

# 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 encompassing 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.

### **NATIONAL HEALTH MISSION (NHM)**

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, Filariasis, 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 nine 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 Sep'2014)**

- Maternal Mortality Ratio (MMR): The MMR of India has declined from 560 per 100,000 live births in 1990 to 178 per 100,000 live births in the period 2010-12. Percentage annual compound rate of decline in MMR during 2005 to 2011 accelerated to 5.8% from 5.1% observed during 1990 to 2005.
- 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 Under 5 Mortality Rate (U5MR) in India declined from 126 per 1000 live births in 1990 to 52 in 2012 and the percentage annual rate of decline in U5MR during 2008-2012 has accelerated to 6.8% 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 2.4 in the year 2012. The percentage annual compound rate of decline in TFR during 2005-2012 has accelerated to 2.7% from 1.9% observed during 2000-2005.
- India achieved a historical milestone and was certified as 'Polio-free' by WHO in March 2014 on having no wild polio case since 13<sup>th</sup> Jan, 2011.
- 9.01 lakh Accredited Social Health Activists (ASHAs) have been selected in the country, of which over 8.19 lakh received training up to 1st Module, 7.91 lakh up to Module II, 7.83 lakh up to Module III, 7.79 lakh up to Module IV, 8.27 lakh up to Module V, 6.91 lakh up to Round-1, 5.83 lakh in Round-2, 3.89 lakh in Round-3 & 1.26 lakh in Round-4 of VIth & VIIth Modules. Over 8.56 lakh ASHAs have been positioned after training and provided with drug kits.

#### **HUMAN RESOURCES**

- 53,682 Sub Centres are functional with second Auxiliary Nurse Midwives (ANM).
- 6,336 PHCs have been strengthened with three Staff Nurses.
- 8,178 allopathic doctors and 3,015 specialists, 21,108 AYUSH doctors, 71,552 ANMs, 38,414 Staff Nurses, and 17,251 Paramedics and 5,972 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 1.52 lakh Sub Centres (RHS 2014) in the country have been strengthened with untied fund of Rs. 10,000 and AMG of Rs. 10,000 each.
- 98 District Hospitals, 90 Sub-Divisional Hospitals, 620 Community Health Centres (CHCs), 1,889 Primary Health Centres (PHCs), and 24,954 Health Sub-Centres have been taken up for new construction. Out of this, construction of 62 DHs, 42 SDHs, 327 CHCs, 1,158 PHCs and 14,651 SCs have been completed.

- 910 works for District Hospitals (DHs), 643 works for Sub-Divisional Hospitals (SDHs), 3,300 works for Community Health Centres (CHCs), 9,030 works for Primary Health Centres (PHCs), and 17,395 works for Sub-Centres (SCs) have been taken up for upgradation/renovation. Out of this, 670 works for DHs, 577 works for SDHs, 2,192 works for CHCs, 7,781 works for PHCs and 12,608 works for SCs have been completed.
- 8,800 PHCs are made functional round the clock (24x7) and 2,632 facilities were operationalised as First referral units (FRUs).
- 1,301 Mobile Medical Units (MMUs) are operational in different States, providing services in the interior areas covering 366 districts.
- 7,096 (Dial 108) Emergency Response Service and 6,372 (Dial 102) Patient Transport Service vehicles are operational under NRHM.
- 5,447 vehicles (Janani Express, Mamta Vahan etc.) have been empanelled for transporting pregnant women to public health institutional delivery and back.

#### **SYSTEM STRENGTHENING**

- Out of 672 districts (RHS 2014), District Health Action Plans have been prepared by 643 districts.
- Co-location of AYUSH facilities has been made in 16,647 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 663 districts. 592 District Programme Managers and 604 District Accountants are in position.
- Nearly, 5,486 Block Programme Management Unit has been established with 3,551 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.
- State Resource Centre is being set up in many states.

#### **COMMUNITY MONITORING**

- Rogi Kalyan Samitis (RKSs) have been registered in 30,516 Health facilities. RKS grants, maintenance grant and untied funds are provided to the RKS of public health facilities.
- Over 5.12 lakh Village Health Sanitation & Nutrition Committees (VHSNCs) have been constituted and 4.96 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 48.54 million 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 (NUHM)**

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 and vulnerable sections of the Society. 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 all cities and towns with more than 50,000 populations as well as district headquarters and state headquarters, while smaller cities/ towns will be covered under National Rural Health Mission (NRHM). The Centre-State funding pattern is 75:25 for all the states except North-Eastern states including Sikkim and other special category states of Jammu & Kashmir, Himachal Pradesh and 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. will be strengthened and upgraded as Urban Primary Health Centre (U-PHCs). In addition to that new U-PHCs & U-CHCs will also be established to address the healthcare needs of urban poor.

- Urban – Primary Health Centre (U-PHC): New U-PHCs will be established as per gap analysis, as per norm of one U-PHC for approximately 50,000 urban population. The new U-PHCs will preferably located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing services, apart from counselling for all communicable and non- communicable diseases.
- Urban-Community Health Centre (U-CHC) and Referral Hospitals: 30-50 bedded UHCs will be established for providing inpatient care. U-CHCs will be set up in cities with a population of above 5 lakhs.
- Outreach services: NUHM will also support engagement of ANMs for conducting outreach services for targeted groups particularly slum dwellers and the vulnerable population for providing preventive and promotive healthcare services at the household and community level.

**III. Interventions for slum population:** Following targeted interventions are envisaged under NUHM for the slum dwellers and urban poor population:

- One ASHA per 1000-2,500 population covering approximately 200-500 households would serve as an effective, demand-generating link between the health facility and the urban slum population.
- Mahila Arogya Samiti (MAS) for every 50-100 households having population between 250-500 and would act as community based peer education group in slums. They would be involved in community mobilization, monitoring and referral with focus on preventive and promotive care.

**IV. Financial Progress:** In the 12th Plan an allocation of Rs.15,143 crores have been made 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. In FY 2014-2015, Program Implementation Plans (PIPs)

were received from 34 States/UTs except from Lakshwadeep and Daman & Diu. Approvals have been given to all 34 States and UTs. An outlay of Rs.1924.43 crore has been allocated for the current financial year 2014-15. During the current year so far an amount of Rs. 780.27 crore has been released to 19 States.

**V. NUHM Program Implementation Plans (PIPs):** In FY 2013-2014 Program Implementation Plans (PIPs) were received from 32 States except from the UTs of Delhi, Andaman & Nicobar Islands and Dadra & Nagar Haveli. Of the 32 NUHM PIPs received, approvals were given to 29 States/UTs except 3 UTs- Lakshwadeep, Chandigarh and Daman & Diu. The PIPs of these 3 UTs were not approved because the PIP was either too small in size or the towns proposed to be covered under NUHM were very small towns.

**A brief note on policy reforms undertaken during 2014-15 and that is planned for 2015-16:** In the meeting of the empowered programme committee two proposals have been recommended for approval of the Mission steering group.

- Setting of Health Kiosks in/near the slum areas and
- Covering Distt. Headquarter towns below 30,000 under the NUHM.

### **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.

Considerable progress has been achieved by India over the last two decades in the sphere of public health, and the advent of NHM is expected to further accelerated momentum on ground gained. To build on what we have achieved so far and to make rapid progress towards attainment of Millennium Development Goals (MDGs) 4 and 5, and to reduce under-five mortality, Government of India has adopted a strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) that embodies its vision for comprehensive and integrated health services, across all life stages and all levels of care most importantly for adolescents, mothers and children. Over the last nine years, RCH 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.

#### **MAIN FEATURES OF THE PROGRAMME**

The core components of the RCH Programme are Maternal Health, Child Health, Family Planning, Adolescent Health, 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 decentralising 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 programming 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	28 per 1,000 live births	30 per 1,000 live births	40 per 1,000 live births	RGI's Sample Registration Survey 2013
Maternal Mortality Ratio	Reduce by $\frac{3}{4}$ of the MMR of 1990 by 2015	100 per 1,00,000 live births	178 per 1,00,000 live births	RGI's Sample Registration Survey 2010-12
Total Fertility Rate	-	2.1	2.3	RGI's SRS 2013

### Activities under Maternal Health:

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 560 women dying during child birth per hundred thousand live births, which meant approximately one and a half lakh women dying every year. Globally, MMR at that time was 380, which translated into about 5.23 lakh

women dying every year. In the period 2010-2012, MMR of India has declined to 178 against a global MMR of 210 (2012). In terms of numbers this translates into 47,100 maternal deaths in India as compared to 2, 89,000 globally.

- ✓ India has registered an overall decline in MMR of 68% between 1990 and 2012 in comparison to a global decline of 45%.
- ✓ India's MMR has declined much faster than the global MMR from 1990 to 2013, with an annual rate of decline of 4.5 % in India (1990-2013) as compared to 2.6% globally (1990-2013)
- ✓ Maternal Mortality Ratio (MMR) has declined from 301 per 100,000 live births in 2001-03 to 178 per 100,000 live births in 2010-12 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 and to 5.8% in 2007-09 and is 5.7 % in 2010-12.

• **Key strategies and interventions which are contributing to the decline in Maternal Mortality Ratio are:**

**A. Janani Suraksha Yojana (JSY):**

- ✓ Janani Suraksha Yojana (JSY), one of the largest conditional cash transfer scheme 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.1762.82 crores in 2013-14. The number of JSY beneficiaries has also risen from 7.39 lakhs in 2005-06 to more than 106.48 lakhs in 2013-14.

**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 newborns 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 received from the States /UTs, 85% pregnant women availed free drugs, 77% free diagnostics, 69% free diet and while 48% availed free home to facility transport while 39% 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, 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 anemic 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, 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):**
  - ✓ The process of Maternal Death Review (MDR) has been institutionalized across the country both at facilities and in the community to identify not only the medical causes but also some of the socio-economic, cultural determinants as well as the gaps in the system which contribute to the delays causing such deaths. This is with the objective of taking corrective action at appropriate levels and improving the quality of obstetric care
  - ✓ The States are being monitored closely on the progress made in the implementation of MDR.
- 4. **Delivery Points:**
  - ✓ More than 16,500 '**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 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 20,000 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.

#### Activities of Child health programmes during 2014-15 (Sept, 2014):

##### 1. Facility Based Newborn Care:

- ✓ **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 2014, a total of 14,135 NBCCs, 1,810 NBSUs and 548 SNCUs have been made operational across the country.
- ✓ **SNCU Online Reporting Network** is being established in 7 states with 245 SNCUs to generate real time data. About 2.5 lakhs newborns have been registered in the data base.
- ✓ **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 8 lakhs sick infants availed services under JSSK till September, 2014 in 2014-15. 1.3 lakhs 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.
- ✓ **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 I 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 half a million newborns 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 18<sup>th</sup> 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

- ✓ 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 newborn care through series of home visit by ASHAs and as a result ASHA is being paid of Rs. 250/- on completion of the visit. The sick and low birth weight babies will need extra visits. More than 10 lakhs newborns have been visited by ASHAs as on September, 2014. In addition, ASHAs are now entitled to receive 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.
- ✓ **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)

- ✓ Promotion of optimal IYCF practices and management of lactation failure/breast related conditions are being addressed through various avenues such as Home Based New Born Care visitations, Village Health and Nutrition Day (VHND), Outreach sessions for Routine Immunisation (RI), RI sessions at facilities, management of newborn and childhood illnesses at community level. Provision has been made for trainings of Medical Officers, 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 (IEC and BCC) as well monitoring of the programme.

## 4. Nutritional Rehabilitation Centres (NRC)

- ✓ Nutritional Rehabilitation Centers are facility based units providing medical and nutritional therapy to children under 5 years of age having Severe Acute Malnourished (SAM) 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 875 NRCs have been established in the country as on September, 2014.
- ✓ The training package for facility based care of Severe Acute Malnutrition in Children has been developed to train staff of Nutritional Rehabilitation Centres on diagnostic and treatment protocols. The package aims to improve the clinical skills of the Medical Officers and Nursing staff of NRCs, particularly for the management of children with SAM.
- ✓ In addition, ASHAs are now entitled to receive incentive of Rs. 150/- for follow up visits after child is discharged from facility or community based SAM management and till Mid-upper Arm Circumference (MUAC) is equal to or more than 125mm.

## 6. Rashtriya Bal Swasthya Karyakram (RBSK)

- ✓ RBSK was launched in February 2013 for 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 to cover 30 selected health conditions for early detection, management and free treatment. 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. In the first quarter of

2014-15 (April to June 2014), about 1.33 crore children have been screened, 8.44 lakhs children have been referred to health facilities for the treatment. About 4.36 lakhs children have received secondary tertiary care.

#### **Scheme for strengthening Adolescent Health services**

1. **Adolescent Reproductive & Sexual Health program (ARSH):** Adolescent Reproductive and Sexual Health programme focuses on reorganizing the existing public health system in order to meet health service needs of adolescents through provision of promotive, preventive and curative services at designated Adolescent Friendly Health Clinics (AFHCs) across level of care. The number of Adolescent Reproductive & Sexual Health (ARSH) Clinics has increased from 3356 in 2011-12 to 6519 in 2013-14 showing 94% increase over a period of 2 years. Approximately 56 lakh adolescents received counselling and other services in these clinics till 2013-14. Under Programme Implementation Plan 2013-14, an amount of Rs 102.05 crore was approved for operationalization of Adolescent Friendly Health Clinics, planning outreach activities for demand generation and training of Medical Officers, ANM and Counsellors in adolescent friendly services. Outreach activities are being conducted through these clinics in schools, colleges, Teen clubs, vocational training centres, during Village Health Nutrition Day (VHND), Health melas and in collaboration with Self Help groups, to provide adequate and appropriate information to adolescents in spaces where they normally congregate.
2. **Weekly Iron and folic Acid supplementation (WIFS):** Weekly Iron and Folic Acid Supplementation (WIFS) 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 and government aided school, municipal and out of school girls. WIFS programme has been launched in all states/UTs with coverage of 2.7 crore adolescent girls and boys. Interventions are:
  - ✓ Administration of supervised Weekly Iron-folic Acid Supplements of 100mg elemental iron and 500ug Folic acid using a fixed day approach.
  - ✓ Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
  - ✓ Biannual de-worming (Albendazole 400mg), six months apart, for control of helminthes infestation.
  - ✓ Information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation
3. **Scheme for Promotion of Menstrual Hygiene:** The Scheme for Promotion of Menstrual Hygiene has been initiated for rural adolescent girls in the age group of 10-19 years age group. The scheme aims at providing adequate information about menstrual hygiene to adolescent girls and improves access to high quality sanitary napkins along with safe disposal mechanisms. Scheme for promotion of menstrual hygiene has rolled out in 17 states in 1092 blocks through Central supply of 'Freedays' sanitary napkins. Till August 2014, over 1.4 crore adolescent girls have been reached and 4.82 crore packs of sanitary napkins "Freedays" have been provided under the Menstrual Hygiene Promotion Scheme. Key activities under the scheme include:
  - ✓ Community based Health education and outreach in the target population to promote menstrual health
  - ✓ Ensuring regular availability of Sanitary napkins to the adolescents
  - ✓ Sourcing and Procurement of Sanitary napkins
  - ✓ Storage and distribution of Sanitary napkins to the adolescent girls
  - ✓ Training of ASHA and nodal teachers in Menstrual Health

#### **Rashtriya Kishor Swasthya Karyakram**

The Ministry of Health and Family Welfare has launched the Rashtriya Kishor Swasthya Karyakram 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.

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

As per Quarterly Progress Reports (QPRs) submitted by States/ UTs, 50453 bodies have been registered under PC& PNDT Act. So far a total of 1697 machines have been sealed and seized for violations of the law. A total of 1934 court cases have been filed under the Act and 201 convictions have been secured under the PC&PNDT Act and following conviction the medical licenses of 97 doctors have been suspended/ cancelled.

<b>Progress Card (Cumulative figures since enactment of the Act)</b>			
<b>Parameters</b>	<b>Status in July 2013</b>	<b>Status in June 2014</b>	<b>Progress Made</b>
Registrations	46589	50453	3864
Renewals	18562	23167	4605
On going Cases	1327	1934	607
Convictions	111	201	90
Sealing	989	1697	708
Medical Licenses of Convicted Doctors Suspended	33	97	64

**Family Planning Performance during 2013-14 and 2014-15**

S N.	Method	2014-15 (Upto Oct, 2014)	2013-14
1	Female Sterilisation	12,69,853	40,38,574
2	Male Sterilisation	29,402	90,945
	Total Sterilisation	12,99,255	41,29,538
3	IUCD Insertion	25,77,203	51,30,340

**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. The programme is also being reviewed by NTAGI from time to time. 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. Necessary process for the approval from Mission Steering Group has been initiated. Maternal and Neonatal Tetanus Elimination has been validated in 26 states/UTs and remaining planned by 2015.

**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 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.

The WHO on 24th February 2012 removed India from the list of countries with active endemic wild Poliovirus transmission. India along with South East Asia region of WHO consisting of 10 countries is certified polio free by Regional Certification Commission (RCC) on 27th March 2014. The programme is also being reviewed by the India Expert Advisory Group (IEAG) twice a year and its recommendations are being followed. The Pulse Polio Immunization Programme is currently one of the key areas under National Health Mission (NHM) since 2005.

### **NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP):**

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, loss of IQ, compromised school performance & 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 28 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 (IEC).

### **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, Orissa, 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 with 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 Artemisinin 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 2011, 1.31 million cases with 754 deaths whereas during 2012, 1.07 million cases with 519 deaths were reported. During 2013, 0.78 million cases with 310 deaths have been reported. About 90% 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, Orissa, 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. 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 31<sup>st</sup> 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 severe 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. In 2011, 18860 cases and 169 deaths and in 2012, 50222 cases and 242 deaths were reported. During 2013, 75808 cases and 193 deaths have been reported.

Chikungunya reemerged in 2006 and 1.39 million cases of Chikungunya fever were reported. However, in 2011, 20402 cases and during 2012, 15977 cases of clinically suspected Chikungunya fever cases were reported. During 2013, 18840 cases have been reported. 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. 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) to 439 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) on 26/5/2011 for prevention and control of Dengue which have been shared with the States for implementation. The main components of Mid Term Plan (known as Octalogue) for Prevention and control of Dengue are as follows:
  - ✓ Surveillance - Disease and Entomological Surveillance
  - ✓ Case Management - Laboratory diagnosis and Clinical Management
  - ✓ Vector Management - Environmental management for Source Reduction, Chemical control, Personal protection and Legislation
  - ✓ Outbreak response - Epidemic preparedness and Media Management
  - ✓ Capacity building- Training, strengthening human resource and operational research
  - ✓ Behaviour Change Communication - Social mobilization and information Education and Communication (IEC)
  - ✓ Inter-sectoral coordination – with the Ministries of Urban Development, Rural Development, Panchayati Raj, Surface Transport and Education sector
  - ✓ Monitoring and Supervision - Analysis of reports, review, field visit and feedback

**JAPANESE ENCEPHALITIS (JE)**

JE is reported under Acute Encephalitis Syndrome (AES). During 2013, 6141 cases and 1082 deaths due to AES including JE were reported. During 2014 (till 28th Nov'2014), 9314 cases and 1463 deaths due to AES including JE have been detected.

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 179 endemic districts, 152 districts have been covered under JE Vaccination till 2014. Following initiatives have been taken:

- Strengthening of diagnostic facilities through 104 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 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 FILARIASIS (LF)**

In India Lymphatic Filariasis (LF) has been endemic in 250 districts (now 255 due to bifurcation of districts) covering 16 states and 5 Union Territories (UTs). The at-risk population is about 620 million. As per National Health Policy 2002, elimination of LF from India has been targeted by 2015. To achieve that goal, annual single dose of Mass Drug Administration (MDA) to all eligible population of endemic districts with DEC tablet has been in operation since 2004. During 2007, co-administration of Albendazole tablet with DEC has been started. Since LF is a debilitating disease, morbidity management in terms of promotion of home base care of lymphoedema cases and up-scaling of hospital based hydrocele cases has been initiated and augmented over the years

Till date 23 districts (8 in Tamil Nadu, 2 in Assam, 4 in West Bengal, 1 in Orissa, 2 in Goa, 3 in Maharashtra, 1 in Karnataka, and Puducherry and Daman) have successfully completed Transmission Assessment Survey (TAS) exercise and qualified for MDA stoppage. Such TAS will be carried out in phased manner to cover all 255 districts. During 2014-15, TAS is expected to be carried out in 69 districts.

MDA 2013 round was initiated in November, 2013 in 16 States/UTs as three states namely Goa, Daman-Diu and Puducherry have successfully completed TAS and stopped MDA. Tamilnadu also completed pre-TAS activities in all endemic districts but could not complete TAS for want of ICT. Out of 16 states/UTs, except Bihar all have completed MDA 2013 round with overall coverage of 80.79% (Prov.). The microfilaria rate reported during the year is 0.28%. Following initiatives have been taken:

- Annual MDA in endemic districts in 16 states/UTs.
- Process of conducting Transmission Assessment Survey (TAS) in 23 districts (8 in Tamil Nadu, 2 in Assam, 4 in West Bengal, 1 in Orissa, 2 in Goa, 3 in Maharashtra, 1 in Karnataka, and Puducherry and Daman) have successfully completed and 69 districts more are targeted for TAS during 2014-15.
- Morbidity management for disability alleviation of cases with manifestations like elephantiasis and hydrocele
- Intensified IEC and social mobilization.
- Updating line listing of lymphoedema and hydrocele cases in all the districts.

#### **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). 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 the year 2012, 20600 cases & 29 deaths and during 2013, 13869 cases and 20 deaths and during 2014, 7856 cases and 9 deaths till October have been reported. Govt. of India provides 100% cash assistance under domestic support to Kala-azar states for meeting out operational cost of spray and spray workers wages. Following initiatives have been taken:

1. National Roadmap for Kala-azar Elimination (2014) has been prepared with clear goal, objectives, strategies, timelines with activities and functions at appropriate level. This document is developed for focused efforts at national, state, district and sub-district level.
2. Long duration treatment of 28 days for Kala-azar patient has been reduced to single dose single day treatment and combination treatment of 10 days for better treatment compliance.
3. Incentive to Kala-azar activist/health volunteer/ASHA @ Rs.300/- for referring a suspected case and ensuring complete treatment.
4. Free diet support to patient and one attendant.
5. Rs. 50/- per day as incentive to Patient for loss of wages during the period of treatment. This is now being revised to Rs. 500/- (one time) irrespective of drug regimen. For PKDL case the incentive is Rs. 2,000/- (one time).
6. Honorarium to ASHA's during spray @ Rs. 100/- per round i.e. Rs. 200/- for two rounds to ensure complete spray in houses & increase of IEC/BCC campaign.
7. Strengthening of human resource component by positioning state consultants, District VBD consultants and Kala-azar technical supervisor for effective monitoring and supervision, multiutility vehicle and motorcycles provided for monitoring.
8. Involvement of stakeholders like RMRI(ICMR),CARE/BMGF,DNDi, MSF & Surveillance Medical Officers from National Polio Surveillance Project (NPSP) and other partners on treatment, service delivery and monitoring & supervision.
9. Operational research on Pharmaco-vigilance, Longitudinal studies on sand fly, Sentinel Surveillance of VL and Quality Assurance of RDK by RMRI, Patna.
10. Continuous technical support of WHO

**REVISED NATIONAL TB CONTROL PROGRAMME:**

India is highest TB burden country in the world, accounting for about 24% of the global prevalence. As per Tuberculosis report by WHO out of the estimated global annual incidence of 9.0 million TB cases; 2.0 -2.3 million were estimated to have occurred in India with a best case estimate of 2.1 million cases.

An infectious case if not treated on an average infects 10-15 persons in a year. About one person dies from TB in India every two minutes; 760 people every day and almost 2.8 Lakh every year.

The Revised National TB Control Programme (RNTCP) based on internationally recommended strategy of Directly Observed Treatment Short Course (DOTS) has the objective to reduce the incidence and mortality due to TB by March 2006, entire population of the country in all 632 districts had been covered under the Programme. Since its inception, the programme has diagnosed more than 18 million TB cases and saved more than 3.2 million lives. TB mortality in the country has reduced from over 38 per lakh population in 1990 to 19 per lakh population in 2013 as per the WHO global report 2014. The prevalence of TB in the country has reduced from 465 per lakh population in 1990 to 211 per lakh population in 2013. Nationwide coverage of services for programmatic management of drug resistant TB has been achieved in March, 2013.

**NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP):**

The National Leprosy Control Programme was launched by the Govt. of India in 1955. Multi Drug Therapy (MDT) 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

**Special activities: in High Endemic Districts:** 209 Districts had reported ANCDR more than 10 per lakh population in 16 States/UTs. Special activity for early detection and complete treatment, Capacity building and extensive IEC, Adequate availability of MDT, Strengthening of district nucleus, Regular monitoring & supervision and review, Regular follow up for neuritis and reaction, Self care practices, Supply of MCR footwear in adequate quantity and Improvement in RCS performance through camp approach have been planned during 2014-15. Approval has been accorded to carry out the activities in 1453 blocks in 214 districts of 19 States/UTs. The activity will continue during 2015-16 also.

### **INTEGRATED DISEASE SURVEILLANCE PROJECT:**

Integrated Disease Surveillance Project (IDSP), a World Bank assisted project, aims to strengthen disease surveillance for infectious diseases to detect and respond to outbreaks quickly. Under the project, Surveillance units have been established in all states/districts (SSU/DSU). A country wide Information Communication Technology (ICT) network connecting all District H.Qrs, State H.Qrs, major medical colleges and central surveillance unit at National Centre for Disease Control (NCDC) has been established with support from National Informatics Centre (NIC) and Indian Space Research Organisation (ISRO). World Bank provided funds for Central Surveillance Unit (CSU) and 9 States (Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Punjab, Rajasthan, Tamil Nadu, Uttarakhand and West Bengal). Domestic funding was made available for other States. The project continues in the 12<sup>th</sup> Five Year Plan with domestic budget as Integrated Disease Surveillance Programme under NRHM for all States. A Central Surveillance Unit (CSU) at Delhi, State Surveillance Units (SSU) at all State/UT head quarters and District Surveillance Units (DSU) at all Districts in the country have been established.

Under IDSP data is collected on epidemic prone diseases on weekly basis (Monday–Sunday) which provides 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. During March 2014, about 90% districts have reported weekly disease surveillance data from districts.

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 and 1190 outbreaks in 2014 (till 28th Sep, 2014). Majority of the reported outbreaks were of Acute Diarrhoeal diseases (ADD), Food Poisoning and Dengue. During 2014 (till 28th Sept, 2014), a total of 134 outbreaks were reported and responded to by the States/UTs; majority of them were ADD (29%), Food Poisoning (22%), Dengue (17%), Viral Fever (10%) and Measles (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). Main causes of blindness are: Cataract (62.6%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%) Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand. 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. during the 12<sup>th</sup> Five year Plan to combat blindness. During the 12<sup>th</sup> Plan, inter alia, the programme would aim:

- 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.

#### **New Initiatives introduced during the 12<sup>th</sup> Five Year Plan:**

The following new initiatives have been introduced under the programme during the current plan period:

- Provision for setting up 400 Multipurpose District Mobile Ophthalmic Units @ Rs.30 lakh per unit in the District Hospitals of States/UTs.
- Provision for distribute 10 lakh spectacles @ Rs.100/- per spectacles to old persons suffering from presbyopia.

#### **NATIONAL MENTAL HEALTH PROGRAMME:**

The objectives of National Mental Health Programme are:

- To ensure availability of minimum mental health care for all in the foreseeable future particularly the most vulnerable and under privileged section of the population
- To encourage application of mental health knowledge in general care and social development
- To promote community participation in developing mental health services and to stimulate efforts towards self-help in the country

12th plan Initiatives: The 12th FYP envisages strengthening of the Mental Health plan with expansion and few modifications in existing components including Public Private Partnership programme, Long term community treatment / Rehabilitation Services, Integration of NMHP Components with NRHM, Mental Health Services, Help-Line and Public Information Services, Mental Health Emergency Services and Integration of other Neuro-sciences facilities to Central Mental Health Institutes.

#### **NATIONAL PROGRAMME FOR THE HEALTH CARE OF ELDERLY:**

The Ministry has launched the National Programme for the Health Care of Elderly in 2010 to provide separate, specialized and comprehensive health care to the senior citizens at various levels 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.

The major components/ objectives of the NPHCE during are establishment of Department of Geriatric in 8 Medical Institutions identified as Regional Geriatric Centres in different regions of the country and to provide dedicated health care facilities in District Hospitals, CHCs, PHCs and Sub Centres levels in 104 identified districts of 24 States. The Regional Geriatric Centres are providing technical support to the geriatric units at district hospitals whereas district hospitals will supervise and coordinate the activities down below at CHC, PHC and Sub-Centres. 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 Resource.
- 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.

### **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 activities.

### **NATIONAL PROGRAMME FOR PREVENTION & MANAGEMENT OF BURN INJURIES:**

During the 12<sup>th</sup> Five Year Plan, under the scheme, burn unit shall be established in 67 Medical Colleges. The programme will be part of "Human resource in Health and Medical Education". Apart from this the development of burn units in 19 Districts Hospitals through 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 & Hilly States the ratio will be 90:10) The Programme strategies to reduce incidence, mortality, morbidity and disability due to Burn Injuries through:

- Establishing adequate infrastructural facility and network for management of burn victims and rehabilitation.
- Carrying 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.

- Improving the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.

### **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) Proposed trauma care facilities should be located at least 100 km from the 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 11<sup>th</sup> Five Year Plan the scheme will no more be a 100% centrally sponsored scheme. The proposed amount of assistance will be shared between the Central and State Government in the ratio of 70:30 (for North-Eastern and Hill States of Himachal Pradesh, Uttarakhand and Jammu & Kashmir the ratio will be 90:10).

**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 through MHM 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 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.

### **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)" during the 11<sup>th</sup> Five Year Plan in 21 States covering 100 Districts for reducing the burden of Non-Communicable Diseases (NCDs) such as cancer, diabetes, cardiovascular diseases and stroke which are major factors 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 objectives 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 level, development of trained manpower, strengthening of Tertiary level health care facilities and up-gradation of Medical Colleges.

