

REVIEW OF PERFORMANCE

Recognising health as an essential component of development and in assuring basic level of health care to the population, the 11th Five Year plan contemplated to facilitate convergence and development of public health systems and services that are responsive to health needs and aspirations of people and in ensuring access to affordable health care. The 11th Five Year Plan emphasised to provide special attention to the health of marginalized groups like adolescent girls, women of all ages, children below the age of three, older persons, disabled, and tribal groups. The Plan had set time bound measurable goals to achieve, some of which are Reducing MMR to 1 per 1000 live births (100 per 100,000 live births), Reducing IMR to 28 per 1000 live births, Reducing TFR to 2.1, Reducing anaemia among women and girls by 50%, Raising the sex ratio for age group 0 to 6 to 935 by 2011-12 and 950 by 2016-17.

The 11th Five Year Plan essentially focused on a number of thrust areas, including improvements in public healthcare facilities in rural areas through National Rural Health Mission, enhancing tertiary health facilities in States through Pradhan Mantri Swasthya Surakha Yojana (PMSSY), increasing health human resources by relaxing norms for setting up Medical Colleges in States and initiating measures to prevent & control the emerging problem of non-communicable diseases. The achievements of the programmes are discussed in the following paragraphs.

NATIONAL RURAL HEALTH MISSION (NRHM)

National Rural Health Mission (NRHM) was launched in 2005 to provide effective health care to the rural population throughout the country with special focus on 18 states having weak public health indicators and/or weak health infrastructure. It was launched with the objective of improving the access to quality healthcare especially for the rural women and children and in strengthening of health infrastructure, capacity building, and decentralised planning. The Mission aims at effective integration of health with determinants of health like sanitation and hygiene, nutrition and safe drinking water. The mission was conceived as an umbrella programme subsuming

all the then existing programmes of health and family welfare including RCH-II, National Disease Control Programmes for Malaria, TB, Kala-azar, Filariasis, Blindness and iodine deficiency. The mission targets to provide universal access to rural people to effective, equitable, affordable, and accountable primary health care. Some of the strategies employed by the mission to achieve its goals were -: promoting access to improved healthcare at household level through ASHAs, strengthening sub-centres, PHCs and CHCs, preparing and implementing of inter-sectoral district health plans and integrating vertical health programmes at all levels, envisaging health plan for each village through the Village Health Committee, etc.

Over the last seven years, large numbers of contractual manpower including Doctors, Specialists, Paramedics, Staff Nurses and ANMs, etc. have been added to augment the health human resources in health facilities at different levels. Better infrastructure, availability of man power, drugs and equipments and other factors has led to improvement in health care delivery service and increase in OPD and IPD services. Similarly, contractual people have been engaged to man the Programme Management Units at the State and District levels. The community based functionaries, named as Accredited Social Health Activist (ASHA) have been envisaged under the NRHM as a first port of call for any health related demands of deprived sections of the population, especially women and children, who were finding it difficult to access health services. The role of ASHA in creating awareness on health and its social determinants and mobilising the community towards local health planning and increased utilization and accountability of the existing health services, and in providing basic package of curative health care has been well acknowledged.

ACHIEVEMENTS OF NRHM (AS ON 30TH SEPTEMBER 2012)

8.84 lakh Accredited Social Health Activists (ASHAs) have been selected in the country, of which over 8.09 lakh received training up to 1st Module, 7.77 lakh up to Module II, 7.73 lakh up to Module III, 7.70 lakh up to Module IV, 7.10 lakh up to Module V, 0.11 lakh up to Round 4 of VIth & VIIth Modules. Over 7.96 lakh ASHAs have been positioned after training and provided with drug kits.

HUMAN RESOURCES

- 76384 Sub Centres are functional with second Auxiliary Nurse Midwives (ANM).

- 6421 PHCs have been strengthened with three Staff Nurses.
- 14043 allopathic doctors including specialists, 11478 AYUSH doctors, 66784 ANMs, 32275 Staff Nurses, and 15924 Paramedics including AYUSH Paramedics have been appointed on contract by States to fill in critical gaps under NRHM.
- Training capacity of Nurses, ANMs and other paramedics is being expanded in States.
- Multi-skill training is being imparted to provide appropriate skill mix.

INFRASTRUCTURE

- All 1.48 lakh Sub Centers (RHS 2011) in the country have been strengthened with untied fund of Rs. 10,000 each.
- 66 District Hospitals, 471 Community Health Centers (CHCs), 1733 Primary Health Centers (PHCs), and 19811 Health Sub-Centers have been taken up for new construction. Out of this, construction of 47 DH, 235 CHCs, 781 PHCs and 10639 SCs have been completed.
- 546 District Hospitals, 2272 Community Health Centers (CHCs), 3695 Primary Health Centers (PHCs), and 14434 Health Sub-Centers have been taken up for upgradation /renovation. Out of this, upgradation/renovation of 279 DHs, 1208 CHCs, 3009 PHCs and 9879 SCs have been completed.
- 8199 PHCs are made functional round the clock (24x7) and 2509 facilities were operationalised as First referral units (FRUs).
- 2024 Mobile Medical Units (MMUs) are operational in different States, providing services in the interior areas covering 463 districts.

SYSTEM STRENGTHENING

- State and District Health Mission constituted in all States/UTs.
- Out of 640 districts (RHS 2011), District Health Action Plans have been prepared by 636 districts.
- Co-location of AYUSH facilities has been made in 15753 health facilities.
- Programme Management Units have been set up in all the states. These include professionals with management, information technology and accounting skills. In many states, HR managers and infrastructure managers have also been positioned.

- District Programme Management Units have been established in 634 districts with 570 District Programme Managers and 573 District Accountants are in position.
- Nearly, 4344 Block Programme Management Unit has been established with 3361 Block Managers in position to support the health system at blocks and below levels
- Web based HMIS has been operationalised. Collation of facility level data is being taken up for up gradation initiatives.
- NGOs are providing assistance in building capacity of VHSNCs and other local bodies and in carrying out the monitoring exercise. They are also involved in outreach services, running of PHCs and MMUs in some states.

COMMUNITY MONITORING

- Rogi Kalyan Samitis (RKSs) have been registered in 31657 Health facilities
- Over 5.03 lakh Village Health Sanitation & Nutrition Committees (VHSNCs) have been constituted and 4.45 lakh joint accounts at the Village Health and Sanitation Committees and Sub-Centres opened.
- Untied funds have been made available to SCs and VHSNCs for local Public Health Action.
- Nearly 37.7 million Village Health & Nutrition Days (VHNDs) were held at village level over the last seven years to provide immunization, maternal and child healthcare and other public health related services at Anganwadi centers.
- Maintenance grant and untied grant provided to all health facilities like PHCs, CHCs, Sub-Centers and District Hospitals to meet the local requirements. (Annual maintenance grants of Rs. 10,000 to HSCs, Rs. 50,000 to PHCs and Rs. 1 lakh to CHCs and Untied grants of Rs. 10,000 to HSCs, Rs. 25,000 to PHCs and Rs. 50,000 to CHCs are given).
- Inter-sector convergence has been addressed during planning and assessment process. Close involvement of PRI is emphasized for convergence.
- Annual Review Missions with multifaceted teams have been institutionalized. Regular workshops are convened for experience sharing between states.

- Strengthening of State Institutes of Health & Family Welfare and State Health System Resources Centers taken up to facilitate training and institutional capacity building.

REPRODUCTIVE AND CHILD HEALTH PROGRAMME

Reproductive and Child Health Programme (RCH) aims to bring about a change in the three critical health indicators viz., Maternal Mortality Ratio, Infant Mortality Rate and Total Fertility Rate consistent with the goals enshrined in the National Population Policy, 2000, the National Health Policy, 2001, the Millennium Developmental Goals and the 12th Five Year Plan. The core components of the RCH Programme are Maternal Health, Child Health, Family Planning, Adolescent Health and PC-PNDT.

To achieve the MDG and NRHM Goals, the RCH programme is being implemented with flexible programming approach by allowing the states to develop need based annual plans known as State Programme Implementation Plan. The RCH programme PIPs of all the 35 States/UTs for the year 2012-13 have been appraised and approved by the National Programme Coordination Committee (NPCC) for a total amount of Rs. 8314.14 Crores (including supplementary PIPs). The immunisation State PIPs have been approved for Rs. 847.54 Crores (including supplementary PIPs) which are funded out of the provision under RCH Flexible Pool. The achievement status of key indicators against the MDG and NRHM goals is depicted in table below:

Table: RCH goals and achievements

Indicator	MDG	NRHM Goals	Achievement
Infant Mortality Rate	28	30 per 1,000 live births	44 per 1,000 live births (SRS -2011)
Maternal Mortality Ratio	Reduce by $\frac{3}{4}$ by 2015	100 per 1,00,000 live births	212 per 1,00,000 live births (SRS -2007-09)
Total Fertility Rate	-	2.1	2.5 (SRS -2010)
Under 5 Mortality Rate	< 39	-	59(SRS -2010)

MATERNAL HEALTH

Under the RCH Programme Phase-II (2005-12), the goals of reduction in Maternal Mortality are pursued by focusing on four major strategies namely (a) essential obstetric and new born care for all, (b) skilled attendants at every birth including essential new born care, (c) emergency obstetric care for those having complications and (d) referral services. The other major interventions are provision of Safe Abortion Services and services for Reproductive Tract Infection and Sexually Transmitted infections. As per District Level Household Survey-III (2007-08), the percentage of Institutional Delivery in the country was 47 %, while Coverage Evaluation Survey (CES) of UNICEF (2009) indicated that national coverage of Institutional deliveries was 72.9%. As per the District Level Household Survey-III (2007-08), 18.8% underwent Full Ante Natal Care, while Coverage Evaluation Survey (CES) of UNICEF (2009) indicated that this was 26.5%.

The progress of the various activities is given below:

- Skilled Attendance at birth (domiciliary & health facilities).—Cumulatively 43, 376 ANMs/Lady Health Visitors(LHV)/ Staff Nurses (SNs) have been trained in Skilled Birth Attendant (SBA) till September, 2012.
- Multi-skilling of doctors to overcome shortage of critical specialties – Cumulatively 867 Medical Officers have been trained in Emergency Obstetric Care (EmOC), till September, 2012. Cumulatively, 1381 Medical Officers have been trained in Life Saving Anesthetic Skills (LSAS), till September, 2012.
- Comprehensive Safe Abortion Care –Training and Service Delivery Guidelines have been disseminated to the States in 2010. Directions have been given to states and funds provided under NRHM to provide resources including trained manpower, equipment and drugs for implementing safe abortion services at PHC level and above with a focus on the identified “Delivery Points”. During 2011-12, the total number of reported Medical Termination of Pregnancy (MTP) (at Public and Private Health facilities) in the country is 5,40,402 (HMIS).
- Maternal Death Review (MDR)-has been institutionalised by all the States.

- Janani Suraksha Yojana (JSY) was launched in 2005 with focus on demand promotion for institutional deliveries in States and it integrates cash assistance with delivery and post delivery care. It targeted lowering of Maternal Mortality Ratio, by ensuring that deliveries were conducted by Skilled Birth Attendants. JSY has seen a phenomenal increase in number of institutional deliveries since its launch. The number of beneficiaries has increased from 7.38 lakhs in 2005-06 to more than 1.09 Crores in 2011-12.

Other initiatives for maternal health are listed below:

- Delivery Points: Government of India has been facilitating the states in identifying the “Delivery Points: for providing comprehensive and quality Reproductive Maternal New-born and Child Health(RMNCH) services at these health facilities which are performing deliveries/ C-sections above a certain benchmark. About 17000 delivery points have been identified all over the country and states have been provided funds for strengthening and up gradation of these centres and operationalizing them through rational deployment of existing manpower training of doctors and specialist for these health facilities and also providing them with other resources like drugs, equipment, etc.
- Maternal Death Review: Maternal Death Review is a strategy to improve the quality of obstetric care and reduce maternal mortality and morbidity. The purpose of the review is to identify the delays that contribute to maternal deaths at various levels and the information is used to adopt measures to fill gaps in delivery of services.
- Mother and Child Health Protection Card: A Joint Mother and Child Protection Card of Ministry of Health & Family Welfare and Ministry of Women and Child Development (MOWCD) has been launched to provide a tool for monitoring services for MCH and Nutrition interventions being implemented by both Ministries.
- Name Based Tracking of Pregnant Women and Children has been initiated to track every pregnant woman by name for provision of quality MCH services including immunisation of the new- born.
- Janani Shishu Suraksha Karyakaram (JSSK) : A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) has been launched, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery

including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick new-borns accessing public health institutions for treatment till 30 days after birth.

CHILD HEALTH

The strategy of Child Health care aims to reduce under-five mortality, with focus on improved service delivery, child care practices and child nutrition. The major activities for Child Health include

- i) Provision of essential new-born care at all delivery points
- ii) Emergency New-born care by operationalising Special New Born Care Units (SNCUs) and New Born Stabilisation Units (NBSUs) in all districts.
- iii) Home based New-born Care (HBNC).
- iv) Promotion of early initiation, exclusive breastfeeding and complementary feeding.
- v) Treatment of Children with Severe Acute Malnutrition by operationalising Nutrition Rehabilitation Centres.
- vi) Control of deaths due to Acute Respiratory Infection (ARI) and diarrhoeal diseases.
- vii) Supplementation with micronutrients: Vitamin A & Iron.
- viii) Capacity building of Health Workers in NSSK, F-IMNCI and Facility based New born care, Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and Pre Service IMNCI trainings.
- ix) Supportive supervision of frontline health workers and service providers and advocacy on social determinants of health.
- x) Universal Immunisation Programme.

The Progress on these activities are as follows:

- i. Emphasis on facility based new-born care at different levels to reduce Child Mortality: Setting up of facilities for care of Sick Newborn such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels is a thrust area under NRHM. At present 399 SNCUs, 1542 NBSUs and 11508 NBCCs are functional.

- ii. Capacity Building of Health Care Providers: Various trainings are being conducted under NRHM to train doctors, nurses and ANM for early diagnosis and case management of common ailments of newborns and children. These trainings are Integrated Management of Neonatal and Childhood illnesses (IMNCI), Facility Based- Integrated Management of Neonatal and Childhood illnesses (F- IMNCI) and Navjat Shishu Suraksha Karyakram (NSSK). IMNCI includes pre-service training of providers and is being implemented in 471 districts across the country and 5, 58,117 health personnel have been trained. Facility based- IMNCI training has been initiated, in which 11,199 health personnel have been trained so far. 88,428 health personnel have been trained in Navjat Shishu Suraksha Karyakram (NSSK) to deliver the essential new born care at delivery point.
- iii. Management of Malnutrition: As malnutrition reduces resistance of children to infections thus increasing mortality and morbidity among children, emphasis is being laid under NRHM for management of malnutrition and provision of micronutrients. 594 Nutritional Rehabilitation Centres have been established for management of severe acute malnutrition. As breastfeeding reduces neo-natal mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are organized for imparting nutritional counselling to mother and to improve child care practices. Micronutrient supplementation such as Vitamin A and Iron & Folic Acid are being scaled up to manage the malnutrition through various channels.
- iv. Reduction in morbidity and mortality due to Acute Respiratory Infections (ARI) and Diarrhoeal Diseases: In order to control Diarrhoeal diseases, Government of India has adopted the WHO guidelines on Diarrhoea management. India introduced the low osmolarity Oral Rehydration Solution (ORS), as recommended by WHO for the management of diarrhoea. Zinc has been approved as an adjunct to ORS for the management of diarrhea. Addition of Zinc would result in reduction of the number and severity of episodes and the duration of diarrhoea. New guidelines on management of diarrhoea have been modified based on the latest available scientific evidence.
- v. Acute Respiratory Infections forms 19 % of all under five mortalities in India (WHO 2007 report) and along with Diarrhoea are two major killers of under five children. India leads the world in the number of pneumonia cases with nearly 44, 00, 000 cases yearly.

Early diagnosis and appropriate case management by rational use of antibiotics remains one of the most effective interventions to prevent deaths due to pneumonia. The ARI guidelines are being revised with the inclusion of the latest available global evidence.

ADOLESCENT HEALTH

Adolescent health is one of the key programmes under the National Rural Health Mission and RCH-II to achieve the goals of reduction in IMR, MMR and TFR. In order to achieve these goals, three technical strategies, Adolescent Reproductive and Sexual Health Programme (ARSH), School Health Programme (SHP) and Menstrual Hygiene Scheme (MHS) are being implemented.

A. Adolescent Reproductive and Sexual Health (ARSH): Under this programme counselling services, routine check-ups at primary, secondary and tertiary levels of care is provided on fixed days and fixed time to adolescents, married and unmarried, girls and boys during the clinic sessions. As of November, 2012, 3356 Adolescent Friendly Health Clinics (AFHC) are functional across the country. Under the Programme Implementation Plan 2012-13, an amount of Rs. 38.59 crores has been approved for routine operations and setting up of new Adolescent friendly health clinics under ARSH programme. As on November, 2012, 3159 Medical Officers and 8616 ANMs/LHVs have been trained across the country under ARSH. In order to improve the attendance in clinics and dissemination of information, outreach sessions are done through peer educators and 95244 peer educators have been selected and trained in the last three years. For mobilization of adolescent and imparting health education, 286 counsellors had been recruited and trained in 2012.

B. School Health Programme (SHP): The School Health Program specifically focuses on school going children and adolescents in the 6-18 years age group. This programme includes biannual health service provision through screening, health care and referral for disease, deficiency and disability. Identified children, who require further service support, are connected with secondary and tertiary facilities within Public Health Infrastructure. In 2011-12, 14.60 crores students in 11 lakhs schools were covered under the School Health Programme across the country.

C. Menstrual Hygiene Scheme (MHS): This scheme is for adolescent girls in the age group of 10-19 years in rural areas. The pilot is being implemented in 107 districts in 17 states through central procurement. Under this scheme, adolescent girls are being provided access to sanitary napkins at the rate of Rs. 6 for a pack of 6 napkins under the NRHM's brand 'Freedays'. Until May 2012, 100 per cent

supply has been done to the blocks where supply is through the centre. Ordering for the second batch of sanitary napkins for the next quarter had also been processed. Total supply of sanitary napkins till end September 2012 is 112.53 lakh packs of sanitary napkins.

New Initiatives under ARSH:

- Weekly Iron Folic acid Supplementation (WIFS): The Ministry of Health and Family Welfare is rolling out Weekly Iron and Folic Acid Supplementation (WIFS) Programme to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. The programme, implemented across the country both (rural and urban areas) will cover 12.72 Crores adolescents 5.74 Crore girls and boys enrolled in class VI-XII of government and government aided school and 6.97 Crores out of school girls. The programmatic interventions under WIFS programme encompasses:
- Administration of weekly Iron-Folic Acid Supplements (WIFS). Each IFA tablet containing 100mg elemental iron and 500µg Folic acid for 52 weeks in a year.
- Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
- Biannual de-worming with Albendazole 400mg tablet, six months apart.
- Information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.
- Rs.130 crores have been approved in 2012-13 for WIFS programme.
- Dedicated teams for School Health Programme- The emphasis for FY 2012-13 for School Health Programme were to establish dedicated teams at block level. These teams are to be supported with transport support, medicines for on spot management of ailment, screening equipment. In the current financial year, 2642 teams in 16 States are approved.
- National Technical Committee for School Health Programme is constituted. The objective is to formulate standard operating procedures for Universal coverage of children below 18 years of age, including children below 6 years of age in Anganwadi Centres. The first meeting of the Technical Committee was held on 22nd October, 2012.

UNIVERSAL IMMUNISATION PROGRAMME

Immunisation Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Under the Universal Immunisation Programme Government of India is providing vaccination to prevent seven vaccine preventable diseases viz., Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B.

Immunization coverage in India has been variable with areas of low coverage in both urban and rural areas. In an effort to enhance the immunization profile in the country, Government of India declared 2012 as “Year of Intensification of Routine Immunization” (IRI).

India introduced Pentavalent Vaccine containing DPT, Hepatitis-B and Hib vaccines in two states viz. Kerala and Tamil Nadu under routine immunisation programme from December 2011. The Pentavalent vaccine is being expanded to 6 more states i.e. Haryana, Jammu & Kashmir, Gujarat, Karnataka, Goa and Puducherry in 2012-13.

Government of India introduced Hepatitis B vaccine in the FY 2002-03, as a pilot in 33 districts and 15 cities. In 2011, Government of India universalised Hepatitis B vaccination to all States/UTs in the country.

Measles immunisation directly contributes to the reduction of under-five child mortality and hence to the achievement of Millennium Development Goal number 4. In order to accelerate the reduction of measles related morbidity and mortality, second opportunity for measles vaccination is being implemented.

Japanese Encephalitis (JE) is an acute viral illness with high case fatality and long term complications. JE vaccination was started in 2006 and covered 113 endemic districts in a phased targeting all children between 1 to 15 years of age with a single dose of JE vaccine (SA 14 14 2). Currently JE endemic districts have introduced JE vaccine as a single dose at 16-24 months under routine immunisation after 6 months of campaign. National Vector Borne Disease Control Programme (NVBDCP) has identified 62 new JE endemic districts and JE vaccination campaign will be conducted in a phased manner to cover all the districts based on vaccine availability

PULSE POLIO IMMUNIZATION

In pursuance of the World Health Assembly resolution of 1988, the Pulse Polio Immunization (PPI) Programme was started nation-wide from 1995 to eradicate polio in India covering children in the age group 0-3 years. In order to accelerate the pace of polio eradication, all children under the age of 5 years were targeted since 1996-97. Till 1998-99, two rounds were organized in the month of December and January each year. From 1999-2000, house to house vaccination of missed children was also introduced to vaccinate children missed during the fixed booth based vaccination of children. This resulted in increasing coverage of 2-3 crore additional children. The annual strategy on polio eradication is decided on the basis of recommendation of India Experts Advisory Group (IEAG).

Since the PPI initiative in 1995, significant success has been achieved in reducing the number of polio cases in the country and total cases decline gradually. Of the 3 types of polio causing viruses, type 2 (WPV-2) has already been eradicated in 1999. In November 2009 meeting of the India Expert Advisory Group(IEAG) had recommended bivalent OPV vaccine effective against both type 1 and type 3 viruses use in Uttar Pradesh and Bihar. The bivalent vaccine (bOPV) was introduced in the country for the first time in 2010. The last polio case in the country was reported from Howrah district of West Bengal with date of onset 13th January 2011. Thereafter no polio case has been reported in the country (5th October 2012). WHO on 24th February 2012 removed India from the list of countries with active endemic wild polio virus transmission. The NID rounds covers approximately 172 million children and SNID rounds cover about 86 Million children. One NID round was conducted during April 2012 and two NIDs are scheduled to be conducted in January, February 2013. 2 SNIDs have been conducted during June and September 2012 and two more SNIDs during November 2012 and March 2013 are scheduled to be conducted.

FAMILY PLANNING

Under RCH, strengthening of infrastructure at all levels, placement of an additional ANM at each sub centre and presence of ASHA at village level have been implemented for reducing the levels of unmet need of contraception. The key family planning initiatives include:

- I. Sterilization services.
- II. Increasing Male Participation in Planned Parenthood, including 'Non Scalpel Vasectomy' (NSV).
- III. Promotion of IUD as a long-term and short-term spacing method.

New interventions to improve access to contraception:

1. A new scheme has been launched to utilise the services of ASHA to deliver contraceptives at the doorstep of beneficiaries. The Scheme is being implemented in 233 districts in 17 States. ASHA is charging a nominal amount from beneficiaries for her effort to deliver contraceptives at doorstep.
2. Under a new scheme launched, services of ASHAs to be utilised for counselling newly married couples to ensure spacing of 2 years after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child. The scheme is operational in 18 States (EAG, NE and Gujarat and Haryana)
3. Ministry of Health and Family Welfare has introduced Short Term IUCD (5 years effectivity) Cu IUCD 375 under the National Family Planning Programme. Training of State Level Trainers has been completed and process is underway to train service providers up to the Sub Centre level.
4. A new method of IUCD insertion (Post-Partum IUCD insertion) has been introduced by the Government.
5. Promoting Postpartum Family Planning services at district hospitals by providing for placement of dedicated family planning counsellors and training of personnel.

Key Activities undertaken under Family Planning Programme:

1. Promotion of IUCDs as a short & long term spacing method:
 - a. Hindustan Latex Family Planning Promotion Trust (HLFPPT) has been engaged to support states to conduct interval IUCD training and also post training follow-up of trained personnel. HLFPPT would also follow-up sample cases of IUCD insertion to ensure retention.
 - b. Directive has been issued to the states to notify fixed days/ per week at SHC and PHC level for conducting IUCD insertions.
 - c. Introduction of Cu IUCD 375 (5 years effectivity) under the Family Planning Programme.
2. Emphasis on postpartum family planning services:

- a. Jhpiego (an affiliate of Johns Hopkins University) is providing technical support to 6 high focus states (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh) to train service providers in PPIUCD at DH and SDH level.
 - b. Other states have also proposed for PPIUCD training and budgeted under 2012-13 PIP. Around Rs. 2.97 Crores has been approved for training of 6000 Personnel in PPIUCD.
 - c. Appointing dedicated counsellors at high case load facilities. Government of India has approved around Rs. 12.6 Crores for appointment of 1275 counsellors.
3. Assured delivery of family planning services: During 2012-13, all the states have shown their commitment to strengthen fixed day family planning services for both IUCD and sterilisation and it has been included under quarterly review mechanism to assess progress made by the states.
4. Quality assurance in family planning
5. Scheme of Home delivery of contraceptives by ASHAs at doorstep of beneficiaries.
6. Scheme for ASHAs to ensure spacing in births:
- a. Under the scheme, services of ASHAs to be utilised for counselling newly married couples to ensure delay of 2 years in birth after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child.
 - b. The scheme is being implemented in 18 States of the country (8 EAG, 8 NE and Gujarat and Haryana)
 - c. ASHA would be paid following incentives under the scheme:
 - Rs. 500/- to ASHA for ensuring spacing of 2 years after marriage.
 - Rs. 500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child.
 - Rs. 1000/- to ASHA in case, the couple opts for a permanent limiting method up to 2 children only.
 - d. The scheme is operational from 16th May 2012.
7. Celebration of World Population Day & Fortnight(July 11-24, 2012)
- For the first time, World Population Day was celebrated in the country in all states (Except Assam) in 5530 blocks of 621 districts in all the states. The event was observed over a month long period, split into an initial fortnight of mobilisation/sensitisation followed by a fortnight of assured family planning service delivery.

