

**Organization  
&  
Infrastructure**

**Chapter**

**1**

## 1.1 MINISTER IN CHARGE

The Ministry of Health & Family Welfare is headed by Hon'ble Union Minister for Health & Family Welfare, Shri Jagat Prakash Nadda since 10<sup>th</sup> November, 2014. He is assisted by the Hon'ble Minister of State for Health & Family Welfare, Shri Faggan Singh Kulaste and Ms. Anupriya Patel.



Shri Jagat Prakash Nadda  
Hon'ble Union Minister for  
Health & Family Welfare



Shri Faggan Singh Kulaste  
Hon'ble Union Minister of State  
for Health & Family Welfare



Ms. Anupriya Patel  
Hon'ble Union Minister of State  
for Health & Family Welfare

## 1.2 INTRODUCTION

In view of the federal nature of the Constitution, areas of operation have been divided between Union Government and State Governments. Seventh Schedule of Constitution describes three exhaustive lists of items, namely, Union list, State list and Concurrent list. Though some items like public health, hospitals, sanitation etc. fall in the State list, the items having wider ramification at the national level like Family Welfare and Population Control, Medical Education, Prevention of Food Adulteration, Quality Control in manufacture of Drugs etc. have been included in the Concurrent list.

The Union Ministry of Health & Family Welfare is instrumental and responsible for implementation of various programmes on a national scale in the areas of health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines. In addition, the Ministry also assists States in preventing and controlling the spread of seasonal disease outbreaks and epidemics through technical assistance.

Expenditure is incurred by Ministry of Health & Family Welfare either directly under Central Schemes or by way of grants-in-aids to the autonomous/statutory bodies etc. and NGOs. In addition to the Central Government sponsored programmes, the Ministry is implementing several

multi-lateral/international NGO supported programmes in association with the State Governments.

On August 7, 2014 vide extraordinary Gazette notification Part-II Section-3, Sub Section, Department of AIDS Control has been merged with Department of Health & Family Welfare and now be known as National AIDS Control Organization (NACO). As per the amendment, Allocation of Business Rules vide Cabinet Secretariat's Notification No. 1/21/35/2014-Cab dated December 8, 2014; Department of AYUSH has been made Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH). Ministry of Health & Family Welfare now comprises the following two Departments, each of which is headed by a Secretary to the Government of India:

- (i) Departments of Health & Family Welfare
- (ii) Department of Health Research (DHR)

Organograms of the Department of Health & Family Welfare is in Chapter 25. Directorate General of Health Services (Dte.GHS) is an attached office of the Department of Health & Family Welfare and has subordinate offices spread all over the country. The Dte. GHS renders technical advice on all medical and public health matters and is involved in the implementation of various health schemes. The organograms of Dte. GHS is in Chapter 26.

## 1.3 ADMINISTRATION

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

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

Aadhaar based biometric attendance system has been introduced in the Department. E-office is also being implemented in phased manner. All Plan and Non-Plan payments have been integrated into PFMS.

## 1.4 CENTRAL HEALTH SERVICES (CHS)

The Central Health Service is providing medical manpower to various participating units like Directorate General of Health Services (Dte.GHS), Central Government Health Service (CGHS), etc. The Central Health Service now consists of four Sub-cadres and the present strength of each Sub-cadre is as under:

- i. General Duty Medical Officer Sub-cadre - 2222
- ii. Teaching Specialists sub-cadre - 1329
- iii. Non-Teaching Specialists sub-cadre - 594
- iv. Public Health Specialists sub-cadre - 104

In addition to the above, there are 19 posts in the Higher Administrative Grade Apex level, which are common to all the four sub cadres.

**1.4.1 Recruitment in CHS:** On the basis of Combined Medical Services Examination- 2015, dossiers of about 1201 candidates were received from UPSC and they have been allocated to different cadres viz: Ministry of Defence, Ministry of Railways, MCD, NDMC besides Central Health Services on the basis of their Rank, Preference and availability of vacancies. Out of aforesaid 1201 candidates, 251 candidates have been allocated to

CHS. Out of 251 candidates, offer of appointment have been issued to 205 candidates under CHS cadre and pre-appointment formalities of some candidates are in process. 37 Assistant Professors have joined CHS on recruitment. 23 officers joined in Non-Teaching sub-cadre in various specialties. Appointment of 29 GDMO Officers has been notified in the Gazette of India and probation clearances in respect of 11 GDMO's order have been issued.

