

OTHER NATIONAL HEALTH PROGRAMMES

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

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases (NCD). The major Non-Communicable Diseases like cardiovascular diseases, cancer, chronic respiratory diseases, diabetes and other NCDs are estimated to account for about 60% of all deaths, thus making NCDs the leading causes of death in India. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths due to heart diseases, stroke and Diabetes are also projected to increase over the years.

In order to prevent and control major NCDs, 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. Under the programme, NCD clinics are being set up at District and CHC levels to provide services for common NCDs. Cardiac Care Units (CCU) are also being set up in identified districts for providing facilities for emergency cardiac care.

During the period 2010-2012, the programme was implemented in 100 districts across 21

States. Review of the initial phase of programme implementation helped to identify the bottlenecks and accordingly the programme was re-strategised.

7.1.1 The modified strategies for XII plan are as following:

- Health promotion through behaviour change with involvement of community, civil society, community based organizations, media etc.;
- Outreach camps are envisaged for opportunistic screening at all levels in the healthcare 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 healthcare 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 healthcare and
- Provide support for development of database of NCDs through a robust Surveillance

System and to monitor NCD morbidity, mortality and risk factors.

Total plan allocation for the programme for 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 the States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 75:25 (except for NE and Hilly States, where the share is 90:10).

7.1.2 Achievements under the programme

- As per the Programme Implementation Plan (PIP) received from States/UTs, Government of India has accorded approval to implement the programme in another 96 districts (total 462 districts) in the financial year 2015-16;
- Training modules have been developed for Health workers and Medical officers;
- As on 30th September, 2015, the programme is under implementation in all 36 States/UTs. So far, a total of 195 District NCD Cells and 201 District NCD Clinics have been established in the country. 65 CCUs, 61 Day Care Centres and 1,362 CHC NCD Clinics have also been set up in various districts. The comparative progress is as below:-

Sl. No.	Facilities	As on 31 st March, 2014	As on September, 2015
1	State NCD Cells	21	36
2	District NCD Cells	96	195
3	District NCD Clinics	95	201
4	District CCU facilities	51	65
5	District Day Care Centres	38	61
6	CHC NCD Clinics	204	1362

As per the monthly reports received from the States/UTs, during the period April, 2015 to September 2015, more than 60 lakh people have been screened in the designated NCD Clinics. Out of them, around 8% were diagnosed to be diabetic and 12% were hypertensive. Also among these NCD Clinic attendees, around 40,800 persons were diagnosed to be suffering from cardiovascular diseases and over 6,000 persons were detected to be having common cancer (including oral, cervical and breast cancer).

- India is the first country globally to adopt the NCD global monitoring framework and action plan in its National context;
- Till date 95 trainers and 717 MOs have been trained by NIFHW from 22nd November, 2011, onwards in 36 training sessions;
- Cancer screening guidelines have been prepared and sent to the States/UTs;
- Pilot project on school based diabetes screening programme carried out in 6 Districts and
- Text books on health education for schools from III to X standard are being developed in collaboration with NIHFW.

7.1.3 New initiatives under the programme

- A. National Multi-sectoral Action Plan:** The risk factors of NCD are multi-factorial & the intervention to prevent NCDs are multi-sectoral in nature. A National Multi Sectoral Action Plan has been drafted in coordination with WHO and sent in September, 2015 to 39 Central Government Ministries/Departments for their suggestions/feedback. The Departments have also been requested to nominate a Joint Secretary level officer as a Nodal Officer for coordinating the

actions regarding prevention and control of NCDs in respective Department.

- B. Intervention for prevention and control of Rheumatic Heart Disease under NPCDCS and RBSK:** For prevention and control of Rheumatic Heart Disease (RHD), a pilot intervention is being rolled-out jointly under NPCDCS and RBSK (Rashtriya Bal Swasthya Karyakram), in three select districts (Gaya - Bihar, Firozabad - Uttar Pradesh and Hoshangabad - Madhya Pradesh) and later would be expanded to other select Districts in a phased manner. Strategies under this intervention include awareness generation regarding prevention and treatment of bacterial sore throat among children, and training health staff regarding



Screening for Diabetes

screening and management of rheumatic fever and RHD. Role of RBSK would be to screen suspected cases and refer them to the nearest NPCDCS health facilities for appropriate management and follow-up.



Screening for Hypertension in NCD Clinics

- C. Integration of AYUSH with NPCDCS:** AYUSH facilities and methodologies are being integrated with NPCDCS services for prevention and management of common NCDs. Yoga as an intervention is being encouraged as an integral part of NCD prevention and management. Joint teams have identified pilot districts for NPCDCS-AYUSH integration activities. The selected districts are Darjeeling (West Bengal) and Krishna (Andhra Pradesh) for Homeopathy; Gaya (Bihar), Bhilwara (Rajasthan) and Surendranagar (Gujarat) for Ayurveda and Lakhimpur Kheri (Uttar Pradesh) for Unani.
- D. Integration of RNTCP with NPCDCS:** To articulate a national strategy for management of Tuberculosis and Diabetes comorbidities in India, the national



Cardiac Care Unit



District Cancer Facility

framework for “Joint Tuberculosis-Diabetes collaborative activities” within the existing programmes of RNTCP and NPCDCS has been developed. This would ensure bi-directional screening, early detection and better treatment outcome of Tuberculosis and Diabetes co-morbidities.