During the 11<sup>th</sup> Five Year Plan period 100 identified Districts in 21 States were taken up and covered under this programme. Funds to the tune of Rs.121.65 crore were released to 20 States covering 91 Districts for implementation of the programme during 11<sup>th</sup> Five Year Plan. Funds to the tune of Rs.24.31 Crore have been released to Uttar Pradesh (covering 9 Districts under the programme) only in September, 2012 on receipt of MOU & Bank Account details. Besides, Glucometers, Glucostrips & Lancets were provided to the States for undertaking the opportunistic screening for Diabetes among the population above 30 years. 1.29 crore people have so far been screened for Diabetes & Hypertension in 77 Districts all over the country. The National NCD Cell at the centre, State and District level are monitoring the NPCDCS in various States and established 18 State and 73 District NCD Cells, & made functional under the programme. Cardiac Care Units is functioning in 59 districts. Chemotherapy facilities are available in 33 districts. The status of the implementation of the programme in the States is being reviewed in meeting held with the State Health Secretaries / State Nodal Officers from time to time.

During the 12<sup>th</sup> Five Year Plan the programme is being expanded to in all the districts across the country 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. The following are the changes in the 12<sup>th</sup> plan strategy vis a vis in 11<sup>th</sup> Five year Plan: During 2013-14, Rs.75.67 Crore have been released under NCD Flexipool to 13 New States & 9 old States so far.

- The programme at district level and below covered under NRHM/NHM
- The programme cost are shared between GOI and States (75% : 25%) and for NE and Hilly State is 90:10 Share.
- PHCs have been covered.
- 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 at district hospitals are to be established / strengthened at 25% districts.
- Separate Scheme for Tertiary Cancer Care to support 20 State Cancer Institutes and 50 Tertiary Cancer Centres.
- Cancer Registry programme to be expanded.
- Periodic NCD risk factor survey
- Hub and spoke model is to be provided for providing comprehensive care, where hub would be the tertiary care hospital/ Medical College and spokes would be the districts.
- Establishment of State Cancer Institute & strengthening of Tertiary Cancer Centres across the country.
- To link the Medical college & Districts which are in the vicinity initiatives have been taken up under NPCDCS programme to provide support, maintenance, and capacity building & referral Tertiary cancer facilities.
- NPCDCS Programme has been subsumed under NRHM for District & below level activities.

- Funds are being released through PIP mode to the State.
- All districts across the country to be covered by the end of 12<sup>th</sup> Plan.

### **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. 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 37 lakh beneficiaries. CGHS has a large network of 237 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 359 private hospitals, 215 Eye clinics, 74 Dental clinics and 148 diagnostic /imaging centres (Total-896) across the country in cities / locations where CGHS is in operation to provide inpatient medical treatment to its beneficiaries. Ministry has decided to open CGHS Wellness Centres in 12 cities i.e Raipur, Shimla, Agartala, Imphal, Gandhinagar, Puducherry, Itanagar, Aizwal, Kohima, Gangtok, Panaji and Indore during 2015-16.

### **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 from 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 2014-15, till to Sept'2014 a total number of 38415 patients have utilized the services of OPD; 2149 patients were hospitalized for indoor treatment. 11078 and 927 patients have utilized special clinics & extension clinics respectively. Total 94343 tests/investigations were done at Department of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging & Radiological Sciences. 473 nurses from other centers were participated in In-Service Training Programme & CNE. 64 PG students were enrolled during this period.

### **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. In keeping with its mission to optimally enable persons with Locomotor Disability to achieve their 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 Rehabilitation 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 2014-15, the policy reform adopted for up gradation of service facilities for welfare of patients in the institute were as follows:

- New gymnasium for indoor patients constructed.
- Construction of therapeutic park for children with special needs.
- Upgradation of patients care facilities by strengthening services by acquisition of equipments
- Upgradation of services for fabrication of Orthotics & Prosthetics by procurement of :
  - Vacuum machine for making thin walled snug fitting prosthetic sockets.
  - Vacuum pump for the fabrication of innovative designs of orthosis.
  - Shoe finishing and trimming machine and hot air oven for heating thermoplastic sheets.

### **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). In the year 1954, this hospital was taken over by the Central Government. In the recent past, the Old Building portion of the hospital has been declared as a Heritage Building.

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. 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.

The hospital annually provides health care services to approximately 17.46 lacs outdoor patients and about 2.72 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.

**PGIMER:** PG Courses in Medical Education have been continuing in Dr. RML Hospital for decades together. A need was felt to have a full-fledged Post Graduate Institute of Medical Education & Research (PGIMER). EFC was submitted to the Government and it was recommended to construct a separate building with budget allocation of over Rs. 60 crores. Hospital Services Consultancy Corporation (India) Limited (HSCC) was entrusted the task of construction of PGIMER on a piece of approx. 4 acres of land adjoining the Hospital. The building constructed by HSCC(I) Ltd. comprises of Administrative Block, Academic Block, Library Block, Examination Hall, State-of-art Auditorium having seating capacity of 400 plus, Guest House, Cafeteria and other Conference/Seminar Halls, etc. The ambience of the Campus is conducive to the academic activities. Various Departments are holding their Seminars/Conferences and other academic activities in the Conference & Meeting Rooms of PGIMER. Post Graduate Courses (MD & MS) in 101 Broad Specialties and Super Specialty Courses (DM & Mch) in 32 Super Specialties are running under GGSIP University, Delhi.

Hospital Statistics		
Indicators	2013-14	2014-15 (up to 31.12.2014)
Hospital Beds		
a. Sanctioned	1216	1216
b. Existing	1216	1216
Bed Occupancy Rate		
a. Medicine & specialties (%)	70.0	77.2
b. Surgery & Specialties (%)	69.8	67.8
c. Paediatrics & specialties (%)	75.5	78.1
d. Gynae & Obst. & specialties (%)	78.5	76.7
Total OPD Attendance	1570029	1746470
Inpatient Attendance	63780	66279
Total	1633809	1812749

### **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, AIISH has been successfully carrying out its activities for the last 48 years. The major activities carried out at the institute during the year 2014-15 up to 30th Sept'2014 are given below:

- **Academic:** The institute offered 16 academic programmes and 531 students were admitted to various programmes. National level entrance examinations were conducted for admitting students to the B.Sc. (Sp. & Hg.), M.Sc. (Audiology) and M.Sc. (SLP). 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, and departmental peer evaluation were organized during the period. An academic MOU was signed with Jawaharlal Nehru Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, Regional Institute of Medical Sciences (RIMS), Imphal, and Netaji Subhash Chandra Bose Medical College (NSCBMC), Jabalpur, to conduct a four-year Bachelor of Audiology and Speech Language Pathology programme as part of its efforts to augment manpower generation in the field of communication disorders.

- **Research:** Total 13 funded research projects were completed and 15 projects were newly initiated at the institute during the period. Also, 37 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.
- A MOU for research collaboration with IIT, Guwahati was signed to develop technology for improving the quality of life of cleft palate population.
- **Clinical:** The institute offered a wide variety of clinical services to a total number of 32740 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.
- An Assistive Device for Museum Visitors with Hearing Impairment was launched during the period. The device which is compatible with the hearing aids worn by persons with mild, moderate, severe or profound hearing loss, in tele-coil mode of operation was designed and developed at the Institute.
- A Swallowing Disorders' Laboratory was opened with the objective of state-of-the-art equipment to help in diagnosis and management procedures during the period. This venture would be a stepping stone towards extending specialized help for persons with swallowing disorders
- In order to facilitate all-round development of children with special needs in the age group of newborns to 2.5 years, a Parent Infant Programme was launched during the period. The programme aims to improve the physical, cognitive, communication, social/ emotional skills of the children with the support of parents.

### **ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH, KOLKATA:**

The AIH& PH, Kolkata is one of the oldest 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 AIH&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.

During the year 2014-15, the institute was engaged in the Quarterly monitoring of the Implementation of NHM in West Bengal and four districts were covered. The monitoring team submitted the analytical reports & suggestions for improvement to the State & to the Ministry. The Institute also provided supportive supervision to the state health system by actually showing as to how the gaps in the system may be removed (like documentation, HMIS, Financial aspects etc.). This has led to improvement in grievance redressal system, documentation, mode of JSY payment etc. Other activities undertaken during the year include

- ✓ EMR duties attended by the officials of this Institute in the State of Uttarakhand, Jammu & Kashmir and Andhra Pradesh.
- ✓ Yellow Fever Vaccination was given to 1128 persons
- ✓ 202 water samples were tested for portability. 32 other samples were tested for other parameters.

### **LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH) 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 Institute 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 34 students were enrolled under different Diploma, Post Graduate and Post Masters courses run by the institute. A total number of 491 students from various academic institutions were given observership in mental health from April 2014 to Sept'2014.

A total of 50211 patients were registered in the OPD from April 2014 to Sept'2014. A total of 879 patients were admitted from April 2014 to Sept'2014. A total number of 101704 diagnostic tests were conducted in the Central Laboratory from April 2014 to Sept'2014.

### **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 Govt. of India has selected MGIMS and CMC Vellore, with the Centre for Innovations in Public Services (CIPS), Hyderabad as co-coordinators to disseminate other colleges, the model innovations being conducted by the two Institutes. As an initial initiative, five medical colleges, one each in Kakinada, Vadodara, Patiala, Jorhat and Agartala have been selected, and MGIMS and CMC are interacting with them in order to help them to replicate in their colleges, the innovations introduced by these two institutions in their UG and PG curriculum, including 2 years of Pre PG compulsory rural posting.

During 2014-15, 65 undergraduate (MBBS) and 72 post graduate (MD/MS) students got admitted. The institute got permission to admit 4 MS (Ophthalmology) seats in the department of Ophthalmology after getting permission from MCI.

Hospital Statistics			
Indicators		2013-14	2014-15 (Sept'14)
<b>Hospital beds:</b> Sanctioned (* Includes Service Beds)		660+198+120*	660+198+120*
Existing		780	780
<b>Bed Occupancy Rate (%)</b>			
Medicine & specialties	Medicine	77.9	85.9
	Skin & VD	39.7	40.5
	Psychiatry	30.8	38.7
Surgery & specialties	Surgery	88.4	93.9
	Orthopaedics	88.7	97.5
	Obst & Gynae	187.5	214.4
	Ophthalmology	95.2	63.9
	ENT	57.4	66
Paediatrics & Specialties	Paediatrics & Neonatology	187.5	207.6
<b>Total admissions (inclusive of inpatient &amp; outpatient admissions)</b>	Male	21067	10804
	Female	23786	12618
	<b>Total</b>	<b>44853</b>	<b>23422</b>
<b>Total Discharges (in-patients)</b>	Male	21041	10722
	Female	23767	12445
	<b>Total</b>	<b>44808</b>	<b>23167</b>
Outpatient Visits		542811	293549
Major Operations Performed		17941	8068
Investigations done(Patho, Bio chemistry, Micro)		488535	330958
X-rays done		92292	54608
Blood Bags issued(Whole Blood, PRC, PC, FFP)		6997	3707
Total Deliveries		4237	2296

### **VALLABHBHAI PATEL CHEST INSTITUTE, DELHI:**

Vallabhbhai Patel Chest Institute (VPCI) is a post graduate medical institution devoted to study chest diseases under University of Delhi and administered by a Governing Body constituted by Executive Council of the University and funded entirely by Ministry of Health and Family Welfare. 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.

<b>HOSPITAL STATISTICS</b>			
<b>Indicators</b>		<b>2013-14 (up to Feb/ March 2014)</b>	<b>2014-15 (up to Sept'2014)</b>
<b>Hospital Beds</b>			
(a)	Sanctioned	128	128
(b)	Existing	128	128
<b>Bed Occupancy Rate</b>			
(a)	Medicine & Specialties (Pulmonary Medicine)	63%	37%
(b)	Surgery & Specialties	N.A.	N.A.
(c)	Pediatrics & Specialties	N.A.	N.A.
<b>Total admissions (inclusive of inpatient &amp; outpatient admissions)</b>			
	Male	33609	17029
	Female	26208	13801
	Child	6969	3544
	Total	66806	34374
<b>Inpatient Attendance</b>			
	Male	1350	686
	Female	788	434
	Child	26	05
	Total	2164	1125
<b>Diagnostic Tests</b>			
a.	No. of CT Scans taken	3664	1807
b.	No. of Ultrasound taken	21	-



**CENTRAL DRUGS STANDARD CONTROL ORGANISATION:**

The Central Drugs Standard Control Organization (CDSCO) is the Central Drug Authority for discharging functions assigned to the Central Government under the Drugs and Cosmetics Act. CDSCO has six zonal offices, four sub-zonal offices, port offices and six laboratories under its control. CDSCO has six zonal offices situated at Mumbai, Ghaziabad, Kolkata, Chennai, Ahmadabad and Hyderabad and four sub-zonal offices at Bangalore, Chandigarh, Jammu and Goa. The zonal / sub-zonal offices carry out joint inspections along with the State Drug Control Authorities and also coordinate with the State Licensing Authorities under their jurisdiction. The Port offices are situated at Mumbai (Sea and Airport), Nava Sheva (Sea Port), Kolkata (Sea and Airport), Chennai (Sea and Airport), Hyderabad (Airport), Delhi (Airport), Kochi (Sea Port) and Ahmedabad (Air Port) and exercise control over the quality of drugs, cosmetics and medical devices imported into the country. There are six laboratories, engaged in testing of drugs, under CDSCO. Four Central Drug Testing Laboratories are situated at Kolkata, Mumbai, Chennai and Hyderabad and two regional Drug Testing Laboratories are situated at Guwahati and Chandigarh. In the 12th Five Year Plan, it has been proposed that Drug Regulatory mechanism in terms of infrastructure, both physical and human resources at the Centre and the State are to be strengthened. In this regard, for 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. The components of expense heads relates to up-gradation of State Labs, expansion of existing offices, manpower accommodation and creation of new labs or mobile labs.

Following functions under the Drugs and Cosmetics Act are performed at the CDSCO headquarters.

- Grant of approval for manufacture and / or import new drugs and for conduct clinical trials in the country.
- Approval of the licenses to manufacture certain categories of drugs as Central License Approving Authority (CLAA).
- Registration of foreign manufacturers of drugs and medical devices whose products are to be imported into the country and grant of licences to import drugs and medical devices.
- Grant of Test Licences for import of drugs for the purpose of examination, test and analysis.
- Grant of licences to import drugs by Government hospitals or Medical Institutions for the use of their patients.
- Convening the meetings of Drugs Technical Advisory Board (DTAB) to discuss matter arising of the administration of the Act and recommended amendments to the Drugs and Cosmetics Rules.
- Convening the meetings of the Drugs Consultative Committee (DCC) to secure uniformity throughout (India) in the administration of this Act.
- Recommend banning of drugs considered harmful or sub-therapeutic under section 26A drugs and Cosmetics Act.
- Conducting workshops and training programs in respect of various issues related to quality control of drugs.
- Written confirmation for active substances imported into the European Union (EU) for medicinal products for human use.
- The Drugs and Cosmetics Rules, 1945 has been amended vide G.S.R. 346(E) dated 21.05.2014 prohibiting the testing of cosmetics on animals. The rules have been further amended to prohibit import of cosmetics tested on animals vide G.S.R. 718(E) dated 13.10.2014.

**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 5<sup>th</sup> 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:

- Around 16,500 licenses were issued by Central Licensing Authority under the Act. Almost all the States/UTs have appointed Food Safety Commissioners, notified Designated Officers, Adjudicating Officers and Food Safety Officers for respective areas within the State. The State laboratories continue to act as notified laboratories under FSS Act, 2006 and Public Analysts have been re-designated as Food Analysts. A total of 5,36,666 licenses have been granted and 23,34,242 FBOs registered, totalling to 28,70,908 FBOs forming part of the system under the Act. States have also taken samples of food products and initiated both civil and criminal actions against Food Business Operators (FBOs) who were found deviating from the Act and its provisions;
- FY 2014-15 has been declared as the year of surveillance and a working group comprising of Food Safety Commissioners of Assam, Goa, Maharashtra, Tamil Nadu and UP has been constituted to finalize SOP and a structured program of surveillance. Draft Surveillance plan was prepared by the surveillance division taking into account various parameters/criteria including top food commodities being produced in various States, availability of major food items, food habits, risk factors, pattern of usage of pesticides and fertilizers in the States/UT's, climatic conditions, State specific food item/ any cultural festival/ occasion etc. and was circulated to all the Food Safety Commissioners of States to conduct surveillance activities as per the calendar issued in their States.
- One Central Advisory Committee (CAC) meeting was held on 1st August 2014. Manuals for the Adjudicating officers, Designated Officers and the Food Safety Officers were finalized. Additional Food Safety Commissioners for Railways, Airports and ports; Designated Officers at Ports Health Organization (PHO) and Airport Public Health Organization (APHO); and the Designated Officers and Food Safety Officers for the Railways were appointed during the period.
- The Food Authority has already had two meetings during the FY till 30th September 2014 and finalized a number of Standards. The Accounts of the Authority for the FY 2013-14 were also approved by the Authority. Scientific Committee, Scientific Panels and various expert groups also met during the period to finalize various horizontal as well as vertical standards;
- FSSAI, as NCCP along with other Ministries/Departments, participated in four Codex Committee meetings including the Commission meeting in July 2014. A workshop on Codex Alimentarius: Principles and Procedures for the stakeholders was conducted in collaboration with Institute of Chemical Technology (ICT) on 12th September, 2014 at Institute of Chemical Technology (ICT), Mumbai.

### **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 Feb 1916 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.

<b>Hospital Statistics (LHMC &amp; Smt. SK Hospital)</b>		
<b>Indicators</b>	<b>2013-14</b>	<b>2014-15 (up to Sept'14)</b>
Hospital Beds:		
Sanctioned	877	877
Existing	877	877
Bed Occupancy Rate:		
a) Medicines & Specialities	96.6 %	80.6 %
b) Surgery & Specialities	86.9%	99.8%
OPD Attendance	623631	362211
Inpatient Attendance	35181+12918 New Born *	25423+9228 New Born**
*Includes 302 Twins and 5 Triplets. ** Includes 254 Twins and 13 Triplets.		
Total Hospital Attendance	671730	438943

### **REGIONAL INSTITUTE OF MEDICAL SCIENCE, IMPHAL, MANIPUR:**

The Regional Institute of Medical Sciences was established at Imphal on September 14, 1972. It was transferred to the Ministry of Health & Family Welfare, Government of India w.e.f. 1<sup>st</sup> 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 (DHLS) with 10 students intake capacity is conducted in the Institute in association with AIISH, Mysore.

<b>Hospital Statistics</b>		
	<b>2013-14</b>	<b>2014-15 (as on 30.11.2014)</b>
OPD attendance	2,99,178	3,22,477
In-patients admitted	43,317	42,425
Casualty attendance	1,34,561	1,26,055
Operations done	9,859	9,793
No. Of deliveries	13,945	12,842

### **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 9<sup>th</sup> 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 5 degree courses and 2 Diploma Courses.

During 2014-15, the total strength of students in various courses was 654 (no. of students newly admitted for various courses -167) and for the year 2013-14, the total strength of students in the courses run by the Institute was 640 (no. of students newly admitted for various courses -164). 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.

### **SAFDARJUNG HOSPITAL & VARDHMAN MAHAVIR MEDICAL COLLEGE, NEW DELHI:**

Safdarjung Hospital provides almost all major specialities and super specialities like cardio thoracic surgery, cardiology, Cardio Vascular sciences centre, Neuro surgery, Burns and plastic surgery, Urology, Respiratory and critical care medicine, Gastroenterology etc. medical care to citizens not only of the NCT of Delhi but also to the neighbouring states i.e U.P, Haryana, Panjab, Rajasthan, Bihar. Further it has modern imaging facilities including C.T.Scanner, Cardiac Cath Lab, and M.R.I spiral C.T. Scan etc. Vardhman Mahavir Medical College is attached to Safdarjung Hospital.

<b>Hospital Statistics</b>		
<b>Indicators</b>	<b>Jan.2013 to Dec.2013</b>	<b>Jan 2014 to Dec. 2014</b>
<b>Hospital Beds</b>		
Sanctioned	1531	1531
Existing	1531	1531
<b>Bed Occupancy Rate</b>		
Medicines & specialities	206.7%	193.0%
Surgery & Specialities	105.6%	108.3%
Paediatrics & Specialities	157.0%	158.0%
<b>OPD Attendance</b>	2690497	2710497
<b>Inpatient Attendance</b>	147797	150000
<b>Total Hospital Attendance</b>	2838294	2860497

#### **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 2013-14 and 2014-15 are as under

<b>Indicators</b>	<b>Jan.2013 to Dec.2013</b>	<b>Jan 2014 to Sept 2014</b>
OPD Attendance Including Casualty attendance	75339	42727
Inpatient Attendance	1716	1089
No. of Surgeries undertaken	1598	1292
Minor Surgical procedure	4771	1989
Physiotherapy	58888	31237
Psychology Clinic	900	640

### **PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA:**

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been launched with the objectives of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. PMSSY envisages: setting up of 6 AIIMS-like institutions, one each at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh in the first phase; West Bengal and Uttar Pradesh in the second phase; and (ii) upgradation of 13 existing Govt. medical college institutions in the first phase, 6 in the second phase and 39 in the third phase of PMSSY. In addition, it is also proposed to set up AIIMS in each State in a phased manner and also upgrade 12 more Government Medical Colleges under PMSSY Phase-IV. Status/ Achievements are as follows:

#### **1. Setting up of Six-AIIMS-like institutions (under Phase I of PMSSY):**

Construction activities for various components of new AIIMS projects such as Medical College, Hospital, Housing, Hostels, etc. were undertaken at six sites at Jodhpur, Bhopal, Patna, Rishikesh, Bhubaneswar and Raipur. Three batches of MBBS students totalling 250 and two batches totaling 120 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. 4089 posts of various categories including faculty and nursing have been created for each of the six AIIMS. Recruitment to faculty has been made. Strength of faculty at AIIMS, Bhopal is 61, Bhubaneswar 73, Jodhpur 59; Patna 68; Raipur 68 and Rishikesh 62. Limited non faculty positions have been filled by individual AIIMS. AIIMS Amendment Act, 2012 has been enacted amending the All India Institute of Medical Sciences Act, 1956 to provide autonomous status to the six AIIMS. The societies formed earlier have been incorporated as corresponding Institutes. Institute body for each new AIIMS has also been constituted in July, 2013. Besides, Governing Body, Standing Finance Committee and Academic Committee for six new AIIMS have also been constituted. Status as on 31st October, 2014 is given below:

Name of site	Medical College (%)	Hospital Complex (%)	Residential Complex (%)	Electrical Services (Package-III) (%)	Estate Services (Package-IV) (%)
Bhopal	92.5	80	99	70	24.5
Bhubaneswar	92.76	95	24% (Ph.1)/ 21% (Ph.2)	89	47
Jodhpur	84	90	Completed	85	89
Patna	95	60	Completed	92	26
Raipur	82	70	Completed	90	46
Rishikesh	73	87.79	98	97	42

#### **Procurement of medical equipments in all the six AIIMS**

- ✓ HLL Lifecare Ltd. has been appointed as Procurement Support Agent (PSA) for procurement of medical equipments for the six AIIMS.
- ✓ Tender for medical equipment worth Rs.212 Crore (approx) for procurement through HLL Lifecare Ltd. has so far been finalized.
- ✓ Separately, the Institutes have been advised to procure equipment to meet their minimum operation requirement for the current academic session and starting hospital this year.
- ✓ Furniture for Medical College has already been procured.

## 2. Setting up of Two-AIIMS-like institutions (Phase II of PMSSY):

**AIIMS, Rae Bareli:** Central Government has approved establishment of AIIMS in Uttar Pradesh and West Bengal. The Government of Uttar Pradesh has transferred the land to the Central Government for establishment of AIIMS at Rae Bareli. The Ministry has appointed M/s. HSCC (I) Ltd. as Project Management Consultant for the Project. Work for construction of housing complex for the AIIMS, Rae Bareli has started and is in full swing. Tender for Hospital and Teaching Blocks is being finalized. EFC proposal for revision of cost for AIIMS, Rae Bareli has been submitted to Department of Expenditure, as per details given below, based on the recommendation of Standing Committee on Cost estimates/overruns constituted vide MoHFW order No. Z-28016/134/2013-SSH dated 14.02.2014.

**AIIMS, West Bengal:** For the proposed AIIMS in West Bengal, earlier a location was proposed at Raiganj, Uttar Dinajpur under PMSSY Phase-II and it has now been shifted to Kalyani and is proposed to be taken up under PMSSY Phase-IV.

## 3. Upgradation of existing Government Medical Colleges (under Phase I/II of PMSSY):

The upgradation programme broadly envisages improving health infrastructure through construction of Super Speciality Blocks/Trauma centres etc. and procurement of medical equipments for existing as well as new facilities. **Out of 13 medical colleges taken up for upgradation in the first phase of PMSSY**, civil work at eight medical college institutions (viz. Trivandrum Medical College; Salem Medical College; Bangalore Medical College; SGP GIMS, Lucknow; NIMS, Hyderabad; Jammu Medical College; RIMS, Ranchi; and IMS, BHU, Varanasi has been completed. In respect of Kolkata Medical College, construction of OPD Block Academic Block taken up in the 1<sup>st</sup> stage of construction has been completed and for the Super Speciality Block which is to be taken up in the stage of construction, tender process has been initiated. 99.5% of work has been completed at Srinagar Medical College. In regard to Sree Venkateswara Institute of Medical Sciences (SVIMS), Tirupati; Grants Medical College, Mumbai and B.J. Medical College, Ahmedabad where upgradation involves procurement of medical equipments only, the procurement process likely to be completed by March, 2015. **Out of 6 Medical College institutions taken up for upgradation in the second phase**, civil work started at the following four medical colleges and current progress at these institutes is given in brackets:

- ✓ R.P. Government Medical College, Tanda – Civil work completed and the new SSB has been inaugurated on 1.3.2014.
- ✓ Jawaharlal Nehru Medical College of AMU, Aligarh (94%)
- ✓ Government Medical College, Amritsar (79.5%); and
- ✓ Pt. B.D. Sharma Postgraduate Institute of Medical Sciences, Rohtak (50%).

At Government Medical College, Nagpur upgradation programme involves only procurement of equipments and entire procurement work is being undertaken by the Institute/State Government. An amount of Rs.77.81 crore has been released to the Institute. In respect of Madurai Medical College, due to change in location for the new Super Speciality Block, plan had to be modified. The civil work has started in February, 2014 and the work is in progress.

## 3. Upgradation of existing Government Medical Colleges (under Phase III of PMSSY):

Cabinet Committee on Economic Affairs (CCEA) has approved on 7.11.2013, the proposal for upgradation of the following 39 medical colleges/institutions in the third phase of PMSSY, at an approved cost of Rs.150 Crore (Central Contribution - Rs.120 Crore and State Share – Rs.30 Crore) each.

SN	Name of the State	Name of the Medical Colleges
1.	Andhra Pradesh	Siddhartha Medical College, Vijayawada, Govt. Medical College, Anantpur, Rajiv Gandhi Institute of Medical Sciences, Adilabad, Kakatiya Medical College, Warangal
2.	Assam	Guwahati Medical College, Guwahati, Assam Medical College, Dibrugarh
3.	Bihar	Srikrishna Medical College, Muzaffarpur, Govt. Medical College, Darbhanga
4.	Goa	Goa Medical College, Panaji
5.	Gujarat	Govt. Medical College, Rajkot
6.	Himachal Pradesh	Indira Gandhi Govt. Medical College, Shimla
7.	Jharkhand	Patliputra Medical College, Dhanbad
8.	Karnataka	Vijayanagar Institute of Medical Sciences, Bellary, Karnataka Institute of Medical Sciences, Hubli
9.	Kerala	Kozhikode Medical College, T.D. Medical College, Alappuzha
10.	Madhya Pradesh	Govt. Medical College, Rewa, Netaji Subhash Chandra Bose Medical College, Jabalpur, GR Medical College, Gwalior
11.	Maharashtra	Govt. Medical College, Aurangabad, Govt. Medical College, Latur, Govt. Medical College, Akola; Shri Vasant Rao Naik Govt. Medical College, Yavatmal.
12.	Orissa	MKCG Medical College, Bhubaneswar, VSS Medical College, Burla.
13.	Punjab	Govt. Medical College, Patiala,
14.	Rajasthan	SP Medical College, Bikaner, RNT Medical College, Udaipur, Govt. Medical College, Kota
15.	Tamil Nadu	Thanjavur Medical College, Thanjavur, Tirunelveli Medical College, Tirunelveli
16.	Tripura	Agartala Govt. Medical College, Tripura
17.	Uttar Pradesh	Govt. Medical College, Jhansi, Govt. Medical College, Gorakhpur, MLN Medical College, Allahabad LLR Medical College, Meerut.
18.	West Bengal	BS Medical College, Bankura, Govt. Medical College, Malda, North Bengal Medical College, Darjeeling

Based on Phase-I and Phase-II Implementation, HSCC/HLL/CPWD has been selected as Project Management and Supervision Consultants for civil work at 39 medical colleges. Gap Analysis Committee(s) have been constituted to conduct gap analysis/assess requirement of these medical colleges. In addition, Standard Tender Document for civil work and Standard Contract Agreement for Project Management and Supervision Consultancy services, recommended by respective Committees constituted for the purposes have now been finalized in consultation with Integrated Finance Wing of this Ministry and sent to Project Management and Supervision Consultants selected for undertaking the work at the Medical Colleges. Gap Analysis has been carried out at 26 Medical Colleges by Gap Analysis Committee(s) and Project Management and Supervision Consultants were requested to submit project report(s) for the civil work component through the State Governments.

#### **Proposal for setting up of AIIMS and upgradation of Government Medical Colleges (under PMSSY Phase-IV)**



Hon'ble President of India has, during his address to the Joint Session of Parliament after constituting new Government, has announced that AIIMS would be set up in each State. Subsequently, Finance Minister, in his Budget Speech, has announced to set up four AIIMS, one each at Andhra Pradesh, Vidarbha Region (Maharashtra), West Bengal and Poorvanchal. State Governments of Andhra Pradesh, Arunachal Pradesh, Assam, Goa, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, Telengana and West Bengal have been requested to identify three or four suitable alternate location for the proposed AIIMS in their States and also to provide, free of cost, land of 200 acres (approx.) and other required infrastructure such as suitable road connection, sufficient water supply, electricity connection of required load and regulatory / statutory clearances.

Besides this, it is also proposed to upgrade 12 more Government Medical Colleges under PMSSY Phase-IV, in addition to 58 Government Medical Colleges already approved for upgradation under PMSSY Phase I, II and III.

