000 live births in 1990 to 167 per 100,000 live births in 2011-13. Percentage annual compound rate of decline in MMR during 2005 to 2011-13 accelerated to 5.8% from 5.1% observed during 1990 to 2005. India is poised to achieve the Millennium Development Goal of MMR at the present rate of decline. The 12th Five Year Plan target for MMR is 100 per 100,000 live births.
- Infant Mortality Rate (IMR): The IMR (i.e. the number of deaths of children less than one year of age per 1000 live births) in India declined from 80 in 1990 to 40 in the year 2013. Percentage annual compound rate of decline in IMR during 2005-2013 has accelerated to 4.5% from 2.1% observed during 1990-2005. The 12th Five Year Plan target for IMR is 25.
- The Under 5 Mortality Rate (U5MR) in India declined from 126 per 1000 live births in 1990 to 49 in 2013 and the percentage annual rate of decline in U5MR during 2008-2013 has accelerated to 6.6% from 3.3% observed during 1990-2008.
- Total Fertility Rate (TFR): The TFR in India declined from 3.8 in 1990 to 2.9 in 2005 to 2.3 in the year 2013. The percentage annual compound rate of decline in TFR during 2005-2013 has accelerated to 2.97% from 1.8% observed during 1990-2005. The 12th Five Year Plan target for TFR is 2.1.
- India achieved a historical milestone and was certified as 'Polio-free' by WHO in March 2014 on having no wild polio case since 13th Jan, 2011.
- 9.15 lakh Accredited Social Health Activists (ASHAs) have been selected in the country, of which over 8.21 lakh received training up to 1st Module, 7.93 lakh up to Module II, 7.85 lakh up to Module III, 7.81 lakh up to Module IV, 8.42 lakh up to Module V, 7.61 lakh up to Round-1, 6.44 lakh in Round-2, 4.32 lakh in Round-3 & 2.05 lakh in Round-4 of VIth & VIIth Modules. Over 8.82 lakh ASHAs have been positioned after training and provided with drug kits.

HUMAN RESOURCES

- 53,648 Sub Centres are functional with second Auxiliary Nurse Midwives (ANM).
- 6,341 PHCs have been strengthened with three Staff Nurses.
- 7268 allopathic doctors and 3,355 specialists, 24890 AYUSH doctors, 73154 ANMs, 40847 Staff Nurses, and 17362 Paramedics and 6005 AYUSH Paramedics have been engaged on contract basis by States to fill in critical gaps under NRHM.
- Training capacity of Nurses, ANMs and other paramedics is being expanded in States.
- Multi-skill training is being imparted to provide appropriate skill mix.

INFRASTRUCTURE

- All 153655 Sub Centres (RHS 2015) in the country have been strengthened with untied fund of Rs.10,000 and AMG of Rs.10,000 each.
- 102 District Hospitals, 101Sub-Divisional Hospitals, 637 Community Health Centres (CHCs), 2148 Primary Health Centres (PHCs), and 26042 Health Sub-Centres have been taken up for new construction. Out of this, construction of 69 DHs, 50 SDHs, 356 CHCs, 1,362 PHCs and 16051 SCs have been completed.
- 947 works for District Hospitals (DHs), 671 works for Sub-Divisional Hospitals (SDHs), 3,536 works for Community Health Centres (CHCs), 9,280 works for Primary Health Centres (PHCs), and 17,475 works for Sub-Centres (SCs) have been taken up for upgradation/renovation. Out of this, 730 works for DHs, 613 works for SDHs, 2,480 works for CHCs, 8196 works for PHCs and 12,992 works for SCs have been completed.
- 8,420 PHCs are made functional round the clock (24x7) and 2,706 facilities were operationalised as First referral units (FRUs).
- 7358 (Dial 108) Emergency Response Service and 7836 (Dial 102) Patient Transport Service vehicles are operational under NRHM.
- 6290 vehicles (Janani Express, Mamta Vahan etc.) have been empanelled for transporting pregnant women to public health institutional delivery and back.

SYSTEM STRENGTHENING

- State and District Health Mission constituted in all States/UTs.
- Out of 672 districts (RHS 2015), District Health Action Plans have been prepared by 630 districts.
- Co-location of AYUSH facilities has been made in 19410 health facilities.
- Programme Management Units have been set up in all the states. These include professionals with management, information technology and accounting skills. In many states, HR managers and infrastructure managers have also been positioned.
- District Programme Management Units have been established in 674 districts. 604 District Programme Managers and 612 District Accountants are in position.
- Nearly, 5,560 Block Programme Management Unit has been established with 3,730 Block Managers in position to support the health system at blocks and below levels
- NGOs are providing assistance in building capacity of VHSNCs and other local bodies and in carrying out the monitoring exercise.
- National Health System Resource Centre (NHSRC) has been set up at the National level.
- A Regional Resource Centre has been set up in Guwahati for NE States.

COMMUNITY MONITORING

- Rogi Kalyan Samitis (RKSs) have been registered in 31763 Health facilities. RKS grants, maintenance grant and untied funds are provided to the RKS of public health facilities.
- Over 5.01 lakh Village Health Sanitation & Nutrition Committees (VHSNCs) have been constituted and 4.80 lakh joint accounts at the Village Health and Sanitation Committees and Sub-Centres opened.
- Untied funds have been made available to HSCs and VHSNCs for local Public Health Action.

- Nearly 5.81 crore Village Health & Nutrition Days (VHNDs) were held at village level over the last seven years to provide immunization, maternal and child healthcare and other public health related services at Anganwadi centres.
- Inter-sector convergence has been addressed during planning and assessment process. Close involvement of PRI is emphasized for convergence.
- Annual Review Missions have been institutionalized with teams comprising Government Officials, Public Health Experts, Representatives of the Development Partners and Civil Society Organisations.
- Strengthening of State Institutes of Health & Family Welfare and State Health System Resources Centers has been taken up to facilitate training and institutional capacity building.

NATIONAL URBAN HEALTH MISSION

The National Urban Health Mission (NUHM) was approved by the Union cabinet on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population like homeless, rag-pickers, migrant workers etc. NUHM aims to improve the health status of the urban population, particularly the poor and other disadvantaged sections by facilitating equitable access to quality health care through a revamped primary health care systems, targeted outreach services and involvement of the community and the urban local bodies. NUHM covers cities and towns with more than 50,000 population as well as District Headquarters having population between 30,000-50,000, while smaller cities/ towns will be covered under National Rural Health Mission (NRHM). The Centre-State funding pattern is 60:40 for all the states except North-Eastern states including Sikkim and other special category states of Jammu & Kashmir, Himachal Pradesh and Uttarakhand, for whom the Centre-State funding pattern is 90:10.

II. Strengthening/establishment of service delivery infrastructure: Under NUHM, existing Urban Family Welfare Centre (UFWCs), Urban Health Posts (UHPs), Urban RCH centres etc. are sought to be strengthened and upgraded as Urban Primary Health Centre (U-PHCs). In addition to that new U-PHCs & U-CHCs is being established to address the healthcare needs of urban poor.

- Urban-Primary Health Centre (U-PHC): New U-PHCs are established as per gap analysis, as per norm of one U-PHC for approximately 50,000 urban population. The new U-PHC will preferably be located within or near a slum for providing, preventive, promotive and OPD (consultation), basic lab diagnosis, drug/contraceptive dispensing services, apart from counseling for all communicable and non-communicable diseases and have full & part time Medical Officer along with paramedical staff like Staff Nurse, Pharmacist etc.
- Urban-Community Health Centre (U-CHC): One U-CHC for every 4-5 U-PHCs, catering to a population of 2.5 lakhs. It would provide inpatient services and would be a 30-50 bedded facility. For the metro cities, the U-CHCs may be established for every 5 lakh population with 75-100 beds.

III. Targeted interventions for Slum population

- Auxiliary Nurse Midwife (ANM): One ANM would be provided for every 10,000 urban population for providing preventive and promotive health care services.
- Community participation through Mahila Arogya Samiti (MAS): MAS for every 50-100 slum households which would act as community based peer education group in the slum areas.
- Accredited Social Health Activist (ASHA): One ASHA every 1000-2500 slum population which would serve as an effective and demand generating link between the health facility and the slum population.

IV. Financial Progress:

- 12th plan an allocation of Rs.15143 crore has been allocated for NUHM. Rs.1000 crore was provided in the Revised Estimate of 2013-14 for NUHM out of which Rs.662.23 crore was released to 29 States/UTs on the basis of PIPs received from the States/UTs. An outlay of Rs.1924.43 crore has been allocated for financial year 2014-15 out of which Rs.1345.82 crore was released to 34 States/ UTs. In FY 2015-16, an amount of Rs.1386 crore allocated for NUHM out of which Rs.216.28 crore has been released to 14 States/UTs.

V. NUHM Program Implementation Plans (PIPs):

- In FY 2014-2015, Program Implementation Plans (PIPs) were received from 34 States/UTs except from Lakshadweep and Daman & Diu. Approvals have been given to all 34 States and UTs. The towns of Lakshadweep and Daman & Diu were covered under NRHM.
- In FY 2015-2016, Program Implementation Plans (PIPs) were received from 35 States/UTs except from Lakshadweep. Approvals have been given to all 35 States and UTs. The towns of Lakshadweep will be covered under NRHM.

A brief note on policy reforms undertaken during 2015-16 and that is planned for 2016-17: In the meeting of the Empowered Programme Committee two proposals have been recommended for approval of the Mission steering group.

- Setting of Health Kiosks under NUHM
- Coverage of District Headquarters cities/ towns with population between 30,000-50,000 under NUHM, while smaller cities/ towns will be covered under National Rural Health Mission (NRHM).

2. REPRODUCTIVE AND CHILD HEALTH PROGRAMME

The first phase of the Reproductive & Child Health Programme (RCH-I) was started in 1997, followed by RCH-II Programme, which commenced in April 2005. The programme is now an integral part of the National Health Mission (NHM). The main objective is to bring about a catalytic change in the three critical health indicators of Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR), consistent with the health goals of the National Population Policy 2000, the National Health Policy-2002, the Millennium Development Goals (MDGs), and the 12th Five Year Plan.

The considerable progress made in India over the last two decades in the sphere of public health, has gained momentum under NHM. To accelerate progress towards attainment of Millenium Development Goals(MDGs) 4 and 5, to improve the maternal and child health,Government of India has initiated a strategic approach - Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) that embodies it's vision for comprehensive and integrated health services, most importantly for adolescents, mothers and children. Over the last nine years, RCH-II programme has provided flexibility and opportunity to introduce new interventions and to pilot and scale up innovative service delivery mechanisms. This has resulted in an ever-growing and dynamic list of interventions and service packages across the Reproductive, Maternal and Child Health spectrum. The RMNCH+A strategy will take India closer to achieving its national health goals and the MDGs 4 and 5.

MAIN FEATURES OF THE PROGRAMME

The core components of the RCH Programme are Maternal Health, Child Health, Family Planning, Adolescent Health, Immunisation and Pre-Conception & Pre-Natal Diagnostics Techniques (PC-PNDT). This programme aims to reduce maternal and infant morbidity and mortality and unwanted pregnancies, leading to stabilisation of population growth. It has been re-oriented and re-vitalised to reach the most vulnerable and most marginalised population groups and to give it a pro-outcome and pro-poor focus. The RCH Programme is being implemented around the key principles of:

- Adoption of a sector - wide approach, which effectively extends the Programme's reach beyond RCH to the entire Family Welfare sector.
- Building State /UT ownership by involving states and UTs from the outset in developing the Programme and decentralisation to the district and state levels through development of need-based plans with a flexible programming approach.
- Capacity building at the district, state and central levels to ensure improved programme implementation.
- Adoption of the Logical Framework as a programme management tool to support an outcome-driven approach.
- Performance-based funding to ensure adherence to programme objectives, reward good performance and support weak performers through enhanced technical assistance.
- Convergence, both inter-sectoral and intra-sectoral, to optimise utilisation of resources and infrastructure facilities.

RCH GOALS AND ACHIEVEMENTS

The MDGs are eight goals to be achieved by 2015 that respond to the major development challenges of the world, with the human dimension as the focus. Of the eight MDGs, MDGs 4 & 5 relate to improving maternal and child health.

- MDG 4 is to "Reduce Child Mortality by two thirds between 1990 and 2015 among children under five".
- MDG 5 is to "Improve Maternal Health" and has as its target the reduction of the Maternal Mortality Ratio by three quarters, between the years 1990 and 2015.

Flexible programming is the key programing principle element of RCH programme, which allows States to develop need-based and context specific annual plans known as State Programme Implementation Plans. The status of achievement of key indicators against the MDG and NHM goals is as under:

Indicator	MDG	NHM Goals	Achievement	Source
Infant Mortality Rate	29 per 1,000 live births	25 per 1,000 live births	40 per 1,000 live births	RGI's Sample Registration Survey 2013
Maternal Mortality Ratio	Reduce by ¾ of the MMR of 1990 by 2015	100 per 1,00,000 live births	167 per 1,00,000 live births	RGI's Sample Registration Survey 2011-13
Total Fertility Rate	-	2.1	2.3	RGI's SRS 2013

Activities under Maternal Health during 2014-15 and 2015-16:

Maternal health is an important aspect for the development of any country in terms of increasing social equity & reducing poverty. The survival and wellbeing of mothers is not only important in their own right but are also central to solving large broader, economic, social and developmental challenges.

- **Declining Maternal Mortality Ratio:**

✓ Maternal Mortality Ratio (**MMR**) in India was perhaps one of the highest in the world in 1990 , with **556** women dying during child birth per hundred thousand live births, which meant approximately **1**.**5 lakh** women dying every year. Globally, MMR at that time was **385**, which translated into about **5.32 lakh** women dying every year. In the period 2011-2013, MMR of India has declined to **167** against a global MMR of **216 (2015**). In terms of numbers ,this translates into **44**,**000** maternal deaths in India as compared to **303,000** globally.

✓ India has registered an overall decline in MMR of **70%** between 1990 and 2012 in comparison to a global decline of **44%.**

✓ India's MMR has declined much faster than the global MMR from 1990 to 2013, with an annual rate of decline of **5.4 %** in India (1990-2013) as compared to **2.3%** globally **(1990-2015)**

✓ Maternal Mortality Ratio (MMR) has declined from **301** per 100,000 live births in 2001-03 to **167** per 100,000 live births in 2011-13 as per RGI-SRS data.

✓ The pace of decline has shown an increasing trend from **4**.**1%** annual rate of decline during 2001-03 to **5**.**5%** in 2004-06, to **5**.**8%** in 2007-09, to **5.7 %** in 2010-12 and to **6**.**2%** in 2011-13.

- **Strategies and interventions:**

A. Janani Suraksha Yojana (JSY):

✓ Janani Suraksha Yojana (JSY), one of the largest conditional cash transfer schemes in the world , was launched to promote demand for institutional delivery in April 2005 with the objective of reducing maternal and infant mortality. Expenditure under JSY has risen from Rs. **38**.**29** crores in 2005-06 to Rs.**1668**.**39** crores in 2014-15. The number of JSY beneficiaries has also risen from **7**.**39** lakhs in 2005-06 to more than **104**.**38** lakhs in 2014-15.

B. Free Service Guarantees at public health facilities:

Janani Shishu Suraksha Karyakaram (JSSK):

✓ Capitalizing on the surge in institutional deliveries brought about by JSY, Government of India launched the Janani Shishu Suraksha Karyakaram (**JSSK**) in 2011 to eliminate out of pocket expenditure for pregnant women and sick newborn on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Under this scheme, pregnant women are entitled to free drugs and consumables, free diagnostics, free blood wherever required, and free diet up to **3** days for normal delivery and **7** days for C-section. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick new-borns accessing public health institutions for treatment till 30 days after birth. This has now been expanded to cover the complications during ANC, PNC and also sick infants.

- ✓ As per the latest reports **(2014-15)** , received from the states /UTs, **89%** pregnant women availed free drugs, **82%** free diagnostics, **75%** free diet and while **49%** availed free home to facility transport while **43%** free drop back home. **74%** sick infants availed free drugs, **40%** free diagnostics, **10%** sick infants free home to facility transport and **28%** free drop back home.

C. Essential and Emergency Obstetric Care- Key Interventions:

1. **Improving Quality of Ante-Natal Care(ANC) and Post Natal Care(PNC):**

- ✓ **Prevention & Control of Anemia**: Under the **National Iron+ Initiative(NIPI),**for prevention and control of anemia in pregnant and lactating women, iron and folic acid supplementation is being given at health facilities and during outreach activities. States have also been directed for line listing and tracking of severely anaemic pregnant women by name for their timely management at health facilities.
- ✓ **Web Enabled Mother and Child Tracking System (MCTS)** is being implemented to register and track every pregnant woman, neonatal, infant and child by name for quality Ante Natal Care, Intra Natal Care, Post Natal Care, Family Planning and Immunization services.
- ✓ A joint **Mother and Child Protection Card** of Ministry of Health & Family Welfare and Ministry of Women and Child Development (MoWCD) is being used by all states as a tool for monitoring and improving the quality of MCH and Nutrition interventions.

2. Safe Abortion Care Services and Services for Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI)

- ✓ Provision of drugs and equipment and skilled and trained manpower to operationalize these services at appropriate level of facilities

3. Maternal Death Review (MDR):

- ✓ Maternal Death Review is being implemented across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.

4. Delivery Points:

- ✓ More than **17000 'Delivery Points'** fulfilling certain benchmarks of performance, have been identified across the country for providing emergency obstetric care. These are being strengthened in terms of infrastructure, equipment, trained manpower for provision of comprehensive Reproductive, Maternal, Newborn Child health services along-with services for Adolescents and Family Planning etc. These are being monitored for service delivery.
- ✓ **Maternal Health Tool Kit** has been developed as a ready reckoner/handbook for programme managers to plan, implement and monitor services at health facilities , with a focus on the Delivery Points, which includes setting up adequate physical infrastructure, ensuring logistics and supplies and recording/reporting and monitoring systems with the objective of providing good quality comprehensive RMNCH services.

5. Capacity Building

- ✓ Skill Building through training programmes for all categories of service providers e.g. Training of MBBS doctors in Life Saving Anesthesia Skills (**LSAS**), Emergency Obstetric Care (**EMoC**)including Caesarean -sections; Training of Nurses and ANMs in Skilled Birth Attendance (**SBA**); Training of MOs in Comprehensive Abortion Care (**CAC**).
- ✓ More than **1300** doctors have been trained in **EmOC** while more than **1800** trained in **LSAS** as per latest reports submitted by the states.

- ✓ To strengthen the quality of training, a new initiative has been taken for setting up of Skill Labs with earmarked skill stations for different training programs in the states for which necessary allocation of funds is made under NHM.

6. Patient Transport Services: National Ambulance Service

- ✓ Prior to launch of NHM, Call Centre based ambulance network was virtually non-existent. Now **28** States have the facility where people can dial **108** or **102** telephone number for calling an ambulance.
- ✓ A total of over **21000** ambulances/ patient transport vehicles are now operational across states. These include (**108**-Type) Emergency Response Service and (**102**-Type) Patient Transport Service vehicles and other vehicles (Janani Express, Mamta Vahan etc.) which are empanelled for transporting pregnant women to government hospitals for delivery and back.
- ✓ 108 Ambulance Service is primarily designed to transport patients of critical care, trauma, accident victim's etc. requiring emergency response. Thus equipment provided is more advanced in 108. 102 Ambulance service is primarily a patient transport service not necessarily geared for emergency response. Both are being utilised to transport pregnant women, sick children and patients requiring hospitalization.

7. Newer Initiatives

- ✓ To further accelerate the pace of decline in MMR, new guidelines has been prepared and disseminated to the states for Screening for diagnosis & management of gestational Diabetes Mellitus, hypothyroidism during pregnancy, training of General Surgeons for performing Caesarean Section, calcium supplementation during pregnancy and lactation, de-worming during pregnancy, Maternal Near Miss Review, screening for syphilis during pregnancy, Dakshata guidelines for strengthening intra-partum care. A guidance note on use of uterotonics during labour and another one on prevention and management of postpartum haemorrhage have recently been approved.

Activities of Child health programmes during 2014-15:

1. Facility Based Newborn Care:

- ✓ **Newborn Care Corners (NBCCs)** are established at all delivery points to provide essential newborn care at birth, while Special Newborn Care Units (**SNCUs**) and Newborn Stabilization Units (**NBSUs**)are established to provide care for sick newborns. As on March, 2015, a total of **14**,**163** NBCCs, **1**,**904** NBSUs and **565** SNCUs have been made operational across the country.
- ✓ **SNCU Online Reporting Network** is being rolled out in the country and till March 2015, Ten states with **275** SNCUs are generating real time data.
- ✓ **Janani Shishu Suraksha Karyakram (JSSK): Complete** elimination of out of pocket expenses with provision of free transport, drugs, diagnostics and diet to all sick newborns and infants is being ensured in the country. About **19**.**82** lakh sick infants are the target beneficiaries ,who are expected to avail services under JSSK
- ✓ **1**.**27** lakhs health care providers till March 2015 have been trained in essential newborn care and resuscitation under **Navjaat Shishu Suraksha Karyakram** (**NSSK**) programme that are placed at delivery points.
- ✓ **Ensuring Injection vitamin K in all the births in the facility**: All the public and private health facilities should ensure single dose of Injection Vitamin K prophylaxis at birth even at the sub centre by ANM. The states/UTs have to ensure the supplies of Injection Vitamin K1, 1mg /ml along with the disposable 1m syringe l with needle no. 26. A detailed operational guideline was developed and disseminated in September, 2014

- ✓ **Up scaling of Kangaroo Mother Care (KMC) in health facility:** Up to **5** lakh newborn could be saved each year if kangaroo care was promoted everywhere. A detailed operational guideline on KMC was developed and disseminated in September, 2014.
- ✓ **Empowering frontline health service providers:** The ANMs are now empowered to give a pre referral dose of antenatal corticosteroid (Injection Dexamethasone) to pregnant women going into preterm labour and pre-referral dose of Injection Gentamicin and Syrup Amoxicillin to young infants upto 2 months of age for the management of sepsis. Availability of logistics, capacity building and job-aids will be ensured for implementing the activities.
- ✓ GOI has recommended a single course of Injection Dexamethasone (4 doses) to all the pregnant women who go in true preterm labour between 24-34 weeks. The ANMs will complete the course in case referral is not possible or refused. A detailed operational guideline has developed and disseminated in September, 2014.
- ✓ .**National Training Package for Facility Based Newborn Care:** has been developed with participation of national level neonatal experts in the country. This package will improve the cognitive knowledge and build psychomotor skills of the medical officers and staff nurses posted in these units to provide quality newborn care. The training includes 4 day class room training and 14 day observer-ship training in smaller batches.
- ✓ **Establishing Network of Resource (Collaborative) Centres:** Currently there is **one** National Collaborating Centre and **4** Regional Collaborating Centres to provide observer-ship for FBNC. The plan is to have **6** state perinatal resource centres in the initial phase and then upscale those, so that each state has at least one Collaborative Centre for training, mentoring, supportive supervision and data collection.
- ✓ **India Newborn Action Plan (INAP)**: On 18th Sept 2014, India Newborn Action Plan was launched in response to Global Newborn Action Plan. INAP lays out a vision and a plan for India to end preventable newborn deaths, accelerate progress, and scale up high-impact yet cost-effective interventions. INAP has a clear vision supported by goals, strategic intervention packages, priority actions, and a monitoring framework. For the first time, INAP also articulates the Government of India's specific attention on preventing still births. With clearly marked timelines for implementation, monitoring and evaluation, and scaling-up of proposed interventions, it is expected that all stakeholders working towards improving newborn health in India will stridently work towards attainment of the goals of "**Single Digit NMR by 2030**" and "**Single Digit SBR by 2030.**

2. Home Based Newborn Care Scheme

- ✓ The Home Based New Born Care through ASHAs has been implemented in the country. Out of **8.9** lakh ASHAs in the country, **6.97** lakhs have been trained in module 6 &7 module, which provide necessary skills to conduct home visits. Around **57** lakh babies have been visited by ASHAs (all 6/7 visits).
- ✓ **Child Death Review:** Child health division, Ministry of Health & Family Welfare have developed the operational guideline of Child Death Review (CDR) and disseminated those on 18th September, 2014. CDR is being implemented across the country for the corrective action for implementation of interventions as per detailed review of causes of death and reason for delay if any for neonatal, infant and child deaths.

3. Infant and Young Child Feeding (IYCF)

- ✓ Funds have been provided to the states/UTs for capacity building of frontline workers. Other steps detailed under "Enhancing Optimal Infant and Young Child Feeding Practices-2013 "are being taken through ASHAs. IYCF training was provided to all ASHAs of the country before implementing Intensified Diarrhoea Control Fortnight (IDCF) 2014 and IYCF counselling was provided by ASHAs to all mothers in their villages with under five children.

4. Nutritional Rehabilitation Centres (NRC)

- ✓ **891** Nutrition Rehabilitation Centers functional across **26** states/UTs with **9877** dedicated beds. The states are directed to prioritise high focus districts and the tribal districts identified as having high burden of malnutrition for establishment of NRCs, during approval of Annual PIP budgets. As a result, out of **86** Tribal Districts notified as per Ministry of Tribal Affairs(MoTA), **81** have at least one functional NRC. Around **1**.**2** lakh children were treated in **26** states and UTs.

5. Rashtriya Bal Swasthya Karyakram (RBSK)

- ✓ This is an initiative aimed at Early Child Health Screening and Early Intervention Services through early detection and management of **4 Ds** i.e **Defects** at birth, **Diseases**, **Deficiencies**, **Development** delays including disability. An estimated **27** crore children in the age group of zero to eighteen years are expected to be covered across the country in a phased manner. Child Health Screening and Early Intervention Services are to cover **30** common health conditions for early detection, management and free treatment.
- ✓ As on March 2015, a total of **9774** teams have been recruited. About 10.7 crore children have been screened and **51**.**8** lakh children have been referred to secondary care / tertiary care / DEIC; **22**.**18 lakh** children have availed management facility at the higher institutions. **92** District Early Intervention Centres have been made operational during the period.

6. Supplementation with Micronutrients

- ✓ Iron Folic Acid Supplementation and deworming to children (6 months to 59 months) and children (6-10 years): Bi-weekly IFA syrup to children 6m – 5 years and weekly IFA tablets to children (6-10 years) and deworming to children 1-10 years (frequency based on the Soil transmitted Helminths Survey) is part of the National Iron Plus Initiative, which lays a renewed emphasis on tackling high prevalence of anaemia comprehensively across age groups. The technical specifications of revised formulations have been developed and approved and later shared with all states and UTs. As per HMIS, a total of **157**.**5 lakhs** of IFA syrup bottles were distributed to children aged 6 to 59 months between April 2014 to March 2015.

7. National Deworming Day, February 2015:

- ✓ Fixed day strategy, was implemented in **277** districts out of **303** districts across **11** states/UT excluding the Lymphatic Filariasis endemic districts. Against a target of **10**.**31 crore** children between ages of 1 – 19 years (with some of States not covering the total range of age groups), a total of **8**.**98 crore** children received deworming tablet (Albendazole) during the National Deworming Day. National coverage achievement for deworming intervention was **85 percent**. The percent coverage ranged from a maximum of **95 percent** in Dadra Nagar Haveli & Maharashtra to lowest in Assam (**58 %)**. Except the states of Assam & Tripura, rest all states/UT reported a coverage of more than **80 percent**. NDD was implemented across **4**.**70 lakh** schools and **3**.**67 lakh** Anganwadi centers.

8. Vitamin A

- ✓ Under the national programme, 1st dose of Vitamin A (1 lakh I.U.) is being given to the child at the time of immunization at **9 months** of age, and thereafter, the child is administered doses of Vitamin A (2 lakh I.U. of Vitamin A) at **6 monthly** interval, so that a child receives a total of **9** doses of Vitamin A , till the age of **59** months. Bi-annual rounds for Vitamin A supplementation are being conducted in **14** states (including EAG states and some southern states) As per HMIS 2014-15; **75%**, **67%** and **58%** children received the 1st, 5th and 9th dose of Vitamin A respectively. Out of **14** States conducting biannual rounds for Vitamin A supplementation, all have successfully implemented both the rounds.

9. Childhood Diarrhoeal Diseases

- ✓ Antimicrobials are recommended only for specific cases. Zinc is being promoted as an adjunct to ORS for the management of diarrhoea. Children aged 2-6 months are given **10 mg** of elemental zinc per day and children 7 months -5 years, **20 mg** per day for a total period of **14** days from the day of onset of diarrhoea.
- ✓ Intensified Diarrhoea Control Fortnight (IDCF) campaign successfully conducted from 28th July'14 to 8th August'14 in all **36** states/UTs.
- ✓ **1**.**9 crore** under five children covered by ASHAs for prophylactic ORS distribution and **9**.**6 lakh** children were treated with Zinc and ORS during the IDCF campaign.
- ✓ Use of Zinc tablets has also been reinforced during IDCF

10. Integrated Management of Neonatal and childhood illnesses (IMNCI)

- ✓ Presently, **505** districts are implementing IMNCI and **5**.**9** lakhs health care providers are trained in IMNCI. Also, a total of **25**,**871** medical officers and staff nurses have been trained in facility based IMNCI to provide care to sick children and newborns at CHCs/FRUs.

Activities of Child health programmes during 2015-16 and to continue in 2016-17

1. Facility Based Newborn Care

- ✓ A continuum of newborn care has been established with the launch of home based and facility based newborn care components ensuring that every newborn receives essential care right from the time of birth and first **48 hours** at the health facility and then at home during the first **42 days** of life.
- ✓ Newborn Care Corners (NBCCs) are established at delivery points to provide essential newborn care at birth, while Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs) provide care for sick newborns. As on September 2015, a total of **16**,**968** NBCCs, **2**,**228** NBSUs and **602** SNCUs have been made operational across the country.

2. SNCU Online Reporting Network

- ✓ SNCU Online Reporting Network **has** been established in **15** states with **416** SNCUs to generate real time data.

3. Janani Shishu Suraksha Karyakram (JSSK): Janani Shishu Suraksha Karyakram complete elimination of out of pocket expenses with provision of free transport, drugs, diagnostics and diet to all sick newborns and infants and their mothers is being ensured in the country

4. Navajat Shishu Suraksha Karyakram(NSSK)- **1**.**3** lakh health care providers have been trained in essential newborn care and resuscitation under Navjaat Shishu Suraksha Karyakram (NSSK) programme that are placed at delivery points.

5. Establishing Network of Resource (Collaborative) Centres:

- ✓ Currently there is only **one** National Collaborating Centre and **4** Regional Collaborating Centres to provide observer ship training for FBNC. The plan is to have 6 state perinatal resource centres in the initial phase and then upscale it to at least each state having its own Collaborative Centre for training, mentoring, supportive supervision and data collection. A proposal to fund these centres through NRHM has been put up, the final outcome is still awaited.

6. Home Based Newborn Care Scheme:

- ✓ Keeping the spirit of continuum of care facility based care is linked to home based newborn care which provides opportunity for early diagnosis of danger signs, prompt referral to an appropriate health facility with provision for newborn care facility, saves lives. All the rural live births are targeted to receive home

based new born care through series of home visits by ASHA who is being paid **Rs**. **250** on completion of the visit. The sick and low birth weight babies will need extra visits. More than **40 lakh** newborns were visited by ASHAs as on September, 2015.

- ✓ In addition, ASHAs are now entitled to receive an incentive of Rs. 50 for ensuring monthly follow up of low birth weight babies and newborns discharged after treatment from Specialized New Born Care Units.

7. India Newborn Action Plan (INAP):

- ✓ India Newborn Action Plan was launched in response to Global Newborn Action Plan. INAP lays out a vision and a plan for India to end preventable newborn deaths, accelerate progress, and scale up high-impact yet cost-effective interventions. INAP has a clear vision supported by goals, strategic intervention packages, priority actions, and a monitoring framework. For the first time, INAP also articulates the Government of India's specific attention on preventing still births. With clearly marked timelines for implementation, monitoring and evaluation, and scaling-up of proposed interventions, it is expected that all stakeholders working towards improving newborn health in India will stridently work towards attainment of the goals of "**Single Digit NMR by 2030**" and "**Single Digit SBR by 2030**. As of now, **but** states have prepared their Newborn Action plans while **10** states are in process.

8. Stillbirth Surveillance:

- ✓ Stillbirth Surveillance has been committed in the India Newborn Action plan. A Technical Advisory Committee on Stillbirths has been constituted which has met twice in 2015-16. Draft guidelines for stillbirth surveillance in facilities have been framed and discussed among the members. Community based surveillance is also being added to the guidelines.

9. Ensuring Injection vitamin K in all the births in the facility

- ✓ This intervention is being implemented all across the country. Measures have been taken to ensure that Vitamin K1 is a part of the EDL.

10. Up-scaling of Kangaroo Mother Care (KMC) in health facility

- ✓ **20** states have proposed to initiate KMC in their SNCUs/ Post-natal wards in 2015-16.

11. Empowering frontline health service providers:

- ✓ The ANMs are now empowered to give a pre referral dose of antenatal corticosteroid (Injection Dexamethasone) in pregnant women going into preterm labour and pre-referral dose of Injection Gentamicin and Syrup Amoxicillin to newborns for the management of sepsis in young infants (upto **2 months** of age).
- ✓ GOI has recommended a single course of Injection Dexamethasone (4 doses) to all the pregnant women who go in true preterm labour between **24-34 weeks**. The ANMs are also empowered to ensure Antenatal Pre-referral dose of Injection Corticosteroids while referring a pregnant mother in true preterm labour between 24-34 weeks. She will complete the course in case referral is not possible or refused. This intervention has been implemented in **twenty** states/UTs

12. Child Death Review:

- ✓ CDR is being implemented across the country for the corrective action for implementation of Child Health Interventions as per detailed review of causes of death and reason for delay if any for Neonatal, Infant and Child deaths. The states have been allocated budget in annual PIP for this.

13. Harmonization of training packages under Child Health

- ✓ Harmonization of training packages under child health is being done with technical support of UNDP-NIPI. The NSSK module, F-IMNCI and IMNCI modules are being revised.

14. IEC campaign for newborn care practices-

- ✓ IEC campaign for newborn care practices has been developed.

15. Operational guidelines for setting up paediatric care at district hospitals

- ✓ Operational guidelines for setting up paediatric care at district hospitals have been released in September 2015 to aid the states in strengthening paediatric care at DH.

16. Infant And Young Child Feeding:

- ✓ Promotion of optimal IYCF practices and management of lactation failure/breast related conditions is being done through avenues such as Home Based New Born Care visitations, VHND, Outreach sessions for Routine Immunisation, RI sessions at facilities, management of newborn and childhood illnesses at community level. Provision has been made for trainings of Medical Officer, frontline workers on the subject at every level of Health facility, nutritional counsellor at high case load facilities, Information, Education and Communication and Behaviour Change Communication as well monitoring of the programme. As on September, 2015 HMIS 2015-16, **89%** coverage of early initiation of breast feeding in the Country. Capacity building of frontline workers on IYCF is also being done and funds are provided under the National Health Mission to states/UTs for these trainings. IYCF training was provided to all ASHAs of the country before implementing IDCF 2014 and IYCF counselling was provided by ASHAs to all under five children in her village.

17. Nutritional Rehabilitation Centres (NRC):

- ✓ Nutritional Rehabilitation Centres are facility based units providing medical and nutritional therapy to children with Severe Acute Malnourished **under 5 years** of age with medical complications. In addition special focus is on improving the skills of mothers on child care and feeding practices so that child continues to receive adequate care at home. Expansion of NRCs has been ensured in high need areas such tribal blocks. A total of **896** NRCs have been established in the country as on September, 2015. In addition, ASHAs are now entitled to receive incentive of Rs. **150** for referral cum follow up visits after child is discharged from facility.

18. Supplementation With Micronutrients:

- ✓ Iron Folic Acid Supplementation and deworming to children (**6 months** to **59 months**) and children (6-10 years): Bi-weekly IFA syrup to children 6m – 5 years and weekly IFA tablets to children (6-10 years) and deworming to children 1-10 years (frequency based on the Soil transmitted Helminths Survey) is part of the National Iron Plus Initiative, which lays a renewed emphasis on tackling high prevalence of anaemia comprehensively across age groups. The national guidelines have been released by Ministry of Health & Family Welfare, in January, 2013. The details of the guidelines have been circulated to all states and UTs for compliance. States/UTs have budgeted for the components in the NHM PIP 2014-15. **216**.**85** lakhs IFA syrup given to the children as on November, 2015.
- ✓ It has been decided to conduct National Deworming Day in February, 2016 for which approximately Rs. **50 crore** has already been provided to the states. Guidelines for NDD are being updated.

19. Vitamin A Supplementation in under-five children:

- ✓ Under the national programme, 1st dose of Vitamin A (1 lakh I.U.) is being given to the child at the time of immunization at **9 months** of age, and thereafter, the child is administered doses of Vitamin A (2 lakh I.U. of Vitamin A) at 6 monthly interval, so that a child receives a total of 9 doses of Vitamin A till the age

of **59 months**. Bi-annual rounds for Vitamin A supplementation would be conducted in **15** states and UTs with the co-ordination between Health & ICDS functionaries. As on September, 2015 HMIS (2015-16), **38**%, **33**% and **30**% children received the 1st, 5th and 9th dose of Vitamin A respectively

20. Rashtriya Bal Swasthya Karyakram (RBSK)

- ✓ This is an initiative aimed at Early Child Health Screening and Early Intervention Services through early detection and management of **4 Ds** i.e. Defects at birth, Diseases, Deficiencies, Development delays including disability. An estimated **27 crore** children in the age group of zero to eighteen years are expected to be covered across the country in a phased manner. Child Health Screening and Early Intervention Services are to cover **30** common health conditions for early detection, management and free treatment.
- ✓ As on September 2015, a total of **9800** teams have been recruited. About **6**.**5 crore** children have been screened and **23**.**8 lakh** children have been referred to secondary care / tertiary care / DEIC; **10**.**6 lakh** children have availed management facility at the higher institutions. **92** District early intervention centres have been made operational.

Scheme for strengthening Adolescent Health Services:

Rashtriya Kishor Swasthya Karyakram (RKSK) aims to provide health information and services to meet the diverse needs of adolescents in India. It is the first step towards addressing adolescent health comprehensively, which would help achieve improved health outcomes for the whole population. The programme envisions that all adolescents in India are able to realise their full potential by making informed and responsible decisions relating to their health and well-being.

The key strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools and communities. Key drivers of the program are peer educators, counsellors, parents and the community; communication for information and behaviour change i.e. Social and Behaviour Change Communication; and Adolescent Friendly Health Clinics across levels of care. Programme strategies under RKSK reach out to adolescents in their own spaces, recognising the importance of encouraging positive behaviours and supporting adolescents in making a healthy transition to adulthood. Rashtriya Kishor Swasthya Karyakram focuses on **six** areas of health: sexual and reproductive health, life skills, nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

1. **Adolescent Friendly Health Clinics (AFHCs):** Adolescent Friendly Health Clinics act as the first level of contact of primary health care services with adolescents. These **Model AFHCs** are being developed across various levels of care- Medical College, District Hospital, CHCs and PHCs to cater to diversified health and counselling need of adolescent girls and boys in selected districts. Trainings of Medical Officer, ANM and counsellors positioned in AFHCs are being ensured through development of a structured training plan. National Level Training of Trainers for Medical Officers, ANMs/LHVs and Counsellors has already been completed. These master trainers are further providing state/district level training to service providers at designated district training sites. The number of Adolescent Friendly Health Clinics (AFHCs) has increased from **6619** in 2014-15 to **7174** in 2015-16 (as on 30th September 2015). **1**,**402** dedicated AH counsellors are also providing Adolescent Health counselling services in the AFHCs. Till September 2015, **5218** Medical Officers and **6803** ANMs have been trained across health care facilities in Adolescent Friendly Health Services. Under Programme Implementation Plan 2015-16, an amount of **Rs 28**.**21** crore was approved for establishment and operationalization of AFHCs.

2. **Weekly Iron and folic Acid supplementation (WIFS) Programme:** This Programme was rolled out to address the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. WIFS is evidence based programmatic response to the prevailing anaemia situation amongst adolescent girls and boys through supervised weekly ingestion of IFA supplementation and biannual helminthic control. The long term goal is to break the intergenerational cycle of anaemia, the short term benefits is of a nutritionally improved human capital. The programme is being implemented across the country in both rural and urban areas will cover girls and boys enrolled in class VI-XII of government, government aided and municipal school, and out of school girls. Under Programme Implementation Plan 2015-16, an amount of Rs **121 crore** was approved for procurement of IFA and Albendazole tablets. Till 30th September 2015, the average monthly coverage of adolescents under the WIFS programme was **23**.**4**%, with **26**.**8**% in-school and **13**% out of school coverage.
3. **Scheme for Promotion of Menstrual Hygiene:** The Scheme for Promotion of Menstrual Hygiene has been initiated for rural adolescent girls with an aim to provide adequate information about menstrual hygiene to adolescent girls and improves access to high quality sanitary napkins along with safe disposal mechanisms. This initial model of the scheme was rolled out in **112** selected districts in **17** States through central supply of sanitary napkin packs. Since 2015-16, the scheme had been decentralized and funds were approved in the State Programme Implementation Plans for procurement of sanitary napkin packs, and training of ASHA and nodal teachers. The states have been advised to undertake procurement of sanitary napkins packs at prices decided through competitive bidding. The funds have been approved for state-level procurement of sanitary napkin packs in **60** districts across **12** states in 2015-16 RoPs. Under Programme Implementation Plan 2015-16, an amount of Rs **35**.**67 crore** was approved for procurement of Sanitary Napkins. Till 30th September 2015, a total of **6**.**4 crore** packs of sanitary napkins supplied through central procurement have been utilized, with coverage of approximately **2**.**5** Crore rural adolescent girls.
4. **Peer Educator (PE) program**: **Four** peer educators - **two** male and **two** female peer educators are being selected per village/1000 population. Of these **one** male and **female** PE are from school going adolescents and the other pair is from the out-of-school adolescents in the village. In FY 2015-16 it is being carried out in half of the blocks in 213 selected districts as the first phase**.** Regional ToTs have been completed, process of selection of PEs is already underway in majority of the States. Once selected, they will be oriented on various Adolescent Health issues to reach out to adolescent in their village.
5. **IEC material** has been developed covering various focus areas of adolescent health in 2014-15 and 2015-16. The activity will continue in 2016-17 with development of more relevant material.

Status of Implementation of the Pre-Conception & Pre-Natal Diagnostics Techniques (PC-PNDT) Act, 1994:

As per Quarterly Progress Reports (QPRs) submitted by states/ UTs, **53171** facilities have been registered under the PC& PNDT Act. So far a total of **1435** machines have been sealed and seized for violations of the law. A total of **2276** court cases have been filed under the Act and **305** convictions have been secured under the PC&PNDT Act and following conviction the medical licenses of **100** doctors have been suspended/ cancelled.

Progress Card (Cumulative figures since the enactment of the PC PNDT Act)				
S. No.	**Indicators**	**Status in March 2014**	**Up to Dec.2015**	**Progress made**
1	Total registered facilities	49544	53171	**3627**
2	Ongoing court cases under PC & PNDT Act	1798	2276	**478**
3	No. of cases disposed off	590	1460	**870**
4	No. of convictions secured	192	305	**113**
5	No. of medical licenses cancelled	81	100	**19**

Family Planning Performance during 20114-15 and 2015-16

RCH Goals and Achievements:

Indicator	NRHM Goals (2012)	Achievement	Source
Total Fertility Rate	2.1	2.3	SRS - 2013

Total Fertility Rate (TFR):

- TFR has declined from **3.2** in 2000 to **2.3** in 2013.
- **24** states i.e. Goa, Manipur, Tamil Nadu, Tripura, Kerala, Andhra Pradesh, Telangana, Uttaranchal, Himachal Pradesh, Odisha, West Bengal, Punjab, Delhi, Maharashtra, Karnataka, Mizoram, Nagaland, Jammu & Kashmir, Sikkim and **5** UTs i.e. Andaman & Nicobar Islands, Puducherry, Chandigarh, Daman & Diu and Lakshadweep have already achieved replacement level fertility (i.e. **2.1** or less).