**1.4.2 Cadre Review:** The Ministry constituted a Cadre Review Committee of Central Health Service on 20<sup>th</sup> March, 2015 under the Chairmanship of Additional Secretary (Health). The Committee has since submitted its report which is under examination of the Ministry.

**1.4.3 Enhancement of Age of Superannuation of CHS Doctors:** This Ministry issued order dated 31.05.2016 for enhancement of age of superannuation of Non-Teaching, Public Health Specialists and General Duty Medical Officers of CHS to 65 years, with the approval of Hon'ble Prime Minister and the Cabinet. The age of superannuation of Teaching Specialists was already raised to 65 years from 16.09.2008.

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

Sub-cadre	Sl. No.	Designation of posts	No. of officers
GDMO	1.	Medical Officer to Senior Medical Officer	66
	2.	Senior Medical Officer to Chief Medical Officer	0
	3.	Chief Medical Officer to Chief Medical Officer (NFSG)	16
	4.	Chief Medical Officer (NFSG) to Senior Administrative Grade	330
TEACHING	1.	Assistant Professor to Associate Professor	58
	2.	Associate Professor to Professor	17
	3.	Professor to Director-Professor	42
NON-TEACHING	1.	Specialist Gr.III to Specialist Gr.II	07
	2.	Specialist Gr.II to Specialist Gr.I	08
	3.	Specialist Gr.I to SAG level	66
PUBLIC HEALTH	1.	Specialist Grade.II (Sr. Scale) to Specialist Grade.I	04
	2.	Specialist Grade.I to SAG	01

The benefit of Non-functional up-gradation has been extended to 593 officers of Senior Administrative Grade of GDMO sub-cadre of Central Health Service. In addition, 130 officers of Non-Teaching, 159 officers of Teaching and 11 officers of Public Health sub-cadres of Central Health Service (CHS) were considered for grant of Non-functional up-gradation to Senior Administrative Grade level in the Screening Committee meeting held on 17.11.2016.

**1.4.5 Deputation:** During the year, six officers were taken on regular deputation basis in CHS from various State Governments/other Departments of Central Government, in consultation with UPSC. Two officers were taken on ad-hoc deputation in CHS from State Governments.

**1.4.6 Vacancy Circular:** A vacancy circular for filling up of 66 posts on deputation basis has been issued on 31.08.2016.

**1.4.7 RTI:** The number of RTI cases received in this division is 304.

**1.4.8 Court cases:** 25 court cases in CAT Benches/High Courts/Supreme Court have been disposed of during the year (upto 31.10.2016). 102 cases are still pending in various CAT Benches/High Courts/Supreme Court.

**1.4.9 Considering the representations of CHS officers for upgradation of ACRs/APARs:** 40 representations for upgradation of APARs/ACRs were considered and disposed of.

**1.4.10 Dental Doctors:** Requisition for filling up 10 vacant posts of Dental Surgeon has been submitted to the UPSC. Promotion orders in respect of two Staff Surgeons to the next higher grade i.e. Staff Surgeon (NFSG) have been issued.

certifies the appropriation accounts and represents the Ministry in the Public Accounts Committee and Standing Parliamentary Committee on accounts.

## 1.5.2 Accounting set up in the Ministry

The Ministry of Health and Family Welfare has two Departments viz. Department of Health and Family Welfare and Department of Health Research. There is a common accounting wing for all the Departments of Ministry of Health and Family Welfare and Ministry of AYUSH. The Accounts wing functions under the supervision of a Chief Controller of Accounts (CCA) who is assisted by a Controller of Accounts (CA), Deputy Controller of Accounts (DCA), Assistant Controller of Accounts (ACA) and 11 Pay and Accounts Offices (PAOs) (7 PAOs in Delhi and one each at Chennai, Mumbai, Kolkata and Puducherry). The responsibility of the Budget Division of the Ministry is also entrusted to the CCA.

## 1.5.3 Internal Audit Wing

The Internal Audit Wing of the Department of Health and Family Welfare handles the Internal Audit work of all the Departments of Ministry of Health and Family Welfare and Ministry of AYUSH. There are more than 600 Audit Units of the Health and Family Welfare, 24 units of AYUSH and 25 units of Health Research.

The Internal Audit plays a significant role in assisting the Departments to achieve their aims and objectives. The CCA submits internal audit observations and matter related to financial discipline to the Secretary in respect of each department and its subordinate organization. The Annual Report of the Internal Audit is reviewed judiciously by the Controller General of Accounts (CGA) and Ministry of Finance.

