

Chapter

7

**OTHER NATIONAL
HEALTH
PROGRAMMES**

7.1 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASE AND STROKE (NPCDCS)

The Non-Communicable Diseases (NCD) like Cardiovascular diseases, Cancer, Chronic Respiratory diseases, Diabetes and other NCDs are estimated to account for 60% of all deaths, thus making them the leading causes of death. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths related to heart diseases, stroke and Diabetes are also projected to increase over the years. The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral.

7.1.1 The modified strategies are as follows:

- Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.
- Outreach Camps are envisaged for opportunistic screening at all levels in the health care delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers.
- Management of chronic Non-Communicable diseases, especially Cancer, Diabetes, CVDs and Stroke through early diagnosis, treatment and follow up through setting up of NCD clinics.
- Build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation.
- Provide support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.
- Provide support for development of database of NCDs through a robust Surveillance System and to monitor NCD morbidity, mortality and risk factors.

Total cost of the programme for the period 2012-2017 is Rs. 8,096 crore (share of Government of India is Rs. 6,535 crore and that of State Governments is Rs. 1,561 crore). The funds are being provided to States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10). The programme is under implementation in all 36 States/UTs. Till September, 2016, a total of 356 District NCD Cells for programme management and 356 District NCD Clinics, 103 Cardiac Care Units, 75 Day Care Centres and 1,871 CHC NCD Clinics for management of common NCDs have been established in various districts of the country. Additionally, the Tertiary Care Cancer Centres (TCCC) Scheme aims at expanding cancer care network to provide comprehensive cancer care in the country.

For the Cancer component, there is the Tertiary Care Cancer Centers (TCCC) Scheme, which aims at setting up/strengthening of 20 State Cancer Institutes (SCI) and 50 TCCCs for providing comprehensive cancer care in the country. Under the scheme, there is a provision for giving a 'one time grant' of Rs. 120 crore per SCI and Rs. 45 crore per TCCC, to be used for building construction and procurement of equipment, with the Centre to State share in the ratio of 60:40 (except for North-Eastern and Hilly States, where the share is 90:10).

7.1.2 ACHIEVEMENTS

Details of Infrastructure established

For programme management, State NCD Cells have been established in all 36 States/UTs and District NCD Cells have been established in 356 district headquarters till September 2016.

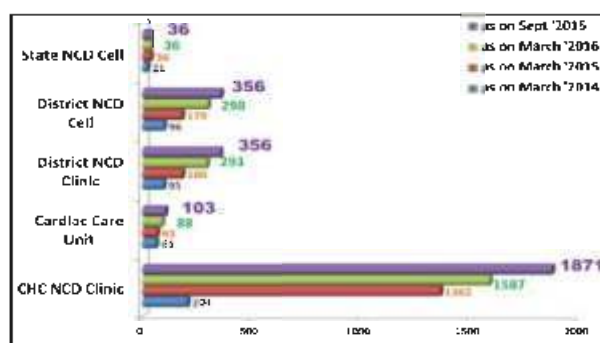


Fig 1: Scale-up of infrastructure (cumulative no.) established under NPCDCS

- Provision has been made under the programme to provide free diagnostic facilities and free drugs for NCD patients attending the NCD clinics at the District and CHC levels.

7.1.3 Details of NCD screening under the programme

Screening under the programme in 2015-2016:

As per reports received from the States during 2015-2016, around 1.29 crore persons attended the NCD clinics and were screened for common NCDs. Among them around 8.3% were Diabetics and 11.6% were Hypertensives. Around 90,000 Cardiovascular disease patients were detected in NCD Clinics and CCUs. Around 13,000 suspected common cancers (Oral, Cervical & Breast Cancers) patients were detected and referred for treatment. Around 66 lakh persons underwent counselling for health promotion and prevention of NCDs in the NCD Clinics.

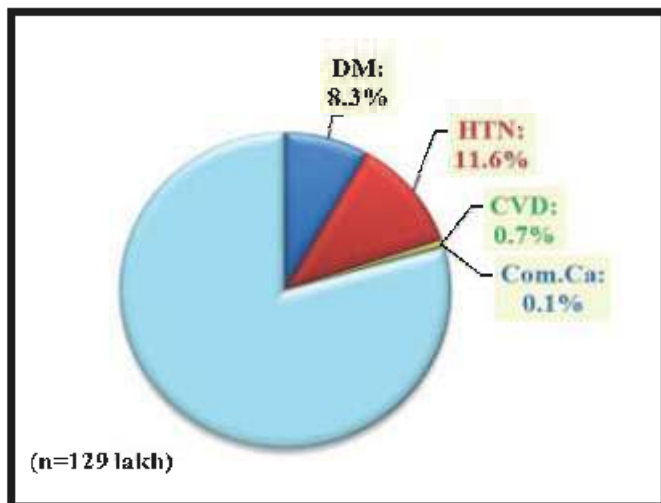


Fig 2: Proportion of attendees of NCD Clinics (n=129 lakh) diagnosed with common NCDs (DM=Diabetes Mellitus; HTN=Hypertension; CVD=Cardiovascular Diseases; Com. Ca = Common Cancers), in 2015-16

- During 2015-2016, around 96 lakh persons were screened under Outreach activities for common NCDs in Camps and Primary health facility level and they were referred to higher Centers for diagnosis and management. Among them, Diabetes was suspected in around 7.6% of those tested and Hypertension was suspected in 9%, and Common Cancers were suspected in around 20,000 persons.

Screening under the programme in 2016-2017 (April-Sept., 2016)

- During 2016-17 (till September, 2016), around 95 lakh persons attended NCD Clinics and were screened for common NCDs like Diabetes, Hypertension, CVDs and common Cancers. Among the attendees of NCD Clinics, 8% were diagnosed to be Diabetics and 11% were Hypertensives. Around 55,000 cardiovascular disease patients and 19,000 common cancers patients were detected in NCD Clinics and referred for treatment. Around 43 lakh persons underwent counselling for health promotion and prevention of NCDs.
- During 2016-2017 (April-September, 2016) around 71 lakh persons were screened under various outreach activities for common NCDs in Camps and Primary health facility level. Among them, Diabetes was suspected in around 9%, and Hypertension was also suspected in 9%, and Common Cancers were suspected in around 9,800 persons. They were referred to higher centres for confirmation of diagnosis and management.

7.1.4 Assistance given under TCCC scheme of NPCDCS during the year 2016-17 (till November, 2016)

Sl. No.	State/ UTs	Name of the Institute	Project approved for
1	Kerala	Regional Cancer Centre, Thiruvananthapuram	SCI
2	Punjab	Govt. Medical College, Amritsar	SCI
3	Delhi	LokNayak Hospital	TCCC
4	Punjab	District / Civil Hospital, Fazilka	TCCC
5	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	SCI
6	Nagaland	District Hospital, Kohima	TCCC