Performance:

S. No.	Method	2014-15	2015-16 (up to Sept.)
1	Female Sterilisation	3,951,972	1346289
2	Male Sterilisation	78,362	34042
	Total Sterilisation	**4,030,334**	**1380331**
3	IUCD insertion	5,277,460	2689484

Key Activities:

- **Introduction of new device**- Cu IUCD **375** (effective for **five** years) was introduced in program in 2012-13
- **Introduction of new method**- Post partum IUCD was introduced in the program since 2010 and has provided post partum women an effective spacing option. Currently, PPIUCD services are available in all states and **5** UTs. Total **10.3 lakh** PPIUCDs have been inserted all across the country since the initiation of the PPIUCD programme till 2014-15. Approximately **5**,**80**,**311** PPIUCD insertions have taken place in 2014-15.
- **Fixed Day Static Services:** The focus is on shifting from the camp approach towards the availability of fixed day static services for Family Planning at all facilities, which has been made possible on account of the growing number of **24x7** PHCs as well as better functioning CHCs and other health facilities.
- **Emphasis on Post-Partum FP services:** with the introduction of PPIUCD and promotion of Minilap as the main mode of providing sterilization in the form of post-partum sterilization to capitalize on the huge cases coming in for institutional delivery under JSY. The emphasis is on Post partum sterilization in the form of Minilap Tubectomy services because of its logistic simplicity (no laparoscope required) and requirement of only MBBS doctors rather than specialists.
- **Post Abortion Family Planning Services**: is now being promoted as a critical intervention to reduce maternal morbidities. The technical note for programme managers as well as providers has been prepared.
- **Scheme of Home Delivery of Contraceptives by ASHAs (Launched in July 2011):** The scheme aims to improve access to contraceptives by the eligible couples, through distribution of contraceptives at the doorstep of beneficiaries by ASHAs. Presently **8**.**9** lakh ASHAs in the country are distributing contraceptives at the doorstep of beneficiaries.
- **Scheme of Ensuring Spacing at Birth (Launched in May 2012):** Services of ASHAs are being utilized in counselling newly married couples to ensure spacing of **2** years after marriage and to have spacing of **3** years after the birth of 1st child. The scheme is operational in **18** states (**8** EAG, **8** north eastern, Gujarat and Haryana). Considering the issue of poor birth spacing the spacing component of the scheme was later introduced in Karnataka, Andhra Pradesh, Telengana, West Bengal, Dadar and Nagar Haveli and Daman and Diu.
- **Pregnancy Testing Kits (PTK) scheme:** Pregnancy testing kit scheme came into ambit of FP division in 2013. Aim of the scheme is to make available the Pregnancy Testing Kits (PTKs) with ASHAs at the sub-centre level for early detection of pregnancy and availing of other RCH services. The PTKs are now a part of ASHA drug kit and are distributed free of cost to the clients in field by ASHAs.
- **Enhanced Compensation Scheme**: The compensation package has been enhanced in 2014 for **11** high focus high TFR states from **Rs**. **1000** to **Rs**. **2000** for tubectomy (interval female sterilization) and **Rs**. **1000** to **Rs**. **3000** for postpartum sterilization for public facilities and from **Rs**. **1500** to **Rs**. **3000** for private facilities.
  For **male sterilization** the package has been increased from existing **Rs**.**1500** to **Rs**. **2700** in public facilities and from **Rs**. **1500** to **Rs**. **3000** in private facilities.

To lay special emphasis on postpartum sterilization, for the first time, a separate compensation package has been designed for postpartum sterilization under enhanced compensation scheme.

- Scheme for ensuring drop back services to sterilization clients: The scheme was launched in 2015 whereby the states were asked to provision for the drop back to sterilization clients.

- **Mobile teams** dedicated for FP services has been introduced in high focus states, in 2014-15, to provide sterilization services in areas there is dearth of service providers.
- **National Family Planning Indemnity Scheme:** The clients are indemnified in the unlikely events of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities. The scheme was revised in 2013 and is now being operated by the state government directly with NHM funding.
- **PPIUCD Incentive Scheme**: started w.e.f 1.1.2014. The service provider as well as ASHA who escorts the clients to the health facility for facilitating the IUCD insertion is paid **Rs**. **150** each per insertion. The scheme has helped in providing a push to the PPIUCD program.
- Development of **online beneficiary based software** to track IUCD removals/complications and thus improve the follow up of clients.
- **Increasing provider's base** for providing IUCD services: Task shifting was introduced in 2013 by utilizing its army of doctors qualified in Indian Systems of Medicine (Ayurveda, Unani, Siddha and Homeopathy) for the provision of IUCD services after undergoing a structured training, at peripheral public health facilities.
- **PPP**: Roping in NGOs and Private sector wherever available and proactive and getting them accredited. Improving contraceptives supply management up to peripheral facilities.
- Increasing male participation and promoting Non scalpel vasectomy(NSV)
- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels.
- New BCC strategy: Demand generation activities in the form of development of new audiovisual software, display of posters, billboards and other materials in the various facilities.

    - ✓ Free availability of commodities: To ensure better access of family planning commodities, all commodities are being made available at all public health facilities free of cost.
    - ✓ **Improved counselling through RMNCH Counselors:** RMNCH (Reproductive Maternal Newborn and Child Health) Counsellors has been approved for high case load facilities to ensure counseling of the clients visiting the facilities. **1627** counsellors have been approved across country in 2014-15 and **938** of them have been appointed.
    - ✓ **Celebration of World Population Day & fortnight** (July 11 – July 24): It is being celebrated all over India since 2009 and the event is observed over a month long period, split into: June 27 to July 10: "***Dampati Sampark Pakhwada***" or "**Mobilisation Fortnight**" and July 11 to July 24: "***Jansankhya Sthirtha Pakhwada"*** or "**Population Stabilisation Fortnight**". Population fortnight has helped to break the seasonal trend of sterilization services in the northern states of India.

Additional initiatives taken up in 2015-16 (till October):

(i) Meeting of State Health Secretaries on Implementation of family Planning Schemes Related to sterilization: On the directions of the Hon'ble Supreme Court of India, a meeting was held under the chairmanship of Secretary (Health and Family Welfare) with concerned Principal Secretaries , Mission Directors (National Health Mission) and Directors (Family Welfare) of all states on 15th May at Vigyan Bhavan, New Delhi to deliberate on the implementation of various schemes relating to sterilization including the Family Planning Indemnity Scheme. All **36** states and union territories of India participated in the meeting.

(ii) **Quality Workshops:** As a follow up to the directions of the Hon'ble Supreme Court and the meeting of State Health Secretaries, a day-long workshop on Standards and Quality Assurance in Family Planning was be held by the Family Planning Division, Ministry of Health and Family Welfare to orient the state officials and service providers on the various aspects of quality as well as schemes of the FP programme including the Family Planning Indemnity Scheme. The participants included state and district officials i.e. the CMO/Civil Surgeons of the districts, nodal Officer for Family Planning of each district, District programme managers and Service providers from each district.

(iii) **Celebration of World Population Day & fortnight (July 11 – July 24):** It is being celebrated all over India since 2009 and the event is observed over a month long period, split into

- ✓ June 27 to July 10: "***Dampati Sampark Pakhwada***" or "**Mobilisation Fortnight**"
- ✓ July 11 to July 24: "***Jansankhya Sthirtha Pakhwada***" or "**Population Stabilisation Fortnight"**

Activities at national and state levels:

At National Level

a. Walkathon: From India Gate to Vijay Chowk was flagged off by the Honourable Union Minister of Health and Family Welfare to draw the attention of the masses towards the issues of Population Stabilization.
b. National Workshop on Vulnerable Populations in Emergencies

At State Level

a. One day health melas organized in each state/district/block usually presided by the Chief Minister/ Health Minister or senior government officials.
b. Sufficient publicity is given through radio, local cable TV, leaflets, banners and posters, ASHA Sammelans and mobile publicity vans to generate demand and clients.

World Population fortnight is monitored closely by the FP divisions through daily reporting and field visits.

• Overall performance during the fortnight (11th to 24th July 2015) is placed below:

S. No.	Method	2014	2015
1	Female Sterilisation	1,49,262	1,42,372
2	Male Sterilisation	5085	6035
	Total Sterilisation	1,54,347	1,48,407
3	IUCD insertion	3,93,276	3,51,444
4	PPIUCD insertion	-	43,829

(iv) Family Planning 2020 (FP 2020): State-wise factsheets were generated and progress was tracked.

(v) Proposal on improving service availability for Post Partum Family Planning through Minilap and NSV was developed.

(vi) Expansion of Family Planning methods:

a. Injectable DMPA: The Drugs Technical Advisory Board (DTAB) agreed to the introduction of the injectable contraceptive DMPA(Depot Medroxy Progesterone Acetate) in the public health system under the National Family Planning Programme. Programming is under way.
b. POP(Progesterone Only Pill): under piloting process
c. Centchroman: under programming

(vii) New design for contraceptive packaging was finalized

(viii) ASHA assessment for HDC:A rapid assessment of ASHA schemes under Family Planning, including the Home delivery of contraceptives (HDC), Ensuring Spacing at Birth (ESB) and Pregnancy testing kits (PTK) was carried out in the first quarter in the states of Assam, Rajasthan, Karnataka and Uttar Pradesh.

(ix) Activities are being undertaken to formulate a Communication Strategy under FP.

(x) Divisional Review of Family Planning in Uttar Pradesh, Bihar, Madhya Pradesh.

3. UNIVERSAL IMMUNIZATION PROGRAMME

Immunization Programme is one of the key interventions for protection of children from life threatening condition, which are preventable. Expanded programme for Immunization (EPI) was introduced in 1978 through a World Assembly Resolution. The Universal Immunization Programme (UIP) was launched by the Govt of India during 1985. It became the part of Child Survival & Safe motherhood Programme (CSSM) in 1992 and currently one of the Key areas under National Health Mission since 2005.

Under the Universal Immunization Programme Government of India is providing vaccination to protect against nine vaccine preventable diseases i.e. Tuberculosis; Diphtheria; Pertussis; Tetanus, Polio; Measles; Hepatitis B across the country and Japanese Encephalitis in selected districts and Meningitis/Pneumonia due to Haemophilus Influenza type B in selected states. Haemophilus Influenza type B (Hib) containing Pentavalent vaccine is introduced in 8 states viz. Kerala, Tamil Nadu, Goa, Gujarat, Haryana, Jammu & Kashmir, Karnataka and Puducherry and 12 more states are planned for expansion in 2014-15 and have been expended in all the remaining States in the country except Andhra Pradesh, Maharashtra, Uttar Pradesh Mizoram, Manipur, Nagaland, Tripura and Lakshadweep which are also being covered during the current year.

National Technical Advisory Group on Immunization (NTAGI) has recommended an introduction of four new vaccines in routine immunization i.e. Rubella vaccine, Inactivated Polio vaccine (IPV), Rota vaccine and Adult JE vaccine which is also being implemented in the country in phased manner.

Mission Indradhanush was also launched in the country initially in 28 states covering 201 dristicts during phase 1 and it was further extended in another 352 districts of 34 states to achieve 90% vaccine coverage.

4. PULSE POLIO IMMUNIZATION PROGRAMME

The polio vaccine was initially introduced in 1978 to prevent Polio among children aged 0-5 years. However with the Global resolution in 1988 with aim to eradicate the Polio from the country, Pulse Polio Immunization Programme was launched in India in 1995.

Under Pulse Polio Immunization Programme two National Immunization Days (NID) rounds are held in the entire country. During each NID nearly 172 million children are immunized. Nearly 2.3 million vaccinators under the direction of 15500 Supervisors visit 200 million houses to administer Oral Polio vaccine to children up to 0-5 years. Besides, Sub National Immunization Day (SNID) and Mop up rounds are also held in the country to cover Polio endemic States and other areas at risk of importation of Polio virus. The Mobile and transit teams are also deployed at Railway stations, inside running trains and Bus stand, market areas brick kiln, construction sides etc. In addition, Boarder areas are also being covered under Polio campaign. Last Polio case was reported on 13th January 2011 from Howrah, West Bengal and since then no Polio case has been reported so far. WHO South East Asia – India Region has declared the India Polio free. Further certification from the WHO is in the process.

5. NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME

Iodine is an essential micronutrient required daily at 100-150 micrograms for the entire population for normal human growth and development. Deficiency of iodine can cause physical and mental retardation, cretinism, abortions, stillbirth, deaf, mutism, squint, & various types of goiter etc. As per surveys conducted in the country by the Directorate General of Health Services, Indian Council of Medical Research, the State Health Directorates and Health Institutes it has been found that out of 386 districts surveyed in all the 29 States and 7 Union Territories, 335 districts are endemic i.e. where the prevalence of Iodine Deficiency Disorders is more than 5%. No State/UT is free from Iodine Deficiency Disorders. The goals of NIDDCP are to bring the prevalence of IDD to below 5 % in the country by 2017 and to ensure 100% consumption of adequately iodated salt (15ppm) at the household level. The main objectives of the programme are:

- Surveys to assess the magnitude of the Iodine Deficiency Disorders in districts.
- Supply of iodized salt in place of common salt.
- Resurveys to assess iodine deficiency disorders and the impact of iodized salt after every 5 years in districts.
- Laboratory monitoring of iodized salt and urinary iodine excretion.
- Health Education and Publicity / Information, Education & Communication.

6. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

Vector borne diseases, viz., Malaria, Dengue, Chikungunya, Japanese Encephalitis (JE) Lymphatic Filariasis and Kala-azar, are major public health concerns and impede socio-economic development. The National Vector Borne Disease Control Programme (NVBDCP) is implemented for prevention and control of these vector borne diseases under overarching umbrella of National Health Mission. Under the umbrella of NVBDCP, three-pronged strategies are being implemented, namely, disease management including early case detection and prompt treatment, strengthening of referral services; integrated vector management including Indoor Residual Spraying, use of insecticide treated bed nets/ Long lasting insecticidal nets, larvivorous fish and supportive interventions like human resource development, behaviour change communication, monitoring & evaluation, and operational research.The brief situation of the diseases and new initiatives proposed for prevention and control of the Vector Borne Diseases are as below:

MALARIA

The areas vulnerable to malaria are largely tribal, difficult, remote, forested and forest fringe inaccessible areas with operational difficulties. The most malarious areas are NE states, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Andhra Pradesh, Maharashtra, Gujarat, Rajasthan, West Bengal and Karnataka.

- In North Eastern States excluding Sikkim, the Global Fund supported Intensified Malaria Control Project for a period of 5 years (October 2010 – September 2015) is being implemented to scale up preventive and curative interventions for control of malaria. The project area covers a population of 46 million in 86 districts. The goal of the project is to reduce malaria related mortality and morbidity in the area by at least 30% by 2015 as compared to the levels in 2008.
- The five-year World Bank supported project for malaria control and Kala-azar Elimination in 124 malarious districts of nine (9) states namely Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Karnataka & West Bengal and 46 Kala azar districts in three states namely Bihar, Jharkhand and West Bengal has also been approved by GOI and being implemented from March 2009. Now these districts are being supported wth DBS.
- The additional support provided under the projects is to provide assistance for human resource to bridge the gap and their capacity building, long lasting insecticidal nets (LLIN) for interruption of transmission and up-scaling of rapid diagnostic kits for quick detection of *Pf* malaria and effective Artemisimin based Combination Therapy (ACT) for prevention and control of malaria cases.

Presently, the malaria incidence reported by states is around 1.50 million cases and deaths below 1000. During 2014, 1.10 million malaria cases with 562 deaths have been reported as compared 1.03 milion case and 273 death till Dec.2015. About 94% of malaria cases and 99% of deaths due to malaria are reported from high disease burden states namely North Eastern (NE) States, Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan and West Bengal. However, other States are also vulnerable and have local and focal upsurge. For strengthening surveillance, Rapid Diagnostic Test (RDT) for diagnosis of *P.falciparum* malaria has also been introduced in high endemic areas and being scaled up. Considering that about 50% of the malaria cases are due to *P. vivax* in the country, bivalent RDT (detecting both *Pv* and *Pf* infection) has been introduced in the country at the field level from this year. ASHAs have been trained in diagnosis and treatment of malaria cases and are involved in early case detection and treatment. The following initiatives have been taken:

- High malaria endemic areas have been identified. Accordingly additional input are being given for intensification of control measures which includes following:
  - ✓ 100% central assistance inclusive of operational cost to all north eastern states.
  - ✓ Additional assistance through Global Fund supported project to seven north eastern states (excluding Sikkim).
  - ✓ Additional inputs have also been provided to 124 high malaria endemic districts of 9 states namely Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Karnataka and West Bengal through World Bank assisted project. The project support for Malaria has ended on 31st December 2013. However the all components of the project have now being continued during the remaining period of XII Five Year Plan.
- Strengthening of Human Resource by providing contractual District Vector Borne Disease Consultants, Malaria Technical Supervisors, Multi-purpose Workers Male, Lab. Technicians and involvement of ASHAs for surveillance and treatment.
- Upscaling use of Rapid Diagnostic Test Kits for diagnosis of *malaria* areas.

- Use of effective anti-malarial, ACT i.e. Artemisinin Base Combination Therapy (Artesunate + Sulphadoxine & Pyremethamine) for all *Pf* cases and injection artemisinin derivative for treatment of servere cases. Further in view of latest report on therapeutic efficacy test of ACT (A+SP), ACT- Artemether-Lumefantrine (ACT-AL) has been introduced in seven north eastern states for treatment of *Pf* cases.
- Use of long lasting insecticidal nets (LLIN) for Vector Control.
- Intensified supervision and monitoring of programme implementation especially spraying.

DENGUE/CHIKUNGUNYA

For control of **Dengue** fever that is emerging as major threats in urban, peri-urban and rural areas, due to expanding urbanization, deficient water and solid waste management, the emphasis is on avoidance of mosquito breeding conditions in homes, workplaces and minimizing the man-mosquito contact. During 2014, a total no. of 40571 dengue cases and 137 deaths were reported as compared 97740 dengue cases and 200 death during 2015 (up to 29th Dec.2015).

Chikungunya reemerged in 2006 and 1.39 million cases of Chikungunya fever were reported. In 2014, 16049 cases of clinically suspected Chikungunya fever were reported.as compared 26912 cases of clinically suspected Chikungunya during 2015 (up to 29th Dec.2015). Improved surveillance, case management and community participation, inter-sectoral collaboration, enactment and enforcement of civic bye-laws and building bye-laws are being emphasized for prevention and control of both Dengue & Chikungunya. The following initiatives have been taken:

- Govt. of India has prepared a strategic Action Plan for prevention and control of Dengue and Chikungunya in the country and sent to the state(s) for implementation.
- Diagnostic facilities have been increased from 170 Sentinel Surveillance Hospitals (SSH) in 2007 to 512 in 2015 which are linked to 15 Apex Referral Laboratories.
- Adequate supply of diagnostic kits at the periphery.
- NIV, Pune has entrusted to supply the IgM MAC ELISA Test kits for diagnosis of Dengue and Chikungunya to all SSHs as per their requirement. Cost is borne by GOI. In addition to IgM MAC ELISA which can detect a case after 5th day of onset of the disease, newer diagnostic tool ELISA based dengue NS1 test introduced under the programme in 2010-11 which can detect a case during 1-5 days of the illness.
- Monitoring of vector population in vulnerable areas.
- Capacity building for the medical officers for case management.
- Intensive social mobilization campaigns through IEC/ BCC activities for community involvement.
- A Mid Term plan has been approved by Committee of Secretaries (CoS) for prevention and control of Dengue which have been shared with the States for implementation.
- Provision of Funds to the States for prevention and control of vector borne diseases including Dengue to implement the public health activities.
- Provision of funds for vector control activities through source reduction under 12th Five Year Plan.
- During 2nd EPC of NHM held on 5.11.2014, involvement of ASHA in source reduction activities with provision of incentives in 12 high endemic States for dengue (Andhra Pradesh, Assam, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana and West Bengal) was agreed.

JAPANESE ENCEPHALITIS (JE)

JE is reported under Acute Encephalitis Syndrome (AES) from 21 States/UTs in the country. During 2014, 10867 cases & 1719 deaths due to AES including JE were reported as compared 8405 cases and 1171 deaths due to acute AES/JE during 2015 (up to 29th Dec.2015).

In addition to various JE control measures like strengthening of surveillance, case management facilities, vector control and other supportive interventions, JE vaccination programme for children between 1 and 15 years of age under the Universal Immunization Programme, using single dose live attenuated SA-14-14-2 vaccine, has been initiated during 2006 wherein 11 districts from four JE endemic states were covered. However, out of 204 endemic districts, 182 districts have been covered under JE Vaccination till 2015. The following initiatives have been taken in respect of JE:

- Strengthening of diagnostic facilities through 120 sentinel surveillance laboratories and 14 Apex Referral laboratories
- Strengthening of case management and trained manpower resource by capacity building.
- Early case reporting and referral of cases to nearest health facility.
- Intensification of IEC campaign and continuous monitoring of disease situation.
- JE sub-office of Regional Office for Health & Family Welfare (ROH&FW) which is manned by Public Health Specialist has been established in Gorakhpur. GOI has also established Vector Borne Disease Surveillance Unit (VBDSU) at BRD Medical College, Gorakhpur for taking timely preventive measures. With the initiative of GOI, NIV field Unit at Gorakhpur has also been established for detection and isolation of non JE viruses.
- To address the problem of AES/JE, GoI has approved a multi pronged strategy for 60 districts of 5 high endemic states which are contributing > 80 % of total AES/JE burden in the country.
- Establishment of pediatric ICU at 60 GoM identified districts for better case management.
- Establishment of PMR in 10 identified Medical College in 5 GoM identified states.
- Incentivization of ASHA for disseminating information on causation and prevention of AES/JE as well as for encouraging community for early referral of sick patients.

LYMPHATIC FILARISIS (LF)

Lymphatic Filariasis is endemic in 250 districts (presently 255) in 16 states and 5 UTs. Targeted for elimination by 2015 (achievement of Mf rate of less than 1% at district level after at least 5 rounds of MDA with minimum 65% population coverage). To achieve the goal of elimination, GoI in year 2004, launched the strategy of Annual Mass Drug Administration (MDA) with single dose of Diethyl Carbamazine Citrate (DEC) to population living at the risk of filariasis except children below 2 years, pregnant women and seriously ill persons. The co-administration of DEC + Albendazole were introduced for MDA since 2007.

The population coverage during MDA has improved from 73% in 2004 to 86.8% in 2014. The overall microfilaria rate has been reduced from 1.24% in 2004 to 0.4% in 2014. Out of 255 LF endemic districts, 222 districts have reported overall microfilaria rate to less than 1%. To achieve high coverage during 2014-15, massive IEC campaign was done involving Global Network for Neglected Tropical Diseases (GNNTD), IEC division of MOH&FW, DAVP, Doordarshan and All India Radio.

For stoppage of MDA, Transmission Assessment Survey (TAS) using Immuno-Chromatographic Test (ICT) with finger prick blood is done in sampled children of 6-7 years as per WHO method. Till July 2015, a total of 52 districts out of 255 have successfully cleared TAS and during 2015-16, 65 more districts have been targeted for TAS and remaining 137 districts will observe MDA. MDA may continue in about 50-70 districts as TAS will be subjected in 2015 and 2016. Therefore, additional round of MDA in 74 districts have been proposed in 2016 and WHO has been requested to supply 200 million tablets of Albendazole. The following initiatives have been taken in respect of LF:

- Centralized procurement and supply of DEC to the needy States.
- Ensuring timely availability of Albendazole through WHO.
- Annual MDA in endemic districts of 13 states for extended period of a week to ensure supervised drug consumption.
- Free supply of diagnostic kits from WHO for validation test through Transmission Assessment Survey (TAS).
- All the 65 districts projected for TAS along with state officials have been trained.
- Morbidity management for disability alleviation of cases with manifestations like elephantiasis and hydrocele has been intensified. Intensified IEC and social mobilization.

KALA-AZAR

Kala-azar at present is endemic in 54 districts of four endemic states Bihar (33), Jharkhand (4), West Bengal (11) and Uttar Pradesh (6) about 80% of the total cases are reported from Bihar. The Kala-azar Control Programme was launched in 1990-91. The annual incidence of disease has come down from 77,102 cases in 1992 to 33187 cases in 2011 and deaths from 1,419 to 80 respectively. During 2014, 9241 cases and 11 deaths have been reported and in 2015 as compared 7720 cases and 5 deaths reported till Decenmber 2015. The National Health Policy (2002) envisages kala-azar Elimination by 2015 and Central Govt. provides 100% operational cost to the States besides anti Kala-azar medicine, drugs and insecticides. The following initiatives have been taken in respect of Kala-azar:

- National Roadmap for Kala-azar Elimination (2014) developed and circulated to states with clear goal, objectives, strategies, timelines with activities and functions at appropriate level. This document has been developed for focused intervention at national, state, district and sub-district levels with creation of Task force at state/ district/ Block & Village level.
- Long duration treatment of 28 days for Kala-azar patient has been reduced to single day treatment and introduction of combination treatment of 10 days for better treatment compliance.
- Use of Rapid Diagnostic Test for quick diagnosis.
- Strengthening of human resource component by positioning state consultants, District VBD consultants and Kala-azar technical supervisor for effective monitoring and supervision with motorcycles for monitoring..
- Incentive to Kala-azar activist/health volunteer/ASHA @ Rs.300/- for referring a suspected case and ensuring complete treatment and Rs. 100/- during one round of indoor residual spray i.e. Rs. 200/- for both the two rounds of spray for generating awareness for acceptance of sprat by the community.
- Rs. 500/- (one time) as incentive to Patient for loss of wages irrespective of drug regimen and Rs. 2,000/- (one time) to PKDL cases and Free diet support to patient and one attendant.

- Construction of pucca houses for poor and marginalised community (Mahadalit Community) which is worst affected in collaboration with Ministry of Rural Development.
- Operational research to guide the programme on new approval.
- IEC/BCC for community awareness & social mobilization.
- Stakeholders like Bill & Melinda Gates Foundation (BMGF)/ CARE, Medecins Sans Frontieres (MSF), Drug for Neglected Disease initiatives (DNDi), PATH, KalaCORE, All India Institute of Hygiene and Public Health(AIIH & PH), Surveillance Medical Officers from National Polio Surveillance Project (NPSP), Rajendra Memorial Research Institute (RMRI) National Centre for Disease Control (NCDC) Patna and WHO are working in close collaboration with the programme for service delivery and supportive supervision in endemic areas.
- Capacity building & training of consultants & medical officer through Rajendra Memorial Research Institute of Medical Sciences, ICMR, Patna with support of NVBDCP.
- Use of Synthetic Pyrethorid insecticide in seven districts namely Araria, Muzzafarpur, Purnea, Saran, Sitamarhi, Saharsa and Vaishali of Bihar in place of DDT. Dte. NVBDCP has agreed to cover 21 districts with Synthetic Pyrethroid (15 districts in Bihar, 4 districts in Jharkhand and 2 districts in West Bengal) in 2016 where vector has shown tolerance.
- Periodic review of Kala-azar elimination programme by higher officers and by Prime Minister Office (PMO).

7. REVISED NATIONAL TB CONTROL PROGRAMME

India has the highest TB burden in the world accounting for about about 23% of the global total. As per the Tuberculosis report by WHO out of the estimated global annual incidence of 9.6 million TB cases; 2.0-2.3 million were estimated to have occurred in India with a best case estimate of 2.2 million cases.

The Revised National Tuberculosis Control Programme (RNTCP) based on internationally recommended strategy of Directly Observed Treatment Short Course (DOTS) has goal to reduce morbidity and mortality from Tuberculosis till it is no longer a major Public health problem. TB mortality in the country has reduced from over 38 per lakh population in 1990 to 17 per lakh population in 2014 as per the Global Tuberculosis Report. The prevalence of TB in the country has reduced from 465 per lakh population in 1990 to 195 in 2014. Nationwide coverage of services for programmatic management of drug resistant TB was achieved in March, 2013. As per the WHO Global TB report of 2015, India has achieved the TB related Millenium Development Goals.

8. NATIONAL LEPROSY ERADICATION PROGRAMME

The National Leprosy Control Programme was launched by the Govt. of India in 1955. Multi Drug Therapy came into wide use from 1982 and the National Leprosy Eradication Programme was introduced in 1983. Since then, remarkable progress has been achieved in reducing the disease burden. India achieved the goal set by the National Health Policy, 2002 of elimination of leprosy as a public health problem, defined as less than 1 case per 10,000 population, at the National level in December 2005.

The main objective of NLEP is elimination of leprosy less than 1 case per 10,000 population in all the districts of the country by end of 12th Plan and strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy. The components of the programme are:

- Case Detection and Management
- Disability Prevention and Medical Rehabilitation
- Information, Education and Communication (IEC) including Behaviour Change Communication (BCC)
- Human Resource and Capacity building
- Programme Management

9. INTEGRATED DISEASE SURVEILLANCE PROJECT

Integrated Disease Surveillance Programme (IDSP) was launched with World Bank assistance in November 2004. The project continues in the 12th Plan with domestic budget as Integrated Disease Surveillance Programme under NHM for all States at an outlay of Rs 640.40 crores. The aims of the programme is to strengthen /maintain a decentralized laboratory based IT-enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Teams and to establish a functional mechanism for inter-sectoral coordination to tackle the Zoonotic diseases. Programme components: are:

- Integration and decentralization of surveillance activities through establishment of surveillance units at Centre, State and District level.
- Human Resource Development – Training of State Surveillance Officers, District Surveillance Officers, Rapid Response Team and other Medical and Paramedical staff on principles of disease surveillance.
- Use of Information Communication Technology for collection, collation, compilation, analysis and dissemination of data.
- Strengthening of Public Health Laboratories.

Under IDSP data is collected on epidemic prone diseases on weekly basis (Monday–Sunday). The information is collected on three specified reporting formats, namely "S" (suspected cases), "P" (presumptive cases) and "L" (laboratory confirmed cases) filled by Health Workers, Clinicians and Laboratory staff respectively. The weekly data gives information on the disease trends and seasonality of diseases. Whenever there is a rising trend of illnesses in any area, it is investigated by the Rapid Response Teams (RRT) to diagnose and control the outbreak. Data analysis and actions are being undertaken by respective State/District Surveillance Units. In the month of September 2015, about 90% Districts have reported weekly disease surveillance data from districts.

Outbreak Surveillance and Response: Central Surveillance Unit (CSU), IDSP receives disease outbreak reports from the States/UTs on weekly basis. Even NIL weekly reporting is mandated and compilation of disease outbreaks/alerts is done on weekly basis. On an average 30- 35 outbreaks are reported to CSU weekly. A total of 553 outbreaks were reported in 2008, 799 outbreaks in 2009, 990 outbreaks in 2010, 1675 outbreaks in 2011, 1584 outbreaks in 2012, 1964 outbreaks in 2013,1562 outbreaks in 2014 and 1381 outbreaks in 2015 (till September 2015). Majority of the reported outbreaks were of Acute Diarrhoeal diseases, Food Poisoning, Measles etc.

Media Scanning and Verification Cell: Media scanning is an important component of surveillance to detect the early warning signals. Media scanning and verification cell daily receives an average of 4 - 5 media alerts of unusual health events which are detected and verified. A total of 3439 health alerts have been detected till September 2015 since its establishment in July 2008.

10. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored scheme with the goal of reducing the prevalence of blindness to 0.3% by 2020. Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07). The programme continues focus on development of comprehensive eye care services targeting common blinding disorders including Cataract, Refractive Errors, Glaucoma, Diabetic Retinopathy, Childhood Blindness, Corneal Blindness etc. The objectives of programme are:

- To continue three ongoing signature activities under NPCB:
    - ✓Performance of 66 lakh Cataract surgeries per year
    - ✓School Eye Screening and distribution of 9 lakh free spectacles per year to school children suffering from refractive errors,
    - ✓Collection of 50,000 donated eyes per year for keratoplasty;
- To reduce the backlog of avoidable blindness through identification and treatment of curable blind at primary, secondary and tertiary levels based on assessment of the overall burden of visual impairment in the country.
- Develop and strengthen the strategy of NPCB for "Eye Health for All" and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery.
- Strengthening and upgradation of Regional Institutes of Ophthalmology (RIOs) to become centre of excellence in various sub-specialities of ophthalmology and also other partners like Medical College, District Hospitals, Sub-district Hospitals, Vision Centres, NGO Eye Hospital.
- Strengthening the existing infrastructure facilities and developing additional human resources for providing high quality comprehensive Eye Care in all Districts of the country;
- To enhance community awareness on eye care and lay stress on preventive measures;
- Increase and expand research for prevention of blindness and visual impairment;
- To secure participation of Voluntary Organizations/Private Practitioners in delivering eye Care.

11. NATIONAL PROGRAMME FOR THE HEALTH CARE OF ELDERLY

This Ministry has launched the "National Programme for the Health Care of Elderly" (NPHCE) in 2010 to provide dedicated health care facilities to the elderly people through the State health delivery system at primary, secondary and tertiary levels including outreach services. The basic aim of the NPHCE programme is to provide separate, specialized and comprehensive health care to the elderly people in the country. The major objectives of the NPHCE are establishment of Department of Geriatric in identified Medical

Institutions as Regional Geriatric Centres for different regions of the country and to provide dedicated health facilities in District Hospitals, CHCs, PHCs and Sub Centres levels. The following facilities are being provided under the Programme:

- Geriatric OPD, 30 bedded Geriatric ward for in-patient care, etc at Regional Geriatric Centres. The Regional Geriatric Centres will also undertake PG Course in Geriatric for developing Human Resrouce.
- Geriatric OPD and 10 bed Geriatric Ward at District Hospitals.
- Bi-weekly Geriatric Clinic at Community Health Centres (CHCs).
- Weekly Geriatric Clinic at Primary Health Centre (PHCs).
- Provision of Aids and Appliances at Sub-centres.

As on now, a total of 104 districts of 24 States/UTs and 8 Regional Geriatric Centres (RGCs) have been covered under the Programme.

12. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

The Ministry of Health Family Welfare, Government of India launched National Programme for Prevention and Control of Deafness (NPPCD) on the pilot phase basis in the year 2006-07(January 2007) covering 25 districts. At present the Programme is being implemented in 281 districts of 27 States and 6 Union Territories.

The Programme has been launched with the following objectives:

- To prevent the avoidable hearing loss on account of disease or injury.
- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- To medically rehabilitate persons of all age groups, suffering with deafness.
- To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
- To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.
- The Long Term Objective of this programme is to prevent and control major causes of hearing impairment and deafness, so as to reduce the total disease burden by 25% of the existing burden by the end of 12th Five Year Plan. The major components of the programme include manpower training and development, capacity building, service provision and generation of awareness through IEC actitivities.

13. NATIONAL TOBACCO CONTROL PROGRAMME

India is the second largest consumer of tobacco in the world. The tobacco epidemic in India is notable for the variety of smoked and smokeless tobacco products that are used and for their production by entities ranging from the loosely organized manufacture of bidi and smokeless products to multinational corporations. An estimated one million Indians die annually from tobacco-related diseases. Globally, tobacco consumption kills nearly 6 million people in a year.

The Global Adult Tobacco Survey India - GATS 2010 - found that 35% of Indian adults in the age group, 15 years and above use tobacco in one form or the other. The extent of use of smokeless tobacco products (SLT) is particularly alarming - about 33% adult males and 18% adult females in the country consume SLT. The mean age at initiation of

daily tobacco use in India for those aged 20–34 years is as low as 17.8 years. According to the Global Youth Tobacco Survey - GYTS 2006, 14.6% of students aged 13-15 years in India use some form of tobacco - 4.4% smoke cigarettes and 12.5% use other forms of tobacco.

In order to protect the youth and masses from the adverse effects of tobacco usage and second hand smoke (SHS), the Government of India enacted the "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA-2003)". The specific provisions of the Act include Prohibition of smoking in a public place (section 4); Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarette and other tobacco products (section 5); Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years [section 6(a)]; Prohibition of sale of tobacco products near educational institutions [Section 6(b)]; and Mandatory depiction of statutory warnings (including pictorial warnings) on tobacco packs (section 7). India was a forerunner in the negotiations leading to the WHO Framework Convention on Tobacco Control (FCTC), which was ratified by us in February 2004. India is committed towards the goals and provisions of the WHO FCTC and is endeavoring to realize the objectives of the treaty by actively engaging all relevant stakeholders and addressing the tobacco control issue holistically. Further, India is one of the first few countries to have a dedicated National Tobacco Control Programme (NTCP). The NTCP strives to facilitate effective implementation of the Tobacco Control Laws - COTPA 2003 - in the country and to bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws. Other thrust areas for the NTCP during the 12th FY plan period are training of health and social workers, NGOs, school teachers, enforcement officers etc.; School Health Programmes; co-ordination with Panchayati Raj Institutions for village level tobacco control activities; and setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level. The NTCP remains committed to increase the scope as well as the quality of the tobacco cessation services at all levels of the healthcare delivery system across the country.

Major Achievements during 2015-16:

At present, State Tobacco Control Cells are supported in 35 States/UTs across India. District Tobacco Control Cells are supported in 108 districts across 31 States, subsumed under the National Health Mission (NHM) Flexi-pool for Non- Communicable Disease (NCDs). It is proposed to further upscale the NTCP in the 12th Five Year Plan, in synergy with the 'National Health Mission' and the 'National Programme for the Noncommunicable Diseases'.

The Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011 dated 1st August 2011, issued under the Food Safety and Standards Act, 2006 lays down that tobacco and nicotine shall not be used as ingredients in any food products. On account of sustained efforts on part of the Ministry of Health and Family Welfare (MoHFW), 34 States/ UTs issued orders for implementation of the Food Safety Regulations banning manufacture, sale and storage of Gutka and Pan Masala containing tobacco or nicotine last year. These 34 States/ UTs extended the ban on Gutka and Pan Masala containing tobacco or nicotine for the year 2015-16. Besides, several States/UTs - Mizoram, Manipur, Maharashtra, Himachal Pradesh, Jammu & Kashmir, Andhra Pradesh, West Bengal, Dadra & Nagar Haveli, Bihar and Delhi - have banned all forms of smokeless tobacco products such as chewing tobacco, zarda, khaini and other flavoured and processed chewing tobacco irrespective of name or form. Notably, MoHFW has written to all the States to consider issuing necessary notification under the Food Safety & Standards Act 2006 to implement the ban on 'all forms' of processed/flavoured/scented chewing tobacco.

The Ministry of Health & Family Welfare (MoHFW) is in the process of conducting the second round of the Global Adult Tobacco Survey (GATS-2). The GATS-2 would monitor the prevalence of tobacco use and track key tobacco control indicators in the country. Tata Institute of Social Science (TISS), Mumbai has been identified as the lead agency for undertaking this survey. In addition, a technical advisory and monitoring committee (TAMC) has been established to oversee the entire process of the survey. The research instrument/questionnaire for GATS- 2 is being finalized. The survey would be conducted in the FY 2015-16 and the results are likely to be available by late 2016 or early 2017.

As a result of sustained efforts on part of the MoHFW, the Finance Ministry, in the budget for 2015-16, increased excise duty by 25% on cigarettes of length not exceeding 65 mm and by 15% on cigarettes of other lengths. Similar increases have also been imposed on cigars, cheroots, and cigarillos. Further, Secretary (HFW) has requested Secretary (Revenue) to consider the following policy options in the interest of public health and well-being:

- Development of a 'comprehensive tax policy' for all tobacco products so that they are taxed at similar rates and are linked to both inflation and changes in household income.
- The Central Excise Duty levied on cigarettes be increased uniformly across all slabs and an ad-valorem tax over and above be imposed.
- The Central Excise Duty levied on Bidis be increased and the distinction between handmade and machine made bidis be withdrawn for the purpose of taxation.

A committee was constituted to review and suggest amendments to the Tobacco Control Laws - "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA-2003)". Based on its recommendations, a draft note for the cabinet has been prepared and circulated for inter-ministerial consultations. As per the advice of the Ministry of Law, the Amendment Bill has been placed in the public domain, as part of the pre-legislative consultations, to elicit comments of all the stakeholders, including the general public. At present, the MoHFW is in the process of examining the comments that have been received.

The MoHFW organized meetings with the representatives of Ministry of Corporate Affairs with the objective to devise a mechanism to prevent tobacco industry from deriving unintended incidental benefits from their activities in pursuance of Corporate Social Responsibility (CSR) under Section 135 of Companies Act, 2013 and Rules framed thereunder.

A two-day regional workshop to review the implementation of the NTCP in the Northern and Western States of India was held on 9th-10th April, 2015 in Jaipur. 13 States/UTs representing western and northern regions of the country participated in the workshop. Based on feedback received from the States, revised Operational Guidelines of NTCP (2015) were finalized and disseminated to the States.

To commemorate the World No Tobacco Day (WNTD 2015), MoHFW in collaboration with the Ministry of Finance and the World Health Organization (WHO) organized a one day consultation on 'Stop Illicit Trade of Tobacco Products'. The objective of this consultation was to sensitize the policy makers and implementing agencies on the financial, legal and health impacts of the illicit trade of tobacco products. The participants of this workshop included officers of Central Board of Excise and Customs (CBEC) and Department of Food & Drug Administration.

A two-day regional workshop to review the implementation of the NTCP in the Southern States of India was held on 11th-12th June, 2015 in Bengaluru. 10 States/UTs participated in the workshop. Draft Tobacco-Free Guidelines were discussed with the participants.

In a letter dated 8th July 2015, Secretary (HFW) requested Secretary, Department of Agriculture and Cooperation to examine the 'Barn Buyout Scheme' proposed by the Tobacco Board (Ministry of Commerce) which entailed providing a support of Rs. 500,000 per barn to farmers who are willing to shift from tobacco cultivation and also linking the farmers to the schemes being implemented by the Government of India and the State Governments related to selected alternative crops, as envisaged under this pilot project.

In a letter dated 8th July 2015, Secretary (HFW) requested Secretary, Department of Economic Affairs-Ministry of Finance to ensure that no Public Sector Undertaking (PSU) of the Government of India invests in tobacco industry. Notably, Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)

mandates countries to take necessary safeguards to limit any preferential treatment to the tobacco Industry in their jurisdictions. This advisory is in line with one of the key recommendations of the inter-ministerial Committee of Secretaries.

The MoHFW, on 24th September 2015, notified that the new rules on "tobacco pack pictorial warnings" notified earlier on 15th October 2014 would come into effect from 1st April 2016. Notably, these rules mandate display of pictorial health warnings on 85% of the principal display area of tobacco product packs on both sides (60% for picture and 25% for text). Two pictorial warnings each for smoking and smokeless tobacco products were notified.

14. ASSISTANCE TO STATES FOR CAPACITY BUILDING

Trauma Care Facilities

Under this assistance is provided for development of another 85 more trauma care facilities. The criteria for selecting the new trauma care facilities are as follows:

(i) The States and UTs not covered during the 11th Five Year Plan.
(ii) Designated trauma care facilites will be made available at least 100 km on selected National / State Highway.
(iii) Location of proposed trauma care facility should comprise of following:
- Connecting two capital cities
- Connecting major cities other than capital cities
- Connecting ports to major cities
- Connecting industrial townships with capital city

Unlike the 11th Five Year Plan the scheme will no more be a 100% centrally sponsored scheme. As per the approval of CCEA the proposed amount of assistance will be shared between the Central and State Government in the ration of 70:30 (for North-Eastern and Hill States of Himachal Pradesh, Uttarakhand and Jammu & Kashmir the ratio will be 90:10).

