11 Chapter

OTHER NATIONAL HEALTH PROGRAMMES

11.1 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, CARDIO VASCULAR DISEASES AND STROKE (NPCDCS)

Non-Communicable Diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. NCDs are rapidly increasing globally and have reached epidemic proportions in many countries, largely due to industrialization, socio-economic development, rapid urbanization, demographic and lifestyle changes. These diseases are posing a major public health challenge that undermines socioeconomic development and place a tremendous demand on health systems and social welfare throughout the world especially in low/and middle/income countries. NCDs are surpassing communicable diseases as the most common causes of morbidity and premature mortality worldwide.

Disease Burden

As per the NCD country profile 2014 published by World Health Organization, overall mortality due to NCDs was 60%. The disease specific share was as follows: Cardiovascular Diseases-26%, Cancers-7%, Diabetes-2%, COPD-13%, Other NCDs-12%. Based on National Cancer Registry Programme (NCRP) of Indian Council of Medical Research (ICMR), it is estimated that there are about 28 lakh cases of different type of Cancer in the country with new occurrence of about 11 lakh cases and about 5 lakh deaths annually. The common cancers are breast, cervical and oral cancer.

Urgent action is required at the global, regional and national level to address the increasing challenge and to prevent increasing inequalities between countries and in populations. Keeping in view, that there are common preventable risk factors for Cancer, Diabetes, CVD & Stroke, Government of India initiated a National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke during 2010-11 after integrating the National Cancer Control Programme (NCCP) with National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke. The focus of NPCDCS is on promotion of healthy life styles, early diagnosis and management of diabetes, hypertension, cardiovascular diseases & common cancers e.g. cervix cancer, breast cancer & oral cancer.

Objectives of the NPCDCS programme are:

- Health promotion through behaviour change with involvement of community, civil society, community based organizations, media etc.;
- Opportunistic screening at all levels in the healthcare delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers. Outreach camps are also envisaged;
- To prevent and control chronic Non-Communicable diseases, especially Cancer, Diabetes, CVDs and Stroke;
- To build capacity at various levels of healthcare for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation;

- To support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of healthcare and
- To support for development of database of NCDs through Surveillance System and to monitor NCD morbidity and mortality and risk factors.

Package of services at various levels of health systems

Health Facility	Package of services
Sub centre	• Health promotion for behaviour change and counselling • 'Opportunistic' Screening using B.P. measurement and blood glucose by glucostrip method • Identification of early warning signals of common cancer and referral • Referral of suspected cases to CHC/nearby health facility
PHC	• Health promotion for behaviour change and counselling • 'Opportunistic' Screening using B.P. measurement and blood glucose by glucostrip method • Clinical diagnosis and treatment of simple cases of Hypertension and Diabetes • Identification of early warning signals of common cancer and referral • Referral of suspected cases to CHC
CHC/FRU	• Prevention and health promotion including counselling • Early diagnosis through clinical and laboratory investigations • (Common lab investigations: Blood Sugar, lipid profile, ECG, ultrasound, X-ray etc., if not available, may be outsourced) • Management of common CVD, Diabetes and Stroke cases • 'Opportunistic' Screening of common cancers (Oral, Breast, Cervix and prostate) • Referral of difficult cases to District Hospital/higher healthcare facility
District Hospital	• Early diagnosis of diabetes, CVDs and Cancer • Investigations: Blood Sugar, lipid profile, Kidney Function Tests • (KFT), Liver Function Tests (LFT), ECG, Ultrasound, X ray, Mammography etc., if not available, will be outsourced. • Medical management of cases (outpatient, inpatient and Intensive Care) • 'Opportunistic' Screening of common cancers (Oral, Breast, Cervix and prostate) • Referral of difficult cases to higher health care facility • Health promotion for behaviour change and counselling • Follow up chemotherapy in cancer cases • Rehabilitation and physiotherapy services
Medical College	• Mentoring of District Hospital • Early diagnosis and management of Diabetes, CVDs and other associated illnesses • Training of health personnel • Operational Research
Tertiary Cancer Centre	• Mentoring of District Hospital and outreach activities • Comprehensive cancer care including prevention, early detection, diagnosis, treatment, minimal access surgery, after care, palliative care and rehabilitation • Training of health personnel • Operational Research

Implementation Status

NPCDCS was initiated in 2010 and is being implemented in 36 States/UTs. A total of 364 districts have been taken up for implementation since beginning. During the 12th Plan the components of NPCDCS till the district level and below have been brought under the umbrella of NHM. It is proposed to take up all the 650 districts by the end of 12th Five Year Plan.

- Functional Status of NCD Cells/Clinics
  - State NCD Cell established in 28States;
  - District NCD Cell established in 147 districts;
  - District NCD Clinic established in 152 districts;
  - Cardiac care units established in 65 districts;
  - Chemotherapy services started in 43 districts;
  - 1260 CHC Clinics established;
  - A total of 5.95 crore persons have been screened for Diabetes & Hypertension;
  - 95 trainers have been trained under Training of Trainer's programme and
  - 717 Medical Officers have been trained by states in 36 training sessions.
- **Funds Released:** Funds released under NCD Flexi-pool during the financial year 2014-15:
  - Allocation of funds made by NHM- Rs. 283.95 crores;
  - 75% of Allocation-Rs. 212.96 crores;
  - Unspent Balance available with States- Rs. 64.89 crores and
  - Release to States- Rs. 184.66 crores.

