

### REVIEW OF PERFORMANCE

In order to meet people's growing demand for health and in alignment to the vision of the Twelfth Five Year Plan, the Department of Health & Family Welfare has been orienting itself to bringing about improvements in the implementation mechanism for health care provisioning in public health facilities. There is emphasis on strengthening the healthcare delivery system with a focus on the needs of the poor and vulnerable sections among the population, through an incremental approach in entitlement based health care provisioning. The Twelfth Five Year Plan also seeks to strengthen the initiatives taken in the Eleventh Plan to expand the reach of the health care with focus on vulnerable and marginalised sections of the society and work towards the long term objective of establishing a system of Universal Health Coverage (UHC) in the country for providing assured access to a defined essential range of medicines and treatment entirely free for a large percentage of population. During the last Five Year Plan, the Department has made various strides in the healthcare delivery under the National Rural Health Mission, with major impetus on upgrading the existing infrastructure and in creating new infrastructure to cater to the health needs of the rural populace. During the current Five Year Plan, the National Health Mission, has been launched encompassing both the National Rural Health Mission(NRHM) and the National Urban Health Mission(NUHM) with a view to provide health care delivery to the urban poor as well, apart from further strengthening the other schemes under the Health Sector.

The achievements of the programmes are discussed in the following paragraphs.

#### NATIONAL HEALTH MISSION (NHM)

National Health Mission (NHM) encompassing two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) is a flexible and dynamic scheme intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities.

**Vision & Goals of the NHM:** "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. Some of the targets envisioned under the NHM under the 12<sup>th</sup> Five Year Plan are outlined below

1. Reduce MMR to 1/1000 live births.
2. Reduce IMR to 25/1000 live births.
3. Reduce TFR to 2.1.
4. Prevention and reduction of anaemia in women aged 15–49 years.

5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases.
6. Reduce household out-of-pocket expenditure on total health care expenditure.
7. Reduce annual incidence and mortality from Tuberculosis by half.
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts.
9. Annual Malaria Incidence to be <1/1000.
10. Less than 1 per cent microfilaria prevalence in all districts.
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks.

### **NATIONAL RURAL HEALTH MISSION (NRHM)**

National Rural Health Mission (NRHM) was launched in 2005 to provide effective health care particularly 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 social determinants of health like sanitation and hygiene, nutrition, safe drinking water, girls' education etc. 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 targeted 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 convergent health plans for each village through the Village Health Sanitation and Nutrition Committee, etc.

Over the last eight 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, mobilising the community towards local health planning, 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 31st DECEMBER 2013)**

8.94 lakh Accredited Social Health Activists (ASHAs) have been selected in the country, of which over 8.32 lakh received training up to 1st Module, 8.03 lakh up to Module II, 8.00 lakh up to Module III, 7.87 lakh up to Module IV, 8.00 lakh up to Module V, 6.14 lakh up to Round 1, 4.56 lakh in round 2, 2.36 lakh in round 3 & 1.15 lakh in round 4 of VIth & VIIth Modules. Over 8.20 lakh ASHAs have been positioned after training and provided with drug kits.

**HUMAN RESOURCES**

- 74145 Sub Centres are functional with second Auxiliary Nurse Midwives (ANM).
- 6499 PHCs have been strengthened with three Staff Nurses.
- 7659 allopathic doctors and 2,973 specialists, 12,357 AYUSH doctors, 71,946 ANMs, 38,339 Staff Nurses, and 15,760 Paramedics and 5,336 AYUSH Paramedics have been engaged on contract basis 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 Centres (RHS 2012) in the country have been strengthened with untied fund of Rs. 10,000 and Annual Maintenance Grant (AMG) of Rs. 10,000 each.
- 93 District Hospitals (DH), 526 Community Health Centers (CHCs), 2680 Primary Health Centers (PHCs), and 23,315 Health Sub-Centers(SC) have been taken up for new construction. Out of this, construction of 34 DH, 227 CHCs, 1862 PHCs and 12,604 SCs have been completed.
- 659 District Hospitals (DH), 3,132 Community Health Centers (CHCs), 7,628 Primary Health Centers (PHCs), and 16,954 Health Sub-Centers(SC) have been taken up for upgradation /renovation. Out of this, upgradation/renovation of 490 DHs, 1,826 CHCs, 5,970 PHCs and 11,849 SCs have been completed.
- 8,760 PHCs are made functional round the clock (24x7) and 2,734 facilities were operationalised as First Referral Units (FRUs).
- 2,127 Mobile Medical Units (MMUs) are operational in different States, providing services in the interior areas covering 418 districts.
- 6,034 (108-Type) Emergency Response Service and 6,722 (102-Type) Patient Transport Service vehicles are supported under NRHM.
- 4,769 vehicles (Janani Express, Mamta Vahan etc) have been empanelled for transporting pregnant women to public health institutional delivery and back.

**SYSTEM STRENGTHENING**

- State and District Health Mission constituted in all States/UTs.
- Out of 640 districts (RHS 2012), District Health Action Plans have been prepared by 630 districts.
- Co-location of AYUSH facilities has been made in 15382 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 659 districts. 598 District Programme Managers and 609 District Accountants are in position.
- Nearly, 5,352 Block Programme Management Unit has been established with 3,631 Block Managers in position to support the health system at blocks and below levels
- NGOs are providing assistance in building capacity of VHSNCs and other local bodies and in carrying out the monitoring exercise.

- National Health System Resource Centre (NHSRC) has been set up at the National level.
- A Regional Resource Centre has been set up in Guwahati for NE States.
- State Resource Centre is being set up in many states.

### COMMUNITY MONITORING

- Rogi Kalyan Samitis (RKSs) have been registered in 31,109 Health facilities. RKS grants, maintenance grant and untied funds are provided to the RKS of public health facilities.
- Over 5.12 lakh Village Health Sanitation & Nutrition Committees (VHSNCs) have been constituted and 4.84 lakh joint accounts at the Village Health and Sanitation Committees and Sub-Centres opened.
- Untied funds have been made available to HSCs and VHSNCs for local Public Health Action.
- Nearly 47.6 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.
- 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 were convened for experience sharing between states.
- Strengthening of State Institutes of Health & Family Welfare and State Health System Resources Centers has been taken up to facilitate training and institutional capacity building.

### NATIONAL URBAN HEALTH MISSION (NUHM)

The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) was rolled out during 2013. NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc. implemented by the Ministries of Urban Development, Housing & Urban Poverty Alleviation, Human Resource Development and Women & Child Development. NUHM would endeavour to achieve its goal through:

- Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections.
- Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.
- Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities.
- Availability of resources for providing essential primary health care to urban poor.
- Partnerships with NGO's for profit and not for profit health service providers and other stakeholders.

NUHM would cover all cities/ towns with a population of more than 50000, as towns below 50000 population are already covered under NRHM. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site

workers. The centre-state funding pattern will be 75:25 from the very first year of implementation for all the States except North-Eastern States including Sikkim and other special category states of Jammu & Kashmir, Himachal Pradesh and Uttarakhand, for whom the centre-state funding pattern will be 90:10.

### REPRODUCTIVE AND CHILD HEALTH PROGRAMME

Reproductive and Child Health Programme' (RCH) main objective is to bring about a change in the three critical health indicators of Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR), consistent with the health goals of the National Population Policy 2000, the National Health Policy-2002, the Millennium Development Goals (MDGs), and the 12th Five Year Plan.

To accelerate progress towards attainment of MDGs 4 and 5, and to reduce under-five mortality, Government of India has initiated a strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) that embodies its vision for comprehensive and integrated health services, most importantly for adolescents, mothers and children. Over the last seven years, RCH-II has provided flexibility and opportunity to introduce new interventions and to pilot and scale up innovative service delivery mechanisms. This has resulted in an ever-growing and dynamic list of interventions and service packages across the reproductive, maternal and child health spectrum. The RMNCH+A strategy will take India closer to achieving its national health goals and the MDGs 4 and 5.

### MAIN FEATURES OF THE PROGRAMME

The core components of the RCH Programme are Maternal Health, Child Health, Family Planning, Adolescent Health, and Pre-Conception & Pre-Natal Diagnostics Techniques (PC-PNDT). The Programme aims to improve the performance of NHM by reducing maternal and infant morbidity and mortality and unwanted pregnancies, leading to stabilisation of population growth. It has been re-oriented and re-vitalised to give it a pro-outcome and pro-poor focus. The RCH Programme is being implemented around the key principles of:

- Adoption of a sector - wide approach, which effectively extends the Programme's reach beyond RCH to the entire Family Welfare sector.
- Building State /UT ownership by involving States and UTs from the outset in developing the Programme and decentralising to the district and State levels through development of need-based plans with a flexible programming approach.
- Capacity building at the district, State and Central levels to ensure improved programme implementation.
- Adoption of the Logical Framework as a programme management tool to support an outcome-driven approach.
- Performance-based funding to ensure adherence to programme objectives, reward good performance and support weak performers through enhance technical assistance.
- Convergence, both inter-sectoral and intra-sectoral, to optimise utilisation of resources and infrastructure facilities.

### RCH GOALS AND ACHIEVEMENTS

The MDGs are eight goals to be achieved by 2015 that respond to the major development challenges of the world, with the human dimension as the focus. Of the eight MDGs, MDGs 4 & 5 relate to improving maternal and child health.

- MDG 4 is to “Reduce Child Mortality by two thirds between 1990 and 2015 among children under five”.
- MDG 5 is to “Improve Maternal Health” and has as its target the reduction of the Maternal Mortality Ratio by three quarters, between the years 1990 and 2015.

The RCH Programme is being implemented with a flexible programming approach which allows States to develop need-based annual plans known as State Programme Implementation Plans. The status of achievement of key indicators against the MDG and NHM goals are as under:

Indicator	MDG	NHM Goals	Achievement	Source
Infant Mortality Rate	28 per 1,000 live births	30 per 1,000 live births	42 per 1,000 live births	RGI's Sample Registration Survey 2012
Maternal Mortality Ratio	Reduce by $\frac{3}{4}$ of the MMR of 1990 by 2015	100 per 1,00,000 live births	178 per 1,00,000 live births	RGI's Sample Registration Survey 2010-12
Total Fertility Rate	-	2.1	2.4	RGI's SRS 2012

### Maternal Health activities taken during 2013-14

- In the year 2010 global MMR was 210. Against this, MMR in India has declined to 178 per hundred thousand live births in 2010-12 as per latest SRS estimates.
- Building on the phenomenal progress of the JSY scheme, Janani Shishu Suraksha Karyakram ( JSSK) launched in 2011 provides service guarantees in the form of entitlements to pregnant women, sick newborns and infants for free delivery including caesarean section and free treatment in public health institutions. This includes free to and fro transport between home and institution, diet, diagnostics, drugs, other consumables, and blood transfusion if required.
- **Declining maternal Mortality Ratio:**
  - ✓ Maternal Mortality Ratio (MMR) has declined from 301 per 100,000 live births in 2001-03 to 254 in 2004-06 and further declined to 212 in 2007-09 and 178 in 2010-12 as per RGI-SRS data.
  - ✓ The pace of decline has shown an increasing trend from 4.1% annual rate of decline during 2001-03 to 5.5% in 2004-06 5.8% in 2007-09 to 5.7% in 2010-12.
  - ✓ India's MMR declined much faster than the global MMR during the period 1990 to 2010 with India showing an annual rate of decline of 5.6% as compared to 2.4% at the global level.

- ✓ As per the latest figures released by Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) of India for the period 2010-12 is 178 per 100,000 live births as compared to 212 for the period 2007-09. The annual decline in MMR has been 5.7% during 2007-09 to 2010-12 as compared to the annual decline of 5.8% during 2004-06 to 2007-09.
- **Key strategies and interventions which are contributing to the decline in Maternal Mortality Ratio are:**
- A. **Janani Suraksha Yojana (JSY)**
  - ✓ Janani Suraksha Yojana (JSY), a demand promotion scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch.
  - ✓ The expenditure under JSY has risen from 38.29 crores in 2005-06 to Rs 1640.00 crores in 2012-13. The number of JSY beneficiaries has also risen from 7.39 lakhs in 2005-06 to more than 106.00 lakhs in 2012-13. In 2013-14 (uptil Dec) more than 78.27 lakhs beneficiaries has availed JSY benefits.
- B. **Free Service Guarantees at public health facilities:**
  - Janani Shishu Suraksha Karyakaram (JSSK):**
    - ✓ Capitalizing on the surge in institutional deliveries brought about by JSY, Government of India has launched a new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) during June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new-born on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Under this scheme, pregnant women are entitled to free drugs and consumables, free diagnostics, free blood wherever required, and free diet up to 3 days for normal delivery and 7 days for C-section. This initiative also provides for 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 newborns accessing public health institutions for treatment till 30 days after birth. This has now been expanded to cover the complications during ANC, PNC and also sick infants.
    - ✓ Govt. of India is augmenting efforts to ensure that pregnant women, sick neonates and sick infants receive free care at public health institutions under JSSK with no out of pocket expenditure on drugs, diet, diagnostic, blood and Referral Transport
- C. **Essential and Emergency Obstetric Care- Key Interventions:**
  - **Improving Quality of Ante-Natal Care(ANC) and Post Natal Care(PNC):**
    - ✓ **Prevention & Control of Anemia:** Under the National Iron+ Initiative, for prevention and control of anemia in pregnant and lactating women, iron and folic acid supplementation is being given at health facilities and during outreach activities. States have also been directed for line listing and tracking of severely anemic pregnant women by name for their timely management at health facilities.
    - ✓ **Web Enabled Mother and Child Tracking System (MCTS)** is being implemented to register and track every pregnant woman, neonatal, infant and child by name for quality Ante Natal Care, Intra Natal Care, Post Natal Care, Family Planning, Immunization services. Under MCTS, 6,20,71,989 women and 5,19,13,406 children have been registered upto 31<sup>st</sup> March, 2014.