Status note for 'Capacity Building for Developing Trauma Care Facilities in Govt. Hospitals on National Highways' as on 20th November, 2015:

- The Screening Committee – Trauma & Burns have been approved 41 trauma care facilities which are subsequently approved by the Hon'ble HFM under the 12th Five Year Plan, agreeing to the fund sharing of 70:30 and 90:10 (North East States & Hilly States – Himachal Pradesh, Jammu & Kashmir and Uttrakhand).
- During the year 2015-16 zero allocation at BE stage under the trauma care facility scheme has been made. However, a sum of Rs. 55 crores have been re-appropriated as supplementary grants and sanction for Rs. 34.01 crores has been issued.
- The signed MoU for 24 Trauma Care Facilities from 11 States / UTS has been received and awaited from rest of trauma care facilities.
- All States /UTs are requested for drafting an action plan encompassing the existing trauma care facilities. In response, the State Government of Haryana, Kerala, Maharashtra, Madhya Pradesh, Mizoram, Tripura, Punjab and West Bengal have submitted action plan for trauma care facilities in their respective States. However, it is awaited from rest of States/UTs.

- The States those were covered under the 11th FYP of trauma care facility scheme have been requested to submit MoHFW the audited UCs & SOEs & MoU for continuation of the programme for further release of fund.
- The proposal for Media Plan is submitted to DAVP.

Burn Injuries Scheme: In the 12th Five Year plan, under the Scheme, burns unit shall be established in 67 Medical Colleges. The programme will be the part of "Human resource in Health and medical Education scheme". Apart from this the development of burn units in 19 district Hospitals though NHM umbrella shall also be taken up and assistance to be provided to the states will be governed by the norms set under this parent scheme. One of the important criteria under the scheme is that the assistance proposed under the programme for various components will be shared between the Centre and State Governments in the ratio of 75:25 (for North-Eastern and Hill States the ratio will be 90:10). The programme strategies to reduce incidence, mortality, morbidity and disability due to burn injuries through:

- To reduce incidence, mortality, morbidity and disability due to Burn Injuries.
- To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- To establish adequate infrastructural facility and network behaviour change communication, burn management and rehabilitation.
- To Carry out research for assessing and determining behavioural, social and other determinant of burn so that there is an effective need based monitoring of burn injuries with subsequent evaluation.

Status note for 'National Programme for Prevention for Prevention & Management of Burn Injuries' as on 20th November, 2015:

- As of now, 43 Burn Units (including 13 burn units in district hospitals) have been approved by Screening Committee – Trauma & Burns which is subsequently approved by Hon'ble HFM.
- The IEC material utilized during the pilot phase of this programme has been modified and updated for greater reach out & awareness. Activity of dissemination of information through train rapping is under taken in 5 trains. IEC plan for burn scheme primarily focuses on the preventive aspect of burn injuries with focus on preventive measures to be taken in context to LPG, PNG, Electricity and Acid burns.
- A training of 20 Medical Officers/Surgeons from State Govt. Medical Colleges identified during the year 12th FYP is proposed from 30th November, 2015 to 5th December, 2015 at Dr. RML Hospital & Safdarjung Hospital. A sum of Rs. 2,31,250/- to each Hospital has been sanction for this purpose.
- A situational analysis would be useful to identify gaps, causes of burns and the possible interventions for a successful implementation of NPPMBI. In respect of this MoU with JPN Apex AIIMS, New Delhi has been signed and a sum of Rs. 1 lacs has been released. Further to this, the concurrence of IFD for further release of Rs. 18.25 lacs has been sought.
- The Draft IEC action plan on Burn Injuries scheme for year 2015-16 has been requested from CHEB and same is submitted.

15. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE

Government of India launched the "National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)" in 11th Five Year Plan in 21 States covering 100 Districts for reducing the burden of Non-Communicable Diseases (NCDs) through prevention and control activities for cancer, diabetes,

cardiovascular diseases and stroke. These diseases contribute to reducing potentially productive years of human life, resulting in huge economic loss. Total initial outlay of the programme for 2 years was Rs.1230.90 Crore on cost sharing basis with the participating States in the ratio of 80:20. The main objective of the programme is promoting healthy life style through massive health education and mass media efforts at country level, opportunistic screening of persons above the age of 30 years, establishment of Non-Communicable Disease (NCD) Clinic at Community Health Centre (CHC) and District Hospitals, development of trained manpower, strengthening of Tertiary level health care facilities and up-gradation of Medical Colleges for Cancer Care.

The Central NCD Cell, State NCD Cells & District NCD Cells are monitoring the progress of the National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS) at various levels. The progress of the programme is also being reviewed periodically in meetings with State Health Secretaries / State Nodal Officer from time to time. The National NCD Cell has been established at the Centre. 36 State NCD Cells and 195 District NCD Cells, 201 District NCD Clinics, 65 Cardiac Care Units and 61 District Day Care Centres for Chemotherapy facilities have been made functional under the programme till September 2015.

The programme is proposed to be expanded to all the districts across the country by March 2017, with focus on strengthening of infrastructure, human resource development, health promotion, early diagnosis, treatment and referral for prevention and control of cancer, diabetes, cardiovascular diseases and stroke.

During the FY 2014-15, funds have been released to the 36 States/UTs to the tune of Rs.210.40 crore under NCD Flexi Pool and 351.90 crore for 5 SCI & 2 Tertiary Care Cancer Centre (TCCCs) Under Health Budget. From 2015-16 the budget of the Programme has been subsumed under NCD Fexi Pool for district & below level activities. During the Financial year 2015-16 funds to the tune of Rs.269.17 crore have been released so far under NCD Flexi Pool and Rs.76.63 crore for 1 SCI & 3TCCs under Health Budget.

Activity undertaken during 2014-15 and 2015-16 & planned for 2016-17: Following are the changes in the 12th plan strategy vis a vis in 11th Five year Plan:

- The programme at district level and below has been subsumed under National Health Mission
- The programme cost are shared between GOI and States (75%: 25%) and for NE and Hilly State is 90:10 Share up to 2014-15. Revised funding pattern w.e.f financial year 2015-16 for State is 60:40 & NE & Himalayan State is 90:10.
- PHCs have been covered in the programme.
- Screening of Diabetes and hypertension in urban slums of large Cities and Metros.
- Screening for common cancers (Oral, Cervical and Breast Cancer)
- Cardiac Care Units and Chemotherapy Centres in 25% of districts to be established / strengthened.
- Separate Scheme for Tertiary Cancer Care to support/strengthen 20 State Cancer Institutes and 50 Tertiary Care Cancer Centres (TCCC).
- Cancer Registry programme to be expanded.
- Periodic NCD risk factor survey to be undertaken.
- To link the Medical Colleges and District Hospitals which to provide support, maintenance, capacity building and referral to Tertiary cancer facilities.
- Funds are being released through Programme Implementation Plans (PIP) mode to the state.

- All districts across the country to be covered by the end of 12th Plan in the programme.

16. CENTRAL GOVERNMENT HEALTH SCHEME

The Central Government Health Scheme is a welfare scheme for providing comprehensive healthcare facilities to the serving and retired Central Government employees and their dependant family members. The scheme was started in 1954 in Delhi. Over the years, the scheme has been extended to cover certain other categories of persons viz. Members of Parliament, Ex-Members of Parliament, sitting and former Vice Presidents, Former Governors and Lt. Governors, Sitting and Retired judges of Supreme Court, Retired judges of High Courts, freedom fighters, accredited journalists, etc. Employees of some select autonomous / statutory bodies have also been extended CGHS facilities on cost-to-cost basis in Country.

.The Scheme is in operation in 25 cities across the country providing services to about 10 lakh cardholders with a total of about 29 lakh beneficiaries. CGHS has a large network of 274 Allopathic, 85 AYUSH dispensaries, 19 poly-clinics, 73 labs, 74 dental clinics, and 4 hospitals. In addition, CGHS has also taken over 19 Postal dispensaries w.e.f. 1st August, 2013 in 12 cities, where CGHS is in operation. CGHS has also empanelled 554 private hospitals, 286 Eye clinics, 105 Dental clinics and 165 diagnostic /imaging centres (Total-1110) across the country in cities / locations where CGHS is in operation to provide inpatient medical treatment to its beneficiaries. The Ministry has taken following recent initiatives for improvement of CGHS:

- **Opening of CGHS Wellness Centres:** Orders had been issued regarding opening up of CGHS Wellness Centres at Raipur, Shimla, Agartala, Imphal, Gandhinagar, Puducherry, Itanagar, Aizwal, Kohima, Gangtok, Panaji and Indore. Following efforts have been made to operationalise these Wellness Centres:
  Gandhinagar Wellness Centre has been made functional, **Indore**- Building is being renovated, **Puducherry** –State government allotted accommodation, **Shimla** – Efforts are on for securing government accommodation, **Kohima**- Rented accommodation has been identified, **Itanagar**- State Govt. agreed to provide 2 rooms, **Gangtok**-Pvt. Accommodation available-rent being assessed by CPWD, **Aizwal**- 2nd time Advertisement for accommodation issued, **Panaji** – Pursuing with AIR for accommodation
  Raipur – Govt. accommodation allotted –CPWD assessing renovation, **Agartala**- Advertisement for accommodation issued, **Imphal-** Advertisement for accommodation is being issued, **Visakhapatnam**- State Government offered accommodation.

- **Fresh empanelment of Private Health Care Organizations and revision of package rates applicable under CGHS Delhi/NCR and other CGHS covered cities:** The Ministry has recently empanelled 554 private hospitals, 286 Eye clinics, 105 Dental clinics (Total – 945) and 165 diagnostic/ imaging centres across the country and revised the package rates to be paid to the HCOs. 21 Ayurveda and 5 Yoga & Naturopathy hospitals have also been Empaneled w.e.f. 01.10.2015.

- **Extension of CGHS facility to the Retired employees of Autonomous/Statutory Bodies:** The Ministry has issued orders for extension of CGHS facilities to the retired employees of Kendriya Vidyalaya Sangathan (KV), Bureau of Indian Standards (BIS), Central Council for Research in Yoga and Naturopathy (CCRYN) in Delhi NCR only whose serving employees are already covered under CGHS on cost - to- cost basis**.**

  Linkage of AADHAAR Number: To provide web-based services to CGHS beneficiaries, it has been decided to link the CGHS beneficiary IDs of all the beneficiaries with AADHAR number.

Restoration of the Status: The Ministry has decided to restore the CGHS facilities to Assam Rifles Personnel at par with CAPF's personnel in CGHS covered cities.
Streamlining Settlement of Hospital Bill: Online Processing of Hospital bills by CGHS implemented in Delhi and 11 other cities and will be implemented soon in the remaining cities.

Action Plan for 2016-17

- Opening of CGHS Wellness Centres in 12 New locations
- Issue of online permission for Pensioners at CGHS Wellness Centres
- ORS (On line Registration) for consultation - Initially for Specialist consultation.
- Preparation of Plastic Cards through Departments. Pilot project started for employees of Delhi Police- the same shall be extended to other departments after review
- Online submission of applications and subscription by CGHS pensioners for CGHS Cards
- Extension of CGHS facilities to all P&T Pensioners

17. CENTRAL INSTITUTE OF PSYCHIATRY, RANCHI, JHARKHAND

Central Institute of Psychiatry, Ranchi is the leading organization in the country providing diagnostic and treatment facilities in mental health. Apart friom conducting Post Graduate courses in psychiatry, the institute has modern facilities for investigation and management of mental disorders. The main objectives of the institute are providing patient care, manpower development and research. During 2015-16, till to Sept'2015 a total number of 40335 patients have utilized the services of OPD; 2249 patients were hospitalized for indoor treatment. 9888 and 1928 patients have utilized special clinics & extension clinics respectively. Total 95811 tests/investigations were done at Department of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging & Radiological Sciences. 630 nurses from other centers were participated in In-Service Training Programme & CNE. 54 PG students were enrolled during this period.

18. ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION , MUMBAI

All India Institute of Physical Medicine and Rehabilitation, established in 1955, is an Apex Institute in the field of Physical Medicine and Rehabilitation under the Ministry of Health and Family Welfare, Government of India. The vision of the Institute is to actualize the the potencial of every persion with Locomotor Disability to ansure for him/her equal opportunity, protection of right and full participation by providing them utmost social and economic independence through interventions that go beyond their medical needs, the institute strives to create and provide comprehensive rehabilitation services for all categories of Neuro-musculo-skeletal disorders including non communicable disorders. The interdisciplinary approach and team work in providing rehabilitation services is the hallmark of the Institute which includes fabrication of aids and appliances duly customized for individual persons with disability. The main objectives are:

- To provide need based Medical Rehabilitatin Services including provision of Prosthetic & Orthotic appliances for persons with Neuro-Musculo-Skeletal (locomotor) disorders.
- To provide training at U.G. & P.G. level to all categories of Rehabilitation professionals.

- To conduct Research in the field of Physical Medicine and Rehabilitation (P.M.R.).
- To provide & promote Community based programmes of Disability Prevention & Rehabilitation in the rural areas.

During 2015-16, the policy reform adopted for up gradation of service facilities for welfare of patients in the institute were as follows:

- Separate ward for spinal cord injury patients.
- A new physiotherapy/ occupational therapy unit has been attached to the ward for inpatients..
- Operationalising Play Therapy Park.
- Increasing the number of days of minao OT to reduce the waiting tiome of patients.

19. DR. RAM MANOHAR LOHIA HOSPITAL & PGIMER, NEW DELHI

The Hospital, originally known as Willingdon Hospital and Nursing Home, renamed as Dr. Ram Manohar Lohia Hospital, was established by the British Government in the year 1933. The hospital has thus surpassed over 75 years of its existence and also emerged as a Centre of Excellence in the Health Care under the Government Sector Hospitals. Its Nursing Home was established during the year 1933-35 out of donations from His Excellency Marchioner of 'Willingdon'. Later, its administrative control was transferred to the New Delhi Municipal Committee (NDMC). The hospital started with 54 beds in 1954 which was expanded to meet the ever-increasing demand on its services to 1500 bedded hospital spread over an area of 34 acres of land, and taken over by the Central Government. In the recent past, the Old Building portion of the hospital has been declared as a Heritage Building. The hospital caters to the needs of C.G.H.S. beneficiaries and Hon'ble MPs, Ex-MPs, Ministers, Judges and other V.V.I.P. dignitaries besides other general patients. The mandate of the hospital is to provide utmost patient care and the hospital authorities are making all out efforts to fulfill the mandate for which it has been set-up. The hospital is providing comprehensive patient care including specialized treatment to C.G.H.S. beneficiaries and General Public. Nursing Home facilities are available for entitled CGHS beneficiaries. The Nursing Home is having 50 beds for the CGHS and other beneficiaries. 14 beds have been kept in reserve for unforeseen circumstances/disasters.

Dr. RML Hospital, New Delhi caters to the needs of the people of Delhi and also adjoining States. This hospital has well- established Emergency services including round- the-clock services in Medicine, Surgery, Orthopedic and Paediatrics while other specialties are also available on call basis. All services like laboratory, X-Ray, CT-Scan, Ultra-sound, Blood Bank and Ambulances are available round the clock. A well established Coronary Care Unit (CCU) and an Intensive Care Unit (ICU) exist in the hospital for serious Cardiac and Non-Cardiac patients. The Coronary Care Unit of the hospital has been completely renovated recently with new equipments and infrastructure. The hospital has a well laid down disaster action plan & disaster beds, which are made operational in case of mass casualties and disasters. Dr. RML Hospital is a nodal hospital for treatment of Swine Flu, Bird Flu and Ebola virus. Medical specialists and para-medical staff of hospital were also deputed by the Ministry of Health & Family Welfare to flood affected areas of Utrakhand and Jammu & Kashmir.

The Hospital has comprehensive trauma care facility with 74 beds at the Trauma Care Centre started in March, 2008 in readiness to shoulder the added responsibility of providing comprehensive & timely emergency medical care to victims of trauma in the event of any accidents occurring in Delhi especially in Lutyen's Delhi. Recently National Injury Surveillance Centre is established in Trauma Centre of Dr. RML Hospital. A six storey New Emergency Care Building consisting 284 bed strength including 57 ICU beds and 3 Operation Theatres has been constructed to cater to the demand of Emergency Services in Casualty, Pediatrics, Medicine & Surgery etc. which is functional. Dharmashala for out-station patients has also been constructed and same is likely to be operational as soon as NDMC accords approval.

The hospital annually provides health care services to approximately 18.00 lacs outdoor patients and about 2.00 lac patients are attended in the Emergency and Casualty Department annually. The hospital has round-the-clock emergency services and does not refuse any patient requiring emergency treatment irrespective of the fact that beds are available or not. All the services in the hospital are free of cost except Nursing Home treatment and some nominal charges for specialized tests.

Hospital Statistics		
Indicators	2014-15	2015-16 (up to 30.11.2015)
Hospital Beds		
(i) Sanctioned	1216	1500
(ii) Existing	1216	1500
Bed Occupancy Rate		
(i) Medicine & specialties (%)	76.6	74.2
(ii) Surgery & Specialties (%)	70.7	67.6
(iii) Paediatrics & specialties (%)	76.9	72.4
(iv) Gynae & Obst. & specialties (%)	77.6	73.5
Total OPD Attendance	1746470	1583724
Inpatient Attendance	66279	67379
Emergency Attendence	2729743	290544
Total	2085698	1941647
Radiology Cases		
(i) No. of X-rays done during the year	164103	149489
(ii) No. of CT scans taken	21982	24401
(iii) No. of Ultrasound taken	25023	33828
(iv) No. of Color Doppler scans	2898	3383
(v) No. of MRI Study	3105	2589
Laboratories Services		
Hematology	4655817	5098506
Biochemistry	4094359	3969651
Microbiology	324789	306166
Histopathology	501108	454952
Cytopathology	15143	15751
Operations		
Major	11625	11355
Minaor	53605	31701

20. ALL INDIA INSTITUTE OF SPEECH AND HEARING (AIISH), MYSORE

The All India Institute of Speech and Hearing (AIISH), Mysore, is the leading organization in the country in providing training, research, clinical care and public education pertaining to communication disorders founded in 1965 as an autonomous institute under the Ministry of Health and Family Welfare, Government of India. The major activities carried out at the institute during the year 2015-16 up to 30th Sept'2015 are given below:

- **Academic:** The institute offered 16 academic programmes and 480 students were admitted to various programmes. Activities such as guest lectures by eminent personalities, orientation/ short-term training programmes, workshops/ seminars/ symposia on various aspects of communication disorders, journal club and clinical conference presentations were orgenised during the period.
- **Research:** Total 3 research project were completed and 24 projects were newly initiated at the institute during the period. Also 47 projects were progressing in different departments. The funding for the research projects were sponsored by organizations such as the Department of Science and Technology, Govt. of India and Indian Council of Medical Research, in addition to the funding given by the Institute.
- **Clinical:** The institute offered a wide variety of clinical services to a total number of 35579 persons with communication disorders, during the period. The clinical services offered include assessment and rehabilitation pertaining to speech, language and hearing disorders, psychological and otorhinolaryngological disorders related to communication disorders. In addition specialized clinical services were also rendered on augmentative and alternative communication, autism spectrum disorders, cleft lip palate and other craniofacial anomalies, fluency, learning disability, listening training, motor speech disorders, neuropsychological disorders, professional voice care, voice disorders and vertigo.

21. ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH, KOLKATA

The AIIH& PH, Kolkata is one of the oldes institute in Asia providing opportunity for public health education and training. It is a premiere institute provides multi-disciplinary public health teaching, training and research facilities for various categories such as doctors, engineers, nurses, nutritionists, statisticians, demographers, social scientists, epidemiologists, micro-biologists and other allied health professionals. Every year the institute conducts regular courses like MD (Com.Med,), MVPH, M.Sc. (Nutr.), MPH, Master's degree course in Science (Applied Nutrition) and Post Graduate diploma courses viz., DPHM, DPH, DMCW, DNEA (CH), DIH, DHE and Dip. Diet as per allocated seats and several other short term orientation and training courses in the area of Public health. The Institute has also started various other short term courses specifically designed for Doctors, Industrialists, Hygienists, Nutritionists, Chemists, Environmental experts, Safety Managers etc. Institute having two field practice units viz, Urban Health Centre, Chetla, Kolkata and Rural Health Unit & Training Centre, Singur, Hooghly (West Bengal) are operating smoothly under the direct control of AIIH&PH. Besides the field practice services offered to the students of the Institute, the field units are also providing clinic based preventive, promotive & curative services to the community.

- ✓ A MOU has been signed between NVBDCP & AIIH&PH for capacity building program in the Kala-azar endemic districts of Bihar. Conducted base line data collection from three districts of Bihar for Kala-azar elimination program during 22th-29th August 2015.
- ✓ EMR duties attended by the officials of this Institute in the State of Manipur, West Bengal and earthquake affected area in Nepal.
- ✓ Yellow Fever Vaccination was given to 707 persons
- ✓ 218 water samples were tested for portability of which 38 were not found fit for human consumption.

22. LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH TEZPUR, ASSAM

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam is a premier tertiary psychiatric care institute in the North East. The Instiute caters to patients from all over the North-eastern region of the country. Apart from the patient care services, the institute has also expanded its activities in the academic field. The institute offers post Graduate and post masters courses, viz., M.D. in psychiatry, D.N.B in psychiatry, Ms.Sc (Psychiatry Nursing),M.Phil in Psychiatric Social Work and Medical and Social psychology and post basic diploma in psychiatric nursing.

A total number of 38 students were enrolled under different Diploma, Post Graduate and Post Masters courses run by the institute. A total number of 323 students from various academic institutions were given observership in mental health from April 2015 to Sept'2015.

A total of 55354 patients were registered in the OPD from April 2015 to Sept'2015. A total of 953 patients were admitted from April 2015 to Sept'2015. A total number of 103872 diagnostic tests were conducted in the Central Laboratory from April 2015 to Sept'2015.

23. MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES (MGIMS), SEWAGRAM

Mahatma Gandhi Institute of Medical Sciences(MGIMS) at Sewagram, Wardha is India's first rural medical college, established in 1969, as a Gandhi Centenary project for imparting medical training and community based education to students to produce doctors with a rural bias for effective delivery of health care to the deprived rural population. The Institute provides medical education for undergraduate and postgraduate courses, along with hospital services. The institute runs by the Kasturba health Society. During 2015-16, 65 undedgraduate (MBBS) and 69 post graduate (MD/MS) students got admitted. The institute got recognition for 2 seats in MD (Padiatrics) from MCI.

Hospital Statistics			
Indicators		**2014-15**	**2015-16 (Sept'15)**
Hospital beds: Sanctioned (* Includes Service Beds)		660+198+120*	660+198+120*
Existing		780	780
Bed Occupancy Rate (%)			
Medicine & specialties	Medicine	86.10	82.20
	Skin & VD	40.60	31.30
	Psychiatry	35.80	48.40
Surgery & specialties	Surgery	90.60	93.5
	Orthopaedics	96.60	91.8
	Obst & Gynae	201.80	204.80
	Ophthalmology	103.70	56.90
	ENT	68.20	94.50

Indicators		2014-15	2015-16 (Sept'15)
Paediatrics & Specialties	Paediatrics & Neonatology	210.60	214.90
Total admissions (inclusive of inpatient & outpatient admissions)	Male	23068	11053
	Female	26142	12424
	Total	**49210**	**23477**
Total Discharges (in-patients)	Male	23068	10942
	Female	26142	12310
	Total	**49210**	**23252**
Outpatient Visits		619811	359139
Major Operations Performed		18767	7995
Investigations done(Patho, Bio chemistry, Micro)		616936	351441
X-rays done		106764	56889
Blood Bags issued(Whole Blood, PRC, PC, FFP)		7284	4067
Total Deliveries		44409	2326

24. VALLABHBHAI PATEL CHEST INSTITUTE, DELHI

The Vallabhbhai Patel Chest Institute (VPCI) is a post-graduate medical Institution, maintained by the University of Delhi and fully funded by the Ministry of Health and Family Welfare, Government of India. The Institute fulfills the national need for providing relief to large number of patients in the community suffering from chest diseases. The main objectives of VPCI are to conduct research on basic clinical aspects of Chest Medicine, to train post graduates (D.T.C.D., M.D., DM and Ph.D.) In Pulmonary Medicine and allied subjects, to develop new diagnostic technology and disseminate scientific knowledge related to Chest Medicine to other Institutions in the country and to provide specialized clinical and investigative services to patients. The institute has also highlighted its achievements and presence in the fields of 'Education', 'Research', 'Patient Care', and other developmental activities by providing specialized research centre for Tobacco control, Yoga Therapy, Sleep Medicine etc. VPCI has also initiated for "Bharat Quite line service" for tobacco free nation. In addition to this, the VPCI also celebrates its 'Institute Day' & 'Foundation Day' on 12th January and 6th April respectively.

HOSPITAL STATISTICS			
Indicators		**2014-15**	**2015-16 (up to Sept'2015)**
Hospital Beds			
(a) Sanctioned		128	128
(b) Existing		128	128
Bed Occupancy Rate			
(a) Medicine & Specialties (Pulmonary Medicine)		44.30%	45%
(b) Surgery & Specialties		N.A.	N.A.
(c) Pediatrics & Specialties		N.A.	N.A.
Total admissions (inclusive of inpatient & outpatient admissions)			
	New patients OPD	12293	6131
	Old patients OPD	55642	28920
	Total	**67935**	**35051**
Inpatient Attendance			
	General Wards	2417	1164
	Emergency Ward	2112	1035
	Total	**4529**	**2199**
Diagnostic Tests			
a. No. of CT Scans taken		3585	1933
b. No. of Ultrasound taken		0	

25. CENTRAL DRUGS STANDARD CONTROL ORGANISATION

The Central Drugs Standard Control Organization (CDSCO) headed by the Drugs Controller General (India) is the Central Authority for regulating the quality of drugs marketed in the country under the Drugs and Cosmetics Act, 1940. It has under its control six zonal offices situated at **Mumbai, Ghaziabad, Kolkata, Chennai, Ahmadabad and Hyderabad** and four sub-zonal offices at **Bangalore, Chandigarh, Jammu and Goa;** and Port offices situated at various ports. **Seven** Drugs Testing Laboratories situated at **Kolkata, Mumbai, Chennai, Kasuali and Hyderabad** and two regional Drug Testing Laboratories are situated at **Guwahati and Chandigarh** involved in the testing of the drugs are also under its control**.** The following activities being done for strengthening infrastructure CDSCO and Central Drug Testing Laboratories:

1. Proposal is under active consideration to start the construction work at the land allocated in Neb Sarai, Delhi.
2. Two acres land has been allocated by GMSD to construct FDA Bhawan at CDTL Chennai. Estimates are being prepared for starting construction.
3. Proposals for construction of offices / labs/ mini labs/ port offices etc at RDTL Guwahati, RDTL, Chandigarh and few other offices of CDSCO are under active consideration.

4. For strengthening the testing capacities of the Central Drug Testing Laboratories, an amount of Rs 12,84,77,206/- and Rs 3,91,19,000/- was sanctioned for procurement of various equipments for these laboratories through the Hindustan Latex Limited in the year 2014-2015.
5. Strengthening of Drug Regulatory System in the country under 12th Five Year Plan, an introduction of E-Governance at CDSCO MoU was signed with Centre for Devlopment of Avance Computing (CDAC) for Rs. 923.40 lakhs. Out of which a sum of Rs. 314.00 lakhs has already been paid to CDAC.
6. Strengthening the State Drug Regulatory mechanism, a new centrally sponsored scheme under National Health Mission (NHM) Umbrella has been proposed with 75:25 sharing pattern for providing financial and human resource support to the States / UTs. Tthe Central Government share would be of Rs. 850 crores.
7. An All India Survey is being conducted in the country with methodology prepared by Indian Statistical Institute, Hyderabad to assess the prevalence of spurious and sub-standard drugs in the country. During the survey, around 47,000 samples have been drawn from various strata across the country. The samples are under test at various Government Drug Testing Laboratories. The survey is being monitored by the National Institute of Biologicals, Noida and it expected to be completed by 2015.

26. INDIAN PHARMACOPOEIA COMMISSION

The Indian Pharmacopoeia Commission has been performing activities to Publish Indian Pharmacopoeia and its Addendum, to develop and validate the Indian Pharmacopoeia Reference Substances (IPRS) and Impurity Standards, Skill Development of Drugs Analyst, Drugs Inspectors and Stakeholders, Laboratory Accreditations, National Formulary of India (NFI) and Pharmacovigilance Programme of India (PvPI). To promote the highest standards of drugs for use in humans and animals within practical limits of the technologies available for manufacturing and analysis.

27. FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA

The Food Safety and Standards Authority of India (FSSAI) has been established under the Food Safety and Standards Act, 2006 for laying down the science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import, to ensure availability of safe and wholesome food for human consumption. The Food Safety and Standards (FSS) Act, 2006 was operationalized with the notification of the Food Safety and Standards Rules, 2011 and six Regulations w.e.f 5th August 2011. With the operationalization of the FSS Act - 2006, there is a shift from multi-level to a single line of control with focus on self-compliance rather than regulatory regime. It also introduced uniform licensing/ registration regime across the Centre and the States & UTs. The work related to enforcement and surveillance is being undertaken by the State/UT governments. FSSAI is also focussing on setting of Science based food standards by harmonising the same with the Codex Standards, wherever possible. The setting of food standards is being undertaken through the various Scientific Panels and Scientific Committee of the FSSAI and the final approval by the Authority itself. Activities taken up during 2014-15:

- The Central licenses to Food Business Operators (FBOs) are issued on-line through the Food Licensing and Registration System (FLRS) by the five regional offices of the Food Authority located at Chennai, Delhi, Guwahati, Kolkata, and Mumbai and the two sub-regional offices at Chandigarh and Lucknow. The Authority has granted 19,280 Central licenses and the State/UT Governments have issued 5,52,113 State licenses as on 31.03.2014 besides registration of 23,78,082 Food Business Operators.
- The Food Authority, as the National Codex Contact Point (NCCP) along with other Ministries/ Departments, actively participated in 16 Codex Committee meetings during the year. Further, a workshop was organized for creating awareness about Codex Alimentarius : Principles and Procedures for the stakeholders in Mumbai in September, 2014. India Co-hosted the 9th Session of Codex Committee on Contaminants in Food (CCCF) in New Delhi along with the Government of Netherlands.

- The Authority also serves as an enquiry point for Sanitary and Phytosanitary (SPS) issues and thus regularly participates in bilateral co-operation meetings with countries for cooperation in the area of in food safety, standards, and capacity building of food testing laboratories.
- Various IEC activities were also undertaken by FSSAI during the year which, inter-alia, included advertising the message of food safety through print as well electronic media. FSSAI started an awareness campaign jointly with the Department of Consumer Affairs under the aegis of "Jago Grahak Jago". FSSAI also participated in the IITF and exhibitions/ trade fairs.
- Final Notifications notified during the F.Y. 2014-2015 viz., (i) Standards for limit of antibiotics in Honey; (ii) Standards for Double Fortified Salt, (iii) Standards for Phytostenol and Trehalose; (iv) Labelling requirements for Phytostenol and Trehalose; (v) Food Safety and Standards Authority of India (Procedure for Transaction of Business of Central Advisory Committee) Amendment Regulations, 2015 w.r.t. appointment of members; (vi) Food Safety and Standards Authority of India (Licensing and Registration of Food Business) Amendment Regulations, 2014 w.r.t extension of time for the conversation of license issued under the repealed Acts and Orders; (vii) Food Safety and Standards Authority of India (Amendment) Rules, 2014 w.r.t qualification of Designated Officer.

  Activities taken up during 2015-16:

  - Around 22,560 licenses were issued by Central Licensing Authority under the Act. A total of 6,39,040 licenses have been granted and 25,55,242 FBOs registered, totalling to 31,94,282 FBOs forming part of the system under the Act.
  - Seven new Scientific Panels were constituted in addition to existing nine Scientific Panels. Further, final Notifications were issued in respect of 1) Limits of Trans Fatty acid at 5 % on Interesterified Vegetable Fat, 2) Limits of Trans fatty acid at 5 % on Bakery and Industrial Margarine, 3) Limits of Trans Fatty acid at 5 % in Vanaspati, and 4) Limit of Trans Fatty acid at 5 % on Bakery Shortening.
  - Final notification were notified during 2015-2016 viz., (i) Limit of Trans fatty acid in interesterified Vegetable Fat, Bakery and Industrial Margarine, Vanaspati, Bakery Shortenings.
  - FSSAI, as NCCP along with other Ministries/Departments, actively participated in six Codex Committee meetings. India has been nominated as the coordinator of the Asia Region in the 38th Session of Codex Alimentarius Commission held in July, 2015.

28. LADY HARDINGE MEDICAL COLLEGE & KALAWATI SARAN CHILDREN's HOSPITAL, NEW DELHI

The Lady Hardinge Medical College & Smt Sucheta Kriplani Hospital (LHMC) for women was founded in the year 1914. (Kalawati Sharan Hospital came into existence later in 1958). Lady Hardinge Medical College provides medical education for under graduate and post graduate courses, along with hospital services, while Kalawati Saran Children Hospital provides medical care service exclusively for paediatric patients. The Hospital has a full-fledged department of Physical Medicine and Rehabilitation for imparting curative, preventive and rehabilitation services to handicapped patients. The College & Hospital formally opened in Feb1916 and 16 UG students were admitted that year. UG admissions in first year increased from 16 per year in 1916 to 60 in 1956. In 1970 number of UG admissions further increased to 130.

The Ministry of Urban Development and Poverty alleviation directed LHMC to prepare a Comprehensive Redevelopment Plan before any type of construction is allowed. In the mean while Central Education institution (Reservation in admission) Act 2006 was passed by the Parliament. In order to implement the Central Education institution (Reservation in admission) Act 2006 passed by the Parliament, number of admission in Lady Hardinge Medical College was increased from 130 annual admissions to 200 admissions in

under-graduate MBBS course and from 72 annual admissions to 142 admissions in post graduate courses. A Comprehensive Redevelopment Plan was prepared by the Architectural Consultant appointed by the Ministry of Health and Family welfare which was to be implemented in 3 Phases.

Hospital Statistics (LHMC & Smt. SK Hospital)		
Indicators	**2014**	**2015 (up to September)**
Hospital Beds: Sanctioned Existing	 877 877	 877 877
Bed Occupancy Rate:		
a) Medicines & Specialities b) Surgery & Specialities	69.2% 76.1%	85.1% 95.1%
OPD Attendance	6,52,736	5,63,257
Inpatient Attendance *Includes 264 Twins and 10 Triplets. ** Includes 198 Twins and 05 Triplets.	34,649+13,027 New Born*	26,374+9,738 New Born**
Total Hospital Attendance	7,00,412	5,99,369

Note: Hospital Records are maintained Calendar wise.

29. REGIONAL INSTITUTE OF MEDICAL SCIENCE, IMPHAL, MANIPUR:

The Regional Institute of Medical Sciences was established at Imphal on September 14, 1972 spread over an area more than 300 acre. It was transferred to the Ministry of Health & Family Welfare, Government of India w.e.f. 1st April, 2007 from North Eastern Council (Ministry of DoNER). Students from 7 North Eastern States (except Assam) and all over India are trained in Undergraduate and Post Graduate Medical Courses. 15% of the MBBS and BDS seats and 50% of the PG seats are reserved for AIQ students

RIMS, Imphal is a medical institute having a 1074 bedded hospital, equipped with modern equipments and teaching facilities having an intake capacity of 100 MBBS, 50 BDS, 50 B.Sc. Nursing and 147 Post Graduate Degree/ Diploma seats. MCh courses in Urology (2 seats) and Plastic & Reconstructive Surgery (1 seat) are also offered by the institute. MPhil course in Clinical Psychology (7 seats per annum) is also run in the institute. A 4-year Degree course in Audiology, Speech and Language Pathology with 10 students intake capacity is conducted in the Institute in association with AIISH, Mysore.

Hospital Statistics		
	2014-15	**2015-16 (as on 30.09.2014)**
OPD attendance	318505	39542
In-patients admitted	47088	5231
Casually attendance	124197	10693
Operations done	8764	760
No. Of deliveries	10532	909

30. REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES (REPAN), AIZAWL

The main objective of the Institute is to provide education in Nursing, Pharmacy and Paramedical Sciences to the whole North Eastern Region. RIPANS has been identified as 9th RIPS (Regional Institute of Paramedical Sciences), the institute has taken up necessary measures for starting various paramedical courses apart from the present five degree courses. Presently, the Institute is offering B.Sc (Nursing), B.Sc (Medical Lab. Tech), B. Pharm., B. Sc (Radia Imaging Tech), B.Sc (Optometry & Opthalmatc Techniques) etc courses.

During 2015-16, the total strength of students in various courses was 688 (no. of students newly admitted for various courses -184) and for the year 2014-15, the total strength of students in the courses run by the Institute was 654 (no. of students newly admitted for various courses -167). Besides the regular academic courses, the Institute also conducts various research project programmes, training and workshops for serving nurses, pharmacist, etc and organises school health programmes and conducts health camps.

31. SAFDARJUNG HOSPITAL & VARDHMAN MAHAVIR MEDICAL COLLEGE, NEW DELHI

Safdarjung Hospital is currently having 1531 beds and is one of the largest hospitals in this part of the country. The hospital provides medical care to millions of citizens not only of Delhi but also the neighbouring states. Safdarjung Hospital has a Medical College associated with it named Vardhman Mahavir Medical College.

This hospital provides services in almost all the major specialties' and super specialties like Cardio thoracic surgery, Cardiology, Cardio vascular sciences centre, Neuro surgery, Burns and Plastic surgery, Urology, Respiratory and Critical care Medicine, Gastroenterology etc. Further it has modern imaging facilities including C.T.Scanner, Cardiac Cath Lab, and M.R.I. Spiral C.T. Scan Etc. The hospital is one of the prestigious Government Hospital located in South Delhi. There is no fixed catchment area for the hospital and patients are also coming from neighbouring States, i.e., U.P., Haryana, Punjab, Rajasthan, Bihar etc. This attains significance in case of a disaster involving mass casualties as the public is expected to flock to this hospital for its sheer reputation.

Hospital Statistics		
Indicators	**Jan 2014 to Dec. 2014**	**Jan 2015 to Oct. 2015**
Hospital Beds		
Sanctioned	**1531**	**1531**
Existing	**1531**	**1531**
Bed Occupancy Rate		
Medicines & specialities	193.0%	198.2%
Surgery & Specialities	108.3%	92.5%
Paediatrics & Specialities	158.0%	144.4%
OPD Attendance	2710497	2045405
Inpatient Attendance	150000	120266
Total Hospital Attendence	2860497	2165671

Sports Injury Centre Including Patient Care and other Services, Safdarjung Hospital

The Sports Injury Centre has been established to upgrade Sports Injury Unit functioning at the Central Institute of Orthopedics at Safdarjung Hospital and to provide Comprehensive Surgical, Rehabilitative and Diagnostic services under one roof for specialized treatment of Sports and related Joint disorders to the Sports persons. The Centre is now functioning as an independent full-fledged department. The Centre handles more than 5000 Patients on OPD basis in a month and more than 125 Arthroscopic & joint Replacement Surgical Procedures are performed monthly. The details regarding various activities of Sports Injury Centre during the years 2014-15 and 2015-16 (upto Nov' 2015) are as under:

Statistics of Sports Injury Centre		
Indicators	**2014-15**	**2015-16 (up to Nov'2015)**
OPD Attendance Including Casualty attendance	78514	57671
Inpatient Attendance	2019	1725
No. of Surgeries undertaken	2246	1724
Minor Surgical procedure	4210	4205
Physiotherapy	58727	41034
Psychology Clinic	1300	630

32. PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been launched in 2003 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 envisages: setting up of 6 AIIMS-like institutions, one each at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh in the Phase-I; West Bengal and Rae Bareli, Uttar Pradesh under Phase-II is now undertaken in phase-IV;

and (ii) upgradation of 13 existing State Govt. Medical College institutions in the Phase-I, 6 in the Phase-II and 39 in the Phase-III of PMSSY. Cabinet has approved on 07.10.2015 setting up 4 AIIMS one each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal in UP and to upgrade 12 more Government Medical Colleges under Phase-IV of PMSSY. Further, setting up 6 new AIIMS one each in Assam, Himachal Pradesh, Jammu & Kashmir, Punjab, Tamil Nadu and Bihar has been announced during Budget Speech 2015-16. Status/ Achievements of PMSSY are as follows:

1. Status of PMSSY Phase-I: (a) Setting up of 6 AIIMS:

Four batches of MBBS students totalling 350 and three batches totaling 180 B.Sc Nursing Students at each of these six new AIIMS are now receiving education. OPD/ IPD Services have also commenced at all six new AIIMS. IPD Services for teaching purpose have commenced at all the six AIIMS. Each institution will have a 960 bedded hospital (500 beds for the medical college hospital; 300 beds for Speciality/Super Speciality; 100 beds for ICU/Accident trauma; 30 beds for Physical Medicine & Rehabilitation and 30 beds for Ayush) intended to provide healthcare facilities in 42 Speciality/Super-Speciality disciplines. Medical College will have 100 UG in-take besides facilities for imparting PG/doctoral courses in various disciplines, largely based on Medical Council of India (MCI) norms and also nursing college conforming to Nursing Council norms. Settig up of 6 new AIIMS projects includes construction activities such as Medical College, Hospital, Housing, Hostels and procurements etc. are undertaken at six sites at Jodhpur, Bhopal, Patna, Rishikesh, Bhubaneswar and Raipur at an estimated cost of Rs.820 crore per institution. HLL Lifecare Ltd. has been appointed as Procurement Support Agent (PSA) for procurement of medical equipments for the six AIIMS. Procurement medical equipment amounting to Rs.1200.00 crore is to be done for six new AIIMS. Out of which, order for procurement of medical equipment amount to Rs.280.06 crore has been placed and tender for Rs.438.60 crore is under process. The physical progress (in%) as on November, 2015 of six new AIIMS at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh is as under:

Name of site	Medical College (%)	Hospital Complex (%)	Residential Complex (%)	Electrical Services (Package-III) (%)	Estate Services (Package-IV) (%)
Bhopal	90.64	79.07	98.66	83.05	42.09
Bhubaneswar	88.89	83.03	45.00 (Ph.I) & 85.00 Ph.II)	98.36	50.76
Jodhpur	90.00	92.93	100.00	99.50	98.80
Patna	96.00	68.00	100.00	92.00	35.00
Raipur	88.26	72.61	100.00	95.44	48.79
Rishikesh	89.55	95.95 & 64.85 (False ceiling & fire door)	100.00	98.00	68.60

(b) Status of upgradation of 13 existing State Govt. Medical Colleges: 13 existing State Government Medical Colleges/Institutes have been taken up for up-gradation at an approved cost of Rs.100 Crore (Central Contribution: Rs.100 crore and State Share: Rs.20 crore) each. Out of 13 existing State Government Medical College (GMC) taken up for up-gradation under Phase-I, civil works involves at 10 institutes and procurement of medical equipment involves at 3 institutes. Out of 10, civil work at 8 GMCs has been completed. The procurement process at 3 institutes is likely to be completed by December, 2015.

2. Status of PMSSY Phase-II: (a) Setting up of 2 AIIMS:

AIIMS, Rae Bareli: Setting up AIIMS at Rae Bareli at an outlay of Rs.823 crore is being taken up. M/s HSCC has been engaged as consultant for providing consultancy services for setting up of AIIMS at Rae Bareli (U.P). Construction of housing complex is under process and physical progress is stated to be 71% in September and expected date of completion as per HSCC is December, 2015. Revised cost i.e. Rs.1427/- of establishment of AIIMS, Rae Bareli is under consideration of the EFC.