Programme division at Govt. of India is responsible to monitor the release of funds to States under various components of the programme. Similarly, State is responsible for release of funds to the districts and expenditure incurred in the District/State. State NCD cell has to submit statement of expenditure to the National NCD Cell at Centre.

Tertiary Care Cancer Centres (TCCC) scheme under NPCDCS

Under the scheme, it is envisaged to support the establishment of 20 State Cancer Institutes (SCI) in 20 States and 50 Tertiary Care Cancer Centers (TCCC) in different parts of the country. The broad objective is to develop capacity for tertiary cancer care in all states so as to provide universal access for comprehensive care for cancer.

- SCI will be the apex institution in the State for cancer related activities;
- It is expected to mentor and coordinate the activities of other Institutes in the State dealing with the tertiary care of cancer;
- SCI will emerge as the main repository of knowledge, expertise and capacity vis-à-vis cancer within the State;
- TCCC will undertake similar activities though at a lower scale;
- Proposal up-to 120 crore for SCI & 45 crore for TCCC can be approved and
- State govt. has to contribute 25% of sanctioned cost.

New developments for prevention and control of major NCDs:

- Adopted National monitoring framework for NCDs;
- Long term targets set for 2020 & 2025 to reduce risk of lifestyle diseases through multi-sectorial approach;

- A Consultation meeting, in collaboration with WHO for Development of National Multi-sectoral Action Plan for prevention and control of Non-Communicable Diseases held, UNIATF visited India for development of National Multi-sectoral action plan;
- A Steering Committee chaired by Secretary (HFW) has been constituted to look in to the health aspect of Air Pollution. Two Expert Groups have been formed to look in to the Ambient and Household Air Pollution and it's Health Effects;
- A draft guideline is under preparation for utilisation of AYUSH practioners for promotion of behaviour and lifestyle changes in relation to NCDs and

State wise breakup of Infrastructure under NPCDCS

As on January, 2015

Infrastructure Details

S. No.	State	State NCD Cell	District NCD Cell	CCU	District NCD Clinic	CHC NCD Clinic	Day Care Centre
1	Andhra Pradesh	1	8	4	8	55	0
2	Arunachal Pradesh	1	9	0	9	18	0
3	Assam	1	5	3	5	22	3
4	Bihar	1	6	2	6	0	0
5	Chhattisgarh	1	3	2	6	38	3
6	Goa	1	2	2	2	4	0
7	Gujarat	1	7	4	6	68	1
8	Haryana	1	5	4	5	2	4
9	Himachal Pradesh	1	3	2	3	5	0
10	Jammu	1	2	0	2	4	0
	Kashmir		3	3	3	2	3
11	Jharkhand	1	3	0	3	30	0
12	Karnataka	1	5	5	5	17	5
13	Kerala	1	5	4	5	85	4
14	Madhya Pradesh	1	5	5	5	46	5
15	Maharashtra	1	11	6	11	121	5
16	Manipur	0	0	0	0	0	0
17	Meghalaya	1	2	0	2	0	0
18	Mizoram	1	4	1	4	0	0
19	Nagaland	1	0	0	3	0	0
20	Odisha	1	5	5	5	4	2
21	Punjab	1	3	2	3	33	0
22	Rajasthan	1	7	6	7	25	6
23	Sikkim	1	2	2	2	0	1

S. No.	State	State NCD Cell	District NCD Cell	CCU	District NCD Clinic	CHC NCD Clinic	Day Care Centre
24	Tamilnadu	1	32	0	32	621	0
25	Telangana	0	0	0	0	0	0
26	Tripura	0	0	0	0	0	0
27	Uttar Pradesh	1	5	0	5	18	0
28	Uttarakhand	1	1	0	1	4	0
29	West Bengal	1	3	3	3	38	1
30	Andaman & Nicobar	0	0	0	0	0	0
31	Chandigarh	1	0	0	0	0	0
32	Dadar & Nagar Haveli	0	0	0	0	0	0
33	Daman & Diu	0	0	0	0	0	0
34	Lakshadweep	0	0	0	0	0	0
35	Delhi	0	0	0	0	0	0
36	Puducherry	1	1	0	1	0	0
	Grand Total	**28**	**147**	**65**	**152**	**1260**	**43**

Note: The details have been provided by the respective states.

11.2 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

India is the second largest consumer of tobacco in the world. The tobacco epidemic in India is notable for the variety of smoked and smokeless tobacco products that are used and for their production by entities ranging from the loosely organized manufacture of *Bidi* and smokeless products to multinational corporations. An estimated one million Indians die annually from tobacco-related diseases. Globally, tobacco consumption kills nearly 6 million people in a year.

The Global Adult Tobacco Survey India- GATS 2010 - found that 35% of Indian adults in the age group, 15 years and above use tobacco in one form or the other. The extent of use of Smokeless Tobacco Products (SLT) is particularly alarming- about 33% adult males and 18% adult females in the country consume SLT. The mean age at initiation of daily tobacco use in India for those aged 20–34 years is as low as 17.8 years. According to the Global Youth Tobacco Survey - GYTS 2006, 14.6% of students aged 13-15 years in India use some form of tobacco - 4.4% smoke cigarettes and 12.5% use other forms of tobacco.