### **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 12.11.2014, 633 districts (out of 667) are reporting facility wise information every month. The remaining districts (34) 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:

SI 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) 3years from NFHS-4 onwards.	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)	National, State and district level estimates on health and nutrition, performance of reproductive and child health programmes etc
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)	Demographic and health Indicators at the State and District level for 8 EAG States and Assam

- ✓ **National Family Health Survey:** Work related to the fourth round of National Family Health Survey (NFHS-4) is in progress. Sample design and Questionnaires have been finalized in a series of meetings of the Technical Advisory Committee and its sub-committees comprising various stakeholders. IIPS, Mumbai has been designated as the nodal agency. Field Agencies are selected for data collection and mapping and listing operations are under progress in various first phase States/UTs.
- ✓ **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 in the form of fact sheets for 21 States/TUs including Telengana..
- ✓ **Annual Health Survey:** The Ministry is undertaking Annual Health Survey (AHS) 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. Three rounds of AHS were conducted during 2010-11, 2011-12 and 2012-13 and the results are now available. Survey on measurement of height, weight, blood pressure, blood glucose, hemoglobin etc. is in progress.

- **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. Reports of the RETs are sent to the States and programme divisions for taking corrective measures on issues highlighted in the reports. During 2014-15, 50 districts have been visited by RETs.
- **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 2013-14, 167 studies were completed and in 2014-15, 104 studies completed till November, 2014 by the Population Research Centres (PRCs) on some of the important topics of research including the studies assigned by the Ministry. At present PRCs are involved in analysis of district-wise data captured through HMIS portal and monitoring of State Programme Implementation Plans.

### **UPGRADATION/STRENGTHENING OF NURSING SERVICES:**

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. 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. 621.53 crore has been released for establishment of 90 ANM and 112 GNM Schools across the country. Under this scheme Rs.10.13 crore released during 2013-14 for training of testing labs.

### **E-HEALTH INCLUDING TELEMEDICINE:**

Ministry of Health and Family Welfare (MoHFW) under e-Health including Telemedicine had approved a schedule to form a National Medical College Network (NMCN) wherein all the Government Medical Colleges with NKN shall be networked for Tele-education, Tele-CME, Tele-specialist consultations, Tele-follow-up and Access to digital library etc. During 1<sup>st</sup> phase of the project establishment of a National –cum-Regional Resource Centre (SGPGI, Lucknow) and five more Regional Resource Centres at AIIMS (New Delhi), PGIMER (Chandigarh), JIPMER (Puducherry), NEIGRIHMS (Shillong) and KEM (Mumbai) and 35 Medical Colleges has been approved by EFC at a cost of Rs.103.99 crore. The project will be wholly supported for five years by the Ministry of Health & Family Welfare, Government of India after which the State Governments will take over its management. Selection of medical colleges, establishment of LAN/CAN and further course of action for techno commercial bid is under process. Under the directions of Committee of Secretaries a National Working Group under Chairmanship of Additional Secretary (Health), MoHFW, has been constituted with members from Ministry of Health & FW, Ministry of Communications & IT – DeitY & DoT and Department of Space (ISRO) to focus on establishment of a Telemedicine Grid for the NE Regional of India to serve the needs of NER States. MoHFW has also considered utilization of NOFN Initiative for establishment of National Rural Telemedicine Network (NRTN) to provide services to far flung rural areas under Telemedicine, including Tele-consultation and Tele-follow –ups with flow plan NOFN for optimal utilization.

**NATIONAL TUBERCULOSIS INSTITUTE, BANGALORE:**

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. Additionally, the Institute also provides technical support to WHO, SAARC, The Union and other Partners of Global TB Control. Being a technical arm of the Central TB Division, Director NTI is the member of most National Advisory Committees and Technical Working Groups on RNTCP.

**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. 621.52 crore has been released for establishment of 90 ANM and 112 GNM Schools across the country.

**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.

**INDIAN NURSING COUNCIL:**

The Indian Nursing Council is an autonomous body under the Government of India, Ministry of Health and Family Welfare. Indian Nursing Council Act, 1947 enacted by giving statutory powers to maintain uniform standards and regulation of nursing education all over the Country. Indian Nursing Council prime responsibility is to set the norms and standards for education, training, research and practice within the ambit of the relevant legislative framework. Number of nursing institutions recognized up to 31st October, 2014 is as follows:

Programme	Total Institutions
ANM	1938
GNM	2968
B.Sc (Nursing)	1700
P.B.B.Sc (Nursing)	755
M.Sc (Nursing)	582
Post Basic Diploma Programme	264

**Initiatives:**

Indian Nursing Council has started collecting annual fees through State Bank of India Challan. Further, the institutions which are defaulters are placed on the website.

- First inspection is conducted to start any Nursing programme by Indian Nursing Council Re-inspections are conducted as per the application of the institution and as well as for enhancement of seats. With regard to issue of validity/renewal, applications are invited to monitor to ensure the adherence to INC norms. If the institution does not meet the criteria, institutions are informed about the deficiency and they are asked to comply the deficiency within three months. Institutions which are permitted are displayed in INC website under re-cognized institutions.
- Nurse Registration Tracking System (NRTS) project has been envisaged and will be implemented in the financial year 2014-15.

**NATIONAL AIDS CONTROL ORGANISATION:**

In order to control the spread of HIV/AIDS, the Government of India is implementing the National AIDS Control Programme (NACP) as a 100% centrally sponsored scheme. The first National AIDS Control Programme was launched in 1992, followed by NACP-II in 1999. Phase III of NACP, launched in July 2007, had the goal to halt and reverse the epidemic in the country over the five-year period (2007-2012) by scaling up prevention efforts among High Risk Groups (HRG) and general population, and integrating them with Care, Support & Treatment services. The National AIDS Control Programme Phase-IV (2012-17) aims to consolidate the gains made during NACP-III, and accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process during NACP-IV period. The key strategies under NACP-IV is to 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. The programme succeeded in reducing the estimated number of annual new HIV infections in adults by 57% during the last decade through scaled up prevention activities. Wider access to ART has resulted in a decline of the estimated number of people dying due to AIDS related causes. The overall HIV prevalence among ANC clinic attendees, considered a proxy for prevalence among the general population was measured at 0.35% in 2013 (Source: HIV Sentinel Surveillance 2013); Results of the epidemiological models shows that the Adult HIV prevalence at national level has declined from 0.41% in 2001 through 0.35% in 2006 to 0.27% in 2011.

The major initiatives include up-scaling of strategies such as services to improve coverage as well as quality, communication strategy to focus more on behavioral change than on awareness, sub-population with largest risk of exposure to HIV will receive high priority, and all persons who require treatment shall have access to prophylaxis and management of opportunistic infections. Persons who need access to ART will be assured first line ART drugs, 2<sup>nd</sup> line ART will be given to all eligible patients as per recommendation of the State AIDS Clinical Expert Panel Early Infant Diagnosis.

The revised migrant strategy focuses on interventions at the source, transit locations and at destinations, and specific interventions target the risk and vulnerability among Transgenders/Hijras. Under NACP-IV, it is envisaged to have an overarching Knowledge Management Strategy that encompasses the entire gamut of strategic information activities. The surveillance systems will be further strengthened with focus on tracking the emerging epidemics, incidence analysis, identifying pockets of infection and estimating the burden of infection. National Integrated Biological and Behavioural Surveillance is being conducted for better understanding of risk profiles and behaviours at district level among the key risk groups.

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). 1840 TI implemented by NGOS/ CBOs contracted by State AIDS Control Societies. The Link Worker Scheme caters to the High Risk Groups, their partners and other vulnerable groups in the 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 1136 designated STI/RTI clinics in public sector and 3400 TI STI preferred providers in Targeted intervention projects. 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. The IEC and Mainstreaming strategy and implementation plan for 2015-16 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.

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.

**Reform Measures and Policy Initiatives undertaken during 2014-15 and that is planned for 2015-16:**

Under NACP-IV, a number of new Initiatives have been taken. These include scale up of Opioid Substitution Therapy for Injecting Drug Users, Scale up and Strengthening of Migrant Interventions at Source, Transit and Destinations, Scaling-up interventions among Transgender (TGs) population by bringing in community participation and focused strategies to address their vulnerabilities, Roll-out of Multi-Drug Regimen for Prevention of Parent to Child Transmission, earmarking budgets for HIV among all key government departments through strong mainstreaming initiatives, establishment of four Metro Blood Banks as Centres of Excellence in Transfusion Medicine and a Plasma Fractionation Centre, scale up of Second Line ART, and an overarching Knowledge Management Strategy with focus on data quality, analysis and its use for programmatic action. NACO has also announced the roll out of 3<sup>rd</sup> line ART and revision of CD4 count eligibility from 350 to 500 for starting of ARV. New initiatives proposed for 2015-16:

- Third line ART will be initiated in programme for all patients failing on second line ART.
- Viral load testing will be scaled up in the programme.
- Early warning Indicator and quality of care indicator as well as Pharmacovigilance will be scaled up to all ART centres.

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 2014-15

### (OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES/ACHIEVEMENTS)

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
1	<b>NRHM Mission Flexible Pool:</b> Total Plan Outlay Rs.5892.11 crore. 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 areas.	1. Fully Trained and Equipped ASHAs, one for every 1000 population or less/ for isolated habitations.	1 lakh ASHAs to be provided training in remaining modules/refresher training.	56023	
		2. Strengthening of Health Sub-Centres SHC.	500 New Sub Centres to be opened.	700	
		3. Construction of Sub Centres.	1000 New Sub Centres to be constructed across the country.	770	
		4. Strengthening Health facilities during 2014-15.	2000 Health facilities to be completed during 2014-15	1399	
		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.	250	
		6. Appointment of Doctors/ Specialists.	500 Doctors/ Specialists to be recruited on contract basis.	618	
		7. Appointment of Staff Nurses.	600 Staff Nurses to be recruited on contract basis.	1404	
		8. Appointment of Paramedical Staff.	500 Paramedical Staffs to be recruited on contract basis.	3202	
		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	



Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
		10. New Mobile Medical Units (MMU) to be operationalized.	30 new Mobile Medical Units (MMU) to be operationalized.	14	
		11. Operationalization of Emergency Referral transport Ambulances.	200 Ambulances to be operationalized in the States/UTs.	1221	
		12. Preparation of Annual District Action Plan (DHAP)	District Health Action Plan to be prepared for 640 districts.	643	
		13. Holding Village Health & Nutrition days.	50 lakh Village and Health Nutrition days to be completed.	33.20 lakh	
2	<b>RCH Flexible Pool:</b> Total Plan Outlay Rs.5700.00 crore	<b>Reproductive and Child Health Programme:</b> 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 11 <sup>th</sup> & 12 <sup>th</sup> Five Year Plan. It 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.	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 Aadhaar. (d) Implementation of Janani Shishu Suraksha Karyakram (JSSK) - an initiative to assure free entitlements for both pregnant women and sick	<ul style="list-style-type: none"> <li>➤ Infant Mortality Rate declined to 40 per 1,000 live births (SRS 2013).</li> <li>➤ Maternal Mortality Ratio reduced to 178 per 1,00,000 live births (SRS 2010-12).</li> <li>➤ Total Fertility Rate reduced to 2.4(SRS 2012).</li> <li>➤ Under 5 Mortality Rate reduced to 52 (SRS 2012).</li> <li>➤ Strengthening strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A).</li> </ul> <p><b>Maternal Health Services:</b></p> <ul style="list-style-type: none"> <li>➤ Greater thrust for providing maternal health services: <ul style="list-style-type: none"> <li>✓ Percentage of institutional deliveries against reported deliveries is up Sept'2014 is 86.60%.</li> <li>✓ Demand promotion through JSY. Expected beneficiaries under Home Deliveries are 2 lakh and 108 lakhs for Institutional Deliveries.</li> <li>✓ Operationalization of 24*7 facilities</li> <li>✓ Multiskilling of doctors &amp; human resources for health</li> </ul> </li> <li>➤ Promote institutional delivery, eliminate out of pocket expenses and facilitate prompt referral through following measures under JSSK. <ul style="list-style-type: none"> <li>• Free and zero expense treatment</li> <li>• Free drugs and consumables</li> </ul> </li> </ul>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
			<p>new borns till one year after birth accessing public health institutions for healthcare.</p> <p>(e) Strengthening of integrated management of neonatal and childhood illness (IMNCI); new born care (including diarrhea management, ARI &amp; micro-nutrients malnutrition).</p> <p>(f) Strengthening of Family Planning services (including Compensation for Sterilization &amp; IUD).</p> <p>(g) Home delivery of contraceptives by ASHAs at doorstep of beneficiaries.</p> <p>(h) Provision of services for (i) Adolescent Health, (ii) Urban RCH (iii) Tribal RCH (iv) Vulnerable Groups.</p> <p>(i) Involvement of NGOs and Public Private Partnership.</p> <p>(j) Strengthening Infrastructure, HR and Institutional Strengthening.</p> <p>(k) Provision for adequate Training, IEC/BCC, and Procurement &amp; Programme Management</p>	<ul style="list-style-type: none"> <li>• Free diagnostics</li> <li>• Free provision of blood</li> <li>• Free transport from home to health institutions</li> <li>• Free transport between facilities in case of referral</li> <li>• Free Drop back from institutions to home</li> <li>• Exemption from all kinds of user charges.</li> </ul> <p>➤ 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.</p> <p><b><u>Child Health Services:</u></b></p> <p>Facility Based New born Care:</p> <p>14, 135 NBCCs established and 1.3 lakhs health personnel trained in NSSK as on September, 2014</p> <ul style="list-style-type: none"> <li>✓ 548 SNCUs and 1810 NBSUs have established as on September, 2014</li> <li>✓ About 8 lakhs New born availed JSSK entitlement as on September, 2014</li> <li>✓ SNCU Online Reporting Network is being established in 7 states covered 245 SNCUs.</li> <li>✓ Operational guideline for administration of Injection vitamin K in all births in the facility is disseminated in September, 2014.</li> <li>✓ Operational guideline for Kangaroo Mother Care (KMC) in health facility collocated to SNCU is disseminated in September, 2014.</li> <li>✓ 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 new-borns for the management of sepsis in young infants (upto 2 months of age).</li> </ul> <p>Home Based New Born care (HBNC)</p> <ul style="list-style-type: none"> <li>✓ Out of 8.9 lakhs ASHAs, 6.47 lakhs trained in round 1 of module 6 &amp; 7 to provide home based new born care</li> <li>✓ HBNC implemented in 31 States/UTs in the Country.</li> </ul>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
			<p>arrangements.</p> <p>(l) Supporting the activities of Immunization PIPs.</p> <p>(m) Mother &amp; 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.</p> <p>(n) Improve HMIS.</p> <p>(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 with high delivery load.</p> <p>(p) Scheme for promotion of Menstrual Hygiene to bring health awareness amongst adolescent girls.</p> <p>(q) Under WIFS, 12.72 crores Adolescents (girls &amp; boys) will be covered for high prevalence and incidence of Anemia.</p> <p>(r) Setting up of Adolescent</p>	<p>✓ More than 10 lakhs new born visited to home by ASHAs as on September, 2014.</p> <p>Promoting IYCF practices</p> <p>✓ As on September, 2014, HMIS 2014-15, 98% coverage of early initiation of breast feeding in the Country.</p> <p>✓ Guideline for Enhancing Optimal Infant and Young Child feeding Practices-2013 published and disseminated across the Country.</p> <p>Micronutrient supplementation</p> <p>✓ As on September, 2014 HMIS 2014-15; 37%, 32% and 29% children received the 1st, 5th and 9th dose of Vitamin A respectively.</p> <p>✓ 63 lakhs IFA syrup given to the Children as on September, 2014.</p> <p>✓ 875 NRCs established in the Country.</p> <p>Diarrhoea Management and ARI</p> <p>✓ As on September, 2014 HMIS 2014-15; a total 275 lakhs ORS packets are provided to children for management of diarrhoea in the country.</p> <p>✓ Intensified Diarrhoea Control Fortnight (IDCF) campaign successfully conducted from 28th July'14 to 8th August'14 in all 36 States/UTs.</p> <p>✓ 1.9 crore under five children covered by ASHA for prophylactic ORS distribution and 9.6 lakhs children treated with Zinc and ORS during the IDCF campaign.</p> <p>Child Health Screening and Early Intervention Services</p> <p>In Q1 (April-June) 2014-15;</p> <p>✓ 1.33 crore children have been screened</p> <p>✓ 8.44 lakhs children have been referred to health facilities</p> <p>4.36 lakhs children have received secondary and tertiary care</p> <p><b>Family Planning Services</b></p> <p>✓ Promoting PPIUCD as a method of contraception, within 48 hours of delivery.</p> <p>✓ Promoting Intra Uterine Contraceptive Device (IUCD 380A) intensively as a spacing method.</p> <p>✓ Promoting Home delivery of contraceptives.</p> <p>✓ Ensuring health spacing between births.</p>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
			<p>Friendly Health Clinics for ARSH services.</p> <p>(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.</p> <p>Supply of RCH Drugs/equipment and sanitary napkins to States/UTs. (No applicable during 14-15).</p>	<p>✓ Ensuring access of pregnancy testing kits.</p> <p>✓ Increasing male participation and promoting non scalpel vasectomy</p> <p><b>Adolescent Health:</b></p> <p>✓ Implementation of Rashtriya Kishor Swasthya Karyakram (RKSK).</p> <p>✓ Operationalization of Adolescent Friendly Health Clinics.</p> <p>✓ Scaling-up of WIFS programme throughout the country.</p> <p>➤ Monitoring and Evaluation of Service Delivery</p> <ul style="list-style-type: none"><li>▪ To strengthen monitoring and evaluation of the key indicators and strategies. Several mechanisms like performance statistics, surveys, community monitoring, quality assurance, field visits, etc., have been placed.</li></ul> <p>➤ HMIS: The mode of e-governance is being used for quick data sharing and evaluation of the key indicators for which a web-based system has been established for flow of information of both physical and financial progress from District to State and up to the national level.</p>	
3	<b>Routine Immunization</b> Total Plan Outlay: Rs.818.10 crore	Routine Immunization of Children against seven vaccine preventable diseases(VPDs) and reduction in Morbidity and Mortality rate due to VPDs.	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 85.85% DPT3 67.31% OPV3 82.37% Measles 86.48% Full Imm 85.58% JE vaccine 81.10%*	* In Identified 147 Districts.
4	<b>Pulse Polio Immunization Programme</b> Total Plan Outlay: Rs.550.00 crore	To maintain the status of Polio Free India.	Polio drops will be administered to approx. 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively.	Two SNIDs have been conducted in the months of April and Sept. No polio case has been reported in the country during 2014-15. Remark: * No polio case seen after 13.01.2011 * The entire South-East Asia Region including India has been declared 'Polio Free' by Regional Certification Commission, SEARO, WHO on 27 <sup>th</sup> March, 2014.	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
5	<b>National Iodine Deficiency Disorders Control Programme</b> Total Plan Outlay Rs.49.00 crore	To control and prevent iodine deficiency disorders in the country	<ol style="list-style-type: none"> <li>1. Production &amp; distribution of iodised salt 60 lakh MT.</li> <li>2. Training to district health functionaries.</li> <li>3. Procurement and Supply of salt testing kits by States/ UTs for endemic district i.e 303</li> <li>4. Analysis of salt samples to estimate iodine content of the iodated salt (volumetric).</li> <li>5. Analysis of salt samples to assess the quality of iodated salt at community level (STK method).</li> <li>6. Analysis of urine samples for urinary iodine excretion.</li> <li>7. District IDD Surveys/Resurveys.</li> <li>8. Monitoring of implementation of NIDDCP through meetings, State/UT visits etc.</li> </ol>	<ol style="list-style-type: none"> <li>1. 20.05 lakh MT up to July, 2014</li> <li>2. Training programme to Lab Technicians of State/UT is scheduled to be held in the 2<sup>nd</sup> week of Nov. 2014 at AIIPH&amp;PH, Kolkata.</li> <li>3. Proposal for release of funds to 17 States/ UTs for procurement of STK, &amp; payment for performance based incentive to ASHA.</li> <li>4. 74463 salt samples collected and analysed out of which 59049 (79%) are confirmed to standards (up to Aug-Sep. 2014) iodine content &gt;15ppm.</li> <li>5. 47982 salt samples collected and analysed out of which 47188 (98%) are confirmed to standard (up to Aug-Sep. 2014).</li> <li>6. 6584 urine samples collected and analysed out of which 5721 (87%) are confirmed to standard (up to Aug/Sep 2014).</li> <li>7. District surveys are underway in some States/UTs.</li> <li>8. State visits were made to Rajasthan, Bihar &amp; J&amp;K. Four Zonal level review meetings are to be conducted in 3<sup>rd</sup> &amp; 4<sup>th</sup> quarter of 2014-15.</li> </ol>	<ol style="list-style-type: none"> <li>1. This is tentative target may likely be changed as per requirement of State/UTs.</li> <li>2. Outlay is less than the proposed budget for training to district health functionaries.</li> <li>3. Necessary steps will be taken to achieve the target.</li> <li>5. State/UTs are being requested to take necessary steps for collection and analysis of salt &amp; urine samples as per NIDDCP guidelines.</li> <li>7. State/UTs are being requested to take necessary steps for conducting district IDD survey/resurveys as per NIDDCP guidelines.</li> <li>8. Issue of sanction &amp; fund release is under process.</li> </ol>

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
6	<b>National Urban Health Mission</b> Total Plan Outlay Rs.1924.43 crore	To address healthcare needs of the urban population with focus on urban poor and vulnerable sections of society.	<ul style="list-style-type: none"> <li>764 cities covered under NUHM.</li> <li>902 Urban PHCs (UPHCs) to be set up.</li> <li>39,836 ASHAs and 1,11,498 MASs to be placed.</li> </ul>	Rs.780.27 crore has been released up to September, 2014 to 19 States and UTs.	
7	<b>National Vector Borne Disease Control Programme</b> Total Plan Outlay Rs. 572.00 crore	<b>1. Malaria</b> 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 9.26% achieved. API achieved is 0.72 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) 75.13% of population covered under IRS in 2013.	(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.
		<b>2.Elimination of Lymphatic Filariasis</b> 80% coverage of targeted population. Endemic Districts (250) achieving Micro Filaria rate of <1%	Mass Drug Administration (MDA) with anti-filaria tablets in 16 out of 20 LF endemic States having about 400 million Population. Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).	(i) Release of funds by GOI to State health Society well in advance & further release to districts by State Health Society for implementation of the Programme. (ii) Availability of funds at grass root level for completing preparatory activities. (iii) No disinformation on MDA (iv) Priority to the programme need to be accorded. (v) Availability of ICT cards which is produced by sole manufacturer of USA.	
		<b>3.Kala-azar</b> 100% of treatment compliance of Kala-azar cases detected	(i) At least two rounds of door to door search undertaken in each of the endemic districts. (ii) Making available anti Kala-	(i) Out of 587 endemic blocks PHCs 392 (67%) block PHCs have achieved the target less than one case per 10 thousand population at Block PHC level during the year 2013.	(i) State and District need maintaining regular supply of anti Kala-azar drugs at

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			azar drugs in all block level PHCs & district hospitals. (iii) 80% coverage of targeted population with DDT 50%	(ii) Kala-azar search was intensified in each of the endemic districts and 13869 KA cases were detected and treated during 2013. (iii) Drugs & diagnostics availability has been ensured. (iv) The spray coverage was 89% of the targeted population.	the periphery. (ii) Involvement of development partners/stakeholders and private practioners in the Kala-azar elimination.
		<b>4. Japanese Encephalitis</b> i) To strengthen and expand JE vaccination in affected districts. ii) To strengthen surveillance, vector control, 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 85 to 104. (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) 152 districts already covered under JE vaccination among the children between 1-15 yr. of age. (ii) Target of establishing remaining 19 sentinel sites achieved during 2014-15. (iii) 20 PICUs are made functional in Tamilnadu, Uttar Pradesh and West Bengal. (iv) 3 PMRs functional in Assam, U. P. and West Bengal.	

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		<b>5. Dengue/ Chikungunya</b> 90% of identified sentinel surveillance hospitals maintaining line listing of cases	(i) Regular entomological surveillance in endemic areas for vector species ( <i>Aedes aegypti</i> ). (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.	Regular surveillance is being done and 75808 cases of dengue and 188 clinically suspected cases of chikungunya have been detected and treated during 2013.	(i) State putting in place entomological teams for vector surveillance. (ii) Early case reporting achieved. (iii) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.
8	<b>Revised National TB Control Programme</b> Total Plan Outlay: Rs.710.15 crore	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 30000 MDR TB Patients cases detection of patients.	New sputum positive case detected 330952 and cure rate achieved 84%	*New TB cases to be detected and put on treatment
9	<b>National Leprosy Eradication Programme</b> Total Plan Outlay: Rs.51.00 crore	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 657 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 to leprosy elimination by 50% of the present status.	1. 542 districts  2. Gr II – 4.27%  3. Not applicable	1. 15 new districts formed during 2013-14, increasing the target. 2. Detection of more cases through special effort  3. To be calculated in March, 2017.
10	<b>Integrated Disease Surveillance Programme</b>	1. To strengthen/ maintain a decentralized laboratory based IT-enabled disease	1. > 95% districts will report weekly data on epidemic prone disease through portal.	1. About 90% districts reported weekly data on epidemic prone through portal/ email 2. 633 (about 80%) Outbreaks investigated and	Implementation by the States/ Union Territories



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	Total Plan Outlay Rs.63.00 crore	surveillance system for epidemic prone diseases to 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.	2. Outbreaks will be investigated and responded to by sending clinical samples to the laboratories in more 70% of outbreaks. 3. 160 Districts Public Health Labs will be strengthening for diagnosis/ testing epidemic prone diseases.	responded to by sending clinical samples to the Labs as on 14.09.2014  3. Network of 133 labs is already functional. Additional 55 labs will be strengthen in 2014-15	
11	<b>National Programme for Control of Blindness</b> Total Plan Outlay: Rs.177.77 crore.	Reduction in the prevalence of blindness to 0.3% by 2020.	1. Target for Cataract Surgery 66 lakh surgeries 2. Target for other eye diseases: 72,000 cases 3. No. of spectacles to school children under school Eye Screening programme: 9 lakh spectacles. 4. Spectacles for near work to old persons: 2 lakh 5. Target for Eye Donation: 50,000 donated eyes. <b>6. Strengthening/ development of Eye care infrastructure:</b> Medical Colleges 33 Distt. Hospitals 150 Sub-distt. Hospitals 10 PHC(Vision Centres) 1090 Eye Banks 1 Eye Donation Centres 14	<b>Target up to 24.10.2014</b> 1. 23.44 lakh cataract surgeries performed 2. - 3. 1.21 lakh free spectacles provided to school children. 4. New activity. 5. 25,254 donated eyes collected.  <b>6. Strengthening/development of Eye care infrastructure:</b> Medical Colleges 20 Distt. Hospitals 2 Sub-distt. Hospitals 5 PHC(Vision Centres) 50 Eye Banks 0 Eye Donation Centres 0 Strengthening of NGOs for eye care facilities:	The activities for the year 2014-15 are in process as per the approved scheme. The targets are likely to be achieved fully by the end of the financial year.

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			NGOs for eye care facilities: 2 Dedicated Eye Units in district hospital: 5 Multipurpose District Mobile Ophthalmic Units: 100 Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit : 6 <b>7. Training of manpower:</b> Eye Surgeons – 500, PMOA – 40, Refresher training to Ophthalmic Assistants/Nurses – 600, State/District programme Managers – 200, Medical officers (PHC, CHC, DH) – 1000, AHSA&ICDS - 1000	0 Dedicated Eye Units in district hospital: 2 Multipurpose District Mobile Ophthalmic Units: New activity Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit : 0 <b>7. Training of manpower:</b> 125 Eye Surgeons received training and training to Medical Officers/other paramedics are decentralized activities conducted and by State/UTs.	
12	<b>National Mental Health Programme</b> Total Plan Outlay Rs. 68.28 crore	To ensure availability of minimum mental health care for all in the foreseeable future particularly the most vulnerable and under privileged section of the population  To encourage application of mental health knowledge in general care and social	<ul style="list-style-type: none"> <li>Continuation of support to Centres of Excellence : 11</li> <li>Upgradation of Centres of Excellence into Neuro Sciences Health Care Facilities : 2</li> <li>Establishment of New Centres of Excellence:2</li> <li>Continuation of support to PG Departments in Mental Health Specialties : 25</li> <li>Establishment of PG Departments in Mental</li> </ul>	<ul style="list-style-type: none"> <li>Continuation of support to Centres of Excellence*</li> <li>Upgradation of Central Govt. Institutes into Neuro sciences Health Care Facilities*</li> <li>Continuation of support to PG Departments in Mental Health Specialties*</li> <li>Establishment of PG Departments in Mental Health Specialties*</li> <li>Support to NGO/CBOs*</li> <li>Continuation of support to existing DMHPs: Financial support to 7th Districts provided.</li> </ul>	Quantifiable Deliverables are subject to approval of the 12th Plan Proposal and enactment of Mental Health Care Bill, 2013.