AIIMS, West Bengal: AIIMS, West Bengal approved under Phase-II is now being undertaken under Phase-IV of PMSSY due to non-provision of land by the State Government.

(b) Status of upgradation of 6 existing State Govt. Medical Colleges: Up-gradation of 6 existing SGMCs have been taken up for up-gradation under Phase-II of PMSSY at an approved cost of Rs.150 crore (Central Contribution - Rs.125 crore and State Share – Rs.25 crore) each. Out of 6 GMCs, civil work at one GMC has been completed. Civil work at 4 GMCs/ Institutes has started. One GMC involves only procurement of equipment and for this, Rs.77.81 crore has been released to the GMC.

3. Status of PMSSY Phase-III: Status of upgradation of 39 existing State Govt. Medical Colleges: Up-gradation of 39 existing SGMCs has been taken up for up-gradation at an approved cost of Rs.150 Crore (Central Contribution-Rs.120 crore and State Share-Rs.30 crore) each. Gap analysis has already been carried out. Out of 39, thirty seven DPRs have been approved so far.

4. Status of PMSSY Phase-IV: (a) An announcement during Budget Speech 2014-15 to set up **4 AIIMS each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal (U.P.)**, approval of the Cabinet has been obtained on 07.10.2015. Government of UP is yet to offer alternate suitable sites in Poorvanchal in Uttar Pradesh. A decision to undertake pre-investment activities on the sites, through HSCC, a PSU of MoHFW, for new AIIMS in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal in UP has been taken by the Ministry. A fund of Rs.50.00 crore for undertaking pre-investment activities has also been approved and an advance of Rs.10.00 crore has been released to HSCC for the purpose. MoU between MoHFW and Govt. of Andhra Pradesh/Maharashtra/West Bengal have been prepared and sent to them for acceptance.

(b) **Up-gradation: 12 existing SGMCs** have been identified to be taken up for up-gradation under Phase-IV of PMSSY. Draft EFC Note to this effect has been circulated to all appraising departments viz. Department of Expenditure and Niti Aayog vide OM dated 23.10.2015.

33. RASHTRIYA SWASTHYA BIMA YOJANA

RSBY Launched in early 2008. RSBY was initially designed to target only the Below Poverty Line (BPL) households, but it has been presently expanded to cover other 11 defined categories of unorganised workers, viz. Building and other construction workers registered with the Welfare Boards, Licensed Railway Porters, Street Vendors, MNREGA Workers [Worker who have worked for more than 15 days during the preceding financial year], Beedi Workers, Domestic Workers, Sanitation Workers, Mine Workers, Rickshaw pullers, Rag pickers & Auto/Taxi Driver. RSBY is being administered and implemented through a decentralised implementation structure at the State Level. Since, 1st April, 2015, RSBY has been transferred to Ministry of Health & Family Welfare on “as is where is” basis from Ministry of Labour and Employment.

The beneficiaries under RSBY are entitled to hospitalization coverage up to Rs.30,000/- per annum on family floater basis on cashless and paperless treatment, for most of the diseases that require hospitalization. The coverage extends to maximum five members of the family which includes the head of household, spouse and up to three dependents. The benefit will be available under the defined diseases in the package list [including maternity treatment]. The Government has framed indicative package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Additionally, transport expenses of Rs. 100/- per hospitalisation will also be paid to

the beneficiary subject to a maximum of Rs. 1000/- per year per family. The beneficiaries need to pay only Rs. 30/- as registration fee for a year while Central and State Government pays the premium as per their sharing ratio to the insurer selected by the State Government on the basis of a competitive bidding. The RSBY Scheme is implemented through de-centralised structure through State Government. At every state, a State Nodal Agency (SNA) is responsible for implementing, monitoring supervision and part-financing of the scheme by coordinating with Insurance Company, Hospital, District Authorities and other local stake holders.

Funding Pattern: RSBY being a centrally sponsored scheme, sharing pattern of the funding between Central Government & State Government is 60%: 40% respectively w.e.f 2015-16. However this sharing pattern changes to 90%:10% in case of North Eastern States and Jammu & Kashmir. The maximum ceiling of Central Government contribution is Rs. 565/- [i.e. 75% of Rs. 750/-]. The beneficiary has to pay a fee of Rs. 30/- every year at the time of enrolment. Additionally, the Central Government also pays the cost of smart card which is Rs. 60/- over and above the Central Government's Share of Premium Contribution, totalling to Rs. 625/-. The beneficiaries contribution of INR 30/- is used by the State Nodal Agency (SNA) to meet their administrative expenses. This Rs. 30/- is adjusted from the premium share of State Government/UT.

The scheme is presently implementated in 342 of 455 districts (75.2%) of 17 States/ UTs. A total 3.72 crore families have been enrolled into the scheme. Three tier (Central, State and District level) Gevievances Redressal Mechanism has been set up by the Govt. of India. A Central Gevievances Redressal Management System is in placed at: "http//rsby.gov.in/tempsites/cgrs/Website/OnLineRegisterComplanint.aspx".

Activity Planned for 2016-17

For the year 2016-17, the budget estimate demanded is of Rs.1200.00 crores targeting to provide benefit coverage to around 4.25 crores beneficiary families. However, as per recent development it has been decided to converge the health scheme of other Ministries / Departments [including Senior Citizen Healthcare Scheme] under RSBY Scheme and this Ministry is working upon the details on how to make it feasible to converge all the related health scheme.

Current Efforts towards strengthening RSBY under MoHFW:

Presently, this Ministry is working towards restructuring RSBY by converging, all the centrally sponsored health insurance schemes implemented by different central Ministries/Departments into a single improved and superior scheme, which would help to achieve economies of scale for resource optimisation, cost reduction and effective overall management. The key feature of new improved scheme is as under:

- Expanding coverage to include more poor and vulnerable families (by using the latest SECC, 2011 database).
- The maximum ceiling of Central Government's Contribution per Beneficiary Family per year has been proposed at Rs. 500/- for large states (in-line with the revised sharing pattern for Central Sponsored Schemes). Detailed funding patterns among Indian states are given below.
- Increased depth of benefit package by including more procedures.
- Increased financial cover for benefit package.
- Doing away with cap on family size to include dependent parents/senior citizens and prevent exclusion of the girl child, women.
- Linkage with primary care by proposing that a Health Check for each beneficiary family, where such members from each family that are more than 40 years will be allowed to get their defined health check-up done at public facilities (PHC) once in three years.
- Improving Quality through incentivization (higher package rates as per accreditation levels). This might also encourage good private hospitals to join the scheme.

- Also to overcome the challenge of improving awareness, it is proposed to incentivise field level staff to create awareness. National level awareness campaign will also be done by MoHFW.

34. MANAGEMENT INFORMATION SYSTEM

The National Health Mission (NHM) has quantifiable goals to be achieved through specific road maps with appropriate linkages and financial allocations for strengthening the health infrastructure. A continuous flow of good quality information on inputs, outputs and outcome indicators is essential for monitoring the progress of NHM at closer intervals. Integral to this process is using information for decentralized planning where the States prepare Integrated District Health Action Plans (IDHAP) culminating to the State Health Action Plans or Programme Implementation Plans (PIP) through which resource allocation takes place. Important M & E activities being undertaken are as under:

- **Web based Health Management Information System (HMIS):** A web based Health MIS (HMIS) portal was launched in October, 2008 to facilitate data capturing at District and lower levels. The HMIS portal has led to faster flow of information and almost all districts in the country are now reporting data on a regular basis. The HMIS has also been rolled out to capture information at the facility level. As on 26.10.2015, 672 districts (out of 674) are reporting facility wise information every month. The remaining districts (2) are reporting consolidated district information. To promote use of HMIS data, standard ready to use reports giving national, State, district and sub-district level key indicators are being generated and refreshed on daily / weekly basis. Further, to improve quality of HMIS data, score cards and dash-boards have been developed and these are being used at the State and district level consultations to highlight the poor performing regions and the programme areas which need more attention
- **Large Scale Surveys:** The Ministry has been conducting large scale surveys periodically to assess the level and impact of health interventions. These surveys include National family Health Survey (NFHS), District level Household Survey (DLHS), Annual Health Survey (AHS) etc. The main aim of these surveys is to assess the impact of the health programmes and to generate various health related indicators at the District, State and National level. The details of the Surveys related to health are summarised below:

Sl No	Name	Nodal Agency	Periodicity (Year of Surveys)	Availability of Information
1.	National Family Health Survey (NFHS)	IIPS, Mumbai	5 – 7 years (Three rounds conducted in 2005-06, 1998-99, 1992-93) 3 years from NFHS-4 onwords.	National and State level indicators relating to population, health, nutrition, reproductive and child health, health seeking behavior etc. HIV/AIDS estimates provided for the first time in 2005-06. NFHS-4 for the first time will provide district level estimates for most of the indicators.
2.	District level Household Survey (DLHS)	IIPS Mumbai	5 – 6 years (Four rounds conducted in 2012-13, 2007-08, 2002-04 & 1998-99) To be discontinued.	National, State and district level estimates on health and nutrition, performance of reproductive and child health programmes etc

Sl No	Name	Nodal Agency	Periodicity (Year of Surveys)	Availability of Information
3.	Sample Registration System (SRS)	Registrar General of India	Annual	National and State level estimates on CBR, CDR, IMR. U5MR, TFR etc
4.	Annual Health Survey	Registrar General of India	Annual (Three rounds conducted in 2010-11, 2011-12 & 2012-13). To be discontinued.	Demographic and health Indicators at the State and District level for 8 EAG States and Assam.

- ✓ **National Family Health Survey:** The Ministry of Health & Family Welfare launched the fourth round of National Family Health Survey (NFHS 4), an integrated Survey to get District and higher level estimates for various Health and Family Welfare indicators for all 640 districts in the country as per the 2011 census. NFHS-4 is carried out in two phases; 17 States / Regions in first phase (Andhra Pradesh, Assam, Bihar, Goa, Haryana, Karnataka, Madhya Pradesh (East), Madhya Pradesh (West), Maharashtra, Manipur, Meghalaya, Sikkim, Tamil Nadu, Telangana, Tripura, Uttar Pradesh (East), Uttarakhand, West Bengal, Andaman & Nicobar Islands and Puducherry and 15 States / Regions in second phase (Arunachal Pradesh, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Kerala, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Uttar Pradesh (Bundelkhand + Central), Uttar Pradesh (West), Chandigarh, Dadra & Nagar Haveli, Daman& Diu, Lakshadweep and NCT of Delhi).
  The survey, which was commenced in July, 2014 is expected to be completed by 2016. Field work in most of the States / Regions covered in the first phase has been completed by October, 2015 except in Assam while mapping and listing of households is in progress in the States / Regions covered in second phase.
- ✓ **District level Household Survey:** The fourth round of District Level Household Survey (DLHS-4) has been taken up with the objective of estimating reliable indicators of population, maternal & child health and family planning at District, State and National Level. As part of the Survey, a number of Clinical Anthropometric and Biochemical (CAB) tests are carried out to produce district level estimates for nutritional status and prevalence of certain life style disorders. The major constituents of the CAB component are height, weight, and blood pressure, estimation of hemoglobin (Hb), blood sugar and test for iodine content in the salt used by households. The survey results are now available on website of the Ministry (www.nrhm-mis.nic.in) in the form of fact sheets for 21 States/UTs and State Report for 18 States.
- ✓ **Annual Health Survey:** Three rounds (2010-11, 2011-12 and 2012-13) of Annual Health Survey (AHS) carried out through the Office of Registrar General & Census Commissioner of India in 284 districts of 9 States namely Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand has been completed. The survey results including the CAB component are now available on the website (http://www.censusindia.gov.in/2011-common/AHSurvey.html) of ORGI.

- **Regional Evaluation Teams (RETs):** There are 7 Regional Evaluation Teams (RETs) located in the Regional Offices of the Ministry which undertake evaluation of the NRHM activities including Reproductive and Child Health Programme (RCH) on a sample basis by visiting the selected Districts and interviewing the beneficiaries. Out of that,

at present RET located at Pune is defunct as there is not a single officers/staff. Regional Evaluation Teams have visited 91 districts in 2014-15 and 42 Districts in 2015-16 till October, 2015. The Reports of the RETs are sent to the States and programme divisions for taking corrective measures on issues highlighted in the reports

- **Population Research Centres:** The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs) scattered in 17 major States. These PRCs are located in various Universities (12) and other Institutions (6) of national repute. The PRCs are responsible for carrying out research on various topics of population stabilization, demographic, socio-demographic surveys and communication aspects of population and family welfare programme. During the year 2014-15, The PRCs have completed PIP monitoring of 213 districts and conducted other 100 research studies. During 2015-16, the PRCs have completed PIP monitoring of 77 districts and 20 other research studies till October, 2015 on some of the important topics of research including the studies assigned by the Ministry. At present PRCs are also involved in analysis of district-wise data captured through HMIS.

35. E-HEALTH INCLUDING TELEMEDICINE

National Medical College Network (NMCN):

A Central Sponsored Scheme (CSS) amounting to Rs.103.99 Crores was approved in Feb' 2014 for establishment of National Medical College Network (NMCN), wherein 41 Govt. Medical Colleges are being networked in the first phase riding over National Knowledge Network – high speed bandwidth connectivity, NKN with the purpose of e-Education and e-Healthcare delivery. Under Phase-I of the scheme a National–cum-Regional Resource Centre, five Regional Resource Centres viz National –cum-Regional (Eastern) Resource Centre (SGPGI, Lucknow), Regional (Northen) Resource Centres at PGIMER (Chandigarh), Southern at JIPMER (Puducherry), Western at KEM (Mumbai), Central at AIIMS (New Delhi), NE Region at NEIGRIHMS (Shillong) and 35 other Medical Colleges shall be networked.

- NRC, RRCs and 35 Medical Colleges have been identified for 1st Phase of NMCN
- 5 Agencies have been empaneled for issuing of RFP
- RFP has been issued to empaneled agencies for submission of Bids

Future course of action:

- Shortlisting the System Integrator /Implementation Agency for NMCN project.
- Roll out of the Central Sponsored Scheme of National Medical College Network (NMCN) in shortlisted 35 Medical colleges, NRC cum RRC and 5 RRCs under 1st phase.

(a) Telemedicine Network by using Space Technology: MoHFW has envisaged a Telemedicine pilot for Citizen-Centric Services with D/o Space in one district each in Himachal Pradesh, Odisha, Arunachal Pradesh and Meghalaya in disciplines of Medicine, Ophthalmology, ENT, Oncology, Cardiology and Dermatology.

The Hon'ble PM has chaired the National Workshop on promoting Space Technology tools and Applications which was held in August 2015. As per the follow up action of the workshop, following projects was identified:

i. Setting up of Telemedicine Centre at Ayappa Temple, Sabrimala, Kerela at linking with JIPMER, Pudducherry for specialist consultation.

ii. Setting up of Telemedicine Centre at a remote district of Himachal Pradesh and linking with PGI, Chandigarh for specialist consultation.

Future course of action

- Establishment of SATCOM based telemedicine centres at Chardhams and other important places of pilgrimage.
- In the next phase both Departments will work on other areas like tele-epidemiology and tele-CME including working with health workers.

(b) m-Health for tobacco cessation: MoHFW, in partnership with World Health Organisation (WHO)- ITU, has envisaged an initiative for utilizing mobile technology for tobacco cessation. As part of the WHO 'Be Healthy Be Mobile' initiative, it is desirable to reach out to tobacco users of all categories who want to quit tobacco use and support them towards successful quitting through constant messaging. The sensitization workshop on m-Health for Tobacco Cessation was held with stakeholders. The MoU has been signed with WHO-ITU for providing technical support. The India specific content has been prepared and approved for roll out of the program.

35. NATIONAL TUBERCULOSIS INSTITUTE, BANGALORE

National Tuberculosis Institute (NTI), Bangalore is an organization under the Directorate General of Health Services, Ministry of Health and Family Welfare, established in 1959. The Technical Activities carried out at NTI include building the capacity of human resources for effective implementation of RNTCP, and also to undertake Operational Research to strengthen the roll out of services under RNTCP. The laboratory at NTI has been designated as one of the National Reference Laboratories, which assess the quality of the sputum smear microscopy, culture and drug susceptibility testing services in the laboratory network under RNTCP. The main objectibe of NTI are:

- ✓ To formulate a nationally applicable, economically feasible and scientifically valid TB control programme.
- ✓ To train manpower for implementation of National TB Control Programme.
- ✓ To provide technical support to Central TB Division of the DGHS and State TB Units for effective implementation of TB Control.
- ✓ To monitor & supervise the National TB Control Programme.

36. STRENGTHENING/ UPGRADATION OF NURSING SERVICES (ANM/GNM)

The Centrally Sponsored Scheme is for Strengthening/ Upgradation of Nursing Services by way of funding pattern of 85% by Central Government and 15% by the State Government for starting new ANM/GNM Nursing Schools. Objective of the Scheme:

- The objective of the present scheme is to meet the shortage of Nurses.
- The Government has initiated action for the opening of 132 Auxiliary Nurse Midwife (ANM) and 137 General Nursing Midwifery (GNM)) schools in those districts of 23 high focus states the country where there is not such school. This will create 13500 additional intake capacities of candidates per year. So far 125 ANM schools and 133 GNM schools have been approved across the Country.
- Under the Scheme, a sum of Rs. 725.95 crore has been released for establishment of 102 ANM and 127 GNM Schools across the country.

During 2014-15, an amount of Rs.112.585 crore has been released for establishment of ANM & GNM Schools across the Country. A total number of 14 ANM and 17 GNM Schools have been established in the year 2014-15. Apart from this, 10 ANM and 11 GNM Schools has been released 2nd instalment for establishment of ANM/GNM schools. During 2015-16, no funds are allocated for the financial year 2015-16.

37. DEVELOPMENT OF NURSING SERVICES

The Central Sector Scheme is for Development of Nursing Services by way of Training of Nurses, upgradation of School of Nursing into College of Nursing and Nurses Award.
Objective of the Scheme:

- In order to update knowledge and skills of nursing personnel, continuing nursing education programme has been started in various specialty areas.
- In order to increase the availability of graduate Nurses; 21 institutions in various States {Rajasthan (5), Jharkhand(3), Gujarat(2), Tamilnadu(2), West Bengal(2), Himachal Pradesh(1), Manipur(1), Mizoram(1), Uttar Pradesh(3) & Kerala(1)} have been released grant-in-aid.
- In order to improve the quality of training imparted at the existing Schools and Colleges of Nursing, a sum of Rs.25.00 lakhs as revised pattern assistance has been approved towards procurement of A.V.Aids, improvement of Library, additions and alterations of School/ College/ Hostel building.

During 2014-15, an amount of Rs.8,26,500.00 has been released for conducting 5 short term courses to train 150 nurses. During 2015-16, a proposal for conduction 51 short term courses to train of 1530 Nurses and proposasl cost of Rs.85.00 lakhs is under consideration.

38. ESTABLISHMENT OF NEW MEDICAL COLLEGES

- ✓ Establishment of new Medical Colleges attached with existing district/referral hospitals.
- ✓ Upgradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country.
- ✓ Strengthening and upgradation of State Government Medical colleges for starting new PG disciplines and increasing PG seats.

Establishment of new Medical Colleges attached with existing district/referral hospitals (Upgradation of District Hospitals to Medical Colleges):

To meet the shortfall of human resource in health, the government is implementing a Centrally Sponsored Scheme for "Establishment of new medical colleges attached with existing district/referral hospitals" with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 (revised) for other States. The total cost of establishment of one Medical College under the scheme is Rs.189 crore. A total of 38 district/referral hospitals have been approved under the scheme and funds to the tune of Rs. 228.53 crore have been released to the States/UTs. The objectives of the Scheme are:

- To establish 58 medical colleges with intake capacity of 100 in each to increase 5800 seats at the undergraduate level in Government sector.
- To bridge the gap in number of seats available in government and private sector to ensure availability of more MBBS seats for students who cannot afford costly medical education in private sector.
- To mitigate the shortage of doctors by increasing the number of undergraduate seats in the country for equitable health care accessibility across the states.
- To utilise the existing infrastructure of district hospitals for increasing undergraduate seats in a cost effective manner by attachment of new medical college with existing district/referral hospitals.

- Additional human resource in health generated by the scheme would meet the health care needs of the growing population and ensure that doctors are available at PHC/CHC/District level to ensure service guarantee under NRHM.

Strengthening of existing government medical colleges to increase the MBBS Seats:

The objective of the scheme is to upgrade existing medical colleges with a view to increase MBBS seats. It is expected to create 10,000 additional MBBS seats under this Scheme. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 (revised) for other States with the upper ceiling cost pegged at Rs. 1.20 crore per seat. 23 Medical Colleges have been approved under the scheme to increase UG seats. The objectives of the Scheme are:

- To create about 10,000 additional MBBS seats in the country by the end of 12th Five Year Plan.
- To bridge the gap in number of seats available in government and private sector to ensure availability of more MBBS seats for students who cannot afford costly medical education in private sector.
- To mitigate the shortage of doctors by increasing the number of undergraduate seats in the country for equitable health care accessibility across country and to achieve the desired doctor population ratio by the end of 12th five year plan.
- Additional human resource in health generated by the scheme would meet the health care needs of the growing population and ensure service guarantee under NRHM by increasing availability of doctors at PHC/CHC/District level.

Strengthening and upgradation of Government Medical Colleges for increase of PG seats:

The scheme was launched in the XI Plan period with the objective to strengthen and upgrade State/Central Government Medical Colleges to create new PG seats. The revised funding pattern between Centre and States is in the ratio of 60:40. A total of 72 Government Medical colleges are covered under the scheme with a target of increasing about 4000 PG seats. The objectives of the Scheme are:

- To meet the shortage of faculty in pre and para clinical disciplines by starting new PG seats/courses/increasing the number of postgraduate seats in the country for equitable health care accessibility across the states.
- Additional human resource in health generated by the scheme would meet the health care needs of the growing population and ensure that specialist doctors are also available at sub-district level to ensure service guarantee under NRHM.
- State Government medical colleges will be able to increase the intake capacity of existing PG courses and introduce new PG courses.

39. NATIONAL AIDS CONTROL ORGANISATION

The National AIDS Control Programme (NACP) has been implemented by Government of India through State AIDS Control Societies in the states to prevention and control of HIV/AIDS in the country. The first National AIDS Control Programme was launched in 1992, which focused on the national HIV surveillance system, prevention activities among High Risk Groups (HRGs) including information on HIV and the blood safety programme was started under this phase. NACP-II launched in 1999 focused on the scale-up of targeted interventions for HRGs--especially prevention outreach and HIV testing and counselling— and fostered greater involvement of PLHIV and community networks. The treatment programme was also launched under NACP II. Institutionalization of decentralized programme management through State AIDS Control Society was a key thrust in phase II. NACP III

was launched in 2007, there was a rapid expansion of the prevention, care and treatment efforts across the country with a focus on increasing service access points through institutional scale-up and out-reach.

Currently, the NACP IV (2012-2017) is mid-way through implementation. It focuses on consolidating the gains made during NACP III and aims to accelerate the process of reversal of the HIV epidemic. The key strategies under NACP-IV includes intensifying and consolidating prevention services with a focus on HRG and vulnerable population, increasing access and promoting comprehensive care, support and treatment, expanding IEC services for general population and high risk groups with a focus on behavior change and demand generation, building capacities at national, state and district levels and strengthening the Strategic Information Management System. Prevention and Care, Support & Treatment (CST) form the two key pillars of all HIV/AIDS control efforts in India.

HIV prevalence in India for adult (15-49 years) was estimated at 0.26% in 2015 as per the report on 'India HIV Estimation 2015' released recently. The total number of people living with HIV (PLHIV) in India is estimated at 21.17 lakhs in 2015. The National AIDS Control Programme has succeeded in reducing the estimated number of annual new HIV infections in adults by 66% between 2000-2015 and 32% decline from 2007. Wider access to antiretroviral therapy (ART) has resulted in a decline of the estimated number of people dying due to AIDS related causes.

NACP programmes include, Targeted Intervention (TI), which is one of the important prevention strategies under the National AIDS Control Programme. Targeted Interventions (TIs) comprise preventive interventions working with focused client populations in a defined geographic area where there is a concentration of one or more High Risk Groups (HRGs). As of September 2015, 1775 Tis are implemented by NGOS/CBOSs contracted by State AIDS Control Societies along with 130 Link Worker Scheme(under World Bank fund) catering to the High Risk Groups in Urban and Rural areas. The STI/RTI prevention and control programme is aimed at providing effective control of sexually transmitted infection including reproductive tract infections to high risk and vulnerable populations through continued support to the 1164 designated STI/RTI clinics in public sector and 3700 TI /STI preferred providers in Targeted intervention programme.

Availability and routine access to quality assured HIV related laboratory services is the mandate of laboratory services Division. Major Programs run by laboratory services division include External Quality Assurance Scheme for HIV testing laboratories(EQAS), molecular testing for diagnosis of HIV in Infants and children less than 18 months, CD4 testing for monitoring and initiation of antiretroviral therapy (ART), CD4 EQAS, Viral Load testing for second line ART and confirmatory Diagnosis of HIV-2 in the National Programme.

NACO has been primarily responsible for ensuring provision of safe blood for the country. Blood transfusion services comprises of 2760 blood banks in the country. At present, NACO supports 1161 blood banks comprising of 34 model blood banks, 304 blood component separation units, 210 major blood banks and 613 district level blood banks. The IEC and Mainstreaming strategy has been worked out keeping in focus the objectives of NACP-IV viz promotion of safe behavioural practices and services for prevention, treatment, care and support. The prioritization of target populations, messages and media channels has been done on the basis of evidence gathered from the data on vulnerability of different population segments, their geographical locations and reach of different media channels. Mainstreaming HIV has been a strategy in the National AIDS Control Programme to generate multi sectoral response to HIV as well as garner support from key Departments. It is proven to be quite effective in ensuring HIV prevention services are accessible by the maximum population possible, and also in mitigating the impact of HIV and AIDS through the provision of social entitlement and welfare schemes. The benefits of mainstreaming is viewed by a) enhancing coverage and reach by information on STI/HIV prevention b) Integrating services through existing health infrastructure available in Ministries/ Departments, Public Sector

Undertakings, Civil Society Organization c) facilitating social entitlements for social protection of people infected and affected with HIV/AIDS. NACO Condom Promotion strategy focuses on two aspects: ensuring availability and creating demand for condoms. The NACO, with an objective to formalize its partnership with the various departments/ ministries, entered into Memoranda of Understanding with the following 14 Departments/Ministries.

Basic Service includes early detection of HIV, provision of basic information on modes of transmission and prevention of HIV/AIDS to promote behavioral change & reducing vulnerability, to link people with other HIV prevention, care, support and treatment services and collaborate with RNTCP & RCH programs. The PPTCT program under Basic Services aims to reduce the transmission of HIV from an infected mother to the infant. The program has implemented PPTCT using multi drug regimen (triple drug ARV regimen) for all pregnant and breast feeding women living with HIV, regardless of CD4 count or WHO clinical stage, which has been rolled out in phased manner across the country. HIV positive women and the newborn are given prophylactic drugs to prevent transmission of HIV from the mother to child. This policy has been issued to all the States / UTs for nationwide implementation of Multi-drug Regimen for PPTCT with effect from 1st January 2014. The HIV/TB collaborative activities under Basic Services have progressively improved with a consistently increasing number of HIV infected TB patients being diagnosed. HIV-TB Collaborative services are provided in ICTCs through cross referrals with the RNTCP program. This increase in cross referrals is largely attributed to the expansion of intensified HIV/TB package. The intensified case finding package focuses on offering HIV testing to all TB patients and linking the co-infected patients to CPT and ART. One of the major objectives of the National AIDS Control Programme is to provide greater care, support and treatment to larger number of PLHIV with ultimate goal of universal access for all those who need it. The delivery of care and treatment services for people living with HIV / AIDS is provided through a three- tier structure; ART Centres, Link ART Centres & Link ART Centres Plus, Centre of Excellence and ART Plus Centres for Second line ART.

HSS 2014-15 was conducted at 776 Antenatal Clinic (ANC) surveillance Sites, covering 574 districts across 36 States and UTs. Data from HSS 2014-15 is currently being analyzed and Technical brief from same will be prepared by December'15. NACO has conducted National Integrated Biological & Behavioural Surveillance (IBBS) among high risk groups and bridge population during 2014-15. Data collection has been completed. The National summary report for the HRG has been prepared and approved in Technical Advisory Group. The National Data Analysis Plan which is a first-of-its-kind activity in a public health programme, whereby retrospective data has been systematically analysed with the engagement of analysts and mentors from ICMR institutions, Medical Colleges, development partners, NACO and SACS to address programmatic queries of the National AIDS Control Programme. These engagements of analysts and mentors were without any financial support to them, with only right of authorship of a publication in peer reviewed scientific publication. A report on National Data Analysis plan was published and disseminated also some peer reviewed papers was published.

New initiatives done during 2015-16

- An IT based Inventory Management System (IMS) launched for tracking inventory at every point of supply chain established to strengthen the supply chain management system of Anti Retroviral Drugs & other commodities. This System is rolled out across the country and successfully managing the drug distribution in the country.
- ISO certification of various processes of NACO has been achieved; NACO is the 1st division/department under Ministry of Health & Family Welfare to get the ISO 9001:2008 certification.
- National Toll free AIDS helpline 1097 was launched on World AIDS day, 2014 to facilitate easy dissemination of information related to HIV/AIDS to general public in all Indian languages. Till August 2015, more than 4 lakh Calls have been received from different parts of the country.

- Mainstreaming and partnerships is recognized as a key approach in National AIDS Control Programme to facilitate multi-sectoral response engaging a wide range of stakeholders. A total of 14 MOUs with Ministries/Department have been signed till date. Out of that, two MoUs have been signed during 2015-16. These MoUs are with, Department of Rural Development, Ministry of Rural Development, Department of commerce and Ministry of Commerce and Industry.
- As a part of South-to-South Knowledge Exchange initiative on HIV/AIDS, is ongoing with the support of World Bank Institute
- A strategic plan for North Eastern (NE) States region has been finalised with detailed district level implementation plans for all the eight states.
- Scale up interventions among Transgender (TGs) population by bringing in community participation and focused strategies to address their vulnerabilities. Focusing on low performing states a special focused project under local capacity initiative- Nirantar Project was initiated in the three states of Chhattisgarh, Madhya Pradesh and Odisha.
- Under harm reduction strategy HIV/AIDS prevention intervention in Prisons setting is finalized. Accreditation tool for Government Health setting OST centers were developed to strengthen the quality assurance and piloting of OST with Methadone was initiated
- Under STI/RTI control Programme, Prevention of Parent to child transmission of congenital Syphilis has been implementation.
- Under Blood Transfusion Services, amendments has been done in drug and cosmetic act to increase access of blood by bulk transfer of blood between blood banks and supply of surplus plasma from blood banks to plasma fractionators to enhance self-sufficiency for life saving plasma derived medicines in the country and
- Got approval for establishing Metro blood bank – center of excellence in transfusion medicine.
- Under Intensified HIV-TB joint collaboration, New TB/HIV activities in ART Centres including Airborne Infection Control Activities and Intensified Case Finding (ICF), Isoniazid Preventive Therapy (IPT) & TB Infection Control (IC) (Three Is) for people living with HIV were also initiated.
- Focus on quality through implementation of Early Warning Indicators, Quality of Care Indicators and Retention Cascade to fill the gaps in the programme.
- The assessment of ART Centres was completed for 357 ART Centres and reports are sent to ART Centres and SACS for needful action.
- NACO had also conducted an intensified tracking drive of Lost to follow up (LFU) clients before 2010 to firm up the number of LFU patients before 2010 through Care and Support Centres.
- HIV- Visceral Leishmaniasis (VL) co-infection programme coordination was initiated in the year with National Vector Born Disease Programme (NVBDCP) & World Health Organisation (WHO).
- For the first time NACO submitted a single proposal on HIV/TB to Global Fund under New Funding Model (NFM) and a grant of 238.53 USD Million was awarded for NACO activities.

New initiatives proposed for 2016-17

- Efforts to be focused on low prevalence states which are showing sustained higher HIV prevalence across all HRG groups especially scaling up of MSM/TG interventions (transition from Pehchan project in 2016-17), OST centres with Buprenorphine and Methadone, HIV/AIDS prevention intervention in Prison settings along with focus on Long Distance Truckers interventions (HIV prevalence is 2.49%) Industrial houses would be collaborated to cater services to the informal migrants linked with the industries focusing on clinical services and associations and industries related to migrants would be sensitised and build capacities to implement HIV/AIDS program. With the

recategorisation of the districts Link Worker Schemes and District AIDS Prevention Units would emerge in high prevalent districts and would focus on emerging pockets of epidemic (more than 1% ANC prevalence).

- Third line ART will be initiated in programme for all patients failing on second line ART
- Revision of CD4 count eligibility from 350 to 500 for starting of ARV
- Viral load testing will be scaled up in the programme
- Airborne Infection Control Activities, Early warning Indicator and quality of care indicator as well as Pharmacovigilance will be scaled up to all ART centres
- Estimation of Burden of Hepatitis C infection in coordination with WHO
- STI Surveillance system to be set up
- Blood Transfusion Services plans to roll out External quality assurance scheme in blood banks to improve the quality at facility level

The NACO has taken cognisance of the emerging challenges and is focusing on region-specific strategies and evidence-based scale up of the prevention as well as treatment interventions. The programme will ensure that the growing treatment requirements are fully met while providing for the needs of prevention.

OUTCOME BUDGET 2015-16
(OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES/ACHIEVEMENTS)

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
1	**NRHM Mission Flexible Pool:**	Mission Flexi Pool seeks to strengthen the institutional structure and provide an effective link between the community and health care facilities at the grass root level. Selection and training of Accredited social Health activists (ASHA) acting as a link is critical. Focus will be on augmentation of Human Resources by encouraging states to engage health personnel including doctors, nurses and paramedics strengthening health infrastructure by providing support to the states for new construction /up gradation renovation of health care facilities strengthening First Referral Units and operationalization of more 24X7 facilities, decentralized planning through Village Health Sanitation and Nutrition committees and Rogi Kalyan Samitis, preparation of District Health Action plan with convergence from all health related sectors, provisioning for health services delivery especially in un-served and underserved areas through Medical Mobile Units providing financial assistance to states for selection and training of Accredited Social Health Activists (ASHA) who act as a link between community and healthcare facilities establishing Emergency Transport and patient Transport System. Objective, Quantifiable Deliverables, Achievements are as follows:			
		1. Fully Trained and Equipped ASHAs, one for every 1000 population or less/ for isolated habitations.	50000 lakh ASHAs to be provided training in remaining modules/refresher training.	15487	Achievements: up to June'2015
		2. Strengthening of Health Sub-Centres SHC.	300 New Sub Centres to be opened.	28	
		3. Construction of Sub Centres.	800 New Sub Centres to be constructed across the country.	715	
		4. Strengthening Health facilities during 2014-15.	1000 Health facilities to be completed during 2015-16	770	
		5. Upgrading Community Health Centres and other levels into First Referral Units.	100 CHCs and other level facilities to be upgraded as First Referral Units.	27	
		6. Appointment of Doctors/ Specialists.	500 Doctors/ Specialists to be recruited on contract basis.	0	
		7. Appointment of Staff Nurses.	600 Staff Nurses to be recruited on contract basis.	1592	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		8. Appointment of Paramedical Staff.	500 Paramedical Staffs to be recruited on contract basis.	29	
		9. Untied grants to be provided to each VHSNC, SC, PHC, CHC to promote local health action.	100% Health facilities to be given untied and Annual Maintenance Grant funding for local health action during 2014-15.	100% of eligible health facilities	
		10. New Mobile Medical Units (MMU) to be operationalized.	30 new Mobile Medical Units (MMU) to be operationalized.	0	
		11. Operationalization of Emergency Referral transport Ambulances.	200 Ambulances to be operationalized in the States/UTs.	132	
		12. Preparation of Annual District Action Plan (DHAP)	District Health Action Plan to be prepared for 640 districts.	673	
		13. Holding Village Health & Nutrition days.	60 lakh Village and Health Nutrition days to be completed.	23.99 lakh	
2	**RCH Flexible Pool:**	**Reproductive and Child Health Programme:** To reduce Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) and assure reproductive health and choice to citizens and contribute thereby to stabilization of population consistent with the goals enshrined in the National Population Policy 2000 and 11th & 12th Five Year Plan. It	To improve the health status of Infant, Women and Children, funds are provided to States/UTs to sustain and increase: (a) Operationalization of facilities i.e. FRUs, 24x7 PHCs, sub-centers and MTP & RTI/STI services. (b) Coverage of JSY beneficiaries. (c) Ensuring enrolment of all pregnant women under	➢ Infant Mortality Rate declined to **40** per 1,000 live births (SRS 2013). ➢ Maternal Mortality Ratio reduced to **167** per 1,00,000 live births (SRS 2011-13). ➢ Total Fertility Rate reduced to **2.3**(SRS 2013). ➢ Under 5 Mortality Rate reduced to **49** (SRS 2013). ➢ Strengthening strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A). **<u>Maternal Health Services:</u>** ➢ Greater thrust for providing maternal health services: ✓ Percentage of institutional deliveries against reported deliverris upto Sep in 2015-16 is **88.2%.** ✓ Demand promotion through JSY. Expected beneficiaries under Home Deliveries are **2** lakh and **110** lakhs for Institutional Deliveries.	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		aims at providing need based, client centered, demand driven, quality services to the beneficiaries with a view to improve the health status of Infant, Women and Children.	Aadhaar. (d) Implementation of Janani Shishu Suraksha Karyakram (JSSK) - an initiative to assure free entitlements for both pregnant women and sick new borns till one year after birth accessing public health institutions for healthcare. (e) Strengthening of integrated management of neonatal and childhood illness (IMNCI); new born care (including diarrhea management, ARI & micro-nutrients malnutrition). (f) Strengthening of Family Planning services (including Compensation for Sterilization & IUD). (g) Home delivery of contraceptives by ASHAs at doorstep of beneficiaries. (h) Provision of services for (i) Adolescent Health, (ii) Urban RCH (iii) Tribal RCH (iv)Vulnerable Groups.	✓ Operationalization of 24*7 facilities ✓ Multiskilling of doctors & human resources for health ➢ Promote institutional delivery, eliminate out of pocket expenses and facilitate prompt referral through following measures under JSSK. ✓ Free, zero expense treatment and exemption from all kinds of user charges ✓ Free drugs, diagnostics, consumables, free provision of blood, free transport from home to health institutions, free transport between facilities in case of referral, free drop back from institutions to home ✓ Operationalization of MCH Wings i.e. 100/50/30 bedded MCH wings are being established in District Hospitals/ District Women's Hospitals/ Sub-District Hospitals/ CHCs/FRUs. **Child Health Services:** Facility Based New born Care: ✓ **16968** NBCCs established and **1.3** lakhs health personnel trained in NSSK as on September, 2015 ✓ **602** SNCUs and **2228** NBSUs have established as on September, 2015 ✓ SNCU Online Reporting Network has been established in 15 states covering 416 SNCUs. ✓ About **19.82** lakhs sick infants are the target beneficiaries who are expected to avail services under JSSK ✓ **20** States have started setting up Kangaroo Mother Care (KMC) in health facility collocated to SNCU ✓ **14** States have implemented the intervention allowing ANMs to give a pre referral dose of antenatal corticosteroid (Injection Dexamethasone) in pregnant women going into preterm labour. ✓ **6** States have issued guidelines empowering ANM to administer pre-referral dose of Injection Gentamicin and Syrup Amoxicillin to newborns for the management of sepsis in young infants (upto2 months of age). Home Based New Born care (HBNC) ✓ Out of **8.9** lakhs ASHAs**, 6.97** lakhs trained in round 1 of module 6 & 7 to provide home based new born care	

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			(i) Involvement of NGOs and Public Private Partnership. (j) Strengthening Infrastructure, HR and Institutional Strengthening. (k) Provision for adequate training, IEC/BCC, Procurement and Programme Management arrangements. (l) Supporting the activities of Immunization PIPs. (m) Mother & Child Tracking System (MCTS) to track every pregnant woman by name for providing timely ante-natal care, institutional delivery, and post-natal care along with immunization of the new-born. (n) Improve HMIS. (o) To meet the increased demand for delivery care services, introduction of 100 bedded MCH Wings at District Hospitals and 70/50/30 bedded maternity wards at Sub Divisional Hospitals/CHCs	✓ More than **40 lakhs** new born visited to home by ASHAs as on September, 2015. Promoting IYCF practices ✓ As on September, 2015, HMIS 2015-16, **89**% coverage of early initiation of breast feeding in the country. ✓ Micronutrient supplementation ✓ As on September, 2015 HMIS 2015-16; **38%, 33% and 30%** children received the 1st, 5th and 9th dose of Vitamin A respectively. ✓ **216.85 lakhs** IFA syrup given to the Children as on November, 2015. ✓ **896** NRCs established in the Country. Diarrhoea Management and ARI ✓ As on September, 2015 HMIS 2015-16; a total **380** lakhs ORS packets are provided to children for management of diarrhoea in the country. ✓ Intensified Diarrhoea Control Fortnight (IDCF) campaign successfully conducted from 27th July'15 to 7th August'15 in all **36** States/UTs. ✓ **6.6** Crore under five children covered by ASHA for prophylactic ORS distribution and **31** lakhs children treated with Zinc and ORS during the IDCF campaign. Child Health Screening and Early Intervention Services In 2015-16, till September 2015; ✓ **6.5** crore children screened ✓ **23.8** lakhs children referred to health facilities ✓ **10.6** lakhs children received secondary and tertiary care **Family Planning Services** ✓ Promoting PPIUCD as a method of contraception, within 48 hours of delivery. In Q1 and Q2 (2015-16), **4 lakh** insertions have been done ✓ Promoting Intra Uterine Contraceptive Device (IUCD 380A) intensively as a spacing method. In Q1 and Q2 (2015-16) **26.9** lakh insertions have been done ✓ Promoting home delivery of contraceptives. ✓ Ensuring health spacing between births. ✓ Ensuring access of pregnancy testing kits.	

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			with high delivery load. (p) Scheme for promotion of Menstrual Hygiene to bring health awareness amongst adolescent girls. (q) Under WIFS, 12.72 crores Adolescents (girls & boys) will be covered for high prevalence and incidence of Anemia. (r) Setting up of Adolescent Friendly Health Clinics for ARSH services. (s) School Health Programme to screen for 3 Ds disease deficiency and disability of 6-18 years students enrolled in Government and Government aided schools.	✓ Increasing male participation and promoting non scalpel vasectomy. World Vasectomy week was celebrated in all the states. In Q1 and Q2 (2015-16) **34042** vasectomies have been done **Adolescent Health:** ✓ 7381 Adolescent friendly Health Clinics have been setup ✓ **1.10** Crore clients registered. ✓ **80.30** lakh clients counseled. ✓ **4.97** lakh clients received clinical services. **Weekly Iron Folic acid supplementation Programme:** ✓ Number of adolescents provided weekly IFA tablets and biannual Albendazole (in school-**2.41** crore/ out of school-**37.60** lakh) **Scheme for promotion of Menstrual Hygiene:** ✓ Number of adolescent Girls reached-**22.56** lakh ✓ Number of Sanitary Napkins utilized-**18.24** lakh packs	
3	**Routine Immunization**	Immunization of Children against seven vaccine preventable diseses(VPDs) at National level accros the country and Japanese Encephalitis in selected districts and Meningitis / pneumonia due to haemophilic influenza type B in selcected States and also reduction in Morbidity and Mortility rate due	Full immunization coverage to be increased to 75%.	As per the reported data of HMIS antigen wise all India coverage (provisional) is as follows: BCG 84.87% OPV3 81.42% Measles-1st dose 86.25% Full Imm 83.68% JE vaccine 1st dose 76.41% JE vaccine 2st dose 74.17%	The target set for different vaccines are almost met.