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)". The specific provisions of the Act include Prohibition of smoking in a public place (section 4); Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarette and other tobacco products (section 5); Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years [section 6(a)]; Prohibition of sale of tobacco products near educational institutions [Section 6(b)]; and Mandatory depiction of statutory warnings (including pictorial warnings) on tobacco packs (section 7). India was a forerunner

in the negotiations leading to the WHO Framework Convention on Tobacco Control (FCTC), which was ratified by in February 2004. India is committed towards the goals and provisions of the WHO FCTC and is endeavouring to realize the objectives of the treaty by actively engaging all relevant stakeholders and addressing the tobacco control issue holistically. Further, India is one of the first few countries to have a dedicated National Tobacco Control Programme (NTCP). The NTCP strives 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. Other thrust areas for the NTCP during the 12th FY plan period are training of health and social workers, NGOs, school teachers, enforcement officers etc.; School Health Programmes; co-ordination with Panchayati Raj Institutions for village level tobacco control activities; and setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level. The NTCP remains committed to increase the scope as well as the quality of the tobacco cessation services at all levels of the healthcare delivery system across the country.

11.2.1 Major Achievements during 2014-15

At present, State Tobacco Control Cells are supported in 31 States across India. District Tobacco Control Cells are supported in 53 districts across 29 States, subsumed under the National Health Mission (NHM) Flexi-pool for Non-Communicable Disease (NCDs). It is proposed to further upscale the NTCP in the 12th Five Year Plan, in synergy with the 'National Health Mission' and the 'National Programme for the Non-communicable Diseases'.

The Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011 dated 1st August 2011, issued under the Food Safety and Standards Act, 2006 lays down that tobacco and nicotine shall not be used as ingredients in any food products. On account of sustained efforts on part of the Ministry of Health & Family Welfare (MoHFW), 33 States/ UTs issued orders for implementation of the Food Safety Regulations banning manufacture, sale and storage of Gutka and Pan Masala containing tobacco or nicotine last year. These 33 States/UTs extended the ban on Gutka and Pan Masala containing tobacco or nicotine for the year 2014-15. Besides, Meghalaya banned these tobacco products for the first time in 2014-15. Notably, MoHFW has written to all the States to consider issuing necessary notification under the Food Safety & Standards Act 2006 to implement the ban on 'all forms' of processed/flavoured/scented chewing tobacco.

MoHFW in collaboration with World Health Organization commissioned a study titled "Economic Burden of Tobacco Related Diseases in India (2014)". The study mapped the estimated direct and indirect costs of four tobacco-use attributable diseases namely, Cardio-Vascular Diseases, Cancer, Tuberculosis and Respiratory Diseases. It found that the total economic costs attributable to tobacco use in respect of these four diseases in India in the year 2011 for persons aged 35-69 amounted to Rs. 104,500 crores. This estimated cost is 1.16 percent (%) of the GDP and is 12 percent (%) more than the combined State and Central government expenditures on health in 2011-12.

As a result of sustained efforts on part of the MoHFW, the Finance Ministry, in the Budget-2014, has increased the Excise duty by 72% for cigarettes of length not exceeding 65 mm, and by 11% to 21% for cigarettes of other lengths. Similar tax increase has been levied on cigars, cheroots and cigarillos. Basic excise duty has been increased from 12% to 16% on pan masala, from 50% to 55% on unmanufactured tobacco and from 60% to 70% on jarda scented tobacco, gutkha and chewing tobacco. Further, the baggage Rules have been amended-the duty-free allowance of cigarettes has been reduced

from 200 to 100, of cigars from 50 to 25 and of tobacco from 250 gms to 125 gms.

A committee was constituted to review and suggest amendments to the Tobacco Control Laws-COTPA 2003. The Committee has made a number of recommendations with regard to, inter alia, prohibition of smoking in a public place, advertisements at point of sale, minimum legal age for sale of tobacco products, loose sale of tobacco products, depiction of tar and nicotine contents and the penal provisions etc. A draft Note for the Cabinet has been prepared and circulated for pre-legislative consultations.

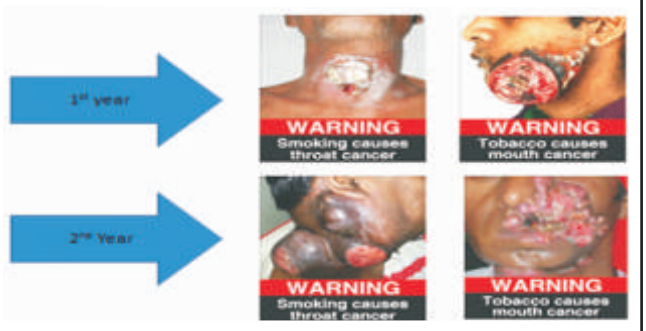
Extensive awareness campaigns on the harmful effects of tobacco products have been undertaken by the MoHFW. A new campaign titled 'SUNITA' was launched to create awareness about the harmful effects of smokeless tobacco use, particularly among women. The campaign is a personal testimonial of SLT consumption-related cancer survivor. The spot has been dubbed in 17 Indian languages for pan India outreach.

The MoHFW organized a round table in July, 2014 to discuss the current evidence on the existing and potential impact of Electronic Nicotine Delivery Systems (ENDS) on public health, to explore various global efforts being undertaken to combat these products and to decide measures as appropriate for India.

A two-day regional workshop to review the implementation of the NTCP in the Eastern States of India (including the North-East States) was held in Imphal, Manipur on 19th and 20th August 2014. Apart from appraising the implementation of the NTCP in these States and sharing the best practices in the realm of tobacco control, a rally of school students campaigning for tobacco-free North-East was organized. A pledge-taking ceremony was also held during the event.