7.1.4 Tertiary Care Cancer Centre (TCCC) scheme under NPCDCS

To strengthen the Tertiary Care Cancer Centre (TCCC), a scheme is being run under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) with the following activities:

Under the scheme, the State Cancer Institutes (SCI)/Tertiary Care Cancer Centre will provide comprehensive cancer diagnosis, treatment and care services. SCI will be the apex institution in the State for Cancer related activities. SCI will provide outreach services, diagnosis and referral treatments, develop treatment protocols, undertake research and enhance the capacity of personnel in the State in this field. TCCC will undertake similar activities, though at a lower scale.

Expected Role of SCI and TCCC

- The SCI/TCCC will provide comprehensive cancer diagnosis; treatment and care services;
- SCI will be a role model and leader in this field. It will serve as the Nodal and Apex

Institution to mentor other Government Institutes (including TCCC and RCC). Similarly the TCCC should mentor cancer related activities including at the district level and below in their respective footprint area (the areas from where patients are accessing the TCCC);

- SCI/TCCC will promote prevention of cancer; participate in outreach and other activities under NPCDCS and other related public health programmes;
- SCI/TCCC will help in training of doctors/health personnel for cancer;
- SCI/TCCC will participate in the cancer registry programme;
- SCI/TCCC will promote research activities for cancer and
- Patients screened for cancer under NPCDCS and other Government programmes will get tertiary care diagnosis and treatment in TCCC and SCI.

Under the scheme, there is the provision of providing one time grant up to Rs. 120 crore for SCI and up to Rs. 45 crore for TCCC including State share. This grant would be used for procurement of equipment and building construction. The Centre to State share is in the ratio of 75:25 (except for North-Eastern and Hilly States, where the share is 90:10). From 2015-16 this fund sharing ratio between Centre and State has been changed to 60:40 except for NE and Hilly States where the ratio remains unchanged at 90:10.

Project under TCCC scheme of NPCDCS during the year 2014-15

Sl. No.	State	Name of the Institute	Project approved for
1.	Karnataka	Kidwai Memorial Institute of Oncology (RCC), Bengaluru	SCI
2.	Kerala	Govt. Medical College, Kozhikode	TCCC
3.	Tripura	Cancer Hospital (RCC), Agartala	SCI
4.	Gujarat	Gujarat Cancer Research Institute, Ahmedabad	SCI
5.	West Bengal	Government Medical College, Burdwan	TCCC
6.	Jammu & Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar	SCI
7.	Tamil Nadu	Cancer Institute (RCC) Adyar, Chennai	SCI

Project approved under TCCC scheme of NPCDCS during the year 2015-16

Sl. No.	State	Name of the Institute	Project approved for
1.	Himachal Pradesh	Indira Gandhi Medical College, Shimla	TCCC
2.	Uttar Pradesh	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	TCCC
3.	Mizoram	Civil Hospital, Aizawl	TCCC
4.	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	SCI

7.2 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 multi-national 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 us 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.

7.2.1 Major Achievements during 2015-16

At present, State Tobacco Control Cells are supported in 35 States across India. District Tobacco Control Cells are supported in 108 districts across 31 States, subsumed under the National Health Mission (NHM) Flexi-pool for Non- Communicable Disease (NCDs).

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 and Family Welfare (MoHFW), 34 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 34 States/UTs extended the ban on Gutka and Pan Masala containing tobacco or nicotine for the year 2015-16. Besides, several States/UTs - Mizoram, Manipur, Maharashtra, Himachal Pradesh, Jammu & Kashmir, Andhra Pradesh, West Bengal, Dadra & Nagar Haveli, Bihar and Delhi have banned all forms of smokeless tobacco products such as chewing tobacco, zarda, khaini and other flavoured and processed chewing tobacco irrespective of name or form. 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.

The Ministry of Health & Family Welfare (MoHFW) is in the process of conducting the

second round of the Global Adult Tobacco Survey (GATS-2). The GATS-2 would monitor the prevalence of tobacco use and track key tobacco control indicators in the country. Tata Institute of Social Science (TISS), Mumbai has been identified as the lead agency for undertaking this survey. In addition, a Technical Advisory and Monitoring Committee (TAMC) has been established to oversee the entire process of the survey. The research instrument/questionnaire for GATS- 2 is being finalized. The survey would be conducted in the FY 2015-16 and the results are likely to be available by late 2016 or early 2017.