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		development  To promote community participation in developing mental health services and to stimulate efforts towards self-help in the country	Health Specialties : 25 <ul style="list-style-type: none"> <li>Support to NGO/CBOs : 2</li> <li>Continuation of support to existing District Mental Health Programmes (DMHPs) :82</li> <li>Support to SMHA : 35</li> </ul>	<ul style="list-style-type: none"> <li>Support to SMHA *</li> </ul> (*Proposal for continuation of NMHP in 12th Plan approved by M/o Finance in Dec. 2014)	
13	<b>National Programme for Health Care of the Elderly (NPHCE)</b> Total Plan Outlay - Rs.50.83 crore	<b><u>National Programme for Health Care of the Elderly (NPHCE)</u></b> <ul style="list-style-type: none"> <li>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.</li> <li>Preventive &amp; promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation &amp; therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.</li> </ul> <b>National Institute of Aging:</b> <ul style="list-style-type: none"> <li>To create and expand health manpower for old age care.</li> <li>To promote high quality research in the fields of</li> </ul>	<ul style="list-style-type: none"> <li>Continuation of Geriatric Departments at 8 existing Regional Geriatric Centres and establishment of 4 new Geriatric Centres in the selected Medical Colleges.</li> <li>Continuation of Geriatric unit at the 100 existing district hospitals and addition of 25 new Districts.</li> <li>Continuation of Sub-District level activities at CHCs, PHCs and Sub-Centres in the 100 existing Districts and the 25 new districts.</li> </ul> <b>National Institute of Aging:</b> National Institutes of Aging at Madra Medical College (MMC), Chennai and AIIMS, New Delhi.	<ul style="list-style-type: none"> <li>4 new Regional Geriatric Institutions with capacity to produce 2 postgraduates in MD in Geriatric Medicine per year per Institute</li> <li>Additional 120 beds in the 4 new Medical Colleges (@ 30 beds per MC) for the Elderly</li> <li>Continuation of Geriatric Clinics (OPD) and Physiotherapy units in 100 District Hospitals and Geriatric clinics in CHCs/PHCs of these Districts, free aids and appliances to elderly population at Sub-Centre level.</li> <li>Improvement in life expectancy and better quality of life of the elderly population.</li> <li>04 new districts in addition to 100 existing districts have been covered under NPHCE during year 2014-15.</li> </ul> <b>National Institute of Aging:</b> <ul style="list-style-type: none"> <li>Build health service manpower for old age health care, research, short-term and medium-term in-service training, etc.</li> </ul>	So far as 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 only 04 new districts could have been added under NPHCE in 2014-15. Due to want of EFC approval 04 Regional Geriatric Centres could not be added during F.Y. 2014-15. <b>National Institute of Aging:</b> Action is being taken to finalise the DPR/EFC

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		<p>Geriatrics and Gerontology to provide evidence base for active and healthy ageing.</p> <ul style="list-style-type: none"> <li>The National Institute would itself also be a centre for providing care and would also be a body for certifying training courses and treatment facilities.</li> <li>To support National Programme for Health Care of Elderly (NPHCE).</li> </ul>			proposals.
14	<b>National Programme for Prevention and Control of Deafness</b> Total Plan Outlay Rs.11.39 crore	<ul style="list-style-type: none"> <li>Prevention and Control of Deafness through early detection and management of deafness and causes leading to it.</li> <li>Strengthening of Health Care delivery system to deliver the hearing/ear care services.</li> <li>Health Education.</li> </ul>	Service delivery to be started in 50 new districts.	<p>Service delivery started in 53 new districts.</p> <p>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.</p>	
15	<b>National Oral Health Programme</b> Total Plan Outlay Rs. 2.66 crore	<p>(1)Improvement in the determinants of Oral Health</p> <p>(2)Reduce morbidity or oral diseases upto primary and secondary level.</p> <p>(3)Strengthening of existing healthcare delivery system at primary and secondary level.</p>	<p>(1) Upgradation of 50 District Hospitals by strengthening of Dental Clinics Contractual Appointments of health professionals and imparting training for management of Oro-Dental Disease at a cost of Rs.10.20 crore.</p> <p>(2)Generating public awareness</p>	<p>Funds amounting to Rs.129.21 lakh have been released to seven States i.e. H.P., J&amp;K, Mizoram, M.P., Sikkim, Rajasthan, Madhya Pradesh. The district covered by the State is yet to be ascertained. The funds have been released to one first come first serve basis.</p> <p>Remark: SFC memo for an amount of Rs.19.00 crore has been approved for tertiary level activities.</p> <p>In the Central component, under the National Oral Health Programme, Centre for Dental Education and Research(CDER), AIIMS has been</p>	

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		(4) Integrate oral health promotion and preventive services with general healthcare system and other sectors that influence oral health; namely School Health Programme, Tobacco Control Programme, NPCDCS, Fluorosis, etc.	about Oro-Dental Diseases through various IEC activities.  (3) Organizing training of trainers etc at central level are proposed at a cost of Rs.2.39 crore.	identified as the National Centre of Excellence and through a MoU(Memorandum of Understanding), the Institute is mandated to assist the National Programme by carrying out the training activities :  In this connection, an amount of Rs.101.00 lakh has so far been released to CDER, AIIMS for these activities.	
16	<b>Assistance to Capacity Building for Developing Trauma Care Facilities in Government Hospitals in National Highways</b> Total Plan Outlay: Rs.4.17. crore.	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	1. Identification and inspection of 37 new institutions for signing of MoU 2. Release of funds for 37 institutions for construction and equipment's 3. Collection and Compilation of data on injury surveillance and testing 4. Mid Term appraisal. 5. Trauma Registry data capture initiation 6. Initiation of data collection and analysis on injury surveillance 7. Capacity building for National injury surveillance Centre. 8. Establishment of 10 rehab Centre in each L-II trauma Centre 9. To continue establishment of state resource trauma	1. A total of 29 trauma care facilities have been inspected by Dte.G.H.S, MoHFW. 3. Data Collection and compilation has started in Dr. RML Hospital in the excel format. Some of the trauma care facilities identified during the 11 <sup>th</sup> FYP have also started sending their injury surveillance data regularly. 6. Software for national injury surveillance centre has been developed by NIC. Dr. RML Hospital has initiated data collection in excel format. 7. A sum of Rs. 76 lacs has been sanctioned in the month of August, 2014 by the MoHFW to Dr. RML Hospital. 10. National level consultation with experts meetings are being regularly organized by Dte.G.H.S 11. The Draft IEC action plan on trauma care scheme have been submitted by CHEB for approval from MoHFW. 12. ATLS and BLS training for doctors & Nurses is schedule to be held in the month of November, 2014.	1. Since the extension of 11 <sup>th</sup> Five year plan of Trauma scheme for the remaining period of the 12 <sup>th</sup> Five Year Plan was approved by Cabinet Committee on Economic Affairs only on February, 2014. This was followed by implementation of code of conduct by election commission leading to further delay in implementation. 2. Pending of audited UCs & SOEs by the Trauma Care Facilities under the 11 <sup>th</sup> FYP because of which no funds have

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		interventions. 4. To develop trauma registry centres for improvement of quality control.	Centre. 10. National level Consultation with experts quarterly meetings. 11. Development of IEC and road safety material based on injury surveillance data 12. ATLS training Course for doctors & Advance trauma critical course for Nurses		been released till date 3. Due to delay in nomination of State Nodal officer by State/UTs, the programme could not be streamline as per the timelines. 4. Delay in receipt of plan of IEC activity for trauma scheme from the led agency CHEB.
17	<b>National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)</b> Total Plan Outlay Rs. 292.55 crore	<ul style="list-style-type: none"> <li>Prevent and control common NCDs through behaviour and life style changes,</li> <li>Provide early diagnosis and management of common NCDs,</li> <li>Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs.</li> <li>Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and</li> <li>Up-gradation of Medical</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour change in the community to adopt healthy life styles including dietary patterns, enhanced physical activity and reduced intake of tobacco and alcohol resulting in overall reduction in the risk factors of common NCDs in the community.</li> <li>Early diagnosis of over two-third of NCDs and treatment in early stages, thereby reducing mortality on account of these diseases and enhancing quality life.</li> <li>Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs.</li> </ul>	<ul style="list-style-type: none"> <li>The programme was initiated in the second half of 2010 with focus on strengthening of infrastructure, human resource development, health promotion, early diagnosis, treatment and referral. It was implemented in 100 backward and inaccessible districts across 21 States during 2010-12 (on going scheme).</li> <li>Establishment of NCD Clinic at CHC level in the above Districts.</li> <li>26 State NCD Cells- functional.</li> <li>142 District NCD- Functional.</li> <li>147 District NCD Clinics- functional.</li> <li>64 CCU- Functional.</li> <li>42 District Chemotherapy Centres- functional.</li> <li>1255 CHCs are established &amp; functional in 7 States.</li> <li>Funds to the tune of Rs 146.08 crore released to 33 new States/UTs.</li> </ul>	The achievement of project target is subject to availability of sufficient budget allocation for activities as per the approved guidelines. The actual implementation of the programme rests with the States/ UTs.

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		colleges.			
18	<b>Infrastructure Maintenance</b> Total Plan Outlay Rs. 4404 crore	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.			
19	<b>Forward Linkages to NRHM (financed from likely savings from other Health Schemes of NE Region)</b> Total Plan Outlay Rs. 30.00 crore	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	<u>Ongoing work:</u> 1. Up gradation and establishment of super specialty wing at Gauhati Medical College (GMC). 2. Up-gradation/strengthening of State Civil Hospital, Naharlagun. 3. Setting up of State Family Welfare Training centre at Imphal. 4. Up-gradation of Mon District hospital from 50 bedded to 100 bedded, Nagaland. 5. Up-gradation of Dimapur District Hospital from 150 bedded to 200 bedded hospitals, Nagaland. 6. Construction of Civil hospital at Aizwal, Mizoram.	<u>Ongoing work:</u> • 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.	The states are requested for providing audited UCs for the approved projects. Upon receipt of UCs the further instalments will be sanctioned.
20	<b>Programme for Prevention of Leptospirosis Control</b> Total Plan Outlay Rs.0.75 crore	To prevent morbidity and mortality due to Leptospirosis	To continue with the activities of the programme.	To follow the strategy as in the XIth five year plan and to include both the human & animal component in phased manner throughout the country during the XIIth five year plan. Remark: 1. MoU have been signed.Appointment of human resources will be done. 2. Sensitization meetings will be held. Training of professionals is planned.	

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				3. Funds transfer to states is being processed.	
21	<b>Control of Human Rabies</b> Total Plan Outlay Rs. 9.70 crore.	To prevent mortality due to rabies	To continue with the activities of the programme.	To follow the strategy as in the XIth five year plan and to include both the human & animal component in phased manner throughout the country during the XIIth five year Ramark: 1. MoU signed with 11 States. 2.Nodal officer identified in 17 States 2. Meeting to develop operational guidelines organized. 3. Sensitization meeting of Nodal officers and SSOs to be held 4. Appointment of contractual manpower is being processed. 5. Release of funds to States is being processed. 6. Training of core trainers planned. 7. Development of prototype IEC material- Expert meeting planned.	
22	<b>National Programme for Prevention &amp; Control of Fluorosis (NPPCF).</b> Total Plan Outlay: Rs.3.73 crore.	To Prevent and Control of Fluorosis in the country.	NPPCF in 105 districts by March 2014 (for continuing districts) : 1. Engagement of contractual staff-District Consultant & Lab Tech. in 105 districts 2. Estab. of lab for fluoride analysis. 3. Training of staff at NIN. 4. Survey 5. Lab. Analysis (Water and Urinary Fluoride) 6. Health Education for Prevention and Control of	1. So far total 86 Districts Consultant & 76 Lab Technician are in position. 2. Labs have been established in 56 districts. 3. Training is proposed in January & February 2015. 4. Reports of survey sent by 63 districts. 5. Water & Urine analysis being done in 37 and 34 districts respectively. 6. Health Education is undertaken in 40 districts.	1. States take considerable time in engagement of the contractual staff, procurement of ion meter for establishing the laboratory.



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			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. in 5 districts of 2013-14 and 6 new districts of 2014-15. 2. Procurement of ion meter and establishment of lab in 11 new districts. 3. Training of staff appointed for the new districts at NIN, Hyderabad 4. Initiation of surveys in 5 districts of 2013-14.	7. 45 districts have reported trainings at district level involving Medical officers, Paramedicals, ASHA/AWWs, teachers, VHSNC, members. 8. Medical management of fluorosis cases being done in 20 districts Reports awaited	6 New districts taken up during 2014-15. Reports are awaited  During 2014-15 it was proposed to extended to 25 new districts but funds are not available. Additional funds have been requested as RE 2014-15.
23	<b>B.C.G. Vaccine Laboratory, Guindy, Chennai</b> Total Plan Outlay Rs. 12.02 crore	<ul style="list-style-type: none"> <li>Production of BCG Vaccine (10 doses per vial) for control of childhood Tuberculosis and supply to Expanded Programme of Immunization (EPI) since 1948.</li> <li>Production of BCG Therapeutic (40 mg for use in Chemotherapy of Carcinoma Urinary Bladder since 1993.</li> </ul>	<ul style="list-style-type: none"> <li>Production of 250 lakh doses of BCG Vaccine 10 doses.</li> <li>New Facility: Undertaking Qualification of Equipment and Facility.</li> </ul>	<ul style="list-style-type: none"> <li>18 lakh doses produced and referred to CDL, Kasouli for release.</li> <li>FAT for Water system, Fabrication, Sterilisation Equipment's, Lyophilizer completed.</li> <li>Instillation qualification of Water System and Fabrication Equipment completed.</li> </ul>	Though 134 lakh doses produced, 116 lakh doses do not pass the internal QC test due to change in sterilisation process of Rubber Wash. Later due to breakage of water pipeline over filling area the production was withheld for rectification.

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24	<b>Pasteur Institute of India, Coonoor</b> Total Plan Outlay: Rs. 40.00 crore	To produce 100.00 lakh doses of DPT Vaccine during 2014-15.	78.50 lakh doses of DPT Vaccine have been manufactured.	78.50 lakh doses of DPT Vaccine have been supplied out of the allocated quantity of 100 lakh doses. Remark: Payment made to HLL for the year 2011-12 and 2013-14 Rs.23.74 crore. Tender value for civil constructions is around Rs. 24.67 crore. Out of which as on date civil work amounting to Rs.6.27 crore worth has completed which is 25.41% of the total civil project cost.  The Ministry's EFC has approved an outlay of Rs.137.02 crore to this Institute for the Revival of new facilities for the production of DTP group of vaccines of project during the period 12 <sup>th</sup> plan period. Out of the above Rs.24.20 crore towards the project fund has been incurred. The project management consultant i.e. HLL has projected the requirement for project for the year 2014-15 is Rs.56.03 crore.	
25	<b>Central Leprosy Teaching and Research Institute, Chengalpattu</b> Total Plan Outlay: Rs.2.25 crore	<ol style="list-style-type: none"> <li>To undertake basic and applied research in leprosy co-coordinating with state and central Governments.</li> <li>To function as referral centre for reaction, complication of leprosy and Reconstructive Surgery with 124 bedded hospital.</li> <li>To train leprosy worker of various types in sufficient numbers and of the requisite quality</li> <li>To monitor and evaluate the National Leprosy Elimination Programme.</li> </ol>	<ol style="list-style-type: none"> <li>Training</li> <li>Special Training</li> <li>Lab. Investigations</li> <li>OPD Patient Service</li> <li>Inpatient Service</li> <li>RCS Minor, Major</li> <li>MCR, Footwear produced</li> <li>MCR Sheet production</li> <li>Scientific paper published</li> <li>Research work</li> </ol>	Major/Minor RCS-Nil X-ray - Nil Physiotherapy-128, Footwear-523, Orthosis & Prosthesis – 8, MCR Sheet - 550 <b>Treatment:-</b> Inpatients-379, Outpatients-5525, Old Cases 3898, New Cases 41 Lab investigation-7243 <b>Training:</b> MO/SLO – 4 batch, NMS – 60 candidates, Physiotherapy Tech – 1 batch (4 candidates), II <sup>nd</sup> year MBBS-50 CRRIs-43, MS/DVL-3, Lib. Books-2750, Periodicals-2500 Monitoring and Evaluation work in Tamil Nadu, Kerala, Karnataka and Lakshadweep – 4, District in Tamil Nadu, 2 District in Karnataka and 1 Kerala 12 year follow up of ROM treated cases for single skin lesions in out of CLTRI RFOA. Leprosy Screening of the inmates at Central Prison Puzhal, Tamil Nadu. Remark: Operation Theatre is under renovation and X-ray Machine is under repair.	
26	<b>Regional Leprosy Training</b>	<ul style="list-style-type: none"> <li>Reduce leprosy burden</li> </ul>	<u>RLTRI, Gauripur:</u> Admission - 102 Nos., Discharge – 94 Nos.		

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	<b>Research Institutes</b> <b>Gauripur, Raipur &amp; Aska</b> Total Plan Outlay : Rs. 5.17 crore	<ul style="list-style-type: none"> <li>in the country.</li> <li>To provide quality health services to new as well as old leprosy patients.</li> <li>Enhance Disability Prevention &amp; Medical Rehabilitation (DPMR) services.</li> <li>Monitoring and supervision of the NLEP activities.</li> </ul>	<p>New Case- 32 Nos. , Old Cases - 1428, MDT given – 249 Nos., RFT- 10 Nos., Relapse – 4 Nos., SSS-486 Nos., Bio Chemistry-163 Nos., Clinical Pathology-154 Nos., TOT Programmes- 1 Nos.,</p> <p><u>RLTRI, Raipur:</u> OPD services: New Leprosy Cases detected – 401 (No. of MB cases in new cases-234 ,No. of PB cases in new cases-167) Old cases provided MDT-179, General Patients-1687, Total Patients attended OPD-4096 Leprosy Re-constructive Surgery (RCS)-29, Polio Surgery-16, No. of Polio procedures-26 IPD Services -291 Patients admitted, Total Lab investigations done-7660, Total Physiotherapy services done-473</p> <p><u>RLTRI, Aska:</u> OPD Attendance- 890 (Leprosy -664, Non- Leprosy-226), Indoor-Total admission-108 Reaction cases Managed (Outdoor) -214 episodes out of which 2 patients have given thalidomide. Surgical Operations Performed- Major-07, Minor-85</p>		
27	<b>Central Institute of Psychiatry, Ranchi</b> Total Plan Outlay : Rs.40.00 crore	<ul style="list-style-type: none"> <li>Provision of diagnostic and treatment facilities in mental health and conduct of PG courses in psychiatry</li> <li>Up gradation of existing services as per the redevelopment plan</li> <li>Training of manpower for mental health &amp; patient care and conduct research activities.</li> <li>Construction of Other Infrastructure works.</li> </ul>	<p>During the F.Y.2014-15 up to September, 2014</p> <ul style="list-style-type: none"> <li>Total number of 38415 patients has utilized the services of OPD.</li> <li>2149 patients were hospitalized for indoor treatment.</li> <li>11078 and 927 patients have utilized special clinics &amp; extension clinics respectively.</li> <li>Total 94343 tests/investigations were done at Department of Pathology, Centre for Cognitive Neurosciences and Department of Neuro-imaging &amp; Radiological Sciences.</li> <li>473 nurses from other centres participated in In-Service Training Programme &amp; CNE.</li> <li>A total no. of 839, 918 and 607 attendances has been recorded in 20 Seminars, 21 Case Conferences and 16 Journal Clubs respectively.</li> <li>64 PG students were enrolled during this year.</li> <li>A total no. of 8 research papers was published in journals and 20 were presented.</li> <li>The Major equipment such as 32 Channel EEG Machine, 3D Neuro Navigational System, 256 channel ERP systems, 16 blade server have already been purchased.</li> <li>The master plan in respect of entire CIP campus has been submitted for approval by the competent authority.</li> <li>The construction of Family Ward, OT Block, Diagnostic Centre, Pharmacy Block, OPD Block, and Neurology Block &amp; CSSD Block may be undertaken during this year.</li> <li>Construction of 90 nos. of residential quarters will be undertaken by end of this financial year.</li> </ul>		

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28	<b>All India Institute of Physical Medicine and Rehabilitation, Mumbai.</b> Total Plan Outlay: Rs.6.00 crore	1. Medical Rehabilitation Programme -Target-25000 disabled & chronically ill persons with disability p.a. 2. Teaching programme: 3. Manufacturing of Aids & Appliances. 4. Re-development & Reconstruction of Workshop Building	1. Maximum no. of disabled population requiring tertiary level services get benefited by the comprehensive services provided by the Institute. 2. Imparting advance knowledge and training to the students pursuing various courses in Rehabilitation disciplines. 3. Providing aids and appliances to physically disabled population for self-dependence	As on September, 2014: 1. No. of Persons with Disabilities enrolled for Rehab Management- 15815 2. Students passed out Post Graduate: MD (PMR) – 03, DNB (PMR) – 01, M.P.Th – 14 M.O.Th. – 07, M.P.O – 10 Under Graduate: BPO – 103 (1 <sup>st</sup> to 4 <sup>th</sup> year), DHLS – 10 3. Aids & Appliances delivered No. of Orthosis - 1897 No. of Prosthesis - 258 Mobility Aids - 210 4. NOC for fire protection and firefighting has been received from Mumbai Fire Brigade.	
29	<b>Dr. Ram Manohar Lohia Hospital &amp; PGIMER</b> Total Plan Outlay Rs. 200.00 crore	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.	1. Additional inputs in the form of trained manpower like doctors, nurses, Technicians is being added. Posts have been filled up to augment the services of departments. 2. The upgradation of hospital is a continuous and ongoing process. The hospital has, however, upgraded the various O.T.'s, Labs and other existing departments by adding additional inputs in terms of equipments like O.T. Tables, Anaesthesia Work Station, Cryostat, Advanced fess set, O.T. Light with camera, ICU Beds, ventilators etc. 3. The post of various categories of personnel has been created for setting up of this unit. These posts have been filled up & equipments are being procured. The proposal will be implemented shortly. 4. Technical Specifications of Cath Lab. has been approved by the Technical Committee and procurement process is still in process.	

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			5. Strengthening of Endocrinology. 6. Strengthening of infrastructure of Renal Transplant 7. Setting up of infrastructure of Electro Cardio Lab. 8. Implementation of E-governance 9. Construction of Dharmashala 10. Construction of new building in Emergency Block. 11. Setting up of Modern Maternal Care Centre. 12. Construction of hostel for Resident Ladies Doctors. 13. Maximisation of existing capacity by demolition of old buildings, except heritage building and construction of new buildings in phased manner.	5. SFC proposals sent to Ministry of Health & F.W. for creation of 58 posts. The Ministry has sought certain clarifications, which is under process. 6. The Renal Transplant unit & facility has been set up.  7. The process of filling up the post is under progress & procurement of equipments is also under process. 8. The hospital has already implemented the modules of E-governance.  9. Construction work of Dharmashala almost completed and completion certificate from NDMC is awaited. 10. Construction work of Building has been completed. Completion certificate from NDMC is awaited. 11. Land has been allotted to the hospital for construction of Modern Maternal Care Centre. Request has been sent to M/O Health & Family Welfare to entrust the work to CPWD for construction. 12. The land has been allotted to the hospital for construction of hostel. Request has been sent to M/O Health & Family Welfare to entrust the work to CPWD for construction. 13. Redevelopment plan already submitted to the Ministry for obtaining approval of the competent authority.	
30	All India Institute of Speech and Hearing, Mysore Total Plan Outlay. Rs. 81.14 crore	(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: 23,000 b) Follow-up: 33,000		(I).Academic Activities 1. Long term training programs a) No. of programs:16 b) No. of students: 508 2. Short-term training programs:72 (II). Clinical Services 1. Patient registration a) New: 11387 b) Follow-up: 21353	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
		2. Enrolment of children for preschool services: 250 3. Audiological services a) No. of patients for hearing evaluation: 15,000 b) Issue of free hearing aids <ul style="list-style-type: none"> <li>Under AIISH Hearing Aids Dispensing Scheme: 2000</li> <li>Under ADIP Scheme: 4000</li> </ul> 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 10500 5. Otorhinolaryngological services a) No. of patients for otorhinolaryngology Evaluation (new cases): 25,000 b) Follow-up: 26,000 c) Surgery: Minor: 150 /Major: 300 6. Psychological services: No. of patients for psychological evaluation: 7500 7. Outreach clinical services a) No. of infant screening: 25000 b) No. of industrial workers screening: 500 c) No. of school children screening: 1500 d) No. of cases at outreach centers: 5000 e) No. of tele-intervention: 200		2. Enrolment of children for preschool services: 206 3. Audiological services a) No. of patients for hearing evaluation: 7529 b) Issue of free hearing aids <ul style="list-style-type: none"> <li>Under AIISH Hearing Aids Dispensing Scheme: 937</li> <li>Under ADIP Scheme: 2110</li> </ul> 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 4824 5. Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 9153 b) Follow-up: 9650 c) Surgery: Minor: 42/ Major: 53 6. Psychological services No. of patients for psychological evaluation: 3620 7. Outreach clinical services a) No. of infant screening: 14585 b) No. of industrial workers screening: 202 c) No. of school children screening: 221 d) No. of cases at outreach centres: 2103 e) No. of tele-intervention: 38	
31	<b>All India Institute of Hygiene &amp; Public Health, Kolkata</b> Total Plan Outlay Rs.13.00 crore.	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 allied health professionals.	1. Introduction of two courses (i) MPH (Epidemiology), (ii) Dip. In Occupational Health and Upgradation of Regular Courses of the Institute to enhance academic capability as per current need in Health Services. 2. Emergency Medical Relief 3. Upgrading of Lab. Facilities	1. Teaching MD (Com. Med.), MPH (Epidemiology) MVPH, M.Sc (Nutrition), MPH, DPH, Diploma of Occupational Health etc. to the students as per allocated seats and ensuring best teaching as per requirement of Health Services. 2. Officers are going on EMR duty to J&K and Visakhapatnam (AP). 3. Upgrading of Lab. Facilities and Teaching /Training- Laboratory and	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
			and Teaching /Training. 4. Library Development. 5. Providing Quality Care as per Indian Public Health Standard. 6. Installation of Computer Lab./ Minor works. 7. Referral Services, Maintenance 8. Classroom Facilities for better teaching/learning experiences. 9. Renovation & overhauling of staff quarters	class-room has been equipped with modern equipment. 4. Developing the Library as a referral one. 5. Ensuring availability of essential medicines to all beneficiaries as per requirement. 6. Enable use of IT in the Health Care by the Students. 7. A proposal to purchase of two inspection vehicles (24x7 Transport facilities) sent to competent authority for approval. 8. Modernisation of 20 class rooms and 1 laboratory is under process. 9. Renovation & repairing of staff quarters at Singur/Chetla/BN Campus undertaken by CPWD.	
32	<b>Serologist &amp; Chemical Examiner, Kolkatta</b> Total Plan Outlay : Rs. 0.30 crore	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 369 Nos. ML cases sent from FSLs and RFSLS. 2. To produce 3560 ml species specific antisera against almost all animal species including human. 3. To produce 1470 ampls VDRL Antigen needed for VDRL tests. 4. To produce 3600 ml. Anti H Lectin received for blood grouping in ML cases. 5. To do 1726 Nos. VDRL tests of samples of Antenatal clinic and STD clinic. 6. Quality control test for VDRL Antigen and Species specific	1.Total 383 Nos. of ML cases analysed and reported 2. Total 3540 ml of antisera supplied. 3. Total 1400 ampls of VDRL Antigen Supplied. 4. Total 2090 ml. of Anti H Lectin supplied. 5.Total 1726 Nos. VDRL test was done and reported 6. Total 12 lots were tested for quality control.	Quantifiable / Deliverables (Targets) and related achievements is 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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			<p>antisera. To test 12 lots of antigen &amp; antisera</p> <p>7. Research and Lab. diagnosis in STD, to support the state hospitals in diagnosis in STD, to train lab. Technicians in STD. 10206 Nos of samples were received for testing.</p> <p>8. Identification of polio virus from stools samples. Total Nos. of 9555 samples were received.</p> <p>9. To identify measles &amp; rubella virus from serum samples of suspected patients. Total of 971 Nos. samples were received.</p>	<p>7. Total 10206 Nos. (projected) of test were done for diagnosis of Syphilis, Hepatitis B &amp; C, Candida, Gonorrhoea, Trichomonas, PAP Stain &amp; HSV etc.</p> <p>8. Total 9555 Nos. of samples tested and reported.</p> <p>9. Total 971 Nos. of samples were tested and reported.</p>	
33	<b>Kasturba Health Society, Sewagram, Wardha.</b> Total Plan Outlay : Rs. 50.00 crore	1. 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.	1. 65 students have been admitted to the UG course and 67 students have been admitted to the PG course.	<p>1. The purpose for which it has been establish is achieved in the room of 65 UG and 67 PGs.</p> <p>2. A details report with respect to achievements will be submitted at the end of Financial Year 2014-15.</p>	
34	<b>Development of Nursing Services</b> Total Plan Outlay Rs.10.00 crore.	1. Training of Nurses:-In order to update the knowledge & Skills of Nursing personnel in Nursing Education, administration and	<p>1. Training of Nurses:-50 courses to train 1500 nurses</p> <p>2. Strengthening/Up gradation of School of Nursing: Release the 2nd instalment</p>	<p>1. Training of Nurses: No release has been made so far. However, we have received some proposals from State Govt. / Institutions, which is under process.</p> <p>2. Strengthening / Up gradation of School of Nursing: No release has been made so far.</p>	



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		<p>nursing services</p> <p>2. Strengthening/Up gradation of School of Nursing: To strengthen the infrastructure of Nursing Schools and to upgrade them into College of Nursing</p> <p>3. National Florence Nightingale Award for Nurses: - To recognise the meritorious services of the Nursing professionals.</p>	of funds for 16 institutes for upgradation of School of Nursing into College of Nursing	However, we have received some proposals from State Govt. / Institutions, which is under process.	
35	<b>R.A.K. College of Nursing, New Delhi</b> Total Plan Outlay Rs.1.80 crore	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 -51 Students & Master of Nursing- 40 Students..		
36	<b>Lady Reading Health School</b> Total Plan Outlay Rs.1.05 crore	Providing Diploma and certificate courses to Nurses and Health Workers (Female)	<p>1. Auxiliary midwife course (2 years duration), No. of Students Passed out: 40 (Result – 100 %)</p> <p>2. Certificate Course for Health Workers, No. of Students Passed out: 38 (Result – 100 %)</p>		
37	<b>V.P. Chest Institute New Delhi</b> Total Plan Outlay Rs. 16.90 crore	Patient Care and Diagnostic and Treatment Services:	<p>Improved patient Care, providing Enhanced Diagnostic and Treatment. Facilities Improvement and Modernization of Patient care.</p> <p>Construction of 2 new additional floors at Patel Niwas, PG Hostel.</p>	<p>At present, 6 DM students (02 each for the academic session 2012-15, 2013-16 &amp; 2014-17), 22 MD students (05 for academic session 2012-15, 09 for academic session 2013-16 and 08 for academic session 2014-17) and 10 DTCD students (05 for academic session 2013-15 and 05 for academic session 2014-16) are pursuing their studies. In addition, 29 students were given training in various departments of the institute during 2013-14 and 16 students during 2014-15 (upto Oct., 2014). Further, 20 research scholars are pursuing their PhD programmes.</p> <p>Remark: Construction of 2 additional floors could not be initiated, as the</p>	

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				approval from various Govt. Agencies awaited.	
38	<b>National Academy of Medical Sciences, New Delhi</b> Total Plan Outlay Rs.1.10 crore	To provide opportunities to update knowledge, skills & practices of Health professionals.	As on 31st October 2014, the NAMS had on its roll 3 Honorary Fellows, 873 Fellows and 6268 Members (MAMS-11786 and MNAMS-4482).		
39	<b>Health Sector Disaster Preparedness and Management:</b> Total Plan Outlay Rs. 25.00 crore	<p>To initiate prevention, mitigation and preparedness measures in health sector for manmade and natural disasters</p> <p>The action plan includes human resource development, Mobile Hospital, Safe Hospital Initiative, Strategic Health Operation Centre (SHOC), Risk Communication, Chemical, Biological Radiological and Nuclear (CBRN) disasters and Rapid Health assessment and response.</p>	<p>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</p> <p>2. Risk communication: To organize meeting of the task force</p> <p>3. Safe Hospital Initiative: Development and issue of guidance</p> <p>4. Strategic Health Operation Centre: Specification Finalization, Bidding, Civil &amp; Electrical work Recruitment of manpower and installation of equipment</p> <p>5. CBRN: Assessment of the facilities and gap analysis, Human Resource training of identified facilities, Training on Psychosocial care and procurement of equipment's</p>		
40	<b>Emergency Medical Relief [Avian Flu]</b> Total Plan Outlay Rs. 2.00 crore	To mitigate the impact of Pandemic Influenza A H1N1 & Avian Flu	<p>Necessary preventive measures for entry/outbreak of influenza and remain in a state of preparedness</p> <p>Pandemic preparedness for any outbreak /stockpiling of equipment/drugs/ vaccine</p>	<p>Major objective already achieved by limiting the impact of Pandemic influenza A H1N1.</p> <p>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 &amp; NE Region).</p> <p>four regional training workshops proposed for the State Rapid Response</p>	