On 15th October 2014, MoHFW notified the new Rules on pictorial health warnings. The new Rules, which would come into effect from 1st April 2015, mandate display of pictorial health warnings on 85% of principal display area of tobacco packs on both sides (front and back). With this initiative, India has become a global leader with the largest health warnings.

Pictorial health warnings on tobacco products packs – notified on 15th October, 2014, to come into effect from 1st April, 2015



An Inter-ministerial Committee of Secretaries has been constituted at the national level under the chairpersonship of the Cabinet Secretary, with representation from 12 key stakeholder Ministries, to review and develop a comprehensive policy on tobacco and tobacco-related issues. The 1st meeting of the said Committee was held on 10th December, 2014.

The MoHFW in partnership with Salaam Bombay Foundation, Tata Memorial Hospital, Healis Sekhsaria Institute of Public Health, Mumbai and Action Council against Tobacco– India (ACT–INDIA) organized the 3rd National Conference on Tobacco or Health (NCTOH) in Mumbai from 15-16 December 2014. The theme of the conference was "Engage, Empower, Eradicate". The NCTOH sessions covered various important aspects of tobacco control in India including packaging and labelling of tobacco products, tobacco advertising, promotion and sponsorship, tobacco-use prevalence in youth,

demand reduction measures concerning tobacco dependence and cessation, policy and legal interventions to be prioritized, population-based surveys to be undertaken, current gaps in India's implementation of the WHO FCTC and future resource allocation for tobacco control in Indian perspective.

11.2.2 Best Practices by States

During the Lok Sabha General Elections-2014, various State Governments- Bihar, Jharkhand, Rajasthan, Uttar Pradesh, Karnataka etc.-declared polling stations in their respective jurisdictions as smoke-free public places. At the field-level, the same was monitored by the local election officers in collaboration with the district NTCP nodal officers.

Based on an advisory issued by the Government of West Bengal, the State Sports Department issued a notification declaring the Department and all its subordinate offices; and all sports-related institutes and venues across the State as Tobacco Free Zones.

Based on the advisory of the State Tobacco Control Cell West Bengal, the West Bengal Government issued a notification on tobacco control directing the competent authorities to identify state, district & municipal level tobacco control nodal officers; to put in place mechanisms to ensure mandatory COTPA compliance before giving approvals for holding public events; and to identify officers to take action against violations of smokefree rules in various government offices.

Based on the advisory of the State Tobacco Control Cell Uttar Pradesh, the General Manager of the Uttar Pradesh State Road Transport Corporation ordered all the Regional Managers across the State to place tobacco control signages in all buses and to strictly implement the various provisions of COTPA-2003 in their respective jurisdictions.

An awareness message on 'prohibition of smoking in public places' was included along with other messages by the State Police Department of Uttar Pradesh in wall paintings displayed in various districts of the State. The same was done following an advisory from the State Tobacco Control Cell, Uttar Pradesh and demonstrates an emerging partnership between the departments of Police and Health in the State towards a tobacco-free society.

In order to improve the implementation of provisions of COTPA-2003 at the grass-root levels in the state and as per the operational guidelines of the NTCP, the State Tobacco Control Cell Maharashtra collaborated with the Department of Panchayati Raj and Rural Development in the state to set up block and village level coordination committees in the State.

State Tobacco Control Cell Rajasthan appraised 'PAHAL'- the tobacco helpline initiated by the State Government for providing tobacco cessation support services across the State through a toll-free call centre. The initial assessment showed a quit rate of around 18% among the tobacco users who utilized these services.

Under the guidance of the State Tobacco Control Cell Sikkim, a team comprising of the State Nodal officer (NTCP) and members from departments of Sanitation, Drug, IEC and FSSAI monitored the compliance with various provisions of COTPA-2003 in the capital city of Gangtok. This exercise was undertaken over a period of one week and a large number of violators were challenged by the raiding squad.

The State Tobacco Control cell Jharkhand sent an advisory to the State Government to notify additional officers under COTPA-2003 in the State to improve the quality of enforcement of tobacco control laws in the State.

Health Commissioner-cum-Secretary to the Government of Odisha issued instructions to Collectors-cum-District Magistrates and Chief District Medical Officers of all districts across the State to declare all Government Health Institutions

under their jurisdiction as Tobacco Free. As a result, no sale of any tobacco products would be allowed within the hospital campus and use of any tobacco products within the hospital premises by patients, staffs or visitors would be completely prohibited. This holds importance in the background of extremely high consumption of smokeless tobacco products in the State of Odisha.

The State Tobacco Control Cell Mizoram initiated the process of developing indicators and measurement tools for monitoring and evaluation of various tobacco control variables across the State. The same is being planned in order to evaluate the programme scientifically and to chalk out the best way forward.

In order to inculcate the concept of tobacco control at the grassroots, the State Tobacco Control Cell, Madhya Pradesh shared an advisory with the CMHOs of all districts on painting anti-tobacco slogans on the walls of Panchayat Buildings/ Primary Schools/Village Health Centres in all 55,000 villages across the State.

The State Tobacco Control Cell Assam collaborated with the Department of Education, Govt. of Assam and organized a huge anti–tobacco 'SIGNATURE CAMPAIGN' involving more than 10,000 school students from across the State on 14th November 2014 on the occasion of Children's Day Event at the National Games Sarusajai Stadium in Guwahati.

