

# **ANNUAL REPORT 2017-18**



सत्यमेव जयते

**Department of Health & Family Welfare  
Ministry of Health & Family Welfare  
Government of India  
Nirman Bhawan, New Delhi-110011  
Website : [mohfw.nic.in](http://mohfw.nic.in)**



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# Introduction

## INTRODUCTION

The core public health mandate of the Department of Health & Family Welfare (DoHFW) is to provide equitable, affordable and quality healthcare services to the people of India. At the centre of its philosophy is a strong primary healthcare system with a major focus on preventive and promotive healthcare. Health being a State Subject - each State and Union Territory endeavors to provide the best healthcare services to citizens. At the Central level, Ministry of Health & Family Welfare (MoHFW), therefore aims to strengthen the overall health system and leaves no stone unturned in its support to each State and UT to achieve this goal.

The highest attainable standards of physical and mental health are key to social well being of the country. India's health challenges are diverse. While continuing to battle communicable, maternal, neonatal and nutritional disorders in each State, India has also been facing one of the most epic epidemiological transitions with a rapid increase in the extent of injuries and non-communicable diseases and the proportion of disease burden attributable to them.

India has moved at a great pace in public health. Infant Mortality Rate (IMR) has registered 3 points decline to 34 in 2016 from 37 in 2015 at the National level and during the same period, Neo-natal Mortality Rate (NNMR) has declined by 1 point from 25 to 24. In 2016, Under-5 Mortality Rate (U5MR) for the country decreased by 9%, a 4 points decline over 2015 (39 in 2016 against 43 in 2015). Number of Under-5 deaths for the first time in the country have come down to below 10 Lakhs with nearly 1,20,000 fewer deaths in 2016 as compared to 2015. Sex Ratio at Birth for the country has gone down by 2 points to 898 in 2014-2016 from 900 in 2013-2015 and the “Beti Bachao,

Beti Padhao” Scheme needs to be followed with vigour.

Robust health infrastructure forms one of the most basic elements in fulfilling the Government's vision for universal healthcare and rightfully, a high priority. In an effort to encourage public health facilities to provide patient-centric quality care, the Ministry has decided to rank and grade District Hospitals (DH), Community Health Centers (CHC), Primary Health Centers (PHC) and Central Government hospitals, by assigning scores on three data points – facility infrastructure, service delivery and patient feedback.

Perhaps the most challenging pillars of the health system that can make or break missions and vertical programs is that of providing the requisite quality human resources to run health facilities, especially in rural or inaccessible hard-to-reach areas like hilly terrains or tribal belts. To address the shortage of doctors and specialists, the Ministry has started taking steps to expand seat capacity by changing teacher-student ratio norms; optimization of Minimum Standards Requirements as per Medical Council of India and utilizing District Hospitals; augmenting teacher availability through recognizing certain foreign degrees; delinking designations with pay scales, time-bound promotions and recognizing specialists as teachers; introducing ‘Doctor-on-Call’ to improve access anytime, anywhere.

The overall economic growth rate in India has been one of the fastest in the world in the past decade, with a unique opportunity to cash in on the positive demographic dividend in the coming decade. Skill building initiatives in health have thus been one of the major thrusts of the Department. DoHFW has standardized 10 course curricula for short term trainings in 2017 and has rolled out the First Responder Course.

## NATIONAL HEALTH POLICY 2017

The Government has brought out the National Health Policy (NHP), 2017 after a gap of 15 years which aims at attainment of the highest possible level of health and well-being for all, at all ages, through a preventive and promotive health care orientation in all developmental policies and universal access to good quality health care services without anyone having to face financial hardship as a consequence. The policy suggests exploring collaboration for primary care services with “not-for-profit” organizations having a track record of public services where critical gaps exist, as a short-term measure, for certain services where a team of specialized human resources and domain specific organizational experience is required. Private providers, especially those working in rural and remote areas or with under-served communities, could be offered encouragement through provision of appropriate skills to meet public health goals, opportunities or skill up-gradation to serve the community better, participation in disease notification and surveillance efforts, sharing and supporting certain high value services. The policy also advocates a positive and proactive engagement with the private sector for critical gap filling towards achieving national goals, by contracting in the areas of capacity building, skill development programmes, corporate social responsibility, mental health programmes, disaster management, strategic purchasing as stewardship, enhancing accessibility, immunization, disease surveillance, tissue and organ transplantations, Make in India, health information systems, etc.

## NATIONAL HEALTH MISSION (NHM)

The National Health Mission (NHM) consists of the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. NRHM was launched in April 2005 to provide healthcare facilities upto district hospitals. It envisaged strengthening the healthcare delivery by State

Governments by allocating more financial resources and greater technical support for health; bringing sharper focus on rural, particularly marginalized and vulnerable populations and carrying out architectural correction through integration of vertical programmes, decentralization and communitisation as a pillar of accountability. NUHM was approved as a Sub-Mission along with NRHM under the overarching NHM by the Union Cabinet on 1<sup>st</sup> May, 2013 to provide equitable and quality primary health care services to the urban population with special focus on slums and vulnerable sections with involvement of the community and the urban local bodies.