DISEASE CONTROL PROGRAMMES

NATIONAL LEPROSY ERADICATION PROGRAMME

The Services for diagnosis and treatment (Multi drug therapy) are provided by all primary health centres and Government dispensaries throughout the country free of cost. Difficult to diagnose and complicated cases and cases requiring reconstructive surgery are referred to district hospital for further management. ASHAs under NRHM are being involved to bring out leprosy cases from villages for diagnosis at PHC and follow up cases for treatment completion.

Under the National Leprosy Eradication Programme, India achieved the principal goal of elimination of leprosy i.e. prevalence Rate of <1 case/10,000 population at national level in December 2005, when the recorded Prevalence Rate came down to 0.95/10,000 population, this has been further reduced to 0.68/10,000 in March, 2012. 32 State/UTs have achieved elimination by March 2012. Annual New Case Detection Rate (ANCDR/100,000 Population) has also come down to the level of 10.35 as on 31st March 2012 indicating a marginal reduction in ANCDR of 1.24% from 2010-11(10.48). Greater emphasis is given to disability prevention and medical rehabilitation. The number of institutions providing Re-constructive Surgery (RCS) services has increased to 92 by inclusion of more medical college/district hospitals and involving NGOs. Altogether 92 (Govt.- 51 and NGO- 41) Institutions have been recognized for conducting Reconstructive Surgery in Leprosy Affected Persons. During the year 2011-12 a total of 2548 RCS (Govt. – 996 and NGO – 1552) were conducted, as against 2570 RCS in 2010-11 (Govt.- 50 & NGO - 40). During 2011-12, 209 high endemic districts with Annual New Case Detection Rate (ANCDR) >10/100,000 population have been identified for special activities as listed below:

- Active search
- Capacity building of staff
- Awareness drive
- Enhanced monitoring and supervision
- Validation of MB and child case

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Tuberculosis is a major public health concern in India. The country accounts for nearly one-fifth of the global TB incidence and in 2009, out of the estimated annual incidence of 9.4 million TB cases, 2.0 million were estimated to have occurred in India. The Revised National TB Control Programme (RNTCP), based on internationally recommended strategy of Direct Observed Treatment Short Course (DOTS), has the objective of detecting at least 70% of cases and curing at least 85% of new sputum positive patients. As a result, TB mortality in the country has reduced from over 42/lakh population in 1990 to 23/lakh population in 2009 as per the WHO global report 2010. The prevalence of TB in the country has reduced by 67%, from 568/lakhs population in 1990 to 185/lakh population.

The Major policy reform undertaken during 2012-13 includes:

1. Mandatory notification of all TB cases by all Health Establishments in the country, both public and private sectors.
2. Introduction of case based web based system of electronic recording and reporting of TB cases (Nikshay)
3. Early diagnosis of drug resistant TB cases by expansion of MDR-TB suspect criteria to include all retreatment smear positive TB cases and positives on any follow up.
4. Introduction of CD-NAAT for early and additional case detection on pilot basis.
5. Policy to offer voluntary counselling and testing to all TB suspects for early diagnosis of HIC in TB patients (in high prevalence areas)
6. Pilot for cross-referral of TB and diabetes patients for early diagnosis of both the diseases.
7. Revision of dosing for paediatric TB cases with increasing the number of weight bands for optimal dosage.

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME, (NVBDGP)

Vector borne diseases, viz., Malaria, Dengue, Chikungunya, Japanese Encephalitis (JE) Lymphatic Filariasis and Kala-azar, are major public health concerns and impede socio-economic development. The National Vector Borne Disease Control Programme (NVBDGP) is an umbrella programme for prevention and control of vector borne diseases, which is subsumed under the National Rural Health Mission. Three-pronged strategies are being implemented, namely, disease management including early case detection and prompt treatment, strengthening of referral services; integrated vector management including Indoor Residual Spraying, use of insecticide treated bed nets/ Long lasting insecticidal nets, larvivorous fish and supportive interventions like human resource development, behaviour change communication, public private partnership, monitoring & evaluation, and operational research.

The brief situation of the diseases and initiatives taken for prevention and control of the Vector Borne Diseases are as under:-

i) MALARIA

The most endemic areas are North Eastern States, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Andhra Pradesh, Maharashtra, Gujarat, Rajasthan, West Bengal and Karnataka. Presently, the malaria incidence reported by states is around 1.50 million cases and deaths below 1000. During 2012 (till August updated on 1.10.12), 0.58 million cases with 157 deaths have been reported. About 80% of malaria cases and deaths are reported from North-Eastern (NE) states, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Andhra Pradesh, Maharashtra, Gujarat, Rajasthan, West Bengal and Karnataka. Interventions like early detection of the cases by RDT with the help of ASHAs and community volunteers and Artemisinin based Combination Therapy have been introduced for Pf cases to tackle the Chloroquine resistance problem and management of severe malaria cases and prevent deaths.

The GFATM Round 9 supported Intensified Malaria Control Project – II (IMCP-II) (October 2010 – September 2015) to scale up preventive and curative interventions for control of malaria in about 42.53 million population (2008) living in the 86 districts of 7 North-Eastern States. The project has been developed based on experiences gained and lessons learnt during the implementation of the

GFATM Round 4 supported IMCP (2005-2010) and the National malaria program in general. The goal of IMCP-II is to reduce malaria related mortality and morbidity in the project states by at least 30% by 2015 as compared to the levels in 2008.

The five-year World Bank supported project for malaria control and Kala-azar Elimination in 93 malaria affected districts of eight states namely Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha & Karnataka and 46 Kala azar districts in three states namely Bihar, Jharkhand and West Bengal has also been approved by GOI and being implemented from March 2009. The additional support provided under this project is to provide assistance for human resource to bridge the gap and their capacity building, long lasting insecticidal nets (LLIN) for interruption of transmission and up-scaling of rapid diagnostic kits for quick detection of Pf malaria and effective Artemisinin based Combination Therapy (ACT) for prevention and control of malaria cases.

Following initiatives have been taken:

- High malaria endemic areas have been identified. Accordingly additional input are being given for intensification of control measures which includes following:
 - i. 100% Central assistance inclusive of operational cost to all North-Eastern states.
 - ii. Additional assistance through Global Fund supported project to seven North-Eastern states (excluding Sikkim).
 - iii. Additional inputs through World Bank assisted project to 50 districts of five states namely Andhra Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh and Odisha. Further 74 districts have been added during phase-II which commenced from February 2011 including 43 high malaria endemic districts from Karnataka, Maharashtra and Gujarat and 31 districts of Jharkhand, Odisha and West Bengal which were covered under IMCP.
- Strengthening of Human Resource by providing contractual District Vector Borne Disease Consultants, Malaria Technical Supervisors, Multi-purpose Workers Male, Lab Technicians and involvement of ASHAs for surveillance and treatment.
- Up scaling use of Rapid Diagnostic Test Kits for diagnosis of Pf cases in areas where microscopy facility are not readily available.

- Use of effective anti-malarial, ACT i.e. Artemisinin Base Combination Therapy (Artesunate + Sulphadoxine & Pyremethamine) for all Pf cases to reduce mortality.
- Up scaling use of long lasting insecticidal nets (LLIN).
- Intensified supervision and monitoring of programme implementation especially spraying.

ii) LYMPHATIC FILARIASIS (LF)

In India, Lymphatic Filariasis (LF) has been endemic in 250 districts covering 15 states and 5 Union Territories (UTs). The at-risk population is about 600 million. As per National Health Policy 2002, elimination of LF from India has been targeted by 2015. To achieve that goal, annual single dose of Mass Drug Administration (MDA) to all eligible population of endemic districts with DEC tablet has been in operation since 2004. During 2007, co-administration of Albendazole tablet with DEC has been started. Since LF is a debilitating disease, morbidity management in terms of promotion of home base care of lymphedema cases and up-scaling of hospital based hydrocele cases has been initiated and augmented over the year. During 2011, MDA was observed in 19 states/UTs with average coverage of 87.89 per cent. The only state which could not conduct MDA during 2011 was Bihar as the state could not procure DEC tablets which was decentralised in March, 2011. MDA 2012 round has started from November onwards.

The following initiatives have been taken:

- i. Annual MDA in endemic districts in 20 states/UTs
- ii. Morbidity management for disability alleviation of cases with manifestations like elephantiasis and hydrocele
- iii. Intensified IEC and social mobilisation.
- iv. Process of conducting Transmission Assessment Survey in Goa, Puducherry and Daman & Diu for validation.

iii) DENGUE/CHIKUNGUNYA

For control of Dengue fever that is emerging as major threats in urban, peri-urban and rural areas, due to expanding urbanization, deficient water and solid waste management, the emphasis is on avoidance of mosquito breeding conditions in homes, workplaces and minimizing the man-mosquito contact. In 2010, 28292 cases and 110 deaths and in 2011, 18860 cases and 169 deaths were reported. During 2012 (up to 30.09.12), 18739 cases and 115 deaths have been reported.

Chikungunya re-emerged in 2006 and 1.39 million cases of Chikungunya fever were reported. However, in 2010, 48176 cases and during 2011, 20402 cases of clinically suspected Chikungunya fever cases were reported. During 2012 (up to 30.09.12), 11928 cases have been reported.

Improved surveillance, case management and community participation, inter-sectoral collaboration, enactment and enforcement of civic bye-laws and building bye-laws are being emphasized for prevention and control of both Dengue & Chikungunya.

The following initiatives have been taken:

- Govt. of India has prepared a strategic Action Plan for prevention and control of Dengue and Chikungunya in the country and sent to the state(s) for implementation.
- Diagnostic facilities have been increased from 170 Sentinel Surveillance Hospitals (SSH) to 347 which are linked to 14 Apex Referral Laboratories.
- Adequate supply of diagnostic kits at the periphery.
- Monitoring of vector population in vulnerable areas.
- Capacity building for the medical officers for case management.
- Intensive social mobilization campaigns through IEC/BCC activities for community involvement.

- A Long Term Action Plan was developed and sent to the States in 2007. The Mid Term Plan for prevention and control of dengue has been developed in 2011 and the main components of strategy for Prevention and control of Dengue are as follows:
 - a. Surveillance - Disease and Entomological Surveillance
 - b. Case Management - Laboratory diagnosis and Clinical Management
 - c. Vector Management - Environmental management for Source Reduction, Chemical control, Personal protection and Legislation
 - d. Outbreak response - Epidemic preparedness and Media Management
 - e. Capacity building- Training, strengthening human resource and operational research
 - f. Behaviour Change Communication - Social mobilization and information Education and Communication (IEC)
 - g. Inter-sectoral coordination - Health, Urban Development, Rural Development, Panchayati Raj, Surface Transport and Education sector
 - h. Monitoring and Supervision - Analysis of reports, review, field visit and feedback.

iv) JAPANESE ENCEPHALITIS (JE)

Japanese Encephalitis is a major public health problem in Uttar Pradesh, Assam, Andhra Pradesh, Goa, Haryana, Karnataka, Manipur, Tamil Nadu, Bihar and West Bengal. In year 2010, 5167 cases and 679 deaths and in 2011, 8249 cases and 1169 deaths due to Acute Encephalitis Syndrome (AES) were reported. During the year 2012 (till 01.10.12), 6240 cases of AES and 964 deaths have been reported. Out of this, 2522 cases and 359 deaths are reported from Uttar Pradesh.

In addition to various JE control measures like strengthening of surveillance, case management facilities, vector control and other supportive interventions, J.E. vaccination programme for children between 1 and 15 years of age under the Universal Immunization

Programme, using single dose live attenuated SA-14-14-2 vaccine, has been initiated during 2006 wherein 11 districts from four JE endemic states were covered. 109 districts have been covered under JE Vaccination till 2011.

The following initiatives have been taken:

- Strengthening of diagnostic facilities through 77 sentinel surveillance laboratories and 13 Apex Referral laboratories
- Strengthening of case management and trained manpower resource by capacity building
- Early case reporting and referral of cases to nearest health facility.
- Intensification of IEC campaign and continuous monitoring of disease situation
- JE sub-office of Regional Office for Health & Family Welfare (ROH&FW) which is manned by Public Health Specialist has been established in Gorakhpur.
- GOI has also established Vector Borne Disease Surveillance Unit (VBDSU) at BRD Medical College, Gorakhpur for taking timely preventive measures.
- With the initiative of GOI, NIV field Unit at Gorakhpur has been established for detection and isolation of non- JE viruses.
- Provisions of ICU facilities at district level for better case management, Incentivisation of ASHA for disseminating information on causation and prevention of AES/JE as well as for encouraging community for early referral of sick patients.
- For combating menace of encephalitis in Eastern Uttar Pradesh which is the epic-centre of infection, following proposals have been approved:
 - a. For tackling severity of AES/JE, paediatric ICUs shall be established in 9 districts in Eastern Uttar Pradesh. Similarly, public health measures as per the approved model shall also be undertaken in these 9 districts.
 - b. Provision of ventilator support at BRD Medical College, Gorakhpur.

- c. Establishment of 100 bedded hospital for treatment of AES/JE cases at BRD Medical College, Gorakhpur and provision of human resource for already established 50 bedded JE epidemic ward at BRD Medical College, Gorakhpur.

v) KALA-AZAR

Kala-azar is endemic in 52 districts of four endemic states Bihar (31), Jharkhand (4), West Bengal (11) and Uttar Pradesh (6). The Kala-azar Control Programme was launched in 1990-91. The annual incidence of disease has come down from 77,102 cases in 1992 to 29000 cases in 2010 and deaths from 1,419 to 105 respectively. During the year 2011, 33140 cases & 80 deaths and during 2012 (till August updated on 26.09.12), 15423 cases and 21 deaths have been reported.

The following initiatives have been taken:

- Diagnostic tools i.e. RDK for Kala-azar has been introduced in all the Kala-azar endemic districts.
- Effective Oral drug – Miltefosine has been introduced and expanded in all the affected districts as first line of treatment.
- Indoor residual spray with DDT 50% for vector control.
- Incentive to the Kala-azar patient towards loss of wages @ Rs. 50/- per day during the period of treatment.
- Free diet support to the patient and one attendant accompanying the patient.
- Incentive to ASHA for Rs. 200/- per patient (Rs. 50/- for referring a suspected case and Rs. 150/- after completion of the treatment after confirmation through RDK).
- Construction of pucca houses for the mushar community in Bihar in collaboration with the Ministry of Rural Development, Gol.
- Support to states for engaging 46 VBD Consultants and 276 Kala-azar Technical Supervisors (KTS) in 46 districts under World Bank Supported Project.

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).

The programme is being implemented in a decentralized manner through respective State Governments. Cataract surgeries, provision of free spectacles to poor school children, collection of donated eyes for corneal transplantation, strengthening of eye care facilities in Government and NGO Sectors, Eye Banking and Eye Donation, IEC, assistance for treatment/management of other eye diseases like diabetic retinopathy, glaucoma, corneal transplantation, vitreo-retinal surgery, treatment of childhood blindness etc. are major eye care activities under the programme. The allocation for the 11th Plan (2007-12) for NPCB was Rs. 1250.00 crore. The allocation for the current financial year (2012-13) is Rs. 290.00 crore.

Physical targets and achievements

Cataract operations:

Year	Target	Cataract operations performed	% surgery with IOL
2011-12	70,00,000	62,41,769	95
2012-13	70,00,000	21,17,840	95

* Figures of physical performance for the year 2012-13 are as on 30.11.2012.

School Eye Screening Programme:

Year	No. of free spectacles provided to school age group children with refractive errors	
	Target	Achievement
2011-12	6,00,000	6,18,876
2012-13	10,00,000	96,534

* Figures of physical performance for the year 2012-13 are as on 30.11.2012.

Collection of donated Eyes:

Year	Collection of donated eyes	
	Target	Achievement
2011-12	60,000	48,014
2012-13	60,000	19,290

*Figures of physical performance for the year 2012-13 is as on 30.11.2012.

Training of Eye Surgeons:

Year	Target	No. of eye surgeons trained
2011-12	400	350
2012-13	400	200

* Figures of physical performance for the year 2012-13 are as on 30.11.2012.

INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

Integrated Disease Surveillance Project (IDSP), a World Bank assisted project, aims to strengthen disease surveillance for infectious diseases to detect and respond to outbreaks quickly. Under the project, Surveillance units have been established in all states/districts (SSU/DSU). Training of State/District Surveillance Teams and Rapid Response Teams (RRT) has been completed in all States. A country wide Information Communication Technology (ICT) network connecting all District H.Qrs, State H.Qrs, major medical colleges and central surveillance unit at NCDC has been established with support from National Informatics Centre (NIC) and Indian Space Research Organisation (ISRO). Presently 90% districts report weekly surveillance data on epidemic prone diseases through www.idsp.nic.in portal. These data are analysed by SSU/DSU to detect and respond to outbreaks. On an average 30-35 outbreaks are detected, reported and responded to by states every week. A 24x7 call centre (1075) has been established to receive disease alerts which are referred to concerned SSU/DSU through e-mail/telephone for response. A referral lab network has been established in 9 states by utilising the existing diagnostic services for epidemic prone diseases during outbreaks. Under the IDSP 12 labs have been strengthened for influenza surveillance. A total of 1675 outbreaks were reported and responded to by States in 2011(Jan-Dec, 2011). All the activities presently being undertaken under IDSP are proposed to be continued during the 12th Five Year Plan (2012-17) under NRHM with an outlay of Rs. 851 Crores with domestic budget support.

MONITORING & EVALUATION

The Health Management Information System (HMIS) Portal was launched in November 2008. This is web-based application software for collection, compilation and dissemination of data / information on some critical parameters of health sector. HMIS has resulted in fast flow of information and has reduced the number of reporting forms. Presently, all districts of the States / UTs are reporting on HMIS portal. With a view to facilitate micro-planning, States / UTs were encouraged to shift to facility based reporting on various performance indicators relating to Maternal, Child health and Family Planning etc from April 2011. 332 districts have already shifted to facility based reporting and the remaining districts are in the process of shifting. HMIS portal also provides data on infrastructure details and trainings

conducted at State/district level through annual and quarterly reports. Regular efforts are on to ensure complete data reporting and data quality through validation checks. Many features have been incorporated in HMIS to facilitate States / UTs in monitoring the progress of data entry and data quality. Efforts are being made to incorporate more parameters so that ultimately HMIS provides a single/common reporting platform to meet information needs of Programme Divisions. The emphasis is on using this information for evidence-based planning and monitoring at all the levels. HMIS data is being used by the Ministry as well as by the States in Programme Implementation Plans (PIPs) and in periodic reviews. HMIS is emerging as a single tool for collection, compilation and dissemination of health sector information. Efforts are being made to augment analytical capabilities of users through HMIS Augmentation project.

The Annual Health Survey (AHS) launched by the Ministry aims to prepare District Health Profile including IMR, MMR, TFR etc and is being conducted by Registrar General of India in 284 districts in the EAG States and Assam on an annual basis.

District Level Household Survey (DLHS):- DLHS -3 was the third in the series of the district surveys, and was conducted in 2007-08. DLHS-3 served as the midline survey as envisaged under the Reproductive and Child Health (RCH) –II programme for evaluation of the services in order to assess impact of various programs. DLHS-4 is being conducted in 26 States / UTs where Annual Health Survey (AHS) is not being conducted. District wise factsheet would be available during 2013 and detailed National / States reports would be brought out subsequently. Data from AHS and DLHS-4 will be used to prepare National report.

A name-based Mother and Child tracking system is being put in place whereby pregnant women can be tracked to ensure that all pregnant women receive their Ante-Natal Care Check-ups (ANCs) and Post-Natal Care (PNCs) and also track children to ensure administration of all immunization. The system aims to provide a feedback system to the health functionaries for improving their outreach activities.

FORWARD LINKAGES SCHEME TO NRHM IN THE NORTH EAST

With a view to complement & supplement the initiatives under the NRHM by improving the Tertiary and Secondary level health infrastructure in the North East Region, the Scheme for Forward Linkages to NRHM in NE has been introduced during the 11th Five Year

Plan with an outlay (to be financed from likely savings from other Health schemes) of Rs. 900 Crore. The scheme envisages handholding the North East States in strengthening and upgrading select tertiary and secondary level health facilities in a comprehensive manner. An amount of Rs. 110.00 crore has been allocated in BE for the year 2012-13 under the Forward Linkages Scheme.

PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

Keeping in view the need to provide affordable tertiary health care services and quality medical education in the country, Government of India launched Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) for establishing six AIIMS-like institutions and upgrading existing 13 medical college institutions in the first phase, and two AIIMS like institutions and upgradation of 6 more medical college institutions in the second phase. Cabinet approved revised cost estimates of Rs. 9307 crore for the projects in the first phase and Rs. 3427.5 Crore in respect of second phase of PMSSY.

Status:

A. Setting up of AIIMS-like institutions

PMSSY envisaged construction of 6 AIIMS-like institutions in the first phase at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh, at an estimated cost of Rs. 840 Crore. The Construction of Medical College Complex (Package-I) at all six sites started in May/June, 2010 and Hospital Complex in September, 2010. The academic session for 50 MBBS seats has commenced at six new AIIMS in September 2012 and hospitals are likely to be operational by September 2013. The Residential complexes at Jodhpur and Raipur have been completed. The Work for Package III – Electrical Services has been awarded for all six sites. In respect of Package IV, i.e. Estate Services and Public Health Services, work has been awarded for AIIMS-Bhopal, Patna and Raipur. Society for each AIIMS-like institution has been registered. 1145 posts were sanctioned for each institution to be filled in the first phase of recruitment process. Directors in all six AIIMS have assumed charge. For the proposed two AIIMS one each in West Bengal and Uttar Pradesh, land required for the institutions is yet to be acquired.

B. Up gradation of existing Government medical college institutions

Upgradation programme broadly envisages improving health infrastructure of existing Government Medical college Institutions through construction of Super Specialty Block/Trauma Centre etc. and procurement of medical equipment for existing as well as new facilities. Out of 13 existing Government Medical College institutions taken up for upgradation in the first phase of PMSSY, civil work at 5 medical colleges, viz. Thiruvananthapuram Medical College; Bangalore Medical College; Salem Medical College; NIMS, Hyderabad, SGPGIMS, Lucknow has already been completed. As regards Jammu Medical College, civil work for Super Specialty Block has been completed except installation of integrated Operation Theaters. Work at remaining institutions is in progress.

Out of 6 Medical College institutions taken up for upgradation in the second phase, civil work for Government Medical College, Tanda, Jawaharlal Medical College of Aligarh Muslim University, Aligarh and Amritsar Medical College have been awarded. Tender for civil work at Government Medical College, Madurai is under evaluation/finalization. At Nagpur Medical College, upgradation programme involves only procurement of equipments, and procurement process has already been initiated. As regards Pandit. B.D. Sharma Postgraduate Institute of Medical Sciences Rohtak, detailed Project Report has been approved.

UPGRADATION /STRENGTHENING OF STATE GOVERNMENT MEDICAL COLLEGES

The Centrally sponsored scheme for strengthening /upgradation of State Government Medical Colleges aims to address the issue of shortage of faculty in Pre and Para clinical disciplines and to ensure that specialists with the requisite clinical disciplines are available in public health facilities. The scheme envisages a one- time grant of Rs.1350 crores, to be funded by Central and State Government in the ratio of 75:25. During the period 2011-12, 26 medical colleges were strengthened and upgraded at a total cost of Rs.225 crore and during 2012-13(Upto 07th December, 2012), 21 medical colleges were strengthened and upgraded at a total cost of Rs.152.75 crore. So, far 214 PG seats have been increased by the various medical colleges.

DEVELOPMENT OF PARAMEDICAL SERVICES

A centrally Sponsored Scheme for establishment of one National Institute of Paramedical Sciences (NIPS) at Delhi and eight Regional Institutes of Paramedical Sciences (RIPS) at Bhubaneswar, Lucknow, Coimbatore, Chandigarh, Hyderabad, Bhopal, Patna and Aurangabad as well as developing the existing RIPANS, Aizawal as the 9th RIPS and manpower development to support State Government Medical Colleges through one time grant has been initiated during the 11th Plan period. The Scheme aims to augment the supply of skilled paramedical manpower and promote paramedical training through standardization of such education/courses across the country. As regards activities under the scheme, land has been finalized for NIPS and six RIPS namely Chandigarh, Hyderabad, Coimbatore, Bhubaneswar, Lucknow and Nagpur. Hindustan Lifecare Limited has been directed to start the work on preparation of DPR in respect of NIPS, Najafgarh and RIPS, Chandigarh and concept plan of all other RIPS. Under man power development component of the scheme one time grant in aid is to be provided to the State Government medical colleges for conducting paramedical courses .Based on the proposals received, Rs. 21.22 crore in respect of five medical colleges have already been released.

UPGRADATION/STRENGTHENING OF NURSING SERVICES

In order to update the knowledge and skills of the nursing personnel, “Continuing Nursing Education Programme” was started in the area of different nursing specialty for staff nurses, Educational technology for teachers of schools and colleges of nursing and Management Techniques for nursing administrators. So far, 149 courses have been conducted during the 11th plan period and trained 4446 Nursing personnel. With a view to improve the quality of training at the existing Government Schools/Colleges of Nursing an assistance of Rs. 25 lakhs per Institution was provided under the scheme during the 11th Plan period. This assistance is meant for procurement of audio-visual aids, improvement of library, laboratory equipment, addition/alterations in the School/Colleges/Hostel building. So far during 11th plan, 127 Institutions have been strengthened under the scheme. In order to increase the availability of graduate nurses and to train more graduate nurses, a new sub-scheme under the Development of Nursing Services has been initiated during the Xth Plan. One time assistance of Rs. 1.5 crores was then revised during XIth Plan period to Rs. 6.00 crore with recurring cost during Plan period. This is a fully central scheme

and funds are given to the State Government Institutions for upgrading a School of Nursing attached to Medical College into College of Nursing. The funds are released to the Institutes subject to the condition that State Government /Institution will bear the recurring expenditure after Plan period. The financial assistance is meant for civil works including addition and alteration of school and hostel building and for furniture, audio- visual aids. 24 institutions have been released financial assistance for upgrading into College of Nursing during 11th Plan period.