As a result of sustained efforts on part of the MoHFW, the Finance Ministry, in the budget for 2015-16, increased excise duty by 25% on cigarettes of length not exceeding 65 mm and by 15% on cigarettes of other lengths. Similar increases have also been imposed on cigars, cheroots and cigarillos. Further, Secretary (HFW) has requested Secretary (Revenue) to consider the following policy options in the interest of public health and well-being:-

- Development of a 'comprehensive tax policy' for all tobacco products so that they are taxed at similar rates and are linked to both inflation and changes in household income;
- The central excise duty levied on cigarettes be increased uniformly across all slabs and an ad-valorem tax over and above be imposed and
- The central excise duty levied on Bidis be increased and the distinction between handmade and machine made bidis be withdrawn for the purpose of taxation.

A committee was constituted to review and suggest amendments to the Tobacco Control Laws - "Cigarettes and other Tobacco Products

(Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA-2003)". Based on its recommendations, a draft note for the Cabinet has been prepared and circulated for inter-ministerial consultations. The Amendment Bill has also been placed in the public domain, as part of the pre-legislative consultations.

The Ministry is in the process of establishing three Tobacco Products Testing Laboratories (one Apex and two Regional).

The MoHFW organized meetings with the representatives of Ministry of Corporate Affairs with the objective to devise a mechanism to prevent tobacco industry from deriving unintended incidental benefits from their activities in pursuance of Corporate Social Responsibility (CSR) under Section 135 of Companies Act, 2013 and Rules framed thereunder.

To commemorate the World No Tobacco Day (WNTD 2015), MoHFW in collaboration with the Ministry of Finance and the World Health Organization (WHO) organized a one day consultation on 'Stop Illicit Trade of Tobacco Products'. The objective of this consultation was to sensitize the policy makers and implementing agencies on the financial, legal and health impacts of the illicit trade of tobacco products. The participants of this workshop included Officers of Central Board of Excise and Customs (CBEC) and Department of Food & Drug Administration.

Department has requested Department of Agriculture and Cooperation to examine the 'Barn Buyout Scheme' proposed by the Tobacco Board (Ministry of Commerce) which entailed providing a support of Rs. 500,000 per barn to farmers who are willing to shift from tobacco cultivation and also linking the farmers to the schemes being implemented by the Government of India and the State Governments related to selected alternative crops, as envisaged under this pilot project.

The Department has also requested Department of Economic Affairs-Ministry of Finance to ensure that no Public Sector Undertaking (PSU) of the Government of India invests in tobacco industry. Notably, Article 5.3 of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) mandates Countries to take necessary safeguards to limit any preferential treatment to the tobacco industry in their jurisdictions.

The MoHFW, on 24th September, 2015, notified that the new rules on "tobacco pack pictorial warnings" notified earlier on 15th October, 2014 would come into effect from 1st April, 2016. Notably, these rules mandate display of pictorial health warnings on 85% of the principal display area of tobacco product packs on both sides (60% for picture and 25% for text).

7.2.2 Good Practices by States

The State Governments/UTs of Uttarakhand, Punjab, Rajasthan, Haryana, Mizoram, Chandigarh and Uttar Pradesh issued orders/notifications banning the sale of loose cigarettes under section-7 of COTPA, 2003.

A communication was sent by the Government of Jharkhand to all district police heads across the State to incorporate COTPA violations as an agenda in the monthly crime review meetings at the district level. The same is in line with the operational guidelines of the National Tobacco Control Programme (NTCP) furnished by this Ministry.

The Government of Uttar Pradesh raised VAT on various tobacco products. As per the notification, the cigarettes, cigars, and paan masala would be taxed at 40%. Earlier, cigarettes and cigars had 25% VAT, whereas VAT on paan masala was 30%.

Government of Mizoram raised VAT on all tobacco products from the existing 20% to 30%.

In July, 2015, Government of Punjab notified constitution of an empowered committee to implement various provisions of Article 5.3 of the WHO FCTC across the State. The committee would be headed by the Principal Secretary (Health), Government of Punjab and would have representation from all stakeholder of Government Departments.

To commemorate the 2nd Mizoram State Anti-Tobacco Day on 11th September, 2015, Government of Mizoram issued notification authorizing various police personnel and other concerned officials across the State to enforce provisions of Section-4 and Section-6 of COTPA.

A Government Order was issued by Principal Secretary (Home), Government of Uttar Pradesh to all the Divisional Commissioners across the State to improve the quality of implementation of COTPA 2003 in their jurisdictions and to engage probationary IAS/IPS/PCS/PPS officers in the implementation of various provisions of COTPA-2003 in the districts.

In order to effectively implement the provisions of COTPA-2003 in the State of Telangana, 15000 challan books were printed by the State Tobacco Control Cell and were distributed to various Government Departments in all 10 districts of the State.

