

## CHAPTER-II

# FINANCIAL OUTLAYS & OUTCOME BUDGET 2015-16

Table 1 gives a summary statement of plan and non-plan allocation in respect of Department of Health and Family Welfare grouping it under the flagship programme NHM and Schemes/ Programmes outside NHM.

Tables 2 highlight the objectives/outcomes, quantifiable deliverables and outlay for 2015-16 under NHM and Non- NHM (Health) respectively. It provides an overview of the critical organizational structure and infrastructure that have been created/ strengthened for preparing the ground to enable the Mission to move towards its objective of accountable and affordable health and more effective healthcare delivery. Wherever possible, a one-to-one correspondence has been attempted between financial and outcome budget as the outcomes cut across different schemes. In respect of the disease control programmes covered under the Mission, the relationship between financial outlay and physical targets has been indicated.

TABLE-1

### OUTCOME BUDGET 2015-16 FOR DEPARTMENT OF HEALTH AND FAMILY WELFARE

(Rs. in crore)

Name of Scheme	Approved Outlay (2015-16)		
	Department of Health and Family Welfare		
	Plan	Non-Plan	Total
National Health Mission (NHM)	18295.00	33.46	18328.46
Non- NHM (Health)	6254.00	5070.54	11324.54
Total (NHM & Non NHM)	24549.00	5104.00	29653.00

TABLE-2

**OUTCOME BUDGET 2015-16 (SCHEME WISE OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES  
UNDER NATIONAL HEALTH MISSION (NHM) & HEALTH)**

Sl. No.	Name of Scheme <u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
		Plan	Non-Plan	Total		
<b>I</b>	<b>NATIONAL HEALTH MISSION</b>					
<b>A.</b>	<b>NRHM - RCH FLEXIBLE POOL</b>					
<b>1</b>	<b>RCH Flexible Pool</b> (The main objective of Reproductive Child Health Programme is to bring improvements in the critical indicators: Maternal Mortality Ratio, Infant Mortality Rate (IMR) and Total Fertility Rate (TFR) as per the target laid in 12 <sup>th</sup> Five Year Plan).	<b>4568.12</b>	<b>0.00</b>	<b>4568.12</b>	Percentage of Institutional deliveries against reported deliveries Janani Suraksha Yojana(JSY) Operationalizing Special Newborn Care Units (SNCUs) Operationalizing Newborn Stabilization Units (NBSUs) Operationalizing Newborn Care Corners (NBCCs) Establishment / functional of Nutritional Rehabilitation Centers (NRCs) Rastriya Bal Swasthyaya Karyakram (RBSK) Distribution of contraceptives through ASHAs	89.3% Expected beneficiaries under Home Deliveries 6 lakhs and 123 lakhs under Institutional Deliveries At least one per district. At all FRUs (As per PIP proposal) At all delivery points At least one high burden / priority district as per PIP Proposal. -Dedicated RBSK Mobil Health Teams-17469 -Three teams per block. 6042.60 lakhs pieces of Condoms, 474.53 lakhs cycles of Oral Contraceptives Pills(OCs) and 71.49 lakhs Emergency Contraceptives Pills(ECPs)
<b>2</b>	<b>Mission Flexible Pool</b>	<b>4946.09</b>	<b>0.00</b>	<b>4946.09</b>	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 Society Health activist (ASHA) acting as a link is critical.	<ul style="list-style-type: none"> <li>• 50000 ASHAs to be provided training in remaining modules / refresher training.</li> <li>• 300 New HSCs to be opened.</li> <li>• 800 New HSCs to be constructed across the country.</li> <li>• 1000 Health facilities to be completed.</li> <li>• 100 CHCs and other level facilities to be upgraded as First Referral Units.</li> </ul>