CCEA approved a proposal for opening of 132 ANM Schools and 137 GNM Schools in those districts of the states where there are no such schools. 154 districts in 23 High Focus States have been identified having no ANM and GNM schools. A sum of Rs. 424.74 crore has been released to open 62 ANM School and 70 GNM School during 11th Plan period. It is proposed to continue the scheme during 12th plan period. In order to meet the shortage of qualified Post Graduate teachers in nursing to improve the quality of nursing education in the high focused States, a faculty Development programme has been approved and nominations have been received from 7 States for undergoing training in M.Sc (Nursing) at the identified Institutions.. It is proposed to continue the scheme with inclusion of Post basic B.Sc (N) Course also. An amount of Rs. 1.00 crore has been released to 15 states for strengthening /upgradation/establishment of Nursing Cell/council during the 11th Plan period. It is proposed to continue the scheme for the remaining states in order to develop a nursing informatics system, live register and also to facilitate implementation of Central Sector and centrally sponsored schemes in states.

REDEVELOPMENT/UP GRADATION OF HOSPITALS / INSTITUTIONS

Attention has been given to modernisation and comprehensive development of Hospitals /medical institutions, which have been constructed at an early time. Approval has been received for re-development plan of Lady Hardinge Medical College and Kalawati Saran hospital, New Delhi. Efforts are being made for undertaking redevelopment plan of All India Institute of Medical Sciences, New Delhi, JIPMER, Puduchery and PGIMER Chandigarh. Importance has also been given to modernization and strengthening of various Hospitals, which include Dr RML Hospital New Delhi, Regional Institute of Medical Sciences, (RIMS), Imphal, Regional Institute of Paramedical and Nursing Sciences(RIPANS), Aizwal, Lokopriya Gopinath Bordoloi Regional College, Tezpur

SAFDARJUNG HOSPITAL & VMMC, NEW DELHI

Safdarjung Hospital, New Delhi provides medical care to millions of citizens not only of Delhi but also the neighbouring states. It has 1531 bed capacity and is one of the largest hospitals in Delhi. The hospital has a Medical College associated with it named Vardhman Mahavir Medical College. This hospital provides services in major specialties and super specialties like Cardio thoracic surgery, Cardiology, Cardio vascular sciences centre, Neuro surgery, Burns and Plastic surgery, Urology, Respiratory and Critical care Medicine, Gastroenterology etc. Further it has modern imaging facilities including C.T.Scanner, Cardiac Cath Lab, and M.R.I. Spiral C.T. Scan Etc. The Sports Injury Centre has been established to upgrade Sports Injury Unit functioning at the Central Institute of Orthopaedics at Safdarjung Hospital and to provide Comprehensive Surgical, Rehabilitative and Diagnostic services under one roof for specialized treatment of Sports and related Joint disorders to the Sports persons. The Centre is now functioning as an independent full-fledged department.

Indicators	(Jan.'2011- Dec.'2011)	(Jan.'2012- Nov.'2012)
Hospital Beds		
Sanctioned	1531	1531
Existing	1531	1531
Bed Occupancy Rate		
a. Medicines & specialities	193%	145%
b. Surgery & Specialities	101%	98%
C. Paediatrics & Specialities.	113%	110%
OPD Attendance	2306539	2223870
Inpatient Attendance	129943	116710
Total Hospital attendance(OPD)	2436482	2340580

DR. RAM MANOHAR LOHIA HOSPITAL & PGIMER, NEW DELHI

Dr. RML Hospital, New Delhi caters to the needs of the people of Delhi and also adjoining States. The hospital provides services in 25 specialities including Neuro Surgery, Cardiology, Cardio Thoracic and Vascular Surgery, Burns & Plastic Surgery, Surgery, Gastro-Entrology, Paediatrics, Nephrology, Neurology and Urology. The hospital has been selected by the WHO to be developed as a model health promotion hospital. The hospital has a major role in the management of disasters and played a pivotal role during the earthquake in Sikkim, bomb blast at High Court and disaster in Kokrajhar, Assam. Renal Transplant is successfully operational in this hospital. General maternity has been started in the department which has been a great benefit to the female obstetric patients.

The details of patient care services of Dr. RML Hospital during the last three years are given below:

Indicators	2010	2011	2012 (up to 30.09.2012)
Hospital Beds			
a. Sanctioned	1059	1065	1065
b. Existing	1059	1065	1065
Bed Occupancy Rate			
a. Medicine & Specialties (%)	69.1	72.9	73.1
b. Surgery & Specialties (%)	67.2	64.9	65.4
c. Pediatrics & Specialties (%)	90.1	64.6	65.8
Total OPD attendance	1358049	1438611	1309260
Inpatient Attendance	55506	56880	45002

The PGIMER Institute of Dr. RML Hospital is at present affiliated to Guru Gobind Singh Indraprastha (GGSIP) University, Delhi. For the academic session 2012-13, the university affiliated 77 seats of broad specialities and 14 seats for super specialities.

LADY HARDINGE MEDICAL COLLEGE & KALAWATI SARAN CHILDREN HOSPITAL, NEW DELHI

Lady Hardinge Medical College provides medical education for under graduate and post graduate courses, along with hospital services, while Kalawati Saran Children Hospital provides medical care service exclusively for paediatric patients. The Hospital has a full-fledged department of Physical Medicine and Rehabilitation for imparting curative, preventive and rehabilitation services to handicapped patients.

In order to implement the Central Education institution (Reservation in admission) Act 2006 passed by the Parliament, number of seats in the Medical College was increased from 130 to 200 for MBBS course and from 72 to 142 seats in post graduate courses. The bed strength of Smt. Sucheta Kriplani Hospital is 1247 and that of Kalawati Saran Children Hospital is 370 beds. The sanctioned additional bed strength is to be increased under phase I of the comprehensive Redevelopment Plan of LHMC and associated hospitals by 570.

A Comprehensive Redevelopment Plan of LHMC has been prepared, which is to be implemented in 3 Phases. Under Phase I, it was decided to create additional infrastructure essentially required for additional UG and PG admissions and included the construction of buildings such as Academic building, Accident and Emergency, OPD, Indoor patient Department, Radiotherapy, Undergraduate students' Hostels, Post Graduate students' Hostels, Type III and Type IV staff Quarters. Comprehensive Redevelopment Plan and Enlarged concept plan for Phase I was approved by the Project management Committee and HSCC(I) Ltd was appointed the Project Consultant by the Ministry of Health and Family Welfare for preparation of EFC and monitoring/ supervising the construction of buildings. Open tenders were floated by HSCC(I) Ltd on behalf of LHMC for selection of the construction agency for construction of Hospital and Residential buildings in Jan. 2011. EFC for adding additional infrastructure (additional buildings, additional manpower and additional equipment) for additional admissions was prepared and was approved by the competent authority for a total cost of Rs. 586.49 crore. Ministry has granted permission on 2nd Feb. 2012, to award the work to the selected agencies for starting the construction of hospital and residential buildings. As of now, the construction of Hospital and Residential buildings is in full swing.

ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION, MUMBAI

All India Institute of Physical Medicine and Rehabilitation is an apex Institute rendering comprehensive rehabilitation services to the persons with disability in general and locomotors disability, in particular. The institute strives to create and provide comprehensive rehabilitation services for all categories of Neuro-musculo-skeletal disorders including non-communicable diseases. The Institute collaborates with leading Engineering / Technical Institutes, Medical and Non-Government Organizations in evolving designs and aids and appliances and strategies for delivering the same. During 2011-12, 57 PG students and 77 UG students were enrolled for various courses in rehabilitation disciplines. During 2012-13, 51 PG students and 88 UG students were enrolled for various courses in rehabilitation disciplines.

CENTRAL INSTITUTE OF PSYCHIATRY, RANCHI, JHARKHAND

The Central Institute of Psychiatry, Ranchi functions under the administrative control of the Directorate General of Health Services and the Ministry of Health & Family Welfare, New Delhi. The main objectives of CIP have been patient care, manpower development and research. During 2011-12, 469326 patients utilized the services of OPD; 4013 patients were hospitalized for indoor treatment. 19521 and 2220 patients have utilized special clinics & extension clinics respectively. 51 PG students were enrolled during the year. During 2012-13 (upto October, 2012) a total number of 42469 patients have utilized the services of OPD; 2720 patients were hospitalized for indoor treatment. 11705 and 1153 patients have utilized special clinics & extension clinics respectively. 52 PG students were enrolled during this year. The construction of 210-bedded hostel and 15-married resident flats are under construction and likely to be completed by the end of this financial year.

LOKPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH) TEZPUR, ASSAM

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam has been catering to patients from all over the North-eastern region of the country. Apart from the patient care services, the institute has also expanded its activities in the academic field. The

Institute provides training services for manpower development in mental health and engages in research activities. It has envisaged training of psychiatric nurses, psychiatrists, psychiatric social workers, clinical psychologists and rehabilitation personnel in a phased manner.

The OPD accommodates the multidisciplinary team of psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses. There are five special clinics which are held once in a week. The clinics are Epilepsy and Neurology, Geriatrics, Child & Adolescents, Alcohol & Drug Dependence and Psychosomatic Clinic. A total of 74,268 patients were registered in the OPD from April 2011 to March 2012. A total number of 336 beds are available in the indoor department out of which 246 beds are for male patients and 90 beds are reserved for female patients. A total of 1597 patients were admitted during April 2011 to March 2012, which included 1078 new cases and 519 old cases. With the aim of taking mental health care to the community with active participation of the community, the institute is running community extension clinic at Sonitpur and Nagaon Districts at Sootea PHC, CHC Jakhalabanda and mission of charity, Tezpur. During 2012-13, a total number of 31 students were enrolled under different diploma, post graduate and post masters courses run by the institute.

MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES (MGIMS), WARDHA

Mahatma Gandhi Institute of Medical Sciences(MGIMS) at Sewagram, Wardha is India's first rural medical college, established in 1969, as a Gandhi Centenary project for imparting medical training and community based education to students to produce doctors with a rural bias for effective delivery of health care to the deprived rural population. The Institute provides medical education for undergraduate and postgraduate courses, along with hospital services in 19 specialties of medicine. MGIMS has evolved an integrated pattern of medical education and also provides accessible and affordable health care primarily to underprivileged rural communities. The Institute has been annually contributing 65 MBBS and 68 postgraduate (degrees, diploma & DNB) to the pool of doctors in the country. Since 1995, the Institute's graduates have been serving in rural areas for a minimum period of two years in order to fulfill the mandatory eligibility criteria for getting post-graduation in the Institute. During 2011-12, 6,44,343 patients attended the Kasturba hospital as outpatients and 43340 patients were admitted for various ailments. The Pathology, Microbiology and Biochemistry laboratories have in-house facilities to conduct various diagnostic tests and a total of 606245 laboratory investigations were done.

The hospital statistics is given below:

Hospital Statistics	2009-10	2010-11	2011-12
Hospital beds Sanctioned	620+150*	660+120*	660+120*
Existing	770	780	780
Bed Occupancy Rate (Medicine & Specialities)			
Medicine	70.24	78.3	73.2
Skin & VD	55	46.9	40.7
Psychiatry	66.23	51.4	42.5
Total admissions (inclusive of inpatient & outpatient admissions)			
Male	18938	20670	20479
Female	21318	22534	22861
Total	40256	43204	43340

*Service Beds

ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH, KOLKATA

The premiere institute provides multi-professional health training facilities for various disciplines such as doctors, engineers, nurses, nutritionists, statisticians, demographers, social scientists, epidemiologists, micro-biologists and other allied health professionals. The All India Institute of Hygiene and Public Health, Kolkata since its foundation in 1932 is dedicated to Postgraduate teaching and training and research in Public Health and related sciences. The main objectives of the Institute are to develop health manpower by providing post-

graduate (training) facilities of the highest order in Public Health and allied discipline and to conduct research directed towards the solution of various problems of health and diseases in the community. Each year the institute conducts regular courses like MD (Com.Med.), MVPH, M.Sc. (Nutr.), MPH, DPH etc. as per allocated seats and several other short term orientation and training courses in the area of Public health.

The Institute has started various other short term courses and e-courses specifically designed for Doctors, Industrialists, Hygienists, Nutritionists, Chemists, Environmental experts, Safety Managers etc. in the year 2010-11. Two Field Practice Units viz. Urban Health Centre, Chetla, Kolkata and Rural Health Unit & Training Centre, Singur, Hooghly (West Bengal) are operating smoothly under its control. During the year 2011-12, the Institute conducted one MD course in Community Medicine, Master's degree course Veterinary Public Health, Master's degree course in Science (Applied Nutrition), Post Graduate diploma courses viz., DPHM, DPH, DMCW, DNEA (CH), DIH, DHE and Dip. Diet and several other short term orientation and training courses in the area of public health.

ALL INDIA INSTITUTE OF SPEECH AND HEARING (AIISH), MYSORE

The All India Institute of Speech and Hearing (AIISH), Mysore, is the one of the premier organisation in the country, mandated to help and support people with communication disorders. The institute (a) generates and prepares knowledgeable and skilled practitioners in Speech - Language Pathology and Audiology and allied fields, (b) conducts both basic and applied research in areas related to communication disorders, (c) provides affordable, accessible and high-quality speech, language, and hearing clinical services to the needy ones, (d) develops, implements and evaluates education and outreach programs to address the prevention, intervention and control of communication disorders, and (e) educate the public on matters related to communication disorders. During 2011-12, the institute offered a broad range of evidence-based diagnostic evaluation and treatment services for clients with communication disorders of all ages, from infants to the elderly and served 47,756 patients from all over the country and overseas. The specialised clinical units launched during 2011-12 include unit for Structural Orofacial Anomalies, Motor Speech Disorders and Learning Disability. In order to strengthen the infrastructure of the institute, Knowledge park and modern academic building complex have been constructed. During 2011-12 the institute carried out communication disorder screening programmes for 13031 infants, 132 industrial workers and 401 school children as a

part of its outreach clinical service. In addition, it served persons with communication disorders at remote locations through its tele-diagnosis and tele-interventions services. Diagnostic and therapeutic services were also given through its three clinical outreach centres located in remote villages of Chamaraja Nagar, Mandya, and Mysore Districts. Five communication disorder screening camps were conducted in various localities in Karnataka with the objective of detecting communication disorders. The expert speech and hearing and allied health practitioners of the Institute evaluated a total number of 889 citizens at the camps and 242 cases were referred to the institute for further check-up. Further, 123 hearing aids, one audio logical and 39 psychological certificates were also issued at the camps. A total of 426 clients received on-line diagnostic and therapeutic services. During 2012-13, the research activities at the institute were augmented by launching two research laboratories viz., Psychoacoustics lab, which is dedicated to auditory perceptual phenomena in individuals with normal hearing, individuals using hearing aids and cochlear implants and Neurophysiology lab which focuses on understanding how certain key neural areas or circuits in the brain work towards perceiving speech and processing of speech and language.

During 2012-13, (upto September, 2012), the institute offered a wide variety of clinical services to a total number of 27,017 persons with communication disorders. During 2012-13, the institute launched three specialised clinics namely, the voice clinic, clinic for adult and elderly persons with language disorders and centre for hearing implantable devices. The voice clinic provides services to persons with voice disorders across ages. It offers a host of evaluation and management options for individuals with voice disorders. The centre for hearing implantable devices caters to the needs of persons with implantation of hearing devices and the clinic for adult and elderly persons with language disorders provides services to adult and elderly persons.

REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL

The Regional Institute of Medical Sciences established in 1972, aims to bridge the gap of health manpower in the Northeast region. It has a 1074 bedded teaching hospital, equipped with modern equipments and teaching facilities having an intake capacity of 100 Undergraduate and 147 Post Graduate Degree/ Diploma seats. MCh courses in Urology (2 seats) and plastic and Reconstructive Surgery(1 Seat) are also offered by the institute. M.Phil course in clinical psychology (7 seats annually) is also offered by the Institute. A 10 month course in hearing, language and speech (DHLS) with 20 students' intake capacity is conducted in the institute. The phase II

project of RIMS, Imphal which was approved at a cost of Rs.129.36 crores, includes construction of new academic block with library, OPD block, Dental College, nursing college and hostels for students. The construction works commenced during the financial year 2011-12 and continued during 2012-13 and till December, 2012, about 15% of the works were completed. Many new medical equipments such as ERCP, Cold Rooms, Blood Component separator, Force Triad for Surgery, Cytogenetic Lab Equipments, Real Time PCR (DBT funded) were acquired during the year 2011-12. A new Dental College with an intake capacity of 50 BDS students was started in August, 2012.

REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES, AIZAWL

The main objective of the Institute is to provide education in Nursing, Pharmacy and Paramedical Sciences to the whole N.E Region. RIPANS has been identified as 9th RIPS (Regional Institute of Paramedical Sciences), the institute has taken up necessary measures for starting various paramedical courses apart from the present five degree courses. Presently, the Institute is offering 5 degree courses and 2 Diploma Courses. During 2011-12, the total strength of students in various courses was 488 and for the year 2012-13, the total strength of students in the courses run by the institute was 556(as of December 2012). Besides the regular academic courses, the institute also conducts various research project programmes, training and workshops for serving nurses, pharmacist, etc and organises school health programmes and conducts health camps.

VALLABHBHAI PATEL CHEST INSTITUTE, DELHI

Vallabhbhai Patel Chest Institute (VPCI) Is a post graduate medical institution devoted to study chest diseases under University of Delhi and administered by a Governing Body constituted by Executive Council of the University and funded entirely by Ministry of Health and Family Welfare. The Institute fulfills the national need for providing relief to large number of patients in the community suffering from chest diseases. The main objectives of VPCI are to conduct research on basic clinical aspects of Chest Medicine, to train post graduates (D.T.C.D., M.D., DM, Ph.D.) In Pulmonary Medicine and allied subjects, to develop new diagnostic technology and disseminate scientific knowledge related to Chest Medicine to other Institutions in the country and to provide specialized clinical and investigative services to

patients.

The Viswanathan Chest Hospital (VCH), is the hospital wing of the Institute which provides the patient management services with the following facilities; Outpatient Department, Inpatient Facility with 60 beds, 24 hours Respiratory Emergency, 8 bedded Respiratory Intensive Care Unit (with facilities of 7 ventilators), Sleep Laboratory, National Centre of Respiratory Allergy, Asthma and Immunology (NCRAAI), Tobacco Cessation Clinic, National Yoga Therapy Centre, Cardio-pulmonary Rehabilitation Clinic, Picture Archiving and Communication Systems (PACS), Medical Records Section, Oxygen Plant, etc.

During the year 2011-12 the VCH enrolled 10811 new patients, 53371 old patients. A total number of 3917 patients were admitted as Indoor cases. A total number of 16867 were provided 24 hours Respiratory Emergency Services and 491 patients were provided ventilator (invasive and non-invasive) treatment in ICU. The Institute continued its research activities in Chest Diseases and allied sciences. These research projects were sponsored by different agencies of Government of India, World Health Organization, etc. A total of 08 MD students for session (11-14) and 05 MD Student for session (12-15), 10 DTCD students for session (11-13) and 07 DTCD students for session (12-14). In addition, 37 students were given training during 2011-12 and 11 students upto Nov., 2012 in various departments of the institute. 08 research scholars were awarded/submitted the PhD and 24 research scholars pursued their PhD.

FOCUS ON EXCLUDED/NEGLECTED AREAS

NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

To address the huge burden of mental disorders, Government of India is implementing National Mental Health Programme (NMHP) since 1982. The objectives of National Mental Health Programme are:

- To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most Vulnerable sections of the population.
- To encourage mental health knowledge and skills in general health care and social development.

- To promote community participation in mental health service development and to stimulate self -help in the community.

Under the 11th Five Year Plan, the NMHP has been restructured to include the following schemes:

- a) District Mental Health Programme
- b) Manpower Development Scheme.
- c) Up gradation of Psychiatric wings of Government Medical Colleges.
- d) Modernization of Government Mental Hospitals.

At present, District Mental Health Programme (DMHP) has been extended to 123 Districts in 30 States/ UTs. DMHP, in the 11th Plan, contains additional promotive and preventive activities i.e. Life Skills Education and Counselling in Schools, College Counselling Services, and Work Place Stress Management. As regards Manpower Development Scheme, Centres of Excellence in Mental health (Scheme-A): 11 Centres of Excellence in the field of Mental Health have been established by upgrading and strengthening identified existing mental health hospitals/ institutes for addressing the acute manpower gap and provision of state of the art mental health care facilities in the long run. For the Scheme for Manpower Development in Mental Health (Scheme-B): support has been provided for establishment of 27 PG Departments in 11 Institutes (as on December 2012). Funds amounting to Rs. 45,11,45,965/- has been released under various schemes of NMHP during 2012-13(upto December 2012).

ENHANCE EFFORTS AT DISEASE REDUCTION

India is experiencing a rapid health transition, with large and rising burden of Chronic Non-Communicable Diseases especially Cardiovascular Diseases (CVD), Diabetes Mellitus, Cancer, Stroke and Chronic Lung Diseases. Programmes are now being put in place to tackle NCDs like cancer, diabetes, CVD/stroke; trauma and injuries; fluorosis; deafness etc. The Programme for control of Non-communicable diseases is discussed in the following paragraphs.

NATIONAL PROGRAMME FOR CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE

Government of India has launched the “National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)” for reducing the burden of Non-Communicable Diseases (NCDs) such as cancer, diabetes, cardiovascular diseases and stroke which are major factors reducing potentially productive years of human life, resulting in huge economic loss. The NPCDCS has been approved at a total outlay of Rs.1230.90 crore for the 11th Five Year Plan. This includes Rs.499.38 crore for Diabetes, CVDs and Stroke (DCS) component of NPCDCS and Rs.731.52 core for Cancer Control Programme. The expenditure will be met on cost sharing basis with the participating States at ratio of 80:20. The main objectives of the programme is promoting healthy life style through massive health education and mass media efforts at country level, opportunistic screening of persons above the age of 30 years, establishment of Non-Communicable Disease (NCD) Clinic at Community Health Centre (CHC) and District level, development of trained manpower, strengthening of Tertiary level health care facilities and up-gradation of Medical Colleges. During the 11th Plan period 100 identified Districts in 21 States have been taken up and covered under this programme. Funds to the tune of Rs. 121.65 crore were released to 20 States covering 91 Districts for implementation of the programme during 11th plan. Funds to the tune of Rs. 24.31 crore has been released to Uttar Pradesh (covering 9 Districts under the programme) in September, 2012 on receipt of MOU and Bank Account details. Besides, Glucometers, Glucostrips & Lancets are provided to the States for undertaking the opportunistic screening for Diabetes among the population above 30 years. 1.29 crore people have so far been screened for Diabetes & Hypertension in 77 Districts all over the country. The NCD Cells at the Centre, State and District level are monitoring the National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS) in various States. The National NCD Cell has been established at the Centre. As of November, 2012, 20 State NCD Cells and 63 District NCD Cell have been established under the programme. Cardiac Care Units is functioning in 16 districts. Chemotherapy facilities are available in 4 districts. The status of the implementation of the programme in the States is being reviewed in meetings held with State Health Secretaries / State Nodal Officer from time to time.

NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY (NPHCE)

The existing health care facilities for older people in our country in terms of infrastructure, skilled manpower are almost nonexistent. Dedicated and comprehensive health infrastructure is available only in a few medical colleges/institutions. Apart from this, some institutions are running geriatric clinics for the elderly persons.

National Programme for Health Care of the Elderly (NPHCE) is a new initiative under the 11th Five Year Plan. The programme was initiated in October, 2012 in 100 backward and remote districts of 21 states. The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services. Preventive & promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.

The major component of the NPHCE are establishment of 30 bedded Department of Geriatric in 8 identified Regional Medical Institutions (Regional Geriatric Centres), in different regions of the country and to provide dedicate health facilities in District hospitals, CHCs, PHCs and Sub Centres level in 100 identified districts of 21 States of the country. As of November, 2012, Funds have been released to 21 states (covering 100 districts) and all the 8 Regional Geriatric Centres (Regional Medical Institutes) selected under the programme during 2010-12. It is proposed to cover the remaining districts under the programme during the 12th Five Year Plan in a phased manner(@100 districts per year and develop 12 additional regional geriatric centres in selected medical colleges of the country during the first three years of the 12th Plan.

Each of these Regional Geriatric Centres will provide tertiary level of care for referred cases, undertake training programmes and research in the field of Geriatrics. Each of the medical colleges will have Department of Geriatrics with 30 beds and OPD facilities including academic and research wing. These institutes will ensure initiation of 2 PG seats for MD in Geriatric Medicine. Besides, it is proposed to establish National Institute of Aging at AIIMS, New Delhi and Madras Medical College, Chennai during the 12th plan period.

TOBACCO CONTROL ACTIVITIES

Tobacco is the foremost preventable cause of death and disease in the country, as nearly 8-9 lakh people die every year in India due to diseases related to tobacco use. Nearly 30% of cancers in India are related to tobacco use. The majority of the cardio vascular diseases and lung disorders are directly attributable to tobacco consumption. As per the Global Adult Tobacco Survey, India (GATS) Report, 2010, 34.6% of adults in India used tobacco in some form or the other in the country. In order to protect the youth and masses from the adverse harm effects of tobacco usage/second hand smoke (SHS), to discourage consumption of tobacco and to fulfil the obligations under WHO FCTC, the Govt. of India enacted the Anti Tobacco law titled "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003". The Act is applicable to all tobacco products and extends to whole of India. In pursuance of the powers conferred under the said Act, the Central Government has notified the following rules in the year 2011:-

- (i) A new set of pictorial health warnings has been issued vide notification G.S.R. No. 417 (E) dated 27-05-11 and has come into force with effect from 1st December, 2011.
- (ii) The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Amendment Rules, 2011 vide GSR no, 619(E) dated 11-08-11. These rules provide for prohibition on sale of tobacco products to and by persons below age of eighteen years.
- (iii) The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) (Second Amendment) Rules, 2011 vide GSR no. 786(E) dated 27-10-11. These rules have come into effect from 14-11-2011 to provide for regulations on the use of Cigarettes and other tobacco products in the films and TV programmes.