The role of internal audit is growing and shifting from Compliance Audit confined to examining the transaction with reference to government rules and regulations to more advanced techniques of examining the performance and risk factors of an entity. In 2015-16, 841 audit paras have been raised which highlights financial propriety observations to the tune of Rs.1260.82 crores. A total number of 108 paras has been settled during 2015-16. Besides this, during 2015-16, Internal Audit Wing had conducted

## 1.5 ACCOUNTING ORGANIZATION

### 1.5.1 General Accounting Set up

The Secretary, Ministry of Health and Family Welfare is the Chief Accounting Authority. This responsibility is discharged by him through and with the help of the Chief Controller of Accounts (CCA) on the advice of the Financial Advisor of the Ministry. The Secretary

Performance/Risk based Audit of following Schemes and Institutions implemented working under Ministry of Health and Family Welfare.

#### Performance/Risk based Audit

1. AIIMS, Rishikesh
2. State Health Society, Kerala
3. State AIDS Control Society, Andhra Pradesh
4. State Health Society, Patna, Bihar
5. AIIMS, Jodhpur
6. State AIDS Control Society, Gujarat

#### 1.5.4 Bhavishya Pension Portal

It is a web responsive pensioners' service developed to provide single-point web solution for pensioners to obtain comprehensive information relating to status of the pensions and the payments. Department of Pension & Pensioners Welfare is working with a vision of ensuring active and dignified life for pensioners. The goal is to ensure payment of all retirement dues and delivery of Pension Payment Order (PPO) to retiring employees on the day of retirement itself. Towards this goal, the Department has launched an online Pension Sanction & Payment Tracking System called 'BHAVISHYA'. The system provides for online tracking of pension sanction and payment process by the individual as well as the administrative authorities. The system captures the pensioners' personal and service particulars. The forms for processing of pension can be submitted online. It keeps retiring employees informed about the progress of pension sanction process through SMS/E-Mail. The system obviated delays in payment of pension by ensuring complete transparency.

All the PAOs and the majority of the DDOs of the Ministry of Health and Family Welfare have been registered on the Bhavishya Portal. The rest of the DDOs are under the process of registration and implementation and are expected to process and disburse pension through the portal only.

#### 1.5.5 Public Financial Management System (PFMS)

The Hon'ble Prime Minister has emphasized the need for improved financial management in the Implementation of Central Plan Schemes and also monitoring of usage of funds up to the end beneficiaries including information on end use of funds.

The Public Financial Management System (PFMS) has an end-to-end solution for processing payments, tracking, monitoring, accounting, reconciliation and reporting. It has been decided to universalize the use of PFMS to cover all transactions/payments under the Central Sector Schemes. The office of the CCA keeps a close tab on these developments and implements them in a pro-active manner.

All 11 PAOs under the Chief Controller of Accounts of this Ministry are already using PFMS portal for all Plan/Non Plan Schemes and also making e-payments through this portal. Now PFMS is to be implemented by all Autonomous Bodies by 31<sup>st</sup> of March, 2017, who are receiving funds through Central Sector Schemes. However, Six AIIMS under PMSSY, AIIMS New Delhi and PGIMER, Chandigarh are already brought on the board of PFMS platform. Rest of the Autonomous Bodies under the Ministry are also planned to be brought on PFMS by the targeted date.

#### 1.5.6 Direct Benefit Transfer (DBT)

Ministry of Health & Family Welfare is already implementing the scheme Janani Suraksha Yojana (JSY) under National Health Mission (NHM) on Direct Benefit Transfer.

### 1.6 IMPLEMENTATION OF THE RIGHT TO INFORMATION (RTI) ACT, 2005

Under the Right to information Act, 2005, 60 Central Public Information Officers (CPIOs) and 29 Appellate Authorities (A/As) have been appointed in the Department. Shri K.L.Sharma, Joint Secretary has been designated as the Transparency Officer and Shri Ashish V.Gawai, Deputy Secretary has been nominated as Nodal Officer to receive requests for information under RTI Act, 2005 on behalf of all CPIOs for the Ministry of Health & Family Welfare.