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		to VPDs.			
4	**Pulse Polio Immunization Programme**	To maintain the status of Polio Free India.	Polio drops will be administrative to approximately 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively..	India has remainded Polia free as there is no Polio casse since 13th January 2011 in the country. The WHO (South East Asia – India Region) has declared India Polio free certificate from WHO is in process.	India has maintained polio free status
5	**National Iodine Deficiency Disorders Control Programme**	To control and prevent iodine deficiency disorders in the country	1. Production & distribution of iodised salt 60 lakh MT. 2. Training to district health functionaries. 3. Procurement and Supply of salt testing kits by States/ UTs for endemic district i.e 303 4. Analysis of salt samples to estimate iodine content of the iodated salt (volumetric). 5. Analysis of salt samples to assess the quality of iodated salt at community level (STK method). 6. Analysis of urine samples for urinary iodine excretion. 7. District IDD	1. 20.45 lakh MT up to July, 2015 2. Training programme to Lab Technicians of State/UT was held from 2nd to 5th Nov2015 at AIIH&PH, Kolkata. 3. 11494 salt samples collected and analysed out of which 10826(94%) are confirmed to standards (up to Aug.-Sep. 2015) iodine content>15ppm. 4. 1820398 salt samples collected and tested out of which 1355406 (74%) are good quality (up to Aug-Sep. 2015). 5. 3586 urine samples collected and analysed out of which 3467 (97%) are confirmed to standard (up to Aug/Sep 2015). 6. District surveys are underway in some States/UTs.	1. This is tentative target may likely be changed as per requirement of State/UTs. 2. Outlay is less than the proposed budget for training to district health functionaries. 5. State/UTs are being requested to take necessary steps for collection and analysis of salt & urine samples as per NIDDCP guidelines. 7. State/UTs are being requested to take necessary steps for conducting district

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			Surveys/Resurveys. 8. Monitoring of implementation of NIDDCP through meetings, State/UT visits etc.		IDD survey/resurveys as per NIDDCP guidelines.
6	**National Urban Health Mission**	To address healthcare needs of the urban population with focus on urban poor and vulnerable sections of society.	• 993 cities/ twons covered under NUHM. • 762 Urban PHCs (UPHCs) & 51 Urban CHC (UCHCs) approved for new construction. • 62803 ASHAs and 98128 MASs to be engaged.	Rs.216.28 crore had been released up to 14 States/UTs for implementation of approved activities till the end of 2nd quarter.	
7	**National Vector Borne Disease Control Programme**	**1. Malaria** ABER over 10% and API 1.3 or less	(a) ABER > 10% of target population under surveillance (b) Saturation with Long Lasting Insecticidal Nets (LLIN) coverage in Eligible Population in Seven North Eastern State. **(c)** 80% coverage of the targeted population under Indoor Residual Spray (IRS).	(a) ABER of 5.92% achieved. API achieved is 0.52 per 1000 population. (b) Coverage of high risk 7 NE States population with LLIN in Global Fund supported states is 31.92% and 10 erstwhile World Bank supported states is 49.01% (c) 79.10% of population covered under IRS in 2014.	(i) Timely procurement of bed nets (LLIN) (ii) Behaviour change communication achieved for regular use of LLIN. (iii) Acceptance of IRS by the targeted population.
		2.Elimination of Lymphatic Filariasis 80% coverage of targeted population.	Mass Drug Administration (MDA) with anti-filaria tablets in 13 out of 21 LF endemic States having about 350 million	MDA will start from 14th December, 2015 for a week and achievement will be reflected after MDA is observed. 222 endemic districts have achieved Microfilaria	Priority to the programme needs to be accorded. Availability of diagnostic

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		Endemic Districts (250) achieving Micro Filaria rate of <1%	Population. Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).	rate <1%. Till date 52 districts have successfully completed Transmission Assessment Survey (TAS) which is first stage of elimination and in 65 districts preparatory activities for TAS is going on so as to complete TAS before March, 2016.	kits which is produced by sole manufacurer of USA.
		3.Kala-azar To achieve less than one Kala azar case per 10,000 population at Block/PHC level by 2015.	(i) At least two rounds of door to door search undertaken in each of the endemic districts. (ii) Making available anti Kala-azar drugs in all block level PHCs & district hospitals. (iii) <90% coverage of targeted population insecticide.	(i) Out of 623 endemic blocks PHCs 438 (70%) block PHCs have achieved the target less than one case per 10 thousand population at Block PHC level till June 2015 (Prov.) (ii) Till December, 2015, 7720 cases of Visceral Leishmaniasis (VL) & and 5 deaths have been reported from the four endemic states. A significant reduction of 8% in the number of cases and 50 % in the number of deaths has been reported at the end of September, 2015 in comparison to the corresponding figures of 2014. (iii) Single day single dose treatment with free supply of Liposomal Amphotercin B (LAMB) injection from World Health Organization has been available at all district hospitals and selected blocks. (iv) Training of Medical officer & Nurses on use of Ambisome injection. (v) ILR and cold boxes has been issued to the state for storing drugs and Drugs & dignostics availability has been ensured. (vi) The spray coverage are to be achieve ≥90% of the targeted population. (vii) Seven districts namely Araria, Muzzafarpur, Purnea, Saran, Sitamarhi, Saharsa and	(i) State and District need maintaining regular supply of anti Kala-azar drugs at the periphery. (ii) Involvement of development partners/stakeholders and private practioners in the Kala-azar elimination.

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				Vaishali of Bihar received insecticide spray with synthetic pyrethroid in 2015 (2nd round).	
		4. Japanese Encephalitis i) To strengthen and expand JE vaccination in affected districts. ii) To strengthen surveillance, vector contol, case management. iii) To increase access to safe drinking water and sanitation facilities to the target population in affected rural and urban areas. iv) To estimate disability burden due to JE/AES, and to provide for adequate facilities for physical, medical, neurological and social rehabilitation. v) To improve nutritional status of children at risk of JE/AES. vi) To carry out intensified IEC/BCC activities regarding JE/AES management and timely referral of serious and complicated cases.	(i) Additional 8 districts were identified for to be covered under JE vaccination making a total of 179 districts. (ii) To increase the number of Sentinel Sites from 104 to 120. (iii) Establishing 60 Pediatric Intensive Care Units (PICUs) in 60 high Priority districts. (iv) Establishing 10 physical, medicine rehabilitation departments in 5 high endemic states. (v) To provide training to Medical Officers of 5 high priority states on critical care of management.	(i) 182 districts already covered under JE vaccination among the children between 1-15 yr. of age. (ii) Target of establishing remaining 16 sentinel sites achieved during 2015-16. (iii) 24 PICUs are made functional in Tamilnadu, Uttar Pradesh and West Bengal. (iv) 6 PMRs functional in Assam, U. P. and West Bengal and Bihar.	
		5. Dengue/ Chikungunya 90% of identified sentinel surveillance hospitals maintaining line listing of	(i) Regular entomological surveillance in endemic areas for vector species (*Aedes aegypti).*	Regular surveillance is being done and 97740 cases of dengue and 26912 clinically suspected cases of chikungunya have been detected and treated during 2015.	(i) State putting in place entomological teams for vector surveillance.

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		cases.	(ii) Regular fever surveillance in endemic areas to detect an unusual trend. (iii) Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.		(ii) Early case reporting achieved. (iii) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.
8	**Revised National TB Control Programme**	To achieve a cure rate of 88% of new smear positive cases and detection of at least 77% of such cases*	New sputum positive case detection 820000* and 36000 MDR TB Patients cases detection of patients.	New sputum positive case detected 168439* and cure rate achieved 83%. MDR TB cases 7645* detected up to June 2015	*New TB cases to be detected and put on treatment
9	**National Leprosy Eradication Programme**	1. Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country. 2. Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy. 3. Reduction in the level of Stigma associated with leprosy.	1. To achieve elimination of leprosy in 669 districts by March, 2017. 2. To achieve grade-II disability in new cases reduced by 35% of 3.04% in 2011-12, by end of 12th plan. 3. Reduce level of stigma against leprosy by 50% of the status in 2010.	1. 532 districts eliminated. 2. Gr II – 4.35% 3. Intensified IEC activities being carried out. Remark: 1. Active search in the form of anti leprosy fortnight in low endemic districts led to detection of more no. of cases making few of these districts as high endemic. . In addition new districts were carved out, thereby increasing the target. 2. Detection of more cases through special effort. 3. SAP resulted in higher detection of hidden disability cases therefore % of disability has increased and achievement is not as per objective. However, Re-constructive surgeries through camp approach is being proposed for correction of disabilities. 4. Impact evaluation to be done at end of XII FYP.	
10	**Integrated Disease Surveillance Programme**	1. To strengthen/ maintain a decentralized laboratory based IT-enabled disease surveillance system for epidemic prone diseases to	1. > 95% districts will report weekly data on epidemic prone disease through portal. 2. Outbreaks will be investigated and responded to	1. 90% districts reported weekly data on epidemic prone through portal. 2. In 77% of outbreaks reported from April 2015 – 2nd August 2015, clinical samples have been sent	Implementation by the States / Union Territories

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		monitor disease trends and to detect and response to outbreaks in early rising phase through trained rapid response teams. 2. To establish a functional mechanism for intersectoral coordination to tackle the Zoonotic diseases.	by sending clinical samples to the laboratories in more 80% of outbreaks. 3. A network of 160 medical college labs will be established and linked to districts to support diagnosis of epidemic prone diseases, especially during outbreaks. 4. 230 Districts Public Health Labs will be strengthened for diagnosis/ testing epidemic prone diseases. 5. All States/UTs will have functional mechanism for inter-sectoral coordination in place for Zoonotic diseases by placing a dedicated contractual Veterinary Consultant at each State Surveillance Unit.	to the laboratories. 3. A network of 99 medical college labs was established and linked to support diagnosis of epidemic prone diseases till September 15. 4. 214 District Public health Labs were strengthened for diagnosis/testing of epidemic prone diseases till September 2015. 5. Till September 2015, 7 States had a dedicated contractual Veterinary Consultant at State Surveillance Unit.	
11	**National Programme for Control of Blindness**	Reduction in the prevalence of blindness to 0.3% by 2020.	1. Target for Cataract Surgery 66 lakh surgeries 2. Treatment/ management of other eye diseases: 72,000 cases 3. No. of spectacles to school children under school Eye Screening programme: 9 lakh. 4. No.Spectacles for near work to old persons: 2 lakh	1. Cataract Surgery: 15.50 lakh surgeries 2. Treatment/management of other eye diseases: 86399 cases 3. No. of spectacles to school children under school Eye Screening programme: 91485 spectacles. 4. Spectacles for near work to old persons: 15160 lakh 5. Collection of donated Eyes: 14215 Sl No 6 & 7 is decentralized activities. The actual progress of these activities is maintained	The activities for the year 2015-16 are in process as per the approved scheme. The targets are likely to be achieved fully be the end of the financial year.

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			5. Target for collection of Donated eyes: 50,000 **6. Strengthening/ development of Eye care infrastructure:** Medical Colleges 32 Distt. Hospitals 150 Sub-distt. Hospitals 10 PHC(VisionCentres) 1100 Eye Banks 1 Eye Donation Centres 15 NGOs for eye care facilities: 2 Dedicated Eye Units in district hospital: 6 Multipurpose District Mobile Ophthalmic Units: 110 Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit : 6 **7. Training of manpower:** Eye Surgeons – 500, PMOA – 40, Refresher training to Ophthalmic Assistants/Nurses –600, State/District programme Managers – 200, Medical officers (PHC, CHC, DH) – 1000, AHSA& AWW (ICDS) - 1000	by the state concerned.	

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12	**National Programme for Health Care of the Elderly**	• The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services. • Preventive & promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.	• Continuation of Geriatric Departments at 8 existing Regional Geriatric Centres and establishment of 12 new Geriatric Centres in the selected Medical Colleges. In addition to this establishment of 2 national Centres of Ageing at AIIMS, New Delhi and MMC, Chennai. • To cover 131 new districts in addition to 104 existing district (as per ROP) under NPHCE during 2015-16. • Continuation of Sub-District level activities at CHCs, PHCs and Sub-Centres in existing Districts.	• Since, no amount has been allocated in the BE 2015-16 for Tertiary Level activities of the programme, amount could not be released for this purpose. • Continuation of Geriatric Clinics (OPD) and Physiotherapy units in existing District Hospitals and Geriatric clinics in CHCs/PHCs of these Districts, free aids and appliances to elderly population at Sub-Centre level. • Improvement in life expectancy and better quality of life of the elderly population	So far as the achievement of project target is subject to availability of sufficient budget allocation and signing of a fresh MOU with the participating States for taking up the project activities as per the approved guidelines and the actual implementation of the programme rests with states.
13	**National Programme for Prevention and Control of Deafness**	• Prevention and Control of Deafness through early detection and management of deafness and causes leading to it. • Strengthening of Health Care delivery system to deliver the hearing/ear care services. • Health Education.	Service delivery to be started in 50 new districts.	Service delivery started in 69 new districts. Remark: The smooth implementation of the programme is depend on the states initiatives and their capability to spend the funds released to them for earmarked activities and timely furnishing of SOE/UC to the MOHFW. The States/UTs are not submitting SOE/UC to the programme division of MOHFW. Due to budgetary constrained, components Hearing Aid and Screening Camps have been proposed to be removed.	**National Programme for Prevention and Control of Deafness** Total Plan Outlay Rs.11.39 crore

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14	**National Tobaco Control Programme: Tobacco Free Initiative**	1. To achieve progressive reduction in Tobacco Consumption 2. To target non-users for not taking up the habit of tobacco consumption and motivating the existing users to quit 3. To create awareness amongst the masses about the harmful effects of tobacco consumption	• Operationalizing Quitline services • Managing Tobacco Violation Helpline services • Building capacity of Districts/States to implement the flagship NTCP and to cover more districts under the programme • Scaling up IEC activities • Establishing Three Tobacco Testing Labs	• The process of setting up a national quitline has been initiated. The proposed quitline would focus on both, users of smoking and SLT products. • A Tobacco Violation Helpline is in place and is being regularly monitored. • As per the approved PIPs, 117 new districts have been covered under the NTCP under the NHM State PIP route, and the total districts covered under the programme would be 225 across 36 States/UTs. Funds have been released to 21 States/UTs under the NHM-NCD Flexipool.	• The proposed quitline would be scaled-up gradually to cover the entire country. • The NTCC is in the process of getting approval of the competent authority to cover the STCC component of the programme under the NHM State PIP route. • These activities have not been undertaken due to paucity of funds.
15	**National Oral Health Programme**	• Improvement in the determinants of oral health and to reduce disparity in oral health accessibility in rural & urban population. • Reduce morbidity from oral diseases by strengthening oral health services at Sub district/district hospital to start with. • Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral health	• To support 50 Dental care units with HR, Equipment and Consumables.	• Administrative approvals for supporting 113 dental care units across 28 states/UTs have been obtained. • Grants have been released to 7 states/UTs	There is no shortfall due to modification of fund release mechanism.

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16	**Assistance to State Capacity Building for Developing Trauma Care Facilities in Government Hospitals in National Highways**	1. To Establish a network of trauma centres in order to reduce the incidence of preventable death due to road traffic accidents by observing golden hour principle 2. To develop proper referral and communication network between ambulances and trauma centres and within the trauma centres for optimal utilization of the services available. 3. To develop National Trauma Injury Surveillance and Capacity Building Centre for collection, compilation, analysis of information from the trauma centres for the use of policy formation, preventive interventions. 4. To develop trauma registry centres for improvement of quality control.	1. Inspection of remaining 11 institutions and release of funds construction and equipments 2. IEC activities related to injury surveillance analysis to be continued and its monitoring 3. Continuation & expansion of injury surveillance network 4. Release of funds for Institution 5. Registry data capture continued, compilation & analysis 6. International consultation with countries have established Emergency Medical Services through workshops & visits twice in a year 7. ATLS training Course for doctors, & Advance trauma critical course for Nurse	1. During the 12th FYP, in totality 63 institutions has been inspected out of which in totality 41 trauma care facilities have been approved. 2. A sum of Rs. 34.01 crores has been released to 11 trauma care facilities identified under the 12th FYP. 3. So far IEC activities are concerned; production of IEC material in r/o Good Samaritan & First Aid – Audio Video and prototype print material has been developed. 4. Human Resource have been recruited at Dr. RML Hospital under the injury Surveillance network. 5. During the year 2015-16 zero allocation of funds under the scheme at BE stage has been made. However, a sum of Rs. 55 crores have been re-appropriated as supplementary grant-in-aid and sum of Rs. 34.01 crores has been released. 6. Data Collection and compilation has started in Dr. RML Hospital in the excel format. Some of the trauma care facilities identified during the 11th FYP have also started sending their injury surveillance data regularly. 7. National level consultation with experts meetings are being regularly organized by Dte.G.H.S. A visit has been carried out by the senior officials of this Ministry to NTRI, Australia.	
17	**Assistance to State Capacity Building National programme for prevention of Burn Injuries (NPPMB)**	• To reduce incidence, mortality, morbidity and disability due to Burn Injuries, • To improve the awareness among the general masses	(i) Inspection of 27 new Medical Colleges for implementation and signing of MOU (ii) Release of funds to 27 new Medical Colleges for	(i) In total, 65 Burn Units (37 Medical Colleges and 28 District Hospital) have been inspected so far and 14 more Burn Units (including 6 Burn Units in District Hospitals) have been approved by Screening Committee – Trauma & Burns during the year 2015-16. (ii) A sum of Rs. 9.05 crores has been released to 4 Medical Colleges as Ist instalment for establishment of Burn Units under the 12th FYP.	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		and vulnerable groups especially the women, children, industrial and hazardous occupational workers. • To establish adequate infrastructural facility for burn management and rehabilitation/monitoring & evaluation. • To carry out Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based program planning for Burn Injuries, monitoring and subsequent evaluation.	construction, procurement of equipments (iii) Review visit to assess progress of Medical Colleges already identified in previous year (iv) Release of funds for manpower recruitment to 40 Medical Colleges identified last year (v) Release of recurring grant for manpower for already existing 3 medical colleges under pilot programme. (vi) Initiation of construction / renovation of burn's unit followed by procurement of equipments by 27 Medical Colleges. (vii) Initiation of awareness generation activities in implementing states. (viii) Training of Surgeons/Medical Officers and paramedical staff in Burn Injury Management (ix) Submission of quarterly progress reports (x) Impact assessment of	(iii) As per norms of the scheme the funds for Human Resource proposed to be released after completion of construction work and procurement of equipment, however, status update on same is awaited from States/UTs to whom funds were released during the year 2014-15. (iv) During the year 2014-15, funds to the tune of Rs. 40 lacs was released to Gauhati Medical College, Assam. However, no further request for release of recurring grant has been received from any of 3 Medical Colleges. (v) As per terms & condition mentioned in the MoU, 1st instalment for construction and procurement of equipment has been released. (vii) & (viii) Roll out of the IEC activities across the country. Monitoring & supervision of IEC activities of Burn scheme. (viii) A training of 20 Medical Officers/Surgeons from State Govt. Medical Colleges identified during the year 12th FYP is proposed at Dr. RML Hospital & Safdarjung Hospital. A sum of Rs. 2,31,250/- to each Hospital has been sanction for this purpose. It is proposed to carried out review of the burn units in timely manner by Dte.G.H., MoHFW (ix) Awaited from States (x) A situational analysis would be useful to identify gaps, causes of burns and the possible interventions for a successful implementation of NPPMBI. In respect of this MoU with JPN Apex AIIMS, New Delhi has been signed and a sum of Rs. 1 lacs has been released. Further to this, the concurrence of IFD for further release of Rs. 18.25 lacs has been sought.	

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			the IEC initiatives		
18	**National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)**	• Prevent and control common NCDs through behaviour and life style changes, • Provide early diagnosis and management of common NCDs, • Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs. • Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and • Up-gradation of Medical colleges Tertiary Care Cancer Centre (TCCC) Scheme	• Behaviour change in the community to adopt healthy life styles including promotion of healthy diet, enhanced physical activity and reduced intake of tobacco and alcohol, resulting in overall reduction in the risk factors of common NCDs in the community. • Early diagnosis of NCDs and treatment in early stages, thereby reducing mortality on account of these diseases and enhancing quality of life. • Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs. • 93 New Districts to be covered under the programme. • 96 new District NCD Cells to be established. • 102 new District NCD Clinics to be established.	• State NCD Cells are functional in 36 States/UTs. • 16 District NCD cells Functional. • 21 District NCD Clinics functional.	• The funds for implementation of NPCDCS activities to the States/UTs were released during the 2nd quarter 2015-16 after approval of the PIPs of respective States/UTs. • Efforts would be made to achieve the proposed physical targets by March 2016.

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			• 16 CCU to be Functional. • 93 new CHC NCD Clinics to be established.		
19	**Infrastructure Maintenance**	Under this scheme, assistance would be given under the National Health Mission for Infrastructure Maintenance to States through Treasury route. Schemes under this head are (i) direction & administration (Maintenance of State & District Family Welfare Bureaus), (ii) Sub-Centres (ANM/LHVs), (iii) Urban FW Centers, (iv) Urban Revamping Scheme (Health Posts), (v) Training of ANM/LHVs, (vi) Maintenance of Health & FW Training Centers, and (vii) Training of MPWs (Male). The support is limited to salary component of regular staff of State/UT Government only.			
20	**Forward Linkages to NRHM (financed from likely savings from other Health Schemes of NE Region)**	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	Ongoing work: 1. Up gradation and establishment of super specialty wing at Gauhati Medical College (GMC). 2. Up-gradation/strengthening of State Civil Hospital, Naharlagun. 3. Up-gradation of Mon District hospital from 50 bedded to 100 bedded, Nagaland. 4. Up-gradation of Dimapur District Hospital from 150 bedded to 200 bedded hospitals, Nagaland. 5. Construction of Civil hospital at Aizwal, Mizoram. 6. Setting up of State Family Welfare Training centre at Imphal.	Ongoing work: • For serial no. 1, two instalments released, serial no. 2 to 5, one instalment released and remaining instalment would be released receipt of audited UCs. • Full amount released in the year 2014-15 for: Setting up of State Family Welfare Training centre at Imphal, Manipur.	The states are requested for providing audited UCs for the approved projects. Upon receipt of UCs the further instalments will be sanctioned.
21	**Programme for Prevention of Leptospirosis Control**	To prevent morbidity and mortality due to Leptospirosis	To follow the strategy as in the XI plan in all the endemic states in XII plan.	• Training of health professional and management & Control of Leptospirosis- Conducted in May 2015 • Expert group meeting development of national guidelines on diagnosis, case management, prevention & control of leptospirosis- Conducted in July 2015.	

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				• Expert group meeting for development of prototype IEC material- Conducted in July 2015	
22	**Control of Human Rabies**	To prevent mortality due rabies To control rabies in dogs to cut down transmission of disease.	To follow the strategy as in the XI year plan and to include both the human and animal component in phased manner throughout the country in XII plan. Nodal agency for animal component Animal Welfare Board of India, Ministry of environment & Forests being pilot tested in Haryana and Chennai	• Nodal officer identificationfor remaining states continued • Signing-in of MOU- MoU has been signed with 17 states (Arunachal Pradesh, Haryana, Delhi, Tripura, Goa, Maharashtra, Jharkand, Nagaland, Chhattisgarh, Meghalaya, Gujarat, Punjab, West Bengal, Manipur, TamilNadu, Rajasthan) and 4 UTs (Puducherry, Chandigarh, Dadar& Nagar Haveli and Daman & Diu). • Expert group meeting for sensitization of stake holders conducted in June 2015 • Appointment of consultant at center & state level- Interview has been conducted. • Training of health professionals on appropriate animal bite management conducted in June 2015 • Expert group meeting for prototype IEC material & development of national guidelines on Rabies prophylaxis- Conducted in July 2015 • Identification and Strengthening of regional laboratories & Training of technician for diagnostic laboratory- Identification is under process. • AWBI has done mass dog vaccination and animal birth control activities in Hisar district of Haryana.	
23	**National Programme for Prevention & Control of Fluorosis (NPPCF).**	To Prevent and Control of Fluorosis in the country.	NPPCF in 111 districts by July 2015 1. Engagement of contractual staff-District Consultant & Lab Tech. in 111 districts 2. Establishment of lab for fluoride analysis. 3. Training of staff at NIN. 4. Survey 5. Lab. Analysis (Water and Urinary Flouride)	1. So far total 87 Districts Consultant & 86 Lab Technician are in position. 2. Labs have been established in 84 districts. 3. Two Training of Trainers (TOTs) were held in April & July 2015. 4. Survey reports of fluorosis have been sent by 94 districts 5. Water & Urine analysis being done in 72	States take considerable time in engagement of the contractual staff, procurement of ion meter for establishing the laboratory.

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			6. Health Education for Prevention and Control of Fluorosis 7. Training of medical and Paramedical at Districts level 8. Medical management of fluorosis cases For New districts: 1. Engagement of contractual staff-District Consultant & Lab Tech. of new districts recommended through PIP i.e 17 districts 2. Procurement of ion meter and establishment of lab in these new districts. 3. Training of staff appointed for the new districts at NIN, Hyderabad	6. Health Education is undertaken in 68 districts. Further a joint IEC strategy is being worked out with M/o Drinking Water and Sanitation. 7. 66 districts have reported trainings at district level involving Medical officers, Paramedicals, ASHA/AWWs, teachers, VHSNC, members. 8. Supplementation is being done in 31districts	During 2015-16, it was proposed to extend NPPCF to 35 new districts as per EPC. However, this year the programme is under NHM, hence the recommendations are made through PIPs.
24	**B.C.G. Vaccine Laboratory, Guindy, Chennai**	• Production of BCG Vaccine (10 doses per vial) for control of childhood Tuberculosis and supply to Expanded Programme of Immunization (EPI) since 1948. • Production of BCG Therapeutic (40 mg for use in Chemotherapy of Carcinoma Urinary Bladder since 1993.	• Production of 9 lakh doses of BCG Vaccine supplied to Lucknow Centre, UP.	• 150 lakh doses of BCG Vccine under cGMP condition will be produced if new facility is ready for making commercial batches.	

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25	**Pasteur Institute of India, Coonoor**	To produce DPT Vaccine		DPT vaccine supply has temporarily been stopped due to modification of existing filling and formulation area. However, other intuitional activities like Rabies Diagnosis, Anti Rabies treatment, Ph.D Programme and other Academic activities like industrial visit for college students, In plant training PG course project are being carried out. Further the construction and other related engineering activities for achieving the cGMP manufacturing facility for DPT group of vaccine is in process.	
26	**Central Leprosy Teaching and Research Institute, Chengalpattu**	1. To undertake basic and applied research in leprosy co-coordinating with state and central Governments. 2. To function as referral centre for reaction, complication of leprosy and Reconstructive Surgery with 124 bedded hospital. 3. To train leprosy worker of various types in sufficient numbers and of the requisite quality 4. To monitor and evaluate the National Leprosy Elimination Programme.	1. Training 2. Special Training 3.Lab. Investigations 4. OPD Patient Service 5. Inpatient Service 6. RCS Minor, Major 7. MCR, Footwear produced 8. MCR Sheet production 9. Scientific paper published 10.Research work	Surgery: RCS :Major (9)/Minor(77), Major General-10 Physiotherapy-3850, Footwear-619, Orthosis & Prosthesis –11, MCR - 800 Treatment: Inpatients-399, Outpatients new cases-37, Old Cases-3161, GLC-774, NLC-747 Lab investigation: 8661 Training: MO/SLO – 5 batch (28 candidates) MD (DVL) PG Sstudents-2 batch (2 candidates) Health Superviser-1 batch (2 candidates) CRRI -155 Monitoring and Evaluation of NLEP Activities in Tamil Nadu, Kerala, Karnataka and Lakshadweep - 7 Districts in Tamil Nadu Data Entry of Study on the Household Contacts and Neighbourhood Contacts of Newly Reported Leprosy Patients from Thirukalukundram Area	
27	**Regional Leprosy Training and Research Institutes** **Gauripur, Raipur & Aska** Total Plan Outlay : Rs. 14.65 crore	• Reduce leprosy burden in the country. • To provide quality health services to new as well as old leprosy patients. • Enhance Disability Prevention & Medical Rehabilitation (DPMR)	RLTRI,Gauripur: Admission - 102., Discharge – 98, New Case- 16, Other Cases - 08, General patients-478, Old patients-592, MDT given – 163, Refer cases-356, RFT-14, Relapse – 1, Slit Skin Smear-538, Bio Chemistry-378, Clinical Pathology-265, RLTRI, Raipur: OPD services: New Leprosy Cases detected – 521 (No. of MB cases in new cases-345 ,No. of PB cases in new cases-176), No. of old cases treated:1655 General Patients-1860, Total Patients attended OPD-4036 Leprosy Re-constructive Surgery (RCS)-91, Polio Surgery/PMR-2		

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		services. • Monitoring and supervision of the NLEP activities.	IPD Services –Total 319 Patients admitted, Total Lab investigations done-1991, Total Physiotherapy services done-495 <u>RLTRI, Aska:</u> OPD Attendance-1268 (Leprosy -877, Non- Leprosy-391), Indoor-Total admission-144 Reaction cases Managed (Outdoor) -263 episodes (type-I=215, type-II=48 out of which 3 patients has given thalidomide. Surgical Operations Performed- Major-17, Minor-129		
28	**Central Institute of Psychiatry, Ranchi**	• Provision of diagnostic and treatment facilities in mental health and conduct of PG courses in psychiatry • Up gradation of existing services as per the redevelopment plan • Training of manpower for mental health & patient care and conduct research activities. • Construction of Other Infrastructure works.	During the F.Y.2015-16 up to September, 2015 • Total number of 40335 patients has utilized the services of OPD. • 2249 patients were hospitalized for indoor treatment. • 9888 and 1928 patients have utilized special clinics & extension clinics respectively. • Total 95811 tests/investigations were done at Department of Pathology, Centre for Cognitive Neurosciences and Department of Neuro-imaging & Radiological Sciences. • 630 nurses from other centres participated in In-Service Training Programme & CNE. • A total no. of 827, 853 and 491 attendances has been recorded in 21 Seminars, 20 Case Conferences and 15 Journal Clubs respectively. • 54 PG students were enrolled during this year. • A total no. of 15 research papers was published in journals and 10 were presented. • A proposal has been submitted to strengthen the existing services as per the redeveploment plan, training of mainpower as well as infrastructure and purchase of new machinery and equipments. • The construction of OPD Block, Neurology Block, Casuality and services block, residencial family ward OT block Diagnostic Centre, Pharmacy Block, CSSD Block and corridors of CIP may be undertaken during this year. • The proposal of lane connectivity from CIP to main road and.construction of 90 nos. of residential quarters is under submission.		
29	**All India Institute of Physical Medicine and Rehabilitation, Mumbai.**	1. Medical Rehabilitation Programme -Traget-25000 disabled & chronically ill persons with disability p.a. 2. Teaching programme: 3. Manufacturing of Aids & Appliances.	1. Maximum no. of disabled population requiring tertiary level services get benefited by the comprehensive services provided by the Institute. 2. Imparting advance	1. No. of Persons with Disabilities enrolled for Rehab Management- 17800 and Surgeries perfprmed:1536 2. Students on roll Post Graduate: MD (PMR) – 03, M.P.Th – 17, M.O.Th. – 06 , M.P.O – 7, FPTh-07 Under Graduate: BPO – 97(1st to 4th year), DHLS – 02	

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		4. Re-development & Reconstruction of Workshop Building	knowledge and training to the students pursuing various courses in Rehabilitation disciplines. 3. Providing aids and appliances to physically disabled population for self-dependence	3. Aids & Appliances delivered No. of Orthosis - 1530 No. of Prosthesis - 270 Mobility Aids - 162 4. For re-devlopment plan, NOC for fire protection and firefighting has been received from Mumbai Fire Brigade and approval received from BMC.	
30	**Dr. Ram Manohar Lohia Hospital & PGIMER**	Provisions of effective secondary and tertiary healthcare, strengthening of trauma centre and medical research on the lines of PGI.	1. Augmenting Trained Manpower 2. Upgradation of critical on going facilities like Respiratory, OT, ICU, CCU Emergency, Blood Bank, Renal Transplant etc. 3. Setting up of Paediatric Nephrology Division in the Hospital. A fresh recruitment for additional post of Doctor & Para-Medical officials along with equipment. 4. Setting up of infrastructure of Paediatric Cardiology. 5. Strengthening of Endocrinology. 6. Strengthening of infrastructure of Renal Transplant 7. Setting up of infrastructure of Electro Physiological	1. Manpower like doctors, nurses & para-medics are recruited. ALS/BLS training to the personnel is being imparted. Sr. ECG Technicians appointed on regular basis. Apart from that the vacant posts of staff nurses has been filled up on contract. More than 155 persons engaged on outsourced basis against the vacant posts of Nursing Attendant, Aya etc. 2. The up-gradation of hospital is a continuous and ongoing process. The OT's & Laboratory facilities are being augmented. Creation of modular OT is under consideration. PCR & BSL-3 tab for viral culture is under process. Anesthesia work stations are in process of procurement. OT light, ICU bed & ventilators are available. 3. The Professor of Pediatric is looking after the work along with complete setup of manpower. Laboratory support is jointly utilized. 4. Post of Paed. Cardiologists created & personnel joined. Tender advertised for setting up of Paed. Cath Lab. 2 Echo machine are working. Other equipment are purchased & received & will be made functional soon. 5. MoH&FW has conveyed the approval of creation of 19 posts. The filling up process is underway. In the meanwhile 2 personnel have joined viz. one Associate Professor & one Assistant Professor. Regular OPD is running. 6. The Renal Transplant unit & facility had been set up. Post of renal transplant Coordinator created and the process of filling up the post is	

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			Lab. 8. Construction of Dharmashala 9. Construction of new building in Emergency Block. 10. Setting up of Modern Maternal Care Centre. 11. Construction of hostel for Resident Ladies Doctors. 12. Setting up of Nuclear Medicine department. 13. Maximisation of existing capacity by demolition of old buildings, except heritage building and construction of new buildings in phased manner.	underway. 2 beds Post-operative ICU created. 4 beds post-operative ward is also setup. 12 beds for dialysis. Separate facility for HIV & HbSAg positive is also available. 7. The proposal for creation of Electrophysiological lab is under consideration. Various activities in this regard are underway. 8. Construction work of Dharmashala has been completed. Delhi Urban & Arts Commission has raised objection for lacking of the work costing upto 1% of total budget. It will be functional shortly after getting NDMC completion certificate. 9. Building is completed & started functional partially w.e.f. 17th Feb, 2015 & started fully function from 3.8.2015 for general public. 10. The land allotted by Urban Development Ministry. Proposal is sent to MoH&FW for entrusting the work to authorized agency to MoH&FW. Govt. of NCT of Delhi has separately been requested for eviction of Jhuggies on the allotted land. 11. Earlier, 220 rooms hostel was planned which has been increased to more than 800 rooms. DPR has been drawn by M/s HSCC, which is under examination in MoH&FW. 12. Super specialty Block is proposed at G Point. Work awarded to HSCC. DPR is prepared & under examination where facility of Nuclear Medicine is proposed. 13. The proposal would be taken up once the alternative places are created which would be feasible only after construction of Super specialty Block.	
31	**All India Institute of Speech and Hearing, Mysore**	(I).Academic Activities 1. Long term training programs a) No. of programs:18 b) No. of students: 700 2. Short-term training programs: 130 (II). Clinical Services 1. Patient registration a) New: 24,000		(I).Academic Activities 1. Long term training programs a) No. of programs:16 b) No. of students: 480 2. Short-term training programs:36 (II). Clinical Services 1. Patient registration a) New: 12099	

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		b) Follow-up: 34,000 2. Enrolment of children for preschool services: 250 3. Audiological services a) No. of patients for hearing evaluation: 15,750 b) Issue of free hearing aids • Under AIISH Hearing Aids Dispensing Scheme: 2100 • Under ADIP Scheme: 4200 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 11000 5.Otorhinolaryngological services a) No. of patients for otorhinolaryngology Evaluation (new cases): 26,000 b) Follow-up: 27,000 c) Surgery: Minor: 160 /Major: 250 6. Psychological services: No. of patients for psychological evaluation: 7300 7. Outreach clinical services a) No. of infant screening: 26000 b) No. of industrial workers screening: 525 c) No. of school children screening:1600 d) No .of cases at outreach centers:5500 e) No. of tele-intervention: 210		b) Follow-up: 23480 2. Enrolment of children for preschool services: 224 3. Audiological services a) No. of patients for hearing evaluation:7280 b) Issue of free hearing aids • Under AIISH Hearing Aids Dispensing Scheme: 902 • Under ADIP Scheme: 1858 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 4711 5.Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 10677 b) Follow-up: 11248 c) Surgery:Minor: 56/ Major: 38 6. Psychological services No. of patients for psychological evaluation: 3698 7. Outreach clinical services a) No. of infant screening:19780 b) No. of industrial workers screening:213 c) No. of school children screening:836 d) No .of cases at outreach centres: 1066 e) No. of tele-intervention: 121	
32	**All India Institute of Hygiene & Public Health, Kolkata**	To provide multi-disciplinary public health teaching, training and research facilities for various categories such as doctors, engineers, nurses, nutritionists, statisticians, demographers, social scientists, epidemiologists, micro-biologists and other	1. Strengthening infrastructure – 10 class-rooms, computer lab., Modernising e-Library, Strengthening of 3 laboratories, Strengthening of RHU&TC, Singur, Strengthening of UHU&TC, Chetla- 2. Collaboration & networking with other Organisations 3. Evolving best practices & setting standards in the field of Public Health (ISO,NBA,IPHS)- Setting standards in the field of Public Health (ISO,NBA,IPHS,NAAC) 4. Conducting need based regular courses in Public Health 5. Designing and implementing need based short courses and training programmes 6. Revival of Diploma in Health Statistics (DHS) Course		

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		allied health professionals.	7. Evolving best practices & setting standards in the field of education & training- Constituted of Academic Cell, Public Health & Medical Education Unit, and Scientific Advisory Committee. 8. Capacity building in use of IT		
33	**Serologist & Chemical Examiner, Kolkatta**	1. Medico legal Section 2. Antisera Production Section 3. VDRL Antigen Production Section 4. BGRC Section 5. V.D. Serology Section 6. Quality Control Section. 7. Regional STD Ref. Lab. under NACO 8. National Polio Lab. under WHO 9. WHO Measles Lab.	1. To analyse all the 1016 Nos. ML cases sent from FSLs and RFSLs. 2. To produce 5360 ml species specific antisera against almost all animal species including human. 3. To produce 1440 ampls VDRL Antigen needed for VDRL tests. 4. To produce 4800 ml. Anti H Lectin received for blood grouping in ML cases. 5. To do 2588 Nos. VDRL tests of samples of Antenatal clinic and STD clinic. 6. Quality control test for VDRL Antigen and Species specific antisera. To test 96 lots of antigen & antisera 7. Research and Lab. diagnosis in STD, to support the state hospitals in diagnosis in STD, to train lab. Technicians in STD. 20578 Nos of samples were received for testing. 8. Identification of polio virus	1. Total 1016 Nos. of ML cases analysed and reported 2. Total 4620 ml of antisera supplied. 3. Total 3040 ampls of VDRL Antigen Supplied. 4. Total 5230 ml. of Anti H Lectin supplied. 5. Total 2588 Nos. VDRL test was done and reported 6. Total 96 lots were tested for quality control. 7. Total 20578 Nos. (projected) of test were done for diagnosis of Syphilis, Hepatitis B & C, Candida, Gonorrhoea, Trichomonas, PAP Stain & HSV etc. 8. Total 13578 Nos. of samples tested and reported.	Quantifiable / Deliverables (Targets) and related achievements are directly proportional to the demand placed by different Govt. organizations/ Institutions to our Institute. Hence accurate prediction of it may not possible in advance.