State Tobacco Control Cell, Assam is conducting regular enforcement drives in collaboration with the law enforcement agencies, with special emphasis on violations of Section-4 in bars and restaurants in the NTCP districts of Jorhat and Metro.

State Tobacco Control Cell, Maharashtra formulated detailed guidelines regarding formation of the block-level and village-level coordination committees for tobacco control. This is in line with the broad guidelines furnished on this issue by the National Tobacco Control Cell.

Directorate of Technical Education, Government of West Bengal came out with a notification declaring all technical colleges of the State as tobacco-free educational institutions. The same was done in consultation with the State Tobacco Control Cell, West Bengal.

Almost all States have been organising awareness programme on tobacco control as well as training and orientation programmes for those involved in the work of tobacco control.

7.3 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

7.3.1 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, psycho-sexual disorders and sleep disorders among others. It is estimated that at any point of time, 6% to 7% 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 healthcare for all, to encourage mental health knowledge & 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.

7.3.2 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 also includes promotive and preventive activities for positive mental health which includes:

- 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. and
- 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.

7.3.3 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. As of now 11 Mental Health Institutes have been funded for developing as Centres of Excellence in Mental Health. The Government has approved establishment of 10 more Centres of Excellence in Mental Health during the 12th Five Year Plan period with a total budgetary support of Rs. 337 crore (up to Rs. 33.70 crore per centre).

- #### B) Establishment/upgradation 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, the Government has approved financial support for establishment/strengthening of 93 additional PG Departments in mental health specialties with a limit of Rs. 0.87 crore to Rs. 0.99 crore per PG Department.

7.3.4 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.

7.3.5 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.

7.3.6 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 the 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.

7.3.7 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.

7.3.8 Physical verification of actual state of affairs in various Government Mental Health Institutes in the country

The Hon'ble Supreme Court of India, vide its order dated 09.04.2015 in the case Dr. Upendra Baxi vs State of Uttar Pradesh and others, *inter alia*, directed the Central Government, Ministry of Health to constitute a Committee headed by the Joint Secretary, who in turn, shall in association with the Health Secretaries of the respective State/Director Health Services of the Union Territories along with the Member Secretary of State Human Rights Commission and State Legal Services Authority, including two eminent doctors of each State/Union Territory, shall make physical verification of the actual state of affairs existing in different institutions situated in the respective States/Union Territories.

In compliance with the aforesaid directions, the Secretary, Department of Health & Family Welfare, Government of India directed Joint Secretaries serving in the Department of Health & Family Welfare to undertake the task of physical verification of the actual state of affairs existing in different mental health institutions, along with a team of officials.

In order to provide guidance to the different teams visiting the Mental Health Institutions and to facilitate uniformity in the criteria of assessment, a check-list was prepared by the officers of the Directorate General of Health Services (DGHS).

The said check-list was, thereafter, vetted under the expert guidance of NIMHANS, Bengaluru and was accordingly used by the respective teams for reporting.

A total of 43 mental health institutions were visited. Of these, three institutions, namely, National Institute of Mental Health & Neuro Sciences (NIMHANS), Bengaluru; Central Institute of Psychiatry, Ranchi; and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam are under the administrative control of the Government of India. The remaining 40 Institutes are distributed among different States.

The progress of inspections and the observations/recommendations emanating there from were reviewed by the Secretary, Department of Health & Family Welfare on several occasions. Subsequently, an advisory from the Secretary, Department of Health & Family Welfare was sent to the concerned Chief Secretaries of relevant States/Union Territories, where the mental health institutions are situated, highlighting the observations/recommendations of the inspection teams.

7.4 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored scheme 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).

7.4.1 Main Objectives

- **To continue three ongoing signature activities under NPCB:**
 - School Eye Screening and distribution of 9 lakh free spectacles per year to school children suffering from refractive errors;
 - Collection of 50,000 donated eyes per year for keratoplasty.
- 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 and
- To secure participation of Voluntary Organizations/Private Practitioners in delivering eye care.

7.4.2 Salient features/strategies adopted to achieve the objectives

- Continued emphasis on free cataract surgery through the health care delivery system as well as by the involvement of NGO sector and private practitioners;
- Nationwide awareness creation for early detection and treatment of diabetic retinopathy and glaucoma. These emerging diseases need immediate attention to eliminate avoidable blindness from the country;
- In addition, emphasis on comprehensive eye-care by covering diseases other than cataract, like Retinopathy of Prematurity (ROP), Corneal transplantation, Vitreo-retinal surgery, treatment of childhood blindness etc.;
- Reduction in the backlog of blind persons by active screening of population above 50 years, organizing screening eye camps and transporting operable cases to fixed eye care facilities;
- Refractive Errors comprises a major part of avoidable blindness. Screening of children for identification and treatment of refractive errors and provision of free glasses to those affected and belonging to poor socio-economic strata;
- Coverage of underserved area for eye care services through public-private partnership;
- Capacity building of health personnel for improving their knowledge and skill in delivery of high quality eye services;
- Information, Education and Communication (IEC) activities for creating awareness on eye-care within the community;
- Regional Institutes of Ophthalmology and Medical Colleges of the States to be strengthened in a phase wise manner with latest equipments & training of manpower so that they can be upgraded as Centres of Excellence in the regions;
- The District Hospitals to be strengthened by upgrading infrastructure, equipment and providing adequate manpower like Ophthalmologists and PMOAs on contractual basis and provide earmarked funds for basic medicines and drugs;
- Continuing emphasis on primary healthcare (eye care) by establishing Vision Centres in all PHCs with a PMOA in position and
- Multipurpose District Mobile Ophthalmic Units for better coverage.