Sl. No.	Name of Scheme	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
						<ul style="list-style-type: none"> <li>• 500 Doctors/Specialists to be recruited on contract basis.</li> <li>• 600 Staff Nurses to be recruited on contract basis.</li> <li>• 500 Paramedical Staffs to be recruited on contract basis.</li> <li>• 100% Health facilities to be given Untied grants funding for local health action during 2015-16.</li> <li>• 30 new Mobile Medical Units (MMU) to be operationalised.</li> <li>• 200 Ambulances to be operationalised in the States/UTs.</li> <li>• District Health Action Plan to be prepared for 640 districts.</li> <li>• 60 lakh Village and Health Nutrition days to be completed.</li> </ul>
3	<b>Routine Immunization</b>	<b>500.00</b>	<b>0.00</b>	<b>500.00</b>	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 80%.
4	<b>Pulse Polio Immunization</b>	<b>550.00</b>	<b>0.00</b>	<b>550.00</b>	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.
5	<b>National Iodine Deficiency Disorder Control Programme (NIDDP)</b>	<b>35.25</b>	<b>0.00</b>	<b>35.25</b>	To control and prevent iodine deficiency disorders in the country	<ul style="list-style-type: none"> <li>• Production &amp; distribution of iodised salt 60.00 lakh MT</li> <li>• Training to district health functionaries and State Prog. &amp; Technical officers at State/UT level.</li> <li>• Procurement and Supply of salt testing kits by State/UTs for endemic districts i.e. 303</li> <li>• Analysis of salt samples to estimate iodine content in the iodised salt (volumetric).</li> </ul>

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	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
						<ul style="list-style-type: none"> <li>• Analysis of salt samples to assess the quality of iodised salt at community level (STK method).</li> <li>• Analysis of urine samples for urinary iodine excretion.</li> <li>• District IDD Surveys/Re-surveys</li> <li>• Monitoring of implementation of NIDDCP through sensitization meetings/workshops State/UTs visits.</li> </ul>
6	Providing free generic medicines in all public health institutions in the country	0.00	0.00	0.00		
B	NATIONAL URBAN HEALTH MISSION- FLEXIBLE POOL	1386.00	0.00	1386.00	To address healthcare needs of the urban population with focus on urban poor and vulnerable sections of society. National Urban Health Mission a centrally sponsored scheme has been launched as a sub-mission of National Health Mission on 1st May, 2013.	<ul style="list-style-type: none"> <li>• 906 cities have been approved for NUHM implementation till F.Y. 2014-15 for implementing approved activities.</li> <li>• PIP received from the States/UTs for implementation of States Plans in respect to NUHM.</li> </ul>
C	FLEXIBLE POOL FOR COMMUNICABLE DISEASES					
1.	National Vector Borne Disease Control Programme	505.65	11.67	517.32	<p><u>Malaria</u> ABER over 10% &amp; API 1.3 or less</p> <p><u>Elimination of Lymphatic Filariasis</u> 80% coverage of targeted population. Endemic Districts (250) achieving Micro Filaria rate of &lt;1%</p>	<ul style="list-style-type: none"> <li>• ABER &gt; 10% of target population under surveillance</li> <li>• Saturation with Long lasting Insecticidal Nets (LLIN) coverage in Eligible population in seven north eastern state.</li> <li>• 80% coverage of the targeted population under Indoor Residual Spray (IRS).</li> <li>• Mass Drug Administration (MDA) with anti-filaria tablets in 16 out of 20 LF endemic States having about 480 million population.</li> <li>• Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).</li> </ul>

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	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
					<p><b><u>Kala-azar</u></b> 90% of treatment compliance of Kala-azar cases detected</p>	<ul style="list-style-type: none"> <li>At least two rounds of door to door search/active camp search undertaken in each of the endemic districts.</li> <li>(Making available anti Kala-azar drugs in all block level PHCs &amp; district hospitals.</li> <li>80% coverage of targeted population with DDT 50% insecticide.</li> </ul>
					<p><b><u>National Programme for Prevention and Control of JE/AES:</u></b></p> <ul style="list-style-type: none"> <li>To strengthen and expand JE vaccination in affected districts. To strengthen surveillance, Vector Control Case Management.</li> <li>To increase the access to safe drinking water and sanitation facilities to the target population in affected rural and urban areas.</li> <li>To estimate disability burden due to JE/AES and to provide for adequate facilities for physical, medical, neurological and social rehabilitation.</li> <li>To improve nutritional status of children at risk of JE/AES.</li> <li>To carry out intensify IEC/BCC activities regarding JE/AES management and timely referral of serious and complicated cases.</li> </ul>	<ul style="list-style-type: none"> <li>Additional 8 districts were identified for to be covered under JE vaccination making a total of 179 districts.</li> <li>To increase the number of Sentinel Sites from 85 to 104.</li> <li>Establishing 60 Pediatric Intensive Care Units (PICUs) in 60 high priority districts.</li> <li>Establishing 10 physical, medicine rehabilitation departments in 5 high endemic states.</li> <li>To provide training to Medical Officers of 5 high priority states on critical care of management.</li> </ul>
					<p><b><u>Dengue/ Chikungunya</u></b> 90% of identified sentinel surveillance hospitals maintaining line listing of cases</p>	<ul style="list-style-type: none"> <li>Regular entomological surveillance in endemic areas for vector species (Aedes aegypti).</li> <li>Regular fever surveillance in endemic areas to detect an unusual trend.</li> <li>Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.</li> </ul>