- ✓ A joint **Mother and Child Protection Card** of Ministry of Health & Family Welfare and Ministry of Women and Child Development (MOWCD) is being used by all states as a tool for monitoring and improving the quality of MCH and Nutrition interventions.
- **The process of Maternal Death Review (MDR):** has been institutionalized across the country both at facilities and in the community to identify not only the medical causes but also some of the socio-economic cultural determinants as well as the gaps in the system which contribute to the delays causing such deaths.
- **'Delivery Points'** : For placing emergency obstetric care services at the health facilities, once the women have come into the institutional fold, more than 16000 'Delivery Points' fulfilling certain bench marks of performance, have been identified across the country. These are being strengthened in terms of infrastructure, equipments, trained manpower for provision of comprehensive Reproductive, Maternal, Newborn Child health services along-with services for Adolescents and Family Planning etc.
- **Capacity Building:** 1352 doctors have been trained in Emergency Obstetric Care including C-sections and 1862 doctors in Life Saving Anesthetic Skills and 69760 SNs/LHVs/ANMs have been trained as Skilled Birth Attendants as per State reports.

#### **Achievements of Child health programmes during 2012-13**

- **Essential New born Care:** Establishment of Newborn care corners (NBCC) at delivery points and training of health care providers in Navjaat Shishu Suraksha Karyakram (NSSK) for effective essential newborn care. A total of 13,167 NBCCs have been established in the country and 96,029 health personnel trained in NSSK as on March, 2013.
- **Care of Sick New born:** Special New Born Care Units (SNCUs) at FRUs/DH and Newborn Stabilisation Units (NBSUs) have been established to provide care to sick newborns. By end of March 2013, 421 SNCUs and 1554 NBSUs have been made functional in the country.
- **Home Based New Born Care:** A scheme incentivizing ASHAs for providing Home Based Newborn Care up to 42 days of life has been implemented in all the states. More than 4 lakhs children were visited under the HBNC programme till March 2013.
- **Integrated Management of Childhood and Neonatal Illnesses (IMNCI)** includes 'pre-service' and 'in-service' training of service providers, improving health systems (e.g. facility up-gradation, availability of logistics, referral systems) and strengthening community level care and referral. IMNCI is being implemented in 505 districts across the country and 5,88,553 health personnel have been trained in IMNCI so far. A total of 23,040 medical personnel have been trained in Facility based -Integrated Management of Neonatal & Childhood Illnesses (F-IMNCI) till March 2013.

#### **Achievements of Child health programmes during 2013-14 (till March, 2014):**

- **Facility Based Newborn Care :** Newborn Care Corners (NBCCs) are established at delivery points to provide essential newborn care at birth, while Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs) provide care for sick newborns. Till February 2014, a total of 13,653 NBCCs, 1,737 NBSUs and 507 SNCUs have been made operational across the country.



- **Nutritional Rehabilitation Centres (NRC):** Presently 872 Nutrition Rehabilitation Centers are functional across 17 States/UTs with 9377 dedicated beds. The States are directed to prioritise High Focus Districts and the Tribal districts identified as having high burden of malnutrition for establishment of NRCs, during approval of Annual PIP budgets. As a result, 75 % of High Priority Districts in 14 States now have at least one functional NRC.

#### **Rashtriya Bal Swasthya Karyakram (RBSK)**

This new initiative was launched in February 2013 for Early Child Health Screening and Early Intervention Services through early detection and management of 4 Ds i.e Defects at birth, Diseases, Deficiencies, Development delays including disability. An estimated 27 crore children in the age group of zero to eighteen years are expected to be covered across the country in a phased manner. Child Health Screening and Early Intervention Services are to cover 30 common health conditions for early detection, management and free treatment.

During 2013-14, 11,839 teams in 22 State/UTs have been approved. As on February 2014, a total of 5491 teams have been recruited. About 5.82 crore children have been screened and 21.37 lakhs children have been referred to health facilities for the treatment. About 1.3 lakhs children have received secondary and tertiary care. A total of 445 State level master trainers and 2429 Teams from 9 states were directly trained by the National RBSK Team.

#### **Rashtriya Kishor Swasthya Karyakram (RKSK)**

Rashtriya Kishor Swasthya Karyakram was launched during January, 2014 to exclusively provide health, information and services in order to meet the diverse needs of adolescents in India. The key strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools and communities. Key drivers of the program are peer educators, counsellors, parents and the community; communication for information and behaviour change i.e. Social and Behaviour Change Communication; and Adolescent Friendly Health Clinics across levels of care. Programme strategies under RKSK reach out to adolescents in their own spaces, recognising the importance of encouraging positive behaviours and supporting adolescents in making a healthy transition to adulthood. Rashtriya Kishor Swasthya Karyakram focuses on six areas of health: sexual and reproductive health, life skills, nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

#### **Scheme for strengthening Adolescent Health services (2013-14)**

**Adolescent Reproductive & Sexual Health program (ARSH):** Adolescent Reproductive and Sexual Health programme focuses on reorganizing the existing public health system in order to meet health service needs of adolescents through provision of promotive, preventive and curative services at designated Adolescent Friendly Health Clinics (AFHCs) across level of care. The numbers of operational Adolescent Friendly Health Clinics have increased from 3356 in 2011-12 to 6302 in till December 2013- showing 88% increment over a period of 2 years. Till date 881 dedicated Adolescent Health counsellors and 1439 ICTC counsellors have been enrolled to provide counselling services on nutrition, puberty & growing-up, RTI/STI prevention, contraception and common health concerns of adolescents during AFHCs.

**Scheme for Promotion of Menstrual Hygiene:** The Scheme for Promotion of Menstrual Hygiene has been initiated for rural adolescent girls in the age group of 10-19 years age group. The scheme aims at providing adequate information about menstrual hygiene to adolescent girls and improves access to high quality sanitary napkins along with safe disposal mechanisms. Scheme for promotion of menstrual hygiene has rolled out in 17 states in 1092 blocks through Central supply of 'Freedays' sanitary napkins. Till January 2014, over 2 crore rural adolescent girls have been reached and a total of 3.5 crore sanitary napkins packs have been distributed.

### UNIVERSAL IMMUNIZATION PROGRAMME

Immunization Programme is one of the key interventions for protection of children from life threatening condition, which are preventable. Expanded programme for Immunization (EPI) was introduced in 1978 through a World Assembly Resolution. The Universal Immunization Programme (UIP) was launched by the Govt of India during 1985. It became the part of Child Survival & Safe motherhood Programme (CSSM) in 1992 and currently one of the Key areas under National Health Mission.

Under the Universal Immunization Programme, Government of India is providing vaccination to prevent diseases like T.B.; Diphtheria; Pertussis; Tetanus, Polio; Measles; Hep. B. JE vaccine has also been introduced in 112 districts since 2006 in a phased manner. Recently pentavalent vaccine has also been introduced in eight States viz. Kerala, Tamil Nadu, Goa, Gujarat, Haryana, Jammu & Kashmir, Karnataka and Puducherry. The programme is also being reviewed by the National Technical Advisory Group on Immunization (NTAGI) from time to time. Ministry is in the process of expanding the Pentavalent Vaccine in the country during 2014-15. Research is also being carried out by the reputed Institute like ICMR etc. on introduction of new vaccine.

### PULSE POLIO IMMUNIZATION PROGRAMME

The Pulse Polio Immunization Programme was launched in India in 1995. Under Pulse Polio Immunization Programme two National Immunization Days (NID) rounds are held in the entire country. During each NID nearly 172 million children are immunized. Nearly 2.3 million vaccinators under the direction of 15500 Supervisors visit 200 million houses to administer Oral Polio vaccine to children up to 5 years. Besides, Sub National Immunization Day (SNID) and Mop up rounds are also held in the country to cover Polio endemic States and other areas at risk of importation of Polio virus. The Mobile and transit teams are also deployed at Railway stations, inside running trains and Bus stand, market areas brick kiln, construction sites etc. In addition, Border areas are also being covered under Polio campaign. Last Polio case was reported on 13th January 2011 from Howrah, West Bengal and since then no Polio case has been reported so far. Since the start of the polio campaigns in 1995, as many as 131 polio campaigns have been held in India, in which 1210 crore doses of polio vaccines have been administered till January 2014.

The WHO on 24<sup>th</sup> February 2012 removed India from the list of countries with active endemic wild Poliovirus transmission and during March, 2014 World Health Organisation (WHO) presented official certification to India for its 'Polio Free' status.

### **NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)**

Iodine is an essential micronutrient required daily at 100-150 micrograms for the entire population for normal human growth and development. Deficiency of iodine can cause physical and mental retardation, cretinism, abortions, stillbirth, deaf, mutism, squint, loss of IQ, compromised school performance & various types of goiter etc. Results of sample surveys conducted in 365 districts covering all the States/Union Territories have revealed that 303 districts are endemic where the prevalence of Iodine Deficiency Disorders is more than 10%. No State /UT is free from IDD. The main objectives of the programme are:

- Surveys to assess the magnitude of the Iodine Deficiency Disorders in districts.
- Supply of iodized salt in place of common salt.
- Resurveys to assess iodine deficiency disorders and the impact of iodized salt after every 5 years in districts.
- Laboratory monitoring of iodized salt and urinary iodine excretion.
- Health Education and Publicity.

### **NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME**

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 (NVBDCP) is implemented for prevention and control of these vector borne diseases under overarching umbrella of National Health Mission. Under the umbrella of NVBDCP, 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, monitoring & evaluation, and operational research. The brief situation of the diseases and new initiatives proposed for prevention and control of the Vector Borne Diseases are as below:

#### **MALARIA**

The areas vulnerable to malaria are largely tribal, difficult, remote, forested and forest fringe inaccessible areas with operational difficulties. The most malarious areas are NE states, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Andhra Pradesh, Maharashtra, Gujarat, Rajasthan, West Bengal and Karnataka.

- In North Eastern States excluding Sikkim, the Global Fund supported Intensified Malaria Control Project for a period of 5 years (October 2010 – September 2015) is being implemented to scale up preventive and curative interventions for control of malaria. The project area covers a population of 46 million in 86 districts. The goal of the project is to reduce malaria related mortality and morbidity in the area 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 124 malarious districts of nine (9) states namely Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Karnataka & West Bengal 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. This project ended on 31st December, 2013.

- The additional support provided under the projects 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.

Presently, the malaria incidence reported by states is around 1.50 million cases and deaths below 1000. During 2011, 1.31 million cases with 754 deaths whereas during 2012, 1.07 million cases with 519 deaths were reported. During 2013, 0.78 million cases with 310 deaths have been reported. About 90% of malaria cases and 99% of deaths due to malaria are reported from high disease burden states namely North Eastern (NE) States, Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan and West Bengal. However, other States are also vulnerable and have local and focal upsurge.

For strengthening surveillance, Rapid Diagnostic Test (RDT) for diagnosis of *P.falciparum* malaria has also been introduced in high endemic areas and being scaled up. Considering that about 50% of the malaria cases are due to *P. vivax* in the country, bivalent RDT (detecting both *Pv* and *Pf* infection) has been introduced in the country at the field level from this year. ASHAs have been trained in diagnosis and treatment of malaria cases and are involved in early case detection and treatment.

#### 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:
  - ✓ 100% central assistance inclusive of operational cost to all north eastern states.
  - ✓ Additional assistance through Global Fund supported project to seven north eastern states (excluding Sikkim).
  - ✓ Additional inputs have also been provided to 124 high malaria endemic districts of 9 states namely Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Karnataka and West Bengal through World Bank assisted project.
- 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.
- Upscaling use of Rapid Diagnostic Test Kits for diagnosis of *Pf* cases in areas.
- Use of effective anti-malarial, ACT i.e. Artemisinin Base Combination Therapy (Artesunate + Sulphadoxine & Pyremethamine) for all *Pf* cases to reduce mortality. Further in view of latest report on therapeutic efficacy test of ACT (A+SP), ACT- Artemether-Lumefantrine (ACT-AL) has been introduced in seven north eastern states for treatment of *Pf* cases.
- Upscaling use of long lasting insecticidal nets (LLIN).
- Intensified supervision and monitoring of programme implementation especially spraying.

#### 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 2011, 18860 cases and 169 deaths and in 2012, 50222 cases and 242 deaths were reported. During 2013, 70857 cases and 154 deaths have been reported.

Chikungunya reemerged in 2006 and 1.39 million cases of Chikungunya fever were reported, however, in 2011, 20402 cases and during 2012, 15977 cases of clinically suspected Chikungunya fever cases were reported. During 2013, 15639 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.

**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.
- NIV, Pune has entrusted to supply the IgM MAC ELISA Test kits for diagnosis of Dengue and Chikungunya to all SSHs as per their requirement. Cost is borne by GOI. In addition to IgM MAC ELISA which can detect a case after 5th day of onset of the disease, newer diagnostic tool ELISA based dengue NS1 test introduced under the programme in 2010-11 which can detect a case during 1-5 days of the illness.
- 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:
  - ✓ Surveillance - Disease and Entomological Surveillance
  - ✓ Case Management - Laboratory diagnosis and Clinical Management
  - ✓ Vector Management - Environmental management for Source Reduction, Chemical control, Personal protection and Legislation
  - ✓ Outbreak response - Epidemic preparedness and Media Management
  - ✓ Capacity building- Training, strengthening human resource and operational research
  - ✓ Behaviour Change Communication - Social mobilization and information Education and Communication (IEC)
  - ✓ Inter-sectoral coordination - Health, Urban Development, Rural Development, Panchayati Raj, Surface Transport and Education sector
  - ✓ Monitoring and Supervision - Analysis of reports, review, field visit and feedback

**JAPANESE ENCEPHALITIS (JE)**

JE is reported under Acute Encephalitis Syndrome (AES). During 2012, 8344 cases and 1256 deaths due to AES including JE were reported. During 2013, 6374 cases and 1140 deaths due to AES including JE have been detected.

In addition to various JE control measures like strengthening of surveillance, case management facilities, vector control and other supportive interventions, JE 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. However, 114 districts have been covered under JE Vaccination till 2012. During 2013-14, additional 16 districts have also been covered under vaccination through immunization division.

**Following initiatives have been taken:**

- Strengthening of diagnostic facilities through 78 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.
- To address the problem of AES/JE, GoI has approved a multi pronged strategy for 60 districts of 5 high endemic states which are contributing > 80 % of total AES/JE burden in the country.
- Establishment of pediatric ICU at 60 GoM identified districts for better case management.
- Establishment of PMR in 10 identified Medical College in 5 GoM identified states.
- Incentivization of ASHA for disseminating information on causation and prevention of AES/JE as well as for encouraging community for early referral of sick patients.