7.4.3 Budgetary allocation for 12th Five Year Plan

Out of a total projected budget of Rs. 2800 crore, a provision of Rs. 2506.90 crore has been approved by the Empowered Programme Committee (EPC) for Eye-care activities upto district level. A provision of Rs. 130.00 crore was approved by the Expenditure Finance Committee (EFC) for continuing tertiary level activities (RIOs, Medical Colleges etc.) during the years 2013-14 and 2014-15.

7.4.4 New Initiatives during 12th Five Year Plan

- Provision for setting up Multi-purpose District Mobile Ophthalmic Units in District Hospitals of States/UTs and
- Provision for distribution of free spectacles to old persons suffering from presbyopia.

7.4.5 Year wise progress of major performance indicators

Cataract operations

Year	Target	No. of Cataract operations performed	% Surgery with IOL
2012-13	66,00,000	63,02,894	95
2013-14	66,00,000	62,63,150	95
2014-15	66,00,000	64,19,933	95
2015-16	66,00,000	25,11,867	95

Note: Figures for 2015-16 are provisional.

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	7,35,718
2015-16	9,00,000	2,31,094

Note: Figures for 2015-16 are provisional.

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	57,668
2015-16	50,000	24,510

Note: Figures for 2015-16 are provisional.

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 and as per WHO estimates 63 million in India people are already disabled.

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:-

- **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 healthcare delivery system.
- **Awareness generation through Information, Education & Communication (IEC)/Behaviour Change Communication (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. Now from 2014-15 onwards the release of funds is through the treasury route. In 2015-16, the Programme has been included in health system strengthening component of NHM and an approval of 51.97 crores have been given to implement the Programme in 291 districts of 36 States and UTs.

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

Fluorosis is a public health problem, 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 and economy of the country.

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 and
- Capacity building for prevention, diagnosis and management of Fluorosis cases. So far, 111 districts have been covered under NPPCF in a phased manner.

Two Training of Trainer (ToTs) were held at National Institute of Nutrition, Hyderabad to train about 50 persons (State Nodal Officers, District Nodal Officer and District Consultant NPPCF.) A joint strategy for IEC is being developed by Ministry of Health & Family Welfare and Ministry of Drinking Water and Sanitation for fluoride and arsenic affected areas. To achieve this, joint meetings were held between Hon'ble Ministers and Secretaries of Ministry of Health & Family Welfare and Ministry of Drinking Water and Sanitation followed by a video conference of Secretaries of

the two Ministries with the State Secretaries of the two departments on 13th May, 2015. List of 50 districts across 11 States have been identified for joint IEC campaign with Ministry of Drinking Water and Sanitation. A review meeting with the State Nodal Officers, NPPCF of all affected States was held at New Delhi on 6th November, 2015 along with the Regional Directors (Health & Family Welfare) of concerned 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. 8 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 Information Education & Communication (IEC) are some of the strategies envisaged in the NPHCE.

It is expected to cover as many districts as possible 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, 2 National Centre of Ageing (NCA) are being established at AIIMS, New Delhi and Madras Medical College, Chennai, the core functions of which are training of health professionals, research activity and healthcare delivery in the field of geriatrics.

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

- Department of Geriatric at 8 Super Specialized Institutions:** Geriatric Departments 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 2015-16. It has been proposed to cover 131 or more districts in addition to existing 104 districts and the process is 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 (MO). 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.
- **Following amounts have been released under the programme so far:** Rs. 68.55 lakhs during the year 2012-13, Rs. 115.91 lakhs during the year 2013-14 and Rs. 2289.33 lakhs during 2014-15.

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

Geriatric OPDs have been opened in all 8 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), Jammu & Kashmir
- 5) Govt. Medical College, Thiruvananthapuram
- 6) Guwahati Medical College, Assam
- 7) Dr. S.N. Medical College, Jodhpur, Rajasthan
- 8) Banaras Hindu University, Uttar Pradesh

Indoor services have been established in 6 Regional Geriatric Centres viz.:

- 1) All India Institute of medical Sciences, New Delhi
- 2) Madras Medical College, Chennai
- 3) Grants Medical Collage & JJ Hospital, Mumbai
- 4) Sher-I-Kashmir Institute of Medical Sciences (SKIMS), J&K
- 5) Govt. Medical College, Thiruvananthapuram
- 6) Dr. S.N. Medical College, Jodhpur, Rajasthan

Among the States, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Sikkim, Uttar Pradesh, Uttarakhand and West Bengal have reported opening of 68 Geriatric OPD/ Ward and various District Hospitals. Physiotherapy daily Geriatric Clinics have also been started at 36 District Hospital in 12 States.