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	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
2.	Revised National T.B Control Programme	640.00	0.00	640.00	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/ and put on treatment: 1862213 and MDR-TB cases detection of 32000 patients.
3	National Leprosy Eradication Programme	46.00	0.00	46.00	<ul style="list-style-type: none"> <li>• Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country.</li> <li>• Strengthen Disability Prevention &amp; Medical Rehabilitation of persons affected by leprosy.</li> <li>• Reduction in the level of Stigma associated with leprosy.</li> </ul>	<ul style="list-style-type: none"> <li>• To achieve elimination of leprosy in 657 districts by March, 2017. To achieve elimination in 80 Districts by end of March, 2016.</li> <li>• To achieve grade-II disability in new cases reduced by 35% of 3.04% in 2011-12, by end of 12th plan. 2.40% to be achieved by March, 2016.</li> <li>• Reduce level of stigma against to leprosy elimination by 50% of the present status.</li> </ul>
4	Integrated Disease Surveillance Programme	64.35	0.00	64.35	<ul style="list-style-type: none"> <li>• 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.</li> <li>• To establish a functional mechanism for intersectoral coordination to tackle the Zoonotic diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;95% districts will report weekly data on epidemic prone disease through portal.</li> <li>• Outbreaks will be investigated and responded to by sending clinical samples to the laboratories in more 80% of outbreaks.</li> <li>• 230 Districts Public Health Labs will be strengthening for diagnosis/ testing epidemic prone diseases.</li> </ul>
<b>D</b>	<b>FLEXIBLE POOL FOR NON-COMMUNICABLE DISEASES, INJURY &amp; TRAUMA</b>					
1	National Programme for Control of Blindness	161.00	0.00	161.00	Reduction of prevalence of blindness to 0.3% by 2020.	<ul style="list-style-type: none"> <li>• Target for Cataract Surgery : 66 lakh surgeries</li> <li>• Target for other eye diseases:72,000 cases</li> <li>• Target for School Eye Screening Programme:</li> <li>• No. spectacles to school children: 9 lakh spectacles,</li> <li>• Spectacles for near work for old person: 2 lakh</li> </ul>

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	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
						<ul style="list-style-type: none"> <li>• Target for Eye Donation: No. of donated eyes: 50,000</li> <li>• Strengthening/ development of Eye care infrastructure, <ul style="list-style-type: none"> <li>- Medical Colleges: 32</li> <li>- District Hospitals: 150</li> <li>- Sub- District Hospitals:10,</li> <li>- PHC(Vision Centers) 1100</li> <li>- Eye Banks: 1</li> <li>- Eye Donation Centre:15</li> <li>- NGOs for eye care Facilities: 2</li> <li>- Dedicated Eye Units in District Hospitals: 6</li> <li>- Multipurpose District Mobile Ophthalmic Units:110</li> <li>- Fixed Tele-ophthalmology network units in Govt.Setup/internet based ophthalmic consultation units: 6</li> </ul> </li> </ul>
2	<b>National Mental Health Programme</b>	62.00	0.00	62.00	<ul style="list-style-type: none"> <li>• 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</li> <li>• To encourage application of mental health knowledge in general care and social development</li> <li>• To promote community participation in developing mental health services and to stimulate efforts towards self-help in the country</li> </ul>	
3	<b>National Programme for Health Care for Elderly(NPHCE)</b>	25.50	0.00	25.50	<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</li> </ul>	<ul style="list-style-type: none"> <li>• Continuation of Geriatric Department at 12 existing Regional Geriatric Centres, establishment of 4 new Geriatric Centers in the selected Medical Colleges. (4 new Regional Geriatric Institutions with capacity to produce 2 postgraduate in MD in Geriatric Medicine per year per institute).</li> <li>• To cover 100 additional districts hospitals under NPHCE during the year 2015.16. (Additional 120 beds in the 4 new Medical Colleges [@30 beds per MC] for the Elderly).</li> <li>• Continuation of Sub-District level activities at</li> </ul>