## MATERNAL AND CHILD HEALTH

Women are strong pillars of any vibrant society. Sustained development can thus be achieved only if we take holistic care of our women and children. The Ministry of Health and Family Welfare acknowledges the urgent need to proactively address prevalent social issues such as safety, security, nutrition, education and hygiene of women and girls, if it aims to move forward on its reproductive and child health agenda. The social issue of saving the girl child with the “Beti Bachao, Beti Padhao” Scheme has gained ground in most of the States with the support of the PC&PNDT Act. Massive and strategic investments have been made under NHM for improvement of maternal health.

The Child Health Programme under NHM comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and Under-five (U5) mortality. Since neonatal deaths are the biggest contributor to child deaths (approximately 57% of the U5 deaths), improving child survival hinges on improving newborn health.

DoHFW launched Mission Indradhanush (MI) in December 2014, a targeted programme to immunize children who have either not received vaccines or are partially vaccinated. The activity focuses on districts with maximum number of missed children. Four phases have been completed wherein 2.53 crore children have been vaccinated, of which 66.16 lakh

children have been fully immunized, leading to a 6.7% increase in full immunization coverage. In addition, 68.43 lakh pregnant women were vaccinated against tetanus. On 8<sup>th</sup> October 2017, Hon'ble Prime Minister of India launched Intensified Mission Indradhanush to be held in 121 districts in 16 States, 52 districts in the North Eastern States and 17 urban areas where immunization coverage has been very low in spite of repeated phases of UIP and Mission Indradhanush with an aim to rapidly build up full immunization coverage to more than 90% by December, 2018.

### **MEDICAL EDUCATION AND HUMAN RESOURCES FOR HEALTH AND PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)**

Human Resources for Health (including doctors, nurses and allied health services personnel) are critical in the provision of healthcare services. Through various interventions doctor-population ratio is being improved. At present, there are 67,352 MBBS seats and 38,000 post graduate seats (including DNB seats). The Ministry increased 5000 PG seats after revising the teacher-student ratio.

DoHFW has also embarked upon an ambitious plan to expand tertiary care in the country. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched to correct regional imbalances in the availability of affordable, reliable tertiary healthcare services and augmenting facilities to provide quality medical education in the country by setting up of AIIMS like Institutions and up-gradation of Government Medical Colleges. Under this Scheme, DoHFW has already started the process to establish 14 new AIIMS by 2022 in addition to 6 already established. Super specialty blocks are being set up in 73 medical colleges and 58 district hospitals are being upgraded to Medical Colleges. Setting up of 20 Cancer Institutes and 50 Tertiary Cancer Care Centres are also under implementation.

128 ANM and 137 GNM Schools have been sanctioned in the districts where there is no such school in 29 high

focus States. This is expected to create an additional annual intake of 13,500 candidates.

The DoHFW is also supporting and promoting to enhance and upgrade Allied and Healthcare as well as Pharmacy related education in the country. Department is also working towards creating a statutory body for the regulation of all allied and healthcare professionals.

### **FINANCIAL ASSISTANCE TO POOR PATIENTS**

The Department provides financial assistance to poor patients for treatment at Government Hospitals/ Institutions all over India under the Rashtriya Arogya Nidhi and the Health Minister's Discretionary Grant Schemes. Health Minister's Cancer Patient Fund Scheme provides financial assistance to poor cancer patients to defray a part of the expenditure on treatment in Government Hospitals, in cases where free medical treatment is not available.

### **NATIONAL AIDS CONTROL PROGRAMME (NACP)**

The National AIDS Control Programme (NACP) is implemented by Government of India as a 100% central sector scheme through State AIDS Control Societies in the States for prevention and control of HIV/AIDS in the country. The latest phase i.e. NACP-IV focuses on intensifying & consolidating prevention, support and treatment services for High Risk Groups (HRGs) and vulnerable population. HIV & AIDS (Prevention & Control) Act, 2017 has been enacted with the aim to prevent discrimination.

### **REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)**

Revised National Tuberculosis Control Programme (RNTCP) has conceptualized National Strategic plan (NSP) for TB Elimination by 2025, five years ahead of SDGs and ten years ahead of WHO targets. Newer strategies include country-wide Implementation of Daily Regimen for First Line Treatment, Large Scale Private Sector Engagement, Active Case Findings, Enhanced Diagnosis by More Sensitive Rapid

Molecular Diagnosis, New Drugs for Multi-Drug Resistance and its Shorter Regimens. Programme is also determined to scale-up patient support systems by using Information Communication Technology (ICT) based treatment adherence solutions.