In order to have effective tobacco control measures and implementation of various provisions of the Act and at the same time creating awareness about ill effects of tobacco, a comprehensive National Tobacco Control Programme has been launched in 42 Districts of 21 states. Funds have been released to 12 states for conducting the identified activities under the national tobacco Control programme.

Four national level public awareness campaigns and one dedicated North East campaign using the electronic media (Govt and Private) were launched. During the year 2011-12, manpower resources have been provided to assist focal points at national level (National Tobacco Control Cell) and at state level through the state level consultant at 13 State Tobacco Control Cells:

During 2012-13 (up to December, 2012) Funds have been released to 5 states (Tripura, Rajasthan, Assam, Mizoram, Uttarakhand) for conducting the identified activities under the national tobacco Control programme. During 2012-13 (up to December, 2012), the following Important Rules were notified

1. The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Amendment Rules, 2012 has been notified vide G.S.R 708 (E) dated 21st September, 2012 amending the Rules 7 & 8 of the 2011 Rules (GSR no. 786(E) dated 27-10-11) to regulate the depiction of tobacco products or its use in films and TV programmes. These Rules have come into effects from 2nd October, 2012.
2. The Cigarettes and Other Tobacco Products (Packaging and Labelling) amendment Rules 2011 vide notification G.S.R. No. 724 (E) dated 27-09-12. The new pictorial health warnings have been notified and to be implemented from 1st April, 2013.

TRAUMA CARE CENTRES

For up gradation and strengthening of emergency Trauma Care Facility in State Government Hospitals located on National Highways, a revised scheme at a total outlay of Rs.732.75 crore has been approved for developing a network of 140 trauma care centres along the Golden Quadrilateral covering 5,846 Kms connecting Delhi-Kolkata-Chennai-Mumbai-Delhi, North-South & East-West Corridors covering 7,716 Kms connecting Kashmir to Kanyakumari and Silchar to Porbandhar respectively of the National Highways during the 11th five year plan period. 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 observing the golden hour concept. Out of 116 Trauma Centres, 35 Trauma Centres are operationally functional and others are in various stages of progress. 70 Ambulances have already been supplied to various LII & LIII Trauma Care

Hospitals. NHAI has provided 271 ambulances on National Highways on different stretches at a distance of 50 KMs. Pre-Hospital Trauma Technical (PTT) Course had already been conducted at five hospitals in Delhi.

CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Central Government Health Scheme (CGHS) is a welfare scheme for providing health care to serving Central Government employees and their dependant family members. Over the years, the scheme has been extended to cover central government pensioners, their dependant family members and certain other categories like members of parliament and ex-members of parliament, freedom fighters etc. Employees of some select autonomous bodies as also PIB accredited journalists have also been extended CGHS facilities on cost-to-cost basis in Delhi.

CGHS has 9.35 lakh card holders with a beneficiary base of 31,81,719. In order to provide personal touch to the CGHS beneficiaries and to serve as a deterrent against misuse of CGHS cards, 'SMS' facility has been integrated with CGHS computerization module. As part of the initiative undertaken to computerize all CGHS covered cities, now, CGHS plastic cards will be valid in all CGHS cities in India and there is no need for obtaining temporary attachment while on visit to another city. To ensure optimum utilization of available manpower, resources, timings of CGHS Wellness Centres have been revised from 7.30 AM to 1.30 PM to 9.00 AM to 4.00 PM. The timings will be effective from 1st January, 2013.

FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA

The Food Safety and Standards Authority of India (FSSAI) has been established under the Food Safety and Standards Act, 2006 for laying down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import, to ensure availability of safe and wholesome food for human consumption and for matter connected therewith or incidental there to as per the provisions of the Act.

Awareness about safe food, misbranded food, adulteration, contamination, new types of food and supplements, is a challenge as large numbers of such foods are flooding the Indian market, almost on daily basis. In absence of proper standards, most of them are declared as

proprietary foods. FSSAI has however started a process to grant product approval to such food which are safe and have an established scientific basis over years or similarly tested and found safer in other regulatory processes, in India or abroad. The various scientific panels have prescribed / are also in the process of prescribing standards for articles of food. The rules and regulations that have been notified earlier are required to be enforced. Since the challenge includes bringing the States/UTs on board (as the law envisages seamless integration), FSSAI decided to use Information Technology (IT) to leverage the defined processes into simple steps for issue of licenses for food business. Help of National Institute of Smart Government (NSIG), Hyderabad and M/s. Logic soft, the IT service provider, were also taken to design web based licensing processes for all Central licensing business under schedule-I of licensing regulations. This included renewal of existing licenses under different Acts. The software for licensing was rolled out during December, 2011 and all Central licenses are issued on the designed processes of software.

During the year 2012-13, granting of Central licenses to Food Business Operators (FBOs) is in progress in all the 6 Regional Offices, viz; Delhi, Chennai, Mumbai, Guwahati, Kolkata & Lucknow and one sub-regional office at Chandigarh. The on-line application procedures are reviewed continuously by the Authority. To operationalise the concept of self-compliance and also to enlist the participation of private sector, FSSAI also has initiated the work of accreditation of laboratories (under Section 43 of the Act), and recognition of agencies for Food Safety Audit (under Section 44 of the Act), inspections, training and consultations so that resources available in private or other public sector institutions/organizations are used optimally to have a strong food safety control system within the Country. Till date, 55 such labs have been recognized and services of these are being used by State/UT Govt. as well as FSSAI for analysing domestic and import samples respectively. For auditing, 8 National level agencies have been recognized. To meet the increased demand, 89 Evaluators/Inspectors/Assessors/Consultants have been empanelled by FSSAI for undertaking work of auditing and inspections. Harmonization of Laboratory parameters for analysis of food samples has been done. Parameters, limits as prescribed under Food Safety and Standards Regulations, 2011 and method of analysis have been finalized in August, 2012. Analysis of dietary food supplements, health supplements have been distributed to all NABL accredited Laboratories authorized by the FSSAI and appeal samples will be sent to Referral Laboratories.

OUTCOME BUDGET 2012-13 (OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES/ACHIEVEMENTS) - Table 4

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
1. National Rural Health Mission The Mission is an overarching umbrella, which subsumes RCH-II, Immunization, Disease Control Programmes and inter-sectoral convergence initiatives. It seeks to rejuvenate the health delivery system through enhanced financial allocations which are to be used for infrastructure and manpower augmentation, decentralised planning and overall systemic improvements in the health delivery system.	1. Fully trained and equipped ASHAs, one for every 1000 population or less / for isolated habitations.	1 lakh ASHAs to be provided with Drug kits.	11803 new drug kits were provided to ASHAs during 2012-13(up to September, 2012). As a result, 796987 ASHAs are in position with drug kits.	
	2. Strengthening of Health Sub-Centres.	6400 ANMs to be provided in all the sub centres identified for institutional deliveries.	1359 ANMs were appointed during 2012-13 (up to September, 2012)	
	3. Construction of Sub-Health centres(SHC)	800 New sub centres to be constructed across the country.	Construction of 424 New Sub-Health centres(SHC) completed during 2012-13 (upto 30 th June, 2012)	
	4. Strengthening of Primary Health Centres (PHCs) for service guarantees as per IPHS.	500 Primary Health Centres to be made 24 x7 during 2012-13.	215 PHCs were operationalised on 24x7 basis during 2012-13 (up to September,2012)	The process is a function of the capacity of states to train staff nurses and complete construction of new PHCs.
	5. Upgrading Community Health Centres (CHCs) and other levels into First Referral Units(FRUs).	200 CHCs and other level facilities to be upgraded as First Referral Units	240 CHCs and other level health facilities were operational as FRUs during 2012-13 (up to 30 th June, 2012)	The availability of skilled HR to man the facility is the determining factor in the states.
	6. Appointment of Doctors/specialists	900 Doctors/ Specialists to be recruited on contract basis.	96 Doctors/Specialists have been appointed during 2012-13 (up to September,2012)	
	7. Appointment of staff nurses	900 staff Nurses to be recruited on Contract basis.	542 staff nurses were appointed during 2012-13 (up to September,2012)	
	8. Appointment of Paramedical Staff	900 Paramedical staff to be recruited on Contract basis.	887 Paramedical staff were appointed during 2012-13 (up to September,2012)	
	9. Untied grants to be provided to each VHSC, SC, PHC, CHC to promote local health action.	100% health facilities to be provided untied funding.	100% of eligible health facilities provided with untied grants.	
	10. Annual Maintenance grants to be provided to each SCs, PHCs, & CHCs.	100% health facilities to be provided with annual maintenance grants	100% of eligible health facilities provided with annual maintenance grants.	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
	11. Preparation of Annual District Health Action plans. (DHAP)	District Health Action plans (DHAPs) to be prepared for 600 districts.	All 640 districts have prepared DHAPs during 2012-13.	Deliverable for DHAP already achieved.
	12. Mobile Medical Units(MMUs) to be operationalised in all districts	Mobile Medical Units(MMUs) to be operationalised in 50 more districts	New MMUs were operationalised in 45 districts during 2012-13(up to September,2012)	
	13. Operationalisation of Emergency Referral transport ambulances (108)	400 EMRI vehicles to be operationalised in the States/UTs.	80 Emergency Referral Vehicles were operationalised during 2012-13(up to September,2012)	
	14. Holding Village Health & Nutrition Days.	55 Lakh Village Health & Nutrition Days to be completed.	34.2 Lakh Village Health & Nutrition Days were held during 2012-13(up to September,2012)	
2. Pulse Polio Immunization Programme	To eradicate Polio	Polio drops will be administered to approximately 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively.	<p>Three SNIDS were conducted in the months of June, Sept, and November 2012 and one NID in the month of April, 2012. No polio case has been reported in the country (as on 16th Nov. 2012).</p> <p>No Polio Case seen after 13th January, 2011.</p> <p>To declare Polio free at least there has to be three years of no polio virus circulation.</p> <p>To mitigate risk of indigenous circulation and importation within and outside the country, same levels of activity needs to be continued as per the advice of the IEAG.</p> <ol style="list-style-type: none"> 1. As per the recommendations of the India Expert Advisory Group (IEAG) on Polio the following activities are also undertaken: Introduction of bivalent polio vaccine in 2010. 2. Multipronged Strategy to improve sanitation, hygiene, availability of clean water and control of diarrhoea in 107 high risks blocks in Uttar Pradesh and Bihar. 3. Special Micro Plans to cover mobile and migrant populations and intensification of routine immunisation. 4. Emergency preparedness and response plans in the event of detection of wild polio virus. 5. Two NIDs are being planned for January and February, 2013. 	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
3. Routine Immunization	Routine Immunization of Children against seven Vaccine Preventable Diseases (VPDs) and reduction in Morbidity and Mortality rate due to VPDs.	Full Immunization Coverage to be increased to 70%.	As per the reported data of HMIS antigen wise all India coverage is as follows: BCG - 72.50% , DPT3 - 66.09% OPV3-66.27% , Measles-71.27% Full Imm.- 68.46%, JE Vaccine - 34.03% (As on 02 nd November, 2012)	Enhanced Immunization Coverage to be achieved through fixed day and fixed sites weekly sessions at the sub centres and outreach areas. Special immunization weeks in the EAG and NE States. Strengthened the monitoring and surveillance.
4. Reproductive and Child Health Programme (Phase-II)	To reduce Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) and assure reproductive health and choice to citizens and contribute thereby to stabilization of population consistent with the goals enshrined in the National Population Policy 2000 and 11th Five Year Plan. It aims at providing need based, client centred, demand driven, quality services to the beneficiaries with a view to improve the health status of Infant, Women and Children.	To improve the health status of Infant, Women and Children, funds are provided to States/UTs to sustain and increase: (a) Operationalization of facilities i.e. FRUs, 24x7 PHCs, sub-centres and MTP & RTI/STI services. (b) Coverage of JSY beneficiaries. (c) Implementation Janani Shishu Suraksha Karyakaram (JSSK) - an initiative to assure free entitlements for both pregnant women and sick new borns till 30 days after birth accessing public health institutions for healthcare. (d) Strengthening of integrated management of neonatal and childhood illness (IMNCI); new born care (including diarrhoea management, ARI & micro-nutrients malnutrition). (e) Strengthening of Family Planning services (including Compensation for	Infant Mortality Rate declined to 44 per 1,000 live births (SRS 2011). Maternal Mortality Ratio reduced to 212 per 1,00,000 live births (SRS 2007-2009). Total Fertility Rate reduced to 2.5 (SRS 2010). Under 5 Mortality Rate reduced to 59 (SRS 2010). Greater thrust for providing maternal health services: Demand promotion through JSY. 50.44 lakhs beneficiaries covered under JSY during April – September 2012). Steps initiated for enrolment of JSY beneficiaries under Aadhaar. Operationalization of Delivery Points / (24*7 facilities. Multi skilling of doctors & human resources for health. Promote institutional delivery, eliminate out of pocket expenses and facilitate prompt referral through following measures under JSSK - Free and zero expense treatment, Free drugs and consumables, Free diagnostics, Free provision of blood, Free transport from home to health institutions, Free transport between facilities in case of referral, Free Drop back from institutions to home, Exemption from all kinds of user charges. Various Innovative schemes through PPP to strengthen institutional delivery services were supported. Child Health Services- Scaling up NSSK:	Provisions for procurement of RCH Drugs and Equipments have been approved in the respective PIPs of the States/UTs for the year 2012-13. As a result, central procurement of RCH Drugs and Equipments is not being done. Procurement of Sanitary Napkins is in process.

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		<p>Sterilisation& IUD.</p> <p>(f) Provision of services for (i) Adolescent Health, (ii) Urban RCH (iii) Tribal RCH (iv) Vulnerable Groups.</p> <p>(g) Involvement of NGOs and Public Private Partnership.</p> <p>(h) Strengthening Infrastructure, HR and Institutional Strengthening.</p> <p>(i) Provision for adequate Training, IEC/BCC, and Procurement & Programme Management arrangements.</p> <p>(j) Supporting the activities of Immunisation PIPs.</p> <p>(k) Mother & Child Tracking System (MCTS) to track every pregnant woman by name for providing timely ante-natal care, institutional delivery, and post-natal care along with immunization of the new- born.</p> <p>(l) Improve HMIS.</p> <p>(m) Scheme for promotion of Menstrual Hygiene to bring health awareness amongst adolescent girls</p> <p>(n) Supply of RCH Drug / equipment and Sanitary Napkins to States/UTs.</p>	<p>88428 health personnel trained in NSSK till October, 2012, Establishment of SNCUs, NBSUs and New Born Corners: 399 SNCUs,1542 NBSUs and 11508 NBCCs had been setup to address sick new born care at facilities up to October, 2012., Establishment of NRCs for control of malnutrition: 594 NRCs have been established since inception., 558117 health personnel training in community based IMNCI and 11199 health personnel trained in F-IMNCI.</p> <p>Adolescent Health- 112.53 lakhs packs of sanitary napkins supplied till Sept 2012., 2642 dedicated School Health Teams have been approved in 16 states.</p> <p>MCH Centres- 264 high focus districts identified</p> <p>Monitoring and Evaluation of Service Delivery: To strengthen monitoring and evaluation of the key indicators and strategies, several mechanisms like performance statistics, surveys, community monitoring, quality assurance, field visits, etc., have been placed.</p> <p>The current position of data uploading on the MCTS Central Server is that data for 3,24,35,473 pregnant women and 2,48,44,629 children have been captured till 02.12.2012.</p> <p>Health Management Information System (HMIS): The mode of e-governance is being used for quick data sharing and evaluation of the key indicators for which a web-based system has been established for flow of information of both physical and financial progress from District to State and up to the national level.</p>	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
5. Free Supply of Contraceptives	To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills to the States/Uts for distribution to eligible couples free of cost through sub-Centres, hospitals and other Health care Institutions of the states for increased coverage of eligible couples under contraception. to supply Pregnancy test kits for timely and early detection of pregnancy.	Supply of 554.587 M.Pcs. of condoms, 405.978 lakh cycles of Oral Pills, 88.756 lakh pieces of IUDs, 39.03 lakh pairs of Tubal Rings & 75.800 lakh packs of ECPs to states for distribution and use in health care institutions, 2,22,18,600 lakh pregnancy test kits to sub-centres.	The following quantity of the contraceptives were procured during the year 2012-13 i.e 367 M.Pcs. of condoms, 230 lakh cycles of Oral Pills, 88.756 lakh pieces of IUDs, 39.03 lakh pairs of Tubal Rings & 75.799 lakh packs of ECPs were procured during 2012-13 to states for distribution and use in health care institutions, 2,22,18,600 lakh pregnancy test kits to sub-centres.(Up to September, 2012)	Tender was issued for procurement of remaining quantity of Condom & OCP except quantity reserved for HLL, on the finalization of Tender orders will be issued for the remaining quantity to the Private manufacturers.
6. Social Marketing of Contraceptives	To make available Condoms & Oral pills to the eligible couples through Social Marketing network of the Social Marketing Organization (SMOs) for increased coverage of eligible couples under contraception.	The requirements were projected for procurement & Supply of 900 M.Pcs. of condoms & 800 lakh cycles of oral pills to eligible couples through SMOs Payment of promotional incentive to SMOs for sale of Condoms & OCPs, re-imburement of packing material cost and also promotional & product subsidy of Saheli/Novex weekly OCPs & Condoms. To undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.	During 2012-13, 443.875 M.Pcs. of condoms, 242.785 lakh cycles of Oral Pills (Up to September, 2012) were procured and supplied to SMOs during 2012-13.	Tender was issued for procurement of remaining quantity of Condom & OCP except quantity reserved for HLL, on the finalization of Tender orders will be issued for the remaining quantity to the Private manufacturers.

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7. Management Information System	<p>To evolve an appropriate Management Information and Evaluation System under NRHM - MIS Performance , Triangulation of data and conduct of National Surveys i.e., National Family Health Survey, District Level Household Survey, Annual Health Survey etc</p> <p>Evaluation through National Surveys NFHS, DLHS, AHS etc</p>	Refinement in Web enabled MIS application software for data capturing and data warehousing.	<p>290 districts across 27 States/UTs have shifted to “Facility Based Reporting” and rest are in the process for the same. Various new reports have been developed for monitoring the quality of HMIS data.SAS/VDD licenses have been provided to States/UTs/PRCs for enhancing analytical capabilities at State level.</p> <p>Total 3,07,81,548 pregnant women and 2,32,36,504 children have been registered in MCTS since inception. During 2012-13, total 91,77,800 pregnant women and 65,43,941 children have been registered.</p> <p>For DLHS-4, the process of selection of Field Agencies completed for 15 States / UTs in February, 2012.Preliminary results of the AHS first round disseminated in August, 2011. The fieldwork for the second round of AHS started in October, 2011 progressed as per timelines. The process for selection of field agencies for CAB component of AHS was initiated by the Office of RGI.</p>	<p>RFP process for “Appointment of a Helpdesk Service Provider (HSP) for Establishment and Operation of Mother and Child Tracking Helpdesk (MCTH) has been completed and successful bidder has been shortlisted. Contract with the successful bidder will be signed after deciding on the representation received from successful bidder.</p> <p>Process of setting up Centre for Health Informatics (CHI) of the National Health Portal is under-way. Selection of Project Director CHI is under process.</p>
8. Population Research Centre	To carry out research studies on various socio economic, demographic and communication aspects of Population & Family Planning Programme	Reports on various socio economic, demographic and communication aspects of Population & Family Planning Programme and analysis / validation of HMIS data including strengthening of Mother & child Tracking system.	Detailed action plan was prepared for each PRCs and they were involved in research activities including analysis / validation of HMIS data as per identified programme needs.	

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9. National Vector Borne Disease Control Programme (NVBDCP)	<u>Malaria</u> ABER over 10% and API 1.2 or less	(i) ABER > 10% of target population under surveillance (ii) Coverage of high risk population with LLIN in identified states supported under World Bank and Global Fund assistance (iii) 80% coverage of the targeted population under Indoor Residual Spray (IRS).	ABER of 5.32% achieved which is updated on 26.09.12 for the reports received up to August, 2012 (Provisional). API achieved is 0.48 per 1000 population Cumulative coverage with LLIN in north eastern states is 40.49%. Cumulative coverage in World Bank states is 38.71%. 68.22% of population covered under IRS for first round in 2012.	(i) Filling up of vacant posts of Health Workers for domiciliary visits (ii) Timely release of funds by States for programme implementation(iii) Submission of UCs by States to GOI for timely release of funds.(iv) Timely procurement of bed nets (LLIN) (v) Behaviour change communication achieved for regular use of LLIN.(vi) Acceptance of IRS by the targeted population.
	<u>Elimination of Lymphatic Filariasis</u> 80% coverage of targeted population	Mass Drug Administration (MDA) with anti-filaria tablets in 20 endemic States having about 600 million population. Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).	The MDA starts from the month of November and achievement reflected after MDA is observed.	(i) Release of funds by GOI to State health Society well in advance & further release to districts by State Health Society for implementation of the Programme. (ii) Availability of funds at grass root level for completing preparatory activities. (iii) No disinformation on MDA.

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	<p><u>Kala-azar</u></p> <p>90% of treatment compliance of Kala-azar cases detected</p>	<p>(i) At least two rounds of door to door search undertaken in each of the endemic districts.</p> <p>(ii) Making available anti Kala-azar drugs in all block level PHCs & district hospitals.</p> <p>(iii) 80% coverage of targeted population with DDT 50%</p>	<p>i) Kala-azar search was intensified in each of the endemic districts and 15423 cases were detected and treated during 2012 (till August).(ii) Drugs & diagnostics availability has been ensured. (iii) The spray coverage has been 71.96% of the targeted population.</p>	<p>(i) Release of funds by State Health Society to district Health Society for Programme implementation.(ii) Maintaining regular supply of anti Kala-azar drugs at the periphery (iii) Involvement of NGOs/FBOs /PRIs and private practitioners in the Kala-azar elimination</p>
	<p><u>Japanese Encephalitis (JE)</u></p> <p>85% coverage of eligible children with J.E. Immunization in targeted districts</p>	<p>Availability of fogging equipment and insecticides in all endemic zones.</p> <p>Trained teams available at CHCs and District Hospitals in endemic areas for time case management.</p>	<p>(i) 6240 cases of AES/J.E. have been detected and treated during 2012 (till 1.10.2012).</p>	<p>(i) Early case reporting achieved.</p> <p>(ii) Analysis of epidemiological and entomological data for epidemic outbreak prediction and timely remedial measures.</p>
	<p><u>Dengue/ Chikungunya</u></p> <p>90% of identified sentinel surveillance hospitals maintaining line listing of cases</p>	<p>(i) Regular entomological surveillance in endemic areas for vector species (Aedes aegypti).</p> <p>(ii) Regular fever surveillance in endemic areas to detect an unusual trend.</p> <p>(iii) Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.</p>	<p>Regular surveillance is being done and 18739 cases of dengue and 11928 cases of chikungunya have been detected and treated during 2012 (till 30.09.2012).</p>	<p>(i) State putting in place entomological teams for vector surveillance.</p> <p>(ii) Early case reporting achieved.</p> <p>(iii) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.</p>

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
10. National Leprosy Eradication Programme	To reduce leprosy burden in the country. Provide quality leprosy services through General Health care (GHC) System. Enhance Disability Prevention & Medical Rehabilitation (DPMR) services. Enhance advocacy to reduce stigma and discrimination. Capacity building of GHC staff. Strengthening monitoring & supervision.	To achieve elimination in 70 districts by end of March 2013. To achieve grade II disability reduction to 1.98% by March 2017	209 Districts had reported ANCDR (Annual New Case Detection Rate) more than 10 per lakh population. Special Activity Plan has been approved during 2012-13 to cover 2019 Blocks and 2 Urban areas in these districts. States/UTs have started planning and implementation accordingly.	
11. Pre-Conception and Pre-Natal Diagnostic Techniques Programme	To strengthen effective implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.	Awareness generation campaign undertaken on declining child sex ratio and implementation of the PC & PNDT Act. Scaling up of inspections by National Inspection and Monitoring Committee. Enhancement of Training and Capacity Building of Appropriate authorities, judiciary and implementing bodies. Awareness generation undertaken by NGOs in focus districts. Violations of the PNDT Act detected and cases filed against violators, convictions secured against violations.	Quarterly Progress Reports are reflecting an improved compliance of the provisions of the Act by the States. A total of 89 clinics sealed and 141 cases filed between January-October, 2012. A total of 1272 cases have been filed in the courts for various violations of the law since the inception of the Act. A total of 111 cases of conviction have been secured in various states/UTs against violations of the PC & PNDT Act since inception; and 15 convictions are secured during January- October, 2012. Capacity building programmes for Judicial Officers and Public Prosecutors have been conducted in Judicial Academies of Chandigarh, Andhra Pradesh and Rajasthan. 24 NGO's have been sanctioned Grant in Aid for undertaking awareness generation activities.	
12. Revised National TB Control Programme	To achieve a cure rate of 88% of new smear positive cases and detection of at least 77% of such cases	New Sputum positive case detection: 780000 and MDR-TB case Detection – 25550000 TB Patients with cure rate >87%	New sputum positive case detected : 172279 up to June' 2012 and Cure rate achieved : 88%	