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	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
					some of the strategies envisaged in the NPHCE.	CHCs, PHC and Sub-Centres in the existing Districts.
4	National programme for prevention & control of Deafness	9.00	0.00	9.00	<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.
5	National Tobacco Control Programme	20.00	0.00	20.00	<ul style="list-style-type: none"> <li>Progressive reduction of Tobacco consumption</li> <li>To target non-user for not taking up the habit and motivating the user to quit.</li> <li>To create awareness amongst the masses about the harmful effects.</li> </ul>	
6	National Oral Health Programme	2.00	0.00	2.00	<ul style="list-style-type: none"> <li>Improvement in the determinants of Oral Health</li> <li>Reduce morbidity or oral diseases up to primary and secondary level.</li> <li>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>
7	Assistance to States for Capacity Building (Burns )	20.00	0.00	20.00	<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</li> </ul>	<ul style="list-style-type: none"> <li>Inspection of 27 new Medical Colleges for implementation and signing of MOU.</li> <li>Release of funds to 27 new Medical Colleges for construction, procurement of equipment's.</li> <li>Review visit to assess progress of Medical Colleges identified in previous years.</li> <li>Release of funds for manpower recruitment to 40 Medical Colleges identified in previous year (s).</li> </ul>



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	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
					<p>infrastructural facility for burn management and rehabilitation.</p> <ul style="list-style-type: none"> <li>To carry out Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based programme planning for Burn Injuries, monitoring and subsequent evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Release of recurring grant for manpower for already identified 3 medical colleges under pilot programme</li> <li>Initiation of construction / renovation of burn's unit followed by procurement of equipments by 27 Medical Colleges</li> <li>Initiation of awareness generation activities in implementing states.</li> <li>Training of Surgeons/Medical Officers and paramedical staff in Burn Injury Management</li> <li>Submission of quarterly progress reports and Impact assessment of the IEC initiatives.</li> </ul>
	<b>Assistance to States for capacity Building (Trauma Care )</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
<b>8</b>	<b>National programme for Prevention and control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS)</b>	<b>235.00</b>	<b>0.00</b>	<b>235.00</b>	<ul style="list-style-type: none"> <li>Prevent and control common NCDs through behavior 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 Colleges.</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.</li> <li>150 New Districts to be covered in the 36 States/UTs.</li> <li>150 New NCD Clinics at Districts &amp; New 1500 CHC Clinic to be established in the above District.</li> <li>150 New District NCD Cell to be Functional.</li> <li>38 CCU to be Functional.</li> </ul>
<b>9</b>	<b>Other New Initiatives under Non-Communicable Diseases/ National Programme for Palliative Care</b>	<b>20.00</b>	<b>0.00</b>	<b>20.00</b>	<ul style="list-style-type: none"> <li>To provide palliative care services at district &amp; sub-district levels;</li> <li>To ensure access &amp; availability of opioids for medical &amp; scientific use;</li> <li>To incorporate principles of palliative care in the educational curricula of medical, nursing, pharmacy &amp; social work courses; and</li> <li>To promote community awareness regarding pain relief &amp; palliative care.</li> </ul>	

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	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
E	INFRASTRUCTURE MAINTENANCE	4460.00	0.00	4460.00	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-Centers (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.	
F	STRENGTHENING OF STATE DRUG REGULATORY SYSTEM	0.00	0.00	0.00		
G	STRENGTHENING OF STATE FOOD REGULATORY SYSTEM	0.00	0.00	0.00		
H	FORWARD LINKAGES TO NHM	1.00	0.00	1.00	Financial support to improving the Tertiary, Secondary level health infrastructure in the North East region in addition to NHM interventions.	<ul style="list-style-type: none"> <li>• Up gradation and establishment of super specialty wing at Guwahati Medical College (GMC).</li> <li>• Up-gradation/strengthening of State Civil Hospital, Naharlagun.</li> <li>• Setting up of State Family Welfare Training center at Imphal.</li> <li>• Up-gradation of Mon District hospital from 50 bedded to 100 bedded, Nagaland.</li> <li>• Up-gradation of Dimapur District Hospital from 150 bedded to 200 bedded hospital, Nagaland.</li> <li>• Construction of Civil hospital at Aizwal, Mizoram</li> </ul>
I	OTHER HEALTH SCHEMES (PILOT)					
(i)	National Programme of Sports Injury/ Medicine	15.00	0.00	15.00	Provide specialized treatment to all Sports Injuries and Joint Disorder under one roof and strengthening sports injury center at Safdarjung Hospital, Delhi with the state of art equipment for prompt treatment & early recovery from Sports Injuries and Modern OT complex.	
(ii)	National Programme for Deafness	1.87	0.00	1.87	Prevention and Control of Deafness through Early detection and management of deafness and causes leading to it.	