7.1.5 OTHER INITIATIVES UNDER THE PROGRAMME:

- a) Guidelines for prevention and management of **Chronic Obstructive Pulmonary Disease (COPD) and Chronic Kidney Disease (CKD)** are being included under the programme to prevent and manage the chronic respiratory and kidney diseases respectively, which are also major causes of death due to NCDs.
- b) The draft National Multi-sectoral Action Plan (NMAP) for prevention and control of common NCDs (2016-2022) was circulated to 39 departments for the comments on the roles suggested and requested to nominate a Nodal Officer at the rank of Joint Secretary to coordinate the actions. 28 Departments have submitted their response on the action points and 35 departments have nominated nodal officers. The comments received from various Departments were synthesized and revised NMAP has been drafted. The same is being submitted to Cabinet for approval and constitution of a Standing Committee of Secretaries.
- c) For combating common NCDs in the community, a new strategy for **Population-based Screening of common NCDs like Diabetes, Hypertension and common Cancers** is being initiated under the umbrella of NHM. This will utilise the services of the Frontline-workers (ASHA) and Health-staff (Staff Nurse/ANM, etc.) of the existing Primary Healthcare System in screening of NCD risk factors as well as early detection and referral of NCDs. For this, Operational Guidelines have been launched and training of the States is going to be undertaken at the earliest.
- d) Opportunistic screening of common NCDs including Diabetes, Hypertension and Cancer, is being done among the attendees of the **India International Trade Fair (IITF)** at Pragati Maidan, New Delhi during 14-27 November, every year. Besides screening NCDs and lifestyle related risk factors, this initiative also helps to increase awareness about the prevention and control of NCDs. Every year more than 70,000 persons are screened at the IITF and suspected cases of Diabetes, Hypertension and

common Cancers are referred to designated hospitals for further management.



Fig 3: Camps for screening of common NCDs at IITF-2016

- e) Along with different forms of media, **social media** is also being used to generate awareness about prevention and control of NCDs. To leverage mobile technology, an application called **mDiabetes** has been launched to generate awareness, to promote adherence of treatment and to inculcate healthy habits among the masses with special focus on target groups.



Fig 4: Launch of 'mDiabetesapp' by Hon'ble MoS Shri Faggan Singh Kulaste at IITF-2016

- f) Two studies have been commissioned with the Indian Council of Medical Research for undertaking surveillance and monitoring of burden of diseases and for survey on prevalence of risk factors of NCDs.
- g) For comprehensive management of lifestyle related disorders, a pilot project on '**Integration of AYUSH with NPCDCS**' has been initiated in six districts, namely Bhilwara (Rajasthan), Gaya (Bihar), Surendranagar (Gujarat) under Central Council for Research in Ayurvedic Sciences (CCRAS); Lakhimpur-Kheri (Uttar Pradesh) under Central Council for Research in Unani Medicine (CCRUM); and Krishna (Andhra Pradesh) and Darjeeling (West Bengal) under

Central Council for Research in Homeopathy (CCRH). Synergy is being harnessed between the Allopathy system under NPCDCS and the alternative systems of medicine under AYUSH, for prevention and management of 'lifestyle-related' common NCDs. Besides health promotion and patient management services at the NCD/Lifestyle Clinics, training on Yoga arc also provided through an integrated Yoga programme. The government is planning to expand NPCDCS-AYUSH integration project to more districts of the country.

- h) Pilot intervention has been initiated for the prevention and control of Rheumatic Fever and Rheumatic Heart Disease under the platforms of NPCDCS and RBSK (Rashtriya Bal Swasthya Karyakram), in three select districts (Gaya in Bihar, Firozabad in Uttar Pradesh and Hoshangabad in Madhya Pradesh). Training of Trainers has been done in the three districts. This intervention would be scaled up to other districts in a phased manner.
- i) Another initiative is the integration of RNTCP with NPCDCS, wherein the "National Framework for Joint Tuberculosis-Diabetes collaborative activities" is being developed to articulate a national strategy for 'bi-directional screening', early detection and better management of Tuberculosis and Diabetes comorbidities in India.

7.2 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

India is the second largest consumer of tobacco in the world. An estimated one million Indians die annually from tobacco-related diseases. Globally, tobacco consumption kills nearly 6 million people in a year. As per the Global Adult Tobacco Survey (GATS) India, 2009-10, 35% of Indian adults in the age group of 15 years and above use tobacco in one form or the other. The extent of use of smokeless tobacco products (SLT) is particularly alarming as about 33% adult males and 18% adult females in the country consume SLT.

In order to protect the youth and masses from the adverse effects of tobacco usage and second hand

smoke (SHS), the Government of India enacted the "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA-2003)".

National Tobacco Control Programme (NTCP) was launched in the year 2007-08 to facilitate effective implementation of the Tobacco Control Laws - COTPA 2003 - in the country and to bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws. NTCP is being implemented through a three-tiered structure i.e., the National Tobacco Control Cell, the State Tobacco Control Cells, and the District Tobacco Control Cells.

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global evidence-based public health treaty that recognises the right of all people to the highest standard of health. The Treaty was developed by countries in response to the globalization of the tobacco epidemic. There are currently 180 Parties to the Convention. India has been the forerunner in ratification of this public health treaty and was the 7th Country to ratify the Convention in 2004. India provided a leadership role in the negotiations of FCTC and was also the Regional Coordinator for the South-East Asia Region.

7.2.1 Major Achievements during 2016-17 (upto 30th November, 2016)

- **Packaging and Labelling Rules:** The Government has enhanced the size of health warnings on tobacco products vide notification of Cigarettes and Other Tobacco Products



(Packaging and labeling) Amendment Rules, 2014 (G.S.R. No. 727[E]) dated 15th October, 2014 and further notification (G.S.R. No. 739 (E)) dated 24th September, 2015 which mandates the specified health warnings covering 85% of the principal

display area of the packages of tobacco products with effect from 1st April, 2016

- **World No Tobacco Day 2016:** World No Tobacco Day 2016 was commemorated with a great deal of visibility. The Ministry of Health & Family Welfare (MoHFW) and WHO Country Office for India in collaboration with HRIDAY (Health Related Information Dissemination Amongst Youth) organized a technical consultation on 30 May, 2016 in New Delhi.



World No Tobacco Day 2016

- On 31st May 2016, MoHFW collaborated with Times Response and Health Fitness Trust (NGO) to commemorate World No Tobacco Day activities. On 31st May, 2016, on ground activity was organized that included canter activity and signing on pledge walls. A moving canter with a pledge wall moved around various hubs of the city and involved public to participate and stub various forms of tobacco and also pledging by signing on the moving canter wall.



- **National Tobacco Quitline services:** Ministry of Health & Family Welfare has established a toll free National Tobacco Quitline to provide counseling services to users to quit tobacco use. The Quit line has been set up at Vallabhbhai Patel Chest Institute (VPCI), an institute of the MOHFW.


Ministry of Health and Family Welfare
 Government of India
NATIONAL TOBACCO QUITLINE



NATIONAL TOBACCO QUITLINE
1800-11-2356
 8:00 am - 8:00 pm
 Except on Monday


Vallabhbhai Patel Chest Institute
 University of Delhi, Delhi-110007

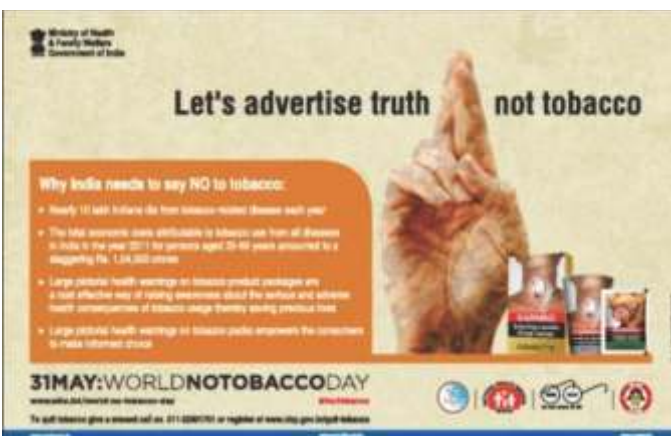
- **National Tobacco Testing Laboratories [NTTLs]:** Food Research and Standardisation Laboratory (FRSL), Ghaziabad as Apex Laboratory; Central Drug Testing Laboratory (CDTL), Mumbai as Regional Laboratory and Regional Drug Testing Laboratory (RDTL), Guwahati as Regional Laboratory have been identified as NTTLs. These labs have started testing nicotine in tobacco fillers, smokeless tobacco and water pipe tobacco products by using conventional methods with the existing equipments.
- Public Awareness campaign is one of the main activities at National level. Dedicated funds for creation of awareness have been made available under the National Tobacco Control Programme (NTCP). Dedicated spots have been developed as well as adapted from the global best practices. The Campaigns are aired through the Government as

well as Private Channels for both video/TV as well as radio/FM.