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13. National Programme for Control of Blindness	Reduction of prevalence of blindness to 0.3% by 2020.	Target for Cataract Surgery: 70 lakh surgeries Target for other eye diseases: 1 lakh cases Target for School Eye Screening Programme : No. spectacles to be provided to school children-20 lakh spectacles Target for Eye Donation: No. of donated eyes to be collected: 60 thousand Strengthening/development of Eye care infrastructure: Medical Colleges -10, Distt. Hospitals -32, Sub-distt. Hospitals-50, PHC(Vision Centres)- 963, Eye Banks-19, Eye Donation Centres-52, NGOs for eye care facilities-15, Eye Wards and Eye OTs-11, Mobile Ophthalmic Units with Tele-network + few fixed tele-models-3	62.41 lakh cataract surgeries performed 4.60 lakh other eye diseases treated 6.18 lakh free spectacles provided to school children 48,014 donated eyes collected	These are decentralized activities. Funds as per Programme Implementation Plan (PIP) were released to respective State Health Society for implementation of these activities. Training of Eye Surgeons is a central activity. Around 350 eye surgeons were trained in various specialties of ophthalmology. Funds for undertaking training activities for the remaining ophthalmic manpower were released to respective State Health Society as per the targets for organizing trainings in a decentralized manner.
14. Integrated Disease Surveillance Programme (IDSP)	To strengthen and maintain a decentralized state based disease surveillance and response system for epidemic prone diseases for detecting emerging warning signals of impending disease outbreaks and take timely control measures.	Strengthening of District Public Health laboratories. Use of laboratories for Outbreak investigation and management. Data collection and Analysis. Establishment/Strengthening of referral lab network to link districts with medical college labs for providing diagnostics services support for epidemic prone diseases during outbreaks.	36 district public health labs are functional and performing tests for identification of epidemic prone diseases. During 2012-13, 31 labs in three states have been allocated funds for establishing/strengthening of District Public Health Labs. 90% of districts reporting weekly data on epidemic prone diseases through portal. Clinical samples tested in 61% outbreak in 2012(Up to September, 2012)	Implementation by the States/UTs

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15. National Iodine Deficiency Disorders Control Programme	To control and prevent iodine deficiency disorders in the country	Production & distribution of iodated salt 58 lakh MT Training to district health functionaries Supply of salt testing kits at district level Analysis of salt samples to estimate iodine content in the iodated salt at community/household level. Analysis of urine samples for urinary iodine estimation. Analysis of salt samples to assess the quality of iodated salt at community/household level. Monitoring of district salt samples by the Central team.	43.64 lakh MT up to Aug. 2012. 18076 salt samples collected and analysed out of which 16898 (93%) are confirmed to standards (up to Sep./Oct. 2012). 7515 salt samples collected and analysed out of which 6858 (91%) are confirmed to standard (up to Sep. /Oct. 2012). 1503481 salt samples collected and analysed out of which 917681 (61%) are confirmed to standard (up to Sep. /Oct. 2012).	The target of 58 lakh MT may be achieved by the end of financial year Activity not processed as fund allocation is very nominal. D/o H&FW had decentralized procurement of Salt Testing Kits under NIDDCP for endemic districts of all States/UTs States are being requested to collect and analyse salt & urine samples as per NIDDCP guidelines Due to manpower shortage as several sanctioned posts under the programme are lying vacant
16. National Programme for Prevention and Control of Fluorosis	To Prevent and Control of Fluorosis in the country	Line listing of villages with fluorosis Line listing of laboratory facilities and comprehensive management of fluorosis cases. Appointment of contractual staff Procurement of laboratory equipment Setting up of district Fluorosis Laboratory Fluorosis Survey Training of Medical and paramedics	The programme initiated in 100 fluoride endemic districts in 11th plan is being continued in 2012-13. During the current financial year the programme is to be extend to another 26 new fluoride endemic districts	

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17. National Cancer Control Program	Prevent and control common NCDs through behaviour and life style changes. Provide early diagnosis and management of common NCDs,, Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs. Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and	Strengthening Of 8 Tertiary Cancer Centres. Support for CNCI, Kolkata for setting up 2nd campus	GIA given to 5 Tertiary Cancer Centres (TCCs) under the NPCDCS Plan head. National Cancer Control Programme has been merged with Nation Programme of Prevention & Control of Cancer, Diabetes, Cardiovascular diseases & strokes to bring convergence with other non-communicable diseases. GIA given to CNCI, Kolkata under the Plan & Non-Plan head.	The Programme has been merged with NPCDCS
18. National Tobacco Control Programme (Tobacco Free Initiative)	Progressive reduction in Tobacco Consumption. To target non-user for not taking up the habit and motivating the user to quit. To create awareness amongst the masses about the harmful effects of tobacco consumption.	Setting up of National Tobacco Regulatory Authority. Capacity building of Districts/States and also include more districts under NTCP. Up scaling IEC activities. Establishment of tobacco testing laboratories.	Funds have been released to Mizoram, Uttarakhand, Assam, Rajasthan, and Tripura for conducting the identified activities under the national tobacco Control programme. A two month pan India outdoor campaign has been launched. Three advertisements (half page) has been published in leading national and leading dailies. Two campaigns using the electronic medium (Govt& private) has been planned for the last quarters one the RE is made available	The matter related to setting of NTRA is being examined by the division. Out of the Rs. 26 Crore allocated Rs. 13 crore has been re-appropriated to IEC division for swasthya Bharat campaign. Technical specification committee constituted to frame the specifications of the lab equipments in its meeting held on 29.08.2012 & 17.09.2012 recommended. "Since advanced versions of similar equipment at comparable prices are now available, it is better to go for the same after rectification of the old specifications, to encompass any development in technology".

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				Experts from Indian Institute of Technology (IIT) Chennai and Central Tobacco Research Institute (CTRI) who are members of the TSC have been requested to update the existing specifications.
19. National Mental Health Programme	To ensure availability of minimum mental health care for all in the foreseeable future, particularly the most vulnerable and under privileged section of the population. To encourage application of mental health knowledge in general care and social development. To promote community participation in developing mental health services, and to stimulate efforts towards self-help in the country.	Continuation of support to Centres of Excellence : 11 Upgradation of Centres of Excellence into Neuro Sciences Health Care Facilities : 2 Continuation of support to PG Departments in Mental Health Specialties : 25 Establishment of PG Departments in Mental Health Specialties : 25 Support to NGO/CBOs : 2 Continuation of support to existing DMHPs : 20 Initiation of new DMHPs: 25 Support to SMHA : 35 Support to MHRC and state panels, Monitoring, Implementation and technical support. HMIS and IEC activities (at Central level).	Support to 3 Centres of Excellence Support to 12 DMHPs IEC Awareness campaign on Mental Health Support to 1 SMHA	Quantifiable Deliverables are subject to approval of the 12th Plan Proposal and enactment of Mental Health Care Act, 2010.

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20. Project for Establishment of Trauma Care Facilities on National Highways	To reduce incidence mortality, morbidity and disability due to road traffic accidents. Creation of trained manpower for designated trauma centre. To establish adequate infrastructural facilities and networking for trauma victims.	1. Upgradation of the identified centres and designating them as a Level I, II and III to provide one or more specified levels of trauma care service. 2. Establishing a life support ambulance system covering the entire stretch of GQ N-S & E-W Corridor. 3. Devise curricula for training emergency medical care for para-medical staff.4. Setting up network of Trauma centres along the GQ N-S & E-W corridors and to provide competent medical assistance within a short span to the victims.	1. Out of 116 Trauma Centres 35 Trauma Centres are operationally functional and others are in various stages of progress. 2. 70 Ambulances have already been supplied to various LII & LIII Trauma Care Hospitals and more are in pipeline. 3. NHAH has provided 271 ambulances on National Highways on different stretches at a distance of 50 KMs. 4. Pre-Hospital Trauma Technical (PTT) Training had already been conducted at five hospitals in Delhi.	Achieving quantifiable deliverables will be a continuous process.
21. Strengthening & Up-gradation of State Government Medical Colleges	To provide financial assistance to the State Government Medical Colleges to upgrade the facilities for starting new Post Graduate (PG) disciplines and increasing PG seats	Release the funds to medical colleges for upgradation of infrastructure, equipment and faculty to increase the postgraduate seats in the country	During the year 2012-13 till date, 2nd installment amounting to Rs.152.75 crores has been released to 21 Government medical colleges after receiving UCs, audit report, physical progress report etc. from the colleges. Further, documents are being sought from other medical colleges to process their case for release of 2nd installment by 31st March, 2013.	The PG seats would be increased after upgradation of existing infrastructure on receiving total fund approved in respect of each college. Till date, 2nd & final installment has been released with respect to 23 medical colleges. Further, as per information received from different medical colleges, till date about 214 PG seats have been increased and 145 are in pipeline.

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22. Pradhanmantri Swasthya Surahsha Yojana (PMSSY)	Creation of capacity in medical education, research and clinical care, in the underserved areas of the Country	<p>1. Setting up of 6 AIIMS like Institutions in Jodhpur, Bhopal, Bhubaneswar, Patna, Raipur, Rishikesh: Appointment of Design DPR Consultants-Nov'2007, Project Consultants- Mar'08, Selection of Contractor / EPC Developer-Nov'09, etc.</p> <p>2. Setting up of 2 AIIMS-like institutions in second phase of PMSSY-W.B & U.P</p> <p>3. Upgradation of Govt. Medical College in First Phase of PMSSY: Bangalore MC, Trivandrum MC, Salem MC, NIMS, Hyderabad, SGPGIMS, Lucknow, Grants MC, Mumbai, IMS Varanasi, Jammu MC, Kolkata Medical College, RIMS Ranchi, SNMS, Tirupati, Srinagar Medical College, BJMC, Ahmedabad</p> <p>4. Upgradation of Govt. Medical College in second phase of PMSSY Aligarh, Amritsar, Madurai, Nagpur, Rohtak and Tanda</p>	<p>1. Construction is still going on, some part partly completed for Medical College Complex and Residential Complex for Setting up of 6 AIIMS like Institutions in Jodhpur, Bhopal, Bhubaneswar, Patna, Raipur, Rishikesh. Work is going on in different packages: Package I- Construction of Medical College Package II - Construction of Hospital Complex Package III – Electrical Services Package IV /V/ VI/ VII – Estate Services and fixing Furniture, Modular OTS, Medical Gas pipe line in Medical College Complex and Medical equipments. Package VI – Operation Theatre</p> <p>2. The land identified by Government of West Bengal for proposed AIIMS-like institution at Raiganj, Uttar Dinajpur is yet to be allotted by the State Govt. For the proposed institute in Uttar Pradesh, State Government has identified land at Rae Bareilly, is yet to be allotted.</p>	6 AIIMS Medical Colleges has started their classes for 50 Students from the Academic Session started from Sept 2012 in partly completed Medical Colleges Buildings.

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			3. Upgradation of Govt. Medical College In Frist Phase of PMMSSY: The work of Bangalore MC, Trivandrum MC, Salem MC, NIMS, Hyderabad, SGPGIMS, Lucknow, Jammu MC to be completed by 100% and others is still going on. Upgradation of Govt. Medical College in second phase of PMSSY: The work in the process and started.	
23. Central Government Health Scheme (CGHS)	Reforming and strengthening of CGHS to further improve its functioning for the benefit of CGHS beneficiaries	Provision of comprehensive medical care facilities to the Central Government employees and their family members. Besides Central Government employees, the scheme also provides services to Members and Ex-Members of Parliament, Judges of Supreme Court and High Court (sitting and retired), Freedom Fighters (free of Cost), Central Government pensioners, Employees of semi-Autonomous bodies/ semi Government Organizations, Accredited Journalists, and Ex-Governors and Ex-Vice President of India.CGHS is providing the services to its beneficiaries which are not always quantifiable	Computerization has been completed in all allopathic dispensaries in the country. AYUSH dispensaries are under computerization. Renovation and construction of many CGHS dispensaries have been completed. Construction work at many places are in progress	

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24. Scheme on Health Sector Disaster Preparedness and Management	To initiate prevention, mitigation and preparedness measures in health sector for manmade and natural disasters	Pre-fabricated, self-contained, container based Mobile Hospital: To establish the Strategic Health Operation Centre and further networking with State Control Rooms CBRN Medical Centre, Training activities for NBC disasters, mass casualty management (ATLS) and public health emergencies	Mobile Hospital: Mobile Hospital pre-project activities completed in February, 2012. Since then, file under submission to decide on the procuring agency. CBRN and other component; i) HSCC being engaged as consultant for pre-project activities ii) detailed requirements worked out iii) CBRN medical management facilitation for hospitals in off-site plan of Nuclear Power Plants and in metros prone to terrorism. iv) Pre-project activities – laying down of specifications under process v) The draft EFC for the expanded programmes (CBRN Medical Management Centre, Mobile Hospital, Strategic Health Operation Centre & Human Resource Development for Disaster preparedness and response) is under consideration.	
25. National Programme for prevention and Control of Deafness	Prevention and Control of Deafness through Early detection and management of deafness and causes leading to it. Strengthening of Health Care delivery system to deliver the hearing/ear care services Health Education	Expansion of the Programme to 40 new districts in addition to existing 184 districts	Expansion of the Programme to 19new districts in addition to existing 184 districts	The smooth implementation of the Programme is dependent on the States initiative and their capability to spend the funds released to them for earmarked activity and timely furnishing of SOE/UC to the MOHFW. The State/UTs are not submitting SOE/UC to the Programme Division of MOHFW

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
<p>26. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCCDCS)</p>	<p>Prevent and control common NCDs through behaviour and life style changes,</p> <p>Provide early diagnosis and management of common NCDs,</p> <p>Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs.</p> <p>Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and</p> <p>Establish and develop capacity for palliative & rehabilitative care.</p>	<p>Behaviour change in the community to adopt healthy life styles including dietary patterns, enhanced physical activity and reduced intake of tobacco and alcohol resulting in overall reduction in the risk factors of common NCDs in the community</p> <p>Screening of over seven crore adult population (30 years and above) for diabetes and hypertension.</p> <p>Early diagnosis of over two-third of NCDs and treatment in early stages, thereby reducing mortality on account of these diseases and enhancing quality life.</p> <p>Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs</p>	<p>Establishment of NCD Clinic at 200 District Hospitals (including 100 District Hospitals initiated in 11th FYP).</p> <p>Establishment of NCD Clinic at CHC level in the above District.</p> <p>Screening of over seven crore adult population (30 years and above) for diabetes and hypertension.</p>	<p>The achievement of project target is subject to availability of sufficient budget allocation and signing of a fresh MOU with the participating States for taking up the project activities as per the approved guidelines.</p> <p>The actual implementation of the programme rests with the States.</p> <p>(National cancer control programme merged with NPCCDCS for better convergence)</p>
<p>27. Telemedicine (Continuing Services)</p>	<p>Expand the reach and quality of healthcare services on a pilot basis in underserved areas through connectivity of Medical colleges and District and Sub-district hospitals</p>	<p>Setting up of telemedicine network in medical colleges establishment of tele training centre at NIHFW, New Delhi</p> <p>Establishment of digital library and provision of telemedicine services for cancer patients</p>	<p>The National Medical College Network Project is in advanced stage of implementation. All administrative formalities are completed. Agency identification has also been over. First of this national initiative is aimed at setting up of National Resource Centre (NRC)/RRC at SGPGIMS, Lucknow by upgrading the infrastructure developed under the support of DIT and State Govt setting up five other Regional Resource centers (RRC) in strategically locations such as AIIMS, New Delhi, PGI, Chandigarh, NEIGRIHMS, Shillong, JIPMER, Puducherry and KEM Hospital, Mumbai.</p>	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
28. Pilot Project on Prevention and Control of Human Rabies	To prevent mortality due to rabies	To follow the strategy as in the XIth five year plan and to include both the human & animal component in phased manner throughout the country in the XIth five year plan	Plan of implementation, EFC and EPC for the XIth five year plan prepared	
29. Leptospirosis Control Programme	To prevent morbidity and mortality due to Leptospirosis	To follow the strategy as in the XIth five year plan and to include both the human & animal component in phased manner throughout the country in the XIth five year plan	Plan of implementation, EFC and EPC for the XIth five year plan prepared	
30. National Organ Transplant Programme	To organize a system of organ procurement & distribution for deserving cases for transplantation. To promote deceased organ donation. To train required manpower. To protect vulnerable poor from organ trafficking. To monitor organ transplant services and bring about policy and programme corrections/ changes whenever needed	Establishment of National Organ and Tissue Transplant Organization (NOTTO) [earlier named model organ procurement and distribution centre (MOPDC). Establishment of National Bio-Material Centre (Tissue bank). Developing Networking for organ and tissue removal, storage, allocation and transplantation. Registry of organ and tissue donors and transplantation. Human Resource Training. Advocacy for Organ/Tissue Donation. THOA amendment Act and Rules. Data for monitoring. Increasing the availability of organs from cadaver donors.	National Organ and Tissue Transplant Organization (NOTTO) is being set up at Safdarjung Hospital, New Delhi with following 2 components: i.) National Human Organs and Tissues Removal and Storage Network. ii.) A National Bio-material centre (Tissue Bank) Organ retrieval Operation theatre is being set up. Proposal for creation of 39 posts for NOTTO under process Registration (fresh and renewal) of Transplant Centres, Cornea Transplant Centres and Eye Banks for all Union Territories being done. A stall was set up during the India International Trade fair at New Delhi in 2012 to spread awareness about Organ Donation among the public. The draft of revised THOA rules finalized after a series of meetings with stakeholders Post Doctoral Certificate in Dialysis Medicine course started in collaboration with IGNOU from July 2012. As a Public Private Partnership initiative, one week Training for transplant coordinators was conducted in collaboration with MOHAN foundation from 23-27 April 2012 at New Delhi. A technical advisory committee to advise the appropriate authority has started functioning in the Directorate General of Health Services. Donor Organ and Tissue Screening Proforma developed.	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
New Initiatives taken up during 11th plan				
31. National Programme for Health Care for Elderly (NPHCE)	<p>The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services.</p> <p>Preventive & promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.</p>	<p>Continuation of Geriatric Department at 4 existing Regional Geriatric Centres and establishment of 4 new Geriatric Centres in the selected Medical Colleges.</p> <p>Continuation of Geriatric unit at the 91 existing district hospitals and establishment of 34 new Geriatric Units.</p> <p>Continuation of Sub- District level activities at CHCs, PHC and Sub-Centres in the 91 existing Districts and start of such activities in another 34 new Districts</p>	<p>Fund has been released for establishment new Geriatric Units and sub-district level activities in 9 districts of Uttar Pradesh.</p> <p>As per reports received so far, Geriatric OPD has been opened at 5 Institute viz. All india Institute of Medical Sciences, New Delhi, Grants Medical College & JJ Hospital, Mumbai, Sher-I-Kashmir Institute of Medical Sciences (SKIM)), Jammu & Kashmir, Govt. Medical College, Thiruvananthapuram and Guwahati Medical College, Assam.</p> <p>Among the States Gujarat, Haryana, Jammu & Kashmir, Madhya Pradesh, Sikkim, Odisha, Punjab and Rajasthan have reported opening of Geriatric OPD/ Ward at various District Hospitals.</p> <p>Bi-weekly Geriatric Clinic at CHCs started at Mewat & Yamuna Nagar (Haryana) and Leh (Jammu & Kashmir). Weekly Geriatric Clinic at PHCs have been started at Mewat and Leh.</p> <p>The actual implementation of the programme rests with the States.</p>	
32. National Centre for Disease Control	<p>Diseases Surveillance and outbreak investigation (ii) Training Programme (iii) Operational Research, (iv) MPH Courses.</p> <p>To upgrade the National Centre for Disease Control (NCDC).</p>	<p>Set objectives will be met. Cabinet Committee on Economic Affairs (CCEA) approved in December, 2010 the proposal for upgradation of NCDC at a total cost estimates of Rs. 382.41 Crore. Components are: (a) civil and services works (b) equipments and (C) manpower.</p>	<p>Security deposit of Rs. 0.43 crore has been made in favour of Department of Forest & Wild Life, Govt. of NCT of Delhi for cutting of 138 and replantation of 17 trees. Out of 103 newly created scientific and technical posts, 29 posts have been filled up and out of 11 administrative posts, 2 posts have been filled up.</p>	
33. National Programme for Sports Injury	<p>Provide specialized nature of treatment to all Sports Injuries and Joint Disorder under one roof.</p>	<p>Since the Centre is meant to provide diagnostic, surgical & rehabilitative services to the Sports persons/General Public sustaining sports related injuries & joint disorders, it is not possible to quantify the deliverables.</p>	<p>The details regarding various activities of SIC during the year 2012-13 (up to November 2012) are as under: OPD Attendance including Casualty attendance- 46709, Inpatient Attendance- 994, No. of Surgeries Undertaken- 977, Minor Surgical Procedure- 2704, Physiotherapy- 38923, Psychology Clinic-1810</p>	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
34. Forward linkages to NRHM	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	Establishment of Super Speciality Wing at Guwahati Medical College. Upgradation/strengthening of state civil hospital at Naharlagun Setting up of State Family Welfare Training Centre at Kohima. Setting up of State Family Welfare Training centre at Imphal.	Establishment/up-gradation and strengthening is being undertaken.	
35. National Advisory Board for Standards Clinical Establishments (Registration and Regulation) Act, 2010 (CEA 2010)	To provide for the registration and regulation of clinical establishments, to prescribe minimum standards of facilities and services.	Notification of the Central Rules of the Act. Notification of the National Council of Clinical Establishments. Framing of the State Rules Initiation of implementation of the Act.	Clinical Establishments (Central Rules) 2012 and National Council of Clinical Establishments were notified in the official Gazette. The Act came into force in the states of Arunachal Pradesh, Himachal Pradesh, Mizoram and Sikkim and UTs with effect from 01.03.2012 through a notification. The States of Rajasthan, Bihar, Jharkhand and Uttar Pradesh have adopted the Act. The National Council for Clinical Establishments under the Chairmanship of Director General of Health Services, MoH&FW has been notified in March, 2012.	Work has already started for classification, categorization of clinical establishments and the minimum standards. The online provisional registration system for registration of clinical establishments have been developed in consultation with National Informatic Centre (NIC). A website has been made operational for the purpose.

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
36. Setting Paramedical Institutions	Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through standardization of such education/ courses across the country. It can be achieved by implementing the scheme.		(i) Regarding setting up of 1 National Institute of Paramedical Sciences (NIPS), & 8 Regional Institute of Paramedical Sciences (RIPS), Land for NIPS and 6 RIPS was finalized. (ii) As HLL had selected architects for various sites, HLL was asked to initiate work on concept plan for available sites. (iii) The concept plan of NIPS, Najafgarh, RIPS, Chandigarh and Coimbatore are being funded (iv) Regarding manpower development, based on the proposal received, Rs. 21.22 crores in respect of five medical colleges (two in Maharashtra and three in Rajasthan) have already been released vide Sanction under dated 05.07.2012. Regarding Silchar Medical College, Assam MOU signed by Principal Secretary (Health) / Director Medical Education is awaited from Govt. of Assam. Rs. 3.91 crores would be released to them. (v) 20 More proposals received from States of Maharashtra (3), Rajasthan (1), UP(7), Utrakhand (1), Kerala (5), Gujarat (1) have been sent to DGHS for technical evaluation.	
37. Strengthening / Upgradation of Pharmacy Institution	Establishment of the National Institute of Paramedical Sciences (NIPS), Regional Institute of Paramedical Sciences (RIPS) and supporting State Government Medical Colleges for conducting paramedical courses through one time grant		Under the scheme on the basis of proposals received, 17 Pharmacy Colleges across the country had been technically evaluated by DGHS and PCI. Before the release of funds, new MOUs are to be signed with State Government and Pharmacy Institution whereas as per the IFD instructions, no fresh Components/ Institutions/ Districts/ States shall be considered for inclusion till a final decision on continuation of various Scheme/ Programmes in 12th plan is taken. The matter regarding continuation of the scheme is being taken up with DoE, MoF in consultation with Pharmacy Council of India and IFD.	
38. Upgradation / Strengthening of Nursing Services	To meet the shortage of qualified Nursing personnel and also to correct the skewed distribution of the Nursing Man Power across the country.	so far 75 ANM School & 111 GNM School have been sanctioned and proposals are under process for sanctioning 57 ANM Schools and 26 GNM Schools. More to meet the target of 132 ANM School & 137 GNM School.	A. Sum of Rs. 95 crore has been Sanctioned so far in 7 states for opening 6 ANM & 19 GNM Schools so far during 2012-13.	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
<p>39. Development of Nursing Services Training of Nurses</p> <p>Strengthening / Up gradation of Nursing Institutions</p> <p>National Florence Nightingale Award for Nurses</p>	<p>In order to update the knowledge & skills of Nursing personnel in Nursing Education, administration and nursing services.</p> <p>To Strengthen the infra structure of nursing institutions and to Upgrade the existing Schools in to Colleges of Nursing in various states</p> <p>To recognize the meritorious services of the Nursing profession in the country.</p>	<p>120 courses to train 3600 Nursing personnel</p> <p>Providing of assistance Rs. 4.00 crores for strengthening of 16 nursing Institutions. Providing of assistance Rs.35.00 crores for releasing balance installment to 16 institutions for up gradation Schools of Nursing into College</p> <p>To recognize the meritorious services the nursing profession in the country</p>	<p>4,18 Crore has been sanctioned so far to upgrade one Institution and</p> <p>National Florence Nightingale Award was given on 12.5.2012 by the Hon'ble President of India to 36 Nursing personnel as a mark of highest recognition for meritorious services in the nursing profession in the country.</p>	<p>Funds could not be utilised for want of UC</p> <p>Funds could not be utilised for want of UC</p>
<p>40. National Urban Health Mission</p>	<p>To address health needs of urban poor with focus on slum (listed and unlisted) population and other disadvantaged vulnerable sections.</p>		<p>Not yet operational</p>	<p>Subject to the approval of EFC</p>
<p>41. Lady Harding's Medical College & associated hospitals, New Delhi</p>	<p>Construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-2006 for increasing 27% OBC admissions.</p> <p>1.Construction of Hospital buildings (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block, Academic Block, UG Hostels.</p> <p>2.Residential Buildings 30 Type IV Qtrs. 30 Type III Qtrs. RMO hostels</p>	<p>Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Academic Block, UG Hostels.</p> <p>Residential Buildings : 30 Type IV Qtrs. 30 Type III Qtrs. RMO hostels</p> <p>Filling up of Posts of sanctioned under the Comprehensive Redevelopment Plan for this institution.</p>	<p>Commencement of construction of Hospital and Residential buildings pertaining to the Implementation of Central Educational Institute (Reservation in Education) Act 2006 for Increasing 27% OBC admissions.</p> <p>Construction of Hospital building (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block Academic Block, UG Hostels.)</p>	<p>Master Plan of LHMC & Associated Hospitals, New Delhi has been approved by the Statutory Bodies/Min. Of H & FW etc.</p> <p>Detailed Project report of Phase-I of Comprehensive Redevelopment Plan finalized.</p> <p>NOCs from all the Statutory Bodies/local Bodies have been received.</p>