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	<b><u>NHM &amp; HEALTH SECTOR SCHEMES</u></b>					
(iii)	Leptospirosis Control	0.65	0.00	0.65	To prevent morbidity and mortality due to Leptospirosis	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 in the XIIth five year plan
(iv)	Control of Human Rabies	8.25	0.00	8.25	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 in the XIIth five year plan
(v)	Medical Rehabilitation	9.00	0.00	9.00	To provide need based Medical Rehabilitation Services including provision of Prosthetic & Orthotic appliances for persons with neuro-musculo-skeletal (locomotors) disorders.	
(vi)	Oral Health	1.01	0.00	1.01	<ul style="list-style-type: none"> <li>To Improve in the determinants of Oral Health</li> <li>To reduce morbidity or oral diseases up to primary and secondary level.</li> </ul>	
(vii)	Fluorosis	2.26	0.00	2.26	The objective is to prevent and control of Fluorosis in the country.	During 2015-16, the programme is proposed to be extended in 30 new Districts. Besides the programme will continue in 130 districts (100 districts covered during 11 <sup>th</sup> plan & 30 districts in first year of the 12 <sup>th</sup> plan)
	<b>OTHER NON PLAN SCHEMES (NHM)</b>	<b>0.00</b>	<b>21.79</b>	<b>21.79</b>	Head Quarter Expenditure	
	<b>TOTAL (NHM)</b>	<b>18295.00</b>	<b>33.46</b>	<b>18328.46</b>		
<b>HEALTH SECTOR</b>						
<b>A.</b>	<b>CENTRAL SECTOR SCHEMES</b>					
<b>A(1a)</b>	<b><u>Ongoing Schemes</u></b>					
1	Oversight Committee	100.00	0.00	100.00	To implement 27% reservation for OBCs, a time bound action plan has been chalked out covering medical, non-medical and nursing courses. Task Forces are set up in the identified institutions for monitoring and implementing all activities relating to expansion of infrastructure, filling up vacancies and enhancing the number of seats.	
2	Strengthening of Institutes for Control of Communicable Diseases	195.00	92.94	287.94	Funding of public institutions for control of communicable diseases is considered under this category. The list includes funding for NCDC, Delhi (for programmes), National Tuberculosis Institute, Bangalore, vaccine institutes such as B.C.G. Vaccine Laboratory, Guindy, Chennai, Pasteur Institute of India, Coonoor, Integrated Vaccine Complex, Chengalpattu & Medi Park, Lala Ram Swarup Institute of T.B. and Allied Diseases,	

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					Mehrauli, Delhi, Central Leprosy Training & Research Institute Chengalpattu (Tamil Nadu) and Regional Institutes of Training Research & Treatment under Leprosy Control Programme.	
3.	<b>Strengthening of Hospitals &amp; Dispensaries</b>	<b>425.00</b>	<b>1147.00</b>	<b>1572.00</b>	Strengthening of Government hospitals and dispensaries are covered under this broad category. The list inter alia includes funding for CGHS, Central Institute of Psychiatry, Ranchi, All India Institute of Physical Medicine & Rehabilitation, Mumbai, Dr. R.M.L. Hospital & PGIMER, New Delhi, All India Institute of Speech & Hearing, Mysore etc,	
4	<b>Strengthening of Institutions for Medical Education, Training &amp; Research</b>	<b>490.00</b>	<b>235.48</b>	<b>725.48</b>	Strengthening of Institutions for Medical Education, Training & Research are covered under this broad category. The list inter alia includes funding for Institute of Public Health (PHFI), AIIH & PH, Kolkata, Serologist & Chemical Examiner, Kolkata, Indira Gandhi Institute of Health & Medical Sciences for NE Region, Shillong, NIMHANS, Bangalore, Kasturba Health Society, Wardha, National Medical Library, New Delhi, National Board of Examinations, New Delhi, Development of Nursing services, RAK college of Nursing, Lady Reading Nursing college, Membership for International Organization, Indian Nursing Council, VP Chest Institute, Delhi, National Academy of Medical Sciences (NAMS), New Delhi. Funds are given for strengthening activities under Medical Council of India.	
5	<b>System Strengthening including Emergency Medical Relief/Disaster Management</b>	<b>289.15</b>	<b>217.85</b>	<b>507.00</b>	Under this broad category, funding for System Strengthening including Emergency Medical Relief/Disaster Management is taken up. The activities include funds for Health Education, Health Intelligence & Health Accounts, Emergency Medical Relief with sub scheme such as Health Sector Disaster Preparedness and Management and Emergency Medical Relief including Avian Flu. Funding to other activities under this category includes Central Research Institute, Kasauli, National Institute of Biologicals, Noida. Also funds are provided for strengthening of the Departments under the Ministry and DGHS; and Central Drug Standard & Control Organization (CDSCO), Food Safety & Standards Authority of India, National Pharmacovigilance Programme, Indian Pharmacopeia Commission, and Port Health Authority.	
6	<b>National Centre for Disease Control</b>	<b>50.00</b>	<b>0.00</b>	<b>50.00</b>	Funds for up gradation of NCDC, New Delhi. The activities of NCDC have been expanded to evolve an integrated approach for early warning signals and surveillance of diseases of major public health importance. Pivotal role in disease investigation, surveillance and disease control activities. Assists central and state health authorities during public health emergencies, epidemics and outbreaks.	
7	<b>National Advisory Board For Standards (Clinical Establishments-CEA)</b>	<b>2.00</b>	<b>0.00</b>	<b>2.00</b>	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. The Act has taken effect in the four states namely; Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories and the states of Uttar Pradesh, Rajasthan Bihar and Jharkhand have adopted this Central Act under clause (1) of Article 252 of the Constitution.	