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			from stools samples. Total Nos. of 13548 samples were received. 9. To identify measles & rubella virus from serum samples of suspected patients. Total of 700 Nos. samples were received.	9. Total 700 Nos. of samples were tested and reported.	
34	**Mahatma Gandhi Institute of Medical Sciences (Kasturba Health Society), Sewagram, Wardha**	Imparting of systematic Medical Education to train the Doctors in rural environment and equip them with advanced techniques for delivery of health care services backed with research in related field.	96 students have been admitted to the UG course and 69 students have been admitted to the PG course. The institute got recognition for 2 seats in MD (Padiatrics) from MCI.		
35	**Development of Nursing Services**	1. Training of Nurses:-In order to update the knowledge & Skills of Nursing personnel in Nursing Education, administration and nursing services 2. Strengthening/Up gradation of School of Nursing: To strengthen the infrastructure of Nursing Schools and to upgrade them into College of Nursing 3. National Florence Nightingale Award for Nurses: - To recognise	1. A proposal for conducting 51 short term courses to train 1530 nurses is under process. 2. Strengthening/ Up gradation of School of Nursing: Release the 2nd instalment of funds for 16 institutes for upgradation of School of Nursing into College of Nursing	1. Strengthening/Up gradation of School of Nursing: Two proposal amounting to Rs. 8.32 cr is pending due to outstanding UCs 2. National Florence Nightingale Award for Nurses: During the year, 2015-16, a sum of Rs. 60.00 lakhs has been released for conducting the Award ceremony	

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		the meritorious services of the Nursing professionals.			
36	**R.A.K. College of Nursing, New Delhi**	To impart high standard of Nursing & Education of Nursing	The RAK College of Nursing, New Delhi has been set up to developing model Programme in Nursing Education to demonstrate a high standard of Nursing. This College offers B.Sc (H) Nursing (4year course). Master of Nursing (2year course) and M. Phil in Nursing (1 year full time and 2 year part time course). B.Sc (H) Nursing -67 Students & Master of Nursing- 23 Students.		
37	**Lady Reading Health School**	Providing Diploma and certificate courses to Nurses and Health Workers (Female)	1. Auxiliary midwife course (2 years duration), No. of Students admitted for the year(2015-17):40 and No. of students pass out :40 2. Certificate Course for Health Workers, No. of Students Passed out: 34		
38	**V.P. Chest Institute New Delhi**	Patient Care and Diagnostic and Treatment Services:	Improved patient Care, providing Enhanced Diagnostic and Treatment. Facilities Improvement and Modernization of Patient care. Construction of 2 new additional floors at Patel Niwas, PG Hostel. Re-Construction of 44 flats at Dhaka.	At present, 4 DM students (02 each for the academic session 2013-16 & 2014-17), 24 MD students (08 for academic session 2013-16, 07 for academic session 2014-17 and 09 for academic session 2015-18) and 05 DTCD students (05 for academic session 2014-16) are pursuing their studies. In addition, 30 pursuing their PhD programmes. *2 DM students have left the course. Remark: Construction of 2 additional floors could not be initiated, as the approval of various Government agencies awaited. Appointment of project manager is under progress.	
39	**Central Health Education Bureau**	To promote Health Education in the country.	• A total of 04 Orientation Training Programmes have been conducted for trainees comprising of medical students (undergraduate & postgraduate) and nursing students. A total of 153 trainees have so far been provided orientation training on Health Education and Health Promotion during the year. • The following Audio Video spots prepared as a part of IEC material for creating awareness amongst public regarding trauma care under "Capacity Building for establishment of Trauma care facilities in Govt. hospitals on National Highways" were finalized in accordance with the directions from Programme Division (Trauma Care), DGHS and National Advisory Committee. ✓ Production of one radio spot on Good Samaritan in Hindi and English of 60 seconds		

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			each. ✓ Production of one radio jingle on First Aid to accident victim in Hindi and English of 60 seconds each. ✓ Production of one video spot on Good Samaritan in Hindi and English of 60 seconds each. ✓ Production of one video spot on First Aid to accident victim in Hindi and English of 60 seconds each. ✓ Production of one documentary film (05 minutes) on Good Samaritan in Hindi & English. • Developed and finalized IEC messages for Prevention & Control of Fluorosis and Arsenic toxicity in a meeting on 15th June, 2015 at CHEB with the experts from DGHS, NCDC, MAMC and CHEB officials under the chairmanship of Director, CHEB. • Uploaded IEC print material of National Programme for Prevention and Management of Burn Injuries developed by CHEB on the official website of CHEB. • Technical assistance to National Organ Transplant Programme (NOTP) regarding development of IEC material and conducting public awareness activities. • Submitted the "IEC Action Plan of National Programme for Prevention and Management of Burn Injuries" and "IEC Action Plan under the Capacity Building for Establishment of Trauma Care Facilities in Govt. hospitals on National Highways" for the year 2015-16 to the Programme Division, Dte.G.H.S.		
40	**Health Sector Disaster Preparedness and Management**	To initiate prevention, mitigation and preparedness measures in health sector for manmade and natural disasters The action plan includes human resource development, Mobile Hospital, Safe Hospital Initiative, Strategic Health Operation Centre (SHOC), Risk Communication, Chemical, Biological	1. Human Resource Development: i) Development of Module for training public health managers on public health emergencies, hospital preparedness for emergencies and basic life support; ii)development of training centres for Advance Trauma Life Support. 2. Risk communication: To organize meeting of the task force. 3. Safe Hospital Initiative: Development and issue of guidance. 4. Strategic Health Operation Centre: Specification Finalization, Bidding, Civil & Electrical work Recruitment of manpower and installation of equipment. 5. CBRN: Assessment of the facilities and gap analysis, Human Resource training of identified facilities, Training on Psychosocial care and procurement of equipments.		SFC approved.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		Radiological and Nuclear (CBRN) disasters and Rapid Health assessment and response.			
41	**Emergency Medical Relief [Avian Flu]**	To mitigate the impact of Pandemic Influenza A H1N1 & Avian Flu	Necessary preventive measures for entry/outbreak of influenza and remain in a state of preparedness Pandemic preparedness for any outbreak /stockpiling of equipment/drugs/ vaccine	Major objective already achieved by limiting the impact of Pandemic influenza A H1N1. Regional training workshop on outbreak of Acute Respiratory Syndrome associated with MERS Corona Virus conducted in Bangalore (Southern Region), Pune (Western Region) and Delhi (North & NE Region). four regional training workshops proposed for the State Rapid Response Teams on Ebola Virus Disease: Prevention and Control, in Bangalore (Southern Region), Delhi (Northern Region), Pune (Western Region and Kolkata (East & NE region)	
42	**Emergency Medical Services**	Pre-hospital services and strengthening of emergency department integrated with a GIS/GPS	Evolve EMS policy: techno legal, regulations, rules, standards, guidelines and financing norms. Set up Institutional mechanism for EMS at National/ State/ Districts and strengthen administrative units of the departments.		New Scheme EFC yet to be finalized
43	**Central Research Institute, Kasauli.**	To meet the demand of vaccine under Universal Immunization Prog. (UIP) of Govt. of India.	1. DPT-Doses (UIP/Non-UIP)-75,00,000 2. TT (Doses) (UIP)/TT (Doses) (Non-UIP)-130,00,000 3. Yellow Fever (Doses)-Poduction discontinued 4. ARS (Vials)- 80,000 5. ASVS (Vials)-5500 6. DATS (Vials)- 9000 7. NHS (Vials)- As per demand 8. DIAG. AG (ML)- 80,000	<u>As on 31.10.2015</u> 1. DPT-Doses (UIP/Non-UIP): 41,16,490 2. TT (Doses) (UIP) / TT (Doses) : 35,19,190 3. Yellow Fever (Doses)*-93,600 4. ARS (Vials)- 22,407 5. ASVS (Vials)-1519 6. DATS (Vials)- 5154 7. NHS (Vials)- NA 8. DIAG. AG (ML)- 14,250	*Yellow Fever: The production of Yellow Fever Vaccine has been stopped temporarily in the institute due to non-functioning of Freeze Drying Machine.

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44	**Central Drugs Standard Control Organization**	1. Strengthening of State Drug Regulatory System under 12th Five Year Plan: Providing infrastructure and manpower support to State / UT Governments for drug regulatory system 2. Strengthening infrastructure 3. Enhancement of testing capacities of Central laboratories 4. Construction of new offices of CDSCO 5. Additions new construction at RDTL Chandigarh, RDTL Guwahati and CDSCO sub-zone Hyderabad 6. Introduction of e-Governance in CDSCO through C-DAC 7. Accreditation of Ethics Committees, investigators and Clinical Trial sites: to be implemented through Quality Council of India 8. National Survey to assess	1. 1079 crores with 75 :25 sharing pattern (Central Government share Rs. 850 crore) 2. 900.00 crores for creation of posts at CDSCO introduction of E-Governance etc. 3. Purchase of equipments 4. Land allocated by DGHS for construction of CDSCO office at Neb Sarai, New Delhi. 5. Sanctions for following construction works have been issued: i. 1.70 crore for RDTL Chandigarh ii. one crore for RDTL Guwahati iii. 5.43 crore for CDSCO sub-zone Hyderabad 6. e-Governance for day to day functioning of CDSCO 7. QCI have started working on the project on schedule 8. 47,000 samples were drawn to assess the quality of drugs moving in the country	1. The scheme has been approved by CCEA. Funds will be released after approval of specific proposals of the State Governments by Ministry of Finance 2. i. 50 Assistant Drug Inspectors and 147 Drug Inspectors likely to join during 2015-16. 3. i. Equipment worth Rs. 391.19 lakhs purchased through HLL. ii. Additional, Equipment worth Rs. 1.16 crores has been purchased by the various laboratories till October, 2015. 4. Proposal for construction under consideration. 5. Work in progress at said sites. 6. An amount of 314.00 lakhs has already been sanctioned in the month of January, 2015. Further payments will be made as per demands raised by C-DAC 7. An amount of Rs. 16,00 lakhs has been further released to QCI in May 2015 8. The samples are under test	6. The project is as per scheduled 7. Project is on time. 8. Scheme to be completed in 2015-16.

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		prevalence of spurious drugs in the country: to test samples of drugs from throughout the country and test their quality under the aegis of NIB, Noida			
45	**Food Safety & Standard Authority of India (FSSAI)**	1. Food Safety and Standards Regulations- 2011 have been formulated and notified in terms of Section 92 of the Food Safety and Standards Act, and have come into force w.e.f. 5th August, 2011. The Food Regulatory Framework has now moved from a limited historical regime of 'Prevention of Food Adulteration' to the intended 'Safe and Wholesome Food Regime'. 2. To strengthen the Food Safety infrastructure at the State / UT level and also upgrade the Food Testing Laboratory Network (CCEA approval of the Scheme is still awaited)	• Maintenance and strengthening of FSSAI HQ, expansion of Regional and Sub-Regional Offices and coverage of more ports of imports. • Issue of Central Licenses through Regional / Sub Regional Offices. • Expansion of the Food Testing Laboratory Network. • Efficient management of Import clearances from Chennai, Cochin, Delhi, Kolkata and Mumbai. • Increasing India's position as a major stakeholder in Food Business at international level through effective participation in various Codex Committee meetings. • To harmonize Indian food product standards with	• About 22,560 Central Licenses have been issued as of September, 2015, 6,39,040 and 25,55,242 State Licenses and Registrations respectively have been issued. • Food Import Clearance System is operational in Chennai, Cochin, Delhi, Kolkata and Mumbai. • Final Notifications were issued regarding Limits of Trans Fatty acid at 5 % on Interesterified Vegetable Fat, 2) Limits of Trans fatty acid at 5 % on Bakery and Industrial Margarine, 3) Limits of Trans Fatty acid at 5 % in Vanaspati, and 4) Limit of Trans Fatty acid at 5 % on Bakery Shortening. • Final Notification under process with regard to Standards for Pullulan, 2) Standards for Glucose Oxidase, Lipase and Xylanase in bread, 3) Standards for Natural Occurring Toxins, 4) Standards for Mycotoxin, and 5) Standards for Chromium in gelatin. • FSSAI, as the National Codex Contact Point (NCCP), along with other Ministries / Departments, actively participated in six Codex Committee meetings during the period. India has been nominated as the	

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			Codex and other International standards. • Review Microbiological standards of meat and meat products. • Undertaking IEC activities, participation in exhibitions, fairs and also running various media campaigns.	Coordinator of the Asia Region in the 38th Session of the Codex Alimentarius Commission (CAC) held in July, 2015. • Notification of additional NABL accredited Food Testing Laboratories and Referral Laboratories; • Technical Symposium on Food Safety was held in collaboration with USFDA.	
46	**Indian Pharmacopoeia Commission,**	1. Revision and publication of the Indian Pharmacopoeia (the book of standard for drugs) at regular intervals. Addendum 2015 to IP 2014 will come into effect from 01.01.2015 & preparation of addendum 2016 is in progress. 2. Revision and publication of the 5th edition of Nation Formulary of India (the book of reference for drugs). 3. Procurement, Preparation, evaluation, containerization and distribution of Chemical Reference Substances. 4. Creating a centre facility of Pharmaceutical Instrumentation and Analysis. 5. Nucleus for interaction between analytical	1. 57 Monographs have been added in Addendum 2015 to 2014 & previous Monographs updated accordingly. 2. About 450 IP Reference Substances (IPRS) and to Impurity are made available as prescribed in the individual monograph to monitor the quality of drugs in the country. IPC intends to reach the target by 600 IPRS and 100 impurity by the end of the financial year. IPC has also launched IPRS Impurities in the country which in turn will save foreign currency. 3. Reviewing the National	1. The Addendum 2015 to IP 2014 was released on 3rd December, 2014 and came into effect from 01.04.2015. The Addendum 2016 to IP 2014 was released on 14th November, 2015 by the Hon'ble Union Minister of Health & Family Welfare 82 new monographs alongwith 57 New Monographs of Chemical nature were added. 2. The 5th edition of NFI is ready and released on 14/11/2015 by the Hon'ble Union Health & Family Welfare Minister 446 IP reference Substances (IPRS) are made available as prescribed in the individual monograph to monitor the quality of drugs in the country. IPS has also launched 42 IPRS Impurities in the country which in turn will save foreign currency. 3. 150 ADR centres are functional across the country (vigiflow activitied) Approx 100000 ADR reports received. Committing of reports to UPSAALA has been done more actively.	Against the approved BE/RE of 21 crore and against this commission has incurred an expenditure 10 crore upto September, 2015.

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		laboratories, industries and academic Institutions. 6. Organizing national/international symposia, seminar, meeting, and conferences. 7. Exchange information and interact with international counter parts. 8. NCC of Pharmacovigilance Programme of India.	Formulary of India better quality compliance. 4. As on date 150 ADR centres are functional across the country (vigilfow activated) Approx 100000 ADR reports received. Committing of reports to UPSAALA will be done more actively. 5. Rational use of drugs through generic approach and lesser dependability on antibiotics.		
47	**National Centre for Disease Control**	1. Diseases Surveillance and outbreak investigation Training Programme 2. Operational Research, MPH Courses. 3. To upgrade the National Centre for Disease Control.	During December, 2010, the Cabinet Committee on Economic Affairs (CCEA) approved the proposal for upgradation of NCDC at a total cost estimates of Rs. 382.41 crore. The Components approved were: (a) civil and services works (b) equipments and (c) manpower. The duration of the project is 24 months.	More than 50% civil work has been completed till March, 2015. Out of 114 newly created posts, 34 have been filled. Efforts are being made to fill up remaining posts. Newly constructed Administrative Block has been taken in possession in Sept.-Oct., 2015. Efforts have been made to fill up all the newly created posts. Since the final approval on building plans from NDMC was received only in Jan, 2013, the construction work could be started by the NBCC in February, 2013. NCDC could provide 65% land under PhaseI due to existing laboratories. So Construction work will continue during 2015-16.	
48	**Lady Hardinge Medical College & Smt. Sucheta Kriplani Hospital , New Delhi**	Construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-	Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block,	Construction of Hospital buildings: (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block, Academic Block, UG Hostels. Routine renovation of the existing hospital	Construction of hospital buildings is at stand still. The Ministry of Health & Family Welfare is seized of the matter. Funds to

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		2006 for increasing 27% OBC admissions: Construction of Hospital buildings: Budget Rs.393.98 crore (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels) Major works Budget head (4210):Rs.13.00 crore (including budgetRs. 8.80 crore of Renovation of Auditorium)	Academic Block, UG Hostels]. CPWD Renovation works: • Renovation of Auditorium • Misc works	buildings carried out by CPWD: • RO plants at auditorium, Nurses hostels, Near new building, Anatomy and Physiology area have been installed by CPWD and are functional • Renovation of college of nursing • Replacement of WTAC • Fire alarm system at ENT OT • Water proofing treatment of roof of dept of Forensic medicine, anatomy & old library building. • Addition & alliteration of Nursery • Redevelopment of existing Rain water harvesting system in LHMC • Inbuilt water coolers • Female surgical ward • Fire alarm system at ENT OT • Improvement of Road/lane for staff qtrs • Repair & replacement of damaged doors, window & CC flooring & fixing SS wire mesh in left out staff quarters at LHMC • Up-gradation of IV storeyed staff quarters at SSKH (45 block Type-I)	the tune of Rs. 161 .92 cr has been provide to M/s Unity Infraproject Ltd as per statement of accounts provided by HSCC (I) Ltd till 31.3.2014 Funds to the tune of Rs. 6,50,00,000/- has been provide to CPWD to start the renovation of Auditorium. Funds to the tune of Rs. 4,03,02,543/- has been provided to CPWD , SSKHD till dated Funds to the tune of Rs. 65,70,253/- has been provided to CPWD , SSKHD till dated
49	**Regional Institute of Medical Sciences Imphal, Manipur**	Provision of diagnostic and treatment facilities imparting of education and clinical support.	OPD Attendence -39542, In-patients admitted-5231, Casuality attendance-10693, No. of operations-760, No. of deliveries-909 Students passed: MBBS – 106, MD/MS – 127, P.G. Diploma – 2, M. Phil (Clinical Psychology) – 7, M.Ch – 2, B.Sc (N) – 33 Research Project-20 Workshop/CME- 32 MCh (Urology)-2		

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50	**Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam**	To provide equal access to mental health care, develop human resources, reduce overall disease burden and rehabilitation measures so as to promote positive mental health.	OPD attendance and services- 55354, Diagnostic test- 101977. Admission-Academic courses, MD (psy) trainees -2, M.Phil PSW-6, M.Phil (CP)-8 M.Sc (psy Nursing) -12 & DPN-7		
51	**Regional Institute of Paramedical & Nursing Sciences, Mizoram**	To provide education in Nursing, Pharmacy and Paramedical Sciences to the people of North East including Sikkim and to maintain the pace of such education and services with other developments in Medical and Paramedical sciences.	• Imparting training to Nursing, Pharmacy & Paramedical students. • Construction of New Academic III Building, Library cum Examination Hall, new Girls' & Boys' Hostels • Upgradation of RIPANS as 9th RIPS - Finalisation of SFC • Construction of Permanent Fencing & Animal House • Introduction of new courses • Procurement of necessary equipments for various departments • Strengthening and upgradation of Library	• No. of students newly admitted – 182 • 36% of Construction works completed as on 30.09.2015. • DPR & SFC memo amounting to Rs. 481.22 crore submitted to the Ministry and certain clarifications as sought by the Ministry also furnished as requested. • Permanent Fencing completed on 23.04.2015 • Animal House completed on 20.07.2015. • Initiatives taken for starting of the following courses from the year 2016: M.Sc.Nursing, M.Sc. Radiology, Bachelor in Physiotherapy (BPT), PG Diploma in Dietetics and Nutrition • Machinery & equipments worth Rs. 0.29 crore was procured for different departments as approved by Purchase Sub- Committee (as on 30.09.2015). Library books worth Rs. 1.27 crore were procured for the Institute. (As on 30.09.2015)	

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52	**Safdarjung Hospital, Vardhman Mahavir Medical College and Sports Injury Centre**	Promoting Health care based on evidence of effectiveness of care. Provide teaching and training in the field of medical education. Specialized nature of treatment to all sports injuries and Joint disorder under one roof.	• Provision for Original Works Civil & Elect. • Redevelopment Plan Phase-1 • Provision for Procurement of Machinery & Equipment. • Provision for Annual Maintenance of entire Electrical Services & Civil Works in the Hospital.	• Rs.8.85 crore has been utilized for Original Works Civil & Elect. • Rs.80.00 crore has been placed to HSCC for Redevelopment Plan Phase-1 • Rs.23.91 crore has been utilized for procurement of Machinery & Equipment • Rs.13.37 crore has utilized for Annual maintenance of the hospital Civil & electrical division. • Rs.0.84 crore has utilized for Annual maintenance of electrical works in the VMMC	
53	**Pradhan Mantri Swasthya Suraksha Yojana**	**AIIMS like Institutions:** Creation of capacity in medical education, research and clinical care and to reduce the imbalances in availability of affordable/ reliable tertiary level healthcare in the country in general and in the underserved areas of the Country. **Upgradation of medical colleges:** Improving health infrastructure through construction of Super Speciality Block/Trauma Centre etc. and procurement of medical equipment for existing as well as new facilities.	1. Setting up AIIMS (Phase-I): The work for Setting up of 6 new AIIMS like Institutions Bhopal, Bhubaneswar, Jodhpur, Patna Raipur, and Rishikesh is being taken up in packages in phase wise manner. 2. Setting up of 2 AIIMS institutions in phase-II of PMSSY. 3. Upgradation of 13 State Govt. Medical Colleges in Phase-I of PMSSY • Bangalore Medical College • Trivandrum Medical College • Salem Medical College • NIMS, Hyderabad • SGPGIMS, Lucknow	1. Setting up AIIMS in Phase-I of PMSSY: 6 AIIMS Medical Colleges have started academic session and four batches of MBBS students totaling 350 and third batches totaling 180 B.Sc (Nursing) Students at each of these six new AIIMS are now receiving education. OPD services have also commenced at all six new AIIMS. IPD services for teaching purpose have commenced at all the six AIIMS. Procurement medical equipment amounting to Rs.1200/- crore is to be done for six new AIIMS. Out of which, order for procurement of medical equipment amount to Rs.280.06 crore has been placed and tender for Rs.438.60 crore is under process. As on Nov.2015 Status of construction of Medical College Complex (Package-I): a) AIIMS-Bhopal-90.64%, b) AIIMS-Bhubaneswar-88.89%, c) AIIMS-Jodhpur-90%, d) AIIMS-Patna 96%, e) AIIMS-Raipur-88.26%, f) AIIMS-Rishikesh-89.55%. 2. Setting up of 2 AIIMS-like institutions in Phase-II of PMSSY: The status of construction of AIIMS, Rae Bareli has been completed 60%. For the proposed AIIMS at Raiganj in second phase of PMSSY, land was not	

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			• Kolkata Medical College- (i)OPD Block (ii)Academic Block (iii)Super Speciality Block (2nd stage of construction) • Jammu Medical College • Srinagar Medical College • RIMS, Ranchi • IMS, BHU, Varanasi • Grants Medical College, Mumbai • SVIMS, Tirupati • BJ Medical College, Ahmedabad 4. Upgradation of 6 Govt Medical Colleges in phase-II of PMSSY: Amritsar Medical College, Aligarh Medical College, Tanda Medical College, Rohtak Medical College, Madurai Medical College, Nagpur Medical College 5. upgradation of 39 existing State Govt. Medical Colleges under PMSSY Phase-III **6.** PMSSY Phase-IV: **(a)** Setting up 4 AIIMS each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal (U.P.), (b) Up-gradation: 12	made available by the State Government. Based on the request of State Government, it has now been proposed to establish an AIIMS at Kalyani (West Bengal) which may come under Phase-IV of PMSSY. 3. Upgradation of 13 State Govt. Medical Colleges in Phase-I of PMSSY: 100% construction of 9 SGMCs has already been completed during (2014-15) of Bangalore Medical College, Trivandrum Medical College, Salem Medical College, NIMS, Hyderabad, SGPGIMS, Lucknow, Jammu Medical College, RIMS, Ranchi. IMS, BHU, Varanasi Kolkata Medical College (i) OPD Block, (ii) Academic Block and Kolkata Medical College - (iii) Super Speciality Block (2nd stage of construction) –work awarded in Nov.2015. Srinagar Medical College-99.50%, Grants Medical College, Mumbai-84%, SVIMS, Tirupati-99.50%, BJ Medical College, Ahmedabad-92% An amount of Rs.380.93 crore has been earmarked for high end equipments and out of this, equipments worth Rs.354.18 crore have been procured. 4. Upgradation of 6 State Govt. Medical Colleges in Phase-II of PMSSY: Amritsar Medical College-99.5%, Aligarh Medical College-99.50%, Tanda Medical College-100%, Rohtak Medical College-66%, Madurai Medical College-18%, Nagpur Medical College-50%. 5. Upgradation of 39 existing State Govt. Medical Colleges Phase-III of PMSSY: 39 existing SGMCs has been taken up for up-gradation at an approved cost of Rs.150 crore (Central Contribution-Rs.120 crore and State Share-Rs.30 crore) each. Gap analysis has already been carried out. Out of 39, thirty seven DPRs have been approved so far. 6. PMSSY Phase-IV: (a) An announcement during Budget Speech (2014-15) to set up 4 AIIMS each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal (U.P.), approval of the Cabinet has been obtained on 07.10.2015 Government of UP is yet to offer alternate suitable sites in Poorvanchal in Uttar Pradesh. (b) Up-gradation: 12 existing SGMCs have been identified to be taken up for	

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			existing SGMCs 7. Also an announcement have been made during Budget Speech (2015-16) for setting up 6 new AIIMS one each in Assam, Himachal Pradesh, Jammu & Kashmir, Punjab, Tamil Nadu and Bihar.	up-gradation under Phase-IV of PMSSY. Draft EFC Note to this effect has been circulated to all appraising departments viz. Department of Expenditure and Niti Aayog vide OM dated 23.10.2015. 7. 6 new AIIMS have been announced during Budget Speech 2015-16 one each in Assam, Himachal Pradesh, Jammu & Kashmir, Punjab, Tamil Nadu and Bihar. Site of Bathinda has been finalized for location for new AIIMS in Punjab.	
54	**Strengthening inter-sectoral coordination of prevention and control of Zoonotic diseases**	To establish a mechanism for intersectoral coordination and for control of priority zoonotic diseases.	To establish intersectoral coordination mechanism and control priority zoonotic diseases like anthrax, plague, brucellosis, rabies and leptospirosis.		
55	**Viral Hepatitis surveillance Programme**	• Establishing a network of public health laboratories for surveillance of Viral Hepatitis, in a phased manner, with NCDC as the co-ordinator. • Generation of reliable and actionable data from the surveillance network. • Collation and dissemination of generated data.	• Upto five laboratories will be identified in different regions of India in the first year for the Viral Hepatitis Surveillance network • Two to three laboratories will be added every year to expand the surveillance network • Annual meetings will be conducted to assess progress, identify gaps, and chart future course of action • Development of SOPs for the laboratory network	A booklet on Viral Hepatitis (Facts and Treatment Guidelines)has been drafted and uploaded on NCDC website as well as advertised in newspaper to invite comments and suggestions of medical fraternity and general public. The draft is ready for publication.	• Funds for the programme are still awaited for upgradation of the NCDC laboratory (in terms of equipment, consumables, and manpower), for recruiting new network laboratories, for holding national level workshops and trainings, and for EQAS activities. • NCDCis undergoing major upgradation,

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			• Training will be organized to establish EQA and proficiency testing for the laboratory network • Development of a data analysis and reporting system for the surveillance network		hence lack of appropriate space is a limitation.
56	**National Programme on Prevention & Control of Anti-Micro, Resistance**	• To establish a laboratory based surveillance system by strengthening laboratories for AMR in the country and to generate quality data on antimicrobial resistance for pathogens of public health importance. • To generate awareness among healthcare providers and in the community regarding rationale use of antibiotics. • To strengthen infection control guidelines and practices and promote rationale use of antibiotics. Development & implementation of national infection control guidelines.	• To establish a well-developed community based and hospital based surveillance system for antimicrobial resistance in the country for collection of data. • Establishment of baseline data for important pathogens of public health importance. • Development of guidelines for rational use of antibiotics and its dissemination.	• The network labs have been given antibiotic discs and reagents for AMR surveillance. • Network Labs have started the surveillance activities and AMR data has started flowing in from some of the labs which is being analysed at NCDC. • National Treatment Guidelines for treatment of different infectious diseases has been drafted and uploaded on NCDC website as well as advertised in newspaper to invite comments and suggestions of medical fraternity and general public following which it will be finalized and adapted as National treatment Guidelines for Infectious diseases. • National Infection control policy is under preparation.	• Lack of funds as per estimated allocation. • The sanctioned budget for AMR Containment programme for current year has not been released by MOHFW and is awaited.
57	**Social Marketing Area Project.**	To provide Condoms for specific area for distribution to eligible couples through Social	No project has been received from the SMO for the last two or three years hence no budget		

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		Marketing network of the Social Marketing Organisations (SMOs) under Social Marketing Area Project.	provision has been made.		
58	**Social Marketing of Contraceptives**	To make available Condoms & Oral pills to the eligible couples through Social Marketing network of the Social Marketing Organization (SMOs) for increased coverage of eligible couples under contraception.	The requirements were projected for procurement & Supply of condoms and oral pills to eligible couples through SMOs is as follows: Condom (M. Pc.)- 454.00 OCPs (Lakh Cycles)-123.00 (ii) Payment of promotional incentive to SMOs for sale of Condoms & OCPs, re-imbursement of packing material cost and also promotional & product subsidy of Saheli/Novex weekly OCPs & Condoms. (iii) To undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.	Against the requirement, the following quantity of the contraceptives was procured during the year 2014-15: Condom (M. Pc.) 340.50 OCPs (Lakh Cycles) 67.65	The balance quantity of contraceptives has been sent to CMSS for floating the tender and same is under process.
59	**Population Research Centres**	Research studies on various socio economic, demographic and communication aspects of Population & Family Planning	Reports on various socio economic, demographic and communication aspects of Population & Family Planning	PRCs have completed 20 research studies on various health topics. They were actively involved for improving coverage and quality of HMIS data. Further, they made field visits to 77 districts for monitoring of State PIPs and submitted reports to the Ministry which give a good insight about the	

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		Programme	Programme and analysis / validation of HMIS data including strengthening of Mother & child Tracking system (MCTS).	functioning of NRHM in the States..	
60	**International Institute of Population Sciences Mumbai**	Teaching, Training, Research, Consultancy	988 students currently registered for various courses till the academic session year 2015-16.		Institute will declare results in month of May except Ph.D.
61	**F.W. Training and Research Centre, Mumbai**	• Training for in Service Health Worker of various categories, • Clinic based Family Welfare and Medical service and field based research activities. • Health promotion and IEC activities.		Admitted 26 candidates for training courses of Diploma in Health Promotion Education (DPHE) and Diploma in Community Health Care (DCHC). Clinic Attendence-373, Health Education Programme-16 and Field Studies-26	
62	**Rural Health Training Centre, Najafgarh**	To impart community health training for Medical Interns and Nursing Personnel and for training of ANMs.	No. of OPD pateints:400000 No of Emergency Patients: 50000, No. of Emergeny Admissions: 1500, No. of institutional Deliveries: 100, JSY Beneficiaries: 50, No. of Medical Interns:300, No. of GNMs:1000 No. of ANMs:80	No. of OPD patients:209360 No of Emergency Patients: 28958 No. of Emergency Admission: 1094 No. of institutions Deliveries: 42 JSY Beneficiries:25 No. of Medical Interns:248 No. of GNMs:513 No. of ANMs:89*	*Due to failure of students.
63	**Gandhigram Institute of Rural Health and Family Welfare Trust, Dindigul, Tamil Nadu**	• To educate Health personals according to prevailing health problems and to implement the National Health Programmes with the specific objective of change the life style of the people, healthy pactices and improve the health status. • To train Health and allied manpower working in Public Health Facilites, Corporations / Municipalities in four Souther States. • To provide technical guidance to Regional Family Planning		During the year 2015-16, 24 persons were trained in Post Graduate Diploma on Health Promotion and Education course (PGDHPE), Two batches of 81 students (45+36) got training in Orientation Training on Communication and Educational Tech. for B.Sc (Nursing).	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		Training Centres and Central Family Planning Field Units in the southern Zone.			
64	**Free Distribution of Contraceptives**	To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills to the States/Uts for distribution to eligible couples free of cost through sub-Centres, hospitals and other Health care Institutions of the states for increased coverage of eligible couples under contraception. to supply Pregnancy test kits for timely and early detection of pregnancy.	The requirements were projected by the Programme Division is as follows: Free Supply Condom (M.Pc.)-620.53 Condom for NACO (M.Pc.)-225.67 OCPs (Lakh Cycles)- 460.01 IUDs (Lakh Pieces)-68.40 Tubal Rings (Lakh Pairs)-14.21 EC Pills (Lakh Packs)-76.21 PT Kits (Lakh kits)-102.30	The following quantity of the contraceptives were procured during the year 2015.-16: Free Supply Condom (M.Pc.) 465.40 Condom for NACO (M.Pc.) 169.252 OCPs (Lakh Cycles) 255.20 IUDs (Lakh Pieces) 37.62 Tubal Rings (Lakh Pairs) 7.82 EC Pills (Lakh Packs) 41.92 PT Kits (Lakh kits) 56.27	The balance quantity of contraceptives has been sent to CMSS for floating the tender and same is under process.
66	**Management Information System**	Setting up an appropriate Monitoring and Evaluation System under NRHM - MIS Performance , Triangulation of data and conduct of National Surveys i.e., National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS) etc.	1. Implementation of Web enabled MIS application for data capturing and data warehousing 2. E-Governance,	1. Ongoing expansion and improvement in quality of information on HMIS Portal. 672 districts shifted to facility–wise reporting. Third party Audit of the GIS component of augmented HMIS application completed. 2. Mother and Child Tracking System: (i) Since inception of Mother and Child Tracking System (MCTS), total 9,50,47,333 pregnant women and 8,05,64,548 children were registered till 30th September, 2015. The registration during 2015-2016 is 67.82% for pregnant women and 50.58% for children on pro-rata basis as on 30th September, 2015. Out of total 2,80,770 ANMs registered in MCTS, 2,76,736 (98.56%) ANMs were registered with phone numbers. Similarly, out of total 9,27,002 ASHAs registered in MCTS, 8,49,625 (91.65%) ASHAs were registered with phone number. States have been requested to set up call centres for better interaction between health service providers and beneficiaries. RCH portal – the revised version of MCTS portal - has been launched on pilot basis in 9 States / UTs.	

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				(ii) Mother and Child Tracking Facilitation Centre (MCTFC) is validating the data entered in MCTS in addition to guiding and helping both the beneficiaries and service providers with up to date information on Mother and Child care services through phone calls on a regular basis. As on 30th September, 2015, total 6,98,251 pregnant women, 7,94,255 parents of children, 4,65,257 ASHAs and 2,14,360 ANMs registered under MCTS were contacted to validate their records, promote government's schemes & programmes and get the feedback on services being delivered at field level. 18 audio recorded messages are being played through IVR system to the beneficiaries (pregnant women and parents of children) to make them aware about maternal health, child health and family planning aspects. As on 30th September, 2015, MCTFC IVR system had played these messages to more than 10.5 lakh beneficiaries. Remark: The MCTFC was to be upgraded but could not be upgraded because of insufficient response of bidders to the Request for Proposal (RFP) published for the purpose.	
			3. Evaluation through National Surveys DLHS, AHS, NFHS etc. i. DLHS-4 ii. Annual Health Survey (AHS) in 284 districts iii. National Family Health Survey-4	3. Evaluation through National Surveys DLHS, AHS, NFHS etc: DLHS-4: States reports are Published in Respect of 18 States. AHS The results of CAB component has been made available in public domain. NFHS: Field work of the survey has been completed in all phase-I State/ Regions Expect Assam, Manipur and Maharashtra mapping and listing fieldwork Started in Five phase 2 State.	
66	**e-Health including Telemedicine** Total Plan Outlay Rs. 44.77 crore 1. National Medical	1/a. Tele-education / Digital Medical Lecture Theatre. 1/b. Tele-consultation 1/c. E-Learning and Digital 2. Library infrastructure 2. To provide healthcare	1.Shortlisting of System Integrator (SI) via open Tender process 2/a. Setting up of Telemedicine Node in Ayappa Temple (Pamba)	1. Under process 2. Both Telemedicine centres are being operationalized. 3. All the listed targets are complete and rollout is expected during this year.	Telemedicine division has not been allocated any funds for FY 2015-16.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
	College Network (NMCN) 2. Utilization of Space Technology in Collaboration with D/O Space 3. m-Health for tobacco cessation 4. Integrated Health Information Platform (IHIP) 5. National Identification Number (NIN) to Health facilities 6. National Health Portal (NHP), 7. 'National e-Health Authority (NeHA)'- 8. Online Registration System 9. Promotion & Adoption of Electronic Health Record	services to hard-to-reach/disaster prone areas 3. Utilisation of mobile technology to reach out to tobacco users of all categories who want to quit tobacco use and support them towards successful quitting through constant messaging 4. Objective is to create Electronic Health Records of citizens and enable interoperability & seamless data/health records exchange through Health Information Exchange 5. To each of the health facilities (both public & private) in order to facilitate interoperability and information exchange between different IT systems so that EHR of citizens could be exchanges from one hospital to another and continuity of care could ensured 6. To provide authentic information on health sector to citizens/ stakeholders 7. To provide leadership in implementation of the integrated	2/b. Setting up of Telemedicine Node in CHC Pooh, Himachal Pradesh 3/a. MoU with WHO-ITU for providing Technical support 3/b. Preparation and approval of Content 3/c. Roll out of m-Health Tobacco Cessation program in English & Hindi Language 4/a. To draft concept note including design & architecture 4/b. to hold consultation with states & stakeholders 4/c. To obtain necessary approvals for implementation 5/a. Concept Note preparation 5/b. consultation with stakeholders 5/c. initiation of pilot project 6/a. launch of Voice Portal' for providing health information through a toll free number. 6/b. launch of mApps 6/c. launch of directory services 6/d. launch of eBlood bank services 7/a. Concept Note preparation 7/b. Putting up concept note in public domain for suggestions 7/c). preparation revised	4/a. Draft concept note prepared 4/b. consultation is underway 5/a. concept, design completed to generate and assign unique number i.e. NIN (in compliance with the MDDS of DeitY) 5/b. NIC has started the work for the pilot project. The pilot in one state and learning for improvements is planned to be completed by December 2015. 6/a. Voice portal launched in July 2015 6/b. mApps for facilitating access to the portal through mobile handsets 6/c. task for directory services & eBlood bank has been completed; ready for launch 7.The process for obtaining suggestions/comments from stakeholders and public domain has been completed and the examination of the suggestions/ comments is underway. 8. As of now 14 hospitals are on board. 9/a Workshops & training programmes conducted for stakeholders/ users in different parts of the country for sensitization and information dissemination on the standards 9/b Refset generation process has been completed in areas related to of oral cancer, cervical cancer, cataract, pregnancy related anaemia, and childhood diarrhea	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
	(EHR) Standards Notified in September 2013	health information system, to promote adoption of standards and facilitate exchange of patients health records across facilities in a secure way; exchange of EHR would ultimately lead to effective & efficient healthcare and also cost reduction 8. for online registration, appointment, payment of fees, online diagnostic reports, blood availability etc. & 9. Adoption of standards so as to facilitate semantic interoperability between different health IT systems	concept note		
67	**Upgradation/ Strengthening of Nursing Services**	To provide financial assistance to the State Government for establishment of ANM/ GNM Schools.	Release the funds for opening of new ANM/GNM Schools as well as 2nd installment	• No Budget allocated during the year 2015-16.	
68	**National AIDS Control Organisation** Goal: Accelerate Reversal and Integrate Response. Objectives: • Reduce new infections by 50% (2007 Baseline of	• New Targeted Interventions established 35 • STI/RTI patients managed as per national protocol 56 lakh episodes • Blood Collection in NACO supported Blood Banks 48 lakh • Districts covered under Link Worker Scheme (cumulative) 163 • Clients Tested for HIV (General Clients) 124 lakh • Pregnant Women tested for HIV 90 lakh • Proportion of HIV+ Pregnant Women and Babies who are initiated on Multidrug Antiretroviral (ARV) regimen 85%		• 15 New Targeted Interventions established • 44.72 lakh episodes STI/RTI patients managed as per national protocol • 28.36 lakh Blood Collection in NACO supported Blood Banks • 13062 Districts covered under Link Worker Scheme (cumulative) • 68.5lakh Clients Tested for HIV (General Clients) • 53.9 lakh Pregnant Women tested for HIV • 97.3% Proportion of HIV+ Pregnant Women and Babies who are initiated on Multidrug Antiretroviral (ARV) regimen • 9.6 lakh No. of HIV-TB Cross Referrals	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
	NACP III) • Provide comprehensive care and support to all persons living with HIV/ AIDS and treatment services for all those who require it.	• No. of HIV-TB Cross Referrals 14 lakh • New ART Centres established 55 • No. of PLHIV on ART (cumulative) 9.41 lakh • Opportunistic Infections treated 3 lakh • Campaigns released on Mass Media - TV/Radio 6 • New Red Ribbon Clubs formed in Colleges 440 • Persons trained under Mainstreaming training programmes 2.6 lakh • Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood Banks 75% • Free distribution of Condoms 35.2 crore pieces • Social Marketing of condom by NACO contracted Social Marketing Organisations 29.6crore pieces		• 44 ART Centres established • 9.01 lakh No. of PLHIV on ART (cumulative) • 2.44 lakh Opportunistic Infections treated • 1 Campaigns released on Mass Media - TV/Radio • 29 New Red Ribbon Clubs formed in Colleges • 0.86 lakh Persons trained under Mainstreaming training programmes • 78% Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood • 2.8 crore pieces Free distribution of Condoms • 8.56 crore pieces Social Marketing of condom by NACO contracted Social Marketing Organisations.	

OUTCOME BUDGET 2015-16
(OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES/ACHIEVEMENTS)

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
1	**NRHM Mission Flexible Pool:**	Mission Flexi Pool seeks to strengthen the institutional structure and provide an effective link between the community and health care facilities at the grass root level. Selection and training of Accredited social Health activists (ASHA) acting as a link is critical. Focus will be on augmentation of Human Resources by encouraging states to engage health personnel including doctors, nurses and paramedics strengthening health infrastructure by providing support to the states for new construction /up gradation renovation of health care facilities strengthening First Referral Units and operationalization of more 24X7 facilities, decentralized planning through Village Health Sanitation and Nutrition committees and Rogi Kalyan Samitis, preparation of District Health Action plan with convergence from all health related sectors, provisioning for health services delivery especially in un-served and underserved areas through Medical Mobile Units providing financial assistance to states for selection and training of Accredited Social Health Activists (ASHA) who act as a link between community and healthcare facilities establishing Emergency Transport and patient Transport System. Objective, Quantifiable Deliverables, Achievements are as follows:			
		1. Fully Trained and Equipped ASHAs, one for every 1000 population or less/ for isolated habitations.	50000 lakh ASHAs to be provided training in remaining modules/refresher training.	15487	Achievements: up to June'2015
		2. Strengthening of Health Sub-Centres SHC.	300 New Sub Centres to be opened.	28	
		3. Construction of Sub Centres.	800 New Sub Centres to be constructed across the country.	715	
		4. Strengthening Health facilities during 2014-15.	1000 Health facilities to be completed during 2015-16	770	
		5. Upgrading Community Health Centres and other levels into First Referral Units.	100 CHCs and other level facilities to be upgraded as First Referral Units.	27	
		6. Appointment of Doctors/ Specialists.	500 Doctors/ Specialists to be recruited on contract basis.	0	
		7. Appointment of Staff Nurses.	600 Staff Nurses to be recruited on contract basis.	1592	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		8. Appointment of Paramedical Staff.	500 Paramedical Staffs to be recruited on contract basis.	29	
		9. Untied grants to be provided to each VHSNC, SC, PHC, CHC to promote local health action.	100% Health facilities to be given untied and Annual Maintenance Grant funding for local health action during 2014-15.	100% of eligible health facilities	
		10. New Mobile Medical Units (MMU) to be operationalized.	30 new Mobile Medical Units (MMU) to be operationalized.	0	
		11. Operationalization of Emergency Referral transport Ambulances.	200 Ambulances to be operationalized in the States/UTs.	132	
		12. Preparation of Annual District Action Plan (DHAP)	District Health Action Plan to be prepared for 640 districts.	673	
		13. Holding Village Health & Nutrition days.	60 lakh Village and Health Nutrition days to be completed.	23.99 lakh	
2	**RCH Flexible Pool:**	**Reproductive and Child Health Programme:** To reduce Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) and assure reproductive health and choice to citizens and contribute thereby to stabilization of population consistent with the goals enshrined in the National Population Policy 2000 and 11th & 12th Five Year Plan. It	To improve the health status of Infant, Women and Children, funds are provided to States/UTs to sustain and increase: (a) Operationalization of facilities i.e. FRUs, 24x7 PHCs, sub-centers and MTP & RTI/STI services. (b) Coverage of JSY beneficiaries. (c) Ensuring enrolment of all pregnant women under	➢ Infant Mortality Rate declined to **40** per 1,000 live births (SRS 2013). ➢ Maternal Mortality Ratio reduced to **167** per 1,00,000 live births (SRS 2011-13). ➢ Total Fertility Rate reduced to **2.3**(SRS 2013). ➢ Under 5 Mortality Rate reduced to **49** (SRS 2013). ➢ Strengthening strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A). **<u>Maternal Health Services:</u>** ➢ Greater thrust for providing maternal health services: ✓ Percentage of institutional deliveries against reported deliverris upto Sep in 2015-16 is **88.2%.** ✓ Demand promotion through JSY. Expected beneficiaries under Home Deliveries are **2** lakh and **110** lakhs for Institutional Deliveries.	