As per a notification dated 29th November 2014 issued by the Government of Uttarakhand, sale of loose cigarettes in the State has been banned under provisions of Section-7 of COTPA-2003. In a similar move, the Government of Punjab has banned the sale of loose cigarettes and loose tobacco-vide a notification dated 6th January 2015.

In a function on 3rd December 2014 presided over by the honourable Health Minister of the State of Karnataka, the district of Bengaluru Rural was declared smoke-free.

11.3 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

11.3.1 Burden of Mental Health disorders

Mental illnesses are emerging as a major cause of morbidity in the country. These illnesses include depression, bipolar mood disorders, anxiety disorders, personality disorders, delusional disorders, substance use disorders, psychosexual disorders and sleep disorders among others. It is estimated that at any point of time, 6% to7% population in India suffers from some form of mental illness. WHO estimates that one in four persons will be affected by a mental illness at least once in their lifetime. Addressing mental illnesses by way of prevention, treatment and rehabilitation is necessary for achieving our health objectives. This will simultaneously have a salutary impact on increasing productivity resulting in higher income levels for the economy. Sound mental health will also improve the quality of life. There is a close nexus between poverty and mental illnesses. Hence addressing mental illnesses will also address poverty and deprivation.

National Mental Health Programme (NMHP) was started in 1982 with the objectives 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 healthcare services has shifted from hospital based care (institutional) to community based mental healthcare, as majority of mental disorders do not require hospitalization and can be managed at community level.

11.3.2 Mental Health Policy (MHP)

A group of experts was constituted for the specific task of formulating a Mental Health Policy for the

country in specific context of mental illness in India and Internationally accepted guidelines. On 10th October, 2014, this Ministry had launched for the first time the National Mental Health Policy with the vision of promoting mental health, preventing mental illnesses, enabling recovery and socio-economic inclusion of persons affected by mental illness by providing accessible, affordable and quality health and social care to all persons through their life-span. The goal is to reduce stress, disability, exclusion, morbidity and premature mortality associated with mental health problems.

11.3.3 District Mental Health Programme (DMHP)

District Mental Health Programme was initiated (1996) based on Bellary Model developed by NIMHANS, Bengaluru. In addition to early identification and treatment of mentally ill, District Mental Health Programme has now incorporated promotive and preventive activities for positive mental health which includes:

- *School Mental Health Services:* Life skills education in schools, counselling services;
- *College Counselling Trained Services:* Through teachers/councillors;
- *Work Place Stress Management:* Formal & Informal sectors, including farmers, women etc.
- *Suicide Prevention Services:* Counselling Centre at District level, Sensitization Workshops, IEC, Helplines etc.

At present DMHP has been extended to 241 districts in the country.

11.3.4 Manpower Development Schemes

There has been an acute shortage of qualified professionals in the field of mental health in the country. In order to address the issue of requirement of manpower, the Government has initiated various schemes.

A) **Establishment of Centre of Excellence in Mental Health:-** Centre of Excellence in the field of mental health are being established by upgrading and strengthening identified existing mental health hospitals/institutes for addressing acute manpower gap and provision of state of the art mental healthcare facilities in the long run. Total budgetary support of up to Rs. 338 crore (up to Rs. 30 crore per centre) to be provided for undertaking capital work, equipment, library, faculty induction and retention for the plan period. As of now 11 Mental Health Institutes have been funded for developing as Centres of Excellence in Mental Health. It has been envisaged to establish 10 more Centres of Excellence in Mental Health during the 12th Five Year Plan Period with a total budgetary support of Rs. 360 crores (up to Rs. 36 crores per centre).

B) **Establishment/up-gradation of Post Graduate Training Departments:-** To provide an impetus to development of Manpower in Mental Health, other training centres (Government Medical Colleges/ Government General Hospitals/State run Mental Health Institutes) were also to be supported for starting Post Graduate (PG) courses or increasing the intake capacity for PG training in Mental Health. Till date 27 PG Departments in mental health specialties viz. Psychiatry, Clinical Psychology, Psychiatric Nursing and Psychiatric Social Work have been provided support for their establishment/ strengthening. During the 12th Five Year Plan Period, it has been envisaged to provide support for establishment/strengthening of 93 additional PG Departments in mental health specialties with a limit of Rs. 1.07 crore to Rs. 1.25 crore per PG Department.

11.3.5 Research and Training

There is a gap in research in the field of mental health in the country. Funds will be provided to institutes and organizations for carrying basic, applied and operational research in mental health field. In order to address shortage of skilled mental health manpower, a short term skill based training will be provided to the DMHP teams at identified institutes. Standard Treatment Guidelines, Training Modules, CME, Distance Learning courses in Mental Health, Surveys etc will also be supported.

11.3.6 Information, Education & Communication (IEC)

It has been observed that there is low awareness regarding mental illness and availability of treatment. There is also lot of stigma attached to mental illness leading to poor utilization of available Mental Health resources in the country. The awareness of Mental Health under provisions of Mental Health Act, 1987 is also very low among the public and implementing authorities. These issues are addressed through IEC activities at the District level by the District Mental Health Programme. In addition to the district level activities, National Mental Health Programme Division conducts nationwide mass media campaign through audio-video and print media. An intensive national level mass media campaign on awareness generation regarding mental health problems and reduction of stigma attached to mental disorders was undertaken under NMHP.