Sl. No.	Name of Scheme	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
8	Redevelopment of Hospitals / Institutions	1804.12	2165.00	3969.12	Under this broad category, funds for Redevelopment of Hospitals / Institutions are taken up. The list includes expansion and strengthening of All India Institute of Medical Sciences & its Allied Departments, New Delhi ,P.G.I.M.E.R., Chandigarh, J.I.P.M.E.R., Puducherry, Lady Harding Medical College & Smt. S.K. Hospital, New Delhi, Kalawati Saran Children's Hospital, New Delhi, RIMS, Imphal, Manipur, LGBRIMH, Tezpur, Assam, RIPANS, Aizawl, Mizoram and Safdarjung Hospital & VMCC College, New Delhi	
9	Pradhan Mantri Swasthya Suraksha Yojana	2206.00	0.00	2206.00	<ul style="list-style-type: none"> <li>• <b>AIIMS like Institutions:</b> Creation of capacity in medical education, research and clinical care, in the underserved areas of the Country.</li> <li>• <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.</li> </ul>	<ul style="list-style-type: none"> <li>• All the Six AIIMS envisaged at Bhopal, Bhubaneshwar, Jodhpur, Patna, Raipur and Rishikesh have started their classes for 50 students from Sept.2012 and for 100 Students each in academic session 2013-14 and 2014-15 and the envisaged civil works (under Package I) for these six AIIMS would be completed by December, 2015. Part in-patient services have been started except AIIMS Bhopal.</li> <li>• Setting up of 2 AIIMS like Institutions in 2nd phase of PMSSY (For the proposed institute in Rae Bareilly, Uttar Pradesh to be completed by Oct'2016. For the proposed AIIMS at Raiganj, WB 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 establish an AIIMS at Kalyani (West Bengal) which may come under Phase-IV of PMSSY.</li> <li>• Up gradation of Medical Colleges in 1st phase of PMSSY: Construction work to be completed for remaining 5 Medical Colleges out of 13 Medical Colleges.</li> <li>• Up gradation of Medical Colleges in 2nd phase of PMSSY: Construction work to be completed for remaining 5 Medical Colleges.</li> <li>• Up gradation of Medical Colleges in 3rd phase of PMSSY: About 20% to 40% construction work of to be completed for 25</li> </ul>