- MoHFW launched anti-tobacco outdoor publicity campaign through “Exterior Train Wrap Publicity” in the areas identified with high prevalence of tobacco use. The publicity has been done through DAVP through 14 trains covering the States of Maharashtra, Uttar Pradesh, Chhattisgarh Orissa, Karnataka, Tamil Nadu, Delhi and Punjab for a duration of 5 months. Through this campaign, the trains have been clad with visuals disseminating the message of avoiding tobacco use. Six of the coaches in these trains have been used for publicity of Mission Indradhanush.



- The public advertisement was published by the Ministry in leading national and regional dailies on the occasion of World No Tobacco Day, 2016.



- Seventh Session of Conference of Parties (COP7) to the WHO Framework Convention on Tobacco Control (WHO FCTC):** Ministry of Health & Family Welfare, Government of India hosted the Seventh Session on Conference of Parties (COP7) to the WHO FCTC from 7th-12th November, 2016 at Greater Noida, Uttar Pradesh. A large number of delegates about 1100 from 140 countries participated in this event. It is a matter of pride for India that India (Secretary, MoHFW) has

been elected to serve as President of the COP Bureau for next two years.



Shri Jagat Prakash Nadda, Hon'ble Minister of Health and Family Welfare; Dr Oleg Salagay, President of the Conference of the Parties and the Legal Counsel, Mr Derek Walton and Shri C.K. Mishra, Secretary, Health & Family Welfare, during the inaugural session



Address by the Hon'ble President of Sri Lanka Shri Maithripala Sirisena



Concluding address by Smt. Anupriya Patel, Hon'ble Minister of State for Health & Family Welfare at COP7

- A national campaign for 15 days was carried out through electronic media. Tobacco control spots were broadcasted through radio and television channels during the Seventh Session of Conference of Parties (COP7) to the WHO FCTC. In addition, a public advertisement was published by the Ministry in leading national and regional dailies on the Seventh Session of Conference of Parties [7-12 November, 2016].



- The National Tobacco Control Programme (NTCP) is being implemented in 236 districts across 36 states.
- States of Punjab, Karnataka and Kerala have banned ENDS (Electronic Nicotine Delivery Systems) or E-Cigarettes as unapproved drug.
- States are effectively carrying out tobacco control activities under National Tobacco Control Programme at State/District level. The enforcement related activities with respect to Section 4 [ban on smoking in public places] are being implemented through challaning mechanism and fines are imposed on the persons who violate the rules. In addition, States have developed various IEC materials on tobacco control viz. posters/stickers/handouts/wall paintings/hoardings/signages and are also involved in creating awareness among the general public through street plays/jingle announcements/announcements through e-rickshaws and radio channels.



Tobacco Cessation activities in the State of Uttar Pradesh, Lucknow



Training of key stakeholders under NTCP in the State of Mizoram

7.3 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

7.3.1 NMHP was started in 1982 to ensure availability and accessibility of minimum mental health care for all, to encourage mental health knowledge and skills and to promote community participation in mental health service development and to stimulate self-help in the community. 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. During the 12th Five Year Plan period, Rs.1576.54 crores has been earmarked for activities up to District level and Rs. 753 crores for tertiary level activities. DMHP has been brought under the overarching umbrella of NHM under the NRMH NCD Flexible pool from

2013-14 onwards. The Programme will be expanded to cover the entire country in a phased manner based on the proposals submitted by the States in their respective State PIPs.

Tertiary/Central level activities under the NMHP - Manpower Development Schemes:

1. **Centre of Excellence (Scheme-A):** Under this Scheme, financial support is given for construction, purchase of technical & non-technical equipments, library and salary of faculty in the existing Central and State Mental Health Institutions. The Scheme, initiated in the year 2009, is continuing during the 12th Five Year Plan period also. 11 Centres of Excellence were established during the 11th Plan period with financial assistance of Rs. 30 crore per Centre. Financial assistance has been provided for establishment of 7 additional Centres of Excellence during the 12th Plan period.
2. **Strengthening/Establishment of PG Departments in mental health specialties (Scheme-B):** Under this Scheme, financial support is provided for capital works and faculty support to the existing Central and State Mental Health Institutions for strengthening/establishment of Post Graduate Departments in mental health specialties. 27 Post Graduate Departments were established during the 11th Plan period. Strengthening/establishment of 12 more PG Departments have been approved with financial assistance ranging from Rs. 0.85 crores to Rs.0.99 crores per Department during 12th Plan.

District Mental Health Programme (DMHP)

For improving coverage and accessibility of mental healthcare, district level activities under the NMHP have been supported in 339 districts across all 36 states/UTs. These district level activities are organized by a dedicated District Mental Health Programme team stationed at the District Hospital. Financial support is provided for engagement of human resource, training, community awareness, drugs, equipments, ambulatory services etc. In addition to patient care services, support is also provided for providing rehabilitation services and operating of a Mental Health Helpline.

National Mental Health Survey

In 2012, the Department related Parliamentary Standing Committee on Health and Family Welfare had recommended that a scientific and representative National Mental Health Survey for the country be undertaken. Accordingly, NIMHANS was asked to undertake this activity. The National Mental Health Survey was formally initiated on 1st June 2015 across the country in 12 States and data collection was completed on 1st August, 2016.

Objectives of the survey were to:

- Estimate the prevalence and burden of Mental, Neurological and Substance use disorders in a representative population of India
- Identify the treatment gap, health care seeking and service utilisation patterns.
- Assess mental health services and systems in the surveyed States for planning and strengthening mental health programmes.

For the purpose of carrying out the survey, the country was classified into 6 regions viz. North, South, East, West, Central and North-East. The survey was then conducted in the States of Kerala, Tamil Nadu, Gujarat, Rajasthan, Punjab, Uttar Pradesh, West Bengal, Jharkhand, Chhattisgarh, Madhya Pradesh, Assam and Manipur. The National Mental Health Survey (NMHS) covered a nationally representative population to identify the prevalence, pattern, outcome, treatment gap, disabilities along with the current status of mental health services, facilities and programmes. The NMHS study interviewed nearly 40,000 individuals and 1200 young adolescents from 12 States across 6 regions of the country by adapting a uniform, standard scientific methodology and data collection was done by trained staff. The executive summary of the National Mental Health Survey was released on 10th October, 2016.

National Mental Health Week and World Mental Health Day celebration

To provide an impetus to the ongoing efforts by the Ministry of Health and Family Welfare, to advocate for the rights of people with mental health problems

and for the promotion of mental health, the Mental Health Week was celebrated from 4-10 October, 2016 with an array of activities. The week ended with a half day high-level event on the occasion of the World Mental Health Day on 10th October, 2016. The aim of these activities was to propagate the need of greater focus on mental health with the policy makers at central and State level, various stakeholders, general public, media and to increase awareness about

positive aspects of mental health and to encourage help seeking for mental disorders.