**LYMPHATIC FILARIASIS (LF)**

In India Lymphatic Filariasis (LF) has been endemic in 250 districts covering 15 states and 5 Union Territories. The at-risk population is 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 lymphoedema cases and up-scaling of hospital based hydrocele cases has been initiated and augmented over the years.

During 2012-13, two districts of Goa, Puducherry, Daman & Diu and 16 districts of Tamil Nadu stopped MDA and entered in validation process through Transmission Assessment Survey (TAS). Four districts have cleared TAS successfully as per WHO guidelines and in this assessment, experts from ICMR and NCDC were involved.

MDA-2012 round started in November 2012 in 16 States/UTs and four districts of Tamil Nadu. 13 States/UTs and 4 districts of Tamil Nadu completed MDA with overall reported coverage of 86%. Chhattisgarh, Orissa, Jharkhand & Lakshadweep have missed the MDA 2012 round. MDA 2013 round has started since November 2013 and Assam, Jharkhand, Orissa, D & N Haveli & Lakshadweep have completed MDA 2013 round.

**Following initiatives have been taken:**

- Annual MDA in endemic districts in 16 states/UTs as 4 states have stopped MDA.
- Process of conducting Transmission Assessment Survey (TAS) in Goa, Puducherry and Daman & Diu for validation has been successfully completed and in 50 districts more are targeted for TAS during 2013-14
- Morbidity management for disability alleviation of cases with manifestations like elephantiasis and hydrocele
- Intensified IEC and social mobilization.
- Updating line listing of lymphoedema and hydrocele cases in all the districts

**KALA-AZAR**

Kala-azar at present is endemic in 52 districts of four endemic states Bihar (31), Jharkhand (4), West Bengal (11) and Uttar Pradesh (6). The annual incidence of disease has come down from 77,102 cases in 1992 to 33187 cases in 2011 and deaths from 1,419 to 80 respectively. During the year 2012, 20600 cases & 29 deaths and during 2013, 13021 cases and 19 deaths have been reported. Govt. of India provides 100% cash assistance under domestic support to Kala-azar states for meeting out operational cost of spray and spray workers wages.

**Following initiatives have been taken:**

- Diagnostic tools i.e. RDK for Kala-azar are in use 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.
- Combination of drug treatment – Miltefosine + Paromomycin inj. at block level and single dose ambisome at hospital / referral in identified Kala-azar districts to be started soon.
- 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 entire 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) with motorcycle in 46 districts under World Bank Supported Project.

**Policy reforms planned for 2014-15**

During 2014-15, following actions are proposed to strengthen the system for focused attention towards prevention and control of Malaria, Dengue, Chikungunya, Japanese Encephalitis and elimination of Kala-azar and Lymphatic Filariasis.

- Strengthening Human resource at Regional, Zonal, State, District and sub- district level for surveillance, supervision and monitoring.
- Strengthening of Entomological surveillance by filling vacant posts and providing mobility support.
- Up-scaling of use of LLINs, use of larvivorous fish, anti larval and biolarvicides in the urban and rural areas for vector management.
- Upscaling use of Rapid Diagnostic Test Kits in the periphery through peripheral health workers and involving ASHAs.
- Vector control support to states.
- Strengthening of sentinel surveillance hospitals for Dengue and Chikungunya.
- Medical Rehabilitation of disabled cases following AES/JE and Rehabilitation centres in priority states.
- Covering new cohorts under Routine Immunization for JE with > 80% coverage.
- Improved drug compliance during MDA by intensive social mobilization, intensification of morbidity management services (foot hygiene for lymphodema and operations for hydrocele cases) will be intensified.
- Initiation of MDA stoppage in phased manner through validation by transmission assessment survey in identified districts reporting microfilaria rate less than 1%.
- Strengthening of Kala-azar case search in hot spot areas through Rapid Diagnostic Test and complete treatment with oral drug – miltefosine
- Treatment with combination drugs in identified districts in Bihar, Jharkhand and West Bengal followed by in other districts in phased manner.
- Independent assessment of lymphatic Filariasis and Kala-azar elimination programme separately through ICMR.
- Independent assessment of the overall NVBDCP through Joint Monitoring Mission with national and international experts.
- Rolling out uniform HMIS formats across Kala Azar states.



### REVISED NATIONAL TB CONTROL PROGRAMME

Tuberculosis is a major public health in India. India is highest TB burden country in the world, accounting for nearly one-fifth of the global incidence and in 2009, out of the estimated global annual incidence of 9.4 million TB cases; 2.0 million were estimated to have occurred in India.

An infectious case if not treated on an average infects 10-15 persons in a year. About one person dies from TB in India every two minutes; 760 people every day and almost 2.8 Lakh every year.

The Revised National TB Control Programme (RNTCP) based on internationally recommended strategy of Directly 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. By March 2006, entire population of the country in all 632 districts had been covered under the Programme. Since its inception, the programme has initiated nearly 1.24 million patients on treatment, thus saving more than 2.2 million additional lives. 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/lakh population in 1990 to 185/lakh population.

### NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

The National Leprosy Control Programme was launched by the Govt. of India in 1955. Multi Drug Therapy (MDT) came into wide use from 1982 and the National Leprosy Eradication Programme was introduced in 1983. Since then, remarkable progress has been achieved in reducing the disease burden. India achieved the goal set by the

National Health Policy, 2002 of elimination of leprosy as a public health problem, defined as less than 1 case per 10,000 population at the National level in December 2005.

The main objective of NLEP is elimination of leprosy less than 1 case per 10,000 population in all the districts of the country by end of 12<sup>th</sup> Plan and strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy. The components of the programme are:

- Case Detection and Management
- Disability Prevention and Medical Rehabilitation
- Information, Education and Communication (IEC) including Behaviour Change Communication (BCC)
- Human Resource and Capacity building
- Programme Management

Special Activity in High Endemic Districts under the NLEP- 209 Districts had reported ANCDR (Annual New Case Detection Rate) more than 10 per lakh population. Special activity for early detection and complete treatment, Capacity building and extensive IEC, Adequate availability of MDT, Strengthening of distt. nucleus, Regular monitoring & supervision and review, Regular follow up for neuritis and reaction, Self-care practices, Supply of MCR footwear in adequate quantity and Improvement in Reconstructive Surgery (RCS) performance through camp approach have been planned in the above districts to reduce the disease burden. Urban Leprosy control

activities are also being implemented in the 524 Urban areas having population size of more than 1 lakh, where MDT delivery services, followup, supportive medicines and dressing material services are extended under the programme.

### **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). A country wide Information Communication Technology (ICT) network connecting all District H.Qrs, State H.Qrs, major medical colleges and central surveillance unit at National Centre for Disease Control (NCDC) has been established with support from National Informatics Centre (NIC) and Indian Space Research Organisation (ISRO). World Bank provided funds for Central Surveillance Unit (CSU) and 9 States (Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Punjab, Rajasthan, Tamil Nadu, Uttarakhand and West Bengal). Domestic funding was made available for other States. The project continues in the 12<sup>th</sup> Five Year Plan with domestic budget as Integrated Disease Surveillance Programme under NRHM for all States. A Central Surveillance Unit (CSU) at Delhi, State Surveillance Units (SSU) at all State/UT head quarters and District Surveillance Units (DSU) at all Districts in the country have been established.

Under IDSP data is collected on epidemic prone diseases on weekly basis (Monday–Sunday). which provides information on the disease trends and seasonality of diseases. Whenever there is a rising trend of illnesses in any area, it is investigated by the Rapid Response Teams (RRT) to diagnose and control the outbreak. Data analysis and actions are being undertaken by respective State/District Surveillance Units. During March 2014, about 90% districts have reported weekly disease surveillance data from districts.

CSU, IDSP receives disease outbreak reports from the States/UTs on weekly basis. Even NIL weekly reporting is mandated and compilation of disease outbreaks/alerts is done on weekly basis. On an average 30- 35 outbreaks are reported to CSU weekly. A total of 553 outbreaks were reported in 2008, 799 outbreaks in 2009, 990 outbreaks in 2010, 1675 outbreaks in 2011, 1584 outbreaks in 2012, 1964 outbreaks in 2013 and 252 outbreaks in 2014 (till 23<sup>rd</sup> March, 2014). Majority of the reported outbreaks were of Acute Diarrhoeal diseases, Food Poisoning, Measles etc. During March 2014 (up to 23<sup>rd</sup> March 2014), a total of 74 outbreaks were reported and responded to by the States/UTs; majority of them were Food Poisoning (34%), Measles (13%), Chickenpox (12%).

### **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).

Main causes of blindness are as follows: - Cataract (62.6%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%) Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand.

The programme continues focus on development of comprehensive eye care services targeting common blinding disorders including Cataract, Refractive Errors, Glaucoma, Diabetic Retinopathy, Childhood Blindness, Corneal Blindness etc. during the 12<sup>th</sup> Five year Plan to combat blindness. During the 12<sup>th</sup> Plan, interalia, the programme would aim

- To reduce the backlog of avoidable blindness through identification and treatment of curable blind at primary, secondary and tertiary levels based on assessment of the overall burden of visual impairment in the country.
- Develop and strengthen the strategy of NPCB for “Eye Health for All” and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery.
- Strengthening and upgradation of Regional Institutes of Ophthalmology (RIOs) to become centre of excellence in various sub-specialities of ophthalmology and also other partners like Medical College, District Hospitals, Sub-district Hospitals, Vision Centres, NGO Eye Hospital.

**New Initiatives introduced during the 12<sup>th</sup> Five Year Plan:**

The following new initiatives have been introduced under the programme during the current plan period:

- Provision for setting up 400 Multipurpose District Mobile Ophthalmic Units @ Rs.30 lakh per unit in the District Hospitals of States/UTs.
- Provision for distribute 10 lakh spectacles @ Rs.100/- per spectacles to old persons suffering from presbyopia.

### **NATIONAL MENTAL HEALTH PROGRAMME (NMHP)**

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.

12th plan Initiatives: The 12th FYP envisages strengthening of the Mental Health plan with expansion and few modifications in existing components including Public Private Partnership programme, Long term community treatment / Rehabilitation Services, Integration of NMHP Components with NRHM, Mental Health Services, Help-Line and Public Information Services, Mental Health Emergency Services and Integration of other Neuro-sciences facilities to Central Mental Health Institutes.

**NATIONAL PROGRAMME FOR THE HEALTH CARE OF ELDERLY (NPHCE):**

The basic aim of the NPHCE programme is to provide separate, specialized and comprehensive health care to the senior citizens at various levels 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.

Initially, the major components of the NPHCE during 11<sup>th</sup> Five Year Plan were establishment of 30 bedded Department of Geriatric in 8 Medical Institutions identified as Regional Geriatric Centres in different regions of the country and to provide dedicated health care facilities in District Hospitals, CHCs, PHCs and Sub Centres levels in 100 identified districts of 21 States.

The Regional Geriatric Centres are providing technical support to the geriatric units at district hospitals whereas district hospitals will supervise and coordinate the activities down below at CHC, PHC and Sub-Centres.

During the 12<sup>th</sup> Five Year Plan, under the NPHCE, more districts would be covered and 12 additional Regional Geriatric Centres would be developed in selected Medical Colleges of the country.

**NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS**

The Ministry of Health Family Welfare, Government of India launched National Programme for Prevention and Control of Deafness (NPPCD) on the pilot phase basis in the year 2006-07(January 2007) covering 25 districts. At present the Programme is being implemented in 228 districts of 23 States and 4 Union Territories.

The Long Term Objective of this programme is to prevent and control major causes of hearing impairment and deafness, so as to reduce the total disease burden by 25% of the existing burden by the end of 12<sup>th</sup> Five Year Plan. The major components of the programme include manpower training and development, capacity building, service provision and generation of awareness through IEC activities.

**NATIONAL PROGRAMME FOR PREVENTION & MANAGEMENT OF BURN INJURIES**

The programme consists of two components i.e establishing dedicated burn units at 67 Medical Colleges and at 19 District hospitals across the country. During the 12<sup>th</sup> Five Year Plan, the district hospital component will be implemented under NHM umbrella and the Medical College component will be implemented under the "Human resource in Health and Medical Education" umbrella and assistance to be provided to the states will be governed by the norms set under this parent scheme. One of the important criteria under the scheme is that the assistance proposed under the programme for various components will be shared between the centre and state Governments in the ratio of 75:25. The Programme strategises to reduce incidence, mortality, morbidity and disability due to Burn Injuries through:

- Establishing adequate infrastructural facility and network for management of burn victims and rehabilitation.
- Improving the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.

- Carrying out Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based program planning for Burn Injuries, monitoring and subsequent evaluation.

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

Government of India launched the “National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)” during the 11<sup>th</sup> Five Year Plan in 21 States covering 100 Districts 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 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 11<sup>th</sup> Five Year Plan period 100 identified Districts in 21 States were 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 11<sup>th</sup> Five Year Plan. Besides, Glucometers, Glucostrips & Lancets were 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 National NCD Cell has been established at the Centre. 18 State NCD Cells and 73 District NCD Cell, have so far been established & made functional under the programme. Cardiac Care Units is functioning in 59 districts. Chemotherapy facilities are available in 33 districts.

During the 12<sup>th</sup> Five Year Plan the programme is being expanded to in all the districts across the country with focus on strengthening of infrastructure, human resource development, health promotion, early diagnosis, treatment and referral for prevention and control of cancer, diabetes, cardiovascular diseases and stroke. The following are the changes in the 12<sup>th</sup> plan strategy vis a vis in 11<sup>th</sup> Five year Plan:

- The programme at district level and below covered under NRHM/NHM
- The programme cost are shared between GOI and States (75% : 25%) and for NE and Hilly State is 90:10 Share.
- PHCs have been covered.
- Screening of Diabetes and hypertension in urban slums of large Cities and Metros.
- Screening for common cancers (Oral, Cervical and Breast Cancer)
- Cardiac Care Units and Chemotherapy Centres at district hospitals are to be established / strengthened at 25% districts.
- Separate Scheme for Tertiary Cancer Care to support 20 State Cancer Institutes and 50 Tertiary Cancer Centres.
- Cancer Registry programme to be expanded.
- Periodic NCD risk factor survey

- Hub and spoke model is to be provided for providing comprehensive care, where hub would be the tertiary care hospital/ Medical College and spokes would be the districts.
- Establishment of State Cancer Institute & strengthening of Tertiary Cancer Centres across the country.
- To link the Medical college & Districts which are in the vicinity initiatives have been taken up under NPCDCS programme to provide support, maintenance ,capacity building & referral Tertiary cancer facilities.
- NPCDCS Programme has been subsumed under NRHM for District & below level activities.
- All districts across the country to be covered by the end of 12<sup>th</sup> Plan.