11.3.7 Support for Central and State Mental Health Authorities

As per Mental Health Act, 1987, there is provision for constitution of Central Mental Health Authority (CMHA) at Central level and State Mental Health Authority (SMHA) at State level. These statutory bodies are entrusted with the task of development, regulation and coordination of mental health services in a State/UT and are also responsible for the implementation of Mental Health Act, 1987 in their respective States and Union Territories. States are required to have functional SMHAs to operationalize the mental health programme activities. Till date, funds have been provided to 32 State Mental Health Authorities in 32 States/UTs.

11.3.8 Monitoring & Evaluation

In order to strengthen the monitoring and improve implementation of existing NMHP schemes in States, support has been approved under the programme during 12th Plan period. A survey to ascertain the number of mentally ill patients and availability of mental health resources in the country has been commissioned through NIMHANS, Bengaluru.

11.4 NUTRITION

The Nutrition Cell in the Directorate General of Health Services provides technical advice in all matters related to policy making, programme implementation, monitoring & evaluation, training content for different levels of medical and para medical workers. Besides, it is involved in providing technical inputs for issues such as, fortification of foods, nutrition related proposals, project evaluation etc.

The Nutrition Cell coordinates, monitors all administrative and technical matters in the implementation of new health initiative "National Programme for Prevention & Control of Fluorosis (NPPCF)" which was launched in the year 2008-09 in order to address fluoride related health problems. The programme is being implemented in 111 districts of 18 States of the country. During the 12th Five Year Plan, it will be extended to another 84 districts.

The cell has been making efforts in creating awareness regarding nutrition and prevention of diet related chronic non-communicable disorders. Posters, pamphlets, video spots, films on National

Iodine Deficiency Disorders Control Programme, Diet related Chronic Non-Communicable Diseases and Promotion of Healthy Life Styles were developed. A publication entitled "Current Nutritional Therapy Guidelines in Clinical Practices - A hand book for Physicians, Dieticians and Nurses" has been published and circulated to Institutions/Hospitals, doctors/Health professionals concerned.

11.5 CAPACITY BUILDING FOR DEVELOPING TRAUMA CARE FACILITIES IN GOVT. HOSPITALS ON NATIONAL HIGHWAYS

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. As far as India is concerned, death and disabilities due to accidents are gradually rising. During the year 2011, there were around 4.98 lakhs road accidents which killed 1.42 lakh people and more than 5 lakh were injured.

11th Five-Year Plan (FYP)

During 11th FYPlan 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 FYP:

- Out of the identified 140 hospitals, the trauma centres in 118 hospitals were funded 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. MoRTH has supplied these ambulances on NHs.
- An amount of Rs. 352.69 crore was released during the 11th plan.

12th Five Year Plan (FYP)

The scheme has been extended to the 12th plan period and has already been approved by CCEA with total budget outlay of Rs. 899.29 crore. The proposal 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 and
- 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 are not covered during 11th plan and Hilly and North Eastern States.

b) Unlike the 11th plan the scheme is not 100% centrally sponsored. Now 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 this ratio will be 90:10.

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 Centre 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) National conferences will be conducted during the 12th FYP under the programme.

g) Training will be provided to the Doctors and Nurses working in trauma care canters and to the para-medics to be posted in the Ambulances.

Achievements during 12th Five Year Plan (FYP)

- Fund released:

  2012-13 : Rs. 23.896 crores

  2013-14 : Rs. 23.671 crores

  2014-15 : Rs. 0.61 crores
- Core committee between Ministry of Health & Family Welfare and Ministry of Road Transport and Highways has been formed for better coordination and implementation of Trauma scheme;
- MoU for implementation of the programme to be signed with State Govt. has been approved and concurred by IFD. The MOU has been circulated to States and UTs;
- Operational Guidelines for the programme has been finalized. Operational Guidelines for

Trauma Scheme have been circulated to States and UTs;

- 29 Hospitals/Medical colleges have been inspected so far to assess the feasibility of establishing trauma care facilities;
- A Screening Committee for Trauma & Burn Schemes has been formed. The terms of reference of the Committee as to screen proposals of the scheme, prioritize the sites across States/UTs and monitor the physical and financial progress made in the development of Trauma Care Facilities and Burn Units;
- List of manpower and equipment to be recommended for Trauma care facilities to be established in States has been revised by the Technical Resource Group (TRG);
- The schematic design diagram of trauma care facility has been designed for L-III,II, and L-I in collaboration with Central Design Bureau;

- CHEB has prepared IEC action plan for the IEC activities to be carried out under the programme;
- National Injury Surveillance, Capacity building and Trauma Registry Centre has been established at Dr. RML Hospital on the 4th and 6th floor of Emergency block. NIC has developed software for the Injury Surveillance;
- Contractual manpower required for NISC and Trauma Registry at Dr. RML Hospital has been advertised by Dr. RML Hospital;
- Advance Trauma Life Support & Basic Life Support training of Doctors and Nurses posted in trauma care facilities established during 11th five-year plan is being organized by Dr. RML Hospital;
- The Pre-hospital trauma technician course initiated during 2007 has been revised by an Expert Group through an Agreement for performance (APW) with WHO and
- Guidelines to establish Rehabilitation unit in L-II trauma care facilities are being finalized.

11.6 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. At present the Programme is being implemented in 281 districts of 27 States and 6 Union Territories.

The Programme has been launched with the following objectives:

- To prevent the avoidable hearing loss on account of disease or injury;
- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness;
- To medically rehabilitate persons of all age groups, suffering with deafness;
- To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness and
- 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 and
- 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:-

A) **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.