The week long activities included organization of stress management camp, public lectures on psychological and mental health first AID and management of stress, painting and poster competition for children and medical students and community based awareness generation activities and Life Skill Education session with students.



Mental Health Awareness Camp organized on 4th October, 2016 at Nirman Bhawan, New Delhi



World Mental Health Day celebrations on 10th October, 2016



Painting exhibitions at World Mental Health Day, 2016 and Prize Distribution

7.4 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

Introduction

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored scheme (now 60:40 in all states and 90:10 in NE States) 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 as follows: 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.

7.4.1 Main objectives

- 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 up-gradation 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 Hospitals;
- Strengthening the existing infrastructure facilities and developing additional human resources for providing high quality comprehensive Eye Care in all Districts of the country;

- To enhance community awareness on eye care and lay stress on preventive measures;
- Increase and expand research for prevention of blindness and visual impairment;
- To secure participation of Voluntary Organizations/Private Practitioners in delivering eye care.

7.4.2 Major programme activities and service providers

S. No	Components/Eye care activities	Eye Care Service Providers
1	Free Cataract Surgery	Medical Colleges/District Hospitals/NGOs
2	School Eye Screening	District Hospitals
3	Free Specs to School Children	District Hospitals
4	Collection of Donated Eyes	Eye Banks & Eye Donation Centres
5	Free Keratoplasty	RIOs, Medical Colleges & NGOs
6	Diagnosis and Treatment of Diabetic Retinopathy, Glaucoma, Childhood Blindness etc.	District Hospitals, RIOs, Medical Colleges & NGOs
7	Training of Eye Surgeons, PMOAs	Medical Colleges/RIOs/identified NGO eye hospitals
8	IEC for prevention & promotion	Through print & electronic media etc. at central, state and district levels

7.4.3 New Initiatives during 12th Five Year Plan

- Provision for setting up Multi-purpose District Mobile Ophthalmic Units in District Hospitals of

States/UTs.

- Provision for distribution of free spectacles to old persons suffering from presbyopia.

7.4.4 Major achievements during 12th Five Year Plan

Cataract operations

Year	Target	No. of Cataract operations performed	% surgery with IOL
2012-13	66,00,000	63,02,894	95.49
2013-14	66,00,000	62,63,150	94.89
2014-15	66,00,000	64,19,933	97.27
2015-16	66,00,000	63,04,177	95.58
2016-17*	66,00,000	19,02,857	-

Treatment/management of other eye diseases (Diabetic retinopathy, glaucoma, childhood blindness, VR surgery, keratoplasty etc.)

Year	Target	Achievement
2012-13	72,000	2,55,804
2013-14	72,000	2,12,596
2014-15	72,000	2,42,830
2015-16	72,000	3,12,925
2016-17*	72,000	4,64,696

School Eye Screening Programme

Year	No. of free spectacles provided to school children suffering from refractive errors	
	Target	Achievement
2012-13	9,00,000	7,08,861
2013-14	9,00,000	6,24,942
2014-15	9,00,000	7,36,572
2015-16	9,00,000	8,30,620
2016-17*	9,00,000	76,019

Collection of donated Eyes for corneal transplantation

Year	No. of donated eyes collected	
	Target	Achievement
2012-13	50,000	53,543
2013-14	50,000	57,944
2014-15	50,000	58,757
2015-16	50,000	59,810
2016-17*	50,000	18,482

* Figures for the year 2016-17 are provisional.

7.4.5 Best practices adopted under the programme:

- To reach every nook and corner of the country to provide eye-care services, provision for setting up Multipurpose District Mobile Ophthalmic Units in the District Hospitals of States/UTs has been made as a new initiative under the programme. Few States have set up these Units.
- Provision for distribution of free spectacles to old persons suffering from presbyopia to enable them for undertaking near work as a new initiative under the programme.
- Emphasis on the comprehensive eye-care coverage by covering diseases other than cataract like diabetic retinopathy, glaucoma, corneal transplantation, vitreo-retinal surgery, treatment of childhood blindness including retinopathy of pre-maturity (ROP) etc.
- Strengthening of Tertiary Eye-Care Centres by providing funds for purchase of sophisticated modern ophthalmic equipments.
- Ensure setting up of super-specialty clinics for all major eye diseases including diabetic retinopathy, glaucoma, retinopathy of prematurity etc. in State level hospitals and medical colleges all over the country.
- Linkage of tele-ophthalmology centres at PHC/Vision centres with super-specialty eye hospitals to ensure delivery of best possible

diagnosis and treatment for eye diseases, especially in hilly terrains and difficult areas.

- Development of a network of eye banks and eye donation centres linked with medical colleges and RIOs to promote collection and timely utilization of donated eyes in a transparent manner.

7.5 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

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. Current burden of disease as per NSSO survey is that 291 persons per one lac population are suffering from Deafness. Approvals have been given for implementation of programme in 410 districts till 2016-2017 since its inception.

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.

Strategies:

- To strengthen the service delivery for ear care.
- To develop human resource for ear care services.
- To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.

- To develop institutional capacity of the district hospitals, community health centers and primary health centers selected under the Programme.

Long Term Objective: 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 components of the Programme are:-

- **Manpower Training & Development** - for prevention, early identification and management of hearing impaired and deafness cases, training would be provided from medical college level specialists (ENT and Audiology) to grass root level workers.
- **Capacity building** - for the district hospital, community health centers and primary health center in respect of ENT/Audiology infrastructure.
- **Service provision** – Early detection and management of hearing and speech impaired cases and rehabilitation at different levels of health care delivery system.
- **Awareness generation through IEC/BCC activities** – for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness.

Rs.304.79 crore has been allocated during the 12th Five Year Plan for the expansion of the Programme to 200 more districts in addition to the existing districts. Till 2013-14 the funds were released to the State Health Societies. Now from 2014-15 the release of funds is through the treasury route.

7.6 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUOROSIS (NPPCF)

Fluorosis, a public health problem is caused by excess intake of fluoride through drinking water/food products/industrial pollutants over a long period. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis. Most of excess intake of Fluoride is through drinking water.

The National Programme for Prevention and Control of Fluorosis (NPPCF) was initiated in the 11th Five Year Plan (2008-09) with the aim to prevent and control Fluorosis in the affected States. The objectives of the Programme are:

- To collect, assess and use the baseline survey data of Fluorosis of Ministry of Drinking Water and Sanitation for starting the project
- Comprehensive management of Fluorosis in the selected areas
- Capacity building for prevention, diagnosis and management of Fluorosis cases

The strategy followed under the Programme is surveillance of Fluorosis in the community; capacity building (Human Resource) in the form of training and manpower support; establishment of diagnostic facilities in the district, health education to create awareness and management of Fluorosis cases including treatment, surgery, rehabilitation etc.

Achievements made under the Programme during 2016-17:

- 117 districts in 19 States have been progressively covered under NPPCF. 89 District Consultants and 88 Laboratory Technicians have been engaged at the district level. 85 laboratories have been established for estimation of Fluoride levels in water and urine.
- A Training for Laboratory Technicians engaged in various districts was held at National Institute of Nutrition, Hyderabad.
- Two posters on awareness and prevention of Fluorosis and one leaflet each on prevention of Arsenicosis and Fluorosis have been developed at the Central level and sent to the affected States.