During the period from 01-04-2016 to 02-01-2017,

6065 RTI applications and 441 RTI Appeals were received in the Department. These were forwarded to the concerned CPIOs/Appellate Authorities in this Department for necessary action. During the current period, 32 Public Authorities/Institutes have been aligned with the Department of Personnel and Training's online web portal i.e. [rtionline.gov.in/RTIMIS](http://rtionline.gov.in/RTIMIS). A workshop on implementation of Suo-Moto disclosure was held on 07.04.2016 in two batches in this Department.

### 1.7 VIGILANCE

Vigilance Wing of the Department is headed by a Joint Secretary who also works as Chief Vigilance Officer (CVO). The CVO is assisted by a Director (Vig.), an Under Secretary and Staff of Vigilance Section.

The Vigilance Division of the Ministry deals with

Vigilance and disciplinary cases having Vigilance angle involving the officers/staff of Dte.GHS, CGHS, Departments of Health and Family Welfare and all autonomous Institutes under the administrative control of the Ministry where there is no independent CVO. The Vigilance Wing also monitors vigilance enquiries, disciplinary proceedings having vigilance angle in respect of doctors and non-medical/technical personnel borne on the Central Health Service (CHS) and posted in P&T Dispensaries and other institution like Medical Stores Organizations, Port Health Organization, Labour Welfare Organization, etc.

In year 2016 (till October, 2016) following actions have been taken/dealt with by Vigilance Division. (See table below)

### 1.8 PUBLIC GRIEVANCE CELL

Public Grievance Redressal Mechanism is

Sl. No.	Item	Instances
1.	Charge Sheet Issued Under Rule 14 of CCS (CCA) Rules	04
2.	No. of cases examined of sanction for prosecution	07
3.	Instances of sanction for prosecution accorded	06
4.	Finalization of Disciplinary Cases	07
5.	Instances of Appointment of IOs/POs	03
6.	Advice given to the other divisions of the Ministry	38
7.	Instances of Suspension extension	05
8.	No. of Disciplinary cases live at the end of the period	24
9.	No. of Complaints Received from CVC for appropriate action and which are under examination/processed	08
10.	Misc. Complaints received from CBI for appropriate action	25
11.	Complaints received from other sources	157
12.	Case sent to CVC for advice	14
13.	Case sent to UPSC for advice	02
14.	Matter referred to DOP&T for advice	11
15.	Cases referred to Ministry of Law and Justice, for advice	07
16.	RTI application received and disposed	45
17.	No. Of Court Cases processed during the period	04
18.	Vigilance clearance granted during the period	4800
19.	VIP/PMO reference received/ processed	03
20.	Grant of Honorarium to IO/PO	01
21.	Case of Appointment of Vigilance Officer	13
22.	Process of Appointment of CVOs under the MoHFW	02

functioning in the Ministry of Health & Family Welfare as well as in the Subordinate/Attached offices of the Directorate General of Health Services and the other Subordinate/Attached offices of CGHS (both in Delhi and other Regions), Central Government Hospitals and PSUs falling under the Ministry for implementation of the various guidelines issued from time to time by the Government of India through the Department of Administrative Reforms & Public Grievances.

The Centralized Public Grievances Redressal and Monitoring System (CPGRAMS) has been implemented in the Department, Attached Office i.e. Directorate General of Health Services (Dte.GHS), Central Govt. Health Scheme (CGHS), and extended to Autonomous Bodies/PSUs. It has been extended to other Subordinate Offices of Dte.GHS also. It has a web based portal and a citizen can lodge grievance through this system directly with the concerned Departments. A link of CPGRAMS has also been provided on the website of the Ministry i.e. [www.mohfw.nic.in](http://www.mohfw.nic.in).

The number of written Grievance petitions received/disposed of and pending during 2015 & 2016 are as follows :-

Year	Opening Balance	Grievance petitions received during the year	Grievance petitions disposed of during the year	Pending
2015	20	187	195	12
2016	12	235	230	17

The subject-wise position in regard to grievances received through CPGRAMS during 2016 is as under:

No. of Grievance received	Disposal	Pendency
48012	46029	1996

Prime Minister had observed that many equipment in hospitals and health centers are either unused or there is no maintenance resulting wastage of resources. He directed that Ministry may consider either maintenance or management contract along with purchases or outsource maintenance after the guarantee period. To address this, MoHFW organized consultations with officials from States to devise

## 1.9 INFORMATION & FACILITATION CENTRE

To strengthen the Public Redressal Mechanism in the Ministry of Health & Family Welfare, an Information & Facilitation Centre is functioning adjacent to Gate No.5, Nirman Bhawan. The Centre provides information on:

1. How to avail the financial assistance from Rashtriya Arogya Nidhi and Health Minister's Discretionary Grants.
2. Issuance of 'No Objection Certificate' to Indian doctors to pursue higher medical studies abroad.
3. CGHS and queries relating to the work of the Ministry.
4. Receiving petitions/suggestions on Public Grievances.