### **NATIONAL PROGRAM FOR CONTROL OF CANCER, DIABETES, CARDIO-VASCULAR DISEASES AND STROKE (NPCDCS)**

Non-Communicable Diseases (NCDs) like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes are leading causes of death in the country and amounts to considerable loss in potentially productive years of life. In order to prevent and control major NCDs, Government of India is implementing the National Program for Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) with the focus on strengthening infrastructure, human resource development, health promotion, screening & early diagnosis, management and referral. DoHFW has also initiated Population-based Screening for Diabetes, Hypertension and Common Cancer (Orals, Breast, and Cervical) for early detection of common NCDs in more than 100 Districts & 25 Cities during 2017-18. For comprehensive management of lifestyle related disorders, a pilot project on 'Integration of AYUSH with NPCDCS' has been initiated in 6 districts.

Tobacco is one of the major preventable causes of NCDs and to control the same National Tobacco Control Programme facilitates effective implementation of the Tobacco Control Laws (COTPA 2003) in the country and to bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws.

### **NATIONAL MENTAL HEALTH PROGRAMME (NMHP)**

National Mental Health Programme (NMHP) aims to provide availability and accessibility of minimum mental health care for all, to encourage mental health knowledge & skills and to promote community participation. Gradually the approach of mental health

care services has shifted from hospital-based care (institutional) to community-based care, as majority of mental disorders do not require hospitalization and can be managed at community level. Mental Health Act, 2017 is enacted recently adopts a rights-based statutory framework for mental health and decriminalizing suicide.

### **NATIONAL PROGRAMME FOR HEALTHCARE OF THE ELDERLY (NPHCE)**

National Programme for Health Care of the Elderly (NPHCE) initiated to address health related problems of elderly people with basic aim to provide dedicated, specialized and comprehensive health care to the senior citizens. Preventive and 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.

### **NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCBVI)**

National Programme for Control of Blindness and Visual Impairment (NPCBVI) was launched with the goal of reducing the prevalence of blindness to 0.3% by 2020 with its plan of action prepared in line with the global initiative of "Vision 2020: the Right to Sight". The programme continues to combat blindness by focusing on the development of comprehensive eye care services targeting common blindness disorders including cataract, refractive errors, glaucoma, diabetic retinopathy, childhood blindness, corneal blindness etc.

### **NATIONAL ORGAN TRANSPLANT PROGRAMME (NOTP)**

DoHFW is implementing the National Organ Transplant Programme (NOTP) for carrying out various activities related to retrieval, storage and transplant of organs, training of manpower and promotion of organ donation from deceased persons. It is necessary to promote organ donation from



deceased (cadaveric) or “brain stem dead” donors rather than relying on living donors, due to the risk of commercial trading and inherent risks to the health of living donors.

### COMPLAINT COMMITTEE ON SEXUAL HARASSMENT AT WORK PLACES

DoHFW has in place a “Complaint Committee on Sexual Harassment of Women at Work Places” to ensure the safety and dignity of the women officials, being headed by a Joint Secretary level senior Lady Officer. Two meetings have been held during the year to look into the complaints. An online complaint management system “Sexual Harassment electronic-Box (SHe-Box)” has been functioning in the department for smooth filing of complaints.

### E-GOVERNANCE

The DoHFW has undertaken various e-Governance initiatives like National Health Portal, National Tobacco Quitline Services, ‘Mera Aspataal’ (Patient Feedback) Application and Online Registration System (ORS) etc. to improve the efficiency & effectiveness of the public healthcare system. It is continuously planning and introducing several such initiatives in the e-Governance ecosystem for health. To enable e-Governance, MoHFW e-Office is being implemented to achieve a simplified, responsive, efficient and transparent working in the office. Currently, modules such as File Management System, Knowledge Management System, Employee Master Details, Payslip, Leave Management System, Messages are in use. Further, promotion of digital payments has been accorded highest priority by the Government.

### CONCLUSION

It is critical to understand, appreciate and address the extent of health heterogeneity across the country that will greatly enable the reduction of major health inequalities between the various States. With the help of NHM, PMSSY and others, the Department is envisaging the attainment of Universal Healthcare.

Innovations have been encouraged, catalogued and shared widely with a view to ensure scalability, sustainability and impact. In particular, innovations in areas such as health financing and governance reforms as reported in States have demonstrated great promise for reform in these harder-to-pull levers of the health system.

In nutshell, the schemes and programs initiated by the DoHFW are testament to its commitment to achieving the country’s optimal development potential and recognizing the need to improve the health and nutritional status of the population. Its highest goal remains that of providing affordable, assured, reliable and accessible healthcare to the people of India. The Ministry of Health and Family Welfare is well prepared to meet this goal and use the next decade to usher in Universal Healthcare that the people of India desire, demand and deserve.



**(Preeti Sudan)**

Secretary,  
Department of Health & Family Welfare  
Ministry of Health & Family Welfare,  
Government of India