B) **Capacity building**- For the district hospital, community health centers and primary health

center in respect of ENT/Audiology infrastructure.

C) **Service provision**– Early detection and management of hearing and speech impaired cases and rehabilitation at different levels of health care delivery system.

D) **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 for 12th Five Year Plan for the Programme for its expansion to 200 more districts in addition to the existing districts. Till 2013-14 the funds were released to the State Health Societies, from 2014-15 the release of funds is through the treasury route. BE of the Programme for the year 2014-15 is Rs.17.36 crore so far Rs. 980.45 lakh has been released to 53 new districts & 111 existing districts of 16 States & 4 UTs during 2014-15.

11.7 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUROSIS (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. These harmful effects being permanent and irreversible in nature are detrimental to the health of an individual and the community which in turn has an impact on growth development & economy of the country.

The Government of India started the National Programme for Prevention and Control of Fluorosis as a new health initiative in the 11th Five Year Plan (2008-09) with the aim to prevent and control fluorosis in the country. 100 districts of 17 States have been covered under the programme in a phased manner during the 11th Plan with additional 11 districts during 2013-15. The objectives of the programme are (i) Assess and use the baseline survey data of fluorosis of Ministry of Drinking Water & Sanitation; (ii) Comprehensive management of fluorosis in the selected areas; (iii) 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 medical hospitals; management of fluorosis cases including treatment surgery, rehabilitation and health education for prevention and control of fluorosis cases.

A Review meeting with the State Nodal officers and the District Consultants as well as the Meeting of Technical Advisory Committee to review the existing policy in combating fluorosis was held on 21st March 2014 along with State's representatives and Experts respectively. Following the 2nd Meeting of the TAC, guidelines of NPPCF are in the process of modification.

The Budget Allocation for the 12th Five Year Plan is Rs. 135.00 crores and for the year 2014-15 is Rs. 2.68 crores.

11.8 NATIONAL PROGRAMME FOR HEALTH CARE 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 healthcare to the senior citizens at various level of state healthcare 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 225 more districts during the 12th Five Year Plan in a phased manner. 12 more Regional Geriatric Centres in selected Medical Colleges of the country are also expected to be developed under the programme. In addition, two National Centre for 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:

- **Department of Geriatric at 8 Super Specialized Institutions:** Geriatric Department are being developed at 8 identified medical institution 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.
- **Geriatric unit at 104 District Hospitals:** The programme is being implemented in 104 districts, covering 24 States. 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. During the year 2014-15, the programme has been implemented in 04 more districts in addition to existing 100 districts, and the process on to cover more districts within this year.
- **Rehabilitation units at CHCs falling under 104 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, training. The Rehabilitation worker is supposed to provide physiotherapy to the needy elderly persons.
- **Activity at PHCs under 104 identified districts:** Weekly geriatric clinics are arranged at the identified PHCs by a trained Medical Officer. For diseases needing further investigation and treatment, persons will be 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 104 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.

The programme was approved with an outlay or 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 during the year 2012-13 and Rs. 115.91 lakhs during the year 2013-14 have been released to States under NPHCE. In 12th Five Year Plan, a total amount of Rs. 1710.13 crore has been approved. Out of this, an amount of Rs. 1147.56 crore is earmarked for activities proposed to be undertaken up to district level. The fund sharing ratio between the Centre and the State is 75:25 during the 12thFive Year Plan. An amount of Rs. 562.57 crore has been earmarked for tertiary level activities. The funds earmarked for the year 2014-15 is Rs. 50.83 crore and till now amount to tune of Rs. 20.90 crore have been released to states during this financial year for implementation and continuation of National Programme for Health Care of the Elderly (NPHCE).

The following are the achievements made so far under the programme

Geriatric OPDs have been opened in all 8 Regional Geriatric Centresviz**:** (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), Jammu & Kashmir; (5) Govt. Medical College, Thiruvananthapuram; (6) Guwahati Medical College, Assam; (7) Dr. S.N. Medical College, Jodhpur, Rajasthan and (8) Banaras Hindu University, U.P.

Indoor 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 & J. J. Hospital, Mumbai; Sher-I-Kashmir Institute of Medical Sciences (SKIMS), Jammu & Kashmir; Govt. Medical College, Thiruvananthapuram; Dr. S. N. Medical College, Jodhpur, Rajasthan.

Among the States, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhan, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Sikkim, Uttar Pradesh, Uttarakhand and West Bengal have reported opening of 65 Geriatric OPD/Ward ant various district Hospitals. Physiotherapy daily geriatric clinics have also been started at 28 District Hospital in 10 States.

Bi-weekly Geriatric Clinic started at CHCs of 29 Districts viz. Dibrugarh, Jorhat, Kamrup, Lakhimpur, Sivasagar (Assam); Bilaspur, Jashpur Nagar, Raipur (Chaatishagrh); Gandhi Nagar, Surendranagar, Rajkot, Jam Nagar, Porbandar, Junagarh (Gujarat); Mewat, Yamuna Nagar (Haryana); Leh, Kupwara, Kargil, Doda, Udhampur (J&K); Bokaro, Dhanbad, Ranchi (Jharkanand); Shimoga, Kola (Karnataka); East Sikkim, South Sikkim (Sikkim); and Batinda (Punjab).

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 (Jharkahand); Shimoga & Kolar (Karnataka); and East Sikkim, South Sikkim (Sikkim).