### CENTRAL GOVERNMENT HEALTH SCHEME

The Central Government Health Scheme (CGHS) is a welfare scheme for providing comprehensive healthcare facilities to the serving and retired Central Government employees and their dependant family members. Over the years, the scheme has been extended to cover certain other categories of persons viz. Members of Parliament, Ex-Members of Parliament, sitting and former Vice Presidents, Former Governors and Lt. Governors, Sitting and Retired judges of Supreme Court, Retired judges of High Courts, freedom fighters, accredited journalists, etc. Employees of some select autonomous / statutory bodies have also been extended CGHS facilities on cost-to-cost basis in Delhi.

The Scheme is in operation in 25 cities across the country providing services to about 10 lakh cardholders with a total of about 34 lakh beneficiaries. CGHS has a large network of 254 Allopathic, 85 AYUSH dispensaries, 19 poly-clinics, 73 labs, 19 dental clinics, 2 geriatric clinics and 4 hospitals. In addition, CGHS has also taken over 19 Postal dispensaries w.e.f. 1st August, 2013 in 12 cities, where CGHS is in operation. CGHS has also empanelled 403 private hospitals, 179 Eye clinics, 72 Dental clinics and 137 diagnostic /imaging centres (Total – 791) across the country in cities / locations where CGHS is in operation to provide inpatient medical treatment to its beneficiaries.

#### Steps taken to improve the functioning of CGHS

- Computerization of CGHS has been completed in all allopathic dispensaries in collaboration with the National Informatics Centre. Computerization has brought about significant improvements in the functioning of CGHS
- CGHS and Alliance Medicorp (India) Limited, a joint venture Company of Apollo Health and Life Style Limited have jointly set up a stand-alone dialysis unit as a pilot project in CGHS dispensary at Sadiq Nagar, New Delhi, to provide dialysis facilities for CGHS beneficiaries.
- Holding of Claims Adalat to settle the pending reimbursement cases of beneficiaries.
- Simplification of procedures under referral System and Reimbursement
- Preventive Health Check-Up of beneficiaries above 40 years of age.
- Dental services in 13 dispensaries in Delhi have been outsourced to a private service provider.

- Appointment of Authorized Local Chemists (ALC) to facilitate easy and faster availability of medicines which are not available in the CGHS Wellness Centre.
- Introduction of 'SMS-Alert' system to check misuse of CGHS cards and pilferage of medicines.
- Requirement of prior permission for diagnostic tests - dispensed with.
- Distribution of Life Saving drugs from the CGHS Wellness Centres in the NCR locations of Noida, Gurgaon, and Faridabad.
- Powers have also been delegated to field level committees headed by the Additional Director, CGHS of the city concerned to empanel private hospitals and diagnostic centres under the Continuous Empanelment Scheme.

#### **CENTRAL INSTITUTE OF PSYCHIATRY, RANCHI, JHARKHAND**

Central Institute of Psychiatry, Ranchi is the leading organization in the country providing diagnostic and treatment facilities in mental health apart from conducting Post Graduate courses in psychiatry. The institute has modern facilities for investigation and management of mental disorders. The main objectives of the institute are providing patient care, manpower development and research. During the F.Y.2013-14 upto September, 2013 a total number of 38667 patients have utilized the services of OPD; 2201 patients were hospitalized for indoor treatment. 10507 and 648 patients have utilized special clinics & extension clinics respectively. Total 81000 tests/investigations were done at Deptt. Of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging & Radiological Sciences. 356 nurses from other centers were participated in In-Service Training Programme & CNE. 67 PG students were enrolled during this period.

#### **ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION (AIIPMR), MUMBAI**

All India Institute of Physical Medicine and Rehabilitation, established in 1955, is an Apex Institute in the field of Physical Medicine and Rehabilitation. In keeping with its mission to optimally enable Persons with Locomotor Disability to achieve their utmost social and economic independence through interventions that go beyond their medical needs, the Institute strives to create and provide comprehensive rehabilitation services for all categories of Neuro-musculo-skeletal disorders including non communicable disorders. The Institute has comprehensive facilities for research and teaching. In the field of Rehabilitation and Allied Sciences, AIIPMR is in the lead having numerous publications and presentations to its credit. Collaboration and co-ordination with government and NGOs is done to provide consultative services to formulate improvement and monitor rehabilitation services from time to time. Also Graduate and Post Graduate Courses in Medical and Paramedical Courses are conducted by a team of highly qualified and dedicated Faculty. Health functionaries at the community level are also trained. During the year 2013-14, the policy reform adopted for up gradation of service facilities for welfare of patients in the institute were as follows:

- Separate ward for spinal cord injury patients
- A new physiotherapy/occupational therapy unit has been attached to the ward for inpatients.
- Operationalising Play Therapy Park.
- Increasing the number of days of minor OT to reduce the waiting time of patients.

**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. This hospital has well- established Emergency services including round- the-clock services in Medicine, Surgery, Orthopedic and Paediatrics while other specialties are also available on call basis. All services like laboratory, X-Ray, CT-Scan, Ultra-sound, Blood Bank and Ambulances are available round the clock. A well established Coronary Care Unit (CCU) and an Intensive Care Unit (ICU) exist in the hospital for serious Cardiac and Non-Cardiac patients. The Coronary Care Unit of the hospital has been completely renovated recently with new equipments and infrastructure. The hospital has a well laid down disaster action plan & disaster beds, which are made operational in case of mass casualties and disasters. The hospital annually provides health care services to approximately 16 lacs outdoor patients and admits about 1.5 lac patients are attended in the Emergency and Casualty Department annually. The hospital has round-the-clock emergency services and does not refuse any patient requiring emergency treatment irrespective of the fact that beds are available or not. All the services in the hospital are free of cost except Nursing Home treatment and some nominal charges for specialized tests.

Hospital Statistics		
	2012-13	2013-14
Hospital Beds		
a. Sanctioned	1065	1216
b. Existing	1065	1216
Bed Occupancy Rate		
a. Medicine & specialties (%)	77.6	70.0
b. Surgery & Specialties (%)	72.0	69.8
c. Paediatrics & specialties (%)	75.1	75.5
Total OPD Attendance	1544735	1570029
Inpatient Attendance	60568	63780
Total	1605303	1633809

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

The All India Institute of Speech and Hearing (AIISH), Mysore, is the leading organization in the country in providing training, research, clinical care and public education pertaining to communication disorders. Founded in 1965 as an autonomous institute under the Ministry of Health and Family Welfare, Government of India, AIISH has been successfully carrying out its activities for the last 48 years. The major activities carried out at the institute during the year 2013-14 are given below:



- Academic: The institute offered 14 academic programmes and 581 students were admitted to various programmes. Four guest lectures by eminent personalities, 57 orientation/short-term training programmes and 17 workshops/ seminars/symposia on various aspects of communication disorders were also organized during the period. Also, the Institute has been accredited with the highest 'A' Grade by the National Assessment and Accreditation Council (NAAC), Bangalore, the organization that assesses and accredits institutions of higher education in India.
- Other major research initiatives of the Institute include the setting up of Centre for Neuropsychological Research and Rehabilitation to cater to the persons with brain damage or dysfunction having communication disorders, Electrophysiological Laboratory to promote basic and applied research in the area of auditory electrophysiology and Human Genetics Unit to construct pedigrees to determine the pattern of genetic inheritance in persons with communication disorders in Indian population.
- An Epidemiology Unit was established as a centralized data bank for all activities of prevention and early identification of communication disorders and to promote epidemiologic research in the area.
- Clinical: The institute offered a wide variety of clinical services to a total number of 56386 persons with communication disorders, during the period. The clinical services offered include assessment and rehabilitation pertaining to speech, language and hearing disorders, psychological disorders and otorhinolaryngological disorders. In addition specialized clinical services were also rendered on augmentative and alternative communication, autism spectrum disorders, cleft lip palate and other craniofacial anomalies, fluency, learning disability, listening training, motor speech disorders, professional voice care, voice disorders and vertigo.
- Outreach clinical services: The major outreach activities of the institute during the period include the diagnostic services at its outreach clinical centers, tele-intervention service and infant screening for communication disorders in various hospitals and industrial screening.
- The institute formally launched the New Born Screening (NBS) programme for screening newborns for communication disorders which will help in detecting the condition in the beginning stages of the child's development.

#### **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. Every year the institute conducts regular courses like MD (Com.Med.), MVPH, M.Sc. (Nutr.), MPH, DPH Master's degree course in Science (Applied Nutrition) and Post Graduate diploma courses viz., DPHM, DPH, DMCW, DNEA (CH), DIH, DHE and Dip. Diet 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. This institute has started first time short term Course on "Fundamental of Bio statistics & SPSS" by the Department of Statistics.

During the year 2013-14, the institute was engaged in the Quarterly monitoring of the Implementation of NRHM in West Bengal and four districts were covered. The monitoring team submitted the analytical reports & suggestions for improvement to the State & to the Ministry. The Institute also provided supportive supervision to the state health system by actually showing as to how the gaps in the system may be removed (like documentation, HMIS, Financial aspects etc.). This has led to improvement in grievance redressal system, documentation, mode of JSY payment.etc. Other activities undertaken during the year include

- ✓ EMR duties attended by the officials of this Institute in the State of Uttarakand and Orissa.
- ✓ Yellow Fever Vaccination was given to 780 persons by the department. 1070 and 530 doses were supplied to Port Health Organization and Airport Health Organization respectively.
- ✓ 244 water samples were tested for portability of which 55 were not found fit for human consumption. 153 & 122 samples were processed in the section of Bacteriology & Parasitology respectively.

#### **MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES (MGIMS), SEWAGRAM**

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. Recent policy reforms/initiatives undertaken by the Institute are as under

- The society recently implemented a low-cost drug initiative aimed at providing appropriate and affordable drugs to our patients. This initiative to reduce the cost of drugs to the patient was made possible by first minimizing the 'supply chain effect' and then by overcoming the 'marketing effect'.
- To make health care accessible and affordable to the poor rural population, the Institute earlier had a unique Health Insurance Scheme which is now connected into Health Assurance Scheme which ensures affordable treatment to over 2 lac population in and around Sewagram. Under this scheme, a family of 5 can register by paying only Rs.350/year i.e. Rs.0.20 p/day/person and be entitled to all treatment at 50% concession. The beneficiaries can even pay in terms of their agriculture product in case they cannot pay in cash. This is called Jawar Yojana.
- The above two initiatives have enabled even the poor to get the best facilities for treatment, prevention of disease and promotion of health. Now the facility has been extended to further remote areas like the tribal area of Melghat in Amrawati District where the institute had started a Maternal and Child Health Care facility with 20 beds.
- The Institute actively participates in all National Health programmes such as Universal Immunization Program (UIP), Revised National Tuberculosis Program, National Leprosy Elimination Program, Integrated Disease Surveillance Program, Integrated Child Development Services, National Cancer Control Program, National Rural Health Mission, Adolescent Health Program, National Program for Control of Blindness, National Vector Borne Disease Control Program, Emergency Obstetric Care (EmOC) in addition to others such as Janani Suraksha Yojana, Tubal Ligation Operation, Cu-T Insertions, ensuring deliveries in hospitals and folic acid supplements for rural women.
- Upgradation of the Trauma Accident and Emergency Section of the hospital is on the anvil so as to provide relief to the public with select emergencies in the

shortest possible time within the golden hour.

- Skill Laboratory has been established with all kinds of mannequins and gadgets that would simulate situations and help the students in attaining skills which are not otherwise possible.
- The hospital and the department in the college are all fully computerized and connected to the Hospital Information System. The whole campus has the wi-fi facility. The effort is now on to establish telemedicine and connectivity with remote areas especially with Peripheral health centres.

<b>Hospital Statistics</b>		<b>2013-14</b>
<b>Hospital beds</b>		
a) Sanctioned (* Includes Service Beds)		660+198+120*
b) Existing		780
<b>Bed Occupancy Rate</b>		
Medicine & specialties	Medicine	77.9
	Skin & VD	39.7
	Psychiatry	30.8
Surgery & specialties	Surgery	88.4
	Orthopaedics	88.7
	Obst & Gynae	187.5
	Ophthalmology	95.2
	ENT	57.4
Paediatrics & Specialties	Paediatrics & Neonatology	187.5
<b>Total admissions (inclusive of inpatient &amp; outpatient admissions)</b>	Male	21067
	Female	23786
	<b>Total</b>	<b>44853</b>
<b>Total Discharges (in-patients)</b>	Male	21041
	Female	23767
	<b>Total</b>	<b>44808</b>
Outpatient Visits	542811	
Major Operations Performed	17941	
Investigations done(Patho, Bio chemistry, Micro)	488535	
X-rays done	92292	
Blood Bags issued(Whole Blood, PRC, PC, FFP)	6997	
Total Deliveries	4237	

**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 and 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.

<b>HOSPITAL STATISTICS</b>				
<b>Indicators</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14 (up to Feb/March 2014)</b>	
<b>Hospital Beds</b>				
(a) Sanctioned	60	60	128	
(b) Existing	60	60	128	
<b>Bed Occupancy Rate</b>				
(a) Medicine & Specialties (Pulmonary Medicine)	61%	64%	63%	
(b) Surgery & Specialties	N.A.	N.A.	N.A.	
(c) Pediatrics & Specialties	N.A.	N.A.	N.A.	
<b>Total admissions (inclusive of inpatient &amp; outpatient admissions)</b>				
	Male	33609	32443	30157
	Female	26208	27179	24410
	Child	6989	5514	5213
	Total	66806	65136	59780
<b>Inpatient Attendance</b>				
	Male	1350	1168	1246
	Female	788	766	799
	Child	26	26	21
	Total	2164	1960	2066
<b>Diagnostic Tests</b>				
	a. No. of CT Scans taken	2259	7806	3296
	b. No. of Ultrasound taken	596	236	21

**CENTRAL DRUGS STANDARD CONTROL ORGANISATION (CDSCO)**

The Central Drugs Standard Control Organization (CDSCO) is the Central Drug Authority for discharging functions assigned to the Central Government under the Drugs and Cosmetics Act. CDSCO has six zonal offices, four sub-zonal offices, 11 port offices and six laboratories under its control. CDSCO has six zonal offices situated at Mumbai, Ghaziabad, Kolkata, Chennai, Ahmadabad and Hyderabad and four sub-zonal offices at Bangalore, Chandigarh, Jammu and Goa. The zonal / sub-zonal offices carry out joint inspections along with the State Drug Control Authorities and also coordinate with the State Licensing Authorities under their jurisdiction. The Port offices are situated at Mumbai (Sea and Airport), Nava Sheva (Sea Port), Kolkata (Sea and Airport), Chennai (Sea and Airport), Hyderabad (Airport), Delhi (Airport), Kochi (Sea Port) and Ahmedabad (Air Port) and exercise control over the quality of drugs, cosmetics and medical devices imported into the country. There are six laboratories, engaged in testing of drugs, under CDSCO. Four Central Drug Testing Laboratories are situated at Kolkata, Mumbai, Chennai and Hyderabad and two regional Drug Testing Laboratories are situated at Guwahati and Chandigarh. Following functions under the Drugs and Cosmetics Act are performed at the CDSCO headquarters.