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				Teams on Ebola Virus Disease: Prevention and Control, in Bangalore (Southern Region), Delhi (Northern Region), Pune (Western Region and Kolkata (East & NE region)	
41	<b>Emergency Medical Services</b> Total Plan Outlay Rs. 10.00 crore	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.		
42	<b>Central Research Institute, Kasauli.</b> Total Plan Outlay Rs. 10.00 crore	To meet the demand of vaccine under Universal Immunization Prog. (UIP) of Govt. of India.	1. DPT-Doses (UIP/Non-UIP)- 89,70,000 2. TT (Doses) (UIP)/TT (Doses) (Non-UIP)-128,24,360 3. Yellow Fever (Doses)*- 1,30,000 4. ARS (Vials)- 89,030 5. ASVS (Vials)-4,400 6. DATS (Vials)- 9,532 7. NHS (Vials)- 411 8. Diag. AG (ML)- 80,000	As on 26.11.2014 1. DPT-Doses (UIP/Non-UIP): 15,70,000 2. TT (Doses) (UIP) – 34,50,000 / TT (Doses) (Non-UIP) – 67,860 3. Yellow Fever (Doses)*-74,200 4. ARS (Vials)- 30,030 5. ASVS (Vials)-2,400 6. DATS (Vials)- 4,432 7. NHS (Vials)- 311 8. Diag. AG (ML)- 58,450 * Imported through WHO	*Yellow Fever: The production of Yellow Fever Vaccine has been stopped temporarily in the institute due to non-functioning of Freeze Drying Machine.
43	<b>Food Safety &amp; Standard Authority of India (FSSAI)</b> Total Plan Outlay: Rs. 60.00 crore	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. 5 <sup>th</sup> 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'.	<ul style="list-style-type: none"> <li>Maintenance and strengthening of FSSAI HQ, expansion of Regional and Sub-Regional Offices and coverage of more ports of imports.</li> <li>Issue of Central Licenses through Regional / Sub Regional Offices.</li> <li>Strengthening of the Surveillance activities in the</li> </ul>	<ul style="list-style-type: none"> <li>Plans have been made for expansion of the Import Clearance offices at ten ports in the country.</li> <li>About 16,500 Central Licenses have been issued as of September, 2014 and 28,70,908 State Licenses and Registrations have been issued.</li> <li>FY 2014-15 has been declared as the year of Surveillance and draft Surveillance plan has been circulated to the States/ UT Governments.</li> <li>Authorization of 65 private NABL accredited labs for food testing;</li> <li>On-line Product Approval System launched with effect from 09.09.2014;</li> <li>Online payment gateway for collection of license fee, product approval fee, sample testing fee, RTI fee, etc. has been made operational w.e.f. 1st</li> </ul>	

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			<p>States.</p> <ul style="list-style-type: none"> <li>• Expansion of the Food Testing Laboratory Network.</li> <li>• To harmonize Indian food product standards with Codex and other International standards.</li> <li>• Undertaking IEC activities, participation in exhibitions, fairs and also running various media campaigns.</li> </ul>	<p>April, 2014</p> <ul style="list-style-type: none"> <li>• Face Book campaign initiated on Food Safety, development of IEC material, airing of radio jingles on food safety etc.</li> </ul>	
44	<b>Indian Pharmacopoeia Commission,</b> Total Plan Outlay Rs.10.00 crore	<ul style="list-style-type: none"> <li>• Revision and publication of the Indian Pharmacopoeia (the book of standard for drugs) at regular intervals. The 7th edition of i.e. IP, 2014 will come into effect from 01.01.2014</li> <li>• Revision and publication of the 5th edition of Nation Formulary of India (the book of reference for drugs)</li> <li>• Procurement, Preparation, evaluation, containerization and distribution of Chemical Reference Substances.</li> </ul>	<ul style="list-style-type: none"> <li>• Monograph about 2000 prescribing test protocols of drugs included in IP were updated and approx. 575 new monographs were added in the 7th edition of IP.</li> <li>• About 300 IP Reference Substances (IPRS) are made available as prescribed in the individual monograph to monitor the quality of drugs in the country. IPC intends to reach the target of 400 IPRS by the end of the financial year. IPS has also launched IPRS Impurities in the country which in turn will save foreign currency.</li> <li>• Likely impact on foreign exchange saving (non-quantifiable) using IP Reference in place of US, UK, WHO Reference Substances.</li> <li>• Better acceptance and recognition of Indian Drugs in the International market including herbs and herbal products.</li> </ul>		

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45	<b>National Centre for Disease Control</b> Total Plan Outlay Rs.75.00 crore	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 and (c) manpower.	Out of 103 posts, 14 posts were filled during 2013-14 and 12 have been filled during 2014-15, totaling to 26 posts. Out of 11 admn. posts, 8 posts have been filled. The construction has started in February, 2013 after receipt of Final approval on building plans from NDMC on during 2014-15. 40% civil work has been completed till September,2014.	
46	<b>Lady Hardinge Medical College &amp; Smt. Sucheta Kriplani Hospital , New Delhi</b> Total Plan Outlay Rs.95.00 crore	Construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-2006 for increasing 27% OBC admissions. 1. Construction of Hospital buildings ( OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block, Academic Block, UG Hostels. 2. Residential Buildings : • 30 type IV Qtrs. • 30 Type III Qtrs. • RMO hostels	Likely completion of Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels].  Procurement of Medical equipment's under the Phase I is likely to be completed.  Filling up of remaining Posts of sanctioned under the phase-I of the Comprehensive Redevelopment Plan for this Institution.  CPWD Renovation works: • Renovation of existing	1. Part Construction of Hospital buildings (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block, Academic Block, UG Hostels has been achieved. 2. Construction of Residential Buildings 30 type IV Qtrs, 30 Type III Qtrs and RMO quarters completed and arrangements made to allot the quarters after these are handed over to LHMC by HSCC. 3. Routine renovation of the existing hospital buildings carried out by CPWD. 4. RO plants at auditorium, Nurses hostels, Near new building, Anatomy and Physiology area have been installed by CPWD and are functional	The proposal for Phase II and Phase III has been submitted to the DGHS and appointment of the Project consultant for preparing the DPR for Phase II and phase III is awaited.

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		3. Renovation of existing Hospital Buildings (CPWD works). 4. Renovation of LHMC Auditorium.	Hospital Buildings (CPWD works). • Renovation of Auditorium • Installation of RO systems in the OPD area, Mortuary and Psychiatry area of the institution.		
47	<b>Regional Institute of Medical Sciences Imphal, Manipur</b> Total Plan Outlay: Rs. 230.00 crore	Provision of diagnostic and treatment facilities imparting of education and clinical support.	Status as on 30.11.2014 Students passed: MBBS – 37, MD/MS – 144, P.G. Diploma – 2, M. Phil (Clinical Psychology) – 7, M.Ch – 2, B.Sc (N) – 32 Research Project: 19 Workshop/CME at RIMS- 25 BDS course in its 3rd year		Execution of civil: work under Phase-II project of RIMS such as dental college and Nursing college building academic block, Library building and Hostels for students.
48	<b>Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam</b> Total Plan Outlay Rs. 66.00 crore	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.	1. OPD attendance and services- 50211, Diagnostic test- 101704. 2. Admission-Academic courses, MD (psy) trainees -2, DNB (psy)-4 M.Phil PSW-5, M Phill CP-4 M.Sc (psy Nursing) -12.		
49	<b>Regional Institute of Paramedical &amp; Nursing Sciences, Mizoram</b> Total Plan Outlay: Rs. 60.00 crore	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.	<ul style="list-style-type: none"> <li>• No. of students admitted-167</li> <li>• 10% of construction works completed.</li> <li>• Approved by the Ministry and being undertaken by State PWD.</li> <li>• M.Pharm course introduced from the Academic session 2014-15</li> <li>• Machinery &amp; equipment's worth Rs. 86.57 lakh was procured for different departments as approved by Purchase Sub-Committee (as on 13.10.2014)</li> <li>• Library books worth Rs.1.25 crore were procured for the Institute. (As on 13.10.2014).</li> </ul>		

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50	<b>Safdarjung Hospital, VardhmanMahavir Medical College and Sports Injury Centre</b> Total Plan Outlay: Rs. 339.50 crore	Promoting Health care based on evidence of effectiveness of care.  Provide teaching and training in the field of medical education.  To provide comprehensive Medical care to the patients.	<ul style="list-style-type: none"><li>• Provision for Annual Maintenance entire Construction/ Maintenance in the Hospital (Civil)</li><li>• Provision for Annual Maintenance entire Electrical &amp; Maintenance Services/ Original Works in the Hospital.</li><li>• Provision for Original Works entire year (Civil)</li><li>• Redevelopment Plan Phase-1</li><li>• Provision for Procurement of Machinery &amp; Equipment</li><li>• Renovation / Repair of Residential Qts. at West Kidwai Nagar &amp; Raj Nagar ,EOR at Madangir &amp; Staff Qts.&amp; C/o Staff Qts at Dwarka.</li><li>• Projects Plan for the F.Y.2014-15: i) IVF Centre in the Deptt.of Obst. &amp; Gynae ii) ICU in the Deptt. Of Obst &amp; Gynae</li></ul>	Rs.7.23 crore has been utilized for maintenance Rs.17.76 crore for electrical, Rs.88.66 crore for HSCC for Redevelopment Plan and Rs.12.26 crore d for Procurement of Machinery & Equipment	
51	<b>Pradhan Mantri Swasthya Suraksha Yojana</b> Total Plan Outlay Rs. 1956.00 crore	<b>AIIMS like Institutions:</b> Creation of capacity in medical education, research and clinical care, in the underserved areas of the Country.  <b>Upgradation of medical colleges:</b> Improving health infrastructure through construction of Super Speciality Block/Trauma Centre etc. and procurement of medical equipment for existing as well as new facilities.	<ol style="list-style-type: none"><li>1. The work for Setting up of 6 AIIMS like Institutions Bhopal, Bhubaneswar, Jodhpur, Patna Raipur, and Rishikesh is being taken up in packages in phase wise manner.</li><li>2. Setting up of 2 AIIMS-like institutions in second phase of PMSSY.</li><li>3. Upgradation of medical colleges in first phase of PMSSY:<ul style="list-style-type: none"><li>• Bangalore Medical College</li><li>• Trivandrum Medical College</li><li>• Salem Medical College</li><li>• NIMS, Hyderabad</li><li>• SGPGIMS, Lucknow</li><li>• Kolkata Medical College-(i)OPD Block</li></ul></li></ol>	<ol style="list-style-type: none"><li>1. As on March'2014 Status of construction of Medical College Complex (Package-I):<ol style="list-style-type: none"><li>a) AIIMS-Bhopal-93.00%,</li><li>b) AIIMS-Bhubaneswar-93.00%,</li><li>c) AIIMS-Jodhpur-84%,</li><li>d) AIIMS-Patna 95%,</li><li>e) AIIMS-Raipur-82.00%,</li><li>f) AIIMS-Rishikesh-73%.</li></ol></li><li>2. Setting up of 2 AIIMS-like institutions in second phase of PMSSY: The status of construction of AIIMS, Rae Bareli has been completed 35%.</li><li>3. Upgradation of medical colleges in first phase of PMSSY, <b>the Status of construction:</b> Bangalore Medical College-100%, Trivandrum Medical College-100%, Salem Medical College-100%, NIMS, Hyderabad-100%, SGPGIMS, Lucknow-100%, Kolkata Medical College-(i)OPD Block-100%,</li></ol>	<ol style="list-style-type: none"><li>1. 6AIIMS Medical Colleges has started academic session for 50 Students from Sept 2012 and for 100 students each in academic year 2013-14 and 2014-15. 60 B.Sc. Nursing Students each were also admitted in 2013-14 and 2014-15 at each Institution.</li><li>2. For the proposed AIIMS at Raiganj in West Bengal in second phase of PMSSY, land was not made available by the State Government. Based on the request of State Government, it has now been proposed to</li></ol>

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			(ii)Academic Block (iii)Super Speciality Block (2nd stage of construction) <ul style="list-style-type: none"> <li>Jammu Medical College</li> <li>Srinagar Medical College</li> <li>RIMS, Ranchi</li> <li>IMS, BHU, Varanasi</li> <li>Grants Medical College, Mumbai</li> <li>SVIMS, Tirupati</li> <li>BJ Medical College, Ahmedabad</li> </ul> 4. Upgradation of medical colleges in second phase of PMSSY <ul style="list-style-type: none"> <li>Amritsar Medical College</li> <li>Aligarh Medical College</li> <li>Tanda Medical College</li> <li>Rohtak Medical College</li> <li>Madurai Medical College</li> <li>Nagpur Medical College</li> </ul>	(ii)Academic Block-100%, (iii)Super Speciality Block 2nd stage of construction Work –Tender is in process (to be completed March'2016) Jammu Medical College-100.00%, Srinagar Medical College-98%, RIMS, Ranchi-100%, IMS, BHU, Varanasi-100%, Grants Medical College, Mumbai-84%, SVIMS, Tirupati-95%, BJ Medical College, Ahmedabad-92% <b>Procurement of medical equipments:</b> 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. Procurement of balance equipment is under process and it will be completed by Dec 2014. 4. Upgradation of medical colleges in second phase of PMSSY: Amritsar Medical College-64%, Aligarh Medical College-90%, Tanda Medical College-100%, Rohtak Medical College-46%,Madurai Medical College-5%, Nagpur Medical College-40%	establish an AIIMS at Kalyani (West Bengal) which may come under Phase-IV of PMSSY. 3. <b>Madurai Medical College</b> , the work could not be started yet due to change of location by State Government and consequently, plans were modified. Civil work awarded and started in February, 2014. <b>Nagpur Medical College</b> , the procurement work is being undertaken by the State Government.
52	<b>Strengthening inter-sectoral coordination of prevention and control of Zoonotic diseases</b> Total Plan Outlay: Rs.2.00 crore	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.		



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53	<b>Viral Hepatitis surveillance Programme</b> Total Plan Outlay Rs.2.00 crore	To establish surveillance for various types of hepatitis	To continue with the activities of the previous year i.e to establish 10 lab network for surveillance of various types of viral hepatitis.		
54	<b>National Programme on Prevention &amp; Control of Anti-Micro, Resistance</b> Total Plan Outlay: Rs.2.00 crore	To establish AMR surveillance in the country	To continue the activities of the previous year		
55	<b>Social Marketing Area Project.</b> Total Plan Outlay: Rs. 0.04 crore	To provide Condoms for specific area for distribution to eligible couples through Social Marketing network of the Social Marketing Organisations (SMOs) under Social Marketing Area Project.	Funds to be released to SMOs for their approved projects in specific areas.	No project have been received from the SMO, Hence funds could not be released.	
56	<b>Social Marketing of Contraceptives</b> Total Plan Outlay Rs. 75.00 crore	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.	<ul style="list-style-type: none"> <li>The requirements have been projected for procurement &amp; Supply of 900.00 M.Pcs. of condoms &amp; 300.00 lakh cycles of oral pills to eligible couples through SMOs.</li> <li>To undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.</li> </ul>	Requirement of condoms and OCPs were revised by the SMO Condom 536 M.Pcs and OCPs 290 Lakh cycles, against the above requirement 325 M.Pcs of condom order were placed on HLL and Orders for 290 Lakh cycles of OCPs were placed on HLL & private	Remaining quantity of condoms to be procured from the private manufacturers tender have been floated by CMSS and they will procure the same.

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57	<b>Population Research Centres</b> Total Plan Outlay Rs.15.00 crore	Research studies on various socio economic, demographic and communication aspects of Population & Family Planning Programme.	<ul style="list-style-type: none"> <li>PRCs undertook a number of research studies on various health topics. They were actively involved for improving coverage and quality of HMIS data. Further, they made field visits to 85 districts for monitoring of State PIPs and submitted reports to the Ministry which gave a good insight about the functioning of NRHM in the States.</li> <li>Reports on various socio economic, demographic and communication aspects of Population &amp; Family Planning Programme and analysis / validation of HMIS data including strengthening of Mother &amp; child tracking system.</li> </ul>		
58	<b>International Institute of Population Sciences Mumbai</b> Total Plan Outlay Rs. 10.00 crore	Teaching, Training, Research, Consultancy	<ul style="list-style-type: none"> <li>880 students currently registered for various courses till the academic session year 2014-15.</li> <li>Institute will declare results in month of May except Ph.D.</li> </ul>		
59	<b>F.W. Training and Research Centre, Mumbai</b> Total Plan Outlay Rs. 0.57 crore	Training for in Service Health Worker of various categories, Clinic based Family Welfare and Medical service activities. Field based research studies.	Admitted 26 applicants for training courses (Diploma in Health Promotion Education-23, Post Graduate Diploma in Community Health Care-3).		
60	<b>Free Distribution of Contraceptives</b> Total Plan Outlay Rs.75.00 crore	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 for Supply of 571.89 M.Pcs. of condoms, 551.32 lakh cycles of Oral Pills, 88.24 lakh pieces of IUDs, 27.14 lakh pairs of Tubal Rings, 75.80 lakh packs of ECPs & 222.19 lakh Pregnancy Test Kits to states for distribution and use in health care institutions,	Out of 571.89 M.Pcs, Orders for 350 M.Pcs of condom has been placed with HLL Lifecare Ltd. for the remaining quantity tender has been floated by CMSS, they will procure. Orders for other contraceptives i.e. OCP, IUCDs, Tubal Ring & EC Pills orders were placed on HLL & Private and orders for 122.40 lakh Kits were placed on HLL and for the balance qty. tender has been opened and under consideration.	Out of 571.89 M.Pcs, Orders for 350 M.Pcs of condom has been placed with HLL Lifecare Ltd. for the remaining quantity tender has been floated by CMSS, they will procure.

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61	<b>Management Information System</b> Total Plan Outlay Rs. 90.00 crore	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.	<ol style="list-style-type: none"> <li>1. Implementation of Web enabled MIS application for data capturing and data warehousing</li> <li>2. Mother and Child Tracking System (MCTS),</li> <li>3. Evaluation through National Surveys DLHS, AHS, NFHS etc. <ol style="list-style-type: none"> <li>i. DLHS-4</li> <li>ii. Annual Health Survey (AHS) in 284 districts</li> <li>iii. National Family Health Survey-4</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. On going maintenance, expansion of HMIS Portal and improvement in quality of information on HMIS Portal. 632 district have shifted to facility based reporting on HMIS. Development of GIS enabled HMIS application is in progress.</li> <li>2. Mother and Child Tracking System: <ol style="list-style-type: none"> <li>(i) Since inception of MCTS total 7,31,53,513 pregnant women and 6,10,89,842 children were registered till 30<sup>th</sup> September, 2014. The registration during 2014-2015 was 67.03% for pregnant women and 52.80% for children on pro-rata basis as on 30<sup>th</sup> September, 2014. Out of total 2,21,525 ANMs registered in MCTS, 2,17,965 (98.39%) ANMs were registered with Phone numbers. Similarly, out of total 9,10,379 ASHAs registered in MCTS, 8,16,732 (89.71%) ASHAs were registered with Phone number. States are being requested to set up call centres for better interaction between health service providers and beneficiaries.</li> <li>(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.</li> </ol> </li> <li>3. Evaluation through National Surveys DLHS, AHS, NFHS etc: <p>DLHS-4: The Fact Sheets containing important indicators for 21 States/ UTs were published.</p> <p>AHS: The Ministry undertook three rounds AHS through the Office of Registrar General &amp; Census Commissioner, India in 284 districts of 9 States. Fact Sheets of all the three rounds have been released. The work of survey component of measurement of height, weight, blood pressure, blood glucose, hemoglobin etc. is under progress.</p> <p>NFHS: The work relating National Family Health Survey -4 is in progress.</p> </li> </ol>	<ol style="list-style-type: none"> <li>i) Sample design and Questionnaires have been firmed up in a series of meetings. The proposal has been approved by the Steering Committee</li> </ol>

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				<p>of NFHS-4 and the Empowered Programme Committee (EPC) of NHM.</p> <p>ii) Agencies for conducting field work of NFHS-4 have been selected and field work started.</p> <p>Remark: Remaining districts of Tamilnadu, Brihan Mumbai and Kolkata are also expected to shift to facility based reporting on HMIS. GIS enabled HMIS is to be made live by 31<sup>st</sup> March, 2015.</p>	
62	<b>National Programme for prevention &amp; Management of Burn Injuries</b> Total Plan Outlay Rs.28.00 crore	<ul style="list-style-type: none"> <li>To reduce incidence, mortality, morbidity and disability due to Burn Injuries,</li> <li>To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.</li> <li>To establish adequate infrastructural facility for burn management and rehabilitation/monitoring &amp; evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Inspection of 30 new Medical Colleges for implementation and signing of MOU and release of funds construction, procurement of equipments</li> <li>Release of funds for manpower recruitment to 10 Medical Colleges identified last year.</li> <li>Release of recurring grant for manpower for already existing 3 medical colleges.</li> <li>Initiation of construction / renovation of burn's unit followed by procurement of equipments by 30 Medical Colleges.</li> </ul>	<p>(i) In total 26 burn units have been inspected by Dte.G.H.S, MoHFW subjected to signing of MoU by States &amp; UTs.</p> <p>(iii) The review assessment has been carried out by Dte.G.H.S, MoHFW</p> <p>(vii) Draft IEC action plan on burn injuries scheme have been submitted by CHEB for approval by MoHFW.</p> <p>(viii) Practical handbook for training of Surgeons / medical officers in Burn Injury management has been revised.</p> <p>(ix) Some of the Burn units that were establishing during the 11th FYP are sending quarterly progress reports.</p>	(i) Extension of 11th Five Year Plan of Burn Injuries scheme for the remaining period of 12th Five Year Plan.
63	<b>e-Health including Telemedicine</b> Total Plan Outlay Rs. 44.77 crore	Since National Optical Fibre Network (NOFN) initiative has been delayed by DoT-BBNL, the outreach services could not be done and no evaluation report received from NIC-Deptt. Of Technology on Pilot Project of Rural Telemedicine	Medical Colleges for NMCN selected. States is being requested to sign MoU. Further course of action for techno commercial bid is under process.	<p>EOI document under process of initiation. MoU with States is under progress.</p> <p>Requests made to DeitY to evaluate the Status of LAN/CAN in Medical Colleges for LAN evaluation.</p> <p>Request made to M/o HRD for supporting</p>	Gol initiatives of NOFN delayed and it is expected that 10,000 GPS shall be connected by 2016 and remaining 150000 GPS by 2017. Rural Telemedicine network initiative can roll

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		<p>Services done at three Pilot states. This year based on reports of NOFN, Initiatives shall be under taken on Pilot basis.</p> <p>Telemedicine Grid formulation with Department of Space is under consideration and few HPD shall be taken on Pilot Phase.</p> <p>NMCN Project's first year initiatives shall be under taken for implementation in the Financial year 2015-16.</p>		LAN/CAN in 35 Medical Colleges.	out under this plan when tariff is received.
64	<b>Upgradation/ Strengthening of Nursing Services</b> Total Plan Outlay Rs.200.00 crore	To provide financial assistance to the State Government for establishment of ANM/ GNM Schools.	Release the funds for opening of new ANM/GNM Schools.	<ul style="list-style-type: none"> <li>During the year, 2014-15, a sum of Rs. 8.4 crore has been released for opening of 3 ANM &amp; 1 GNM School.</li> <li>Less expenditure is due to outstanding UCs against State Govt. non-receipt of MoU and other documents.</li> </ul>	
65	<b>Strengthening/Creation of Paramedical Institutions</b> Total Plan Outlay Rs.200.00 crore	Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through standardization of such education/courses across the country. It can be achieved by implementing the scheme.		<ul style="list-style-type: none"> <li>Regarding setting up of One National Institute of Paramedical Sciences (NIPS) &amp; Eight Regional Institute of Paramedical Sciences (RIPS), Land for NIPS at Najafgarh and Five RIPS at Bhubaneswar, Bhagalpur, Chandigarh, Coimbatore and Nagpur has been finalized.</li> <li>The presently Centre and State ratio is 85:15 in project cost. Department of Expenditure has proposed for Centre and State ratio as 75:25.</li> </ul>	
66	<b>District Hospital-upgradation of State Govt. Medical College (PG Seats)</b>	<p>To provide financial assistance to the State Government Medical Colleges to upgrade the facilities for starting new Post Graduate (PG) disciplines and increasing PG seats.</p> <p>(Release of funds to 72 State Govt. Medical Colleges in 20 States. Out of total Central share of Rs.1124.08 crore of the total Plan outlay of Rs.1498.43 crore, Rs.716.94 Crore has already been released. Further installments not released due to non-receipt of UCs and other documents.</p>			

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	Total Plan Outlay Rs. 299.00 crore	Also, in view of reduction in budgetary allocation at RE stage, release of funds for the cleared projects dependant on the availability of funds).			
67	<b>Upgradation of Government Medical college for increase in MBBS seats</b> Total Plan Outlay Rs. 327.00 crore	<p>The objective is to provide financial assistance to the state Government medical colleges to upgrade their infrastructural facilities to increase their intake capacity of MBBS thereby increasing the total undergraduate seats in the Government Sector in the country.</p> <p>(Proposals were received from 5 State Govts., covering 13 medical colleges and resulting an overall increase of 1095 MBBS seats. The proposals were considered by the Technical Evaluation Committee (TEC) in its meeting held on 13.11.2014 and approved by the Empowered Committee (EC) under the chairmanship of Secretary (Health &amp; Family Welfare) in its meeting held on 29.12.2014. In view of reduction in budgetary allocation at RE stage, release of funds for the cleared projects is dependant on the availability of funds.)</p>			
68	<b>Establishment of new medical colleges attached with district/ referral hospitals</b> Total Plan Outlay Rs. 147.00 crore	<p>The objective is to provide financial assistance to the state Governments for establishment of new Government medical colleges attached with existing District/ referral Hospital in underserved Districts in the country.</p> <p>(MoUs were signed with all the 20 States/UT. DPRs in respect of 13 new medical colleges were received from 7 State / UT Governments, which were considered by the TEC in its meeting, held on 13.11.2014. Out of those, proposals of four States and one UT were approved by the EC in its meeting held on 29.12.2014. In view of reduction in budgetary allocation at RE stage, release of funds for the cleared projects dependant on the availability of funds).</p>			
69	<b>Setting up of State institutions of paramedical sciences in States and setting up of college of paramedical education</b> Total Plan Outlay: Rs.20.00 crore	<p>Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through standardization of such education/courses across the country. It can be achieved by implementing the scheme.</p> <p>(As suggested by DGHS letter has been written to all 36 States/U.T.s for sending the proposal to increase the existing seat capacity /courses with a tentative allocation of Rs.13.7 crore. Presently EFC for one time institutional grant for supporting State Govt. Medical College for conducting allied health (paramedical) Courses was sent to DoE and Planning for their appraisal. As advised by DoE the Scheme is under rationalization of expenditure).</p>			

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70	<b>Strengthening / Upgradation of Pharmacy Institutions</b> Total Plan Outlay: Rs. 5.00 crore	Providing financial assistance in the form of one time grant-in-aid for Strengthening /Upgradation of Pharmacy institutions and for conducting education programme for faculty in pharmacy institutions and practicing pharmacists.  (The scheme has been continued in 12th FYP for the total outlay of Rs.65 crore. Under the Scheme on the basis of proposals received, 17 Pharmacy Colleges across the country were technically evaluated by DGHS and Pharmacy Council of India (PCI). Out of these 17 proposals, Competent Authority has approved proposals under component-1 of the Scheme for Strengthening/ upgradation of Diploma level Pharmacy institutions to enable them to run degree level courses. Accordingly, funds to the tune of Rs. 30 crores (Total outlay under this component) are to be released to the States. Hence BE may be revised to Rs.30 crore under this Scheme).			
71	<b>Setting up of college of pharmacy in Govt. Medical Colleges.</b> Total Plan Outlay Rs.26.00 crore	Providing financial assistance in the form of one time grant-in-aid for Strengthening/Upgradation of Pharmacy institutions and for conducting education programme for faculty in pharmacy institutions and practicing pharmacists.  (Revised EFC memo is under preparation in Pharmacy Council of India).			
72	<b>National AIDS Control Organisation</b> Total Plan Outlay Rs.1785.00 crore	Goal: Accelerate Reversal and Integrate Response. Objectives: <ul style="list-style-type: none"> <li>Reduce new infections by 50% (2007 Baseline of NACP III)</li> <li>2. Provide comprehensive care and support to all persons living with HIV/ AIDS and treatment services for all those who require it.</li> </ul>	<ul style="list-style-type: none"> <li>New Targeted Interventions established 220</li> <li>STI/RTI patients managed as per national protocol 71 lakh episodes</li> <li>Blood Collection in NACO supported Blood Banks 45 lakh</li> <li>Districts covered under Link Worker Scheme (cumulative) 163</li> <li>Clients Tested for HIV (General Clients) 118 lakh</li> <li>Pregnant Women tested for HIV 118 lakh</li> <li>Proportion of HIV+ Pregnant Women and Babies who are</li> </ul>	<ul style="list-style-type: none"> <li>7 New Targeted Interventions established</li> <li>(Due to delay in release in funds from State treasury to SACS)</li> <li>67.7 lakh episodes STI/RTI patients managed as per national protocol</li> <li>28 lakh Blood Collection in NACO supported Blood Banks</li> <li>162 Districts covered under Link Worker Scheme (cumulative)</li> <li>57.02 lakh Clients Tested for HIV (General Clients)</li> <li>42.49 lakh Pregnant Women tested for HIV</li> <li>92% Proportion of HIV+ Pregnant Women and Babies who are initiated on Multidrug Antiretroviral (ARV) regimen (out of cases detected during pregnancy)</li> <li>74% Proportion of HIV + pregnant Women</li> </ul>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
			<p>initiated on Multidrug Antiretroviral (ARV) regimen (out of cases detected during pregnancy) 85%</p> <ul style="list-style-type: none"> <li>• Proportion of HIV + pregnant Women and Babies who are initiated on Multidrug Antiretroviral regimen at the time of delivery (out of cases detected during labor) 85%</li> <li>• No. of HIV-TB Cross Referrals 13 lakh</li> <li>• New ART Centres established 45</li> <li>• No. of PLHIV on ART (cumulative) 8.31 lakh</li> <li>• Opportunistic Infections treated 3 lakh</li> <li>• Campaigns released on Mass Media - TV/Radio 8</li> <li>• New Red Ribbon Clubs formed in Colleges 550</li> <li>• Persons trained under Mainstreaming training programmes 3.2lakh</li> <li>• Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood Banks 70%</li> </ul>	<p>and Babies who are initiated on Multidrug Antiretroviral regimen at the time of delivery (out of cases detected during labor)</p> <ul style="list-style-type: none"> <li>• 8.63 lakh No. of HIV-TB Cross Referrals</li> <li>• 49 ART Centres established</li> <li>• 8.1 Lakh No. of PLHIV on ART (cumulative)</li> <li>• 1.5 lakh Opportunistic Infections treated</li> <li>• 3 Campaigns released on Mass Media - TV/Radio</li> <li>• 190 New Red Ribbon Clubs formed in Colleges</li> <li>• 1.08 lakh Persons trained under Mainstreaming training programmes</li> <li>• 83% Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood</li> <li>• 12.5 crore pieces Free distribution of Condoms</li> <li>• 35.5 crore pieces Social Marketing of condom by NACO contracted Social Marketing Organisations</li> </ul>	



Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2014-15) as on Sept, 2014	Remarks / Risk factors
			<ul style="list-style-type: none"> <li>• Free distribution of Condoms 37 crore pieces</li> <li>• Social Marketing of condom by NACO contracted Social Marketing Organisations 44 crore pieces</li> </ul>		

## OUTCOME BUDGET 2013-14

### (OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES/ACHIEVEMENTS)

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
1	<b>NRHM Mission Flexible Pool:</b> Total Plan Outlay Rs.5764.00 crore (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 area).	1. Fully Trained and Equipped ASHAs, one for every 1000 population or less/ for isolated habitations.	50,000 ASHAs to be provided with Drug Kits.	34083	
		2. Strengthening of Health sub-Centres SHC.	3200 ANMs to be provided in all the sub centres identified for institutional deliveries.	4121	
		3. Construction of Sub Centres.	800 New Sub Centres to be constructed across the country.	2150	
		4. Strengthening of Primary Health Centres for service guarantees as per IPHS.	500 Primary Health Centres to be made 24X7 during 2013-14.	232	
		5. Upgrading Community Health Centres and other levels into First Referral Units.	200 CHCs and other level facilities to be upgraded as First Referral Units.	240	
		6. Appointment of Doctors/ Specialists.	900 Doctors/ Specialists to be recruited on contract basis.	1573	
		7. Appointment of Staff Nurses.	900 Staff Nurses to be recruited on contract basis.	6213	
		8. Appointment of Paramedical Staff.	900 Paramedical Staffs to be recruited on contract basis.	5164	
		9. Untied grants to be	100% Health facilities to be given untied	100% of eligible health	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		provided to each VHSNC, SC, PHC, CHC to promote local health action.	funding for local health action during 2013-14.	facilities	
		10. Annual Maintenance grants to be provided to each SC, PHC, CHCs	100% Health facilities to be given Annual Maintenance grants during 2013-14.	100% of eligible health facilities	
		11. Mobile Medical Units (MMU) to be operationalized in all districts.	Mobile Medical Units (MMU) to be operationalized in 50 more districts.	12	
		12. Operationalization of Emergency Referral transport Ambulances.	400 Ambulances to be operationalized in the States/UTs.	6434 Ambulances.	
		13. Preparation of Annual District Action Plan (DHAP)	District Health Action Plan to be prepared for 640 districts.	642 Districts have prepared the District Health Action Plan.	
		14 Holding Village Health & Nutrition days.	55 lakh Village and Health Nutrition days to be completed.	64.71 lakhs VHND.	
2	<b>RCH Flexible Pool:</b> Total Plan Outlay Rs.5407.01 crore (Rs.5347.01+ Rs.60.00 crore)	<b>Reproductive Child Health Programme:</b> 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	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-centres and MTP & RTI/STI services. (b) Coverage of JSY beneficiaries. (c) Ensuring enrolment of all pregnant women under Aadhaar. (d) Implementation of Janani Shishu Suraksha Karyakram (JSSK) - an initiative to assure free entitlements for both pregnant women and sick new borns	<ul style="list-style-type: none"> <li>➤ Infant Mortality Rate declined to 40 per 1,000 live births (SRS 2013).</li> <li>➤ Maternal Mortality Ratio reduced to 178 per 1,00,000 live births (SRS 2010-12).</li> <li>➤ Total Fertility Rate reduced to 2.4(SRS 2012).</li> <li>➤ Under 5 Mortality Rate reduced to 52 (SRS 2012).</li> <li>➤ Adopted strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A).</li> </ul> <p><b>Maternal Health Services:</b></p> <ul style="list-style-type: none"> <li>➤ Greater thrust for providing maternal health services: <ul style="list-style-type: none"> <li>✓ Percentage of institutional deliveries against reported deliveries is up March'2014 is 85.32%.</li> <li>✓ Demand promotion through JSY. 106.48 lakh beneficiaries</li> </ul> </li> </ul>	

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		11th & 12th Five Year Plan. It aims at providing need based, client centred, demand driven, quality services to the beneficiaries with a view to improve the health status of Infant, Women and Children.	<p>till 30 days after birth accessing public health institutions for healthcare.</p> <p>(e) Strengthening of integrated management of neonatal and childhood illness (IMNCI); new born care (including diarrhoea management, ARI &amp; micro-nutrients malnutrition).</p> <p>(f) Strengthening of Family Planning services (including Compensation for Sterilisation &amp; IUD).</p> <p>(g) Home delivery of contraceptives by ASHAs at doorstep of beneficiaries.</p> <p>(h) Provision of services for (i) Adolescent Health, (ii) Urban RCH (iii) Tribal RCH (iv) Vulnerable Groups.</p> <p>(i) Involvement of NGOs and Public Private Partnership.</p> <p>(j) Strengthening Infrastructure, HR and Institutional Strengthening.</p> <p>(k) Provision for adequate Training, IEC/BCC, and Procurement &amp; Programme Management arrangements.</p> <p>(l) Supporting the activities of Immunisation PIPs.</p> <p>(m) Mother &amp; 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.</p> <p>(n) Improve HMIS.</p> <p>(o) To meet the increased demand for delivery care services, introduction of 100</p>	<p>covered under JSY upto March, 2014 which includes 2.36 lakhs home delivery and 104 lakhs institutional delivery beneficiaries.</p> <p>✓ Steps initiated for enrolment of JSY beneficiaries under Aadhaar. Direct Benefit Transfer (DBT) modes of payment under JSY have been rolled out in 43 districts from 1.4.2013 and in 78 districts from 1.7.2013.</p> <p>✓ Operationalization of Delivery Points /24*7 facilities.</p> <p>✓ Multiskilling of doctors &amp; human resources for health</p> <p>➤ Promote institutional delivery, eliminate out of pocket expenses and facilitate prompt referral through following measures under JSSK.</p> <ul style="list-style-type: none"> <li>• Free and zero expense treatment</li> <li>• Free drugs and consumables</li> <li>• Free diagnostics</li> <li>• Free provision of blood</li> <li>• Free transport from home to health institutions</li> <li>• Free transport between facilities in case of referral</li> <li>• Free Drop back from institutions to home</li> <li>• Exemption from all kinds of user charges.</li> </ul> <p>➤ JSSK entitlement is extended for infants till 1 year of life.</p> <p>JSSK Achievements for PWs</p> <p>➤ Beneficiaries availed free drugs – 112.92 lakhs (85%)</p> <p>➤ Beneficiaries availed free diet – 91.51 (69%)</p> <p>➤ Beneficiaries availed free diagnostics – 102.04 lakhs (77%)</p> <p>➤ Beneficiaries availed free home to facility – 62.83 lakhs (48%)</p> <p>➤ Beneficiaries availed free drop back – 50.93 lakhs (39%)</p> <p>JSSK Achievements for Sick New-borns and infants</p> <p>➤ Beneficiaries availed free drugs – 14.58 lakhs (74%)</p> <p>➤ Beneficiaries availed free diagnostics– 7.9 (40%)</p> <p>➤ Beneficiaries availed free home to facility – 1.95 lakhs (10%)</p>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			<p>bedded MCH Wings at District Hospitals and 70/50/30 bedded maternity wards at Sub Divisional Hospitals/CHCs with high delivery load.</p> <p>(p) Scheme for promotion of Menstrual Hygiene to bring health awareness amongst adolescent girls.</p> <p>(q) Under WIFS, 12.72 crores Adolescents (girls &amp; boys) will be covered for high prevalence and incidence of Anemia.</p> <p>(r) Setting up of Adolescent Friendly Health Clinics for ARSH services.</p> <p>(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.</p>	<p>➤ Beneficiaries availed free drop back – 5.54 lakhs (28%)</p> <p>➤ Child Health Services</p> <p><b>Facility Based New born Care</b></p> <ul style="list-style-type: none"> <li>✓ 13,862 NBCCs established and 125691 health personnel trained in NSSK.</li> <li>✓ 518 SNCUs and 1747 NBSUs have established.</li> <li>✓ More than 16 lakhs new born availed JSSK entitlements.</li> </ul> <p><b>Home Based New Born care (HBNC)</b></p> <ul style="list-style-type: none"> <li>✓ Out of 8.9 lakhs ASHAs, 5.7 lakhs trained in round 1 of module 6 &amp; 7 to provide home based new born care</li> <li>✓ HBNC implemented in 31 States/UTs in the Country.</li> <li>✓ More than 12 lakhs new born visited to home by ASHAs.</li> </ul> <p><b>Promoting IYCF practices</b></p> <ul style="list-style-type: none"> <li>✓ As per HMIS 2013-14, 88% coverage of early initiation of breast feeding in the Country.</li> <li>✓ Guideline for <b>Enhancing Optimal Infant and Young Child feeding Practices-2013</b> published and disseminated across the Country.</li> </ul> <p><b>Micronutrient supplementation</b></p> <ul style="list-style-type: none"> <li>✓ As on February, 2014 HMIS 2013-14; 73%, 64% and 57% children received the 1st, 5th and 9th dose of Vitamin A respectively.</li> <li>✓ 234 lakhs IFA syrup given to the Children.</li> <li>✓ 872 NRCs established in the Country.</li> </ul> <p><b>Diarrhoea Management and ARI</b></p> <ul style="list-style-type: none"> <li>✓ As per HMIS 2013-14, a total 394 lakhs ORS packets are provided to children for management of diarrhoea in the country. Use of Zinc tablets has now been reinforced.</li> </ul> <p><b>Child Health Screening and Early Intervention Services</b></p> <p>In 2013-14, 11,839 teams in 22 State/UTs have been approved.</p> <ul style="list-style-type: none"> <li>✓ 5491 teams have been recruited</li> </ul>	

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				<ul style="list-style-type: none"> <li>✓ 7.99 crore children have been screened</li> <li>✓ 43.1 lakhs children have been referred to health facilities</li> <li>✓ 10.9 lakhs children have received secondary and tertiary care</li> </ul> <p>445 State level master trainers and 2429 Teams from 9 states were directly trained by the National RBSK Team.</p> <p><b>Adolescent Health:</b></p> <ul style="list-style-type: none"> <li>▪ 4 crore packs of sanitary napkins have been distributed till January 2014.</li> <li>▪ 6519 Adolescent Friendly Health Clinics (AFHCs) were operational in the country as on 31.3.2014.</li> <li>▪ WIFS is being implemented in 32 States/UTs. Total number of beneficiaries covered under WIFS programme is 3.74 crores till March, 2014.</li> </ul> <p><b>Family Planning:</b></p> <ul style="list-style-type: none"> <li>✓ Performance up to March, 2014: 41,29,519 Sterilisations and 51,30,340 IUCD insertions (as per HMIS).</li> <li>✓ Approximately 1.8 lakhs PPIUCD insertions has been reported in HMIS.</li> <li>✓ Scheme for distribution of contraceptives at door step through ASHAs was operationalised. 8.6 lakh ASHAs country wide are distributing the contraceptives at the doorstep of the beneficiaries</li> <li>✓ A scheme for ensuring healthy spacing at births is operational in 18 states of the country (8 EAG + 8 North east + Gujarat &amp; Haryana). ASHAs are being incentivized for the same.</li> <li>✓ Pregnancy Testing Kits (PTKs) are available at Sub- Centres and with ASHAs for easy and early detection of the pregnancy. The overall utilization of PTKs varies from 50-60% in various states of the country..</li> </ul> <p>➤ MCH Centres</p>	

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				<ul style="list-style-type: none"> <li>Under NRHM, 100/50/30 bedded MCH wings are being established in District Hospitals/ District Women's Hospitals/ Sub-District Hospitals/ CHCs/FRUs. These wings are to be established in next 2-3 years for quality obstetric and neo-natal care.</li> <li>➤ Monitoring and Evaluation of Service Delivery <ul style="list-style-type: none"> <li>To strengthen monitoring and evaluation of the key indicators and strategies, several mechanisms like performance statistics, surveys, community monitoring, quality assurance, field visits, etc., have been placed.</li> <li>To accelerate the achievement of the MDG Goals, 183 High Priority districts have been identified on the basis of composite health index to fast-track improvements in RCH outcomes</li> <li>Data on 6,20,71,989 pregnant women and 5,19,13,406 children have been captured till 31.03.2014 in the MCTS Central Server.</li> </ul> </li> </ul>	
3	<b>Routine Immunization</b> Total Plan Outlay: Rs. 800.00 crore	Routine Immunization of Children against seven vaccine preventable diseases (VPDs) and reduction in Morbidity and Mortality rate due to VPDs.	Full immunization coverage to be increased to 70%.	As per the reported data of HMIS antigen wise all India coverage is as follows: BCG 92.97% DPT3 74.54% OPV3 89.85% Measles 88.50% Full Imm 88.18% JE vaccine 49.79%*	* In Identified 113 Districts.
4	<b>Pulse Polio Immunization Programme</b> Total Plan Outlay: Rs. 805.00 crore	To eradicate Polio	Polio drops will be administered to approx. 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively.	Four SNIDs have been conducted in the months of April, June, Sept & Nov'2013 and two NIDs were conducted in Jan, Feb, 2014. No polio case was reported in the country during 2013-14. Remark: * No polio case seen after 13.01.2011. * The entire South-East Asia Region including India has been declared	

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				'Polio Free' by SEARO, WHO on 27 March, 2014.	
5	<b>National Iodine Deficiency Disorders Control Programme</b> Total Plan Outlay Rs.50.00 crore	To control and prevent iodine deficiency disorders in the country	<ul style="list-style-type: none"> <li>• Production &amp; distribution of iodised salt 60 lakh MT.</li> <li>• Training to district health functionaries.</li> <li>• Supply of salt testing kits at district level by States/UTs.</li> <li>• Analysis of salt samples to estimate iodine content in the iodated salt at various levels.</li> <li>• Analysis of urine samples for urinary iodine estimation.</li> <li>• Analysis of salt samples to assess the quality of iodated salt at community/ household level.</li> <li>• Monitoring of district salt samples by the Central team.</li> </ul>	<ul style="list-style-type: none"> <li>• 58.00 lakh MT in the year 2013-2014.</li> <li>• Sanctions were issued to 28 States/ UTs for procurement of STK, &amp; ASHA incentive. However, fund was released to 17 States/UTs only. Due to some technical problems funds were not released to remaining 11 States/UTs.</li> <li>• 93344 salt samples collected and analysed out of which 88275 (95%) are confirmed to standards iodine content &gt;15ppm.</li> <li>• 23931 urine samples collected and analysed out of which 22040 (92%) samples found to be optimal i.e. urinary iodine excretion is (UIE) &gt;100 ug.</li> <li>• 1948160 salt samples collected and tested out of which 1424066 (73%) are good quality.</li> <li>• None.</li> </ul>	<ul style="list-style-type: none"> <li>• 97% achievement</li> <li>• D/o H&amp;FW had decentralized procurement of Salt Testing Kits under NIDDCP for endemic districts of all States/UTs since 2012-13</li> <li>• States are being requested to collect and analyse salt &amp; urine samples as per NIDDCP guidelines.</li> <li>• Several sanctioned technical posts including Adviser (N) under the programme at Central level are lying vacant.</li> </ul>



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6	<b>National Urban Health Mission (NUHM)</b> Total Plan Outlay Rs.1.00 crore	The NUHM aims at strengthening the existing health care service delivery system in the Urban Areas by specifically targeting the people living in urban slums. Cabinet has approved the National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) on 01.05.2013.		An amount of Rs. 662.227 Crore have been released to 29 States/UTs up to 31.03.2014.	BE was too little RE was available during Jan'2014.
7	<b>National Vector Borne Disease Control Programme</b> Total Plan Outlay Rs.572.00 crore	<b>1. Malaria</b> ABER over 10% and API 1.2 or less	(d) ABER > 10% of target population under surveillance (e) Coverage of high risk population with LLIN in identified states supported under World Bank and Global Fund assistance. (f) 80% coverage of the targeted population under Indoor Residual Spray (IRS).	(d) ABER of 5.15% (Provisional) achieved. API achieved is 0.64 (Prov.) per 1000 population. (e) Cumulative coverage with LLIN in north eastern states is 40.70%. Cumulative coverage in World Bank states is 40%. (f) 68.32% of population covered under IRS till Sep, 2013.	(iv) Filling up of vacant posts of Health Workers for domiciliary visits (v) Timely release of funds by States for programme implementation (vi) Submission of UCs by States to GOI for timely release of funds (vii) Timely procurement of bed nets (LLIN) (viii) Behaviour change communication achieved for regular use of LLIN. (ix) Acceptance of IRS by the targetted population.
		<b>2. Elimination of Lymphatic Filariasis</b> 80% coverage of targeted population. Endemic Districts (250) achieving Micro Filaria rate of <1%	Mass Drug Administration (MDA) with anti-filaria tablets in 16 out of 20 LF endemic States having about 450 million population. Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).	MDA 2013 had started since November 2013 and Assam, Jharkhand, Orissa, D & N Haveli & Lakshadweep Have completed MDA 2013 round. Other states will observed during January to March, 2014. 186 endemic districts have achieved Microfilaria rate<1% 50 out of 186 districts are preparing for transmission assessment survey	(iii) Release of funds by GOI to State health Society well in advance & further release to districts by State Health Society for implementation of the Programme. (iv) Availability of funds at grass root level for completing preparatory activities. (v) No disinformation on MDA

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				(TAS). Out of this, 5 have successfully completed TAS which is first stage of elimination and in rest of the districts the preparatory activities for TAS is going on so as to complete TAS before March, 2014. Four regional level workshops for trainers have been conducted one each at Pune, Bhubaneswar, Chennai and Bangalore involving officials from state, district, NCDC, ICMR and ROHFWs	(vi) Availability of ICT cards which is produced by sole manufacturer of USA.
		<b>3.Kala-azar</b> Block PHCs (584) reporting Less than 1 case of Kala-azar per 10000 population.	(iv) At least two rounds of door to door search undertaken in each of the endemic districts. (v) Making available anti Kala-azar drugs in all block level PHCs & district hospitals. (vi) 80% coverage of targeted population with DDT 50%	(v) Kala-azar search was intensified in each of the endemic districts and 13021 cases were detected and treated during 2013 (vi) Drugs & diagnostics availability has been ensured. (vii) The spray coverage has been 85% of the targeted population.	(iii) Release of funds by State Health Society to district Health Society for Programme implementation. (iv) Maintaining regular supply of anti Kala-azar drugs at the periphery (v) Involvement of NGOs/FBOs /PRIs and private practitioners in the Kala-azar elimination.
		<b>4. Japanese Encephalitis</b> 85% coverage of eligible children with J.E. Immunization in targetted districts	(vi) Availability of fogging equipment and insecticides in all endemic zones. (vii) Trained teams available at CHCs and District Hospitals in endemic areas for time case management.	(v) 6374 cases of AES/J.E. have been detected and managed during 2013. (vi) During 2013-14, additional 16 districts (over and above the total 114 districts already covered since 2006), have also	(i) Early case reporting achieved. (ii) Analysis of epidemiological and entomological data for epidemic outbreak prediction and timely remedial measures.

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				been covered under vaccination through immunization division. (vii) Implementation of GoI approved activities initiated in districts priority	
		<b>5. Dengue/ Chikungunya</b> 90% of identified sentinel surveillance hospitals maintaining line listing of cases	(iv) Regular entomological surveillance in endemic areas for vector species ( <i>Aedes aegypti</i> ). (v) Regular fever surveillance in endemic areas to detect an unusual trend. (vi) Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.	Regular surveillance is being done and 70857 cases of dengue and 15639 clinically suspected cases of chikungunya have been detected and treated during 2013.	(iv) State putting in place entomological teams for vector surveillance. (v) Early case reporting achieved. (vi) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.
8	<b>Revised National TB Control Programme</b> Total Plan Outlay Rs.710.15.00 crore	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 780000 and 30000 MDR TB Patients with cure rate > 87%	New sputum positive case detected: 534923 and cure rate achieved: 85%.	
9	<b>National Leprosy Eradication Programme</b> Total Plan Outlay Rs.51.00 crore	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 657 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. 542 districts  2. Gr II – 4.14%  3. Not applicable	1. 15 new districts formed during the year. 2. Special activity plan resulted in higher detection of new cases. 3. To be calculated in March, 2017.

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10	<b>Integrated Disease Surveillance Programme</b> Total Plan Outlay Rs.63.00 crore.	1. To strengthen/ maintain a decentralized laboratory based IT-enabled disease surveillance system for epidemic prone diseases to 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.	1. > 95% districts will report weekly data on epidemic prone disease through portal. 2. Outbreaks will be investigated and responded to by sending clinical samples to the laboratories in more 70% of outbreaks. 3. 100 % Districts Public Health Labs will be strengthening for diagnosis/ testing epidemic prone diseases.	1. About 90% districts reported weekly data on epidemic prone through portal/ email 2. 1030 (about 70%) Outbreaks investigated and responded to by sending clinical samples to the Labs.  3. Network of 133 labs is already functional.	Implementation by the States/ Union Territories
11	<b>National Programme for Control of Blindness</b> Total Plan Outlay Rs.230.00 crore	Reduction in the prevalence of blindness to 0.3% by 2020.	1. Target for Cataract Surgery 66 lakh surgeries 2. Target for other eye diseases: 72,000 cases 3. No. of spectacles to school children: 9 lakh spectacles. 4. Target for Eye Donation: 50,000 donated eyes. 5. Strengthening/development of Eye care infrastructure: Medical Colleges 30 Distt. Hospitals 120 Sub-distt. Hospitals 20 PHC(Vision Centres) 1000 Eye Banks 4 Eye Donation Centres 20 Strengthening of NGOs for eye care facilities: 4 Development of Dedicated Eye Units in district	1. 62.63 lakh cataract surgeries performed 2. 2,45,000 other eye diseases treated. 3. 6.25 lakh free spectacles provided to school children. 4. 50,000 donated eyes collected.  5. Strengthening/development of Eye care infrastructure: Medical Colleges 1 Distt. Hospitals 3 Sub-distt. Hospitals 1 PHC(Vision Centres) 25 Eye Banks 0 Eye Donation Centres 0	(i) Less entry in MIS system.  (iii) Due to limitation of required funds.  (v) Due to limited allocation of funds, the targeted activities could not be supported fully.  (vi) Training of Manpower:-  Eye Surgeon: - due to limited availability of funds with the training centres.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			hospitals: 6 Multipurpose District Mobile Ophthalmic Units: 80 Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit :5 8. Training of manpower Eye Surgeons: 500 PMOA and paramedics: 40 Refresher training of Ophthalmic Assitants/Ophthalmic Nurses: 600 State/District Programme Managers: 200 Medical Officers (PHC, CHC,DH): 1000 ASHA & ICDS: 1000	Strengthening of NGOs for eye care facilities: 4 Development of Dedicated Eye Units in district hospitals: 0 Multipurpose District Mobile Ophthalmic Units: New activity Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit : 2 6. Training of manpower Eye Surgeons: 250 PMOA and paramedics, Refresher training of Ophthalmic Assitants/ Ophthalmic Nurses, State/ District Programme Managers, Medical Officers (PHC, CHC,DH) ASHA&ICDS ( These are decentralized activities conducted and maintained by States/UTs).	
12	<b>National Mental Health Programme</b> Total Plan Outlay Rs.200 crore	To ensure availability of minimum mental health care for all in the foreseeable future particularly the most vulnerable and under privileged section of the population.  To encourage application of mental health knowledge	1. Continuation of support to Centres of Excellence : 11 2. Upgradation of Centres of Excellence into Neuro Sciences Health Care Facilities : 2 3. Establishment of New Centres of Excellence:2 4. Continuation of support to PG Departments in Mental Health Specialties : 27 5. Establishment of PG Departments in Mental Health Specialties : 25	Initiation of New DMHPs : 69 Continuation of support to existing DMHPs : 16 Continuation of support to PG Departments in Mental Health Specialties: Approval has been obtained,	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		in general care and social development.  To promote community participation in developing mental health services and to stimulate efforts towards self-help in the country	6. Support to NGO/CBOs : 40 7. Continuation of support to existing District Mental Health Programme (DMHPs) :123 8. Initiation of new DMHPs: 74 9. Support to SMHA : 35		
13	<b>National Programme for Health Care of the Elderly</b> Total Plan Outlay - Rs.50.00 crore.	<ul style="list-style-type: none"> <li>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 and Preventive &amp; promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation &amp; therapeutic intervention.</li> </ul> <p><b>National Institute of Aging:</b></p> <ul style="list-style-type: none"> <li>To create and expand health manpower for old age care, promote high quality research in the</li> </ul>	<ul style="list-style-type: none"> <li>Continuation of Geriatric Departments at 8 existing Regional Geriatric Centres and establishment of 4 new Geriatric Centres in the selected Medical Colleges.</li> <li>Continuation of Geriatric unit at the 100 existing district hospitals and addition of 25 new Districts.</li> <li>Continuation of Sub-District level activities at CHCs, PHCs and Sub-Centres in the 100 existing Districts and the 25 new districts.</li> </ul> <p><b>National Institute of Aging:</b> National Institutes of Aging at Madra Medical College, Chennai and AIIMS, New Delhi.</p>	<ul style="list-style-type: none"> <li>4 new Regional Geriatric Institutions with capacity to produce 2 postgraduates in MD in Geriatric Medicine per year per Institute</li> <li>Additional 120 beds in the 4 new Medical Colleges (@ 30 beds per MC) for the Elderly</li> <li>Continuation of Geriatric Clinics (OPD) and Physiotherapy units in 100 District Hospitals and Geriatric clinics in CHCs/PHCs of these Districts, free aids and appliances to elderly population at Sub-Centre level.</li> <li>Improvement in life expectancy and better quality of life of the elderly population.</li> </ul> <p><b>National Institute of Aging:</b></p> <ul style="list-style-type: none"> <li>Build health service manpower for old age health care, research, short-term and medium-term in-service training, etc.</li> </ul>	<p>So far as achievement of project target is subject to availability of sufficient budget allocation and signing of 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, new districts could not be covered under NPHCE in 2013-14.</p> <p>Due to want of EFC approval 04 Regional Geriatric Centres could not be added during F.Y. 2013-14.</p> <p><b>National Institute of Aging:</b> Due to want of EFC approval 02 National Centre for Aging could not be established</p>

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		fields of Geriatrics and Gerontology to provide evidence base for active and healthy ageing.			during F.Y. 2013-14.
14	<b>National Programme for Prevention and Control of Deafness</b> Total Plan Outlay Rs.45.00 crore	<ul style="list-style-type: none"> <li>Prevention and Control of Deafness through early detection and management of deafness and causes leading to it.</li> <li>Strengthening of Health Care delivery system to deliver the hearing/ear care services.</li> <li>Health Education.</li> </ul>	Service delivery to be started in 50 new districts.	Service delivery started in 36 new districts.	
15	<b>National Oral Health Programme</b> Total Plan Outlay: Rs.10.00 crore	<ul style="list-style-type: none"> <li>Improvement in the determinants of Oral Health, Reduce morbidity or oral diseases upto primary and secondary level and Strengthening of existing healthcare delivery system at primary and secondary level.</li> <li>Integrate oral health promotion and preventive services with general healthcare system and other sectors that influence oral health; namely School Health Programme, Tobacco Control Programme, NPCDCS, Fluorosis, etc.</li> </ul>		<ul style="list-style-type: none"> <li>Upgradation of 50 District Hospitals by strengthening of Dental Clinics Contractual Appointments of health professionals and imparting training for management of Oro-Dental Disease at a cost of Rs.10.20 crore.</li> <li>Generating public awareness about Oro-Dental Diseases through various IEC activities.</li> <li>Organizing training of trainers etc at central level are proposed at a cost of Rs.2.39 crore.</li> </ul> <p>(In the 11th Five Year Plan, NOHP could not be launched. In the 12th Five Year Plan, coverage of 200 districts under NOHP is proposed with a total outlay of Rs.100 crore).</p>	
16	<b>National Programme for Prevention and Control of Cancer, Diabetes,</b>	<ul style="list-style-type: none"> <li>Prevent and control common NCDs through behaviour and life style changes,</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour change in the community to adopt healthy life styles including dietary patterns, enhanced physical activity and reduced intake of tobacco and alcohol resulting in</li> </ul>	<ul style="list-style-type: none"> <li>The programme was initiated in the second half of 2010 with focus on strengthening of infrastructure, human resource development, health promotion, early diagnosis, treatment and referral. It was implemented in 100 backward and inaccessible districts across 21</li> </ul>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
	<b>Cardiovascular Diseases and Stroke</b> Total Plan Outlay Rs.300 crore	<ul style="list-style-type: none"> <li>• Provide early diagnosis and management of common NCDs,</li> <li>• Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs.</li> <li>• Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and</li> <li>• Up-gradation of Medical colleges.</li> </ul>	<p>overall reduction in the risk factors of common NCDs in the community.</p> <ul style="list-style-type: none"> <li>• Screening of 5.52 crore adult population (30 years and above) for diabetes and hypertension.</li> <li>• Early diagnosis of over two-third of NCDs and treatment in early stages, thereby reducing mortality on account of these diseases and enhancing quality life.</li> <li>• Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs.</li> </ul>	<p>States during 2010-12.</p> <ul style="list-style-type: none"> <li>• Establishment of NCD Clinic at CHC level in the above Districts.</li> <li>• 21 State NCD Cells are established &amp; functional.</li> <li>• 96 District NCD cells are established &amp; Functional.</li> <li>• 95 District NCD Clinics are established &amp; functional.</li> <li>• 65 CCU are established &amp; 61 Functional/ operationalized.</li> <li>• 38 District Day Chemotherapy Centres are established &amp; functional.</li> <li>• 204 CHCs are established &amp; functional in 7 States.</li> <li>• Screening of 5.57 crores adult population (30 years and above) for diabetes and hypertension till date.</li> <li>• Funds to the tune of Rs 75.67 Crores released to 13 new States/UTs &amp; 9 old States.</li> <li>• Funds to the tune of Rs. 1.52 Crores released for hospital Based Cancer registry has been released to ICMR, Bangalore.</li> </ul>	
17	<b>Other New Initiatives under Non-Communicable Diseases/ National Program for Palliative Care</b> Total Plan Outlay Rs 5.00 crores.	To provide palliative care services at district & sub-district levels.	To provide palliative care services at 50 centres/districts in the country	An amount of Rs. 345.26 lakhs was released for establishing State Palliative Care Cells in seven states and carrying out palliative care activities in 41 centres/districts of these states.	
18	<b>Infrastructure Maintenance</b> Total Plan Outlay Rs. 4928 Crores	Under this scheme, assistance is provided under the National Health Mission for Infrastructure Maintenance to States through Treasury route. Schemes under this head are salary support to one ANM per sub-center and to LHVs in Sub-Centres, State and District F.W. Bureau/Urban Family Welfare Centers/Health Posts and Support to Training Schools and stipend to trainees.			