11.9 UP-GRADATION OF FACILITIES IN THE DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION AT MEDICAL COLLEGES

During the Xth Five Year Plan period, the scheme "Up-gradation of facilities in the Department of PMR in State Government Medical Colleges" amounting to Rs. 5.2 crores was approved in 2004 by the SFC with the aim of creating an independent Department of PMR within the six existing Medical College set-up and augmenting/ strengthening the

Department through acquisition of essential equipment and manpower for comprehensive rehabilitative services.

The scheme was extended in 11th Plan with the target of setting an independent PMR Department in total 30 State Govt. Medical Colleges with the following objectives-

- Set-up an independent PMR Department in identified Medical Colleges.
- Develop Medical rehabilitation services in one district, CHC & PHC under each PMR Department.
- Training of Medical and Paramedical Staff for providing secondary & tertiary rehabilitation services.
- Developing 2 apex PMR Departments in the country as model training centers with comprehensive service delivery system.

29 Medical Colleges were inspected and the scheme was proposed to be implemented in 28 Medical Colleges. However, financial support for establishing PMR Department was provided to 21 Medical Colleges only (6 medical colleges in the 10th plan and additional 15 in the 11th Plan). Since MoU was not received from remaining 7 Medical Colleges, funds could not be released to them. The scheme was withdrawn from GTB Hospital, New Delhi in 2011 due to non-performance. Hence, currently the scheme is being implemented in 20 government medical colleges of the country.

Under the scheme, funds are provided under 4 components:

- Recruitment of manpower;
- Procurement of equipment;
- Material & supplies and
- Maintenance & office equipment.

Expenditure in 11th FYP

(Rs. In crores)

Year	2007-08	2008-09	2009-10	2010-11	2011-12	Total
No. of Medical Colleges	2	3	2	8	-	15
Expend-iture	104.34	98.59	194.00	482.10	76.15	955.18

However, after the midterm appraisal of the Scheme, it is proposed to revise the SFC which was earlier submitted for the 12th Plan. Input are being called for from the participating Medical Colleges after which the SFC will be revised.

General Objective

To build capacity in the Government Medical Colleges for providing comprehensive rehabilitation services and to train adequate manpower required at all levels of Health Care Delivery System.

11.10 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

India has a high prevalence of oral-dental disease & it is well established that oral diseases have a great impact on systemic health. Poor oral health can cause poor aesthetics, affects mastication adversely, causes agonizing pain and can lead to loss of productivity due to loss of man-hours.To address these issues, a comprehensive oral health programme was envisaged.

This programme is a new initiative by Government of India and has been included in the 12th Plan Proposal. It is proposed to implement the programme in 200 districts @ 50 districts per year across the country during the remaining period of 12th Plan with a tentative budget provision of Rs.100.00 crore. The allocation of budget for the year 2013-14 stands at Rs.15.73 crore. The main

objectives of the programme are as under:

- 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 upto primary and secondary level;
- Strengthening of existing healthcare delivery system at primary and secondary level and
- Integrate oral health promotion and preventive services with general healthcare system and other sectors that influence oral health.

Strategy for Implementation of the Programme:

1. **IEC and BCC:** Shall be conducted through word of mouth, rural outdoor methods and mass media, instructions on oral hygiene, simple methods of prevention of oral problems, dietary counseling, counseling on tobacco, early identification and referral, infant dental care instructions, oral care for pregnant mothers, instructions during school programme on dental caries prevention, analgesics for toothache; etc.
2. **Training:** General oral health training of all the healthcare staff, special training of Nodal Officers (Oral Health Programme).
3. **Human Resources:** Dental Surgeons, Dental Hygienist & Dental Assistant on contract basis to supplement the efforts of the State/UTs.
4. **Logistical Support:** One dental chair with supportive equipments and consumables.
5. **Comprehensive Programme Management** at NOHC, SOHC & District level and periphery including coordination & linkages with various stakeholders.
6. **Monitoring, Supervision & Evaluation:** The NOHP shall be monitored at all the levels from District to Central level utilizing the existing HR support of NCD Cell and under the programme.

SFC Note: SFC for an amount of Rs. 19.00 crore has been approved by Secretary (HFW) for the following activities i.e. Development of Training Modules, Training activities, IEC and research activities etc. In this connection an MoU has already been signed with CDER, AIIMS and for this purpose an amount of Rs.101.00 lakh has already been released to them.

Budget allocation

- Approved Outlay under 2014-15 — Rs. 2.66 crore
- Pilot Projects — Rs. 2.21 crore

The current status of the Programme Implementation Plan (PIPs) received from the State Governments/UTs are as under:

(Rs. in lakhs)

Sl. No.	Name of the States/UTs	PIP approved for 2014-15	Remarks
1.	Himachal Pradesh	31.23	Released on the basis of PIP 2013-14.
2.	Mizoram	17.32	Released on the basis of PIP 2013-14.
3.	J&K	28.32	Released on the basis of PIP 2013-14.
4.	Madhya Pradesh	40.80	Released on the basis of PIP 2014-15.
5.	Rajasthan	11.54	Released on the basis of PIP 2014-15.
6.	Sikkim	5.00	Released on the basis of PIP 2014-15.
	Total	**129.21**	

This Ministry has also formed a Central Task Force to examine **i)** Assess current and future needs for dental professionals, **ii)** Infrastructural assessment and requirement for restructuring of dental care delivery system and **iii)** Integration of oral health into national health programmes.