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
	3.Renovation of existing Hospital Buildings (CPWD works)	CPWD Renovation works: GynaecologyDept, Family Planning OT Microbiology Dept. Community Medicine Dept. etc.	Residential Buildings : 30 Type IV Qtrs. 30 Type III Qtrs. RMO hostels Routine renovation of the existing hospital building carried out by CPWD.	Dte. GHS instructed LHMC to float tender documents for construction of Hospital and Residential buildings for implementation of Phase-I of Comprehensive Redevelopment Plan. Accordingly this institution took necessary action to float the tenders for selection of the executing agency for construction of Hospital and Residential buildings.
4 2. Safdarjung Hospital and Vardhman Mahavir Medical College, New Delhi	Promoting health care based on evidence of effectiveness of care. Provide teaching and training in the field of medical education.	To provide comprehensive medical care to the patients Construction of extra floor for physical medicine and rehabilitation deptt. In OPD bldg- Rs.4.00 Cr. Procurement of equipments and medicines Rs.38.00 Cr. Upgradation of various departments-H Block casualty, Dr Hostel Ortho Gynae Burns etc Infrastructure in VMMC/ SJH for imlemantation of 27% reservation of OBC Rs.5.00 Cr.	Construction of extra floor for physical medicine and rehabilitation deptt. In OPD bldg is under process. Equipments costing Rs. 10.30 Cr. has been procured/under process. Upgradation of various departments-H Block casualty, Dr Hostel Ortho Gynae Burns etc. is under process Infrastructure in VMMC/ SJH for imlemantation of 27% reservation of OBC is awaited.	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
43.. Dr. RML Hospital and PGIMER, New Delhi	Provision of effective secondary and tertiary healthcare, strengthening of trauma centre and medical research on the lines of PGI	<p>Augmenting Trained Manpower</p> <p>Upgrading of existing departments by adding additional equipments like MRI, Colour Dopler, ECG System, OT Tables, High End digital C arm image intensifier, portable ultrasound, plasma steriliser, laparoscopic surgery set, etc.</p> <p>Setting up of Paediatric Nephrology Division in the Hospital.</p> <p>Setting up of infrastructure of Paediatric Cardiology</p> <p>Strengthening of Endocrinology</p> <p>Strengthening of infrastructure of Renal Transplant.</p> <p>Setting up of infrastructure of Electro Cardio Lab.</p> <p>Construction of Dharmashala</p> <p>Construction of new building in Emergency Block</p> <p>Maximization of existing capacity – by demolition of old buildings except heritage building and construction of new buildings in phase manner</p>	<p>Additional Inputs in the form of trained manpower like doctors, nurses, technical posts have been filled up to augment the services of the departments.</p> <p>Hospital has already upgraded the various O.T., Labs and other existing department by adding additional inputs in terms of equipments like MRI, Colour Doppler Echocardiography System, O.T. Tables, High End Digital C Arm Image Intensifier, Fiberoptic Bronchoscope, Portable Ultrasound, Plasma Sterilizer, Laproscopic Surgery Set,, Multi Loading CR System, ventilators etc.</p> <p>A fresh recruitment for additional part of Doctor & Para-Medical officials along with equipment worth Rs.1.31 crores have been undertaken for the Paediatric Nephrology Division.</p> <p>The post of various categories of personnel has been created for setting up of Paediatric Cardiology unit. The posts have been filled up & equipments are being procured</p> <p>The land has been allotted to the hospital for construction of Super Specialty Block & Endocrinology department is part of this block.</p> <p>The Renal Transplant unit & facility has been set up. Approx. 30 Transplant have been done till date.</p> <p>A new electro physics lab including Emergency Cardiac intervention facilities has been set up. 70 number of new post have been created.</p>	Construction work of Dharmashala has been started & likely to be completed by the end of 2013.A new casualty building is under construction & near to completion. The building along with all equipment is likely to commissioned by the end of 2012. Re-development plan & EFC already submitted to the Ministry

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
44. Central Institute of Psychiatry, Ranchi	Provision of diagnostic and treatment facilities in mental health and conduct of PG courses in psychiatry.	Upgradation of existing services as per the redevelopment plan Training of manpower for mental health and patient care and conduct research activities Construction of other infrastructure works	During 2012-13 (upto October, 2012), a total number of 42469 patients have utilized the services of OPD; 2720 patients were hospitalized for indoor treatment. 11705 and 1153 patients have utilized special clinics & extension clinics respectively. Total 94195 tests/investigations were done at Deptt. Of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging & Radiological Sciences. 441 nurses from other centers were participated in In-Service Training Programme & CNE. 52 PG students were enrolled during this year. The major equipment such as Hematology Auto Analyzer, Chemilucient Analyzer, 40-TB SAS storage systems has already been added. 25—channel ERP, computers, Work station for digital EEG, Robotic Navigation for RTMS, ENMG etc will likely to be added. The construction of 210-bedded hostel and 15-married resident flats are under construction and likely to be completed by the end of this financial year.	The tender bid for the purchase of MRI has already been opened and the same are under evaluation at present. The consultant has already been appointed by CPWD, Ranchi for the construction of Family Ward, OT Block, Diagnostic Centre, Pharmacy Block, OPD Block, Neurology Block & CSSD Block. The architectural drawing prepared by the consultant has already been submitted to Dte.GHS/MoHFW for the approval of the competent Authority. The SFC proposal for the construction of Family Ward has already been submitted after approval of architectural drawing by the competent authority.

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
45. All India Institute of Physical Medicine & Rehabilitation, Mumbai	Provision of diagnostic and treatment facilities in physical medicine and rehabilitation Manufacturing of Aids and appliances	Maximum No. of disabled population requiring tertiary level services get benefited by the comprehensive services provided by the Institute. Imparting advance knowledge and training to the students pursuing various courses in Rehabilitation disciplines. Providing aids and appliances to physically disabled population for self-dependence Redevelopment and reconstruction of workshop building with academic block on Plot 10A	Students on Roll (Cumulative) Post graduate: MD(PMR)-5, DNB (PMR)-5 M.P Th-13, M.O.Th-7 MPO-8, DRPT-13 DROT-NIL Under Graduate: BPO-88, DHLS-11 No. of persons with disabilities enrolled for Rehab Management-16025(Upto September, 2012) Aids and Appliances delivered (Upto September, 2012) No of Orthosis-1620 No. of Prosthesis-272 Mobility Aids-127	Revised Building Plans have been submitted to BMC for the redevelopment and reconstruction.
46. The All India Institute of Hygiene & Public Health, Kolkata	Teaching and Research in various disciplines of health intelligence and health services	Upgrading of Lab. Facilities and Teaching/Training. Setting up of LAN/WAN facilities. Renovation of Office building and staff quarters at Singur & Chetla.	As per sanctioned budget work is in progress. Computer Lab. is being set up at sub-centres. Work in progress.	
47. All India Institute of Speech & Hearing, Mysore	Imparting of education and clinical support in terms of training, diagnostic, therapeutic and counselling services to the speech and hearing impaired.	Long term Training Programs 1.No of Courses 2.No of Students Short Term Training Programs Patient Registration a) New b) Followup Other Clinical Services	Courses: 14(Till 30 th September, 2012) Students: 605(Till 30 th September, 2012) Courses: 23(Till 30 th September, 2012) New Patients: 11454(Till 30 th September, 2012) Followup Patients: 15563 (Till 30 th September, 2012) Patients availed other clinical services: 55963 (Till 30 th September, 2012)	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
48. RIMS, Imphal, Manipur	Provision of diagnostic and treatment facilities , Imparting of education and clinical support	<p>Comprehensive medical care for patients</p> <p>Increase in Undergraduate and Post Graduate teaching and Training intake seats.</p> <p>Starting of MCH Course in Urology & Plastic Surgery and starting of a Dental College.</p> <p>Execution of Civil Works under Phase-II project of RIMS Hostels for Students and New OPD Block</p>	<p>Achievements upto Dec 2012</p> <p>OPD Attendance: 2,38,789</p> <p>In patients admitted: 26,875</p> <p>Casualty attendance: 81,417</p> <p>Operations done: 7,275</p> <p>No of deliveries: 9,311</p> <p>Students Passed:</p> <p>MBBS-104, MD/MS-67, PG Diploma-6</p> <p>M.Phil Clinical Psychology-Nil</p> <p>Mch Course in Urology & Plastic Surgery started with an intake of Urology-2 and Plastic Surgery-1</p> <p>Dental College with an intake of 50 Students started.</p>	Payment of Rs. 20 Crores as running account deposit made to HSCC for construction of hostels and new OPD block. About 15% of the works completed.
49. Regional Institute Of Paramedical And Nursing Sciences (RIPANS), Aizwal, Mizoram	To Provide Nursing, Pharmacy and Para Medical Education to the people of North East including Sikkim and to maintain the pace of nursing education and nursing services with other developments in Medical & Paramedical sciences.	<p>Imparting training to Nursing, Pharmacy & Paramedical Students</p> <p>Construction of new academic III building, library cum examination hall, New girls and boys hostels</p> <p>Procurement of necessary equipment for various departments.</p>	<p>No. of Students admitted- 167(As on November, 2012)</p> <p>No. of Passed out students-110</p> <p>The Consultancy firm is examining the feasibility of construction including preparation of concept plan, architectural drawing, etc.Machinery and equipment worth Rs 1.49 Crores was procured for different departments as approved by purchase committee.</p>	<p>More than 97% who have completed their course are employed in various govt, public and private sectors.</p> <p>Funded Research works initiated are being continued successfully.</p>

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
50. Lokopriya Gopinath Bordoloi Regional Institute of Mental, Tezpur, Assam	To provide mental health care and education to the people of North East including Sikkim.	Targeted OPD patient attendance, psychosocial, nursing care & Psychological, pharmaceutical services -82000 nos. (as per RFD). Targeted Nos. of diagnostic test - 112000. Building and infrastructure development for up gradation of LGBRIMH. Modern rehabilitation unit with training facility to the patient. Building network with different agencies for up scaling of services at community level.	OPD attendance and services- 48713 (Upto 15th November, 2012). Diagnostic test- 66968 (Upto 15th November, 2012). Capital construction for up gradation of LGBRIMH is expected to be completed within 2014-15. Modern rehabilitation unit is functional. Initiating with different agencies for up scaling of community base service.	Active support from consultancy services are required for timely completion of the up gradation works.
51. Vallabhbhai Patel Chest Institute, Delhi	Patient Care and Diagnostic And Treatment Services	Improved patient Care, providing Enhanced Diagnostic and Treatment Facilities Improvement and Modernization of Patient care	The institute continued patient care services, initiated action to construct two floors consisting of 20 rooms to accommodate increasing strength of students in various discipline like DM, MD, Ph.D, DTCD etc. The institute has already developed the basic infrastructure viz. installation of medical gas etc. for 30 bed ward, which is in addition to the existing 60 bed ward. Equipments purchased during 2011-12 and 2012-13 have been performing satisfactorily with no breakdowns and no loss to patient care.	Proposals have been made keeping in mind the activities for betterment of patient care, research, better living conditions for staff and better & more space for OPD and teaching activities, to be initiated during 12th Five Year Plan and include continuation of some schemes initiated during 11th Five Year Plan period (2007-12).

Government Organizations: Vaccine Production Institutes

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
52. B.C.G. Vaccine Guindy, Chennai	Production of vaccine to prevent Tuberculosis and cancer in the country	Production of BCG vaccine	The institute has produced 87.50 lakh doses(as of November, 2012). Sample from three batches have been sent to CDL, Kasauli for lot release certificate. Process validation is being done to achieve cGMP	Approximately 35-40 Lakhs doses of BCG Vaccine per month is proposed to be supplied from December, 2012 onwards under Routine Immunisation Programme, after getting clearance of lot release certificate from Central Drug Laboratory, Kasauli.
53. Central Research Institute, Kasauli	Production of bacterial and viral vaccines & various anti sera. Production & supply of diagnostic reagents, Research & Development in the field of vaccinology.	Production & supply of DPT, TT, Yellow Fever doses and vials. For meeting the demand under the Universal Immunization Programme of the Government of India. DPT(Doses)- 174,00,230 TT(Doses) – 188,35,080 Typhoid(AKD)(Doses)- 2800 Yellow Fever (Doses)-88,440* ARS(Vials)-30,250 ASVS(LYO)(Vials) -10,985 DATS(LAKH Vials)-2810 NHS(Vials)-10 Diag.Ag(ML)-53,050	The institute has produced/supplied the following vaccines during the period 2012-13(Up to 31 st October, 2012). DPT(Doses)- 85,50,030 TT(Doses) – 139,85,080 Typhoid(AKD)(Doses)- 2400 Yellow Fever (Doses)-82,210* ARS(Vials)-20,000 ASVS(LYO)(Vials) - 8,915 DATS(LAKH Vials)-1810 NHS(Vials)-14 Diag.Ag(ML)-53,050	GmP compliant. DPT production facility is under renovation and would be functional shortly. *Imported Yellow Fever Doses from WHO
54. Pasteur Institute of India, Coonoor	Production of vaccines	To produce 40.00 million doses of DTP Vaccine and 0.50 million doses of TCARV (tissue culture anti-rabies vaccine)	Supply of DTP vaccine made as on date 120.60 lakh doses	Balance quantity of 180 lakh doses of DTP vaccines will be Supplied to various Depots/Vaccine centres as per the supply schedule received from the MoH&FW, New Delhi.

Other Institutions/schemes

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
55. Dental Council of India Pharmacy Council of India National Academy of Medical Sciences	Financial assistance for continuing activities	Imparting Graduate and Post Graduate level education. Delivery of specialized health care services. Maintenance of uniform standards of medical education and streamline the medical education	Continuing services Continuing services Continuing services	
56. Oversight Committee	To implement the 27% reservation for OBCs, a time bound action plan has been chalked out covering medical, non-medical and nursing courses.	Expansion will be in disciplines where seats can be enhanced with the existing infrastructure, by filling up vacancies against sanctioned strength and creation of additional faculty and support staff.	Continuing activities in various Medical Institutions.	
57. Emergency Medical Relief [Avian Flu]	To mitigate the impact of Pandemic Influenza A H1N1 & Avian Flu	Necessary preventive measures for entry/outbreak of influenza and remain in a state of preparedness Pandemic preparedness for any outbreak /stockpiling of equipment/drugs/ vaccine	The pandemic has subsided. WHO has declared that the H1N1 influenza pandemic has moved into the post-pandemic period. The pandemic Influenza A H1N1 virus is now circulating as seasonal influenza virus and few cases are being reported from across the country. Government of India took/initiated a series of action to prevent/limit the spread of Pandemic Influenza A H1N1 and to mitigate its impact and monitoring will continue through IDSP in future also. A new wave of pandemic or a fresh outbreak of Avian influenza cannot be ruled out. Hence a budget line was maintained for containing the same.	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2012-13)	Remarks / Risk factors
58. Emergency Medical Services	pre-hospital services and strengthening of emergency department integrated with a GIS/GPS		Emergency Medical Services (EMS) has been proposed as a new initiative which comprises of pre-hospital services and strengthening of emergency department integrated with a GIS/GPS. The draft EFC for the 12th Plan is under examination of Ministry of Health & Family Welfare.	New Scheme
59 National Programme for Prevention & Management of Burn Injuries	<ol style="list-style-type: none"> 1. To reduce incidence, mortality, morbidity and disability due to Burn Injuries. 2. To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers. 3. To establish adequate infrastructural facility and network for BCC, burn management and rehabilitation. 	<ol style="list-style-type: none"> 1. Establishment of full-fledged Burns Care Services by trained staffs in the country in a phased manner. 2. Prevention programme for Burns Injuries in selected areas. 3. Identify means and methods to reduce the incidence of burn injuries and the consequences thereby reducing the burden on Govt. exchequer and improving the quality of life of the community. 4. Creation of a regular pool of trained manpower. 5. Provide out-reach services through mobile burn care delivery system (ambulance and trained manpower). In implementing districts. 	<p>Temporary burns unit with 3-4 beds earmarked for burn patients established in almost all the implementing centres for treating Burn Injury Patients.</p> <p>Burns Data Registry and Quarterly reporting Format have been developed and distributed to the implementing states.</p> <p>Implementing centres have started reporting burn injury data on quarterly basis.</p> <p>5 audio and 2 video spot for awareness generation produced and broadcast by AIR & Doordarshan in 2011.</p> <p>Printed Material in form of posters and leaflets produced for Awareness Campaign and used during the campaign conducted at Districts.</p> <p>NIHFW has conducted Concurrent Evaluation of the programme in all the three states in 2012 and draft report has also been received.</p> <p>A Practical Hand Book on Burn Injury Management is being produced by an Expert Committee.</p> <p>Training module has been developed with the approval of DGHS to train trainers to conduct training in Burn Injury Management & Treatment to Surgeons/Medical Officers of Medical Colleges and District Hospital. Similar modules have been developed for training of Nurses and other paramedics. 29 Medical Colleges have been identified for this purpose. Regional Coordinators to monitor the National Programme.</p> <p>The Pilot Programme for Prevention of Burn Injuries sanctioned for 2010-11 & 2011-12 (the last two year of the 11th Five Year Plan) is being converted into a National Programme subject to approval. In this programme the objectives and deliverables of the Pilot Programme will be replicated in all the states of the country in a phased manner.</p>	

OUTCOME BUDGET 2011-12 (OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES/ACHIEVEMENTS) – Table5

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
<p>1. National Rural Health Mission (NRHM). The Mission is an overarching umbrella, which subsumes RCH-II, Immunization, Disease Control Programmes and inter-sectoral convergence initiatives. It seeks to rejuvenate the health delivery system through enhanced financial allocations which are to be used for infrastructure and manpower augmentation, decentralised planning and overall systemic improvements in the health delivery system.</p>	1. Fully trained and equipped ASHAs, one for every 1000 population or less / for isolated habitations.	1.5 lakh ASHAs to be trained upto Module-V	111345 ASHAs have been trained up to Module-V during 2011-12.	75% of target achieved during 2011-12.
	2. Strengthening of Health Sub-Centres.	7200 2 nd ANMs to be provided in all the sub centres identified for institutional deliveries.	8350 new ANMs were appointed during 2011-12	Exceeded the Target Set.
	3. Village Health and Sanitation Committees(VHSCs) to be set up in over six lakh villages and untied funds provided.	VHSCs to be constituted in all the villages and given untied funds	501335 VHSCs have been constituted during 2011-12	79% of total villages have constituted VHSCs by 31 st March 2012
	4. Strengthening of Primary Health Centres (PHCs) for service guarantees as per IPHS.	1300 Primary Health Centres to be made 24 x7 during 2011-12.	650 PHCs were operationalised on 24x7 basis during 2011-12	Half of the target achieved.
	5. Upgrading Community Health Centres (CHCs) and other levels into First Referral Units(FRUs).	500 CHCs and other level facilities to to be upgraded as First Referral Units	191 CHCs and other level health facilities were upgraded to FRUs during 2011-12.	Around 40% of the set target achieved.
	6. Appointment of Doctors/specialists	1000 Doctors/ Specialists to be recruited on contract basis.	1780 Doctors/Specialists have been appointed during 2011-12.	Achievement exceeds set target.
	7. Appointment of staff nurses	2500 staff Nurses to be recruited on Contract basis.	1911staff nurses were appointed during 2011-12.	77% of set target achieved.
	8. Appointment of Paramedical Staff	1000 Paramedical staff to be recruited on Contract basis.	863 Paramedical staff was appointed during 2011-12.	More than 86% of the set target achieved.
	9. Untied grants to be provided to each VHSC, SC, PHC, CHC to promote local health action.	100% health facilities to be provided untied funding.	100% of eligible health facilities got approval for untied funding for promote local health action during 2011-12.	

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
	10. Annual Maintenance grants to be provided to each SCs, PHCs, & CHCs.	100% health facilities to be provided with annual maintenance grants	100% of eligible health facilities got approval for annual maintenance grants during 2011-12.	
	11. Preparation of Integrated Annual District Health Action plans. (DHAP)	District Health Action plans (DHAPs) to be prepared for all 643 districts.	636 districts have prepared DHAPs during 2011-12.	Seven Districts are yet to prepare District Health Action plans.
	12. Mobile Medical Units(MMUs) to be operationalised in all districts	Mobile Medical Units(MMUs) to be operationalised in 100 more districts	New MMUs were operationalised in 56 new districts during 2011-12.	
	13. District Hospitals to be strengthened to provide quality health care services.	All district hospitals to be strengthened.		
	14. Holding Village Health & Nutrition Days.	60 Lakh Village Health & Nutrition Days to be completed.	7211664 Village Health & Nutrition Days were held during 2011-12.	
	15. Rogi Kalyan Samitis (RKS) to be operational in all health facilities.	RKS to be operationalised at the level of PHCs and above in the remaining facilities.	30529 RKS were registered till 31 st March, 2012.	
2. Pulse Polio Immunization Programme	To eradicate Polio	Polio drops will be administered to approximately 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively.	Six SNIDS were conducted in the months of April, May, June, August, Sept, and November 2011 and one NID in the month of February, 2012. No polio case has been reported in the country (till 16th Nov. 2012). WHO on 24th February, 2012 removed India from the list of countries with active endemic wild polio virus transmission. Intensification of drive in high risk districts of the country particularly in Uttar Pradesh and Bihar as Polio virus still persists and is circulation in high risk areas. In view of the epidemiology situation in the country, the provisions are kept in accordance with the recommendations of the India Expert Advisory Group	

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
3. Routine Immunization	Routine Immunization of Children against seven Vaccine Preventable Diseases (VPDs) and reduction in Morbidity and Mortality rate due to VPDs.	Full Immunization Coverage to be increased to 65%.	As per the reported data of HMIS antigen wise all India coverage is as follows: BCG 90.93% DPT3 86.33% OPV3 82.37% Measles 85.57% Full Imm. 84.02% JE Vaccine 21.75% (As on 02 nd November, 2012)	Enhanced Immunization Coverage to be achieved through fixed day and fixed sites weekly sessions at the sub centres and outreach areas. Special immunization weeks in the EAG and NE States. Strengthened the monitoring and surveillance.
4. Reproductive and Child Health Programme (Phase-II)	To reduce Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) and assure reproductive health and choice to citizens and contribute thereby to stabilization of population consistent with the goals enshrined in the National Population Policy 2000 and 11th Five Year Plan. It aims at providing need based, client centred, demand driven, quality services to the beneficiaries with a view to improve the health status of Infant, Women and Children.	To improve the health status of Infant, Women and Children, funds are provided to States/UTs to sustain and increase: (a) Operationalization of facilities i.e. FRUs, 24x7 PHCs, sub-centres and MTP& RTI/STI services. (b) Coverage of JSY beneficiaries. (c) Strengthening of integrated management of neonatal and childhood illness (IMNCI); new born care (including diarrhoea management, ARI & micro-nutrients malnutrition). (d) Strengthening of Family Planning services (including Compensation for Sterilisation & IUD. (e) Provision of services for (i) Adolescent Health, (ii) Urban RCH (iii) Tribal RCH (iv) Vulnerable Groups.	Infant Mortality Rate declined to 44 per 1,000 live births (SRS 2011). Maternal Mortality Ratio reduced to 212 per 1,00,000 live births (SRS 2007-2009). Total Fertility Rate reduced to 2.5 (SRS 2010). Under 5 Mortality Rate reduced to 59 (SRS 2010). Greater thrust for providing maternal health services: ▪ Demand promotion through JSY. 109.37 lakhs beneficiaries covered under JSY during 2011-12. ▪ Operationalization of Delivery Points /24*7 facilities. ▪ Multiskilling of doctors & human resources for health Promoted institutional delivery to eliminate out of pocket expenses and facilitate prompt referral through following measures under JSSK. ▪ Free and zero expense treatment ▪ Free drugs and consumables ▪ Free provision of blood ▪ Free transport from home to health institutions	Provisions for procurement of RCH Drugs and Equipments have been approved in the respective PIPs of the States/UTs for the year 2011-12. As a result, central procurement of RCH Drugs and Equipments was not done as planned. Only procurement of Sanitary Napkins was processed.