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19	<b>Programme for Prevention of Leptospirosis Control</b> Total Plan Outlay Rs.0.5 crore	To prevent morbidity and mortality due to Leptospirosis	To follow the strategy as in the XIth five year plan and implement the programme in endemic states viz Gujarat, Maharashtra, Tamil Nadu, Kerala, Karnataka and A&N islands.		
20	<b>Control of Human Rabies</b> Total Plan Outlay Rs. 2.00 crore.	To prevent mortality due to rabies	To follow the strategy as in the XIth five year plan and to include both the human & animal component in phased manner throughout the country during the XIIth five year plan		
21	<b>National Programme for Prevention &amp; Control of Fluorosis</b> Total Plan Outlay: Rs. 10.00 crore	To Prevent and Control of Fluorosis in the country.	NPPCF in 100 districts during the 11 <sup>th</sup> Five Year Plan For Continuing districts : 1. Engagement of contractual staff/district consultant & lab tech. 2. Estab. of lab for fluoride analysis 3. Training of staff at NIN. 4. Survey 5. Lab. analysis(Water and Urinary Fluoride) 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 2. Estab. of lab for fluoride analysis 3. Training of staff at NIN	1. Both Districts Consultant & Lab Technician have been engaged/ hired in 61 districts. 17 Districts have District Consultants but no Lab Tech. 4 districts have Lab. Tech's but no DC. Thus a total of 78 DCs and 65 LTs are present. 2. 48 laboratories have been set up at district level. 3. Three training programmes have been held _ one of Training of Trainers (TOT) and two for Lab. Technicians. 4. Reports of survey sent by 39 districts. 5. Conducted in 28 districts. 6. 27 Districts have Developed IEC material like pamphlets, posters etc. Messages also broadcasted by some of the districts. 7. 28 districts have reported trainings at district level involving Medical officers, paramedicals, ASHA/AWWs, teachers, VHSNC members 8. 5 districts have reported supplementation with vitamins & minerals.	5 new districts taken up during 2013-14. Reports are awaited.

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22	<b>B.C.G. Vaccine Laboratory, Guindy, Chennai</b> Total Plan Outlay Rs.12.86 crore	1. Production of BCG Vaccine (10 doses per vial) for control of childhood Tuberculosis and supply to Expanded Programme of Immunization (EPI) since 1948. 2. Production of BCG Therapeutic (40 mg) for use in Chemotherapy of Carcinoma Urinary Bladder since 1983.	1. Production of 181 lakh doses of BCG vaccine for the year 2013-14 with the existing available facilities. 2. Internal training of BCGVL staff on cGMP standard documentation/ SOP	1. 81.00 lakh doses of BCG Vaccine has already been supplied till Dec' 13 and 39.00 lakh doses of BCG Vaccine produced and subjected to IPQC tests. 2. Internal training is being given to BCG staff, as per cGMP.	
23	<b>Pasteur Institute of India, Coonoor</b> <b>Total Plan Outlay:</b> Rs.40.00 crore	To produce 10 to 12 million doses of DPT Vaccine and 50000 doses of TCARV. To supply 189.19 Lakh doses of DPT Vaccines as per the Supply Order.	Production of Targeted quantity and supply of vaccines: 140.73 Lakh doses of DTP Vaccine. The balance of 48.46 lakh doses sent to CDL for testing last year and a total of 189.19 lakh doses have been supplied.	189.19 lakh doses of DPT Vaccine have been produced and supplied. Construction of buildings for revival of DPT group of vaccines as per the eGMP norms has already been started by the consultants and the civil work is in progress.	
24	<b>Central Leprosy Teaching and Research Institute, Chengalpattu</b> Total Plan Outlay: Rs. 2.25 crore	1. To under take 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.		Major/ Minor RCS-1, X-ray – Nil, Physiotherapy-63, Footwear-1058, Orthosis & Prosthesis – 21, MCR Sheet - 846 <b>Treatment:</b> Inpatients-388, Outpatients-1745, Old Cases 3493, New Cases 59, Lab investigation-8521 <b>Training:</b> MO/SLO – 1 batch (8 candidates) Skin Smear-15 batches, NMS-64, Lab Tech. 2 batches, Physiotherapy Tech. – 3 nos, IInd year MBBS-68 nos CRRI from chengleput medical college 65 Nos. MS/DVL-2 Nos Training in leprosy aspects & PCR techniques- 3 Nos, Library Books – 2560, Periodicals – 3750, Monitoring and Evaluation of NLEP in Tamil Nadu, Kerala, Karnataka and Lakshadweep – 9, District in Tamil Nadu Study on close contact and neighbourhood contacts of Newly reported patients in Thirukalukundarm Taluks. 12 year follow up of ROM treated	

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				cases for single skin lesions in CLTRI RFOA.	
25	<b>Regional Leprosy Training and Research Institutes Gauripur, Raipur &amp; Aska</b> Total Plan Outlay : Rs.4.70 crore	<ul style="list-style-type: none"> <li>• Reduce leprosy burden in the country.</li> <li>• To provide quality health services to new as well as old leprosy patients.</li> <li>• Enhance Disability Prevention &amp; Medical Rehabilitation (DPMR) services.</li> <li>• Monitoring and supervision of the NLEP activities.</li> </ul>	<u>RLTRI, Gauripur:</u> Admission - 189 Nos., Discharge – 187 Nos. New Case- 51 Nos. , Total Patients attended - 2798 (old cases-1565), MDT given – 432 Nos., RFT- 19 Nos., Relapse – 07 Nos., other cases – 52, Slit Skin Smear - 936 Nos Bio Chemistry-384 Nos, Clinical Pathology-181 Nos., TOT Programmes- 3 Nos., <u>RLTRI, Raipur:</u> OPD services: New Leprosy Cases detected – 834 (No. of MB cases in new cases-497, No. of PB cases in new cases-337), Old cases provided MDT-441, No. of old cases treated-4478, General Patients-2928, Total Patients attended OPD-8240, Leprosy Re-constructive Surgery (RCS)-104, Polio Surgery-42 IPD Services -750 Patients admitted, Total Lab investigations done-7603, Total Physiotherapy services done-872 <u>RLTRI, Aska:</u> OPD Attendance- 1513(Leprosy -1513), Indoor-Total admission-214, Reaction cases Managed (Outdoor) -69 in 293 episodes out of which 2 patients has given thalidomide, Surgical Operations Performed- Major-17; Minor-204		
26	<b>Central Institute of Psychiatry, Ranchi</b> Total Plan Outlay : Rs.50 crore	<ul style="list-style-type: none"> <li>• Provision of diagnostic and treatment facilities in mental health and conduct of PG courses in psychiatry</li> <li>• Upgradation of existing services as per the redevelopment plan</li> <li>• Training of manpower for mental health &amp; patient care and conduct research activities.</li> <li>• Construction of Other Infrastructure works.</li> </ul>	<ul style="list-style-type: none"> <li>• Total number of 75072 patients has utilized the services of OPD;</li> <li>• 4188 patients were hospitalized for indoor treatment.</li> <li>• 20494 and 1938 patients have utilized special clinics &amp; extension clinics respectively.</li> <li>• Total 157787 tests/investigations were done at Deptt. Of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging &amp; Radiological Sciences.</li> <li>• 730 nurses from other centers participated in In-Service Training Programme &amp; CNE.</li> <li>• A total no. of 1831, 1885 and 1204 attendances have been recorded in 33 Seminars, 30 Case Conferences and 16 Journal Clubs respectively.</li> <li>• 67 PG students were enrolled during this year.</li> <li>• A total no. of 26 research papers was published in journals and 31 were presented.</li> <li>• The master plan in respect of entire CIP campus has been submitted for approval by the competent authority.</li> <li>• The construction of 210-bedded hostel and 15-married resident flats has been completed and are in use for accommodation.</li> </ul>		

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27	<b>All India Institute of Physical Medicine and Rehabilitation, Mumbai.</b> Total Plan Outlay: Rs.16.00 crore	1. Medical Rehabilitation Programme- Traget-25000 disabled & chronically ill persons with disability p.a 2. Teaching programme: 3. Manufacturing of Aids & Appliances. 4. Re-development & Reconstruction of Workshop Building	1. Maximum no. of disabled population requiring tertiary level services gets benefited by the comprehensive services provided by the Institute. 2. Imparting advance knowledge and training to the students pursuing various courses in Rehabilitation disciplines. 3. Providing aids and appliances to physically disabled population for self dependence	As on March'2014: 1. No. of Persons with Disabilities enrolled for Rehab Management-30570 Students passed out Post Graduate: MD (PMR) – 04, DNB (PMR) – 03, M.P.Th – 14, M.O.Th. – 05, M.P.O – 08 Under Graduate: BPO – 86 (1 <sup>st</sup> to 4 <sup>th</sup> year), DHLS – 06 2. Aids & Appliances delivered No. of Orthosis - 3590 No. of Prosthesis - 418 Mobility Aids - 418 3. NOC for fire protection and fire fighting has been received from Mumbai Fire Brigade.	
28	<b>Dr. Ram Manohar Lohia Hospital &amp; PGIMER</b> Total Plan Outlay Rs. 270.55	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 worth Rs.1.31 crores. 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 Cardio Lab.	1. Additional inputs in the form of trained manpower like doctors, nurses, technicians is being added. Posts have been filled up to augment the services of departments. 2. The upgradation of hospital is a continuous and ongoing process. The hospital has, however, upgraded the various O.T.'s, Labs and other existing departments by adding additional inputs in terms of equipments like MRI, Colour Doppler Echocardiography System, O.T. Tables, High End Digital C Arm Image Intensifier, Fiberoptic Bronchoscope, Portable Ultrasound, Plasma Sterilizer, Laproscopic Surgery Set,, Multi Loading CR System, ventilators etc 3. The post of various categories of personnel has been created for setting up of this unit. These posts have been filled up & equipments are being procured. 4. Technical Specifications of Cath Lab. has been approved by the Technical Committee and procurement process is still in process. 5. SFC proposals sent to Ministry of Health & F.W. for creation of 58	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			8. Implementation of E-governance 9. Construction of Dharmashala 10. Construction of new building in Emergency Block. 11. Setting up of Modern Maternal Care Centre. 12. Construction of hostel for Resident Ladies Doctors. 13. Maximisation of existing capacity by demolition of old buildings, except heritage building and construction of new buildings in phased manner.	posts. The Ministry has sought certain clarifications, which is under process. 6. The Renal Transplant unit & facility has been set up and 65 Transplants have been done till date. 7. The process of filling up posts is under progress & procurement of equipment is also under process. 8. The hospital has already implemented the modules of E-governance. 9. Construction work of Dharmashala almost completed. 10. A new Emergency Care building is likely to be commissioned by June, 2014. 11. Land has been allotted to the hospital for construction of Modern Maternal Care Centre. 12. The land has been allotted to the hospital for construction of hostel. 13. Redevelopment plan already submitted to the Ministry for obtaining approval of the competent authority.	
29	<b>All India Institute of Speech and Hearing, Mysore</b> Total Plan Outlay. Rs.81.14 crore	<u>(I). Up gradation of AIISH as Centre of Excellence</u> 1. Centre for Speech and Language disorders in children, adults and senior citizens. 2. Centre for Hearing Sciences. 3. Centre for Hearing Imparment in children, adults, and senior citizens. 4. Centre for persons with tinnitus and vestibular disorders. <u>(II).Academic Activities</u> 1. Long term training programs a) No. of programs:18 b) No. of students: 700 2. Short-term training programs: 80 3. Seminars/workshops: 30 4. NAAC assessment for accreditation: -- 5. Deemed to be University Status: -- <u>(III). Clinical Services</u>		<u>(I). Up gradation of AIISH as Centre of Excellence</u> 1. Initiated 2. Initiated 3. Initiated 4. Initiated <u>(II).Academic Activities</u> 1. Long term training programs a) No. of programs:14 b) No. of students: 581 2. Short-term training programs:60 3. Seminars/workshops: 36 4. NAAC assessment for accreditation: Accredited with highest 'A' grade. 5. Deemed to be University Status: Application made. <u>(III). Clinical Services</u>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		1. Patient registration a) New: 40,000 b) Follow-up: 60,000 2. Enrolment of children for preschool services: 370 3. Parent-Infant programme: -- 4. Audiological services a) No. of patients for hearing evaluation: 20,000 b) Issue of free hearing aids <ul style="list-style-type: none"><li>Under AIISH Hearing Aids Dispensing Scheme: 1200</li><li>Under ADIP Scheme: 5000</li></ul> 5. Speech & Language disorders services a) No. of patients for speech and language assessment: 25,000 6. Otorhinolaryngological services (including K.R. hospital) a) No. of patients for otorhinolaryn. Evaluation (new cases): 40,000 b) Follow-up: 30,000 c) Surgery: Minor:200 / Major: 350 7. Psychological services a) No. of patients for psychological evaluation: 8500 b) Setting up of the Unit for Neuro-Psychological Research & Rehabilitation. 8. Outreach clinical services a) No. of infant screening: 10000 b) No. of industrial workers screening:200 c) No. of school children screening:1000 d) No .of cases at outreach centers:3500 e) No. of tele-intervention: 200		1. Patient registration a) New: 20,896 b) Follow-up: 35,490 2. Enrolment of children for preschool services: 224 3. Parent-Infant Programme: 25 4. Audiological services a) No. of patients for hearing evaluation: 13,734 b) Issue of free hearing aids <ul style="list-style-type: none"><li>Under AIISH Hearing Aids Dispensing Scheme: 4222</li><li>Under ADIP Scheme: 1670</li></ul> 5. Speech & Language disorders services a) No. of patients for speech and language assessment: 8007 6. Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 16,000 b) Follow-up: 17,000 c) Surgery:Minor: 156/ Major: 205 7. Psychological services a) No. of patients for psychological evaluation: 6,265 b) Setting up of the Unit for Neuro-Psychological Research & Rehabilitation: Launched 8. Outreach clinical services a) No. of infant screening:27927 b) No. of industrial workers screening:330 c) No. of school children screening:520 d) No .of cases at outreach centers:3700 e) No. of tele-intervention: 213	
30	All India Institute of Hygiene & Public Health Kolkata Total Plan Outlay Rs.17.60 Crores.	To provide multi-disciplinary public health teaching, training and research facilities for various categories such as doctors, engineers, nurses,	1. Upgradation of Regular Courses of the Institute. 2. Emergency Medical Relief 3. Upgrading of Lab. Facilities and Teaching /Training. 4. Library Development & additional teaching	1. Teaching MD (Com.Med.), MVPH, M.Sc (Nutrition), MPH, DPH etc. Students as per allocated seats & paid Stipend. 2. Emergency Medical Relief -- 13 Teams have been sent to Uttarakhand, Andhra Pradesh & Odissa. 3. Upgrading of Lab. Facilities and Teaching /Training- Laboratory and class-room has been equipped with modern equipment.	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		nutritionists, statisticians, demographers, social scientists, epidemiologists, micro-biologists and other allied health professionals.	and maintenance. 5. Providing Quality Care as per Indian Public Health Standard. 6. Installation of Computer Lab./ Minor works. 7. Referral Services, Maintenance 8. Classroom Facilities 9. Renovation & overhauling of staff quarters	4. Journals Text/Ref. Books on public Health are procured. 5. Procured Medicines, instruments & other medical items. 6. Computers & allied instruments procured to facilitate Students. 7. Repairing maintenance & procurement of fuels etc. undertaken. 8. Repairing, decorating & minor renovations & developed infrastructure for class room facilities. 9. Renovation & repairing of staff quarters at Singur/Chetla/BN Campus undertaken.	
31	<b>Serologist &amp; Chemical Examiner, Kolkatta</b> Total Plan Outlay : Rs. 0.90 crore	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 580 Nos. ML cases sent from FSLs and RFSLs. 2. To produce 7980 ml species specific antisera against almost all animal species including human. 3. To produce 5000 amps VDRL Antigen needed for VDRL tests. 4. To produce 7200 ml. Anti H Lectin received for blood grouping in ML cases. 5. To do 1700 Nos. VDRL tests of samples of Antenatal clinic and STD clinic. 6. Quality control test for VDRL Antigen and Species specific antisera. To test 150 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. 18500 Nos of samples were received for testing. 8. Identification of polio virus from stools samples. Total Nos. of 15000 samples were received. 9. To identify measles & rubella virus from serum samples of suspected patients.	1.Total 579 Nos. of ML cases analysed and reported 2.Total 7977 ml of antisera supplied. 3.Total 4970 amps of VDRL Antigen Supplied. 4.Total 7200 ml. of Anti H Lectin supplied. 5.Total 1658 Nos. VDRL test was done and reported 6.Total 144 lots were tested for quality control. 7.Total 18306 Nos. of test were done for diagnosis of Syphilis, Hepatitis B & C, Candida, Gonorrhoea, Trichomonas, PAP Stain & HSV etc. 8.Total 15085 Nos. of samples tested and reported. 9.Total 947 Nos. of samples were tested and reported.	Quantifiable / Deliverables (Targets) and related achievements is 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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			Total of 950 Nos. samples were received.		
32	<b>Kasturba Health Society, MGMC, Sewagram, Wardha.</b> Total Plan Outlay : Rs. 50.00 crore	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.	100 students have been admitted to the UG course and 61 students have been admitted to the PG course.	<p>1. The purpose for which it has been established is achieved in the form of 100 UG and 61 PGs. In addition to the above the institute has achieved the following target set down.</p> <p>2. 2 MD/MS seats increased</p> <p>3. 198 beds Medicine Department was started</p> <p>4. Clinical Forensic Medicine Unit first of its kind in India started.</p> <p><b>Research:</b> Extra Mural funded Research: 29, Non Funded Research Projects: 45, Research Paper Published: 125, Research Paper Presented: 193, Research Project Completed: 41, In-house publication: 11</p>	
33	<b>Development of Nursing Services</b> Total Plan Outlay Rs.20.00 crore	<p>1. Training of Nurses:-In order to update the knowledge &amp; Skills of Nursing personnel in Nursing Education, administration and nursing services.</p> <p>2. Strengthening/Upgradation of School of Nursing:To strengthen the infrastructure of Nursing Schools and to upgrade them into College of Nursing</p> <p>3. National Florence Nightingale Award for Nurses:-To recognise the meritorious services of the Nursing professionals.</p>	<p>1. Training of Nurses:-90 courses to train 2700 nurses</p> <p>2. Strengthening/ Upgradation of School of Nursing: Release the 2nd instalment of funds for 16 institutes for upgradation of School of Nursing into College of Nursing.</p> <p>3. National Florence Nightingale Award for Nurses:- to organise the award.</p>	<p>1. Training of Nurses: During the year, 2013-14, an amount of Rs. 5, 95,080/- for conducting 4 courses for training of nurses.</p> <p>2. Strengthening/Upgradation of School of Nursing: During the year, 2013-14, a sum of Rs. 4.18 crores has been released for one institute at Udaipur.</p> <p>3. During the year, 2013-14, a sum of Rs. 0.443 crore has been released for holding the prize ceremony.</p>	<p>2. Funds could not be released due to non receipt of proposals and pending UCs from state governments/institutions.</p> <p>3. Funds could not be released due to non receipt of UCs from institutions.</p>



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34	<b>R.A.K. College of Nursing, New Delhi</b> Total Plan Outlay Rs. 10 crore	To impart high standard of Nursing & Education of Nursing	<ul style="list-style-type: none"> <li>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.).</li> <li>B.Sc (H) Nursing -64 Students and Master of Nursing- 44 Students.</li> </ul>		
35	<b>Lady reading Health School</b> Total Plan Outlay Rs. 1.05 crore	Providing Diploma and certificate courses to Nurses and Health Workers (Female)	<ul style="list-style-type: none"> <li>Diploma in Nursing Education &amp; Administration Course (10 months duration), No. of Students Passed out: 04 (Result – 100 %)</li> <li>Auxiliary midwife course (2 years duration), No. of Students Passed out: 40 (Result – 100 %)</li> <li>3. Certificate Course for Health Workers, No. of Students Passed out: 48 (Result – 100 %)</li> </ul>		
36	<b>V.P. Chest Institute New Delhi</b> Total Plan Outlay Rs.16.90 crore	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.	5 DM students (01 for the academic session 2011-14 and 02 each for the academic session 2012-15 & 2013-16), 22 MD students (8 for academic session 2011-14, 5 for academic session 2012-15 and 09 for academic session 2013-16) and 11 DTCD students (06 for academic session 2012-14 and 5 for academic session 2013-15) are pursuing their studies. In addition, 29 students were given training up to March, 2014 Further, 28 research scholars are pursuing their PhD programmes.	
37	<b>National Academy of Medical Sciences, New Delhi</b> Total Plan Outlay Rs.1.10 crore	To provide opportunities to update knowledge, skills & practices of Health professionals.	As on 31st March 2014, the NAMS had on its roll 3 Honorary Fellows, 844 Fellows and 5767 Members (MAMS-1727 and MNAMS-4040).		
38	<b>Central Health Education Bureau</b> Total Plan Outlay Rs.1.00 crore	To promote health education in the country.	<ol style="list-style-type: none"> <li>A total of 43 Orientation Training Programmes have been conducted for International and National level students. A total of 1593 trainees have been provided orientation training on Health Education and Health Promotion during the year.</li> <li>Development of IEC Action Plans for Preventive component of “National Programme of Prevention and Management of Burn Injuries” and of “Capacity Building for Establishment of Trauma Care Facilities in Govt. hospitals on National Highways” in the identified states during 12th Plan (2012-17).</li> <li>Innovations in Health Education awareness by Planning and Developing Health Tambola on topics such as Organ Donation, Health Equity, NCDs, Women Issues, Mental stress etc</li> <li>Pretesting of Pledge form of draft Transplantation of human Organs and Tissue Rules- 2013.</li> <li>Contribution in development of Health Education curriculum for class 3rd to 10th students along with NCD cell,</li> </ol>		

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			Dte.GHS and NIHFV. 6. Launching new website of CHEB. 7. Draft of new edition of Booklet on "Healthy Lifestyle" finalised.		
39	<b>Health Sector Disaster Preparedness and Management:</b> Total Plan Outlay Rs. 66.50 crore	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 Radiological and Nuclear (CBRN) disasters and Rapid Health assessment and response.		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	
40	<b>Emergency Medical Relief [Avian Flu]</b> Total Plan Outlay Rs.2.00 crore	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 AH1NI.	
41	<b>Emergency Medical Services</b> Total Plan Outlay Rs.14.20 crore	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	Major components transferred to NRHM. Only Human Resource component to be dealt by EMR
42	<b>Central Research Institute, Kasauli.</b> Total Plan Outlay Rs.19.95 crore	To meet the demand of vaccine under Universal Immunization Prog. (UIP) of Govt. of India.	1. DPT-Doses (UIP)-158,50,000 2. TT (Doses) (UIP)-133,70,000 3. TT (Doses) (Non-UIP)-1,46,450 4. Yellow Fever (Doses)-*76,698	1. DPT-Doses (UIP): 52,95,290 2. TT (Doses) (UIP) – 33,50,000 3. TT (Doses) (Non-UIP) – 1,44,450	*The production of Yellow Fever Vaccine has been stopped temporarily in the institute due to non functioning

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			5. ARS (Vials)- 46,451 6. ASVS (LYO) (Vials) / ASVS(LIQ) (Vials) - 42,438 7. DATS (LIQ) (Vials)- 8,650 8. NHS (Vials)- 200 9. Diag. AG (ML)- 82,000	4. Yellow Fever (Doses)-*76,698 5. ARS (Vials)- 46,451 6. ASVS (LYO) (Vials) / ASVS(LIQ) (Vials) – 12,212 7. DATS (LIQ) (Vials)- 3,030 8. NHS (Vials)- Nil 9. Diag. AG (ML)- 74,950 10. * Imported through WHO	of Freeze Drying Machine.
43	<b>Food Safety &amp; Standard Authority of India</b> Total Plan Outlay: Rs. 85.00 crore	To lay down science based standards for article of food and regulate their manufacture, storage, distribution, sale and import and to ensure availability of safe wholesome food for human consumption	<ul style="list-style-type: none"> <li>FSSAI being a new organization, a major part of expenditure was on establishment and development/ maintenance of basic infrastructure.</li> <li>To undertake Central Licensing from Regional/ Sub-regional offices and import clearance at selected ports.</li> <li>To undertake the process of Standard Setting through scientific risk assessment and harmonization through the Scientific Panels and Scientific Committee.</li> </ul>	<ul style="list-style-type: none"> <li>14,610 Central Licenses were issued by the Authority through its regional offices and 4,66,057 Licenses and 20,73,405 registrations by the State / UT Governments.</li> <li>Capacity building through workshops/ trainings conducted for authorities/ staff responsible for licensing and enforcement of food laws at State/ District Level – 5 for Adjudicating Officers, 4 for Designated Officers and 17 for Food Safety Officers.</li> <li>The mechanism and procedure for Re-organization/ Authorization of NABL (National Accreditation Board for Laboratories accreditation) accredited laboratories has been formulated and 68 food testing laboratories having NABL accreditation have been authorized.</li> </ul>	
44	<b>Indian Pharmacopoeia Commission</b> Total Plan Outlay: Rs.16.00 crore	1. Revision and publication of the Indian Pharmacopoeia (the book of standard for drugs) at regular intervals i.e. IP, 2014. 2. Revision and publication of the 5th edition of Nation Formulary of India (the book of reference for drugs)	Monograph about 2300, prescribing test protocols of drugs included in IP would get updated.  About 400 IP Reference Substances shall be made available as prescribed in the individual monograph to monitor the quality of drugs in the country.  Reviewing the National Formulary of India better quality compliance.	Likely impact on foreign exchange saving (non-quantifiable) using IP Reference in place of US, UK, WHO Reference Substances.  Better acceptance and recognition of Indian Drugs in the International market including herbs and herbal products.	Filling of vacant posts in the IPC as per restructuring plan.  Release and implementation of standards prescribed in IP 2014  Preparation, containerization and certification of about 800 IP Reference substances

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		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 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.	As on date 90 ADR centres are functional across the country (vigiflow activated) Approx 40000 ADR reports received. Committing of reports to UPSAALA will be done more actively. Rational use of drugs through generic approach and lesser dependability on antibiotics.		Training to the working scientists at national and international levels.
45	<b>National Centre for Disease Control</b> Total Plan Outlay Rs. 100 crore	1. Diseases Surveillance and outbreak investigation Training Programme 2. Operational Research, MPH Courses. 3. To upgrade the National Centre for Disease Control (NCDC).	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 Crores. The Components approved were: (a) civil and services works (b) equipments and (C) manpower. The duration of the project is 24 months.	Out of 103 newly created scientific and technical posts, 14 posts have been filled up. The project has been registered with ADaRSH for GRIHA RATING. During the year the consultancy fee of Rs.87,60,558/- to HSCC. The construction has started in February, 2013 after receipt of Final approval on building plans from NDMC on 28.01.2013 and the civil & services work will continue during 2013-14. 30% civil work has been completed during the year.	