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		aims at providing need based, client centered, demand driven, quality services to the beneficiaries with a view to improve the health status of Infant, Women and Children.	Aadhaar. (d) Implementation of Janani Shishu Suraksha Karyakram (JSSK) - an initiative to assure free entitlements for both pregnant women and sick new borns till one year after birth accessing public health institutions for healthcare. (e) Strengthening of integrated management of neonatal and childhood illness (IMNCI); new born care (including diarrhea management, ARI & micro-nutrients malnutrition). (f) Strengthening of Family Planning services (including Compensation for Sterilization & IUD). (g) Home delivery of contraceptives by ASHAs at doorstep of beneficiaries. (h) Provision of services for (i) Adolescent Health, (ii) Urban RCH (iii) Tribal RCH (iv)Vulnerable Groups.	✓ Operationalization of 24*7 facilities ✓ Multiskilling of doctors & human resources for health ➢ Promote institutional delivery, eliminate out of pocket expenses and facilitate prompt referral through following measures under JSSK. ✓ Free, zero expense treatment and exemption from all kinds of user charges ✓ Free drugs, diagnostics, consumables, free provision of blood, free transport from home to health institutions, free transport between facilities in case of referral, free drop back from institutions to home ✓ Operationalization of MCH Wings i.e. 100/50/30 bedded MCH wings are being established in District Hospitals/ District Women's Hospitals/ Sub-District Hospitals/ CHCs/FRUs. **Child Health Services:** Facility Based New born Care: ✓ **16968** NBCCs established and **1.3** lakhs health personnel trained in NSSK as on September, 2015 ✓ **602** SNCUs and **2228** NBSUs have established as on September, 2015 ✓ SNCU Online Reporting Network has been established in 15 states covering 416 SNCUs. ✓ About **19.82** lakhs sick infants are the target beneficiaries who are expected to avail services under JSSK ✓ **20** States have started setting up Kangaroo Mother Care (KMC) in health facility collocated to SNCU ✓ **14** States have implemented the intervention allowing ANMs to give a pre referral dose of antenatal corticosteroid (Injection Dexamethasone) in pregnant women going into preterm labour. ✓ **6** States have issued guidelines empowering ANM to administer pre-referral dose of Injection Gentamicin and Syrup Amoxicillin to newborns for the management of sepsis in young infants (upto2 months of age). Home Based New Born care (HBNC) ✓ Out of **8.9** lakhs ASHAs**, 6.97** lakhs trained in round 1 of module 6 & 7 to provide home based new born care	

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			(i) Involvement of NGOs and Public Private Partnership. (j) Strengthening Infrastructure, HR and Institutional Strengthening. (k) Provision for adequate training, IEC/BCC, Procurement and Programme Management arrangements. (l) Supporting the activities of Immunization PIPs. (m) Mother & Child Tracking System (MCTS) to track every pregnant woman by name for providing timely ante-natal care, institutional delivery, and post-natal care along with immunization of the new-born. (n) Improve HMIS. (o) To meet the increased demand for delivery care services, introduction of 100 bedded MCH Wings at District Hospitals and 70/50/30 bedded maternity wards at Sub Divisional Hospitals/CHCs	✓ More than **40 lakhs** new born visited to home by ASHAs as on September, 2015. Promoting IYCF practices ✓ As on September, 2015, HMIS 2015-16, **89**% coverage of early initiation of breast feeding in the country. ✓ Micronutrient supplementation ✓ As on September, 2015 HMIS 2015-16; **38%, 33% and 30%** children received the 1st, 5th and 9th dose of Vitamin A respectively. ✓ **216.85 lakhs** IFA syrup given to the Children as on November, 2015. ✓ **896** NRCs established in the Country. Diarrhoea Management and ARI ✓ As on September, 2015 HMIS 2015-16; a total **380** lakhs ORS packets are provided to children for management of diarrhoea in the country. ✓ Intensified Diarrhoea Control Fortnight (IDCF) campaign successfully conducted from 27th July'15 to 7th August'15 in all **36** States/UTs. ✓ **6.6** Crore under five children covered by ASHA for prophylactic ORS distribution and **31** lakhs children treated with Zinc and ORS during the IDCF campaign. Child Health Screening and Early Intervention Services In 2015-16, till September 2015; ✓ **6.5** crore children screened ✓ **23.8** lakhs children referred to health facilities ✓ **10.6** lakhs children received secondary and tertiary care **Family Planning Services** ✓ Promoting PPIUCD as a method of contraception, within 48 hours of delivery. In Q1 and Q2 (2015-16), **4 lakh** insertions have been done ✓ Promoting Intra Uterine Contraceptive Device (IUCD 380A) intensively as a spacing method. In Q1 and Q2 (2015-16) **26.9** lakh insertions have been done ✓ Promoting home delivery of contraceptives. ✓ Ensuring health spacing between births. ✓ Ensuring access of pregnancy testing kits.	

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			with high delivery load. (p) Scheme for promotion of Menstrual Hygiene to bring health awareness amongst adolescent girls. (q) Under WIFS, 12.72 crores Adolescents (girls & boys) will be covered for high prevalence and incidence of Anemia. (r) Setting up of Adolescent Friendly Health Clinics for ARSH services. (s) School Health Programme to screen for 3 Ds disease deficiency and disability of 6-18 years students enrolled in Government and Government aided schools.	✓ Increasing male participation and promoting non scalpel vasectomy. World Vasectomy week was celebrated in all the states. In Q1 and Q2 (2015-16) **34042** vasectomies have been done **Adolescent Health:** ✓ 7381 Adolescent friendly Health Clinics have been setup ✓ **1.10** Crore clients registered. ✓ **80.30** lakh clients counseled. ✓ **4.97** lakh clients received clinical services. **Weekly Iron Folic acid supplementation Programme:** ✓ Number of adolescents provided weekly IFA tablets and biannual Albendazole (in school-**2.41** crore/ out of school-**37.60** lakh) **Scheme for promotion of Menstrual Hygiene:** ✓ Number of adolescent Girls reached-**22.56** lakh ✓ Number of Sanitary Napkins utilized-**18.24** lakh packs	
3	**Routine Immunization**	Immunization of Children against seven vaccine preventable diseses(VPDs) at National level accros the country and Japanese Encephalitis in selected districts and Meningitis / pneumonia due to haemophilic influenza type B in selcected States and also reduction in Morbidity and Mortility rate due	Full immunization coverage to be increased to 75%.	As per the reported data of HMIS antigen wise all India coverage (provisional) is as follows: BCG 84.87% OPV3 81.42% Measles-1st dose 86.25% Full Imm 83.68% JE vaccine 1st dose 76.41% JE vaccine 2st dose 74.17%	The target set for different vaccines are almost met.

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		to VPDs.			
4	**Pulse Polio Immunization Programme**	To maintain the status of Polio Free India.	Polio drops will be administrative to approximately 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively..	India has remainded Polia free as there is no Polio casse since 13th January 2011 in the country. The WHO (South East Asia – India Region) has declared India Polio free certificate from WHO is in process.	India has maintained polio free status
5	**National Iodine Deficiency Disorders Control Programme**	To control and prevent iodine deficiency disorders in the country	1. Production & distribution of iodised salt 60 lakh MT. 2. Training to district health functionaries. 3. Procurement and Supply of salt testing kits by States/ UTs for endemic district i.e 303 4. Analysis of salt samples to estimate iodine content of the iodated salt (volumetric). 5. Analysis of salt samples to assess the quality of iodated salt at community level (STK method). 6. Analysis of urine samples for urinary iodine excretion. 7. District IDD	1. 20.45 lakh MT up to July, 2015 2. Training programme to Lab Technicians of State/UT was held from 2nd to 5th Nov2015 at AIIH&PH, Kolkata. 3. 11494 salt samples collected and analysed out of which 10826(94%) are confirmed to standards (up to Aug.-Sep. 2015) iodine content>15ppm. 4. 1820398 salt samples collected and tested out of which 1355406 (74%) are good quality (up to Aug-Sep. 2015). 5. 3586 urine samples collected and analysed out of which 3467 (97%) are confirmed to standard (up to Aug/Sep 2015). 6. District surveys are underway in some States/UTs.	1. This is tentative target may likely be changed as per requirement of State/UTs. 2. Outlay is less than the proposed budget for training to district health functionaries. 5. State/UTs are being requested to take necessary steps for collection and analysis of salt & urine samples as per NIDDCP guidelines. 7. State/UTs are being requested to take necessary steps for conducting district

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
			Surveys/Resurveys. 8. Monitoring of implementation of NIDDCP through meetings, State/UT visits etc.		IDD survey/resurveys as per NIDDCP guidelines.
6	**National Urban Health Mission**	To address healthcare needs of the urban population with focus on urban poor and vulnerable sections of society.	• 993 cities/ twons covered under NUHM. • 762 Urban PHCs (UPHCs) & 51 Urban CHC (UCHCs) approved for new construction. • 62803 ASHAs and 98128 MASs to be engaged.	Rs.216.28 crore had been released up to 14 States/UTs for implementation of approved activities till the end of 2nd quarter.	
7	**National Vector Borne Disease Control Programme**	**1. Malaria** ABER over 10% and API 1.3 or less	(a) ABER > 10% of target population under surveillance (b) Saturation with Long Lasting Insecticidal Nets (LLIN) coverage in Eligible Population in Seven North Eastern State. **(c)** 80% coverage of the targeted population under Indoor Residual Spray (IRS).	(a) ABER of 5.92% achieved. API achieved is 0.52 per 1000 population. (b) Coverage of high risk 7 NE States population with LLIN in Global Fund supported states is 31.92% and 10 erstwhile World Bank supported states is 49.01% (c) 79.10% of population covered under IRS in 2014.	(i) Timely procurement of bed nets (LLIN) (ii) Behaviour change communication achieved for regular use of LLIN. (iii) Acceptance of IRS by the targeted population.
		2.Elimination of Lymphatic Filariasis 80% coverage of targeted population.	Mass Drug Administration (MDA) with anti-filaria tablets in 13 out of 21 LF endemic States having about 350 million	MDA will start from 14th December, 2015 for a week and achievement will be reflected after MDA is observed. 222 endemic districts have achieved Microfilaria	Priority to the programme needs to be accorded. Availability of diagnostic

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		Endemic Districts (250) achieving Micro Filaria rate of <1%	Population. Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).	rate <1%. Till date 52 districts have successfully completed Transmission Assessment Survey (TAS) which is first stage of elimination and in 65 districts preparatory activities for TAS is going on so as to complete TAS before March, 2016.	kits which is produced by sole manufacurer of USA.
		3.Kala-azar To achieve less than one Kala azar case per 10,000 population at Block/PHC level by 2015.	(i) At least two rounds of door to door search undertaken in each of the endemic districts. (ii) Making available anti Kala-azar drugs in all block level PHCs & district hospitals. (iii) <90% coverage of targeted population insecticide.	(i) Out of 623 endemic blocks PHCs 438 (70%) block PHCs have achieved the target less than one case per 10 thousand population at Block PHC level till June 2015 (Prov.) (ii) Till December, 2015, 7720 cases of Visceral Leishmaniasis (VL) & and 5 deaths have been reported from the four endemic states. A significant reduction of 8% in the number of cases and 50 % in the number of deaths has been reported at the end of September, 2015 in comparison to the corresponding figures of 2014. (iii) Single day single dose treatment with free supply of Liposomal Amphotercin B (LAMB) injection from World Health Organization has been available at all district hospitals and selected blocks. (iv) Training of Medical officer & Nurses on use of Ambisome injection. (v) ILR and cold boxes has been issued to the state for storing drugs and Drugs & dignostics availability has been ensured. (vi) The spray coverage are to be achieve ≥90% of the targeted population. (vii) Seven districts namely Araria, Muzzafarpur, Purnea, Saran, Sitamarhi, Saharsa and	(i) State and District need maintaining regular supply of anti Kala-azar drugs at the periphery. (ii) Involvement of development partners/stakeholders and private practioners in the Kala-azar elimination.

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				Vaishali of Bihar received insecticide spray with synthetic pyrethroid in 2015 (2nd round).	
		4. Japanese Encephalitis i) To strengthen and expand JE vaccination in affected districts. ii) To strengthen surveillance, vector contol, case management. iii) To increase access to safe drinking water and sanitation facilities to the target population in affected rural and urban areas. iv) To estimate disability burden due to JE/AES, and to provide for adequate facilities for physical, medical, neurological and social rehabilitation. v) To improve nutritional status of children at risk of JE/AES. vi) To carry out intensified IEC/BCC activities regarding JE/AES management and timely referral of serious and complicated cases.	(i) Additional 8 districts were identified for to be covered under JE vaccination making a total of 179 districts. (ii) To increase the number of Sentinel Sites from 104 to 120. (iii) Establishing 60 Pediatric Intensive Care Units (PICUs) in 60 high Priority districts. (iv) Establishing 10 physical, medicine rehabilitation departments in 5 high endemic states. (v) To provide training to Medical Officers of 5 high priority states on critical care of management.	(i) 182 districts already covered under JE vaccination among the children between 1-15 yr. of age. (ii) Target of establishing remaining 16 sentinel sites achieved during 2015-16. (iii) 24 PICUs are made functional in Tamilnadu, Uttar Pradesh and West Bengal. (iv) 6 PMRs functional in Assam, U. P. and West Bengal and Bihar.	
		5. Dengue/ Chikungunya 90% of identified sentinel surveillance hospitals maintaining line listing of	(i) Regular entomological surveillance in endemic areas for vector species (*Aedes aegypti).*	Regular surveillance is being done and 97740 cases of dengue and 26912 clinically suspected cases of chikungunya have been detected and treated during 2015.	(i) State putting in place entomological teams for vector surveillance.

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		cases.	(ii) Regular fever surveillance in endemic areas to detect an unusual trend. (iii) Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.		(ii) Early case reporting achieved. (iii) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.
8	**Revised National TB Control Programme**	To achieve a cure rate of 88% of new smear positive cases and detection of at least 77% of such cases*	New sputum positive case detection 820000* and 36000 MDR TB Patients cases detection of patients.	New sputum positive case detected 168439* and cure rate achieved 83%. MDR TB cases 7645* detected up to June 2015	*New TB cases to be detected and put on treatment
9	**National Leprosy Eradication Programme**	1. Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country. 2. Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy. 3. Reduction in the level of Stigma associated with leprosy.	1. To achieve elimination of leprosy in 669 districts by March, 2017. 2. To achieve grade-II disability in new cases reduced by 35% of 3.04% in 2011-12, by end of 12th plan. 3. Reduce level of stigma against leprosy by 50% of the status in 2010.	1. 532 districts eliminated. 2. Gr II – 4.35% 3. Intensified IEC activities being carried out. Remark: 1. Active search in the form of anti leprosy fortnight in low endemic districts led to detection of more no. of cases making few of these districts as high endemic. . In addition new districts were carved out, thereby increasing the target. 2. Detection of more cases through special effort. 3. SAP resulted in higher detection of hidden disability cases therefore % of disability has increased and achievement is not as per objective. However, Re-constructive surgeries through camp approach is being proposed for correction of disabilities. 4. Impact evaluation to be done at end of XII FYP.	
10	**Integrated Disease Surveillance Programme**	1. To strengthen/ maintain a decentralized laboratory based IT-enabled disease surveillance system for epidemic prone diseases to	1. > 95% districts will report weekly data on epidemic prone disease through portal. 2. Outbreaks will be investigated and responded to	1. 90% districts reported weekly data on epidemic prone through portal. 2. In 77% of outbreaks reported from April 2015 – 2nd August 2015, clinical samples have been sent	Implementation by the States / Union Territories

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		monitor disease trends and to detect and response to outbreaks in early rising phase through trained rapid response teams. 2. To establish a functional mechanism for intersectoral coordination to tackle the Zoonotic diseases.	by sending clinical samples to the laboratories in more 80% of outbreaks. 3. A network of 160 medical college labs will be established and linked to districts to support diagnosis of epidemic prone diseases, especially during outbreaks. 4. 230 Districts Public Health Labs will be strengthened for diagnosis/ testing epidemic prone diseases. 5. All States/UTs will have functional mechanism for inter-sectoral coordination in place for Zoonotic diseases by placing a dedicated contractual Veterinary Consultant at each State Surveillance Unit.	to the laboratories. 3. A network of 99 medical college labs was established and linked to support diagnosis of epidemic prone diseases till September 15. 4. 214 District Public health Labs were strengthened for diagnosis/testing of epidemic prone diseases till September 2015. 5. Till September 2015, 7 States had a dedicated contractual Veterinary Consultant at State Surveillance Unit.	
11	**National Programme for Control of Blindness**	Reduction in the prevalence of blindness to 0.3% by 2020.	1. Target for Cataract Surgery 66 lakh surgeries 2. Treatment/ management of other eye diseases: 72,000 cases 3. No. of spectacles to school children under school Eye Screening programme: 9 lakh. 4. No.Spectacles for near work to old persons: 2 lakh	1. Cataract Surgery: 15.50 lakh surgeries 2. Treatment/management of other eye diseases: 86399 cases 3. No. of spectacles to school children under school Eye Screening programme: 91485 spectacles. 4. Spectacles for near work to old persons: 15160 lakh 5. Collection of donated Eyes: 14215 Sl No 6 & 7 is decentralized activities. The actual progress of these activities is maintained	The activities for the year 2015-16 are in process as per the approved scheme. The targets are likely to be achieved fully be the end of the financial year.

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			5. Target for collection of Donated eyes: 50,000 **6. Strengthening/ development of Eye care infrastructure:** Medical Colleges 32 Distt. Hospitals 150 Sub-distt. Hospitals 10 PHC(VisionCentres) 1100 Eye Banks 1 Eye Donation Centres 15 NGOs for eye care facilities: 2 Dedicated Eye Units in district hospital: 6 Multipurpose District Mobile Ophthalmic Units: 110 Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit : 6 **7. Training of manpower:** Eye Surgeons – 500, PMOA – 40, Refresher training to Ophthalmic Assistants/Nurses –600, State/District programme Managers – 200, Medical officers (PHC, CHC, DH) – 1000, AHSA& AWW (ICDS) - 1000	by the state concerned.	

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12	**National Programme for Health Care of the Elderly**	• The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services. • Preventive & promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.	• Continuation of Geriatric Departments at 8 existing Regional Geriatric Centres and establishment of 12 new Geriatric Centres in the selected Medical Colleges. In addition to this establishment of 2 national Centres of Ageing at AIIMS, New Delhi and MMC, Chennai. • To cover 131 new districts in addition to 104 existing district (as per ROP) under NPHCE during 2015-16. • Continuation of Sub-District level activities at CHCs, PHCs and Sub-Centres in existing Districts.	• Since, no amount has been allocated in the BE 2015-16 for Tertiary Level activities of the programme, amount could not be released for this purpose. • Continuation of Geriatric Clinics (OPD) and Physiotherapy units in existing District Hospitals and Geriatric clinics in CHCs/PHCs of these Districts, free aids and appliances to elderly population at Sub-Centre level. • Improvement in life expectancy and better quality of life of the elderly population	So far as the achievement of project target is subject to availability of sufficient budget allocation and signing of a fresh MOU with the participating States for taking up the project activities as per the approved guidelines and the actual implementation of the programme rests with states.
13	**National Programme for Prevention and Control of Deafness**	• Prevention and Control of Deafness through early detection and management of deafness and causes leading to it. • Strengthening of Health Care delivery system to deliver the hearing/ear care services. • Health Education.	Service delivery to be started in 50 new districts.	Service delivery started in 69 new districts. Remark: The smooth implementation of the programme is depend on the states initiatives and their capability to spend the funds released to them for earmarked activities and timely furnishing of SOE/UC to the MOHFW. The States/UTs are not submitting SOE/UC to the programme division of MOHFW. Due to budgetary constrained, components Hearing Aid and Screening Camps have been proposed to be removed.	**National Programme for Prevention and Control of Deafness** Total Plan Outlay Rs.11.39 crore

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14	**National Tobaco Control Programme: Tobacco Free Initiative**	1. To achieve progressive reduction in Tobacco Consumption 2. To target non-users for not taking up the habit of tobacco consumption and motivating the existing users to quit 3. To create awareness amongst the masses about the harmful effects of tobacco consumption	• Operationalizing Quitline services • Managing Tobacco Violation Helpline services • Building capacity of Districts/States to implement the flagship NTCP and to cover more districts under the programme • Scaling up IEC activities • Establishing Three Tobacco Testing Labs	• The process of setting up a national quitline has been initiated. The proposed quitline would focus on both, users of smoking and SLT products. • A Tobacco Violation Helpline is in place and is being regularly monitored. • As per the approved PIPs, 117 new districts have been covered under the NTCP under the NHM State PIP route, and the total districts covered under the programme would be 225 across 36 States/UTs. Funds have been released to 21 States/UTs under the NHM-NCD Flexipool.	• The proposed quitline would be scaled-up gradually to cover the entire country. • The NTCC is in the process of getting approval of the competent authority to cover the STCC component of the programme under the NHM State PIP route. • These activities have not been undertaken due to paucity of funds.
15	**National Oral Health Programme**	• Improvement in the determinants of oral health and to reduce disparity in oral health accessibility in rural & urban population. • Reduce morbidity from oral diseases by strengthening oral health services at Sub district/district hospital to start with. • Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral health	• To support 50 Dental care units with HR, Equipment and Consumables.	• Administrative approvals for supporting 113 dental care units across 28 states/UTs have been obtained. • Grants have been released to 7 states/UTs	There is no shortfall due to modification of fund release mechanism.

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16	**Assistance to State Capacity Building for Developing Trauma Care Facilities in Government Hospitals in National Highways**	1. To Establish a network of trauma centres in order to reduce the incidence of preventable death due to road traffic accidents by observing golden hour principle 2. To develop proper referral and communication network between ambulances and trauma centres and within the trauma centres for optimal utilization of the services available. 3. To develop National Trauma Injury Surveillance and Capacity Building Centre for collection, compilation, analysis of information from the trauma centres for the use of policy formation, preventive interventions. 4. To develop trauma registry centres for improvement of quality control.	1. Inspection of remaining 11 institutions and release of funds construction and equipments 2. IEC activities related to injury surveillance analysis to be continued and its monitoring 3. Continuation & expansion of injury surveillance network 4. Release of funds for Institution 5. Registry data capture continued, compilation & analysis 6. International consultation with countries have established Emergency Medical Services through workshops & visits twice in a year 7. ATLS training Course for doctors, & Advance trauma critical course for Nurse	1. During the 12th FYP, in totality 63 institutions has been inspected out of which in totality 41 trauma care facilities have been approved. 2. A sum of Rs. 34.01 crores has been released to 11 trauma care facilities identified under the 12th FYP. 3. So far IEC activities are concerned; production of IEC material in r/o Good Samaritan & First Aid – Audio Video and prototype print material has been developed. 4. Human Resource have been recruited at Dr. RML Hospital under the injury Surveillance network. 5. During the year 2015-16 zero allocation of funds under the scheme at BE stage has been made. However, a sum of Rs. 55 crores have been re-appropriated as supplementary grant-in-aid and sum of Rs. 34.01 crores has been released. 6. Data Collection and compilation has started in Dr. RML Hospital in the excel format. Some of the trauma care facilities identified during the 11th FYP have also started sending their injury surveillance data regularly. 7. National level consultation with experts meetings are being regularly organized by Dte.G.H.S. A visit has been carried out by the senior officials of this Ministry to NTRI, Australia.	
17	**Assistance to State Capacity Building National programme for prevention of Burn Injuries (NPPMB)**	• To reduce incidence, mortality, morbidity and disability due to Burn Injuries, • To improve the awareness among the general masses	(i) Inspection of 27 new Medical Colleges for implementation and signing of MOU (ii) Release of funds to 27 new Medical Colleges for	(i) In total, 65 Burn Units (37 Medical Colleges and 28 District Hospital) have been inspected so far and 14 more Burn Units (including 6 Burn Units in District Hospitals) have been approved by Screening Committee – Trauma & Burns during the year 2015-16. (ii) A sum of Rs. 9.05 crores has been released to 4 Medical Colleges as Ist instalment for establishment of Burn Units under the 12th FYP.	

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		and vulnerable groups especially the women, children, industrial and hazardous occupational workers. • To establish adequate infrastructural facility for burn management and rehabilitation/monitoring & evaluation. • To carry out Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based program planning for Burn Injuries, monitoring and subsequent evaluation.	construction, procurement of equipments (iii) Review visit to assess progress of Medical Colleges already identified in previous year (iv) Release of funds for manpower recruitment to 40 Medical Colleges identified last year (v) Release of recurring grant for manpower for already existing 3 medical colleges under pilot programme. (vi) Initiation of construction / renovation of burn's unit followed by procurement of equipments by 27 Medical Colleges. (vii) Initiation of awareness generation activities in implementing states. (viii) Training of Surgeons/Medical Officers and paramedical staff in Burn Injury Management (ix) Submission of quarterly progress reports (x) Impact assessment of	(iii) As per norms of the scheme the funds for Human Resource proposed to be released after completion of construction work and procurement of equipment, however, status update on same is awaited from States/UTs to whom funds were released during the year 2014-15. (iv) During the year 2014-15, funds to the tune of Rs. 40 lacs was released to Gauhati Medical College, Assam. However, no further request for release of recurring grant has been received from any of 3 Medical Colleges. (v) As per terms & condition mentioned in the MoU, 1st instalment for construction and procurement of equipment has been released. (vii) & (viii) Roll out of the IEC activities across the country. Monitoring & supervision of IEC activities of Burn scheme. (viii) A training of 20 Medical Officers/Surgeons from State Govt. Medical Colleges identified during the year 12th FYP is proposed at Dr. RML Hospital & Safdarjung Hospital. A sum of Rs. 2,31,250/- to each Hospital has been sanction for this purpose. It is proposed to carried out review of the burn units in timely manner by Dte.G.H., MoHFW (ix) Awaited from States (x) A situational analysis would be useful to identify gaps, causes of burns and the possible interventions for a successful implementation of NPPMBI. In respect of this MoU with JPN Apex AIIMS, New Delhi has been signed and a sum of Rs. 1 lacs has been released. Further to this, the concurrence of IFD for further release of Rs. 18.25 lacs has been sought.	

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			the IEC initiatives		
18	**National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)**	• Prevent and control common NCDs through behaviour and life style changes, • Provide early diagnosis and management of common NCDs, • Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs. • Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and • Up-gradation of Medical colleges Tertiary Care Cancer Centre (TCCC) Scheme	• Behaviour change in the community to adopt healthy life styles including promotion of healthy diet, enhanced physical activity and reduced intake of tobacco and alcohol, resulting in overall reduction in the risk factors of common NCDs in the community. • Early diagnosis of NCDs and treatment in early stages, thereby reducing mortality on account of these diseases and enhancing quality of life. • Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs. • 93 New Districts to be covered under the programme. • 96 new District NCD Cells to be established. • 102 new District NCD Clinics to be established.	• State NCD Cells are functional in 36 States/UTs. • 16 District NCD cells Functional. • 21 District NCD Clinics functional.	• The funds for implementation of NPCDCS activities to the States/UTs were released during the 2nd quarter 2015-16 after approval of the PIPs of respective States/UTs. • Efforts would be made to achieve the proposed physical targets by March 2016.

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			• 16 CCU to be Functional. • 93 new CHC NCD Clinics to be established.		
19	**Infrastructure Maintenance**	Under this scheme, assistance would be given under the National Health Mission for Infrastructure Maintenance to States through Treasury route. Schemes under this head are (i) direction & administration (Maintenance of State & District Family Welfare Bureaus), (ii) Sub-Centres (ANM/LHVs), (iii) Urban FW Centers, (iv) Urban Revamping Scheme (Health Posts), (v) Training of ANM/LHVs, (vi) Maintenance of Health & FW Training Centers, and (vii) Training of MPWs (Male). The support is limited to salary component of regular staff of State/UT Government only.			
20	**Forward Linkages to NRHM (financed from likely savings from other Health Schemes of NE Region)**	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	Ongoing work: 1. Up gradation and establishment of super specialty wing at Gauhati Medical College (GMC). 2. Up-gradation/strengthening of State Civil Hospital, Naharlagun. 3. Up-gradation of Mon District hospital from 50 bedded to 100 bedded, Nagaland. 4. Up-gradation of Dimapur District Hospital from 150 bedded to 200 bedded hospitals, Nagaland. 5. Construction of Civil hospital at Aizwal, Mizoram. 6. Setting up of State Family Welfare Training centre at Imphal.	Ongoing work: • For serial no. 1, two instalments released, serial no. 2 to 5, one instalment released and remaining instalment would be released receipt of audited UCs. • Full amount released in the year 2014-15 for: Setting up of State Family Welfare Training centre at Imphal, Manipur.	The states are requested for providing audited UCs for the approved projects. Upon receipt of UCs the further instalments will be sanctioned.
21	**Programme for Prevention of Leptospirosis Control**	To prevent morbidity and mortality due to Leptospirosis	To follow the strategy as in the XI plan in all the endemic states in XII plan.	• Training of health professional and management & Control of Leptospirosis- Conducted in May 2015 • Expert group meeting development of national guidelines on diagnosis, case management, prevention & control of leptospirosis- Conducted in July 2015.	

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				• Expert group meeting for development of prototype IEC material- Conducted in July 2015	
22	**Control of Human Rabies**	To prevent mortality due rabies To control rabies in dogs to cut down transmission of disease.	To follow the strategy as in the XI year plan and to include both the human and animal component in phased manner throughout the country in XII plan. Nodal agency for animal component Animal Welfare Board of India, Ministry of environment & Forests being pilot tested in Haryana and Chennai	• Nodal officer identificationfor remaining states continued • Signing-in of MOU- MoU has been signed with 17 states (Arunachal Pradesh, Haryana, Delhi, Tripura, Goa, Maharashtra, Jharkand, Nagaland, Chhattisgarh, Meghalaya, Gujarat, Punjab, West Bengal, Manipur, TamilNadu, Rajasthan) and 4 UTs (Puducherry, Chandigarh, Dadar& Nagar Haveli and Daman & Diu). • Expert group meeting for sensitization of stake holders conducted in June 2015 • Appointment of consultant at center & state level- Interview has been conducted. • Training of health professionals on appropriate animal bite management conducted in June 2015 • Expert group meeting for prototype IEC material & development of national guidelines on Rabies prophylaxis- Conducted in July 2015 • Identification and Strengthening of regional laboratories & Training of technician for diagnostic laboratory- Identification is under process. • AWBI has done mass dog vaccination and animal birth control activities in Hisar district of Haryana.	
23	**National Programme for Prevention & Control of Fluorosis (NPPCF).**	To Prevent and Control of Fluorosis in the country.	NPPCF in 111 districts by July 2015 1. Engagement of contractual staff-District Consultant & Lab Tech. in 111 districts 2. Establishment of lab for fluoride analysis. 3. Training of staff at NIN. 4. Survey 5. Lab. Analysis (Water and Urinary Flouride)	1. So far total 87 Districts Consultant & 86 Lab Technician are in position. 2. Labs have been established in 84 districts. 3. Two Training of Trainers (TOTs) were held in April & July 2015. 4. Survey reports of fluorosis have been sent by 94 districts 5. Water & Urine analysis being done in 72	States take considerable time in engagement of the contractual staff, procurement of ion meter for establishing the laboratory.

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			6. Health Education for Prevention and Control of Fluorosis 7. Training of medical and Paramedical at Districts level 8. Medical management of fluorosis cases For New districts: 1. Engagement of contractual staff-District Consultant & Lab Tech. of new districts recommended through PIP i.e 17 districts 2. Procurement of ion meter and establishment of lab in these new districts. 3. Training of staff appointed for the new districts at NIN, Hyderabad	6. Health Education is undertaken in 68 districts. Further a joint IEC strategy is being worked out with M/o Drinking Water and Sanitation. 7. 66 districts have reported trainings at district level involving Medical officers, Paramedicals, ASHA/AWWs, teachers, VHSNC, members. 8. Supplementation is being done in 31districts	During 2015-16, it was proposed to extend NPPCF to 35 new districts as per EPC. However, this year the programme is under NHM, hence the recommendations are made through PIPs.
24	**B.C.G. Vaccine Laboratory, Guindy, Chennai**	• Production of BCG Vaccine (10 doses per vial) for control of childhood Tuberculosis and supply to Expanded Programme of Immunization (EPI) since 1948. • Production of BCG Therapeutic (40 mg for use in Chemotherapy of Carcinoma Urinary Bladder since 1993.	• Production of 9 lakh doses of BCG Vaccine supplied to Lucknow Centre, UP.	• 150 lakh doses of BCG Vccine under cGMP condition will be produced if new facility is ready for making commercial batches.	

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25	**Pasteur Institute of India, Coonoor**	To produce DPT Vaccine		DPT vaccine supply has temporarily been stopped due to modification of existing filling and formulation area. However, other intuitional activities like Rabies Diagnosis, Anti Rabies treatment, Ph.D Programme and other Academic activities like industrial visit for college students, In plant training PG course project are being carried out. Further the construction and other related engineering activities for achieving the cGMP manufacturing facility for DPT group of vaccine is in process.	
26	**Central Leprosy Teaching and Research Institute, Chengalpattu**	1. To undertake basic and applied research in leprosy co-coordinating with state and central Governments. 2. To function as referral centre for reaction, complication of leprosy and Reconstructive Surgery with 124 bedded hospital. 3. To train leprosy worker of various types in sufficient numbers and of the requisite quality 4. To monitor and evaluate the National Leprosy Elimination Programme.	1. Training 2. Special Training 3.Lab. Investigations 4. OPD Patient Service 5. Inpatient Service 6. RCS Minor, Major 7. MCR, Footwear produced 8. MCR Sheet production 9. Scientific paper published 10.Research work	Surgery: RCS :Major (9)/Minor(77), Major General-10 Physiotherapy-3850, Footwear-619, Orthosis & Prosthesis –11, MCR - 800 Treatment: Inpatients-399, Outpatients new cases-37, Old Cases-3161, GLC-774, NLC-747 Lab investigation: 8661 Training: MO/SLO – 5 batch (28 candidates) MD (DVL) PG Sstudents-2 batch (2 candidates) Health Superviser-1 batch (2 candidates) CRRI -155 Monitoring and Evaluation of NLEP Activities in Tamil Nadu, Kerala, Karnataka and Lakshadweep - 7 Districts in Tamil Nadu Data Entry of Study on the Household Contacts and Neighbourhood Contacts of Newly Reported Leprosy Patients from Thirukalukundram Area	
27	**Regional Leprosy Training and Research Institutes** **Gauripur, Raipur & Aska** Total Plan Outlay : Rs. 14.65 crore	• Reduce leprosy burden in the country. • To provide quality health services to new as well as old leprosy patients. • Enhance Disability Prevention & Medical Rehabilitation (DPMR)	RLTRI,Gauripur: Admission - 102., Discharge – 98, New Case- 16, Other Cases - 08, General patients-478, Old patients-592, MDT given – 163, Refer cases-356, RFT-14, Relapse – 1, Slit Skin Smear-538, Bio Chemistry-378, Clinical Pathology-265, RLTRI, Raipur: OPD services: New Leprosy Cases detected – 521 (No. of MB cases in new cases-345 ,No. of PB cases in new cases-176), No. of old cases treated:1655 General Patients-1860, Total Patients attended OPD-4036 Leprosy Re-constructive Surgery (RCS)-91, Polio Surgery/PMR-2		

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		services. • Monitoring and supervision of the NLEP activities.	IPD Services –Total 319 Patients admitted, Total Lab investigations done-1991, Total Physiotherapy services done-495 <u>RLTRI, Aska:</u> OPD Attendance-1268 (Leprosy -877, Non- Leprosy-391), Indoor-Total admission-144 Reaction cases Managed (Outdoor) -263 episodes (type-I=215, type-II=48 out of which 3 patients has given thalidomide. Surgical Operations Performed- Major-17, Minor-129		
28	**Central Institute of Psychiatry, Ranchi**	• Provision of diagnostic and treatment facilities in mental health and conduct of PG courses in psychiatry • Up gradation of existing services as per the redevelopment plan • Training of manpower for mental health & patient care and conduct research activities. • Construction of Other Infrastructure works.	During the F.Y.2015-16 up to September, 2015 • Total number of 40335 patients has utilized the services of OPD. • 2249 patients were hospitalized for indoor treatment. • 9888 and 1928 patients have utilized special clinics & extension clinics respectively. • Total 95811 tests/investigations were done at Department of Pathology, Centre for Cognitive Neurosciences and Department of Neuro-imaging & Radiological Sciences. • 630 nurses from other centres participated in In-Service Training Programme & CNE. • A total no. of 827, 853 and 491 attendances has been recorded in 21 Seminars, 20 Case Conferences and 15 Journal Clubs respectively. • 54 PG students were enrolled during this year. • A total no. of 15 research papers was published in journals and 10 were presented. • A proposal has been submitted to strengthen the existing services as per the redeveploment plan, training of mainpower as well as infrastructure and purchase of new machinery and equipments. • The construction of OPD Block, Neurology Block, Casuality and services block, residencial family ward OT block Diagnostic Centre, Pharmacy Block, CSSD Block and corridors of CIP may be undertaken during this year. • The proposal of lane connectivity from CIP to main road and.construction of 90 nos. of residential quarters is under submission.		
29	**All India Institute of Physical Medicine and Rehabilitation, Mumbai.**	1. Medical Rehabilitation Programme -Traget-25000 disabled & chronically ill persons with disability p.a. 2. Teaching programme: 3. Manufacturing of Aids & Appliances.	1. Maximum no. of disabled population requiring tertiary level services get benefited by the comprehensive services provided by the Institute. 2. Imparting advance	1. No. of Persons with Disabilities enrolled for Rehab Management- 17800 and Surgeries perfprmed:1536 2. Students on roll Post Graduate: MD (PMR) – 03, M.P.Th – 17, M.O.Th. – 06 , M.P.O – 7, FPTh-07 Under Graduate: BPO – 97(1st to 4th year), DHLS – 02	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		4. Re-development & Reconstruction of Workshop Building	knowledge and training to the students pursuing various courses in Rehabilitation disciplines. 3. Providing aids and appliances to physically disabled population for self-dependence	3. Aids & Appliances delivered No. of Orthosis - 1530 No. of Prosthesis - 270 Mobility Aids - 162 4. For re-devlopment plan, NOC for fire protection and firefighting has been received from Mumbai Fire Brigade and approval received from BMC.	
30	**Dr. Ram Manohar Lohia Hospital & PGIMER**	Provisions of effective secondary and tertiary healthcare, strengthening of trauma centre and medical research on the lines of PGI.	1. Augmenting Trained Manpower 2. Upgradation of critical on going facilities like Respiratory, OT, ICU, CCU Emergency, Blood Bank, Renal Transplant etc. 3. Setting up of Paediatric Nephrology Division in the Hospital. A fresh recruitment for additional post of Doctor & Para-Medical officials along with equipment. 4. Setting up of infrastructure of Paediatric Cardiology. 5. Strengthening of Endocrinology. 6. Strengthening of infrastructure of Renal Transplant 7. Setting up of infrastructure of Electro Physiological	1. Manpower like doctors, nurses & para-medics are recruited. ALS/BLS training to the personnel is being imparted. Sr. ECG Technicians appointed on regular basis. Apart from that the vacant posts of staff nurses has been filled up on contract. More than 155 persons engaged on outsourced basis against the vacant posts of Nursing Attendant, Aya etc. 2. The up-gradation of hospital is a continuous and ongoing process. The OT's & Laboratory facilities are being augmented. Creation of modular OT is under consideration. PCR & BSL-3 tab for viral culture is under process. Anesthesia work stations are in process of procurement. OT light, ICU bed & ventilators are available. 3. The Professor of Pediatric is looking after the work along with complete setup of manpower. Laboratory support is jointly utilized. 4. Post of Paed. Cardiologists created & personnel joined. Tender advertised for setting up of Paed. Cath Lab. 2 Echo machine are working. Other equipment are purchased & received & will be made functional soon. 5. MoH&FW has conveyed the approval of creation of 19 posts. The filling up process is underway. In the meanwhile 2 personnel have joined viz. one Associate Professor & one Assistant Professor. Regular OPD is running. 6. The Renal Transplant unit & facility had been set up. Post of renal transplant Coordinator created and the process of filling up the post is	

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			Lab. 8. Construction of Dharmashala 9. Construction of new building in Emergency Block. 10. Setting up of Modern Maternal Care Centre. 11. Construction of hostel for Resident Ladies Doctors. 12. Setting up of Nuclear Medicine department. 13. Maximisation of existing capacity by demolition of old buildings, except heritage building and construction of new buildings in phased manner.	underway. 2 beds Post-operative ICU created. 4 beds post-operative ward is also setup. 12 beds for dialysis. Separate facility for HIV & HbSAg positive is also available. 7. The proposal for creation of Electrophysiological lab is under consideration. Various activities in this regard are underway. 8. Construction work of Dharmashala has been completed. Delhi Urban & Arts Commission has raised objection for lacking of the work costing upto 1% of total budget. It will be functional shortly after getting NDMC completion certificate. 9. Building is completed & started functional partially w.e.f. 17th Feb, 2015 & started fully function from 3.8.2015 for general public. 10. The land allotted by Urban Development Ministry. Proposal is sent to MoH&FW for entrusting the work to authorized agency to MoH&FW. Govt. of NCT of Delhi has separately been requested for eviction of Jhuggies on the allotted land. 11. Earlier, 220 rooms hostel was planned which has been increased to more than 800 rooms. DPR has been drawn by M/s HSCC, which is under examination in MoH&FW. 12. Super specialty Block is proposed at G Point. Work awarded to HSCC. DPR is prepared & under examination where facility of Nuclear Medicine is proposed. 13. The proposal would be taken up once the alternative places are created which would be feasible only after construction of Super specialty Block.	
31	**All India Institute of Speech and Hearing, Mysore**	(I).Academic Activities 1. Long term training programs a) No. of programs:18 b) No. of students: 700 2. Short-term training programs: 130 (II). Clinical Services 1. Patient registration a) New: 24,000		(I).Academic Activities 1. Long term training programs a) No. of programs:16 b) No. of students: 480 2. Short-term training programs:36 (II). Clinical Services 1. Patient registration a) New: 12099	

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		b) Follow-up: 34,000 2. Enrolment of children for preschool services: 250 3. Audiological services a) No. of patients for hearing evaluation: 15,750 b) Issue of free hearing aids • Under AIISH Hearing Aids Dispensing Scheme: 2100 • Under ADIP Scheme: 4200 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 11000 5.Otorhinolaryngological services a) No. of patients for otorhinolaryngology Evaluation (new cases): 26,000 b) Follow-up: 27,000 c) Surgery: Minor: 160 /Major: 250 6. Psychological services: No. of patients for psychological evaluation: 7300 7. Outreach clinical services a) No. of infant screening: 26000 b) No. of industrial workers screening: 525 c) No. of school children screening:1600 d) No .of cases at outreach centers:5500 e) No. of tele-intervention: 210		b) Follow-up: 23480 2. Enrolment of children for preschool services: 224 3. Audiological services a) No. of patients for hearing evaluation:7280 b) Issue of free hearing aids • Under AIISH Hearing Aids Dispensing Scheme: 902 • Under ADIP Scheme: 1858 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 4711 5.Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 10677 b) Follow-up: 11248 c) Surgery:Minor: 56/ Major: 38 6. Psychological services No. of patients for psychological evaluation: 3698 7. Outreach clinical services a) No. of infant screening:19780 b) No. of industrial workers screening:213 c) No. of school children screening:836 d) No .of cases at outreach centres: 1066 e) No. of tele-intervention: 121	
32	**All India Institute of Hygiene & Public Health, Kolkata**	To provide multi-disciplinary public health teaching, training and research facilities for various categories such as doctors, engineers, nurses, nutritionists, statisticians, demographers, social scientists, epidemiologists, micro-biologists and other	1. Strengthening infrastructure – 10 class-rooms, computer lab., Modernising e-Library, Strengthening of 3 laboratories, Strengthening of RHU&TC, Singur, Strengthening of UHU&TC, Chetla- 2. Collaboration & networking with other Organisations 3. Evolving best practices & setting standards in the field of Public Health (ISO,NBA,IPHS)- Setting standards in the field of Public Health (ISO,NBA,IPHS,NAAC) 4. Conducting need based regular courses in Public Health 5. Designing and implementing need based short courses and training programmes 6. Revival of Diploma in Health Statistics (DHS) Course		

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
		allied health professionals.	7. Evolving best practices & setting standards in the field of education & training- Constituted of Academic Cell, Public Health & Medical Education Unit, and Scientific Advisory Committee. 8. Capacity building in use of IT		
33	**Serologist & Chemical Examiner, Kolkatta**	1. Medico legal Section 2. Antisera Production Section 3. VDRL Antigen Production Section 4. BGRC Section 5. V.D. Serology Section 6. Quality Control Section. 7. Regional STD Ref. Lab. under NACO 8. National Polio Lab. under WHO 9. WHO Measles Lab.	1. To analyse all the 1016 Nos. ML cases sent from FSLs and RFSLs. 2. To produce 5360 ml species specific antisera against almost all animal species including human. 3. To produce 1440 ampls VDRL Antigen needed for VDRL tests. 4. To produce 4800 ml. Anti H Lectin received for blood grouping in ML cases. 5. To do 2588 Nos. VDRL tests of samples of Antenatal clinic and STD clinic. 6. Quality control test for VDRL Antigen and Species specific antisera. To test 96 lots of antigen & antisera 7. Research and Lab. diagnosis in STD, to support the state hospitals in diagnosis in STD, to train lab. Technicians in STD. 20578 Nos of samples were received for testing. 8. Identification of polio virus	1. Total 1016 Nos. of ML cases analysed and reported 2. Total 4620 ml of antisera supplied. 3. Total 3040 ampls of VDRL Antigen Supplied. 4. Total 5230 ml. of Anti H Lectin supplied. 5. Total 2588 Nos. VDRL test was done and reported 6. Total 96 lots were tested for quality control. 7. Total 20578 Nos. (projected) of test were done for diagnosis of Syphilis, Hepatitis B & C, Candida, Gonorrhoea, Trichomonas, PAP Stain & HSV etc. 8. Total 13578 Nos. of samples tested and reported.	Quantifiable / Deliverables (Targets) and related achievements are directly proportional to the demand placed by different Govt. organizations/ Institutions to our Institute. Hence accurate prediction of it may not possible in advance.