Sl. No.	Name of Scheme <u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
		Plan	Non-Plan	Total		
						Medical Colleges out of 39.
10	Strengthening of existing branches & establishment of 27 branches of NCDC	0.00	0.00	0.00		
11	Strengthening intersectoral coordination of prevention and control of Zoonotic diseases	0.00	0.00	0.00		
12	Viral hepatitis	0.00	0.00	0.00		
13	Anti-Micro.Resistance	0.00	0.00	0.00		
14	Central Government Employees and Pensioners Health Insurance Scheme (CGEIPS)	50.00	0.00	50.00	Establishing a Health Insurance Scheme for the Central Government employees and pensioners during the 12 <sup>th</sup> Plan period with special focus on non – CGHS areas. It is envisaged as a supplementary scheme for CGHS. It is mainly intended to provide quality healthcare facilities to the employees.	
15	Rastriya Swasthya Bima Yojana (RSBY)	100.00	0.00	100.00	RSBY is envisaged to be transferred from Ministry of Labor & Employment to Ministry of Health and Family Welfare in 2015-16.	
16	Emergency Medical Services (New Scheme)	10.00	0.00	10.00	Pre-hospital services and strengthening of emergency department integrated with a GIS/GPS	<ul style="list-style-type: none"> <li>• Evolve EMS policy: techno legal, regulations, rules, standards, guidelines and financing norms.</li> <li>• Set up Institutional mechanism for EMS at National/ State/ Districts and strengthen administrative units of the departments.</li> </ul>
17	Organ Transplant	10.00	0.00	10.00	<ul style="list-style-type: none"> <li>• To organize a system of organ procurement &amp; distribution for deserving cases for transplantation</li> <li>• To promote deceased organ donation</li> <li>• To train required manpower</li> <li>• To protect vulnerable poor from organ trafficking</li> <li>• To monitor organ transplant services and bring about policy and programme corrections/ changes whenever needed.</li> </ul>	
A(1b)	Central sector-Family Welfare-schemes of NHM					

Sl. No.	Name of Scheme <u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
		Plan	Non-Plan	Total		
1	Social Marketing Area Projects	0.00	0.00	0.00		
2	Social Marketing of Contraceptives	50.00	0.00	50.00	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 690.50 M.Pcs. of condoms &amp; 243.00 lakh cycles of oral pills to eligible couples through SMOs</li> <li>Payment of promotional incentive to SMOs for sale of Condoms &amp; OCPs, reimbursement of packing material cost and also promotional &amp; product subsidy of Saheli/Novex weekly OCPs &amp; Condoms.</li> <li>To undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.</li> </ul>
3	Funding to Institutions including training Institutions	43.11	70.26	113.37	Under the above head, funding will be provided to institutions such as Population Research centers, NIHFW, New Delhi, IIPS Mumbai, National Commission on Population (NCP) for meeting their activities. Also, funds will be released to training institutions such as Family welfare training and research centre, Mumbai, Rural health training centre Najafgarh etc.	
4	Central Procurement Agency	0.00	0.00	0.00		
5	International Co-operation	5.00	28.76	33.76	It includes provision for membership of International Organizations.	
6	FW Linked Health Insurance Plan	0.00	0.00	0.00		
7	Free distribution of contraceptives	50.00	0.00	50.00	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-Centers, 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 the year 2015-16 for Supply of 791.58 M.Pcs. of condoms, 610.49 lakh cycles of Oral Pills, 97.07 lakh pieces of IUDs, 29.86 lakh pairs of Tubal Rings, 91.57 lakh packs of ECPs & 227.53 Lakh Pregnancy Test Kits to states for distribution and use in health care institutions.
8	Procurement of Supplies & Materials	0.00	0.00	0.00		

Sl. No.	Name of Scheme	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
9	IEC (Information, Education and Communication)	150.00	10.18	160.18	IEC activity to disseminate healthcare information for encouraging health-seeking behavior through multimedia tools such as TV & Radio etc. and to introduce Behavior Change Communication at the grass root level.	
10	Area Projects	0.00	0.00	0.00		
11	Strengthening National Programme Management of the NHM	30.00	0.00	30.00	Strengthening National Programme Management of NRHM/ NHM	
12	National Drug De-Addiction Control Programme	35.00	0.00	35.00	Providing treatment services including preventive health and after care to drug de-addiction.	
13	Other Central Sector Activities	100.27	14.86	115.13	Other Central Sector activities on family welfare include funds for research projects under family welfare activities, assistance to Gandhigram Institute, Indian Medical Association, Expenditure at HQs/Research & Study/ Training for RCH activities, strengthening activities of regional offices of Health and Family Welfare, Govt. of India , Information technology, assistance to NGOs and funding for strengthening Management Information System (MIS).	
B	CSS Human Resource for Health & Medical Education					
(i)	Upgradation and Strengthening of Nursing Services (ANM/ GNM schools)	0.00	0.00	0.00		
(ii)	Strengthening and Upgradation of Pharmacy Schools/ Colleges	0.00	0.00	0.00		
(iii)	Strengthening/ Creation of Paramedical Institutions (RIPS/NIPS)	0.00	0.00	0.00		
(iv)	District Hospitals- Upgradation of State Government Medical Colleges (PG seats)	0.00	0.00	0.00		
(v)	Upgradation of State Government Medical Colleges (UG seats)	0.00	0.00	0.00		
(vi)	Establishing New medical colleges (upgrading district	0.00	0.00	0.00		