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46	<b>National Advisory Board For Standards</b> Total Plan Outlay Rs. 2.50 crore	To provide for the registration and regulation of clinical establishments, to prescribe minimum standards of facilities and services. CEA 2010 was enacted by the Parliament to create an enabling environment to achieve the objectives its objectives. State model Rules were circulated to all States.			
47	<b>Lady Hardinge Medical College &amp; Smt. Sucheta Kriplani Hospital ,New Delhi</b> Total Plan Outlay: Rs. 195.00 crore	Construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-2006 for increasing 27% OBC admissions. 1. Construction of Hospital buildings ( OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block, Academic Block, UG Hostels. 2. Residential Buildings : • 30 type IV Qtrs. • 30 Type III Qtrs. • RMO hostels 3. Renovation of existing Hospital Buildings (CPWD works)	Likely completion of Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels.] Residential Buildings : • 30 type IV Qtrs. • 30 Type III Qtrs. • RMO hostels Procurement of equipments Filling up of Posts of sanctioned under the Comprehensive Redevelopment Plan for this Institution CPWD Renovation works: • Renovation of Auditorium • Installation of RO systems in the institution	Commencement of construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-2006 for increasing 27% OBC admissions. 1. Construction of Hospital buildings ( OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels. 2. Residential Buildings : • 30 type IV Qtrs. • 30 Type III Qtrs. • RMO hostels 3. Routine renovation of the existing hospital buildings carried out by CPWD	Process of procurement of Equipments, Furniture, IT support has been initiated.  Necessary steps are being taken to send the proposal for Phase II (a) and Phase (b) are being taken.
48	<b>Regional Institute of Medical Sciences, Imphal, Manipur</b> Total Plan Outlay :	Provision of diagnostic and treatment facilities imparting of education and clinical support.	Comprehensive medical care for patients. Increase in Undergraduate and post graduate teaching & training intake seats. Carrying out research works and conducting	Students passed: MBBS – 111, MD/MS – 144, P.G. Diploma – 2, M. Phil (Clinical Psychology) – 5, M.Ch - 3 Research Project: 21 Conference/seminar/ workshop/CME at RIMS- 37	

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	Rs. 196.00 Crores		Seminars, Conference, CME etc. Execution of civil: work under Phase-II project of RIMS such as dental college and Nursing college building academic block, Library building and Hostels for students	BDS course in its 2 <sup>nd</sup> year B.Sc Nursing course in 5 <sup>th</sup> year Mch course in Urology and Plastic Surgery 1 <sup>st</sup> batch passed out intake 2 <sup>nd</sup> year intake; (i) Urology-2 (ii) Plastic Surgery-1 Payment of 16.37 Cr. As running account deposit made to HSCC. About 45% of the works completed in respect of RIMS Phase-II Project.	
49	<b>Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam</b> Total Plan Outlay Rs.64.00 crore	<ol style="list-style-type: none"> <li>To provide equal access to mental health care to all sections of society with effective linkages to the other health institutions.</li> <li>To develop human resources for delivering the services.</li> <li>To reduce overall disease burden by providing proper rehabilitation measures.</li> <li>To promote positive mental health to all sections of people of the reasons.</li> <li>To provide conducive environment for research activities.</li> <li>To facilitate implementation of National Mental Health Programme</li> <li>To develop</li> </ol>	<ol style="list-style-type: none"> <li>Targeted OPD patient attendance, psychosocial, nursing care &amp; Psychological, pharmaceutical services - 90000 nos. (as per RFD) Targeted nos of diagnostic test -120000</li> <li>Building and infrastructure development for Upgradation of LGBRIMH</li> <li>Normal maintenance works such as painting, repairing etc. of existing non-residential and residential buildings</li> <li>Ongoing MD &amp; DNB course, M Phil course of clinical psy. MSc. (Nursing) &amp;M.Phil PSW.</li> <li>Community services - target-56 nos &amp; exposers training-1000</li> <li>Individualised community integration efforts-5500 nos. &amp; promotion of social skill &amp; group activities-400 (as per RFD)</li> </ol>	<ol style="list-style-type: none"> <li>OPD attendance and services- 95020 (100%) Diagnostic test- 121371 (100%)</li> <li>Financial progress – Expenditure-Grant in aid General-6.70 crores, salaries Rs. 15.50 crores &amp; Capital assests-Rs.50.40 crores.</li> <li>Capital construction for Upgradation of LGBRIMH is expected to be completed within 2015-16.</li> <li>Maintenance and other works as per requirement completed within the stipulated time.</li> <li>Admission-Academic courses, MD (psy) trainees -2, DNB (psy)-4 M.Phil PSW-5, M Phil CP-4 M.Sc (psy Nursing) -12.</li> <li>Community Services – 56 and exposure posting – 1009.</li> <li>Individualized community integration efforts-4960&amp; social skill group activities-471.</li> </ol>	

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		infrastructure for all related activities with a multimodal approach.			
50	<b>Regional Institute of Paramedical &amp; Nursing Sciences, Mizoram</b> Total Plan Outlay - Rs. 40.00 crore	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.	<ol style="list-style-type: none"> <li>1. Imparting training to Nursing, Pharmacy &amp; Paramedical students.</li> <li>2. Construction of new Academic III Building, Library cum Examination Hall, new Girls &amp; Boys Hostels.</li> <li>3. Procurement of necessary equipments for various departments.</li> <li>4. Strengthening and upgradation of Library.</li> </ol>	<ul style="list-style-type: none"> <li>• No. of students admitted-164 and no. of passed out students - 81</li> <li>• Construction works started on 7.5.2013.</li> <li>• Machinery &amp; equipments worth Rs. 2.80Cr was procured for different departments as approved by Purchase Sub-Committee.</li> <li>• Intallation of RFID (Radio Frequency Identification) was completed. Library books worth Rs. 1.93 Crore was procured for the Institute Library Automation was completed.</li> </ul>	
51	<b>Safdarjung Hospital, VardhmanMahavir Medical College and Sports Injury Centre</b> Total Plan Outlay: Rs.339.50 crore	<p>Promoting Health care based on evidence of effectiveness of care.</p> <p>Provide teaching and training in the field of medical education.</p> <p>To provide comprehensive Medical care to the patients.</p>	<ul style="list-style-type: none"> <li>• Construction of extra floor for PMR Deptt, in OPD Bldg. Rs.4.00 crore</li> <li>• Procurement of equipments and medicines – Rs.40.00 crore</li> <li>• Upgradation of various departments - ENT OPD, Eye O.T, Ortho Building, Paediatrics Deptt, Obst &amp; Gynae, Burns Deptt., Rehab O.T.</li> <li>• Infrastructure in VMCC/SJH for implementation of 27% reservation of OBC.</li> <li>• Redevelopment Plan Phase – I by HSCC.</li> <li>• Repair/Renovation of Quarters of Rajnagar and Kidwai Nagar &amp; Housing Complex of Dwarka Land.</li> <li>• Provision of A/M of entire VMCC Building.</li> </ul>	<ul style="list-style-type: none"> <li>• Construction of extra floor for PMR Deptt. In OPD Building has completed.</li> <li>• Equipment costing Rs.37.22 crore has been procured.</li> <li>• Repair/Renovation of the various Deptts. has been done.</li> <li>• Infrastructure in VMCC/ SJH for implementation of 27% reservation of OBC is under process. Consultant appointed, drawing of hostel submitted to NDMC.</li> <li>• Redevelopment Plan of SJH is under process Approx. Rs. 46.69 Cr. has been utilized.</li> <li>• Repair/Renovation of Quarters of Rajnagar and Kidwai Nagar has been done &amp; Housing Complex of Dwarka Land is pending as CPWD has not submitted revised Estimate.</li> <li>• A/M of entire VMCC Building has been done.</li> </ul>	

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52	<b>Pradhan Mantri Swasthya Suraksha Yojana</b> Total Plan Outlay Rs. 1975.00 crore	<p><b>AIIMS like Institutions:</b> Creation of capacity in medical education, research and clinical care, in the under served areas of the Country.</p> <p><b>Upgradation of medical colleges:</b> Improving health infrastructure through construction of Super Speciality Block/Trauma Centre etc. and procurement of medical equipment for existing as well as new facilities.</p>	<p>1. The work for Setting up of 6 AIIMS like Institutions Bhopal, Bhubaneswar, Jodhpur, Patna Raipur, and Rishikesh is being taken up in packages in phase wise manner.</p> <p>2. Setting up of 2 AIIMS-like institutions in second phase of PMSSY.</p> <p>3. Upgradation of medical colleges in first phase of PMSSY:</p> <ul style="list-style-type: none"> <li>• Bangalore Medical College</li> <li>• Trivandrum Medical College</li> <li>• Salem Medical College</li> <li>• NIMS, Hyderabad</li> <li>• SGPGIMS, Lucknow</li> <li>• Kolkata Medical College- (i)OPD Block (ii)Academic Block (iii)Super Speciality Block (2nd stage of construction)</li> <li>• Jammu Medical College</li> <li>• Srinagar Medical College</li> <li>• RIMS, Ranchi</li> <li>• IMS, BHU, Varanasi</li> <li>• Grants Medical College, Mumbai</li> <li>• SVIMS, Tirupati</li> <li>• BJ Medical College, Ahmedabad</li> </ul> <p>4. Upgradation of medical colleges in second phase of PMSSY</p> <ul style="list-style-type: none"> <li>• Amritsar Medical College</li> <li>• Aligarh Medical College</li> <li>• Tanda Medical College</li> <li>• Rohtak Medical College</li> </ul>	<p>1.As on March'2014 Status of construction of Medical College Complex (Package-I):</p> <ol style="list-style-type: none"> <li>a) AIIMS-Bhopal-90.00%,</li> <li>b) AIIMS-Bhubaneswar-90.00%,</li> <li>c) AIIMS-Jodhpur-82%,</li> <li>d) AIIMS-Patna 95%,</li> <li>e) AIIMS-Raipur-78.00%,</li> <li>f) AIIMS-Rishikesh-80%.</li> </ol> <p>2.Setting up of 2 AIIMS-like institutions in second phase of PMSSY:</p> <p>The status of construction of AIIMS, Rae Bareli has been completed 21%.</p> <p>3.Upgradation of medical colleges in first phase of PMSSY, <b>the Status of construction:</b></p> <p>Bangalore Medical College, Trivandrum Medical College, Salem Medical College, NIMS, Hyderabad, SGPGIMS, Lucknow, IMS, BHU, Varanasi, Jammu Medical College, RIMS, Ranchi and Kolkata Medical College- (OPD Block &amp; Academic Block) fully completed. For Super Speciality Block, Kolkata medical College for 2nd stage of construction Work – Tender is in process (to be completed March'2016).</p> <p>Srinagar Medical College-98%,</p>	<p>1. 6AIIMS Medical Colleges has started academic session for 50 Students from Sept 2012 and for 100 students from Sept., 2013. 60 B.Sc. Nursing Students were also admitted in 2013-14 at each Institution.</p> <p>2. For the proposed AIIMS-like institute at Raiganj, Uttar Dinajpur in West Bengal, the land identified by Government of West Bengal was found suitable by a central team who had visited the site on 12.10.2010. But the land is yet to be allotted by the State Govt.</p> <p>3. <b>Madurai Medical College</b>, the work could not be started yet due to change of location by State Government and consequently, plans were modified. Civil work awarded and it is likely to start by first week of February, 2014.</p> <p><b>Nagpur Medical College</b>, Involve procurement of medical equipment only. The procurement work is being undertaken by the State Government. 35% of the work</p>



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			<ul style="list-style-type: none"> <li>Madurai Medical College</li> <li>Nagpur Medical College</li> </ul>	Grants Medical College, Mumbai-84%, SVIMS, Tirupati-95%, BJ Medical College, Ahmedabad-92% 4. Upgradation of medical colleges in second phase of PMSSY: Amritsar Medical College-49%, Aligarh Medical College-82%, Tanda Medical College-100%, Rohtak Medical College-35%,	has been completed. <b>Procurement of medical equipments:</b> 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. Procurement of balance equipment is under process and it will be completed by June, 2014.
53	<b>Strengthening inter-sectoral coordination of prevention and control of Zoonotic diseases</b> Total Plan Outlay: Rs. 2.00 crore	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.		
54	<b>Viral Hepatitis Surveillance Programme</b> Total Plan Outlay Rs. 2.00 crore	To establish surveillance for various types of hepatitis	To establish 10 lab network for surveillance of various types of viral hepatitis.		

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55	<b>National Programme on Prevention &amp; Control of Anti-Micro, Resistance</b> Total Plan Outlay: Rs. 2.00 crore	To establish AMR surveillance in the country	To establish 30 lab network for surveillance of AMR.	Plan of implementation, SFC for the XIIth Five Year Plan approved on 23 <sup>rd</sup> October 2013. Remark: 1. Draft MOU with Medical colleges has been submitted for approval. 2. Expert working group Steering committee to monitor and coordinate the activities has been approved	
56	<b>Social Marketing Area Project.</b> Total Plan Outlay. Rs.0.40 crore	To provide Condoms for specific area for distribution to eligible couples through Social Marketing network of the Social Marketing Organisations (SMOs) under Social Marketing Area Project.	Funds to be released to SMOs for their approved projects in specific areas.	No project received from any SMO. Hence funds could not be released	
57	<b>Social Marketing of Contraceptives</b> Total Plan Outlay Rs.125.00 crore	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.	i. The requirements have been projected for procurement & Supply of 846.00 M.Pcs. of condoms & 363.00 lakh cycles of oral pills to eligible couples through SMOs ii. Payment of promotional incentive to SMOs for sale of Condoms & OCPs, reimbursement 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.	The following quantity of the contraceptives were procured and supplied to the SMOs during the year 2013-14 i.e 138.00 M.Pcs. of condoms, requirement of Oral pills were met from the last year ordered quantity.	Full quantity of Condoms could not be procured due to non finalization of Tender.
58	<b>Population Research Centres</b> Total Plan Outlay Rs. 15.00 crore	Research studies on various socio economic, demographic and communication aspects of Population & Family	<ul style="list-style-type: none"> <li>• PRCs undertook a number of research studies on various health topics. They were actively involved for improving coverage and quality of HMIS data. Further, they made field visits to 90 districts for monitoring of State PIPs and submitted reports to the Ministry which gave a good insight about the functioning of NRHM in the States.</li> <li>• Reports on various socio economic, demographic and communication aspects of Population &amp; Family Planning Programme and analysis / validation of HMIS data including strengthening of Mother &amp; child Tracking system (MCTS).</li> </ul>		

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		Planning Programme			
59	<b>International Institute of Population Sciences, Mumbai</b> Total Plan Outlay Rs. 27.00 crore	Teaching, Training, Research, Consultancy	173 students awarded degree/diploma in various courses.	Institute declared results in May, every year.	Institute being a service orientated organization the achievements can not be measured in monetary terms.
60	<b>F.W. Training and Research Centre, Mumbai</b> Total Plan Outlay Rs. 8.30 crore	Training for in Service Health Worker of various categories, Clinic based Family Welfare and Medical service activities. Field based research studies.		1. Admitted 27 applicants for training courses (Diploma in Health Promotion Education-19, Post Graduate Diploma in Community Health Care-8). Courses completed on time with 90% success rate in students. 2. Clinic attendance - 879. 3. Health education programmes - 15 4. Field studies - 33	
61	<b>Rural Health Training Centre, Najafgarh</b> Total Plan Outlay Rs.0.02 crore	To impart community health training for Medical Interns and Nursing Personnel and for training of ANMs.	No. of OPD patients:350000 No of Emergency Patients: 40000, No. of Emergency Admission: 1200, No. of institutions Deliveries: 360, JSY Beneficiaries: 50,	No. of OPD patients:406806 No of Emergency Patients: 48814, No. of Emergency Admission: 1168, No. of institutions Deliveries: 147, JSY Beneficiaries: 59	Target not fulfilled due to non-availability of facilities.
62	<b>Free Distribution of Contraceptives</b> Total Plan Outlay Rs.113.65 crore	To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills(ECP) 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	The requirements have been projected by the Programme Division for Supply of 547.02 M.Pcs. of condoms, 361.24 lakh cycles of Oral Pills, 87.68 lakh pieces of IUDs, 27.56 lakh pairs of Tubal Rings & 76 lakh packs of ECPs to states for distribution and use in health care institutions, 222,18,600 lakh pregnancy test kits to sub-centres.	The following quantity of the contraceptives were procured during the year 2013-14 i.e 392.694 M.Pcs. of condoms, 361.24 lakh cycles of Oral Pills, 87.68 lakh pieces of IUDs, 27.56 lakh pairs of Tubal Rings & 75.800 lakh packs of ECPs to states for distribution and use in health care institutions, 122.40195 lakh pregnancy test kits to sub-centres.	Full quantity of Prgnancy Test Kits and Condoms could not be procured due to non finalization of Tender.

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		couples under contraception. To supply Pregnancy test kits for timely and early detection of pregnancy.			
63	<b>Forward Linkages to NRHM (financed from likely savings from other Health Schemes of NE Region)</b> Total Plan Outlay Rs. 110.00 crore	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	<u>Ongoing work:</u> <ol style="list-style-type: none"> <li>1. Up gradation and establishment of super specialty wing at Gauhati Medical College (GMC).</li> <li>2. Up-gradation/strengthening of State Civil Hospital, Naharlagun.</li> <li>3. Setting up of State Family Welfare Training Centre at Imphal.</li> <li>4. Improvement of infrastructure of District Hospital Daporijo, Upper Subansiri District, Arunachal Pradesh.</li> </ol> <u>New approval:</u> <ul style="list-style-type: none"> <li>• Construction of Civil hospital at Aizwal, Mizoram.</li> <li>• Up-gradation of District Hospital at Dimapur and Mon, Nagaland. (Establishment/up-gradation and strengthening is being undertaken)</li> </ul>		Full amount released during 2013-14 for Improvement of infrastructure of District Hospital Daporijo, Upper Subansiri District, Arunachal Pradesh.
64	<b>Gandhigram Institute</b> Total Plan Outlay Rs.2.5 crore	It trains Health and allied manpower working in PHC, Corporations / Municipalities and Tamil Nadu Integrated Nutrition Projects	During the year 2012-13, 26 persons were trained in Post Graduate Diploma on Health Promotion and Education course (PGDHPE) and 17 admitted during 2013-14. Gandhigram Institute is also engaged in upgrading the capabilities of ANMs, staff nurses and students of nursing colleges through the Regional Health Teachers Training Institute (RHTTI). The RHTTI has under taken following activities during 2013-14. <ol style="list-style-type: none"> <li>i. Diploma in Nursing Education and Administration (DNEA): 2 enrolled for 13th batch of DNEA course</li> <li>ii. Health Visitor Course (Promotional Training for ANM/MPHW (F)(6 months)- 29 trained</li> <li>iii. Short- term training in community health nursing: In short terms training in community health nursing total number of 939 were trained</li> </ol>		
65	<b>RCH Training</b> Total Plan Outlay Rs. 11.50 crore	Under this scheme funds are released to NIHFV (Nodal institute for training under NRHM and RCH) for maintenance of RCH Training Unit at NIHFV, maintenance of 18 CTIs and Centrally Steered	1. Name of Trainings & Target: <ol style="list-style-type: none"> <li>(a) Maternal Health: 97677</li> <li>(b) Child Health: 349400</li> <li>(c) Family Planning: 60714</li> <li>(d) ARSH: 364930</li> <li>(e) National Disease Control Programme: 72523</li> <li>(f) Other Training: 195064</li> </ol>	1. Name of Trainings & Target: <ol style="list-style-type: none"> <li>(a) Maternal Health: 37268</li> <li>(b) Child Health: 82977</li> <li>(c) Family Planning: 19638</li> <li>(d) ARSH: 57014</li> <li>(e) National Disease Control Programme: 29069</li> <li>(f) Other Training: 71386</li> </ol>	Some of the districts were visited number of times to observe different types of trainings.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		Training Programme conducted by NIHF/CTIs like PDC, TOT and Training of Masters Trainers.	2. Monitoring Visits: (a) NIHF (b) CTIs	2. Monitoring Visits: (a) NIHF - 57 districts of 25 states/UTs covering 57 Districts & headquarters. (b) CTIs - 132 districts of 13 states/UTs. Priority was given to high focus district.	
66	<b>Management Information System (MIS)</b> Total Plan Outlay Rs.145.00 crore	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, District Level Household Survey, Annual Health Survey etc.	1. Implementation of Web enabled MIS application for data capturing and data warehousing  2. E – Governance	1. Implementation of Web enabled MIS application: Ongoing expansion and improvement in quality of information on HMIS Portal. 604 districts shifted to facility-wise reporting. Augmented HMIS portal made live with SAS and share-point component. 2. E – Governance i. Since inception of Mother and Child Tracking System (MCTS), total 6,18,27,239 pregnant women and 5,14,99,669 children were registered till 31 <sup>st</sup> March, 2014. The registration during 2013-2014 is 69.43% for pregnant women and 60.61% for children on pro-rata basis as on 31 <sup>st</sup> March, 2014. Out of total 2,26,228 ANMs registered in MCTS, 2,20,527 (97.48%) ANMs were registered with Phone numbers. Similarly, out of total 8,92,845 ASHAs registered in MCTS, 7,71,206 (86.38%) ASHAs were registered with Phone number. States were requested to set up call centres for better interaction between health service providers and beneficiaries.  ii. Mother and Child Tracking Facilitation Centre (MCTFC) has been operationalized from National Institute of Health and Family Welfare (NIHF). The MCTFC was inaugurated by Hon'ble Union Minister of Health and Family Welfare on 31 <sup>st</sup> January, 2014. It 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.	

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			<p>3. Evaluation through National Surveys DLHS, AHS, NFHS etc.</p> <p>iv. DLHS-4</p> <p>v. Annual Health Survey (AHS) in 284 districts</p> <p>vi. National Family Health Survey-4</p>	<p>iii. Process of setting up Centre for Health Informatics (CHI) of the National Health Portal (NHP) is completed. Creation of other entities mentioned in the Detailed Project Report (DPR) is in process. Layout of NHP has been designed, some content has been created and the portal has been made live for beta testing since 15<sup>th</sup> November, 2013.</p> <p>3. Evaluation through National Surveys DLHS, AHS, NFHS etc.</p> <p>DLHS- 4: Field work completed in 13 States / UTs and is in progress in the remaining 13 States / UTs. In addition, field work (Facility Survey) in 9 AHS States was completed. Preparation of draft Factsheets for the States, for which field work completed.</p> <p>AHS: Results based on second round of survey for all 284 districts were brought out. Field work for the third round of Annual Health Survey completed. The Field work for the Clinical Anthropometric and Biochemical (CAB) component is under progress.</p> <p>NFHS-4: Pretesting of Schedules done and Schedules finalized. EPC and MSG of NHM approved the proposal for conducting the NFHS-4.</p>	
67	<b>Upgradation/Strengthening of Nursing Services</b> Total Plan Outlay Rs. 200.00 crore	To provide financial assistance to the State Government for establishment of ANM/GNM Schools	Release the funds for opening of new ANM/GNM Schools	During the year, 2013-14, a sum of Rs. 11.75 crores has been released for opening of 5 ANM and 1 GNM School. Remark: Less expenditure is due to outstanding UCs against State Govt. and other documents.	
68	<b>Strengthening/Creation of Paramedical Institutions</b> Total Plan Outlay Rs. 200.00 crore	Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through standardization of such education/courses across	<p>1. Regarding setting up of One National Institute of Paramedical Sciences (NIPS) &amp; Eight Regional Institute of Paramedical Sciences (RIPS), Land for NIPS and Five RIPS has been finalized.</p> <p>2. The presently Centre and State ratio is 85:15 in project cost. Department of Expenditure has advised Centre and State ratio 75:25. The scheme is being process for continue in 12th FYP.</p> <p>3. Rs. 1.2 Crore has been released to Public Health Foundation of India (PHFI) to providing technical support.</p> <p>4. Regarding Manpower Development component Rs. 21.22 Crore has been released to 5 colleges (2 of Maharashtra and 3 of Rajasthan)</p>		

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		the country. It can be achieved by implementing the scheme.			
69	<b>District Hospital-upgradation of State Govt. Medical College (PG Seats)</b> Total Plan Outlay Rs. 260.00 crore	To provide financial assistance to the State Government Medical Colleges to upgrade the facilities for starting new Post Graduate (PG) disciplines and increasing PG seats.	Release the funds to 72 State Govt. Medical colleges in 20 States.	Out of BE of Rs. 260 crores during the year 2013-14, Rs.30.92 Cr. amount has been released.	Disproportionate allocation of funds provided under the Heads of GIA (General) & GIA (CCA) and non-receipt of UCs and other documents from the State Govt.
70	<b>Setting up of State institutions of paramedical sciences in States and setting up of college of paramedical education</b> Total Plan Outlay: Rs.20.00 crore	Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through standardization of such education/courses across the country. It can be achieved by implementing the scheme. (Rs. 20.0 Crore has been proposed tentative for each state. Letter has been sent to all 36 States/U.T.s to send their proposals).			
71	<b>Strengthening / Upgradation of Pharmacy Institutions</b> Total Outlay: Rs.5.00 crore	Providing financial assistance in the form of one time grant-in-aid for Strengthening /Upgradation of Pharmacy institutions and for conducting education programme for faculty in pharmacy institutions and practicing pharmacists. (Under the Scheme on the basis of proposals received, 17 Pharmacy Colleges across the country were technically evaluated by DGHS and Pharmacy Council of India (PCI). The scheme is being process for continue in 12th FYP).			
72	<b>Setting up of college of pharmacy in Govt. Medical Colleges.</b> Total Plan Outlay Rs.26.65 crore	Providing financial assistance in the form of one time grant-in-aid for Strengthening/Upgradation of Pharmacy institutions and for conducting education programme for faculty in pharmacy institutions and practicing pharmacists. (Outlines of the scheme will be made in consultation with Pharmacy Council of India).			

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73	<b>Assistance to States for Capacity Building</b> Total Plan Outlay: Rs. 86.50 crore.  (i) Facilities in Government Hospitals in National Highways (trauma care) Total Plan Outlay: Rs. 66.50 crore	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. Release of fund for spill over cases of 11 <sup>th</sup> plan. 2. Identification/Inspection of 37 new institutions for implementation and signing of MOU. 3. Release of funds for 37 institutions for construction and equipments 4. Recruitment of manpower & Procurement of equipment for National Injury surveillance Centre. 5. Development of Software for trauma registry 6. Training of designated staff for data capture and entry 7. To initiate establishment of 40 state resources trauma Centre. 8. Recruitment of Manpower and Logistic support for trauma registry and injury surveillance 9. Capacity building programme at state resource trauma Centre. 10. Release of funds for Rehab components 57 Trauma Centre. 11. Situational analysis for IEC activities 12. ATLS training Course for doctors, Advance trauma critical course for Nurses	1. In totality a financial assistance of Rs 23.6712 crores has been provided to the trauma care facilities identified during the 11th FYP. 2. The Medical colleges / district hospitals had been inspected by the Dte.G.H.S, MoHFW.	1. Delay in completion process of construction, procurement of equipment and recruitment of human resource by trauma care facilities. 2. Pending of audited UCs & SOEs by the Trauma Care Facilities under the 11th FYP. 3. Since the extension of 11th Five year plan of Trauma scheme for the reaming period of the 12th Five Year Plan was approved by Cabinet Committee on Economic Affairs only on February, 2014. This was followed by implementation of code of conduct by election commission leading to further delay in implementation.
74	(ii) National Programme for prevention & Management of Burn	(i) To reduce incidence, mortality, morbidity and disability due to Burn Injuries.	(i) Inspection of 10 new Medical Colleges for implementation and signing of MOU. (ii) Release of funds to 10 new Medical Colleges for construction, procurement of	(i) The inspection for more burn unit had been carried out by the Dte.G.H.S. , MoHFW. (iii) Supervision visits have been	(i) Delay in completing process of construction, procurement of equipment and recruitment of human



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	Injuries Total Plan Outlay: Rs. 20.00 crore	(ii) To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers. (iii) To establish adequate infrastructural facility for burn management and rehabilitation. (iv) 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.	equipments (iii) Review visit to assess progress of 3 Medical Colleges already identified in pilot programme. (iv) Release of recurring grant for manpower for 3 Medical Colleges identified in the pilot programme (v) Initiation of construction / renovation of burn's unit followed by procurement of equipments by 10 Medical Colleges. Initiation of awareness generation activities in implementing (vi) Training of Surgeons / Medical Officers and paramedical staff in Burn Injury Management (vii) Submission of quarterly progress reports by the states. (viii) Impact assessment of the IEC initiatives.	carried out by the Dte.G.H.S. (iv) Some of the Burn units that were establishing during the 11 <sup>th</sup> FYP are sending quarterly progress reports. (viii) An assessment of the Burns programme was carried out by NIHFW in which assessment of IEC activities was also mentioned.	resources by burn units. (ii) Pending of audited UCs & SOEs by the Burn Units under the Pilot project 11 <sup>th</sup> FYP.
75	<b>E-Health including Telemedicine</b> Total Plan Outlay: Rs. 5.00 crore	Expand the out reach and quality of health care services on a pilot basis in underserved areas through connectivity of Medical Colleges and District and Sub-district hospitals; use technology to improve access to quality medical education and establishing	Selection of Medical Colleges establishment of Lan/Can and further course of action for techno commercial bid is under process.	EFC approval on 17.02.014 for establishment of NMCN Project at a cost of Rs. 103.99 Crore.	

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		NMCN for educational needs of medical students, teachers and healthcare professionals.			
76	<b>National AIDS Control Organisation</b> Total Plan Outlay Rs.1785.00 crore	Goal: Accelerate Reversal and Integrate Response Objectives: 1. Reduce new infections by 50% (2007 Baseline of NACP III) 2. Provide comprehensive care and support to all persons living with HIV/ AIDS and treatment services for all those who require it.	<ul style="list-style-type: none"> <li>• New Targeted Interventions established 300</li> <li>• STI/RTI patients managed as per national protocol 68 lakh episodes</li> <li>• Blood Collection in DAC supported Blood Banks 55 lakh</li> <li>• Districts covered under Link Worker Scheme (cumulative) 163</li> <li>• Clients Tested for HIV (General Clients) 102 lakh</li> <li>• Pregnant Women tested for HIV 102 lakh</li> <li>• Proportion of HIV+ Pregnant Women &amp; Babies who receive ARV prophylaxis 75%</li> <li>• No. of HIV-TB Cross Referrals 12 lakh</li> <li>• ART Centres established (cumulative no.) 420</li> <li>• No. of PLHIV on ART (cumulative) 7,10,000</li> <li>• Opportunistic Infections treated 2.9 lakh</li> <li>• Campaigns released on Mass Media - TV/Radio 9</li> <li>• New Red Ribbon Clubs formed in Colleges 500</li> <li>• Persons trained under Mainstreaming training programmes 3.0 lakh</li> <li>• Proportion of all Blood units collected by Voluntary blood donation in DAC Supported Blood Banks 80%</li> </ul>	<ul style="list-style-type: none"> <li>• 246 New Targeted Interventions established</li> <li>• 67.7 lakh episodes STI/RTI patients managed as per national protocol</li> <li>• 57.48 lakh Blood Collection in DAC supported Blood Banks</li> <li>• 162 Districts covered under Link Worker Scheme (cumulative)</li> <li>• 130.30 lakh Clients Tested for HIV (General Clients)</li> <li>• 97.52 lakh Pregnant Women tested for HIV</li> <li>• 84% Proportion of HIV+ Pregnant Women &amp; Babies who receive ARV prophylaxis</li> <li>• 14.88 lakh No. of HIV-TB Cross Referrals</li> <li>• 425 ART Centres established (cumulative no.)</li> <li>• 7,68,840 No. of PLHIV on ART (cumulative)</li> <li>• 4.35 lakh Opportunistic Infections treated</li> <li>• 9 Campaigns released on Mass Media - TV/Radio</li> <li>• 800 New Red Ribbon Clubs formed in Colleges</li> <li>• 3.75 lakh Persons trained under Mainstreaming training programmes</li> <li>• 84.3% Proportion of all Blood units collected by Voluntary blood donation in DAC Supported Blood</li> <li>• 32.15 crore pieces Free distribution of Condoms</li> <li>• 51.62 crore pieces Social Marketing of condom by DAC contracted Social Marketing Organisations</li> </ul>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			<ul style="list-style-type: none"> <li>• Free distribution of Condoms 41 crore pieces</li> <li>• Social Marketing of condom by DAC contracted Social Marketing Organisations 35 crore pieces</li> </ul>		