## 1.10 RURAL HEALTH INFRASTRUCTURE

### Bio-medical Equipment Management & Maintenance Programme

appropriate mechanisms to ensure that medical equipment already purchased are properly maintained. An extensive exercise was undertaken to map the inventory of all Bio-medical equipment including their functionality status. The mapping has been completed in 29 States. 7,56,750 number of equipments placed in 29115 health facilities, costing approx. Rs4564 crores have been identified. Equipments in range of 13% to 34% were found dysfunctional across States. Comprehensive guidelines along with RFP on Biomedical Equipment Management and Maintenance Program (BMMP), linked with uptime of equipments (95% in District hospitals, 90% in Community Health centers, and 80% in Primary health centers). Under BMMP, support is being provided to State Governments to outsource medical equipment maintenance comprehensively for all the equipments across all facilities. Subsequent to inventory mapping, RFPs/tenders were rolled out to award maintenance contract for the respective States.

The implementation of Biomedical Equipment Management and Maintenance Program (BMMP) has helped in improving diagnostic services in health facilities, thereby reducing cost of care and improving the quality of care in public health facilities.

### 1.10.1 Free Diagnostics Service Initiative

Provision of appropriate diagnostics is necessary and critical in providing adequate comprehensive healthcare services in public health facilities. It is a cause of concern that approx. 10 % of out of pocket expenditure is due to cost of diagnostics (11.2% in OPD and 9.6% in IPD as per NSSO 71st round). Lack of diagnostics results in delayed disease detection leading to high curative care costs at later stages of disease progression. To address this grave situation, the National Health Mission has launched the Free Essential Diagnostics Initiative. In order to streamline the processes, the NHM Free Diagnostic Services guidelines has been made and shared with the States on 2<sup>nd</sup> July, 2015. The guidelines provide an illustrative list of essential diagnostics tests that includes 9 tests at Sub-centre level, 19 tests at PHC level, 39 tests at CHC level and 57 tests at SDH/ DH level. The tests encompass hematology, serology, biochemistry, clinical pathology, microbiology, radiology, and cardiology. The guidelines also provide model RFP (Request for Proposal) documents for States to engage with service providers for provision of diagnostic services. The following Model RFPs have been provided in the Guidelines:

- a) RFP for Outsourcing a defined list of high cost, low frequency, diagnostic tests which cannot be provided with existing technical capacities.
- b) RFP for Outsourcing of digitalization of images (X-rays), transmission, and diagnosis and reporting services.
- c) RFP for setting up CT scan facilities at district level under Public Private Partnership model where providers may be encouraged to establish the facilities within or near the district hospital.
- d) RFP for Model document for in sourcing of hiring of fixed term contractual staff (laboratory technicians, radiographers).

### 1.10.2 The three components under the umbrella of the Free Diagnostics Service Initiative are:

- 1) **Essential Pathology Initiative:** It is to assure every patient a range of essential diagnostic packages free of cost tailored to various levels of care to complement existing public health facilities. The samples are collected by service provider from facilities and results reported within stipulated time frame.
- 2) **Tele-radiology initiative:** Apart from infrastructure, lack of specialist clinicians especially radiologists have been a major challenge which denies the poor patient of essential radio-diagnosis. To bridge this gap a viable and cost effective PPP model has been devised under which digitized X-Ray films are transmitted to service provider and reports are received within a stipulated time frame.
- 3) **CT scan Services at District Hospital & Technology Support:** Since CT is an expensive test and many districts in India do not have a single CT facility, this initiative is of great value – both in terms of health sector development in a given area as well as in reducing patient expenditure. Under NHM, States are being supported to setup CT Scan services at DH level (with population above 7.5 Lakhs) under PPP.

**1.10.3 MMUs (Mobile Medical Units):** To provide services at door-step of the population living in most remote and hard to reach areas, States have been supported with Mobile Medical Units (MMUs). Since inception of NRHM, 335 out of 675 districts have been equipped with 1122 MMUs.