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
		(f) Involvement of NGOs and Public Private Partnership. (g) Strengthening Infrastructure, HR and Institutional Strengthening. (h) Provision for adequate Training, IEC/BCC, Procurement & Programme Management arrangements. Supporting the activities of Immunisation PIPs. Supply of RCH Drug Kit "A" and "B" and equipment to States/UTs.	<ul style="list-style-type: none"> ▪ Free transport between facilities in case of referral ▪ Free Drop back from institutions to home ▪ Exemption from all kinds of user charges. Various Innovative schemes through PPP to strengthen institutional delivery services were supported. Child Health Services: <ul style="list-style-type: none"> ▪ Scaling up NSSK 68309 health personnel trained in NSS till March, 2012. Establishment of SNCUs, NBSUs and <ul style="list-style-type: none"> ▪ New Born Corners: 374 SNCUs, 1638 NBSUs and 11432 NBCCs had been setup to address sick new born care at facilities up to March, 2012. ▪ Establishment of NRCs for control of malnutrition: 657 NRCs have been established since inception. ▪ 533999 health personnel training in community based IMNCI and 8729 health personnel trained in F-IMNCI. Adolescent Health: <ul style="list-style-type: none"> ▪ 152 districts identified for supply of sanitary napkins. ▪ 14.60 crores students in 11 lakhsschools were covered during 2011-12 under School Health Programme. ▪ schools were covered during 2011-12 under School Health Programme. ▪ .264 high focus districts identified Monitoring and Evaluation of Service Delivery: <ul style="list-style-type: none"> ▪ To strengthen monitoring and evaluation of the key indicators and strategies, several mechanisms like performance statistics, surveys, community monitoring, 	

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
			<p>quality assurance, field visits, etc., have been placed. The current position of data uploading on the MCTS Central Server is that data for 2,16,46,893 pregnant women and 1,67,77,025 children have been captured till 31.03.2012.</p> <p>HMIS:</p> <ul style="list-style-type: none"> ▪ The mode of e-governance is being used for quick data sharing and evaluation of the key indicators for which a web-based system has been established for flow of information of both physical and financial progress from District to State and up to the national level 	
<p>5. Free Supply of Contraceptives</p>	<p>To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills to the States/ UTs for distribution to eligible couples free of cost through sub-Centres, hospitals and other Health care Institutions of the states for increased coverage of eligible couples under contraception</p>	<p>Supply of 363.349 M.Pcs. of condoms, 298.137 lakh cycles of Oral Pills, 100.859 lakh pieces of IUDs, 39.010 lakh pairs of Tubal Rings & 75.800 lakh packs of ECPs to states for distribution and use in health care institutions, 217.48050 lakh pregnancy test kits to sub-centres.</p>	<p>The following quantity of the contraceptives were procured during the year 2011-12 i.e 363.349 M.Pcs. of condoms, 298.137 lakh cycles of Oral Pills, 100.859 lakh pieces of IUDs, 39.010 lakh pairs of Tubal Rings & 18.300 lakh packs of ECPs to states for distribution and use in health care institutions, 217.48050 lakh pregnancy test kits to sub-centres.</p>	<p>Entire quantity of ECP could not be procured due to non-finalization of Tender.</p>
<p>6. Social Marketing of Contraceptives</p>	<p>To make available Condoms & Oral pills to the eligible couples through Social Marketing network of the Social Marketing Organization(SMOs) for increased coverage of eligible couples under</p>	<p>Supply of 1638.00 M.Pcs. of condoms & 774.10 lakh cycles of oral pills to eligible couples through SMOs Payment of promotional incentive to SMOs for sale of Condoms & OCPs, re-imburement of packing material cost and also</p>	<p>The following quantity of the contraceptives were procured and supplied to the SMOs during the year 2011-12 i.e 804.00 M.Pcs. of condoms, 774.10 lakh cycles of Oral Pills,</p>	

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
	contraception.	promotional & product subsidy of Saheli/Novex weekly OCPs & Condoms. To undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.		
7. Management Information System	To evolve an appropriate Management Information and Evaluation System under NRHM - MIS Performance , Triangulation of data and conduct of National Surveys i.e., National Family Health Survey, District Level Household Survey, Annual Health Survey etc	Refinement in Web enabled MIS application software for data capturing and data warehousing. Evaluation through National Surveys NFHS, DLHS, AHS etc	21 States/UTs have shifted to "Facility Based Reporting" and rest are in the process for the same.RFP for augmentation of HMIS for building analytical capabilities at State & district level was floated and contract awarded. During 2011-12, total 1,64,98,776 pregnant women and 1,33,54,050 children have been registered. The registration for 2011-12 is 54.7% for pregnant women and 51.3% for children. For DLHS-4, the survey instruments and protocols finalized by TAC and approved by Steering Committee; Proposal of DLHS-4 alongwith facility survey and CAB component approved by MSG; The process of selection of Field Agencies completed for 15 States / UTs in February, 2012.	RFP process for "Appointment of a Helpdesk Service Provider (HSP) for Establishment and Operation of Mother and Child Tracking Helpdesk (MCTH) completed. Draft contract examined by MoHFW and NIC. RFP process for "Appointment of an Agency for E-Governance Project Management Unit (e-PMU) for HMIS, MCTS & MCTH Projects" has been completed and the contract has been signed with successful bidder.
8. Population Research Centre	To carry out research studies on various socio economic, demographic and communication aspects of Population & Family Planning Programme	Reports on various socio economic, demographic and communication aspects of Population & Family Planning Programme and analysis / validation of HMIS data including strengthening of Mother & child Tracking system.	Detailed action plan was prepared for each PRCs and they were involved in research activities including analysis / validation of HMIS data as per identified programme needs.	

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
9. National Vector Borne Disease Control Programme (NVBDCP)	<u>Malaria</u> ABER over 10% and API 1.3 or less	ABER – 10% of target population under surveillance Coverage of 10% of BPL families under the free distribution scheme of insecticide treated bed nets (ITBN) for Seven North Eastern States 80% coverage of the targeted population under Indoor Residual Spray (IRS).	ABER of 9.12% achieved API achieved is 1.10 per 1000 population Coverage of high risk population with LLIN in Global Fund supported states is 32.81% and World Bank states is 27.4%. 64.46% of population covered under IRS in 2011-12	(i) Filling up of vacant posts of Health Workers for domiciliary visits (ii) Timely release of funds by States for programme implementation (iii) Submission of UCs by States to GOI for timely release of funds. (iv) Timely procurement of bed nets and insecticide for treatment (v) Behaviour change communication achieved for regular use of ITBN.
	<u>Elimination of Lymphatic Filariasis</u> 80% coverage of targeted population and 65% of treatment compliance	Mass Drug Administration (MDA) with anti-filaria tablets in 20 endemic States having about 590 million population.	Mass Drug Administration (MDA) - 2011 round has been observed in 19 States/UTs except Bihar on staggered dates with co administration of DEC with Albendazole. The Coverage achieved in these states for MDA is 87.89% against the targeted population.	(i) Release of funds by GOI to State health Society well in advance & further release to districts by State Health Society for implementation of the Programme. (ii) Availability of funds at grass root level for completing preparatory activities. (iii) No disinformation on MDA.
	<u>Kala-azar</u> 90% of treatment compliance of Kala-azar cases detected	At least two rounds of door-to-door search undertaken in each of the endemic districts. Making available anti Kala-azar drugs in all block level PHCs & district hospitals. 80% coverage of targeted population with DDT 50%	(i) Kala-azar search was intensified in each of the endemic districts and 33140 cases were detected and treated during 2011. ii) Drugs & diagnostics availability has been ensured. (iii) The spray coverage has been 85.32% of the targeted population.	(i) Release of funds by State Health Society to district Health Society for Programme implementation.(ii) Maintaining regular supply of anti Kala-azar drugs at the periphery (iii) Involvement of NGOs/FBOs /PRIs and private practitioners in the Kala-azar elimination.

Name of Scheme/Programme/ Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
	<p><u>Japanese Encephalitis (JE)</u></p> <p>85% coverage of eligible children with J.E. Immunization in targeted districts</p>	<p>Availability of fogging equipment and insecticides in all endemic zones.</p> <p>Trained teams available at CHCs and District Hospitals in endemic areas for time case management.</p>	<p>8249 cases of AES/J.E. have been detected and treated during 2011-12.</p>	<p>(i) Early case reporting achieved.</p> <p>(ii) Analysis of epidemiological and entomological data for epidemic outbreak prediction and timely remedial.</p>
	<p><u>Dengue/ Chikungunya</u></p> <p>90% of identified sentinel surveillance hospitals maintaining line listing of cases.</p>	<p>(i) Regular entomological surveillance in endemic areas for vector species (<i>Aedes aegypti</i>).</p> <p>(ii) Regular fever surveillance in endemic areas to detect an unusual trend.</p> <p>(iii) Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.</p>	<p>Regular surveillance is being done and 18860 cases of dengue and 20402 cases of chikungunya have been detected and treated during 2011-12.</p>	<p>(i) State putting in place entomological teams for vector surveillance.</p> <p>(j) (ii) Early case reporting achieved.</p> <p>(iii) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.</p>
<p>10. National Leprosy Eradication Programme</p>	<p>To reduce leprosy burden in the country.</p> <p>Provide quality leprosy services through General Health care (GHC) System.</p> <p>Enhance Disability Prevention & Medical Rehabilitation (DPMR) services.</p> <p>Enhance advocacy to reduce stigma and discrimination.</p> <p>Capacity building of GHC staff.</p> <p>Strengthening monitoring & supervision.</p>	<p>To achieve elimination of leprosy as a public health problem in all States and districts by March 2012.</p> <p>Reduce Annual New Case Detection Ratio to <10 per 100,000 populations at national level by 2012.</p> <p>Annual performance of Reconstructive Surgery in the country to be 3200.</p>	<p>(i) 33 States/UTs (94.3%) have achieved elimination.</p> <p>(ii) ANCDR recorded at <10.35 per 100,000 population in March 2012.</p> <p>(iii) Conducted 2548 RCS during 2011-12.</p>	

Name of Scheme/Programme/ Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
11. Pre-Conception and Pre-Natal Diagnostic Techniques Programme	To strengthen effective implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.	Awareness generation campaign undertaken on declining child sex ratio and implementation of the PC & PNDT Act. Scaling up of inspections by National Inspection and Monitoring Committee. Enhancement of Training and Capacity Building of Appropriate authorities, judiciary and implementing bodies. Awareness generation undertaken by NGOs in focus districts. Violations of the PNDT Act detected and cases filed against violators, convictions secured against violations.	Quarterly Progress Reports are reflecting an improved compliance of the provisions of the Act by the States. A total of 260 clinics sealed and 279 cases filed in 2011- 2012. A total of 1131cases have been filed in the courts for various violations of the law since the inception of the Act. 14 convictions have been secured in various states/UTs against violations of thePC & PNDT Act.during 2011-2012. Capacity building programmes for Judicial Officers and Public Prosecutors have been conducted in Judicial Academies of Chandigarh, Andhra Pradesh and Rajasthan.17 NGO's have been sanctioned Grant in Aid for undertaking awareness generation activities.	
12. Revised National TB Control Programme	To achieve a cure rate of 85% of new smear positive cases and detection of at least 70% of such cases	Improved New Sputum positive case detection 593000 and Cure rate >85%	New sputum positive case detected 642949 and cure rate Achieved 88%	one year
13. National Programme for Control of Blindness	Reduction of prevalence of blindness to 0.3% by 2020.	Target for Cataract Surgery : 70 lakh surgeries Target for other eye diseases: 3 lakh cases Target for School Eye Screening Programme: 6 lakh spectacles to be provided to school children Target for Eye Donation: No. of donated eyes to be collected: 60 thousand donated eyes	62.41 lakh cataract surgeries performed 4.60 lakh other eye diseases treated 6.18 lakh free spectacles provided to school children 48,014 donated eyes collected These are decentralized activities. Funds as per Programme Implementation Plan (PIP) were released to respective State Health Society for implementation of these activities. Training of Eye Surgeons is a central activity. Around 350 eye surgeons were trained in	The Programme is reviewed periodically at central, state and district levels to ensure achievement of the targets fixed in the Annual Plan as per the approved scheme.

Name of Scheme/Programme/ Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
		<p>Strengthening/development of Eye care infrastructure: Medical Colleges- 28, Distt. Hospitals-12, Sub-distt. Hospitals-10, PHC(Vision Centres)-726, Eye Banks- 31, Eye Donation Centres-15, NGOs for eye care facilities-15, Eye Wards and Eye OTs 18, Mobile Ophthalmic Units with Tele-network + few fixed tele-models-7 Training of manpower: Eye Surgeons, Nurses Refresher training: Medical Officers, State/District Programme, at PHC, CHC, DH, Managers, Ophthalmic Assistants/ Ophthalmic Nurses, ASHA & ICDS</p>	<p>various specialties of ophthalmology. Funds for undertaking training activities for the remaining ophthalmic manpower were released to respective State Health Society as per the targets for organizing trainings in a decentralized manner.</p>	
<p>14 Integrated Disease Surveillance Programme (IDSP)</p>	<p>To strengthen and maintain a decentralized state based disease surveillance and response system for epidemic prone diseases for detecting early warning signals of impending disease outbreaks and take timely control measures.</p>	<p>Training of District Surveillance Teams in 610 districts.(Cumulative since beginning of project) Strengthening of laboratories in districts. Broadband network for 800 sites (State HQ, District. HQ, Govt. Medical Colleges and important Institutes) Outbreaks detection, investigation and control. Data collection of outbreaks and Analysis</p>	<p>Training of 57 teams completed (total since beginning 627). Training completed in all states Data centre equipment installed at 776 sites(cumulative since beginning) Training Centre equipment installed at 745 (cumulative since beginning) 90% of districts reporting through e-mail 1675 outbreaks reported and responded in 2011 (Jan-Dec 2011)</p>	<p>Training completed in all states Remaining states are in hard to reach and difficult areas and in many states space is not available to install IT equipments. In addition ISRO satellite connectivity is not available since Sept., 2010. IDSP is following up with states and NIC and ISRO who are establishing this network to get installations complete.</p>

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
15. National Iodine Deficiency Disorders Control Programme	To control and prevent iodine deficiency disorders in the country.	Production & distribution of iodated salt 55 lakh MT. Establishment of State IDD Cell and IDD monitoring Lab in the remaining 4/5 State/UTs. Supply of salt testing kits at district level. Analysis of salt samples to assess the quality of iodated salt at community level. Analysis of urine samples for urinary iodine estimation. Monitoring of district salt samples by the Central team.	Production & supply of salt was 59.77 lakh MT in 2011-12. Information awaited from State/UT's. 48682 samples collected and analysed out of which 44415 (91%) are confirmed to standards. 17421 samples collected and analysed out of which 16395 (94%) are confirmed to standard. So far 500 salt samples have been collected from different districts (50 samples from each district) of various State/UTs and sent for analysis at NICD. Reports are awaited.	The target achieved. Action is being taken by State/UT's for filling up of all vacant posts. D/o H&FW has decentralized procurement of Salt Testing Kits under NIDDCP for endemic districts of all States/UTs. States are being requested to collect and analyse salt & urine samples as per NIDDCP guidelines.
16. National Programme for Prevention and Control of Fluorosis	To Prevent and Control of Fluorosis in the country	Line listing of villages with fluorosis Line listing of laboratory facilities and comprehensive management of fluorosis cases. Appointment of contractual staff. Procurement of laboratory equipment. Setting up of district Fluorosis Laboratory Training of Medical and paramedics	Funds released to concerned Districts.	Due to insufficient fund National Programme for Prevention and Control of Fluorosis (NPPCF), 31 Districts have been covered as against the target of 40 districts during the financial year 2011-12.
17. National Cancer Control Programme	Prevent and control common NCDs through behavior and life style changes. Provide early diagnosis and management of common NCDs. Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs. Train human resource within the public health setup viz doctors,	Strengthening of 20 Tertiary Cancer Centres. Support for CNCI, Kolkata. Cancer Treatment Services in 73 District Hospitals. Setting of 73 District N CD Cell at Selected Districts Setting of 21 State N CD Cell in the Selected States.	GIA given to 7 TCCs under the Plan head. GIA given to CNCI, Kolkata under the Plan & Non-Plan head. GIA given to 88 Districts (61 New & 27 Old Districts) in 19 States for development of Cancer Care under the Plan head. Established District Cancer Care Centre in 15 Districts. Established State NCD CELL in 12 States Established District NCD CELL in 42 Districts. Cancer awareness generation through IEC activities.	Program has been merged with NPCCDCS

Name of Scheme/Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
	paramedics and nursing staff to cope with the increasing burden of NCDs, and Cancer awareness Generation amongst mass.			
18. National Tobacco Control Programme (NTCP) (Tobacco Free Initiative)	Progressive reduction in Tobacco Consumption To target non-user for not taking up the habit and motivating the user to quit To create awareness amongst the masses about the harmful effects of tobacco consumption	Setting up of National Tobacco Regulatory Authority Capacity building of Districts/States and also include more districts under NTCP Up scaling IEC activities Establishment of tobacco testing Laboratories	2). Funds have been released to 12 states for conducting the identified activities under the National Tobacco Control Programme. Four national level public awareness campaigns and one dedicated North East campaign using the electronic media (Govt and Private) was launched. Four campaigns through DAVP which included a pan India mass media campaign was done in 2011-12.	A presentation on Setting up of National Tobacco Regulatory Authority was made to Hon'ble HFM in November, 2011 regarding where-in it was discussed to make NTRA as a subset of FSSAI However, FSSAI conveyed its reservations since tobacco is not a food product. The matter is being examined by the division. The concerns of the laboratories regarding HR issues were addressed and revised estimates for setting laboratories was approved by HFM.
19. National Mental Health Programme	To ensure availability of minimum mental health care for all in the foreseeable future, particularly the most vulnerable and under privileged section of the population. To encourage application of mental health knowledge in general care and social development.	Support for DMHP : 25 Estbalishment of Centres of Excellence : 1 Establishment of PG Departments in Mental Health Specialties : 40 IEC	Support to 9 DMHPs Establishment of Centres of Excellence : 1 Establishment of PG Departments in Mental Health Specialties : 7 EC: Mass Media Campaign being undertaken	Funds could not be released to DMHPs due to non settlement of UCs. Lack of sufficient number of recommended proposals for establishment of PG Departments.

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	To promote community participation in developing mental health services, and to stimulate efforts towards self-help in the country.			
20. Project for Establishment of Trauma Care Facilities on National Highways	To reduce incidence mortality, morbidity and disability due to road traffic accidents. Creation of trained manpower for designated trauma centre. To establish adequate infrastructural facilities and net working for trauma victims.	1. Establishment of 140 Level I, II, III and IV trauma centres for accident victims in 16 States in the country. 2. Creation of a regular pool of trained manpower. 3. Set out-reach services through trauma care delivery system (ambulance and trained manpower). 4. Pre-Hospital Trauma Technical (PTT) Training at two hospitals in Delhi.	1. Fullfledged 116 Trauma Care Services in the selected states to be established by the end of 31/3/2013. 2. In the meantime 35 Trauma care centres are functional. 3. Mid Term Appraisal received from NIHFW, Munirka, New Delhi.	1. Funds Released to the state Rs. 33 crores for establishment of 12 Trauma Care Centres.
21. Strengthening & Up-gradation of State Government Medical Colleges	To provide financial assistance to the State Government Medical Colleges to upgrade the facilities for starting new Post Graduate (PG) disciplines and increasing PG seats	Release the funds to medical colleges for upgradation of infrastructure, equipment and faculty to increase the postgraduate seats in the country.	During the year 2011-12, 26 Government medical colleges of 6 states were approved for Central assistance and first instalment was released. Further, 2 medical colleges have been released 2nd instalment under the scheme. Thereby, the total number of medical colleges funded under the scheme is 72 of 20 states	

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<p>22. Pradhan Mantri Swasthya Surahsha Yojana (PMSSY)</p>	<p>Creation of capacity in medical education, research and clinical care, in the underserved areas of the Country.</p>	<p>Setting up of AIIMS like Institutions: Appointment of Design DPR Consultants-Nov'2007, Project Consultants- Mar'08, Selection of Contractor / EPC Developer- Nov'09, etc.</p> <p>Upgradation of Govt. Medical College in Frist Phase of PMSSY :</p> <p>Bangalore MC, Trivandrum MC, Salem MC,NIMS, Hyderabad, SGPGIMS, Lucknow, Grants MC, Mumbai, IMS Varanasi, Jammu MC, Kolkata Medical College, RIMS Ranchi, SNMS, Tirupati, Srinagar Medical College, BJMC, Ahmedabad</p> <p>Upgradation of Govt. Medical College in second phase of PMSSY Aligarh, Amritsar, Madurai, Nagpur, Rohtak and Tanda</p>	<p>Construction is going on for Medical College Complex and Residential Complex for Setting up of 6 AIIMS like Institutions in Jodhpur, Bhopal, Bhubaneswar, Patna, Raipur, Rishikesh. Work is going on in different packages:</p> <p>Package I- Construction of Medical College Package II - Construction of Hospital Complex Package III – Electrical Services Package IV /V/ VI/ VII – Estate Services and fixing Furniture, Modular OTS, Medical Gas pipe line in Medical College Complex and Medical equipments.Package VI – Operation Theatre</p> <p>Upgradation of Govt. Medical College in Frist Phase of PMSSY: The work of Bangalore MC, Trivandrum MC, Salem MC, NIMS, Hyderabad, SGPGIMS, Lucknow, Jammu MC to be completed by 100% and others is going on.</p> <p>Upgradation of Govt. Medical College in second phase of PMSSY: The work is in the process/started.</p>	
<p>23. Central Government Health Scheme (CGHS)</p>	<p>Reforming and strengthening of CGHS to further improve its functioning for the benefit of CGHS beneficiaries</p>	<p>CGHS is providing the services to its beneficiaries which are not always quantifiable. There is a proposal to open atleast one dispensary in some of the States where CGHS is not in operation.</p>		

Name of Scheme/Programme/ Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
24. Scheme on Health Sector Preparedness and Disaster Management	To initiate prevention, mitigation and preparedness measures in health sector for manmade and natural disasters	Pre-fabricated, self-contained, container based Mobile Hospital: To establish the Strategic Health Operation Centre and further networking with State Control Rooms CBRN Medical Centre, Training activities for NBC disasters, mass casualty management (ATLS) and public health emergencies	The various Sub – Committees of the Mobile Hospital have finalized the specifications of various components of the Mobile Hospital. The Control Room in Dte.GHS is being strengthened as an emergency operation centre. A Specification Committee has finalized specifications of Strategic Health Operation Centre. Suitable location is being identified. The CBRN Specification Committee constituted. It has held meetings. Training for medical management of CBRN disasters for doctors of Central Government Hospital held at DRDE, Gwalior. A detailed proposal has been submitted for consideration during 12th Five Year Plan. Emergency Medical Relief was provided to Sikkim which was affected by earthquake disaster.	
25. National Programme for prevention and Control of Deafness	Prevention and Control of Deafness through Early detection and management of deafness and causes leading to it. Strengthening of Health Care delivery system to deliver the hearing/ear care services.	Expansion of the Programme to 27 new districts in addition to existing 176 districts	Expansion of the Programme to 8 new districts in addition to existing 176 districts	The smooth implementation of the Programme is dependent on the States initiative and their capability to spend the funds released to them for earmarked activity and timely Furnishing of SOE/UC to the MOHFW. The State/UTs are not submitting SOE/UC to the Programme Division of MOHFW.

Name of Scheme/Programme/ Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
<p>26.</p> <p>National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)</p>	<p>Prevent and control common NCDs through behaviour and life style changes,</p> <p>Provide early diagnosis and management of common NCDs,</p> <p>Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs.</p> <p>Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs.</p> <p>Establish and develop capacity for palliative & rehabilitative care.</p>	<p>Behaviour change in the community to adopt healthy life styles including dietary patterns, enhanced physical activity and reduced intake of tobacco and alcohol resulting in overall reduction in the risk factors of common NCDs in the community.</p> <p>Screening of 4.3 crore adult population (30 years and above) for diabetes and hypertension.</p> <p>Early diagnosis of over two-third of NCDs and treatment in early stages, thereby reducing mortality on account of these diseases and enhancing quality life.</p> <p>Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs.</p>	<p>A total of about 1.29 crore persons have been screened so far for diabetes and hypertension.</p> <p>NCD clinics have been started in 41 district hospitals and 16 CHCs,</p> <p>Facilities for Cardiac Care were established / strengthened in 30 district hospitals and chemotherapy facilities in 4 districts.</p> <p>7 Tertiary Cancer Centers (TCCs) have been strengthened for providing comprehensive cancer care in the country.</p> <p>For over all monitoring of the programme, NCD cell were established in 20 states and 42 districts.</p> <p>Health promotion activities were undertaken to generate awareness regarding these life style diseases.</p>	
<p>27</p> <p>Telemedicine</p>	<p>Expand the reach and quality of healthcare services on a pilot basis in underserved areas through connectivity of Medical colleges and District and Sub-district hospitals</p>	<p>Setting up of National Rural telemedicine Network</p> <p>E-curriculum of National Knowledge Commission</p> <p>Evaluation of existing e-initiatives.</p> <p>Financial assistance for hardware, software, manpower and training support for various projects</p>	<p>Continuing Services</p>	

Name of Scheme/Programme/ Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
New Initiatives taken up during 11th plan				
28 Pilot Project on Prevention and Control of Human Rabies	To prevent mortality due to rabies	Activities of the project viz surveillance, strengthening of diagnostic, strengthening of intersectoral coordination and IEC activities were ongoing.	The strategy was pilot tested and was found to be feasible, implementable and would be rolled out through the country in XII th Five Year Plan.	
29 Pilot Project on Leptospirosis Control Programme	To prevent morbidity and mortality due to Leptospirosis	Activities of the project viz surveillance, strengthening of diagnostic, strengthening of intersectoral coordination strengthening of patient management facilities and IEC activities were ongoing.	The strategy was pilot tested and was found to be feasible, implementable and would be rolled out in the endemic states in the XII th Five Year Plan.	
30 National Organ Transplant Programme	To develop programme for decreasing end stage organ disease (ESOD) for kidney, heart & liver. To develop Model Organ Procurement And Distribution Organization (now name changed to National Organ and Tissue Transplant Organization) To train doctors, nurses, technician and co-ordinator Advocacy programme for deceased organ donation. To protect vulnerable groups from organ trafficking. To monitor organ transplant services & bring about policy & programme corrections wherever needed.	Establishment of National Bio-Material Centre (Tissue bank) Establishment of National Organ and Tissue Transplant Organization (earlier named model organ procurement and distribution centre (MOPDC) Human Resource Training (Dialysis Physician/ Transplant surgeon/ nurse/ technician/ pathologist/ co-ordinator etc.) Advocacy for Organ/Tissue Donation THOA amendment Act and Rules Data for monitoring	The Transplantation of Human Organs (Amendment) Act, 2011 was enacted by the Parliament to create an enabling environment to achieve the objectives as enumerated in Col. (3). Physical Infrastructure (building) developed and Building renovated for housing National Organ and Tissue Transplant Organization with components of National Networking and National Bio- material centre (Tissue Bank) at Safdarjung hospital, New Delhi. Second Indian Organ Donation Day organized on 28th Nov. 2011 at AIIMS, New Delhi. Regional "Organ Donation Awareness workshops" were organized in the cities of Bengaluru, Hyderabad, Puducherry, Chennai, Kolkata, Ahmedabad, and Pune. THOA amendment Act 2011 was enacted and consultations held for revising the rules. Regular monthly reports obtained from registered transplant centres from all Union Territories	