Bi-weekly OPD Geriatric Clinic started at 390 CHCs of 15 States i.e. Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Uttrakhand, Uttar Pradesh and West Bengal.

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).

7.8 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

National Oral Health Programme (NOHP) is a 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 healthcare system and other sectors that influence oral health; namely various National Health Programmes and
- 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 programme to enhance the programme management skills, review the status of the programme and
- Preparing State/District level trainers by conducting national, regional workshops to train the paramedical health functionaries associated in healthcare delivery.

Progress in FY 2015-16

- Proposals of 29 States/UTs were received for supporting oral health activities and considered for support through the National Oral Health Programme (NOHP). So far a total approval of Rs. 12.8 crore has been recommended to NHM finance for releases to support activities under NOHP. Approvals to the tune of Rs. 12.6 crore have been communicated to 28 States/UTs for supporting partially or fully 103 dental care units across the country. Till date sanction to 15 States/UTs have been issued under Mission Flexi-pool (Health system strengthening);
- World Oral Health Day was celebrated on 20th March at CDER, AIIMS by organizing public lecture, essay and art competitions. Dental colleges across the country also celebrated Oral Health Day in a grand way by organizing various activities;
- Posters on oral health education has been designed and is planned to be disseminated to 10 States for wide spread awareness generation on oral health;

- A task force has been constituted to look into the following aspects of NOHP:-
 - Assess current and future needs for dental professionals;
 - Infrastructural assessment and requirements for restructuring of dental care delivery system and
 - Integration of Oral Health into National Health Programme.

The final report has been submitted by the Chairman, Task Force Committee to the Ministry.

- An all-women's dental clinic was inaugurated at PHC Kasauli, Himachal Pradesh on 13th November 2015 where all staffs recruited e.g. Dental Surgeon, Dental Hygienist and Dental Assistant are women.

7.9 CAPACITY BUILDING FOR DEVELOPMENT TRAUMA CARE 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 2015", more than 1.25 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, deaths 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.

7.9.1 11th Five-Year Plan (FYP)

During 11th FY 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 FY:

- 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 National Highways Authority of India (NHAI) (Ministry of Road Transport & Highways) at a distance of 50 Kms on the designated National Highways. Ministry of Road Transport & Highways (MoRTH) has supplied these ambulances on National Highways.

7.9.2 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 has been 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 stakeholders. 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 60:40 w.e.f. 2015-16. 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 earlier merged within the ambit of “Human Resource in Health and Medical Education Scheme”. However, as per the recommendations of sub-group of Chief Minister on rationalization of Centrally Sponsored Schemes, this scheme is subsumed in NHM, it is presumed that the component of the scheme for Medical Colleges would be taken care as these are tertiary care institutions and as such are not supported under NHM till date.

d. National Injury Surveillance, Capacity Building and Trauma Registry Center have been 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. Trainings are being provided to the Doctors and Nurses working in Trauma Care centers and to the para-medics to be posted in the ambulances.

7.9.3 Achievements during 12th FYP

- Fund released:

2012-13 : Rs. 23.90 crore

2013-14 : Rs. 23.67 crore

2014-15 : Rs. 35.78 crore

- A total of 68 Medical Colleges/District Hospitals have been inspected so far to assess the feasibility of establishing Trauma Care Facilities under the Programme during the 12th FYP. 41 Medical Colleges/District Hospitals have been approved by Screening Committee and subsequently approved by Hon'ble HFM.

- The National Injury Surveillance Centre and Capacity Building Center have been established at Dr. RML Hospital. NIC has developed the software for injury surveillance. Website for NISC has also been developed and sent for security audit. The contractual manpower as per the EFC has been recruited at Dr. RML Hospital for National Injury Surveillance Centre.