- Grant of approval for manufacture and / or import new drugs and for conduct clinical trials in the country.
- Approval of the licenses to manufacture certain categories of drugs as Central License Approving Authority (CLAA).
- Registration of foreign manufacturers of drugs and medical devices whose products are to be imported into the country and grant of licences to import drugs and medical devices.
- Grant of Test Licences for import of drugs for the purpose of examination, test and analysis.
- Grant of licences to import drugs by Government hospitals or Medical Institutions for the use of their patients.
- Convening the meetings of Drugs Technical Advisory Board (DTAB) to discuss matter arising of the administration of the Act and recommended amendments to the Drugs and Cosmetics Rules.
- Convening the meetings of the Drugs Consultative Committee (DCC) to secure uniformity throughout (India) in the administration of this Act.
- Recommend banning of drugs considered harmful or sub-therapeutic under section 26A drugs and Cosmetics Act.
- Conducting workshops and training programs in respect of various issues related to quality control of drugs.
- Written confirmation for active substances imported into the European Union (EU) for medicinal products for human use.

Some of the recent initiatives taken by CDSCO during 2013-2014 are

- Introduction of the Drugs and Cosmetics (Amendment) Bill, 2013 to amend the Drugs and Cosmetics Act, 1940 for upgradation and restructuring of regulatory framework.
- Preparations of guidance document to match the contemporary issues in compliance with the requirements of Drugs and Cosmetics Act, 1940 and Rules, 1945.
- Facilitate in Uniform implementation of the provisions of the Drugs and Cosmetics Act, 1940 and Rules, 1945.
- Initiatives under the Drugs and Cosmetics Rules, 1945 for strengthening regulation on clinical trials on new drugs to ensure the protection rights, safety and well being of Clinical Trial subjects and authenticity of bio medical data generated.

**FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA**

The Food Safety & Standards Authority of India (FSSAI) has been established under the Food Safety & Standards Act, 2006 for laying down the science based standards for articles of food and to regulate their manufactures, storage, distribution, sale and import, to ensure availability of safe and wholesome food for human consumption and matter connected therewith or incidental their to as per provision of the Act. FSS Act has been made operational from 05.08.2011. The Food regulatory frame work has now moved from Food Adulteration regime to Food Safety regime. The Food Safety & Standards Authority of India has set up eight Scientific Panels and scientific committee to prescribe standards for various items of food.

Activities taken up during 2013-14:

- Granting of central licenses to food business operators (FBOs) is in progress in the seven regional offices viz. Delhi, Chennai, Mumbai, Guwahati, Kolkata, Lucknow & Cochin and one sub-regional office at Chandigarh. The online application procedures are reviewed continuously by the Authority. The process has been made simple and hassle free to enable free access to FBOs.
- Standards for caffeinated beverages have been framed
- Draft Standards for Olive Oil have been notified.
- Reorganization/Authorization mechanism and procedure for Food testing laboratories – The mechanism and procedure for Reorganization/Authorization of NABL (NATIONAL Accrediation Board for Laboratories accreditation) accredited laboratories has been formulated. Accordingly food authority has authorized 65 food testing laboratories having NABL accreditation and authorizations of more laboratories are in progress.
- Fifteen manuals of method of analysis of Food have been finalized.
- Review of the existing standards and harmonization with Codex and other international best practices has been initiated.
- Draft notification for fixation of limit of Trans Fatty Acid in partially Hydrogenated Vegetable Oil has been notified.
- Draft notification for fixing standards for Antibiotics in Honey has been notified.
- Draft regulations of Imported Food Safety have been notified.

**LADY HARDINGE MEDICAL COLLEGE & KALAWATI SARAN CHILDREN'S 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.

The Ministry of Urban Development and Poverty alleviation directed LHMC to prepare a Comprehensive Redevelopment Plan before any type of construction is allowed. Accordingly, a comprehensive Redevelopment Plan was developed and the status of the phases of the Development Plan are as under

**Phase I:** Academic Building, Accident and Emergency Building, OPD Building, Indoor Patient Department Building, Radiotherapy Building, Undergraduate Students' Hostels, Post Graduate Students' Hostels and Type III and Type IV Quarters. EFC for adding additional infrastructure (additional buildings, additional Man Power and additional equipment) for additional admissions (envisaged under the Oversight Committee) was prepared and approved by the competent authority for a total cost of Rs. 586.49 crore. Ministry of Health and Family Welfare granted permission on 2nd Feb 2012, to award the work to the selected agencies for starting the construction of hospital and Residential buildings. Presently, the construction of Hospital and Residential buildings is in full swing.

**Phase II:** Established in 1916, LHMC is the oldest Medical College in the capital city of Delhi. However the many specialties and super-specialties could not be developed in this premier Central Government Institution due to lack of infrastructure. In order to produce quality specialists and super-specialties, Phase II of the Comprehensive Redevelopment Plan of LHMC was initiated for the specilists and super spealities in Cardiology, Cardiothoracic surgery, Neurology, Neurosurgery, Gastroenterology, Gastrointestinal Surgery, Nephrology, Urology, Nephrology, Burns and Reconstructive Surgery, Endocrinology, Immunology, Medical Genetics, Bio-statistics, Pulmonary Medicine. Besides Hospital buildings for new specialties and super specialties, the plan included to construct new College of Nursing and Hospitals, New PG Hostels, UG Hostels, Type V, Type IV, Type III and Type II quarters. Tentative Budget proposals for Phase II of the comprehensive Redevelopment Plan of LHMC and Associated Hospitals have been submitted to the Ministry of Health and Family Welfare under 12th Five Year Plan. Further activity to prepare EFC for Phase II enlarged concept Plan for new buildings, additional faculty and other staff and equipment's would be under taken as soon as the approval of the competent authority is received.

**Phase III** of comprehensive Redevelopment Plan would commence after the completion of Phase II and would also include addition of New Specialties/Super-specialties. The buildings proposed under Phase III are Construction of New Buildings for Kalawati Saran Children Hospital, New Wards for Sucheta Kriplani Hospital and Additional Hostels/Quarters.

<b>Hospital Statistics (LHMC &amp; Smt. SK Hospital)</b>		
<b>Indicators</b>	<b>2012-13</b>	<b>2013-14</b>
Hospital Beds:		
Sanctioned	877	877
Existing	877	877
Bed Occupancy Rate:		
a) Medicines & Specialities	70 %	96.6 %
b) Surgery & Specialities	82.3 %	86.9 %
OPD Attendance	582727	623631
Inpatient Attendance	33707+12741 New Born	35181+12918 New Born**
*Includes 302 Twins and 5 Triplets.	*	
** Includes 254 Twins and 13 Triplets.		
Total Hospital Attendance	629175	671730

**REGIONAL INSTITUTE OF MEDICAL SCIENCE, IMPHAL, MANIPUR**

The Regional Institute of Medical Sciences (RIMS) aims to bridge the gap of health manpower in the Northeast region. Students from 7 North Eastern States (except Assam) and all over India are trained in Undergraduate and Post Graduate Medical Courses. 15% of the MBBS and BDS seats and 50% of the PG seats are reserved for AIQ students. RIMS, Imphal is a medical institute having a 1074 bedded hospital, equipped with modern equipments and teaching facilities having an intake capacity of 100 MBBS, 50 BDS, 50 B.Sc. Nursing and 147 Post Graduate Degree/Diploma seats. MCh courses in Urology (2 seats) and Plastic & Reconstructive Surgery (1 seats) are also offered by the institute. MPhil course in Clinical Psychology (7 seats per annum) is also run in the institute. A 10 month Diploma course in Hearing, Language and Speech (DHLS) with 20 students intake capacity is conducted in the Institute in association with AIISH, Mysore. A new dental college with an intake capacity of 50 BDS students was started in August, 2012 and construction works under Phase II project of RIMS is under progress. During 2013-14, initiatives have been taken to start the B.Sc Nursing (Post basic) and M.Sc Nursing Courses in the College of Nursing.

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

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam is a premier tertiary psychiatric care institute in the North East. The Institute caters 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 offers post Graduate and post masters courses, Viz., M.D. in psychiatry, D.N.B in psychiatry, Ms.Sc (Psychiatry Nursing), M.Phil in Psychiatric Social Work and Medical and Social psychology and post basic diploma in psychiatric nursing.

A total number of 37 students were enrolled under different Diploma, Post Graduate and Post Masters courses run by the institute. A total number of 847 students from various academic institutions were given observership in mental health from April 2013 to March 2014.

A total of 95020 patients were registered in the OPD from April to March 2014. A total of 1586 patients were admitted from April to March 2014. A total number of 121060 diagnostic tests were conducted in the Central Laboratory from April 2013 to March 2014.

**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 9<sup>th</sup> 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 2013-14, the total strength of students in various courses was 640 and for the year 2012-13, the total strength of students in the courses run by the Institute was 550. 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.



**SAFDARJUNG HOSPITAL & VARDHMAN MAHAVIR MEDICAL COLLEGE, NEW DELHI**

Safdarjung Hospital provides medical care to citizens not only of the NCT of Delhi but also to the neighbouring states. Vardhman Mahavir Medical College is attached to Safdarjung Hospital. This hospital provides services in almost all the major specialties and super specialist 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. Safdarjung Hospital is currently having 1531 beds and is one of the largest hospitals in Northern India.

<b>Hospital Statistics</b>		
<b>Indicators</b>	<b>Jan.2012 to Dec.2012</b>	<b>Jan 2013 to Dec 2013</b>
<b>Hospital Beds</b>		
Sanctioned	<b>1531</b>	<b>1531</b>
Existing	<b>1531</b>	<b>1531</b>
<b>Bed Occupancy Rate</b>		
Medicines & specialities	192.1%	206.7%
Surgery & Specialities	100.8%	105.6%
Paediatrics & Specialities.	108.5%	157%
<b>OPD Attendance</b>	2584186	2690497
<b>Inpatient Attendance</b>	140818	147797

**Sports Injury Centre Including Patient Care and other Services, Safdarjung Hospital**

The Sports Injury Centre has been established to upgrade Sports Injury Unit functioning at the Central Institute of Orthopedics 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. The Centre handles more than 5000 patients on OPD basis in a month and more than 125 Arthroscopic & joint Replacement Surgical Procedures are performed monthly. The details regarding various activities of Sports Injury Centre during the years 2012-13 and 2013-14 are as under

<b>Indicators</b>	<b>2012-13</b>	<b>2013-14</b>
OPD Attendance Including Casualty attendance	68836	75339
Inpatient Attendance	1527	1716
No. of Surgeries undertaken	1452	1598
Minor Surgical procedure	4203	4771
Physiotherapy	53074	58888
Psychology Clinic	1810	900

**PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)**

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched with the objective of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. PMSSY has two components:

1. Setting up of six AIIMS-like institutions at Patna, Raipur, Bhopal, Bhubaneswar, Jodhpur and Rishikesh under Phase-I at an estimated cost of Rs.840 Crore per institution. Each institution will have a 960 bedded hospital (500 beds for the medial college hospital; 300 beds for Speciality/Super Speciality; 100 beds for ICU/Accident trauma; 30 beds for Physical Medicine & Rehabilitation and 30 beds for AYUSH) intended to provide healthcare facilities in 42 speciality/super-speciality disciplines. Medical College will have 100 UG intake besides facilities for imparting PG/doctoral courses in various disciplines.
2. Up gradation of 13 existing Government medical college institutions in 10 States

In addition, during second phase of PMSSY, Government has also approved setting up of two AIIMS-like institutions, one each in West Bengal and Uttar Pradesh and upgradation of six existing Government medical colleges.

**Achievements under Phase I of PMSSY:****1. Setting up of AIIMS-like institutions**

Construction of Medical College at all six sites was started in May, 2010 and Hospital in September, 2010. First batch of academic session with 50 MBBS students commenced at medical colleges of all six AIIMS under PMSSY Phase-I, in September, 2012. Further, in academic session 2013-14, about 100 MBBS students (2nd batch) and 60 B.Sc Nursing students (first batch) have been admitted at each of the six Institutes. OPD Services have also commenced at all six new AIIMS. The institutes are likely to become fully operational shortly. AIIMS Amendment Act, 2012 has been enacted amending the All India Institute of Medical Sciences Act, 1956 to provide autonomous status to the six AIIMS. The societies formed earlier have been incorporated as corresponding Institutes. Institute body for each AIIMS has also been constituted in July, 2013.

**2. Upgradation of 13 existing medical colleges**

10 institutions are involved in both civil work and procurement of medical equipment and the remaining 3 are involved mainly in procurement of equipment.

**Achievements under Phase II of PMSSY:**

With regard to setting up of AIIMS at Rae Bareli in the second phase of PMSSY, the Government of Uttar Pradesh had transferred land. The Ministry has appointed M/s. HSCC (I) Ltd. as Project Management Consultant for setting up of the Institute. Process of construction of housing complex and hospital for the AIIMS, Rae Bareli has been initiated by HSCC. Work for construction of housing complex for AIIMS, Rae Bareli has been awarded.