7.7 NATIONAL PROGRAMME FOR HEALTHCARE OF THE ELDERLY (NPHCE)

Government of India has launched the National Programme for Health Care of the Elderly (NPHCE) to address health related problems of elderly people,

in 100 identified districts of 21 States during the 11th Plan period. Eight Regional Geriatrics Centres as referral units have also been developed in different regions of the country under the programme.

The basic aim of the NPHCE Programme is to provide separate, specialized and comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services. Preventive and promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation and therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.

It is expected to cover the optimum number of districts during 12th Five Year Plan in a phased manner. 12 new Regional Geriatric Centres in selected Medical Colleges of the country are also expected to be developed under the programme. In addition, two National Centre of Ageing (NCA) are also being established at AIIMS, New Delhi and Madras Medical College, Chennai, the core functions of which are training of health professionals, research activity and health care delivery in the field of geriatrics.

The details of the geriatric setup and activities undertaken so far under the programme at various health Care levels are as below:

- **National Centres of Ageing (NCAs):** Ministry of Health and Family Welfare is supporting the development of two National Centres of Ageing- one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai Under the tertiary level activities of the programme namely 'Rashtriya Varishth Jan Swasthya Yojana (RVJSY)'.

The functions of the NCAs are as indicated below:-

- Health Care delivery with 200 bedded facility.
- Training of Health Professionals.
- Research activity.
- Development of Health Professionals.
- Development of IEC material and course curricula.

So far amounts of Rs. 30.00 crores each to Government of Tamil Nadu and to AIIMS, New Delhi, have been released for Civil Works, Machinery & Equipment and Ambulance towards establishment of National Centre of Ageing (NCA).

- **Department of Geriatric at 20 Super Specialized Institutions:** Geriatric Departments are expected to be developed at 20 identified medical institutions located in various regions of the country with 30 bedded in patient facility. Apart from providing referral treatment, research and manpower development, these institutions are involved in developing and updating training materials for various levels of health functionaries, developing IEC material, guidelines, etc. Funds have been provided for manpower, equipments, medicines, construction of building, training etc. So far 15 identified Medical Institutions have been funded for development of Regional Geriatric Centres (RGCs) at various regions of the country.
- **Geriatric unit at District Hospitals:** There is provision for establishing 10 bedded geriatric ward and dedicated OPD services exclusively for geriatric patients. The grant-in-aid has been provided for contractual manpower, equipments, medicines, construction of building, training etc. A total number of 415 districts of 34 States/UTs have so far been approved for implementation under the programme during financial year 2016-17.
- **Rehabilitation units at CHCs falling under identified districts:** There is provision for dedicated health clinics for the elderly persons twice a week. A rehabilitation unit is being set up at all the CHCs falling under identified districts. The grant-in-aid has been provided for manpower, equipments and training. The rehabilitation worker is supposed to provide physiotherapy to the needy elderly persons.
- **Activity at PHCs under identified districts:** Weekly geriatric clinics are arranged at the identified PHCs by a trained Medical Officer. For diseases needing further investigation and treatment, persons are referred to the first referral unit i.e. the Community Health Centre or District Hospital as per need. One-time grant will be given to PHCs for procurement of equipment.
- **Activity at Sub- centre under districts:** The ANMs/Male Health Workers posted in sub-centre will make domiciliary visits to the elderly persons in areas under their jurisdiction. She/he will arrange suitable calipers and supportive devices from the PHC and provide the same to the elderly disabled persons to make them ambulatory. There will also be provision for treatment of minor ailments and rehabilitation equipments at the identified sub centers. Grant-in-aid will be provided to SCs for purchase of aids and appliances.
- **A Longitudinal Ageing Study in India (LASI) project:** The project has been initiated under tertiary level activities of the programme to assess the health status of the elderly (age 45-60 years). This project is going to be one of the largest comprehensive ageing surveys in the world with a sample size of 60,250. LASI project is conducted by International Institute for Population Sciences, IIPS, (Deemed University), Mumbai which is an autonomous organization under Ministry of Health and Family Welfare. In India, LASI is to be undertaken by IIPS in collaboration with Harvard School of Public Health and Rand Corporation with the financial sponsorship from Ministry of Health & Family Welfare, UNFPA India and National Institute of Health (NIH)/National Institute of Ageing (NIA), USA. The project has been launched at Vigyan Bhawan, New Delhi on 22nd March, 2016.

Development of the programme:

- The programme was approved with an outlay of Rs. 288 crore for the remaining period of the 11th Plan. The expenditure was shared by Central and the State Government on 80:20 basis. Total amount of Rs. 112.86 crore was released to the States/8 regional Geriatric Centres during the 11th plan period. Amount to the tune of Rs. 68.55 crores during the year 2012-13, Rs. 1.16 crores during the year 2013-14 and Rs. 22.90 crores during 2014-15, have been released to States/UTs under NPHCE. Since 2015-16, the activities upto the district level of the programme have been subsumed in NCD flexible pool under overarching umbrella of National Health Mission and no separate allocation of funds have

been made programme wise, the fund release to UTs/States is being done by NHM-Finance division for the programme under NCD flexible pool.

- The tertiary component of the programme has been renamed as Rashtriya Varishth Jan Swasthya Yojana (RVJSY). The tertiary activities include, inter alia, continuation of 8 Regional Geriatric Centres and setting up of 12 new Regional Geriatric Centres, setting up of two National Centres for Ageing, special initiatives for 75+ population, National level activities including IEC, Research Activity, Survey through LASI, staff and State level activities (review, monitoring, IEC etc.). A total amount of Rs. 477.49 crores has been earmarked under the Scheme.

The following are the achievements made so far under the programme:

- Geriatric OPDs have been opened in all 15 Regional Geriatric Centres viz:
 - (1) All India Institute of Medical Sciences, New Delhi;
 - (2) Madras Medical College, Chennai;
 - (3) Grants Medical college & JJ Hospital, Mumbai;
 - (4) Sher-I-Kashmir Institute of Sciences (SKIMS), J&K;
 - (5) Govt. Medical College, Thiruvananthapuram;
 - (6) Guwahati Medical College, Assam;
 - (7) Dr. S.N. Medical College, Jodhpur, Rajasthan;
 - (8) Banaras Hindu University, U.P.
 - (9) Gandhi Medical College, Bhopal;
 - (10) Kolkata Medical College, Kolkata, W.B.;
 - (11) Nizam's Institute of Medical Sciences, Hyderabad, Telangana
 - (12) S.C.B. Medical College, Cuttack, Orissa;
 - (13) Kind George's Medical University, Lucknow, U.P.;
 - (14) Rajendra Institute of Medical Sciences, Ranchi, Jharkhand and

(15) Bangalore Medical College & Research Institute, Bengaluru, Karnataka.