- The Minimum data set and other documents in respect of National Injury Surveillance Centre are being developed with support from NTRI, Australia.
- The Human Resource working under the National Injury Surveillance and Capacity Building Centre established at Dr. RML Hospital has done the preliminary analysis of the injury surveillance data collected by Dr. RML Hospital.
- First batch ATLS & BLS training of doctors and nurses posted in trauma care centers established during the 11th FYP has been organized at Dr. RML Hospital.
- As per the Supreme Court Committee on road safety's directions, Ministry of Health & Family Welfare has to formulate a National Trauma Systems Plan for which State action plans from all States/UTs have been requested. In this regard, two regional workshops have been organized. For Northern and NW region States the workshop was organized at New Delhi on 19th & 20th August, 2015 and for Southern and S-W States was organized in Ernakulum in the State of Kerala on 28th and 29th December, 2015.
- Regular meetings of the committee constituted in the Directorate General of Health Services, Ministry of Health & Family Welfare to work on the "Report of the Working group on Emergency Care in India, 2011" as directed by the Supreme Court of India, are being held. The Action Taken Report is being submitted by the committee to Hon'ble Supreme Court regularly.
- As per the Hon'ble Supreme Court's directions to Ministry of Health & Family Welfare to issue advisory to the States for replicating courses drawn up by Ministry of Health & Family Welfare for training paramedical staff, the same has been circulated to all the States along with a copy of the pre-hospital trauma technician course curriculum developed by Directorate General of Health Services, Ministry of Health & Family Welfare.
- Under the IEC activities of the Programme, the print material and the audio-videos on good samaritan and First Aid are being developed. Regular meetings are being held with DAVP and CHEB to monitor the progress of activities.
- The IEC action plan for the FY 2015-16 was approved by DGHS and subsequently forwarded to the IEC division. As per the supplementary budget provision for Information, Education & Communication (IEC), action plan for the activities which can be undertaken in the remaining period of this FY is under submission for approval of DGHS.
- Regular review meeting with States funded during 11th FYP, are being held to make all the trauma care facilities of 11th FYP functional.
- A total amount of Rs 55.00 crore was approved for the programme as supplementary grants for FY 2015-16. Out of which a total of Rs. 34.26 crores have been released for various component of the programme.

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

7.10.1 Pilot Project during the 11th Five Year Plan (FYP):

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) with a total budget of Rs. 29 crore. The programme was initiated in the following three Medical Colleges and six Districts Hospitals:

- **Haryana:** Post Graduate Institute of Medicals Sciences Rohtak; General Hospital, Gurgaon; Civil Hospital, Panipat.
- **Himachal Pradesh:** Dr. Rajendra Prasad Medical College, Tanda at Kangra, District Hospital, Hamirpur; Zonal Hospital, Mandi.
- **Assam:** Guwahati Medical College; District Hospital, Nagaon; District Hospital, Dhubri.

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.

7.10.2 National Programme during the 12th FYP

- 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 will now be 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 will be undertaken under NHM/ NRHM.
- The programme will no more be a 100% centrally sponsored scheme during the 12th plan. The programme will be part of the “Human Resource in Health and Medical Education Scheme” and assistance to be provided to the states, will be 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 will be shared between the Centre and State Governments in the ratio of 60:40 (For North Eastern and hill states of Uttarakhand, Himachal Pradesh and Jammu & Kashmir, this ratio will be 90:10).

7.10.3 The main objectives of the Programme are:

- 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 Behaviour Change Communication, burn management and rehabilitation interventions and
- To carry out research for assessing behavioural, social and other determinants of Burn Injuries in our country for effective need based programme planning for Burn Injuries, monitoring and subsequent evaluation.

7.10.4 The Programme has following main components:

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

7.10.5 Budget provision and proposed expenditure

A total of Rs. 500 crore has been allocated for the National Programme for Prevention &

Management of Burn Injuries. Out of which Rs. 50 crore has been allocated under NRHM for the district hospital component and Rs. 450 crore is for the medical college component.

7.10.6 Medical College Component

During the 12th FYP, 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 $(67+3)=70$.

7.10.7 Synergy with NRHM- District Component

During the 12th FYP, 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 $(19+6)=25$ for consideration of grant.

7.10.8 Achievements during 2015-16

- Operational Guidelines for the Programme have been finalized and circulated to States and UTs;
- The list of equipment, manpower and the architectural design of the proposed burn unit/ward to be established in the State Govt. Medical Colleges/District Hospitals has been revised in an expert group meeting;
- The Practical Handbook/Manual for Burn Injury Management developed during the 11th FYP has been revised. A chapter on the Standard Treatment Guidelines for Acid attack victims has been incorporated in the practical handbook;

- The Burn Data Registry has been developed and will soon be implemented at National Level to collect, compile and analyze data related to Burn Injuries in the country;
- 65 (35 Medical Colleges & 30 District Hospitals) have been inspected so far to assess the feasibility of establishing Burn Units. 43 (30 Medical Colleges and 13 District Hospitals) have been recommended by the screening committee and subsequently approved by Hon'ble HFM to establish Burn Units;
- Under Information, Education & Communication (IEC) activities of NPPMBI, the print IEC material (8 posters/charts/pamphlets) has been developed and distributed in States. Further, the outdoor publicity campaign through external train wrapping has been undertaken in 5 trains during the month of April, 2015;
- The IEC Action Plan for 2015-16 has been finalized and forwarded to the IEC Division, Ministry of Health & Family Welfare;
- Operational Guidelines for the District Hospital component under NPPMBI have been finalized and forwarded to the NHM Division for uploading on the website of NHM. The FMR code (B-28) has been generated for the District Hospital component of NPPMBI by the NHM Division.
- The 6 days practical training of 20 Medical Officers in Burn Injury Management with a batch of 9 trainees each was organized at Safdarjung Hospital and Dr. RML Hospital from 30th November to 5th December, 2015.