For the proposed AIIMS at Raiganj, West Bengal, in the second phase of PMSSY, State Government had identified land in 2010. Subsequently, a central team had visited the site and found it suitable. The land is yet to be allotted by the State Government.

### ***Upgradation of six medical colleges***

Out of 6 Medical College institutions taken up for upgradation in the second phase, civil work at Government Medical College, Tanda and Jawaharlal Medical College of Aligarh Muslim University, Aligarh has been started in the month of November, 2012; at Amritsar Medical College in January, 2012 and at PGIMS, Rohtak in November, 2012. The progress of work at these three institutions is 75%, 76%, 38% and 29% respectively. In respect of Madurai Medical College, plan had to be modified consequent on change of location of proposed Super Speciality Block at the Institute by the State Government and the civil work is likely to be awarded in October, 2013. At Nagpur Medical College, upgradation programme involves only procurement of equipments which is being undertaken by the State Government /Institute.

### **MANAGEMENT INFORMATION SYSTEM**

The National Health Mission (NHM) has quantifiable goals to be achieved through specific road maps with appropriate linkages and financial allocations for strengthening the health infrastructure. A continuous flow of good quality information on inputs, outputs and outcome indicators is essential for monitoring the progress of NHM at closer intervals. Integral to this process is using information for decentralized planning where the States prepare Integrated District Health Action Plans (IDHAP) culminating to the State Health Action Plans or Programme Implementation Plans (PIP) through which resource allocation takes place. Important M & E activities being undertaken are as under:

- **Web based Health Management Information System (HMIS):** A web based Health MIS (HMIS) portal was launched in October, 2008 to facilitate data capturing at District and lower levels. The HMIS portal has led to faster flow of information and almost all districts in the country are now reporting data on a regular basis. The HMIS has also been rolled out to capture information at the facility level. As on 28.04.2014, 602 districts (out of 663) are reporting facility wise information every month. The remaining districts (61) are reporting consolidated district information. To promote use of HMIS data, standard ready to use reports giving national, State, district and sub-district level key indicators are being generated and refreshed on daily / weekly basis. Further, to improve quality of HMIS data, score cards and dash-boards have been developed and these are being used at the State and district level consultations to highlight the poor performing regions and the programme areas which need more attention
- **Large Scale Surveys:** The Ministry has been conducting large scale surveys periodically to assess the level and impact of health interventions. These surveys include National family Health Survey (NFHS), District level Household Survey (DLHS), Annual Health Survey (AHS) etc. The main aim of these surveys is to assess the impact of the health programmes and to generate various health related indicators at the District, State and National level. The details of the Surveys related to health are summarised below:

SI No	Name	Nodal Agency	Periodicity (Year of Surveys)	Availability of Information
1.	National Family Health Survey (NFHS)	IIPS, Mumbai	5 – 7 years (Three rounds conducted in 2005-06, 1998-99, 1992-93)	National and State level indicators relating to population, health, nutrition, reproductive and child health, health seeking behavior etc. HIV/AIDS estimates provided for the first time in 2005-06
2.	District level Household Survey (DLHS)	IIPS Mumbai	5 – 6 years (Three rounds conducted in 2007-08, 2002-04 & 1998-99)	National, State and district level estimates on health and nutrition, performance of reproductive and child health programmes etc
3.	Sample Registration System (SRS)	Registrar General of India	Annual	National and State level estimates on CBR, CDR, IMR. U5MR, TFR etc
4.	Annual Health Survey	Registrar General of India	Annual (Three rounds)	Demographic and health Indicators at the State and District level for 8 EAG States and Assam

- ✓ **National Family Health Survey:** Preparatory work for the fourth round of National Family Health Survey (NFHS-4) to be launched in 2014 is in progress. Sample design and Questionnaires have been finalized in a series of meetings of the Technical Advisory Committee and its sub- committees comprising various stakeholders. IIPS, Mumbai has been designated as the nodal agency. Process to select Agencies for data collection is under progress.
- ✓ **District level Household Survey:** The fourth round of District Level Household Survey (DLHS-4) has been taken up with the objective of estimating reliable indicators of population, maternal & child health and family planning at District, State and National Level. As part of the Survey, a number of Clinical Anthropometric and Biochemical (CAB) tests are carried out to produce district level estimates for nutritional status and prevalence of certain life style disorders. The major constituents of the CAB component are height, weight, and blood pressure, estimation of hemoglobin (Hb), blood sugar and test for iodine content in the salt used by households. The survey results are expected to be available during 2014.
- ✓ **Annual Health Survey:** The Ministry is undertaking Annual Health Survey (AHS) through the Office of Registrar General & Census Commissioner of India in 284 districts of 9 States namely Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand. Three rounds of AHS were conducted during 2010-11, 2011-12 and 2013-14 and the results are now available. Survey on measurement of height, weight, blood pressure, blood glucose, hemoglobin etc. is in progress.
- **Regional Evaluation Teams (RETs):** There are 7 Regional Evaluation Teams (RETs) located in the Regional Offices of the Ministry which undertake evaluation of the NRHM activities including Reproductive and Child Health Programme (RCH) on a sample basis by visiting the selected Districts and

interviewing the beneficiaries. Reports of the RETs are sent to the States and programme divisions for taking corrective measures on issues highlighted in the reports. During 2013-14, 86 districts have been visited by RETs.

- **Population Research centres:** The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs) scattered in 17 major States. These PRCs are located in various Universities (12) and other Institutions (6) of national repute. The PRCs are responsible for carrying out research on various topics of population stabilization, demographic, socio-demographic surveys and communication aspects of population and family welfare programme. During the year 2011-12, 103 studies were completed by the Population Research Centres (PRCs) on some of the important topics of research including the studies assigned by the Ministry. At present PRCs are involved in analysis of district-wise data captured through HMIS portal and monitoring of State Programme Implementation Plans.

### UPGRADATION/STRENGTHENING OF NURSING SERVICES

The Centrally Sponsored Scheme is for Strengthening/Upgradation of Nursing Services by way of funding pattern of 85% by Central Government and 15% by the State Government for starting new ANM/GNM Nursing Schools. The Government has initiated action for the opening of 132 Auxiliary Nurse Midwife (ANM) and 137 General Nursing Midwifery (GNM) schools in those districts of 23 high focus states the country where there is not such school. This will create 13500 additional intake capacities of candidates per year. So far 116 ANM schools and 137 GNM schools have been approved across the Country. Under the Scheme, a sum of Rs. 621.52 crores has been released for establishment of 89 ANM and 114 GNM Schools across the country.

### ASSISTANCE TO STATES FOR CAPACITY BUILDING (TRAUMA CARE FACILITIES)

Under this, assistance is provided for development of another 85 new Trauma care centres. The criteria for identification of State Govt. hospitals on the national highways will be as follows:

- Connecting two capital cities.
- Connecting major cities other than capital city
- Connecting ports to capital city
- Connecting industrial townships with capital city

The identification of the hospitals for development of 85 trauma centres will be done in consultation with all the stake holders in due course of time. Preference will be given to states which are not covered during 11<sup>th</sup> plan. Hilly and North Eastern States will also be given priority. Unlike 11<sup>th</sup> plan, the scheme will no more be a 100% centrally sponsored scheme. The proposed amount of assistance will be shared between central and state Governments in a ratio of 70:30. The ratio of sharing for North Eastern states and hill states of Himachal Pradesh, Uttarakhand and Jammu & Kashmir this ratio will be 90:10.

**OUTCOME BUDGET 2013-14 (OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES/ACHIEVEMENTS) - Table 3**

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
1	<b>NRHM Mission Flexible Pool:</b> Total Plan Outlay (Rs. 5764.00) Mission Flexi Pool seeks to strengthen the institutional structure and provide an effective link between the community and health care facilities at the grass root level. Selection and training of Accredited social health activists (ASHA) acting as a link is critical.	<ol style="list-style-type: none"> <li>Fully Trained and Equipped ASHAs, one for every 1000 population or less/ for isolated habitations.</li> <li>Strengthening of Health sub-Centres SHC.</li> <li>Construction of Sub Centres.</li> <li>Strengthening of Primary Health Centres for service gurantees as per IPHS.</li> <li>Upgrading Community Health Centres and other levels into First Referral Units.</li> <li>Appointment of Doctors/Specialists.</li> <li>Appointment of Staff Nurses.</li> <li>Appointment of Paramedical Staffs.</li> <li>Untied grants to be provided to each VHSNC, SC, PHC, CHC to promote local health action.</li> <li>Annual Maintenance grants to be provided to</li> </ol>	<ol style="list-style-type: none"> <li>50,000 ASHAs to be provided with Drug Kits.</li> <li>3200 ANMs to be provided in all the sub centres identified for institutional deliveries.</li> <li>800 New Sub Centres to be constructed across the country.</li> <li>500 Primary Health Centres to be made 24X7 during 2013-14.</li> <li>200 CHCs and other level facilities to be upgraded as First Referral Units.</li> <li>900 Doctors/Specialists to be recruited on contract basis.</li> <li>900 Staff Nurses to be recruited on contract basis.</li> <li>900 Paramedical Staffs to be recruited on contract basis.</li> <li>100% Health facilities to be given untied funding for local health action during 2013-14.</li> <li>100% Health facilities to be given Annual Maintenance grants during 2013-14.</li> <li>Mobile Medical Units (MMU) to be operationalized in 50 more districts.</li> <li>400 Ambulances to be operationalized in the States/UTs.</li> </ol>	<ol style="list-style-type: none"> <li>19732</li> <li>2852</li> <li>1868</li> <li>532</li> <li>141</li> <li>1332</li> <li>3786</li> <li>4105</li> <li>100% of eligible health facilities</li> <li>100% of eligible health facilities</li> <li>NIL</li> <li>4770 Ambulances.</li> <li>630 Districts have prepared the District Health Action Plan.</li> <li>47.58 lakhs VHND</li> </ol>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		<p>each SC, PHC, CHCs</p> <p>11. Mobile Medical Units (MMU) to be operationalized in all districts.</p> <p>12. Operationalization of Emergency Referral transport Ambulances.</p> <p>13. Preparation of Annual District Action Plan (DHAP)</p> <p>14. Holding Village Health &amp; Nutrition days.</p>	<p>13. District Health Action Plan to be prepared for 640 districts.</p> <p>14. 55 lakh Village and Health Nutrition days to be completed.</p>		
2	<b>RCH Flexible Pool:</b> Total Plan Outlay 5407.01 Cr.(Rs.5347.01+ Rs.60.00 Cr)	<b>Reproductive Child Health Programme:</b> 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 12th 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.	<p>1. To improve the health status of Infant, Women and Children, funds are provided to States/UTs to sustain and increase:</p> <p>(a) Operationalization of facilities i.e. FRUs, 24x7 PHCs, sub-centres and MTP &amp; RTI/STI services.</p> <p>(b) Coverage of JSY beneficiaries.</p> <p>(c) Implementation of Janani Shishu Suraksha Karyakram (JSSK) - an initiative to assure free entitlements for both pregnant women and sick new borns accessing public health institutions for healthcare.</p> <p>(d) Strengthening of integrated management of neonatal and childhood illness (IMNCI);</p>	<ul style="list-style-type: none"> <li>➤ Infant Mortality Rate declined to 42 per 1,000 live births (SRS 2012).</li> <li>➤ Maternal Mortality Ratio reduced to 178 per 1,00,000 live births (SRS 2010-12).</li> <li>➤ Total Fertility Rate reduced to 2.4(SRS 2012).</li> <li>➤ Under 5 Mortality Rate reduced to 52 (SRS 2012).</li> <li>➤ Adopted strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A).</li> <li>➤ Greater thrust for providing maternal health services: <ul style="list-style-type: none"> <li>✓ Percentage of institutional deliveries against reported deliveries is 84.72% till September 2013.</li> <li>✓ Demand promotion through JSY. About 48.17 lakh beneficiaries covered under JSY upto September,2013. Out of this, 1.06 lakhs are Home Deliveries and 47.11 lakhs Institutional Deliveries up to Sept. 2013.</li> <li>✓ Operationalization of Delivery Points /24*7 facilities.</li> <li>✓ Multiskilling of doctors &amp; human resources for health</li> </ul> </li> <li>➤ Promote institutional delivery, eliminate out of pocket expenses and facilitate prompt referral through following measures under JSSK. <ul style="list-style-type: none"> <li>▪ Free and zero expense treatment</li> <li>▪ Free drugs and consumables</li> </ul> </li> </ul>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			<p>(e) Strengthening of Family Planning services (including Compensation for Sterilisation &amp; IUD).</p> <p>(f) Improving the access of contraceptives in the community through ASHA .</p> <p>(g) Focus on spacing methods particularly PPIUCD at high case load facilities</p> <p>(h) Ensuring access to pregnancy testing kits</p> <p>(i) Provision of services for (i) Adolescent Health, (ii) Urban RCH (iii) Tribal RCH (iv) Vulnerable Groups.</p> <p>(j) Involvement of NGOs and Public Private Partnership.</p> <p>(k) Strengthening Infrastructure, HR and Institutional Strengthening.</p> <p>(l) Supporting the activities of Immunisation PIPs.</p> <p>(m) Mother &amp; 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>(n) Improve HMIS.</p> <p>(o) To meet the increased demand for delivery care services, introduction of 100</p>	<ul style="list-style-type: none"> <li>▪ Free diagnostics</li> <li>▪ Free provision of blood</li> <li>▪ Free transport from home to health institutions</li> <li>▪ Free transport between facilities in case of referral</li> <li>▪ Free Drop back from institutions to home</li> <li>▪ Exemption from all kinds of user charges.</li> </ul> <p>➤ JSSK entitlement entitlement is extended for infants till 1 year of life.</p> <p>➤ Various Innovative schemes through PPP to strengthen institutional delivery services were supported.</p> <p>➤ Child Health Services</p> <p>Facility Based New Born Care:</p> <ul style="list-style-type: none"> <li>✓ 13,663 NBCCs established and 124352 health personnel trained in NSSK as on March, 2014.</li> <li>✓ 507 SNCUs and 1737 NBSUs have been established as on March, 2014.</li> <li>✓ More than 9 lakhs New born availed JSSK entitlement as on March, 2014.</li> </ul> <p>Home Based New Born Care (HBNC):</p> <ul style="list-style-type: none"> <li>✓ Out of 8.89 lakhs ASHAs, 5.7 lakhs trained in round 1 of module 6 &amp; 7 to provide home based new born care.</li> <li>✓ HBNC implemented in 31 States/UTs in the Country.</li> <li>✓ More than 12 lakhs new born visited to home by ASHAs.</li> </ul> <p>Promoting IYCF practices:</p> <ul style="list-style-type: none"> <li>✓ As on March, 2014, 87.6% coverage of early initiation of breast feeding in the country.</li> </ul> <p>Micronutrient supplementation:</p> <ul style="list-style-type: none"> <li>✓ As on March 2014 65%, 58% and 52% children received the 1st, 5th and 9th dose of Vitamin A respectively.</li> <li>✓ 230 lakhs IFA syrup given to the children by March, 2014.</li> <li>✓ 872 NRCs established in the country.</li> </ul> <p>Diarrhoea Management and ARI</p> <ul style="list-style-type: none"> <li>✓ As on March, 2014, a total 394 lakhs ORS packets are provided to children for management of Diarrhoea in the country.</li> </ul>	



Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			<p>bedded MCH Wings at District Hospitals and 70/50/30 bedded maternity wards at Sub Divisional Hospitals/CHCs with high delivery load.</p> <p>(p) Scheme for promotion of Menstrual Hygiene to bring health awareness amongst adolescent girls.</p> <p>(q) Under WIFS, 12.72 crores Adolescents (girls &amp; boys) will be covered for high prevalence and incidence of Anemia.</p> <p>(r) Setting up of Adolescent Friendly Health Clinics for ARSH services.</p> <p>(s) School Health Programme to screen for 3 Ds disease deficiency and disability of 6-18 years students enrolled in Government and Government aided schools.</p> <p>2. Supply of RCH drug/ equipment and sanitary napkins to States/UTs</p>	<p>✓ Use of Zinc tablets has now been reinforced.</p> <p>Child Health Screening and Early Intervention Services:</p> <p>✓ In 2013-14, 11,839 teams in 22 states/ UTs have been approved as on March, 2014:</p> <ul style="list-style-type: none"> <li>- 5491 teams have been recruited.</li> <li>- 5.82 crore children have been screened.</li> <li>- 21.37 lakhs children have been referred to health facilities.</li> <li>- 1.3 lakhs children have received secondary and tertiary care.</li> <li>- 445 State level master trainers and 2429 Teams from 9 states were directly trained by the National RBSK Team.</li> </ul> <p>➤ Adolescent Health</p> <ul style="list-style-type: none"> <li>▪ 3.5 crore packs of sanitary napkins have been distributed till January 2014.</li> <li>▪ 6302 Adolescent Friendly Health Clinics (AFHCs) established till December 2013 in the country.</li> <li>▪ WIFS is being implemented in 32 States/UTs. Total number of beneficiaries covered under WIFS programme is 3.1 crores till December, 2013.</li> </ul> <p>➤ Family Planning:</p> <p>✓ Performance upto December, 2013: 37,60,246 Sterilizations and 48,19,833 IUCD insertions.</p> <p>✓ Approximately 1.5 lakh PPIUCD insertions has been reported in HMIS.</p> <p>✓ Scheme for distribution of contraceptives at door step through ASHAs was operationalised. 8.6 lakh ASHAs country wide are now distributing the contraceptives at the doorstep of the beneficiaries .Distribution of contraceptives through ASHA till December, 2013:</p> <ul style="list-style-type: none"> <li>- 1045 lakh pieces of Condoms;</li> <li>- 90 lakh cycles of Oral Contraceptives Pills (OPC);</li> <li>- 11 lakh Emergency Contraceptives Pills (ECP).</li> </ul> <p>✓ A scheme for ensuring healthy spacing at births is</p>	

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				<p>operational in 18 states of the country (8 EAG + 8 North East + Gujarat &amp; Haryana).</p> <p>✓ Pregnancy Testing Kits (PTKs) are available at Sub-centres and with ASHAs for easy and early detection of pregnancy. The overall utilization of PTKs varies from 50-60% in various states of the country.</p> <p>➤ MCH Centres-Under NRHM, 100/50/30 bedded MCH wings are being established in District Hospitals/ District Women's Hospitals/ Sub-District Hospitals/ CHCs/FRUs.</p> <p>Provisions for procurement of RCH Drugs and equipment were approved in PIPs of States/UTs for the year 2013-14. Hence central procurement not done for RCH Drugs etc.. Till January, 2014, 3.5 crore sanitary napkins packs have been distributed.</p>	
3	<b>Routine Immunization</b> Total Outlay:Rs. 800.00 Cr.	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 92.00% DPT3 74.34% OPV3 88.88% Measles 87.68% Full Imm 87.38% JE vaccine 45.78%*	* In Identified 113 Districts.
4	<b>Pulse Polio Immunization Programme</b> Total Outlay:Rs. 805.00 crore	To eradicate Polio	Polio drops will be administered to approx. 172 million children during each National Immunization Round (NIR) and 86 million children per Sub National Immunization Round (SNIR) respectively.	Four SNIRs have been conducted in the months of April, June, Sept & Nov'2013 and two NIRs were conducted in Jan, Feb, 2014. There has been significant decline in the number of Polio cases in the country. No polio case was reported in the country during 2013-14.	* No polio case seen after 13.01.2011 * The entire South-East Asia Region including India has been declared 'Polio Free' by WHO.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
5	<b>National Iodine Deficiency Disorders Control Programme</b> Total Plan Outlay Rs.50.00 Crores	To control and prevent iodine deficiency disorders in the country	<ul style="list-style-type: none"> <li>• Production &amp; distribution of iodised salt 60 lakh MT.</li> <li>• Supply of salt testing kits at district level by States/UTs</li> <li>• Analysis of salt samples to estimate iodine content in the iodated salt at various level.</li> <li>• Analysis of urine samples for urinary iodine estimation.</li> <li>• Analysis of salt samples to assess the quality of iodated salt at community/household level.</li> <li>• Monitoring of district salt samples by the Central team.</li> </ul>	<ul style="list-style-type: none"> <li>• 45.10 lakh MT up to Jan, 2014</li> <li>• Sanctions were issued to 28 States/UTs for procurement of STK, &amp; ASHA incentive. However, fund was released to 17 States/UTs only. Due to some technical problems funds were not released to remaining 11 States/UTs.</li> <li>• 39976 salt samples collected and analysed out of which 37365 (94%) are confirmed to standards (up to Dec. 2013).</li> <li>• 9603 salt samples collected and analysed out of which 8701 (91%) are confirmed to standard (up to Jan/Feb 2014)</li> <li>• 1491793 salt samples collected and analysed out of which 1163384 (78%) are confirmed to standard (up to Jan/Feb. 2013).</li> </ul>	<ul style="list-style-type: none"> <li>• The target of 60 lakh MT may be achieved by the end of financial year.</li> <li>• D/o H&amp;FW had decentralized procurement of Salt Testing Kits under NIDDCP for endemic districts of all States/UTs since 2012-13</li> <li>• States are being requested to collect and analyse salt &amp; urine samples as per NIDDCP guidelines.</li> <li>• Several sanctioned technical posts including Adviser (N) under the programme at Central level are lying vacant.</li> </ul>

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
6	<b>Providing free generic medicines in all public health institutions in the country</b> Total Plan Outlay Rs.1.00 Cr.	Under NHM/ Central Government has been providing financial support to States/ UTs for strengthening their healthcare delivery system including for provision of free essential drugs in public health facilities.		This is a new initiative.	
7	<b>National Urban Health Mission</b> Total Plan Outlay Rs.1.00Cr.	The NUHM aims at strengthening the existing health care service delivery system in the Urban Areas by specifically targeting the people living in urban slums.		Received Urban PIPs proposals from 29 States/ UTs for implementation of NUHM programme. An amount of Rs. 662 Crore have been released to the States/UTs	
8	<b>National Vector Borne Disease Control Programme</b> Total Plan Outlay Rs. 572.00 crore	<b>1. Malaria</b> ABER over 10% and API 1.2 or less	(a) ABER > 10% of target population under surveillance (b) Coverage of high risk population with LLIN in identified states supported under World Bank and Global Fund assistance (c) 80% coverage of the targeted population under Indoor Residual Spray (IRS).	(a) ABER of 8.15% achieved. API achieved is 0.64 (Prov.) per 100 population. (b) Cumulative coverage with LLIN in north eastern states is 42%.Cumulative coverage in World Bank states is 40%. (c) 75.22% (prov.) of targeted population covered under IRS during 2013.	(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

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
					by the targetted population
		<b>2.Elimination of Lymphatic Filariasis</b> 80% coverage of targeted population. Endemic Districts (250) achieving Micro Filaria rate of <1%	Mass Drug Administration (MDA) with anti-filaria tablets in 16 out of 20 LF endemic States having about 450 million Population. Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).	MDA 2013 round had started since November 2013 and Assam, Jharkhand, Orissa, D & N Haveli & Lakshadweep Have completed MDA 2013 round. 186 endemic districts have achieved Microfilaria rate<1% 50 out of 186 districts are preparing for transmission assessment survey (TAS). Out of this, 5 have successfully completed TAS which is first stage of elimination and in rest of the districts the preparatory activities for TAS is going on so as to complete TAS before March, 2014. Four regional level workshops for trainers have been conducted one each at Pune, Bhubaneswar, Chennai and Bangalore involving officials from state, district, NCDC, ICMR and ROHFWs	(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 (iv) Availability of ICT cards which is produced by sole manufacturer of USA.
		<b>3.Kala-azar</b> Block PHCs (584) reporting Less than 1 case of Kala-azar per 10000 population	(i) At least two rounds of door to door search undertaken in each of the endemic districts. (ii) Making available anti Kala-azar drugs in all block level PHCs & district hospitals. (iii) 80% coverage of targeted population with DDT 50%	(i) Kala-azar search was intensified in each of the endemic districts and 13021 cases were detected and treated during 2013 (ii) Drugs & dignostics availability has been ensured. (iii) The spray coverage has been 85% 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

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
					NGOs/FBOs /PRIs and private practioners in the Kala-azar elimination.
		<b>4. Japanese Encephalitis</b> 85% coverage of eligible children with J.E. Immunization in targetted districts	(i) Availability of fogging equipment and insecticides in all endemic zones. (ii) Trained teams available at CHCs and District Hospitals in endemic areas for time case management.	(i) 6374 cases of AES/J.E. have been detected and managed during 2013. (ii) During 2013-14, additional 16 districts (over and above the total 114 districts already covered since 2006), have also been covered under vaccination through immunization division. (iii) Implementation of GoM approved activities initiated in districts priority	(i) Early case reporting achieved. (ii) Analysis of epidemiological and entomological data for epidemic outbreak prediction and timely remedial measures.
		<b>5. Dengue/ Chikungunya</b> 90% of identified sentinel surveillance hospitals maintaining line listing of cases	(i) Regular entomological surveillance in endemic areas for vector species ( <i>Aedes aegypti</i> ). (ii) Regular fever surveillance in endemic areas to detect an unusual trend. (iii) Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.	Regular surveillance is being done and 70857 cases of dengue and 15639 clinically suspected cases of chikungunya have been detected and treated during 2013.	(i) State putting in place entomological teams for vector surveillance. (ii) Early case reporting achieved. (iii) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.
9	<b>Revised National TB Control Programme</b> Total Outlay:Rs.710.15	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 30000 MDR TB Patients with cure rate > 87%	New sputum positive case detected and put on treatment - 469677and cure rate Achieved 84%	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
	crores				
10	<b>National Leprosy Eradication Programme</b> Total Outlay:Rs.51.00 crores	<ol style="list-style-type: none"> <li>1. Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country.</li> <li>2. Strengthen Disability Prevention &amp; Medical Rehabilitation of persons affected by leprosy.</li> <li>3. Reduction in the level of Stigma associated with leprosy.</li> </ol>	<ol style="list-style-type: none"> <li>1. To achieve elimination of leprosy in 649 districts by March, 2017.</li> <li>2. To achieve grade-II disability in new cases reduced by 35% of 3.04% in 2011-12, by end of 12th plan.</li> <li>3. Reduce level of stigma against to leprosy elimination by 50% of the present status.</li> </ol>	<ol style="list-style-type: none"> <li>1. 528 districts</li> <li>2. Not applicable</li> <li>3. Not applicable</li> </ol>	<ol style="list-style-type: none"> <li>2. To be calculated in March, 2017</li> <li>3. To be calculated in March, 2017.</li> </ol>
11	<b>Integrated Disease Surveillance Programme (IDSP)</b> Total Outlay:Rs.63.00 crore	To strengthen/maintain a decentralized state based disease surveillance and respond system for epidemic prone diseases for detecting early warning signals of impending disease outbreaks and take timely control measures.	<ol style="list-style-type: none"> <li>1. Data collection and Analysis.</li> <li>2. Establishment/ strengthening of 100 referral lab network to link district with medical college labs for providing diagnostic services for epidemic prone diseases during outbreaks.</li> <li>3. Use of labs for outbreaks investigation/Management</li> </ol>	<ol style="list-style-type: none"> <li>1. About 90% districts reported weekly data on epidemic prone through portal</li> <li>2. Network of 88 medical college labs were established.</li> <li>3. 1964 (about 70%) Outbreaks investigated and responded to by sending clinical samples to the Labs.</li> </ol>	Implementation by the States/Union Territories
12	<b>National Programme for Control of Blindness</b> (Total Outlay:Rs.290.00 crore)	Reduction in the prevalence of blindness to 0.3% by 2020.	<ol style="list-style-type: none"> <li>1. Target for Cataract Surgery 66 lakh surgeries</li> <li>2. Target for other eye diseases: 72,000 cases</li> <li>3. No. of spectacles to school children : 9 lakh spectacles.</li> <li>4. Target for Eye Donation: 50,000 donated eyes.</li> <li>5. Strengthening/development of Eye care infrastructure:</li> </ol>	<ol style="list-style-type: none"> <li>(i) 52.16 lakh cataract surgeries performed</li> <li>(ii) 1,63,359 other eye diseases treated.</li> <li>(iii) 3.71 lakh free spectacles provided to school children.</li> <li>(iv) 34,492 donated eyes collected.</li> <li>(v) These are decentralized activities. Funds as per Programme Implementation Plan (PIP) are released to respective State Health</li> </ol>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			Medical Colleges 30 Distt. Hospitals 120 Sub-distt. Hospitals 20 PHC(Vision Centres) 1000 Eye Banks 4 Eye Donation Centres 20 NGOs for eye care facilities: 4 Dedicated Eye Units: 6 Multipurpose District Mobile Ophthalmic Units: 80 Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit :5 6. Training of manpower	Societies for implementation of these activities. (vi) Training of Eye Surgeons is a central activity. Around 150 eye surgeons have been trained in various specialties of Ophthalmology. Funds for undertaking training activities for the remaining ophthalmic manpower are released to respective State Health Society as per the targets for organizing trainings in a decentralized manner.	
13	<b>National Mental Health Programme</b> Total Plan Outlay Rs. 350 Crores	To ensure availability of minimum mental health care for all, 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	1. Continuation of support to Centres of Excellence : 11 2. Upgradation of Centres of Excellence into Neuro Sciences Health Care Facilities : 2 3. Establishment of New Centres of Excellence:2 4. Continuation of support to PG Departments in Mental Health Specialties : 27 5. Establishment of PG Departments in Mental Health Specialties : 25 6. Support to NGO/CBOs : 40 7. Continuation of support to existing DMHPs :123	Initiation of New DMHPs : 69 Continuation of support to existing DMHPs : 16	Quantifiable Deliverables are subject to approval of the 12th Plan Proposal and enactment of Mental Health Care Act, 2013 which are under process.