- In door services have been established in 6 Regional Geriatric Centres viz: All India Institute of Medical Sciences, New Delhi; Madras Medical College, Chennai; Grants Medical Collage & JJ Hospital, Mumbai; Sher-I-Kashmir Institute of Medical Sciences (SKIMS), J&K; Govt. Medical College, Thiruvananthapuram; Dr. S.N. Medical college, Jodhpur, Rajasthan. OPD started in all the 08 existing RGCs.
- 428 Districts has been sanctioned in 32 States/UTs. No Districts are proposed by Meghalaya, Nagaland, Tripura and Chandigarh. Among the States, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Sikkim, Uttar Pradesh, Uttarakhand and West Bengal have reported opening of 90 Geriatric OPD, 76 Ward in various district Hospitals and 95 Physiotherapy units in District Hospital in 12 States.
- Bi-weekly OPD Geriatric Clinic started at 495 CHCs and 282 Physiotherapy units of 15 States i.e. Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Uttarakhand, Uttar Pradesh and West Bengal.
- 842 Weekly Geriatric Clinics at PHCs have been started at Gandhi Nagar, Jamnagar (Gujarat); Mewat (Haryana), Leh, Kupwara, Kargil, Doda, Udhampur (J&K); Ranchi, Dhanbad, Bokaro (Jharkhand); Shimoga & Kolar (Karnataka); and East Sikkim, South Sikkim (Sikkim).
- 52.52 lakhs, 1.22 lakhs and 3.96 lakhs of elderly has been provided health care services through OPD, Indoor admission and Physiotherapy, respectively by all the operational District Hospitals. In addition, 2.27 lakhs, 0.67 lakhs and 0.74 lakhs of elderly people were provided several home based care and supportive devices.

7.8 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

National Oral Health Programme (NOHP) is new initiative by Government of India with the following objectives.

- Improvement in the determinants of oral health e.g. healthy diet, oral hygiene improvement etc and to reduce disparity in oral health accessibility in rural & urban population.
- Reduce morbidity from oral diseases by strengthening oral health services at Sub district/district hospital to start with.
- Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral health; namely various National Health Programs.
- Promotion of Public Private Partnerships (PPP) for achieving Public Health Goals

The programme constitutes two separate activities i.e. (i) activities up to district level which is under the umbrella of NHM (ii) Tertiary level activities (containing State Level and Central Level activities)

NHM Component: This is for the support of health facilities [District level and below] of the States with the following components of a Dental Unit:

- Manpower support [Dentist, Dental Hygienist, Dental Assistant];
- Equipments including dental Chair and
- Consumables for dental procedures.

Tertiary Component:

- Designing IEC materials like Posters, TV, Radio Spots, Training Modules
- Organizing national, regional nodal officers training program to enhance the program management skills, review the status of the program
- Preparing State/District level Trainers by conducting national, regional workshops to train the paramedical health functionaries associated in health care delivery.

Achievements of the National Oral Health Programme:

- Proposals from 32 states/UTs were received for supporting oral health activities and considered for support through the National Oral Health Program (NOHP). Approvals to the tune of Rs 36.7 Crore have been communicated to 32 States/UTs for supporting partially or fully to 512 dental units across the country.
- 3.21 Lakh Posters in regional languages have been distributed in 10 States for awareness regarding oral health. Approval has been obtained to distribute posters in 14 other States/UTs of the country for display in the public health facilities. A radio and a video spot have been prepared for broadcasting to create oral health awareness.
- The final report of central task force has been submitted by the Chairman to the Ministry.
- A proposal for setting up a National level referral and research center in one of the existing dental institutions of the country has been moved as per the budget speech made by Hon'ble Finance Minister.
- Approval has been obtained to conduct a pilot project regarding "Pit & Fissure Sealant" by involving 10 dental institutions across the country with a target to seal 50,000 molars among the school children in rural areas.

7.9 CAPACITY BUILDING FOR DEVELOPMENT OF TRAUMACARE FACILITIES IN GOVERNMENT HOSPITALS

Road traffic injuries are one of the leading causes of deaths and disabilities. According to WHO "Global Status Report on Road Safety 2013", more than 1.2 million people die in road accidents every year and as many as 50 million are injured. Deaths due to road accidents are in the eight leading causes of death globally which is expected to soon be the fifth common cause of death by the year 2030 unless the problem is addressed urgently.

7.9.1 11th Five Year Plan (FYP)

During 11th FYP Plan the Govt. of India initiated a scheme on trauma care with an outlay of Rs.732.75 crore with 100 % central funding provision to develop a network of 140 trauma care facilities in the Govt. Hospitals. The Golden-Quadrilateral highway corridor covering 5,846 Kms connecting Delhi-Kolkata-Chennai-Mumbai-Delhi as well as North-South & East-West Corridors covering 7,716 Kms connecting Kashmir to Kanyakumari and Silchar to Porbandhar respectively was selected during the first phase. Through the scheme, the designated hospitals were to be upgraded for providing trauma care facilities. It was envisaged that the network of trauma care facilities along the corridors will bring down the morbidity and mortality on account of accidental trauma on the roads in India by providing trauma care within the ambit of golden hour concept. Following activities were undertaken during the 11th Five year Plan:

- Out of the identified 140 hospitals, the trauma centres in 118 hospitals were identified under the trauma scheme. 20 hospitals were funded under PMSSY scheme and 2 trauma centres in Delhi Dr. RML Hospital & AIIMS were developed with their own funds.
- The trauma care network was so designed that no trauma victim has to be transported for more than 50 kms to a designated hospital having trauma care facilities. For this purpose an equipped basic life support ambulance was to be deployed by NHAI (Ministry of Road Transport and Highways) at a distance of 50 KMs on the designated National Highways. Ministry of Road Transport and Highways has supplied these ambulances on National Highways.

The scheme was extended to the 12th plan period by CCEA. The scheme was approved for development of another 85 new Trauma care centres on the same pattern with following minor variations:

a. The criteria for identification of State Govt. hospitals on the National Highways will be as follows:

- Connecting two capital cities.
- Connecting major cities other than capital city.
- Connecting ports to capital city.
- Connecting industrial townships with capital city.
- Accidental black spot data.

The identification of the hospitals for development of 85 trauma centres will be done in consultation with all the stake holders. Preference will be given to States which were not covered during 11th FYP and Hilly and North Eastern States.

b. Unlike the 11th FYP, the scheme is not 100% centrally sponsored. The amount of assistance will be shared between Central and State Governments in a ratio of 70:30. The ratio of sharing for North Eastern States and Hill States of Himachal Pradesh, Uttarakhand and Jammu & Kashmir will be 90:10. However, from April 2015 onwards, the fund sharing between Centre and State Governments will be in the ratio of 60:40, with 100% central share to the UTs, and 90:10 ratio for North Eastern and Hill States of Uttarakhand, Himachal Pradesh and Jammu and Kashmir.

c. The scheme has been merged within the ambit of "Human Resource in Health and Medical Education Scheme". Hence, 12th plan component of the scheme will be governed according to the norms set under this umbrella scheme. However, the components of 11th plan will be as per the original plan of 11th plan.

d. National Injury Surveillance, Capacity Building and Trauma Registry Center will be established at Dr. RML Hospital.

e. Funds will be released to L-II trauma care facilities of 11th FYP and 12th FYP for establishing rehabilitation units.

f. Training will be provided to the Doctors and Nurses working in trauma care centers and to the para-medics to be posted in the Ambulances.