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			<p>Technical Team trained for Organ and Tissue Registry. Course curriculum, course material and examination scheme developed for dialysis training course.</p>	
<p>31 National Programme for Health Care for Elderly</p>	<p>National Programme for Health Care of the Elderly (NPHCE): The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services. Preventive & promotive care management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE. National Institute of Aging (NIA): To create and expand health manpower for old age care. To promote high quality research in the fields of Geriatrics and Gerontology to</p>	<p>Continuation of Geriatric Department at 4 existing Regional Geriatric Centres and establishment of 4 new Geriatric Centres in the selected Medical Colleges. Continuation of Geriatric unit at the 27 existing district hospitals and establishment of 73 new Geriatric Units. Continuation of Sub- District level activities at CHCs, PHC and Sub-Centres in the 27 existing Districts and start of such activities in another 73 new Districts National Institutes of Aging at MMC, Chennai and AIIMS, New Delhi. Build health service manpower for old age health care, research, short-term and medium-term in-service training, etc.</p>	<p>Fund has been released for the establishment of 4 new Geriatric Centres in the selected Medical Colleges. Fund has been released for establishment new Geriatric Units and sub-district level activities in 64 districts. As per reports received so far, Geriatric OPD has been opened at 5 Institute viz. All India Institute of Medical Sciences, New Delhi, Grants Medical College & JJ Hospital, Mumbai, Sher-I-Kashmir Institute of Medical Sciences (SKIM)), Jammu & Kashmir, Govt. Medical College, Thiruvananthapuram and Guwahati Medical College, Assam. Among the States Gujarat, Haryana, Jammu & Kashmir, Madhya Pradesh, Sikkim, Odisha, Punjab and Rajasthan have reported opening of Geriatric OPD/ Ward at various District Hospitals. Bi-weekly Geriatric Clinic at CHCs started at Mewat & Yamuna Nagar (Haryana) and Leh (Jammu & Kashmir). Weekly Geriatric Clinic at PHCs have been started at Mewat and Leh. Due to paucity of funds, this activity could not be</p>	<p>Fund could not be released to Uttar Pradesh due to non- receipt of MOU. The actual implementation of the programme rests with the States. National Institutes of Aging, It has been decided to take up this activity in the 12th Five Year Plan</p>

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	<p>provide evidence base for active and healthy ageing. The National Institute would itself also be a centre for providing care and would also be a body for certifying treatment facilities. To support National Programme for Health Care of Elderly (NPHCE).</p>		considered during the 11th Five Year Plan.	
<p>32 National Centre for Disease Control</p>	<p>i) Diseases Surveillance and outbreak investigation ii) Training Programme iii) Operational Research, iv) MPH Courses. To upgrade the National Centre for Disease Control (NCDC).</p>	<p>Set objectives will be met. Cabinet Committee on Economic Affairs (CCEA) approved in December, 2010 the proposal for upgradation of NCDC at a total cost estimates of Rs. 382.41 Crore. Components are: (a) civil and services works (b) equipments and (C) manpower.</p>	<p>Clearance from Heritage Conservation Committee obtained. Approval of DUAC for layout also received. Follow up action for approval on individual building drawings from Delhi Fire Service and DUAC also initiated. In addition, efforts are being made to obtain clearances from Department Forest and Wild Life, Clearance from Civil Aviation Authority and Environmental Authorities are being made. Agreement between NBCC and NCDC signed. NBCC has also floated tender. Construction of civil works is likely to commence by the end of 2011-12.</p>	
<p>33 National Programme for Sports Injury</p>	<p>The Space Injury Centre (SIC) was established, 2010 at an approved outlay of Rs. 70.72 crores with an objective to provide specialized nature of treatment to all Sports Injuries and Joint Disorder under one roof.</p>	<p>Since the Centre is meant to provide diagnostic, surgical & rehabilitative services to the Sport persons/ General Public sustaining sports related injuries & joint disorders, it is not possible to quantify the deliverables</p>	<p>The Centre was made functional & operational after its inauguration on 26.09.2010. The details regarding various activities of SIC during the year 2011-12 are as under: OPD Attendance including Casualty attendance-60396, Inpatient Attendance-1295 No. of Surgeries Undertaken-1192 Minor Surgical Procedure-2735 Physiotherapy-55637, Psychology Clinic-2837</p>	

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34 Forward linkages to NRHM	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	Setting up of State Family welfare training centre at Kohima, Nagaland. Construction of Super Specialty wing at GMC, Assam. Setting up of State Family Welfare Training centre at Imphal, Manipur. Up-gradation & Strengthening of State Civil Hospital, Naharlagun, Arunachal Pradesh.	Establishment/up-gradation and strengthening is being undertaking	
35 National Advisory Board for Standards Clinical Establishments (Registration and Regulation) Act, 2010 (CEA 2010)	To provide for the registration and regulation of clinical establishments, to prescribe minimum standards of facilities and services.	Notification of the Central Rules of the Act. Notification of the National Council of Clinical Establishments	CEA 2010 was enacted by the Parliament to create an enabling environment to achieve the objectives as given in Col. (3). State model Rules were circulated to all States.	The States of Arunachal Pradesh, Himachal Pradesh, Mizoram and Sikkim and UTs, in which the Act came into effect on such date as Central Government notified, were requested to initiate the process of implementation of the Act. Other States were also requested to adopt the Act.
36 Setting Paramedical Institutions	Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through standardization of such education/ courses across the country. It can be achieved by implementing the scheme.		(i) Regarding setting up of 1 National Institute of Paramedical Sciences (NIPS) & 8 Regional Institute of Paramedical Sciences (RIPS), Land for NIPS and 6 RIPS was finalized. (ii) Contract agreement with a project consultant i.e. HLL for establishment NIPS and RIPS was signed and RS.86 crores released to them for undertaking project related activities. (iii) All the concerned States indicated their commitment for sharing 15 % of the project cost. HLL was asked to initiate work on concept plan for available sites. HLL has selected architects for various sites. (iv) PHFI, an autonomous registered society, was appointed at a total cost of Rs. 1.25 crores as the technical support agency to modules, protocols for quality control etc. In this regard, Rs. 12.50 lakh and Rs. 56 lakh was released during 2010-11 and 2011-12 respectively. (v) Regarding manpower development component, based on the proposals received, it was proposed to release Rs. 21 crores to 5 medical colleges in Maharashtra (2) and Rajasthan (3) for augmenting capacity of paramedical courses/ starting new courses.	

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37 Strengthening / of Upgradation Pharmacy Institution	Providing financial assistance in the form of one time grant-in-aid for Strengthening/Upgradation of pharmacy institutions and for conducting continuing education programme for faculty in pharmacy institutions and practicing pharmacists.		Under the scheme on the basis of proposals received, 17 Pharmacy Colleges across the country were technically evaluated by DGHS and PCI.	
38 Upgradation / Strengthening of Nursing Services	A new scheme has been sanctioned under Human Resources for Health (New) which inter-alia included upgradation/strengthening of Nursing Services during the XIth plan period in order to strengthen the nursing services.	To open additional 115 institutions in 29 States	A sum of Rs.1 72.34 has been released to 31 ANM School and 42 GNM School in 10 states.	
39 Development of Nursing Services Training of Nurses Strengthening / Up gradation of Nursing Institutions National Florence Nightingale Award for Nurses	Update the knowledge and skills of the Nursing personnel. Strengthening/ Up gradation of existing Schools/ Colleges of Nursing in various states To recognize the meritorious services of the Nursing profession in the country.	Imparting training to 3600 nursing personnel by conducting 120 courses Providing of assistance for up gradation and strengthening of Schools/ Colleges of Nursing in various State. Up gradation of 3 Schools of Nursing in Central Govt. Hospitals in Delhi i.e. Dr. RMLH, SJH, LHMC&H into Colleges of Nursing and also Up gradation of RAK College of Nursing in to "Center of Excellence".	Rs. 1.04 crore was released to conduct 69 courses train 1887 nursing personnel. Rs. 23.22 crores have since been released for strengthening 55 institutions and upgradation of 4 institutions. The 3 schools of nursing in the Central Government Hospitals in New Delhi have since been upgraded. The work for upgradation of RAK College of Nursing is in progress. National Florence Nightingale Award was given on 12.5.2011 by the Hon'ble President of India to 34 Nursing personnel as a mark of highest recognition for meritorious services in the nursing profession in the country.	The balance Fund could not be release for want of agreement The balance fund could not be released due to pending UC from the Institutions.

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40 National Urban Health Mission	To address health needs of urban poor with focus on slum (listed and unlisted) population and other disadvantaged vulnerable sections.		Not yet operational	
41 Lady Hardinge Medical College Smt. S.K. Hospital, New Delhi	Construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-2006 for increasing 27% OBC admissions. 1. Construction of Hospital buildings (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block, Academic Block, UG Hostels. 2. Residential Buildings; 30 Type IV Qtrs. 30 Type III Qtrs. RMO hostels. 3. Renovation of existing Hospital Buildings (CPWD works)	Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Academic Block, UG Hostels. Residential Buildings : 30 Type IV Qtrs. 30 Type III Qtrs. RMO hostels Filling up of Posts of sanctioned under the Comprehensive Redevelopment Plan for this institution. CPWD Renovation works: Gynaecology Dept, Family Planning OT Microbiology Dept. Community Medicine Dept. etc	Commencement of construction of Hospital and Residential buildings pertaining to the Implementation of Central Educational Institute (Reservation in Education) Act 2006 for Increasing 27% OBC admissions. Construction of Hospital building (OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology (Radiotherapy) Block Academic Block, UG Hostels.) Residential Buildings : 30type IV Qtrs. 30Type III Qtrs. RMO hostels Routine renovation of the existing hospital building carried out by CPWD	

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<p>42</p> <p>Safdarjung Hospital and Vardhman Mahavir Medical College, New Delhi.</p>	<p>Promoting health care based on evidence of effectiveness of care</p> <p>Provide teaching and training in the field of medical education</p>	<p>To provide comprehensive medical care to the patients</p> <p>To carry out Renal transplantation in SJH & IVF clinic in Deptt. of O & G.</p> <p>Construction of extra floor for physical medicine and rehabilitation (PMR) Deptt. In OPD bldg-Rs.4.71 Cr.</p> <p>Ward Disaster Management / Respiratory Unit H-Block Extn.-Rs. 1.00 Cr.</p> <p>Procurement of equipments and medicines.</p> <p>Upgradation of various departments</p> <p>Other Infrastructure works.</p>	<p>Ward 38 has earmarked for renal transplantation unit. Two operation theatres with ICU are ready.</p> <p>Equipments and Furniture procured. Nephrologists with DM qualification are posted but yet to join. Can start the renal plantation once he joins.</p> <p>Due to non-availability of space and some technical reasons the IVF centre has not implemented. New project is under process.</p> <p>Construction of extra floor for PMR deptt. in OPD bldg is under process.</p> <p>Ward Disaster Management / Respiratory Unit planned at 2nd Floor of H-Block Extn.- construction of building completed and providing better patient care. Equipments costing Rs. 13 Cr. has been procured and providing better patient care. Up gradation of causality bldg., ortho central enquiry bldg., Haematology lab etc. has been done. Repair & maintenance of VMMC bldg. Has been done. Repair & maintenance of staff Quarters Raj Nagar, West Kidwai Nagar has been done.</p>	
<p>43</p> <p>Dr. RML Hospital and PGIMER, New Delhi</p>	<p>Provision of effective secondary and tertiary healthcare, strengthening of trauma centre and medical research on the lines of PGI</p>	<p>Strengthening of Accident & Emergency Department & Setting up of Trauma Centre</p> <p>Upgradation of, infrastructure & other facilities in existing departments of the hospital.</p> <p>Conversion of existing School of Nursing to College of Nursing</p> <p>Strengthening of the Nephrology Department of the hospital and setting up a Renal transplant unit</p> <p>Development of Surgical Department with the Minimal invasive surgery, expansion of O.T. and Emergency Services.</p>	<p>College of nursing started functional</p> <p>The hospital has setup renal transplant facility like dedicated post-operative room and OT etc. Machinery & Equipment like Centrifuge Machine, Haemodialysis Machine with SLED facility, ICU Monitor, Body Composition Monitor, ICU Beds (4 Nos.) have been purchased.</p> <p>A new casualty building is under construction & near to completion. The building along with all equipment is likely to commissioned by the end of 2012.</p> <p>The construction work is under progress</p> <p>Possession of the additional land allotted to the hospital has been taken and construction of</p>	

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		<p>Construction of Additional New Emergency Care Block</p> <p>Construction of Additional Floor in Laundry Block of the hospital</p> <p>Strengthening of Pediatric Surgery Department (Up gradation)</p> <p>Setting up of a Thoracic Science/Pulmonary Medicine Department</p> <p>Creation of additional post graduate teaching facilities in the hospital to improve the academic performance and to improve patient care.</p> <p>Development of Burn and Plastic Surgery Department</p> <p>construction of a Dharamshala for the Hospital(land already allotted)</p> <p>Setting up of Nuclear Medicine Department and Neuro Science Centre</p> <p>Setting up of a Hematology Unit</p> <p>Expansion of Services at the Department of Psychiatry/Neurology/ Dermatology</p>	<p>super specialty block will be taken shortly. The land has been allotted to the hospital for construction of Super Specialty Block & this Thoracic Science/Pulmonary department is part of this block.</p> <p>Post Graduate Institute has been set up under GGSIP University and 124 PG Degree/Diploma have been running.</p> <p>Renovation work has been completed. Recruitment of most of the staff have been done. Machinery & Equipment like Electro Surgical Unit, O.T. Table, Powered Liposuction Unit & O.T. Lights have been purchased.</p> <p>Construction work could not start earlier, as the site was temporarily given to fabrication work of New Casualty Building work. Now, Construction work of Dharmashala has been started & likely to be completed by the end of 2013.</p> <p>The land has been allotted to the hospital for construction of Super Specialty Block & this Neuro Science department is part of this block.</p> <p>Hematology unit started under department of Pathology. Machinery & Equipment like Digital Programmable Pressure Cooker for Antigen Retrieval, Lab. Refrigerator, Binocular Microscope, Blood Cell Counter, Remote Centralized Temperature Monitoring System, Rotary Microtome etc have been procured.</p> <p>All these departments have been upgraded to start M. Phil/ Ph.D & other courses.</p>	

Name of Scheme/ Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
44 Central Institute of Psychiatry, Ranchi	Provision of diagnostic and treatment facilities in mental health and conduct of PG courses in psychiatry.	Upgradation of existing services as per the redevelopment plan Training of manpower for mental health and patient care and conduct research activities Construction of other infrastructure works	During 2011-12, a total number of 469326 patients have utilized the services of OPD; 4013 patients were hospitalized for indoor treatment. 19521 and 2220 patients have utilized special clinics & extension clinics respectively. Total 160621 tests/ investigations were done at Deptt. Of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging & Radiological Sciences. 520 nurses from other centres participated in In-Service Training Programme & CNE. 51 PG students were enrolled during this year. The Major equipment such as 300 mm Digital X-ray Machine, Bio-chemistry Auto Analyzer, rTMS (repetitive Transcranial Magnetic Stimulator), RFID for books & journals, Heavy Duty Switch for campus server, FOC LAN in campus were added. Digitization of medical records, EEG records & office records were carried out. 16 nos. of Type IV and 8 nos. of Type V residential quarters were constructed & handed over to CIP. The construction of hospital boundary wall has also completed.	
45 All India Institute of Physical Medicine & Rehabilitation, Mumbai	Provision of diagnostic and treatment facilities in physical medicine and rehabilitation Manufacturing of Aids and appliances	Maximum No. of disabled population requiring tertiary level services get benefited by the comprehensive services provided by the Institute. Imparting advance knowledge and training to the students pursuing various courses in Rehabilitation disciplines. Providing aids and appliances to physically disabled population for self-dependence Redevelopment and reconstruction of workshop building with academic block on Plot 10A	Students Passed Out Post graduate: MD(PMR)-0, DNB (PMR)-3, M.P Th-4, M.O.Th-2 , MPO-2 DRPT-11, DROT-3 Under Graduate: BPO-9, DHLS-7 No. of persons with disabilities enrolled for Rehab Management-21900 Aids and Appliances delivered No of Orthosis-3320 No. of Prosthesis-547 Mobility Aids-1740	Architectural Consultant has been engaged for the redevelopment and reconstruction.

Name of Scheme/ Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
46 The All India Institute of Hygiene & Public Health, Kolkata	Teaching and Research in various disciplines of health intelligence and health services.	Upgrading of Lab. Facilities and Teaching/Training Installation of Computer Lab. Modernisation of Classroom facilities Developing the Library as a referral one. Ensuring best teaching practices.	Equipped the Labs and classrooms with modern teaching aids and equipment. Computer Lab has been made functional at B.N. Campus. 50% of the modernization completed. All national journals and Text/Ref. books on Public Health procured. Teaching MD (Com.Med.), MVPH, M.Sc. (Nutr.), MPH, DPH etc. students as per allocated seats.	
47 All India Institute of Speech & Hearing, Mysore	Imparting of education and clinical support in terms of training, diagnostic, therapeutic and counselling services to the speech and hearing impaired.		Long term Training Programs Courses: 14 Students: 614 Short Term Training Programs/Orientation Programs Courses: 102 Patient Registration: New Patients: 19382 Followup Patients: 28374 Other Clinical Services: Patients availed other clinical services: 126605	

Name of Scheme/ Programme/Institute	Objective/Outcome	Quantifiable Deliverables/Physical outcomes	Achievements/ Status(2011-12)	Remarks/Risk Factors
48 RIMS, Imphal, Manipur	Provision of diagnostic and treatment facilities , Imparting of education and clinical support	<p>Comprehensive medical care for patients</p> <p>Increase in Undergraduate and Post Graduate teaching and Training intake seats.</p> <p>Starting of Mch Course in Urology & Plastic Surgery</p> <p>Execution of Civil Works under Phase-II project of RIMS Hostels for Students and New OPD Block</p>	<p>OPD Attendance: 2,89,442</p> <p>In patients admitted: 35,547</p> <p>Casualty attendance: 1,06,735</p> <p>Operations done: 9,390</p> <p>No of deliveries: 10,046</p> <p>Students Passed:</p> <p>MBBS-92</p> <p>MD/MS-68</p> <p>PG Diploma-6</p> <p>M.Phil Clinical Psychology-5</p> <p>Phd-1</p> <p>Mch Course in Urology & Plastic Surgery started with an intake of Urology-2 and Plastic Surgery-Nil</p> <p>Tenders floated by HSCC (I) Ltd and acceted for a value for Rs. 104.40 Crores for construction of hostels and new OPD block.</p>	
49 Regional Institute Of Paramedical And Nursing Sciences (RIPANS), Aizwal, Mizoram	To Provide Nursing, Pharmacy and para medical education to the people of North East including Sikkim and to maintain the pace of nursing education and nursing services with other developments in medical and paramedical sciences.	<p>Imparting training to Nursing, Pharmacy & Paramedical Students</p> <p>Construction of new academic III building, library cum examination hall, New girls and boys hostels</p> <p>Procurement of necessary equipment for various departments.</p>	<p>No. of Students admitted- 164 Exposure Training and industrial training, Successfully completed</p> <p>No. of Passed out students-111</p> <p>Bids Retendering process for construction is in progress.</p> <p>Machinery and equipment worth Rs 2.76 Crores was procured for different departments as approved by purchase committee.</p>	<p>More than 97% who have completed their course are employed in various govt, public and private sectors.</p> <p>Funded Research works initiated are being continued successfully.</p>

<p>50 Lokopriya Gopinath Bordoloi Regional Institute of Mental, Tezpur, Assam</p>	<p>To provide mental health care and mental health care education to the people of North East including Sikkim.</p>	<p>Targeted OPD patient attendance, psychosocial, nursing care & Psychological, pharmaceutical services -80000 nos.</p> <p>Targeted nos of diagnostic test - 102000</p> <p>Buiding and infrastructure development for upgradation of LGBRIMH MD & DNB course, M Phil course of clinical psy., MSc.(Nursing)& M.Phil PSW are continuing at present. Modern rehabilitation unit</p>	<p>OPD attendance and services-74,268 Diagnostic test- 1,05,920</p> <p>For capital construction HSCC being consultancy firm invited tenders for construction of main hospital building and hostel</p> <p>All academic courses are continuing during 2011-12.</p> <p>Achieved community services- 50 & exposure training -600 No.</p> <p>Modern rehabilitation unit is functional.</p>	
<p>51 Vallabhbai Patel Chest Institute</p>	<p>Patient care and Diagnostic and treatment services</p>	<p>Improved patient Care, providing Enhanced Diagnostic and Treatment Facilities Improvement and Modernization of Patient care</p>	<p>During the year 2011-12 the VCH enrolled 10811 new patients, 53371 old patients. A total number of 3917patients were admitted as Indoor cases. A total number of 16867 were provided 24 hours Respiratory Emergency Services and 491 patients were provided ventilator (invasive and non-invasive) treatment in ICU. A number of specialized investigations done were as follows; Pulmonary function tests: 19009, Arterial blood gases: 6231, Bronchoscopy: 173, Bronchoalveolar lavage: 38, CT scans: 2856, Ultrasound examinations: 424,X-rays: 22059,Electrocardiograms: 7488, Polysomnograms: 82, HIV testing: 423, Serum IgE tests: 2114, Skin tests: 1983, Clinical biochemistry: 37880.</p> <p>Rs. 15.40 crores has been approved under BE Plan 2012-13, however, till date institute had received Rs. 3.78 crores as 1st installment and Rs.3.8 crores as 2nd installment.</p>	

Government Organizations: Vaccine Production Institutes

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2011-12)	Remarks
52 B.C.G. Vaccine Laboratory Guindy, Chennai	Production of vaccine to prevent Tuberculosis and cancer in the country	Production of BCG vaccine	The institute has re-started production of BCG vaccine from September, 2011. About 60 batches were produced during 2011-12 out of this, 10 lots have passed all IPQC testing and was sent to CDL for lot release certificate, which amounts to 14.17 lakh doses. Remaining lots are under testing at BCGVL	
53 Central Research Institute, Kasauli	Production of bacterial and viral vaccines & various anti sera. Production & supply of diagnostic reagents, Research & Development in the field of vaccinology.	Production & supply of DPT, TT, Yellow Fever doses and vials. For meeting the demand under the Universal Immunization Programme of the Government of India. DPT(Doses)- 108,00,000 TT(Doses) – 147,23,490 Typhoid(AKD)(Doses)- 1,07,000 Yellow Fever (Doses)-1,35,882* ARS(Vials)-39,290 ASVS(LYO)(Vials) -1738 DATS(LAKH Vials)-3860 NHS(Vials)-228 Diag.Ag(ML)-74900	The institute has produced/supplied the following vaccines during the period 2011-12. DPT(Doses)- 62,00,000 TT(Doses) – 6,34,090 Typhoid(AKD)(Doses)- 1,07,000 Yellow Fever (Doses)-1,35,882* ARS(Vials)-39,290 ASVS(LYO)(Vials) -1738 DATS(LAKH Vials)-3067 NHS(Vials)-215 Diag.Ag(ML)-74900	GmP compliant. DPT production facility is under renovation and would be functional shortly. *Imported Yellow Fever Doses from WHO- 1,00,000
54 Pasteur Institute of India, Coonoor	Production of vaccines	To produce 40.00 million doses of DPT Vaccine and 0.50 million doses of tissue culture anti-rabies vaccine (TCARV).	Since the production of Vaccine is resumed after about 3 years it was mandatory to submit initially 3 consecutive batches of final product to CDL, Kasauli, for comprehensive testing and clearance. Of the initial 3 consecutive batches (i.e – 0.75 million doses) for which the action are being carried out. Though the production of TCARV has been initiated there are certain constrains have been encountered in the process like purification, estimation of residual DNA and establishment of Radio Isotopic facilities.Hence the production of TCARV/DPT could not be accomplished during the financial year. (Production of TCARV/DPT could not be accomplished in the financial year.)	

Government Organizations: Other Educational Institutes

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status(2011-12)	Remarks/ Risk factors
55 Dental Council of India Pharmacy Council of India National Academy of Medical Sciences	Maintenance of uniform standards of dental education Maintenance of uniform standards of pharmacy education Maintenance of uniform standards of medical education and streamline the medical education	Imparting Graduate and Post Graduate level education. Delivery of specialized health care services. Maintenance of uniform standards of medical education and streamline the medical education		Continuing services
56 Oversight Committee	To implement the 27% reservation for OBCs, a time bound action plan has been chalked out covering medical, non-medical and nursing courses.	Expansion will be in disciplines where seats can be enhanced with the existing infrastructure, by filling up vacancies against sanctioned strength and creation of additional faculty and support staff.	Some of the identified institutions have drawn up plans for strengthening infrastructure and to operationalise the enhanced quota	Continuing services
57 Emergency Medical Relief [Avian Flu]	To mitigate the impact of Pandemic Influenza A H1N1 & Avian Flu	Necessary preventive measures for entry/outbreak of influenza and remain in a state of preparedness. Pandemic preparedness for any outbreak /stockpiling of equipment/drugs/ vaccine	The preparedness measures were in position to prevent any major outbreak. There was no major socio-economic disruption due to the pandemic. Focal outbreaks of Avian Influenza in Assam and West Bengal were contained as per contingency plan in operation.	

Name of Scheme/ Programme/Institute	Objective / Outcome	Quantifiable Deliverables / Physical Outputs	Achievements/ Status(2011-12)	Remarks / Risk factors
58 Pilot Proammgre for Prevention of Burn Injuries	<p>To reduce incidence, mortality, morbidity and disability due to Burn Injuries.</p> <p>To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.</p> <p>To establish adequate infrastructural facility and network for BCC, burn management and rehabilitation.</p>	<p>Establishment of full-fledged Burns Care Services by trained Staff in 3 Medical Colleges and 6 districts.</p> <p>Initiation of prevention programme for Burns Injuries in selected areas.</p> <p>Creation of a regular pool of trained manpower.</p> <p>Set out-reach services through mobile burn care delivery system (ambulance and trained manpower)</p>	<p>Funds Released to the state to extent of Rs. 5.09 crores for establishment of Burns Unit in March 2011.</p> <p>Temporary burns unit created and services initiated.</p> <p>Training module designed and training programme of Surgeons/ Medical Officers conducted.</p> <p>Process of Awareness Generation activities initiated.</p> <p>Process of Independent programme evaluation initiated.</p> <p>Audio/Video Spots for creation of General Awareness finalized.</p> <p>Multi coloured Charts on Prevention of Burn Injuries prepared.</p> <p>Design Format for Data Capture of Burn Injury Cases under finalization and will be distributed after getting the approval of competent Authority.</p>	<p>Achieving quantifiable deliverables will be a continuous process.</p>