**1.10.4 'Mera Aspataal' Initiative:** An IT based feedback system 'MeraAspataal' (My Hospital) was launched by Government of India on 29.08.2016. A multi-channel approach is used to collect information on patients' level of satisfaction i.e. SMS, Outbound Dialing (OBD), Web Portal and Mobile App. The App automatically contacts the patient (out-patient after the closure of the OPD and the in-patient at the time of discharge) to collect information on patients' level of satisfaction. The App provides almost real time analysis of data and meaningful insights to analyze the performance at different levels i.e. from facilities to national level.



Currently, 75 hospitals, where centralized Hospital Management System (HMS) was already functional, have been included in this initiative.

- The e-Ausadhi software has been customized as per requirement of CMSS. User Acceptance Test (UAT) has been completed.

### 1.11 CENTRAL MEDICAL SERVICES SOCIETY (CMSS)

Central Medical Services Society (CMSS), the Central Procurement Agency of Ministry of Health & Family Welfare was registered as a society on 22.03.2012 for procuring health sector goods in a transparent and cost effective manner to ensure uninterrupted supply to State/UT Governments by setting up IT enabled supply chain infrastructure including warehouses in 50 locations.

The Additional Secretary in-charge of procurement in the Department is the Ex-Officio Chairman of the CMSS. There is a full time DG&CEO (a Joint Secretary level officer) responsible for overall management of society. He is assisted by General Managers, each responsible for procurement, logistics, finance, quality assurance, administration and medical equipments.

During the current year, following major activities/achievements have been made:

- Purchase order for Condoms, Pregnancy test Kits (PTK), Oral Contraceptive pills (OCP), EMERGENCY Contraceptive Pills (ECP), Tubal Ring and Intrauterine Contraceptive Device (IUCD) have been placed for the total value of Rs. 68,54,66,105/-
- Purchase order for Capsule Miltefosine and CT-Combipack were placed for the total value of Rs. 6,84,61,500/-
- Purchase order for Long lasting Insecticidal Nets (LLINs) was placed for the total value of Rs. 103,61,57,482/-
- Tenders for other drugs for a total value of Rs. 680 crores are under process.
- Warehouse material handling Equipment such as Racks, Pellets, Hand Pellet Trucks (HPT) and Electric stackers have been positioned in the warehouses and warehouses are fully functional.

### 1.12 EMPOWERED PROCUREMENT WING (EPW)

The EPW Division has been engaged with procurement of drugs and commodities under various programmes like Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Disease Control Programme (NVBDCP) and Immunization programmes under externally aided components (World Bank/GFATM projects) in addition to projects under domestic budgetary support.

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

#### Achievements of EPW

- Contract agreement which was signed between Ministry of Health & Family Welfare & M/s. RITES Ltd. Gurgaon on 12.01.2010 for providing consultancy services has been extended further up to 31.03.2017.
- During 2015-16, the following value of procurements were finalized under the Revised National Tuberculosis Control Programme (RNTCP) and National Vector Borne Disease Control Programme (NVBDCP):

During the financial year 2016-17, procurement of

Programmes	Value of procurement
RNTCP	Rs. 235,68,95,478
NVBDCP	Rs. 45,80,18,139
Total	Rs. 281,49,13,617

Rs.126.35 crores procurement has been finalized in respect of RNTCP and NVBDCP so far.

**1.13 COMMITTEE ON SEXUAL HARASSMENT**

During the year 2016, the Complaint Committee on Sexual Harassment of women at work places finalized a complaint received from a woman employee of the Ministry. The report was submitted to the Establishment Division for further course of action. Further the Committee made suggestions for conducting workshops in the Ministry on gender sensitization for the benefit of officers/officials (both Male/Female) and to make them aware of the actions that could be construed as sexual harassment of women employees at work places.

**1.14 PwD**

The PwD representations and their welfare related issues are being dealt by Welfare and PG Section of this Ministry. A special recruitment drive for PwDs, to ensure the representation of PwDs in the Department/Attached Offices/Sub-Offices under this Ministry in compliance with the policy of 3% reservation has been undertaken, which is monitored by the Welfare & PG Section. The representation of Persons with Disabilities in D/o Health & Family Welfare and its attached and subordinate offices, as on 01.01.2016 is as follows:

Group	Total Employees	VH	HH	OH
A	3688	0	0	61
B	4704	1	1	26
C	9765	11	12	100
D	890	0	0	3
Total	19047	12	13	190
Percentage		0.063002	0.068252	0.997532
Statutory Percentage		1	1	1