7.9.2 Achievements: The achievements during financial year 2016-17 have been as under:

- A total of 62 Medical Colleges/ District Hospitals (L-I- 2, L-II- 15 and L-III- 45) have been recommended by Screening Committee & subsequently by Hon'ble Minister of Health and Family Welfare for establishing trauma care facilities under the Programme during the 12th FYP. Additional 12 visits have been undertaken so far and 14 more visits are proposed to be undertaken.
- As per the Supreme Court Committee's on Road Safety's directions, Ministry of Health and Family Welfare has to formulate National Trauma System Plan for which three regional workshops have been held to assist the States in developing the State Trauma System Plan. So far, State Action plans have been received from 20 States.
- Rehabilitation Guidelines have been finalized for the hospitals. Further, MoU has been drafted for the States for releasing money under the Rehabilitation component of L-II trauma care facilities. 11 trauma care facilities established during 11th FYP have already been identified for providing funds for rehabilitation unit.
- A draft curriculum for training of General Surgeons in Neuro-trauma management has been developed.
- ATLS/ NELS training for doctors and BLS training for nurses are being organized at Dr. RML Hospital.
- 18 State Resource Centres have been identified.
- The Minimum Data set and other documents in respect of National Injury Surveillance Centre are being developed with support from NTRI, Australia.
- The National Injury Surveillance and Capacity Building Centre (NISC) have been established at Dr. RML Hospital. NIC has developed the software for Injury Surveillance. The website for NISC in the name of www.nisc.gov.in has been formally launched by DGHS on 22.09.2016. A minimum data set for injury surveillance has been finalised and data analysis has been done by Dr. RML Hospital from July, 2014 till date.
- A standard course completion certificate for Pre-hospital trauma technicians has been finalized for the three Central Govt. Hospitals of Delhi.
- 'World's Remembrance Day for road traffic accident victims' was celebrated on 18.11.2016 by MoHFW, MoRTH and WHO.



- Under the IEC activities, 1000 copies of CD's/ DVD's of audio-visuals on Good Samaritan & First Aid have been developed which are being distributed across all the States through MMU.

IEC Material

SMALL STEPS CAN SAVE A LIFE

- Save your family/friends/relatives mobile numbers as emergency contact on your mobile screen.
- Always keep a first aid kit in your vehicle.



Help accident victims - who knows, it might be someone's yours.

SAVE LIFE, BE A REAL HERO !!

Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

IF YOU SEE A ROAD ACCIDENT VICTIM

- Call an Ambulance (102 / 108 / 1033)
- Inform Police (100)
- Take the victim to the nearest hospital
- Call the "Emergency Contact number" saved in the victim's mobile



SAVE LIFE, BE A REAL HERO !!

Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

PROVIDE FIRST-AID TO AN ACCIDENT VICTIM

- Take victim and support the victim's neck and back with towels & m / hr.
- Stop bleeding by applying direct pressure with a clean cloth on the bleeding site.
- If any limb is broken, then give support by any readily available flat & firm object e.g. Cricket Bat / Bag, stick, umbrella etc.
- If any body part (eg / hand etc.) is totally severed, then keep it in a clean polythene bag. Place this bag in a separate polythene bag filled with ice / Cold Water and transport it with the victim to the hospital.



SAVE LIFE, BE A REAL HERO !!

Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

IF YOU FEEL SOMEBODY'S LIMB IS BROKEN

GIVE SUPPORT BY ANY READILY AVAILABLE SOLID, FLAT OBJECT

- Limb support using Umbrella, Walking Stick
- Limb support using Hard Cushions, Bag
- Limb support using Wood



IMMEDIATELY SHIFT THE VICTIM TO THE NEAREST HOSPITAL
EMERGENCY HELP LINE NUMBER 102/108/1033

GOOD SAMARITAN (A PERSON WHO HELPS AN ACCIDENT VICTIM)
Cannot be forced to reveal their names or personal details (except circumstances)
Cannot be unnecessarily detained by police or hospitals.

Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

IN ANY ACCIDENT IF ANY PART OF BODY (FINGER / HAND / LEG) IS TOTALLY SEVERED FROM THE BODY THEN

Please keep the part in a clean Polythene bag.

Place this bag in another polythene bag filled with ice/ Cold Water.

Transport it with the Victim.

If polythene bag is not available, then also transport the severed limb to the hospital, if possible in any Clean Container.

GOOD SAMARITAN (A PERSON WHO HELPS AN ACCIDENT VICTIM)
Cannot be forced to reveal their names or personal details (except circumstances)
Cannot be unnecessarily detained by police or hospitals.

Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

7.10 NATIONAL PROGRAMME ON PREVENTION AND MANAGEMENT OF BURN INJURIES (NPPMBI)

A pilot programme was initiated in the year 2010 by Ministry of Health & Family Welfare in the name of Pilot Programme for Prevention of Burn Injuries (PPPBI) initiated in the three Medical Colleges and six Districts Hospitals:

The Goal of PPPBI was to ensure prevention of Burn Injuries, provide timely and adequate treatment in case burn injuries do occur, so as to reduce mortality, complications and ensuing disabilities and to provide effective rehabilitative interventions if disability has set in.

7.10.1 National Programme during the 12th Five Year Plan:

- The proposal for continuation of pilot project as full-fledged programme was approved by EFC on

17.05.2013 and subsequent to this approval, CCEA approved the programme on 6th February, 2014.

- NPPMBI is now an ongoing programme and will cover 67 State Govt. Medical Colleges and 19 District Hospitals during the 12th Five Year Plan. The District Hospital component is being implemented under NHM/NRHM. The programme is no more a 100% centrally sponsored scheme during the 12th plan. The programme is a part of the "Human Resource in Health and Medical Education Scheme" and assistance to be provided to the States is being 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 is being shared between the Centre and State Governments in the ratio of 75:25 (For North Eastern and Hill States of Uttarakhand, Himachal Pradesh and Jammu and Kashmir, the ratio will be 90:10). However, as per the directions

of NITI AYOJ, from April 2015 onwards, the fund sharing between Centre and State Governments will be in the ratio of 60:40, with 100% central share to the UTs, and 90:10 ratio for North Eastern and Hill states of Uttarakhand, Himachal Pradesh and Jammu and Kashmir.

7.10.2 The main objective of the Programme is:

- To reduce incidence, mortality, morbidity and disability due to Burn Injuries
- To improve awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- To establish adequate infrastructural facility and network for Behavior change communication, burn management and rehabilitation interventions.
- 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.

7.10.3 The Programme has following main components:

- Prevention Programme (IEC)
- Treatment
- Rehabilitation
- Training
- Monitoring and Evaluation
- Research

7.10.4 Medical College Component

During the 12th Five Year Plan, the Programme is to be expanded to cover 67 Medical Colleges across the country in a phased manner. The unfinished work of the 3 Medical colleges taken up during 11th plan under pilot project will also be taken up along with 67 new medical colleges. Hence total medical colleges will be 70.

7.10.5 Synergy with NRHM District Component

During the 12th five year plan, the District Hospital component will be considered under NHM/NRHM. The Programme is proposed to be expanded to cover 19 District Hospitals across the country in a phased manner. The unfinished work of the 6 district hospitals taken up during 11th plan under pilot project will also be taken up along with 19 new district hospitals. Hence total district hospitals will be 25 for consideration of grant.

7.10.6 The Achievements under the programme during 2016-17:

- A total of 44 Medical Colleges and 17 District Hospitals have been recommended to establish Burn Units.
- The burn data registry format along with the software has been developed to collect, compile and analyze data related to Burn Injuries in the country and the same has been sent for security audit.
- The 6-day practical training in Burn Injury management for 10 Medical Officers each is being organized at Dr. RML Hospital from 16th to 21st January, 2017 and at Safdarjung Hospital from 6th to 11th February, 2017.
- An epidemiological study of burn patients in Dr. RML Hospital has been approved to be undertaken from December, 2016.
- A two-day workshop was held in collaboration with CDC Atlanta to finalize the burn data registry format on 1st and 2nd Nov, 2016 at India Habitat Centre, New Delhi.



Workshop in collaboration with CDC Atlanta

7.11 FOOD FORTIFICATION

Micronutrients are essential vitamins and minerals required on daily basis for normal human growth, development and maintenance of life to ensure good health and to enable the body to fight diseases and infections. They are referred to as micronutrients because individual needs them in small quantities.