7.11 FOOD FORTIFICATION

Food fortification is a public health measure aimed at reinforcing the usual dietary intake of nutrients with additional supplies to prevent/control some nutritional disorders. It is the process whereby

nutrients are added to foods in relatively small quantities to maintain or improve the quality to the diet of population.

Ministry of Health & Family Welfare is working on Food Fortification of essential food items in coordination with other Ministries like the Ministry of Woman and Child Development (MWCD) and Ministry of Science and Technology.

The key activities took place during the 2015-16 are as follows:

- A National level consultation was held in 2015 by Ministry of Health & Family Welfare with support from WHO/UNICEF/UNWFP on wheat flour fortification with participation from MWCD, other line departments and technical experts.
- The Ministry of Health & Family Welfare in collaboration with WHO is implementing wheat flour fortification by iron, folic acid and Vitamin B-12 as a demonstration project to generate operational evidence. The same is being implemented in district of Ambala in the State of Haryana and Rs 108 lakhs has been approved under National Health Mission for the financial year 2015-16.
- Ministry of Health & Family Welfare participated in the two inter-ministerial meetings conducted by MWCD under chairmanship of Secretary, MWCD, to discuss the issues of micronutrient deficiencies in India, Scope of Food Fortification and to develop a draft policy/legislative framework.
- The Secretary MWCD has constituted a committee under the chairmanship of Director NIN (ICMR) MoHFW, for formulation of comprehensive policy on Food Fortification. The committee has representation from the different Ministries

and Departments, industry and experts working in the field of Food Fortification.

7.12 NATIONAL ORGAN TRANSPLANT PROGRAMME (NOTP)

Transplantation of Human Organs Act, 1994 provides a system of removal, storage and transplantation of human organs for therapeutic purposes and for prevention of commercial dealings in human organs. The Act was amended in 2011 and the amended Act has come into force on 10.1.2014 and the amended act has many provisions to promote donation of organs from deceased persons. The Act, at present, is applicable 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 have been notified on 27th March, 2014. The amended Act and revised Rules have many provisions for promotion of organ donation from cadavers.

Some of the important amendments under the (Amendment) Act 2011 are inclusion of Tissues in the Act along with the Organs, expansion of definition of 'Near Relative' to include grandchildren, grandparents, provision of mandatory inquiry from the attendants of potential donors admitted in ICU and informing them about the option to donate organs and if they consent to donate, provision of mandatory '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.

Government of India has launched National Organ Transplant Programme for carrying out the activities as per amendment Act, training

of manpower and promotion of organ donation from deceased persons. Under the said, an Apex level Organization, National Organ and Tissue Transplant Organization (NOTTO) has been set-up at Safdarjung Hospital, New Delhi for National Networking, National Registry, to provide an online system for procurement and distribution of Organs & Tissues and to promote Deceased Organ and Tissue Donation. In addition, a National Bio-material Centre has also been established at NOTTO. Four regional level organizations called Regional Organ and Tissue Transplant Organization (ROTTO) in the States of Tamil Nadu, Maharashtra, Assam and UT of Chandigarh is also being set-up.

There is a huge gap between demand for and supply of human organs. However, a number of steps have been taken by the Government to promote organ donation and simplify the process of such donation. Website of NOTTO for providing updated information to general public has been operationalised, a 24x7 call centre with toll free helpline number (1800114770) for providing information has been established, provision of facility for both Online and Offline pledging of organs has been made, Indian Organ Donation Day is being celebrated annually since 2010, National Organ & Tissue Donation and Transplant Registry has been launched, members of donor families from different parts of the country and winners of National competition of slogan on Organ Donation are being felicitated, publicizing Organ Donation through print media, Display Boards, Mobile SMSs etc. motivational messages to public in general through Mobile SMS were disseminated to make aware them about Organ Donation. 10 lakhs SMS delivered per day for a period of seven days from 20th November to 26th November, 2015 at all States & UTs of India through DAVP. 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 highlighted the importance of Organ Donation Programme, etc.



Annual Organ Donation Day

The 1st Indian Organ Donation Day was celebrated on 27th November, 2010. The 6th Indian Organ Donation Day was celebrated at Vigyan Bhawan on 27th November, 2015, in gracious presence of Minister of Health & Family Welfare, Government of India. Prizes were also distributed to winners of national level competition organized by NOTTO in three categories viz. for creation of LOGO for NOTTO, design background for Donor Card and Slogan writing on Organ on this day.

Members of donor families were also invited on this day. Around 14 donor's families were present, who were also rewarded.