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			from stools samples. Total Nos. of 13548 samples were received. 9. To identify measles & rubella virus from serum samples of suspected patients. Total of 700 Nos. samples were received.	9. Total 700 Nos. of samples were tested and reported.	
34	**Mahatma Gandhi Institute of Medical Sciences (Kasturba Health Society), Sewagram, Wardha**	Imparting of systematic Medical Education to train the Doctors in rural environment and equip them with advanced techniques for delivery of health care services backed with research in related field.	96 students have been admitted to the UG course and 69 students have been admitted to the PG course. The institute got recognition for 2 seats in MD (Padiatrics) from MCI.		
35	**Development of Nursing Services**	1. Training of Nurses:-In order to update the knowledge & Skills of Nursing personnel in Nursing Education, administration and nursing services 2. Strengthening/Up gradation of School of Nursing: To strengthen the infrastructure of Nursing Schools and to upgrade them into College of Nursing 3. National Florence Nightingale Award for Nurses: - To recognise	1. A proposal for conducting 51 short term courses to train 1530 nurses is under process. 2. Strengthening/ Up gradation of School of Nursing: Release the 2nd instalment of funds for 16 institutes for upgradation of School of Nursing into College of Nursing	1. Strengthening/Up gradation of School of Nursing: Two proposal amounting to Rs. 8.32 cr is pending due to outstanding UCs 2. National Florence Nightingale Award for Nurses: During the year, 2015-16, a sum of Rs. 60.00 lakhs has been released for conducting the Award ceremony	

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		the meritorious services of the Nursing professionals.			
36	**R.A.K. College of Nursing, New Delhi**	To impart high standard of Nursing & Education of Nursing	The RAK College of Nursing, New Delhi has been set up to developing model Programme in Nursing Education to demonstrate a high standard of Nursing. This College offers B.Sc (H) Nursing (4year course). Master of Nursing (2year course) and M. Phil in Nursing (1 year full time and 2 year part time course). B.Sc (H) Nursing -67 Students & Master of Nursing- 23 Students.		
37	**Lady Reading Health School**	Providing Diploma and certificate courses to Nurses and Health Workers (Female)	1. Auxiliary midwife course (2 years duration), No. of Students admitted for the year(2015-17):40 and No. of students pass out :40 2. Certificate Course for Health Workers, No. of Students Passed out: 34		
38	**V.P. Chest Institute New Delhi**	Patient Care and Diagnostic and Treatment Services:	Improved patient Care, providing Enhanced Diagnostic and Treatment. Facilities Improvement and Modernization of Patient care. Construction of 2 new additional floors at Patel Niwas, PG Hostel. Re-Construction of 44 flats at Dhaka.	At present, 4 DM students (02 each for the academic session 2013-16 & 2014-17), 24 MD students (08 for academic session 2013-16, 07 for academic session 2014-17 and 09 for academic session 2015-18) and 05 DTCD students (05 for academic session 2014-16) are pursuing their studies. In addition, 30 pursuing their PhD programmes. *2 DM students have left the course. Remark: Construction of 2 additional floors could not be initiated, as the approval of various Government agencies awaited. Appointment of project manager is under progress.	
39	**Central Health Education Bureau**	To promote Health Education in the country.	• A total of 04 Orientation Training Programmes have been conducted for trainees comprising of medical students (undergraduate & postgraduate) and nursing students. A total of 153 trainees have so far been provided orientation training on Health Education and Health Promotion during the year. • The following Audio Video spots prepared as a part of IEC material for creating awareness amongst public regarding trauma care under "Capacity Building for establishment of Trauma care facilities in Govt. hospitals on National Highways" were finalized in accordance with the directions from Programme Division (Trauma Care), DGHS and National Advisory Committee. ✓ Production of one radio spot on Good Samaritan in Hindi and English of 60 seconds		

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			each. ✓ Production of one radio jingle on First Aid to accident victim in Hindi and English of 60 seconds each. ✓ Production of one video spot on Good Samaritan in Hindi and English of 60 seconds each. ✓ Production of one video spot on First Aid to accident victim in Hindi and English of 60 seconds each. ✓ Production of one documentary film (05 minutes) on Good Samaritan in Hindi & English. • Developed and finalized IEC messages for Prevention & Control of Fluorosis and Arsenic toxicity in a meeting on 15th June, 2015 at CHEB with the experts from DGHS, NCDC, MAMC and CHEB officials under the chairmanship of Director, CHEB. • Uploaded IEC print material of National Programme for Prevention and Management of Burn Injuries developed by CHEB on the official website of CHEB. • Technical assistance to National Organ Transplant Programme (NOTP) regarding development of IEC material and conducting public awareness activities. • Submitted the "IEC Action Plan of National Programme for Prevention and Management of Burn Injuries" and "IEC Action Plan under the Capacity Building for Establishment of Trauma Care Facilities in Govt. hospitals on National Highways" for the year 2015-16 to the Programme Division, Dte.G.H.S.		
40	**Health Sector Disaster Preparedness and Management**	To initiate prevention, mitigation and preparedness measures in health sector for manmade and natural disasters The action plan includes human resource development, Mobile Hospital, Safe Hospital Initiative, Strategic Health Operation Centre (SHOC), Risk Communication, Chemical, Biological	1. Human Resource Development: i) Development of Module for training public health managers on public health emergencies, hospital preparedness for emergencies and basic life support; ii)development of training centres for Advance Trauma Life Support. 2. Risk communication: To organize meeting of the task force. 3. Safe Hospital Initiative: Development and issue of guidance. 4. Strategic Health Operation Centre: Specification Finalization, Bidding, Civil & Electrical work Recruitment of manpower and installation of equipment. 5. CBRN: Assessment of the facilities and gap analysis, Human Resource training of identified facilities, Training on Psychosocial care and procurement of equipments.		SFC approved.

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		Radiological and Nuclear (CBRN) disasters and Rapid Health assessment and response.			
41	**Emergency Medical Relief [Avian Flu]**	To mitigate the impact of Pandemic Influenza A H1N1 & Avian Flu	Necessary preventive measures for entry/outbreak of influenza and remain in a state of preparedness Pandemic preparedness for any outbreak /stockpiling of equipment/drugs/ vaccine	Major objective already achieved by limiting the impact of Pandemic influenza A H1N1. Regional training workshop on outbreak of Acute Respiratory Syndrome associated with MERS Corona Virus conducted in Bangalore (Southern Region), Pune (Western Region) and Delhi (North & NE Region). four regional training workshops proposed for the State Rapid Response Teams on Ebola Virus Disease: Prevention and Control, in Bangalore (Southern Region), Delhi (Northern Region), Pune (Western Region and Kolkata (East & NE region)	
42	**Emergency Medical Services**	Pre-hospital services and strengthening of emergency department integrated with a GIS/GPS	Evolve EMS policy: techno legal, regulations, rules, standards, guidelines and financing norms. Set up Institutional mechanism for EMS at National/ State/ Districts and strengthen administrative units of the departments.		New Scheme EFC yet to be finalized
43	**Central Research Institute, Kasauli.**	To meet the demand of vaccine under Universal Immunization Prog. (UIP) of Govt. of India.	1. DPT-Doses (UIP/Non-UIP)-75,00,000 2. TT (Doses) (UIP)/TT (Doses) (Non-UIP)-130,00,000 3. Yellow Fever (Doses)-Poduction discontinued 4. ARS (Vials)- 80,000 5. ASVS (Vials)-5500 6. DATS (Vials)- 9000 7. NHS (Vials)- As per demand 8. DIAG. AG (ML)- 80,000	<u>As on 31.10.2015</u> 1. DPT-Doses (UIP/Non-UIP): 41,16,490 2. TT (Doses) (UIP) / TT (Doses) : 35,19,190 3. Yellow Fever (Doses)*-93,600 4. ARS (Vials)- 22,407 5. ASVS (Vials)-1519 6. DATS (Vials)- 5154 7. NHS (Vials)- NA 8. DIAG. AG (ML)- 14,250	*Yellow Fever: The production of Yellow Fever Vaccine has been stopped temporarily in the institute due to non-functioning of Freeze Drying Machine.

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44	**Central Drugs Standard Control Organization**	1. Strengthening of State Drug Regulatory System under 12th Five Year Plan: Providing infrastructure and manpower support to State / UT Governments for drug regulatory system 2. Strengthening infrastructure 3. Enhancement of testing capacities of Central laboratories 4. Construction of new offices of CDSCO 5. Additions new construction at RDTL Chandigarh, RDTL Guwahati and CDSCO sub-zone Hyderabad 6. Introduction of e-Governance in CDSCO through C-DAC 7. Accreditation of Ethics Committees, investigators and Clinical Trial sites: to be implemented through Quality Council of India 8. National Survey to assess	1. 1079 crores with 75 :25 sharing pattern (Central Government share Rs. 850 crore) 2. 900.00 crores for creation of posts at CDSCO introduction of E-Governance etc. 3. Purchase of equipments 4. Land allocated by DGHS for construction of CDSCO office at Neb Sarai, New Delhi. 5. Sanctions for following construction works have been issued: i. 1.70 crore for RDTL Chandigarh ii. one crore for RDTL Guwahati iii. 5.43 crore for CDSCO sub-zone Hyderabad 6. e-Governance for day to day functioning of CDSCO 7. QCI have started working on the project on schedule 8. 47,000 samples were drawn to assess the quality of drugs moving in the country	1. The scheme has been approved by CCEA. Funds will be released after approval of specific proposals of the State Governments by Ministry of Finance 2. i. 50 Assistant Drug Inspectors and 147 Drug Inspectors likely to join during 2015-16. 3. i. Equipment worth Rs. 391.19 lakhs purchased through HLL. ii. Additional, Equipment worth Rs. 1.16 crores has been purchased by the various laboratories till October, 2015. 4. Proposal for construction under consideration. 5. Work in progress at said sites. 6. An amount of 314.00 lakhs has already been sanctioned in the month of January, 2015. Further payments will be made as per demands raised by C-DAC 7. An amount of Rs. 16,00 lakhs has been further released to QCI in May 2015 8. The samples are under test	6. The project is as per scheduled 7. Project is on time. 8. Scheme to be completed in 2015-16.

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		prevalence of spurious drugs in the country: to test samples of drugs from throughout the country and test their quality under the aegis of NIB, Noida			
45	**Food Safety & Standard Authority of India (FSSAI)**	1. Food Safety and Standards Regulations- 2011 have been formulated and notified in terms of Section 92 of the Food Safety and Standards Act, and have come into force w.e.f. 5th August, 2011. The Food Regulatory Framework has now moved from a limited historical regime of 'Prevention of Food Adulteration' to the intended 'Safe and Wholesome Food Regime'. 2. To strengthen the Food Safety infrastructure at the State / UT level and also upgrade the Food Testing Laboratory Network (CCEA approval of the Scheme is still awaited)	• Maintenance and strengthening of FSSAI HQ, expansion of Regional and Sub-Regional Offices and coverage of more ports of imports. • Issue of Central Licenses through Regional / Sub Regional Offices. • Expansion of the Food Testing Laboratory Network. • Efficient management of Import clearances from Chennai, Cochin, Delhi, Kolkata and Mumbai. • Increasing India's position as a major stakeholder in Food Business at international level through effective participation in various Codex Committee meetings. • To harmonize Indian food product standards with	• About 22,560 Central Licenses have been issued as of September, 2015, 6,39,040 and 25,55,242 State Licenses and Registrations respectively have been issued. • Food Import Clearance System is operational in Chennai, Cochin, Delhi, Kolkata and Mumbai. • Final Notifications were issued regarding Limits of Trans Fatty acid at 5 % on Interesterified Vegetable Fat, 2) Limits of Trans fatty acid at 5 % on Bakery and Industrial Margarine, 3) Limits of Trans Fatty acid at 5 % in Vanaspati, and 4) Limit of Trans Fatty acid at 5 % on Bakery Shortening. • Final Notification under process with regard to Standards for Pullulan, 2) Standards for Glucose Oxidase, Lipase and Xylanase in bread, 3) Standards for Natural Occurring Toxins, 4) Standards for Mycotoxin, and 5) Standards for Chromium in gelatin. • FSSAI, as the National Codex Contact Point (NCCP), along with other Ministries / Departments, actively participated in six Codex Committee meetings during the period. India has been nominated as the	

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			Codex and other International standards. • Review Microbiological standards of meat and meat products. • Undertaking IEC activities, participation in exhibitions, fairs and also running various media campaigns.	Coordinator of the Asia Region in the 38th Session of the Codex Alimentarius Commission (CAC) held in July, 2015. • Notification of additional NABL accredited Food Testing Laboratories and Referral Laboratories; • Technical Symposium on Food Safety was held in collaboration with USFDA.	
46	**Indian Pharmacopoeia Commission,**	1. Revision and publication of the Indian Pharmacopoeia (the book of standard for drugs) at regular intervals. Addendum 2015 to IP 2014 will come into effect from 01.01.2015 & preparation of addendum 2016 is in progress. 2. Revision and publication of the 5th edition of Nation Formulary of India (the book of reference for drugs). 3. Procurement, Preparation, evaluation, containerization and distribution of Chemical Reference Substances. 4. Creating a centre facility of Pharmaceutical Instrumentation and Analysis. 5. Nucleus for interaction between analytical	1. 57 Monographs have been added in Addendum 2015 to 2014 & previous Monographs updated accordingly. 2. About 450 IP Reference Substances (IPRS) and to Impurity are made available as prescribed in the individual monograph to monitor the quality of drugs in the country. IPC intends to reach the target by 600 IPRS and 100 impurity by the end of the financial year. IPC has also launched IPRS Impurities in the country which in turn will save foreign currency. 3. Reviewing the National	1. The Addendum 2015 to IP 2014 was released on 3rd December, 2014 and came into effect from 01.04.2015. The Addendum 2016 to IP 2014 was released on 14th November, 2015 by the Hon'ble Union Minister of Health & Family Welfare 82 new monographs alongwith 57 New Monographs of Chemical nature were added. 2. The 5th edition of NFI is ready and released on 14/11/2015 by the Hon'ble Union Health & Family Welfare Minister 446 IP reference Substances (IPRS) are made available as prescribed in the individual monograph to monitor the quality of drugs in the country. IPS has also launched 42 IPRS Impurities in the country which in turn will save foreign currency. 3. 150 ADR centres are functional across the country (vigiflow activitied) Approx 100000 ADR reports received. Committing of reports to UPSAALA has been done more actively.	Against the approved BE/RE of 21 crore and against this commission has incurred an expenditure 10 crore upto September, 2015.

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		laboratories, industries and academic Institutions. 6. Organizing national/international symposia, seminar, meeting, and conferences. 7. Exchange information and interact with international counter parts. 8. NCC of Pharmacovigilance Programme of India.	Formulary of India better quality compliance. 4. As on date 150 ADR centres are functional across the country (vigilfow activated) Approx 100000 ADR reports received. Committing of reports to UPSAALA will be done more actively. 5. Rational use of drugs through generic approach and lesser dependability on antibiotics.		
47	**National Centre for Disease Control**	1. Diseases Surveillance and outbreak investigation Training Programme 2. Operational Research, MPH Courses. 3. To upgrade the National Centre for Disease Control.	During December, 2010, the Cabinet Committee on Economic Affairs (CCEA) approved the proposal for upgradation of NCDC at a total cost estimates of Rs. 382.41 crore. The Components approved were: (a) civil and services works (b) equipments and (c) manpower. The duration of the project is 24 months.	More than 50% civil work has been completed till March, 2015. Out of 114 newly created posts, 34 have been filled. Efforts are being made to fill up remaining posts. Newly constructed Administrative Block has been taken in possession in Sept.-Oct., 2015. Efforts have been made to fill up all the newly created posts. Since the final approval on building plans from NDMC was received only in Jan, 2013, the construction work could be started by the NBCC in February, 2013. NCDC could provide 65% land under PhaseI due to existing laboratories. So Construction work will continue during 2015-16.	
48	**Lady Hardinge Medical College & Smt. Sucheta Kriplani Hospital , New Delhi**	Construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-	Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block,	Construction of Hospital buildings: (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block, Academic Block, UG Hostels. Routine renovation of the existing hospital	Construction of hospital buildings is at stand still. The Ministry of Health & Family Welfare is seized of the matter. Funds to

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		2006 for increasing 27% OBC admissions: Construction of Hospital buildings: Budget Rs.393.98 crore (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels) Major works Budget head (4210):Rs.13.00 crore (including budgetRs. 8.80 crore of Renovation of Auditorium)	Academic Block, UG Hostels]. CPWD Renovation works: • Renovation of Auditorium • Misc works	buildings carried out by CPWD: • RO plants at auditorium, Nurses hostels, Near new building, Anatomy and Physiology area have been installed by CPWD and are functional • Renovation of college of nursing • Replacement of WTAC • Fire alarm system at ENT OT • Water proofing treatment of roof of dept of Forensic medicine, anatomy & old library building. • Addition & alliteration of Nursery • Redevelopment of existing Rain water harvesting system in LHMC • Inbuilt water coolers • Female surgical ward • Fire alarm system at ENT OT • Improvement of Road/lane for staff qtrs • Repair & replacement of damaged doors, window & CC flooring & fixing SS wire mesh in left out staff quarters at LHMC • Up-gradation of IV storeyed staff quarters at SSKH (45 block Type-I)	the tune of Rs. 161 .92 cr has been provide to M/s Unity Infraproject Ltd as per statement of accounts provided by HSCC (I) Ltd till 31.3.2014 Funds to the tune of Rs. 6,50,00,000/- has been provide to CPWD to start the renovation of Auditorium. Funds to the tune of Rs. 4,03,02,543/- has been provided to CPWD , SSKHD till dated Funds to the tune of Rs. 65,70,253/- has been provided to CPWD , SSKHD till dated
49	**Regional Institute of Medical Sciences Imphal, Manipur**	Provision of diagnostic and treatment facilities imparting of education and clinical support.	OPD Attendence -39542, In-patients admitted-5231, Casuality attendance-10693, No. of operations-760, No. of deliveries-909 Students passed: MBBS – 106, MD/MS – 127, P.G. Diploma – 2, M. Phil (Clinical Psychology) – 7, M.Ch – 2, B.Sc (N) – 33 Research Project-20 Workshop/CME- 32 MCh (Urology)-2		

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2015-16) as on Sept, 2015	Remarks / Risk factors
50	**Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam**	To provide equal access to mental health care, develop human resources, reduce overall disease burden and rehabilitation measures so as to promote positive mental health.	OPD attendance and services- 55354, Diagnostic test- 101977. Admission-Academic courses, MD (psy) trainees -2, M.Phil PSW-6, M.Phil (CP)-8 M.Sc (psy Nursing) -12 & DPN-7		
51	**Regional Institute of Paramedical & Nursing Sciences, Mizoram**	To provide education in Nursing, Pharmacy and Paramedical Sciences to the people of North East including Sikkim and to maintain the pace of such education and services with other developments in Medical and Paramedical sciences.	• Imparting training to Nursing, Pharmacy & Paramedical students. • Construction of New Academic III Building, Library cum Examination Hall, new Girls' & Boys' Hostels • Upgradation of RIPANS as 9th RIPS - Finalisation of SFC • Construction of Permanent Fencing & Animal House • Introduction of new courses • Procurement of necessary equipments for various departments • Strengthening and upgradation of Library	• No. of students newly admitted – 182 • 36% of Construction works completed as on 30.09.2015. • DPR & SFC memo amounting to Rs. 481.22 crore submitted to the Ministry and certain clarifications as sought by the Ministry also furnished as requested. • Permanent Fencing completed on 23.04.2015 • Animal House completed on 20.07.2015. • Initiatives taken for starting of the following courses from the year 2016: M.Sc.Nursing, M.Sc. Radiology, Bachelor in Physiotherapy (BPT), PG Diploma in Dietetics and Nutrition • Machinery & equipments worth Rs. 0.29 crore was procured for different departments as approved by Purchase Sub- Committee (as on 30.09.2015). Library books worth Rs. 1.27 crore were procured for the Institute. (As on 30.09.2015)	

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52	**Safdarjung Hospital, Vardhman Mahavir Medical College and Sports Injury Centre**	Promoting Health care based on evidence of effectiveness of care. Provide teaching and training in the field of medical education. Specialized nature of treatment to all sports injuries and Joint disorder under one roof.	• Provision for Original Works Civil & Elect. • Redevelopment Plan Phase-1 • Provision for Procurement of Machinery & Equipment. • Provision for Annual Maintenance of entire Electrical Services & Civil Works in the Hospital.	• Rs.8.85 crore has been utilized for Original Works Civil & Elect. • Rs.80.00 crore has been placed to HSCC for Redevelopment Plan Phase-1 • Rs.23.91 crore has been utilized for procurement of Machinery & Equipment • Rs.13.37 crore has utilized for Annual maintenance of the hospital Civil & electrical division. • Rs.0.84 crore has utilized for Annual maintenance of electrical works in the VMMC	
53	**Pradhan Mantri Swasthya Suraksha Yojana**	**AIIMS like Institutions:** Creation of capacity in medical education, research and clinical care and to reduce the imbalances in availability of affordable/ reliable tertiary level healthcare in the country in general and in the underserved areas of the Country. **Upgradation of medical colleges:** Improving health infrastructure through construction of Super Speciality Block/Trauma Centre etc. and procurement of medical equipment for existing as well as new facilities.	1. Setting up AIIMS (Phase-I): The work for Setting up of 6 new AIIMS like Institutions Bhopal, Bhubaneswar, Jodhpur, Patna Raipur, and Rishikesh is being taken up in packages in phase wise manner. 2. Setting up of 2 AIIMS institutions in phase-II of PMSSY. 3. Upgradation of 13 State Govt. Medical Colleges in Phase-I of PMSSY • Bangalore Medical College • Trivandrum Medical College • Salem Medical College • NIMS, Hyderabad • SGPGIMS, Lucknow	1. Setting up AIIMS in Phase-I of PMSSY: 6 AIIMS Medical Colleges have started academic session and four batches of MBBS students totaling 350 and third batches totaling 180 B.Sc (Nursing) Students at each of these six new AIIMS are now receiving education. OPD services have also commenced at all six new AIIMS. IPD services for teaching purpose have commenced at all the six AIIMS. Procurement medical equipment amounting to Rs.1200/- crore is to be done for six new AIIMS. Out of which, order for procurement of medical equipment amount to Rs.280.06 crore has been placed and tender for Rs.438.60 crore is under process. As on Nov.2015 Status of construction of Medical College Complex (Package-I): a) AIIMS-Bhopal-90.64%, b) AIIMS-Bhubaneswar-88.89%, c) AIIMS-Jodhpur-90%, d) AIIMS-Patna 96%, e) AIIMS-Raipur-88.26%, f) AIIMS-Rishikesh-89.55%. 2. Setting up of 2 AIIMS-like institutions in Phase-II of PMSSY: The status of construction of AIIMS, Rae Bareli has been completed 60%. For the proposed AIIMS at Raiganj in second phase of PMSSY, land was not	

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			• Kolkata Medical College- (i)OPD Block (ii)Academic Block (iii)Super Speciality Block (2nd stage of construction) • Jammu Medical College • Srinagar Medical College • RIMS, Ranchi • IMS, BHU, Varanasi • Grants Medical College, Mumbai • SVIMS, Tirupati • BJ Medical College, Ahmedabad 4. Upgradation of 6 Govt Medical Colleges in phase-II of PMSSY: Amritsar Medical College, Aligarh Medical College, Tanda Medical College, Rohtak Medical College, Madurai Medical College, Nagpur Medical College 5. upgradation of 39 existing State Govt. Medical Colleges under PMSSY Phase-III **6.** PMSSY Phase-IV: **(a)** Setting up 4 AIIMS each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal (U.P.), (b) Up-gradation: 12	made available by the State Government. Based on the request of State Government, it has now been proposed to establish an AIIMS at Kalyani (West Bengal) which may come under Phase-IV of PMSSY. 3. Upgradation of 13 State Govt. Medical Colleges in Phase-I of PMSSY: 100% construction of 9 SGMCs has already been completed during (2014-15) of Bangalore Medical College, Trivandrum Medical College, Salem Medical College, NIMS, Hyderabad, SGPGIMS, Lucknow, Jammu Medical College, RIMS, Ranchi. IMS, BHU, Varanasi Kolkata Medical College (i) OPD Block, (ii) Academic Block and Kolkata Medical College - (iii) Super Speciality Block (2nd stage of construction) –work awarded in Nov.2015. Srinagar Medical College-99.50%, Grants Medical College, Mumbai-84%, SVIMS, Tirupati-99.50%, BJ Medical College, Ahmedabad-92% An amount of Rs.380.93 crore has been earmarked for high end equipments and out of this, equipments worth Rs.354.18 crore have been procured. 4. Upgradation of 6 State Govt. Medical Colleges in Phase-II of PMSSY: Amritsar Medical College-99.5%, Aligarh Medical College-99.50%, Tanda Medical College-100%, Rohtak Medical College-66%, Madurai Medical College-18%, Nagpur Medical College-50%. 5. Upgradation of 39 existing State Govt. Medical Colleges Phase-III of PMSSY: 39 existing SGMCs has been taken up for up-gradation at an approved cost of Rs.150 crore (Central Contribution-Rs.120 crore and State Share-Rs.30 crore) each. Gap analysis has already been carried out. Out of 39, thirty seven DPRs have been approved so far. 6. PMSSY Phase-IV: (a) An announcement during Budget Speech (2014-15) to set up 4 AIIMS each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal (U.P.), approval of the Cabinet has been obtained on 07.10.2015 Government of UP is yet to offer alternate suitable sites in Poorvanchal in Uttar Pradesh. (b) Up-gradation: 12 existing SGMCs have been identified to be taken up for	

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			existing SGMCs 7. Also an announcement have been made during Budget Speech (2015-16) for setting up 6 new AIIMS one each in Assam, Himachal Pradesh, Jammu & Kashmir, Punjab, Tamil Nadu and Bihar.	up-gradation under Phase-IV of PMSSY. Draft EFC Note to this effect has been circulated to all appraising departments viz. Department of Expenditure and Niti Aayog vide OM dated 23.10.2015. 7. 6 new AIIMS have been announced during Budget Speech 2015-16 one each in Assam, Himachal Pradesh, Jammu & Kashmir, Punjab, Tamil Nadu and Bihar. Site of Bathinda has been finalized for location for new AIIMS in Punjab.	
54	**Strengthening inter-sectoral coordination of prevention and control of Zoonotic diseases**	To establish a mechanism for intersectoral coordination and for control of priority zoonotic diseases.	To establish intersectoral coordination mechanism and control priority zoonotic diseases like anthrax, plague, brucellosis, rabies and leptospirosis.		
55	**Viral Hepatitis surveillance Programme**	• Establishing a network of public health laboratories for surveillance of Viral Hepatitis, in a phased manner, with NCDC as the co-ordinator. • Generation of reliable and actionable data from the surveillance network. • Collation and dissemination of generated data.	• Upto five laboratories will be identified in different regions of India in the first year for the Viral Hepatitis Surveillance network • Two to three laboratories will be added every year to expand the surveillance network • Annual meetings will be conducted to assess progress, identify gaps, and chart future course of action • Development of SOPs for the laboratory network	A booklet on Viral Hepatitis (Facts and Treatment Guidelines)has been drafted and uploaded on NCDC website as well as advertised in newspaper to invite comments and suggestions of medical fraternity and general public. The draft is ready for publication.	• Funds for the programme are still awaited for upgradation of the NCDC laboratory (in terms of equipment, consumables, and manpower), for recruiting new network laboratories, for holding national level workshops and trainings, and for EQAS activities. • NCDCis undergoing major upgradation,

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			• Training will be organized to establish EQA and proficiency testing for the laboratory network • Development of a data analysis and reporting system for the surveillance network		hence lack of appropriate space is a limitation.
56	**National Programme on Prevention & Control of Anti-Micro, Resistance**	• To establish a laboratory based surveillance system by strengthening laboratories for AMR in the country and to generate quality data on antimicrobial resistance for pathogens of public health importance. • To generate awareness among healthcare providers and in the community regarding rationale use of antibiotics. • To strengthen infection control guidelines and practices and promote rationale use of antibiotics. Development & implementation of national infection control guidelines.	• To establish a well-developed community based and hospital based surveillance system for antimicrobial resistance in the country for collection of data. • Establishment of baseline data for important pathogens of public health importance. • Development of guidelines for rational use of antibiotics and its dissemination.	• The network labs have been given antibiotic discs and reagents for AMR surveillance. • Network Labs have started the surveillance activities and AMR data has started flowing in from some of the labs which is being analysed at NCDC. • National Treatment Guidelines for treatment of different infectious diseases has been drafted and uploaded on NCDC website as well as advertised in newspaper to invite comments and suggestions of medical fraternity and general public following which it will be finalized and adapted as National treatment Guidelines for Infectious diseases. • National Infection control policy is under preparation.	• Lack of funds as per estimated allocation. • The sanctioned budget for AMR Containment programme for current year has not been released by MOHFW and is awaited.
57	**Social Marketing Area Project.**	To provide Condoms for specific area for distribution to eligible couples through Social	No project has been received from the SMO for the last two or three years hence no budget		

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		Marketing network of the Social Marketing Organisations (SMOs) under Social Marketing Area Project.	provision has been made.		
58	**Social Marketing of Contraceptives**	To make available Condoms & Oral pills to the eligible couples through Social Marketing network of the Social Marketing Organization (SMOs) for increased coverage of eligible couples under contraception.	The requirements were projected for procurement & Supply of condoms and oral pills to eligible couples through SMOs is as follows: Condom (M. Pc.)- 454.00 OCPs (Lakh Cycles)-123.00 (ii) Payment of promotional incentive to SMOs for sale of Condoms & OCPs, re-imbursement of packing material cost and also promotional & product subsidy of Saheli/Novex weekly OCPs & Condoms. (iii) To undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.	Against the requirement, the following quantity of the contraceptives was procured during the year 2014-15: Condom (M. Pc.) 340.50 OCPs (Lakh Cycles) 67.65	The balance quantity of contraceptives has been sent to CMSS for floating the tender and same is under process.
59	**Population Research Centres**	Research studies on various socio economic, demographic and communication aspects of Population & Family Planning	Reports on various socio economic, demographic and communication aspects of Population & Family Planning	PRCs have completed 20 research studies on various health topics. They were actively involved for improving coverage and quality of HMIS data. Further, they made field visits to 77 districts for monitoring of State PIPs and submitted reports to the Ministry which give a good insight about the	

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		Programme	Programme and analysis / validation of HMIS data including strengthening of Mother & child Tracking system (MCTS).	functioning of NRHM in the States..	
60	**International Institute of Population Sciences Mumbai**	Teaching, Training, Research, Consultancy	988 students currently registered for various courses till the academic session year 2015-16.		Institute will declare results in month of May except Ph.D.
61	**F.W. Training and Research Centre, Mumbai**	• Training for in Service Health Worker of various categories, • Clinic based Family Welfare and Medical service and field based research activities. • Health promotion and IEC activities.		Admitted 26 candidates for training courses of Diploma in Health Promotion Education (DPHE) and Diploma in Community Health Care (DCHC). Clinic Attendence-373, Health Education Programme-16 and Field Studies-26	
62	**Rural Health Training Centre, Najafgarh**	To impart community health training for Medical Interns and Nursing Personnel and for training of ANMs.	No. of OPD pateints:400000 No of Emergency Patients: 50000, No. of Emergeny Admissions: 1500, No. of institutional Deliveries: 100, JSY Beneficiaries: 50, No. of Medical Interns:300, No. of GNMs:1000 No. of ANMs:80	No. of OPD patients:209360 No of Emergency Patients: 28958 No. of Emergency Admission: 1094 No. of institutions Deliveries: 42 JSY Beneficiries:25 No. of Medical Interns:248 No. of GNMs:513 No. of ANMs:89*	*Due to failure of students.
63	**Gandhigram Institute of Rural Health and Family Welfare Trust, Dindigul, Tamil Nadu**	• To educate Health personals according to prevailing health problems and to implement the National Health Programmes with the specific objective of change the life style of the people, healthy pactices and improve the health status. • To train Health and allied manpower working in Public Health Facilites, Corporations / Municipalities in four Souther States. • To provide technical guidance to Regional Family Planning		During the year 2015-16, 24 persons were trained in Post Graduate Diploma on Health Promotion and Education course (PGDHPE), Two batches of 81 students (45+36) got training in Orientation Training on Communication and Educational Tech. for B.Sc (Nursing).	

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		Training Centres and Central Family Planning Field Units in the southern Zone.			
64	**Free Distribution of Contraceptives**	To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills to the States/Uts for distribution to eligible couples free of cost through sub-Centres, hospitals and other Health care Institutions of the states for increased coverage of eligible couples under contraception. to supply Pregnancy test kits for timely and early detection of pregnancy.	The requirements were projected by the Programme Division is as follows: Free Supply Condom (M.Pc.)-620.53 Condom for NACO (M.Pc.)-225.67 OCPs (Lakh Cycles)- 460.01 IUDs (Lakh Pieces)-68.40 Tubal Rings (Lakh Pairs)-14.21 EC Pills (Lakh Packs)-76.21 PT Kits (Lakh kits)-102.30	The following quantity of the contraceptives were procured during the year 2015.-16: Free Supply Condom (M.Pc.) 465.40 Condom for NACO (M.Pc.) 169.252 OCPs (Lakh Cycles) 255.20 IUDs (Lakh Pieces) 37.62 Tubal Rings (Lakh Pairs) 7.82 EC Pills (Lakh Packs) 41.92 PT Kits (Lakh kits) 56.27	The balance quantity of contraceptives has been sent to CMSS for floating the tender and same is under process.
66	**Management Information System**	Setting up an appropriate Monitoring and Evaluation System under NRHM - MIS Performance , Triangulation of data and conduct of National Surveys i.e., National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS) etc.	1. Implementation of Web enabled MIS application for data capturing and data warehousing 2. E-Governance,	1. Ongoing expansion and improvement in quality of information on HMIS Portal. 672 districts shifted to facility–wise reporting. Third party Audit of the GIS component of augmented HMIS application completed. 2. Mother and Child Tracking System: (i) Since inception of Mother and Child Tracking System (MCTS), total 9,50,47,333 pregnant women and 8,05,64,548 children were registered till 30th September, 2015. The registration during 2015-2016 is 67.82% for pregnant women and 50.58% for children on pro-rata basis as on 30th September, 2015. Out of total 2,80,770 ANMs registered in MCTS, 2,76,736 (98.56%) ANMs were registered with phone numbers. Similarly, out of total 9,27,002 ASHAs registered in MCTS, 8,49,625 (91.65%) ASHAs were registered with phone number. States have been requested to set up call centres for better interaction between health service providers and beneficiaries. RCH portal – the revised version of MCTS portal - has been launched on pilot basis in 9 States / UTs.	

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				(ii) Mother and Child Tracking Facilitation Centre (MCTFC) is validating the data entered in MCTS in addition to guiding and helping both the beneficiaries and service providers with up to date information on Mother and Child care services through phone calls on a regular basis. As on 30th September, 2015, total 6,98,251 pregnant women, 7,94,255 parents of children, 4,65,257 ASHAs and 2,14,360 ANMs registered under MCTS were contacted to validate their records, promote government's schemes & programmes and get the feedback on services being delivered at field level. 18 audio recorded messages are being played through IVR system to the beneficiaries (pregnant women and parents of children) to make them aware about maternal health, child health and family planning aspects. As on 30th September, 2015, MCTFC IVR system had played these messages to more than 10.5 lakh beneficiaries. Remark: The MCTFC was to be upgraded but could not be upgraded because of insufficient response of bidders to the Request for Proposal (RFP) published for the purpose.	
			3. Evaluation through National Surveys DLHS, AHS, NFHS etc. i. DLHS-4 ii. Annual Health Survey (AHS) in 284 districts iii. National Family Health Survey-4	3. Evaluation through National Surveys DLHS, AHS, NFHS etc: DLHS-4: States reports are Published in Respect of 18 States. AHS The results of CAB component has been made available in public domain. NFHS: Field work of the survey has been completed in all phase-I State/ Regions Expect Assam, Manipur and Maharashtra mapping and listing fieldwork Started in Five phase 2 State.	
66	**e-Health including Telemedicine** Total Plan Outlay Rs. 44.77 crore 1. National Medical	1/a. Tele-education / Digital Medical Lecture Theatre. 1/b. Tele-consultation 1/c. E-Learning and Digital 2. Library infrastructure 2. To provide healthcare	1.Shortlisting of System Integrator (SI) via open Tender process 2/a. Setting up of Telemedicine Node in Ayappa Temple (Pamba)	1. Under process 2. Both Telemedicine centres are being operationalized. 3. All the listed targets are complete and rollout is expected during this year.	Telemedicine division has not been allocated any funds for FY 2015-16.

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	College Network (NMCN) 2. Utilization of Space Technology in Collaboration with D/O Space 3. m-Health for tobacco cessation 4. Integrated Health Information Platform (IHIP) 5. National Identification Number (NIN) to Health facilities 6. National Health Portal (NHP), 7. 'National e-Health Authority (NeHA)'- 8. Online Registration System 9. Promotion & Adoption of Electronic Health Record	services to hard-to-reach/disaster prone areas 3. Utilisation of mobile technology to reach out to tobacco users of all categories who want to quit tobacco use and support them towards successful quitting through constant messaging 4. Objective is to create Electronic Health Records of citizens and enable interoperability & seamless data/health records exchange through Health Information Exchange 5. To each of the health facilities (both public & private) in order to facilitate interoperability and information exchange between different IT systems so that EHR of citizens could be exchanges from one hospital to another and continuity of care could ensured 6. To provide authentic information on health sector to citizens/ stakeholders 7. To provide leadership in implementation of the integrated	2/b. Setting up of Telemedicine Node in CHC Pooh, Himachal Pradesh 3/a. MoU with WHO-ITU for providing Technical support 3/b. Preparation and approval of Content 3/c. Roll out of m-Health Tobacco Cessation program in English & Hindi Language 4/a. To draft concept note including design & architecture 4/b. to hold consultation with states & stakeholders 4/c. To obtain necessary approvals for implementation 5/a. Concept Note preparation 5/b. consultation with stakeholders 5/c. initiation of pilot project 6/a. launch of Voice Portal' for providing health information through a toll free number. 6/b. launch of mApps 6/c. launch of directory services 6/d. launch of eBlood bank services 7/a. Concept Note preparation 7/b. Putting up concept note in public domain for suggestions 7/c). preparation revised	4/a. Draft concept note prepared 4/b. consultation is underway 5/a. concept, design completed to generate and assign unique number i.e. NIN (in compliance with the MDDS of DeitY) 5/b. NIC has started the work for the pilot project. The pilot in one state and learning for improvements is planned to be completed by December 2015. 6/a. Voice portal launched in July 2015 6/b. mApps for facilitating access to the portal through mobile handsets 6/c. task for directory services & eBlood bank has been completed; ready for launch 7.The process for obtaining suggestions/comments from stakeholders and public domain has been completed and the examination of the suggestions/ comments is underway. 8. As of now 14 hospitals are on board. 9/a Workshops & training programmes conducted for stakeholders/ users in different parts of the country for sensitization and information dissemination on the standards 9/b Refset generation process has been completed in areas related to of oral cancer, cervical cancer, cataract, pregnancy related anaemia, and childhood diarrhea	

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	(EHR) Standards Notified in September 2013	health information system, to promote adoption of standards and facilitate exchange of patients health records across facilities in a secure way; exchange of EHR would ultimately lead to effective & efficient healthcare and also cost reduction 8. for online registration, appointment, payment of fees, online diagnostic reports, blood availability etc. & 9. Adoption of standards so as to facilitate semantic interoperability between different health IT systems	concept note		
67	**Upgradation/ Strengthening of Nursing Services**	To provide financial assistance to the State Government for establishment of ANM/ GNM Schools.	Release the funds for opening of new ANM/GNM Schools as well as 2nd installment	• No Budget allocated during the year 2015-16.	
68	**National AIDS Control Organisation** Goal: Accelerate Reversal and Integrate Response. Objectives: • Reduce new infections by 50% (2007 Baseline of	• New Targeted Interventions established 35 • STI/RTI patients managed as per national protocol 56 lakh episodes • Blood Collection in NACO supported Blood Banks 48 lakh • Districts covered under Link Worker Scheme (cumulative) 163 • Clients Tested for HIV (General Clients) 124 lakh • Pregnant Women tested for HIV 90 lakh • Proportion of HIV+ Pregnant Women and Babies who are initiated on Multidrug Antiretroviral (ARV) regimen 85%		• 15 New Targeted Interventions established • 44.72 lakh episodes STI/RTI patients managed as per national protocol • 28.36 lakh Blood Collection in NACO supported Blood Banks • 13062 Districts covered under Link Worker Scheme (cumulative) • 68.5lakh Clients Tested for HIV (General Clients) • 53.9 lakh Pregnant Women tested for HIV • 97.3% Proportion of HIV+ Pregnant Women and Babies who are initiated on Multidrug Antiretroviral (ARV) regimen • 9.6 lakh No. of HIV-TB Cross Referrals	

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	NACP III) • Provide comprehensive care and support to all persons living with HIV/ AIDS and treatment services for all those who require it.	• No. of HIV-TB Cross Referrals 14 lakh • New ART Centres established 55 • No. of PLHIV on ART (cumulative) 9.41 lakh • Opportunistic Infections treated 3 lakh • Campaigns released on Mass Media - TV/Radio 6 • New Red Ribbon Clubs formed in Colleges 440 • Persons trained under Mainstreaming training programmes 2.6 lakh • Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood Banks 75% • Free distribution of Condoms 35.2 crore pieces • Social Marketing of condom by NACO contracted Social Marketing Organisations 29.6crore pieces		• 44 ART Centres established • 9.01 lakh No. of PLHIV on ART (cumulative) • 2.44 lakh Opportunistic Infections treated • 1 Campaigns released on Mass Media - TV/Radio • 29 New Red Ribbon Clubs formed in Colleges • 0.86 lakh Persons trained under Mainstreaming training programmes • 78% Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood • 2.8 crore pieces Free distribution of Condoms • 8.56 crore pieces Social Marketing of condom by NACO contracted Social Marketing Organisations.	