Micronutrients deficiencies can be prevented and even eliminated if optimal quantities of micronutrients are consumed on a regular basis. Micronutrient deficiencies such as Iron Deficiency Anemia (IDA), Vitamin-A Deficiency (VAD) and Iodine Deficiency Disorders (IDD) are significant public health problems in India.

Food fortification is globally accepted as a proven cost-effective strategy for prevention and control of micronutrient deficiencies. With an aim to address the problems of micronutrient deficiencies, the Food Safety and Standards Authority of India has laid down standards for fortification of food items namely Rice, Wheat Flour, Maida, Milk, Salt and Oil. Salt fortified with Iodine, Iron fortified common salt, double fortified salt, fortified Atta, fortified maida and Natural Mineral Water fortified with CO₂ are on sale in the country. Standards for aforesaid fortified food items have been operationalized w.e.f. 17.11.2016.

7.12 NATIONAL ORGAN TRANSPLANT PROGRAMME (NOTP)

A very large number of persons suffer from end stage organ failure and, as compared to the requirement for organs, their availability is very meagre. Consequently, there is a huge gap between the demand for and availability of organs and also the threat of commercial dealing in organs. Transplantation of Human Organs Act, 1994 was, therefore, enacted to regulate removal, storage and transplantation of human organs for therapeutic purposes and for prevention of commercial dealings in human organs. The Act was further amended in 2011. The amended Act came into force on 10.1.2014. It includes many provisions to promote donation of organs from deceased persons. The Act, as amended, is currently, applicable only in 7 States namely, Goa, Himachal Pradesh, West Bengal, Rajasthan, Sikkim,

Manipur, Jharkhand and all Union Territories. Other States have been requested to adopt the amendment. In pursuance of the Act, the Transplantation of Human Organs and Tissues Rules were notified on 27th March, 2014.

The Act as amendments and Rules, provide for inclusion of Tissues in the Act along with Organs, expansion of the definition of 'Near relative' to include grandchildren, grandparents, provision of mandatory inquiry from attendants of potential donors admitted in ICU and informing them about the option to donate organs. These also have a provision for 'Transplant Coordinator' in all registered hospitals under the Act, provision of higher penalties for trading in organs, to protect vulnerable and poor, simplification of Brain Death Certification Committee, permission for enucleation of corneas by a trained technician, etc.

The Government of India has launched 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. Under the said programme, an apex level organization viz. **National Organ and Tissue Transplant Organization (NOTTO)** has been set-up at Safdarjung Hospital, New Delhi for national networking, national registry, and distribution of donated organs & tissues from deceased persons. In addition, a National Biomaterial Centre has also been established at NOTTO. Five regional level organizations called Regional Organ and Tissue Transplant Organization (ROTTO) are being set-up in the States of Tamil Nadu, Maharashtra, Assam, West Bengal and UT of Chandigarh. Further, State Level Organizations called State Organ and Tissue Transplant Organization (SOTTO) will also be set up in States.

A series of activities have been initiated under the aegis of NOTTO, which provides updated information to general public through its website and a 24x7 call centre with toll free helpline number (1800114770). Facilities for both Online and Offline pledging of organs have been operationalised. National Organ and Tissue Donation and Transplant Registry has been launched. Organization of programmes/awareness sessions on organ donation,

publicizing organ donation through print and electronic media, display of boards, etc are some other activities that are planned and executed for popularizing organ donation. An Inter-Ministerial Coordination Committee headed by Secretary, Ministry of Health and Family Welfare and comprising representatives of the concerned Ministries/Departments has also been set-up to coordinate various activities for promotion of organ donation: Hon'ble Prime Minister has also been highlighting the importance of organ donation through 'Mann Ki Baat' Programme from time to time.

7.12.1 Activities organised to promote Organ Donation:

To spread awareness about organ donation, Indian Organ Donation Day is observed annually in the last week of November since 2010. This year, the 7th Indian Organ Donation Day was celebrated on 30th November, 2016. As part of this celebration, a number of activities were undertaken in the month of October and November, 2016 at the National, Regional and State levels involving Governmental as well as Non Governmental Organizations to spread awareness about cadaver organ donation. The activities have been planned to disseminate messages that would help in prevention of the instances of organ failure, promote activities that help in strengthening organs and how the unfortunate event of death can be utilized to provide life to a large number of persons suffering from end stage organ failure. These activities included:

- (i) The Second Health Cup Cricket Tournament organized for organizations associated with organ donation activities on weekends between 24th September, 2016 to 2nd October, 2016, at Central Secretariat Sports Complex, Vinay Marg, New Delhi.
- (ii) Participation of 120 Persons alongwith Organ donation Banners, in 10K Challenge at the National Stadium organized by Athletic Federation of India on 6th November, 2016.
- (iii) Participation in the Airtel Delhi Half Marathon, with Banners, Balloons, T-shirts, Caps, Placards, Cutouts, etc. to spread the

message of organ donation on 20th November, 2016.



Participation in the Airtel Delhi Half Marathon

- (iv) Series of IEC activities including Panel discussions on DD, Rajya Sabha/Lok Sabha TV and AIR; Advertisements in leading National/regional dailies; Broadcast of audio spots on AIR/FM channels; Scroll of messages on five TV News channels; and Participation in IITF, 2016.
- (v) Walkathon from India Gate to Janpath with around 2000 participants on 27th November, 2016. Such outdoor events were also



Flagging off Walkathon from India Gate

organised in partnership with other organizations in other cities.

- (vi) Administering of pledge by the Minister for Health and Family Welfare at Nirman Bhawan, New Delhi on November 27, 2016,



Hon'ble Union Minister for Health & Family Welfare administering the pledge to participants

to around 10,000 persons linked to different areas of healthcare.

- (vii) Border Security Force and Central Reserve Police Force also celebrated Organ Donation Day on 13th August 2016.

The celebration culminated on 30th November, 2016 with the Felicitation Ceremony at the Constitution Club of India, New Delhi in the gracious presence of Shri J.P. Nadda, Hon'ble Union Minister of Health & Family Welfare.



Lighting of ceremonial lamp

Addressing the gathering on the occasion of the 7th Indian Organ Donation Day, the Minister of Health & Family Welfare appreciated the work done during

2016 by the officers/officials of the Ministry of Health and Family Welfare, Directorate General of Health Services, NOTTO, NGOs and other stake holders, for propagating the message of organ donation. It was highlighted that Organs are national resources and not even one should be wasted. Hon'ble Union Minister for Health & Family Welfare called upon all Indians to Pledge to Donate Organs and tissues after Death and save many precious lives. He requested to make organ donation a National Movement and show the world that even in death, we care for our fellow citizens and the humanity at large. The Minister also appreciated the key role played by Police authorities in quick transportation of retrieved organs.



Union Minister for Health & Family Welfare addressing the gathering

15 donor families, best performing State, best performing Hospital and best transplant coordinator from all over India, were felicitated during the ceremony. The award for best performing State went to Tamil Nadu, the award for best performing Hospital went to Ruby Hall Clinic, Pune, and the award for best Transplant Coordinator went to Mr. S. Senthil Kumar from Government Stanley Hospital, Tamil Nadu.

A panel discussion on religious issues related to organ donation was also organized. The Religious Gurus from different religions, who were part of the panel discussion, were of the unanimous opinion that no religion is against the pious act of Organ Donation.