Sl. No.	Name of Scheme <u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
		Plan	Non-Plan	Total		
	hospitals)					
(vii)	Setting up of State institutions of paramedical sciences in States and Setting up of college of paramedical education	0.00	0.00	0.00		
(viii)	Setting up of college of pharmacy in Govt. Medical Colleges	0.00	0.00	0.00		
(ix)	Strengthening of District Hospitals for providing advanced secondary care	0.00	0.00	0.00		
(x)	Innovation based schemes	0.00	0.00	0.00		
(xi)	Tertiary Level Interventions encompassing those of CSS in NHM	0.00	0.00	0.00		
(a)	Cancer Control	49.00	18.00	67.00	Recognition of new Regional Cancer Centers (RCCs); Strengthening of existing RCCs; Development of oncology wings in medical colleges; Financial support for activities of the Chittaranjan National Cancer Institute, Kolkata	
(b)	National Mental Health Programme	0.00	0.00	0.00		
(c)	Assistance to State for Capacity Building (Trauma Care and Burn injury)	0.00	0.00	0.00		
(d)	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke	0.00	0.00	0.00		
(e)	National Program Health Care for the Elderly	0.00	0.00	0.00		
(f)	National Programme for Control of Blindness	0.00	0.00	0.00		

Sl. No.	Name of Scheme	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
		Plan	Non-Plan	Total		
(g)	E-Health including Telemedicine	0.00	0.00	0.00		
	<b>OTHER PLAN/ NON PLAN SCHEMES (HEALTH)</b>	<b>10.35</b>	<b>1070.21</b>	<b>1080.56</b>	Plan Scheme: Secretariat-social services, direction & admiration (DGHS). Non Plan scheme: (i) Discretionary Grants, (ii) Medical Treatment of CHGS Pensioners, (iii) Dental Council of India, (iv) Pharmacy Council of India, (v) Administration and Prevention of Food Adulteration (PFA), (vi) Project Feasibility Testing Scheme, (vii) Meningitis Vaccine of Haj Pilgrims, (viii) Rastriya Arogya Nidhi, (ix) New Delhi TB Centre, (x) Award of prizes in Hindi, (xi) India Red cross Society, (xii) St. Johns Ambulance, (xiii) MSO Depots.	
	<b>National AIDS Control Organisation*</b>	<b>1397.00</b>	<b>0.00</b>	<b>1397.00</b>	<p><b>Goal:</b> Accelerate Reversal and Integrate Response</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Reduce new infections by 50% (2007 Baseline of NACP III)</li> <li>• 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 194</li> <li>• STI/RTI patients managed as per national protocol 75 lakh episodes</li> <li>• Blood Collection in NACO supported Blood Banks 70 lakh</li> <li>• Districts covered under Link Worker Scheme (cumulative) 163</li> <li>• Clients Tested for HIV (General Clients) 132 lakh</li> <li>• Pregnant Women tested for HIV 132 lakh</li> <li>• Proportion of HIV+ Pregnant Women and Babies who are initiated on Multidrug Antiretroviral (ARV) regimen (out of cases detected during pregnancy) 90%</li> <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) 90%</li> <li>• No. of HIV-TB Cross Referrals 14 lakh</li> <li>• New ART Centres established 80</li> <li>• No. of PLHIV on ART (cumulative) 10 lakh</li> <li>• Opportunistic Infections treated 3 lakh</li> <li>• Accreditation of laboratories 50</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</li> </ul>

Sl. No.	Name of Scheme	Approved Outlay (2015-16) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes(2015-16)
	<u>NHM &amp; HEALTH SECTOR SCHEMES</u>	Plan	Non-Plan	Total		
						training programmes 3 lakh <ul style="list-style-type: none"> <li>• Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood Banks 80%</li> <li>• Free distribution of Condoms 42.14 crore pieces</li> <li>• Social Marketing of condom by NACO contracted Social Marketing Organisations 124.5 crore pieces</li> </ul>
	<b>TOTAL (HEALTH SECTOR)</b>	<b>6254.00</b>	<b>5070.54</b>	<b>11324.54</b>		
	<b>GRAND TOTAL: (NHM &amp; HEALTH SECTOR)</b>	<b>24549.00</b>	<b>5104.00</b>	<b>29653.00</b>		

\*National AIDS Control Organization has been merged in the Department of Health & Family Welfare during 2014-15. BE for 2015-16 has not been included in the grand total.