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		self-help in the country.	8. Initiation of new DMHPs: 74 9. Support to SMHA : 35		
14	<b>National Programme for Health Care of the Elderly (NPHCE)</b> Total Plan Outlay - Rs. 150.00 Cr.	<ul style="list-style-type: none"> <li>The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services.</li> <li>Preventive &amp; promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation &amp; therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.</li> </ul> <p><b>National Institute of Aging:</b></p> <ul style="list-style-type: none"> <li>To create and expand health manpower for old age care.</li> <li>To promote high quality research in the fields of Geriatrics and Gerontology to provide evidence base for active and healthy ageing.</li> </ul>	<ul style="list-style-type: none"> <li>Continuation of Geriatric Departments at 8 existing Regional Geriatric Centres and establishment of 4 new Geriatric Centres in the selected Medical Colleges.</li> <li>Continuation of Geriatric unit at the 100 existing district hospitals and addition of 25 new Districts.</li> <li>Continuation of Sub-District level activities at CHCs, PHCs and Sub-Centres in the 100 existing Districts and the 25 new districts.</li> </ul> <p><b>National Institute of Aging:</b> National Institutes of Aging at Madra Medical College, Chennai and AIIMS, New Delhi.</p>	<ul style="list-style-type: none"> <li>4 new Regional Geriatric Institutions with capacity to produce 2 postgraduates in MD in Geriatric Medicine per year per Institute</li> <li>Additional 120 beds in the 4 new Medical Colleges (@ 30 beds per MC) for the Elderly</li> <li>Continuation of Geriatric Clinics (OPD) and Physiotherapy units in 100 District Hospitals and Geriatric clinics in CHCs/PHCs of these Districts, free aids and appliances to elderly population at Sub-Centre level.</li> <li>Improvement in life expectancy and better quality of life of the elderly population.</li> </ul> <p><b>National Institute of Aging:</b></p> <ul style="list-style-type: none"> <li>Build health service manpower for old age health care, research, short-term and medium-term in-service training, etc.</li> </ul>	<p>Achievement of target is subject to availability of sufficient budget allocation and mandatory State contribution.</p> <p>Actual implementation of the programme rests with the States. New districts could not be covered under NPHCE in 2013-14. Due to want of EFC approval 04 Regional Geriatric Centres could not be added during F.Y. 2013-14.</p> <p><b>National Institute of Aging:</b> Action is being taken to finalise the DPR/EFC proposals.</p>

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		<ul style="list-style-type: none"> <li>The National Institute would itself also be a centre for providing care and would also be a body for certifying training courses and treatment facilities.</li> <li>To support National Programme for Health Care of Elderly (NPHCE).</li> </ul>			
15	<b>National Programme for Prevention and Control of Deafness</b> Total Plan Outlay Rs 45.00 Cr.	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 50 new districts.	Expansion of the programme of 36 new districts in addition to existing 192 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. Due to budgetary constrained, components Hearing Aid and Screening Camps have been proposed to be removed.
16	<b>National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular</b>	<ul style="list-style-type: none"> <li>Prevent and control common NCDs through behaviour and life style changes,</li> <li>Provide early diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour change in the community to adopt healthy life styles including dietary patterns, enhanced physical activity and reduced intake of tobacco and</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of NCD Clinic at 100 District Hospitals (100 District Hospitals initiated in 11th Five Year Plan).</li> <li>Establishment of NCD Clinic at CHC level in the above Districts.</li> </ul>	The achievement of project target is subject to availability of sufficient budget allocation and signing

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	<b>Diseases and Stroke (NPCDCS)</b> Total Plan Outlay Rs. 300 Crores	<p>and management of common NCDs,</p> <ul style="list-style-type: none"> <li>Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs.</li> <li>Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and</li> <li>Up-gradation of Medical colleges.</li> </ul>	<p>alcohol resulting in overall reduction in the risk factors of common NCDs in the community.</p> <ul style="list-style-type: none"> <li>Screening of 5.52 crore adult population (30 years and above) for diabetes and hypertension.</li> <li>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.</li> <li>Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs.</li> </ul>	<ul style="list-style-type: none"> <li>7 State NCD Cells are established &amp; functional.</li> <li>23 District NCD cells are established &amp; Functional.</li> <li>10 District NCD Clinics are established &amp; functional.</li> <li>20 CCU are established &amp; Functional.</li> <li>14 District Day Chemotherapy Centres are established &amp; functional.</li> <li>53 CHCs are established &amp; functional.</li> <li>Screening of 3.39 crores adult population (30 years and above) for diabetes and hypertension.</li> <li>Funds to the tune of Rs 75.67 Crores released to 13 new States/UTs &amp; 9 old States.</li> </ul>	<p>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>
17	<b>Other New Initiatives under Non-Communicable Diseases/ National Program for Palliative Care</b> Total Plan Outlay Rs 5.00 Crores.	To provide palliative care services at district & sub-district levels.	To provide palliative care services at 50 centres/districts in the country	An amount of Rs. 345.26 lakhs (GOI share) was released for establishing State Palliative Care Cells in seven states and carrying out palliative care activities in 41 centres/districts of these states.	
18	<b>Infrastructure Maintenance</b> Total Plan Outlay Rs. 4928 Crores	<p>Under this scheme, assistance is provided under the National Health Mission for Infrastructure Maintenance to States through Treasury route. Schemes under this head are:</p> <ol style="list-style-type: none"> <li>Salary support to one ANM per sub-center and to LHVs in Sub-Centres,</li> <li>Salary support to State and District F.W. Bureau/Urban Family Welfare Centers/Health Posts</li> <li>Support to Training Schools and stipend to trainees.</li> </ol>			

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19	<b>Leptospirosis Control</b> Total Plan Outlay Rs.0.5 Crore	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 during the XIth five year plan	<ol style="list-style-type: none"> <li>1. Plan of implementation, SFC for the XII th five year plan approved.</li> <li>2. TOR's appointment of contractual staff has been submitted for approval.</li> <li>3. Approved MoU has been sent to all the endemic states for agreement.</li> <li>4. Operational guidelines for implementation are being prepared.</li> </ol>	
20	<b>Control of Human Rabies</b> Total Plan Outlay Rs. 2.00 crores.	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 during the XIth five year plan	<ol style="list-style-type: none"> <li>1. Plan of implementation, SFC for the XIth five year plan approved</li> <li>2. TOR's appointment of contractual staff has been submitted for approval.</li> <li>3. Agreement has been signed with AWBI &amp; funds for 2013-14 have been transferred to AWBI. MoU has been sent to all the states DHS for signature.</li> <li>4. Operational guidelines for implementation are being prepared.</li> </ol>	
21	<b>National Programme for Prevention &amp; Control of Fluorosis (NPPCF).</b> Total Outlay:Rs. 10.00 Crores.	To Prevent and Control of Fluorosis in the country.	<p><b>For Continuing districts :</b></p> <ol style="list-style-type: none"> <li>1. Engagement of contractual staff</li> <li>2. Line listing of : <ol style="list-style-type: none"> <li>(i) villages with fluorosis</li> <li>(ii) facilities for medical Management</li> </ol> </li> <li>3. Training of staff at NIN.</li> <li>4. Survey</li> <li>5. Lab. analysis(Water and Urinary Flouride)</li> <li>6. Health Education for Prevention and Control of Fluorosis</li> <li>7. Training of medical and Paramedical at Districts level</li> <li>8. Medical management of fluorosis cases</li> </ol> <p><b>For New districts:</b></p> <ol style="list-style-type: none"> <li>1. Engagement of contractual staff</li> <li>2. Line listing of :</li> </ol>	<ol style="list-style-type: none"> <li>1. Both Districts Consultant &amp; Lab Technician have been engaged/ hired in 61 districts. 17 Districts have District Consultants but no Lab. Tech. 4 districts have Lab. Techs but no DC.</li> <li>2. 5 Districts have reported completion of line listing. (Information not received regularly).</li> <li>3. Three training programmes have been held, one of Training of Trainers (TOT) and the other for lab. Technicians.</li> <li>4. Reports of survey sent by 39 districts</li> <li>5. Conducted in 28 districts.</li> <li>6. 27 Districts have Developed IEC material like pamphlets, posters etc. Messages also broadcasted by some of the districts.</li> <li>7. 28 districts have reported trainings at district level involving Medical officer, paramedicals, ASHA/AWWs, teachers, VHSNC members.</li> <li>8. 5 districts have reported supplementation with vitamins &amp; minerals.</li> </ol>	

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			(i) villages with fluorosis (ii) facilities for medical management 3. Training of staff at NIN		
22	<b>B.C.G. Vaccine Laboratory, Guindy, Chennai</b> Total Plan Outlay Rs. 12.86 Crore	1. Production of BCG Vaccine (10 doses per vial) for control of childhood Tuberculosis and supply to Expanded Programme of Immunization (EPI) since 1948. 2. Production of BCG Therapeutic (40 mg for use in Chemotherapy of Carcinoma Urinary Bladder since 1983.	1) Produced 181 lakh doses of BCG Vaccine in 2013-14 2) Internal training of BCGVL staff on cGMP standard documentation/ SOP	1) 81.00 lakh doses of BCG Vaccine has already been supplied till Dec' 13 and 39.00 lakh doses of BCG Vaccine produced and subjected to IPQC tests. 2) Internal training is being given to BCG staff, as per cGMP.	
23	<b>Pasteur Institute of India, Coonoor</b> Total Plan Outlay:Rs. 40.00 Crores	To produce 12.00 million doses of DPT Vaccine and 50000 doses of TCARV.  To supply 188.19 Lakh doses of DPT Vaccines as per the Supply Order.	Production of Targeted quantity and supply of vaccines: 140.73 Lakh doses of DTP Vaccine.  The balance of 48.46 lakh doses sent to CDL for testing last year, and a total of 181.19 lakh doses have been supplied from April,2013 to December 2013.	188.19 lakh doses of DPT Vaccine have been produced and supplied.  Construction of buildings for revival of DPT group of vaccines as per the eGMP norms has already been started.	
24	<b>Central Leprosy Teaching and Research Institute, Chengalpattu</b> Total Plan Outlay:Rs. 2.25 Crores	1. To under take basic and applied research in leprosy co-coordinating with state and central Governments. 2. To function as referral centre for reaction, complication of leprosy	1. Training 2. Special Training 3. Lab. Investigations 4. OPD Patient Service 5. Inpatient Service 6. RCS Minor, Major 7. MCR, Footwear produced 8. MCR Sheet production	Major/Minor RCS-81, Physiotherapy-1285, Footwear-1106 Treatment: MCR sheets-1420 Inpatients -388, Outpatients-1745, Old Cases 3493, New Cases 59 Lab investigation-6964 Training: Skin Smear-2 batches, NMS-34 IInd year MBBS-45 CRRl from chengleput medical college 40 Nos.	

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		and Reconstructive Surgery with 124 bedded hospital. 3. To train leprosy worker of various types in sufficient numbers and of the requisite quality 4. To monitor and evaluate the National Leprosy Elimination Programme.	9. Scientific paper published 10. Research work	MS/DVL-2 Nos Training in leprosy aspects & PCR techniques- 3 Nos.	
25	<b>Regional Leprosy Training and Research Institutes</b>  <b>Gauripur, Raipur &amp; Aska</b> Total Plan Outlay : Rs. 4.70 Crores	<ul style="list-style-type: none"> <li>• Reduce leprosy burden in the country.</li> <li>• To provide quality health services to new as well as old leprosy patients.</li> <li>• Enhance Disability Prevention &amp; Medical Rehabilitation (DPMR) services.</li> <li>• Monitoring and supervision of the NLEP activities.</li> </ul>		<u>RLTRI, Gauripur:</u> Admission - 122 Nos., Discharge – 126 Nos. New Case- 40 Nos. , Old Cases - 1565, MDT given – 252 Nos., RFT- 04 Nos., Relapse – 5 Nos., SSS-585 Nos., Bio Chemistry-184 Nos., Clinical Pathology-111 Nos., TOT Programmes- 2 Nos., <u>RLTRI, Raipur:</u> OPD services: New Leprosy Cases detected - 746 No. of MB cases in new cases-440 No. of PB cases in new cases-306 Old cases provided MDT-441 Leprosy Reconstructive Surgery-77 Polio Surgery-42 IPD Services -603 Patients admitted Total Lab investigations done-6478 Total Physiotherapy services done-809 <u>RLTRI, Aska:</u> OPD Attendance- 1513(Leprosy -1513) Indoor-Total admission-214 Reaction cases Managed (Outdoor) -69 in 293 episodes out of which 2 patients has given thalidomide. Surgical Operations Performed- Major-17; Minor-204	

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26	<b>Central Government Health Scheme (CGHS)</b> Total Plan Outlay Rs.101.20 Crores	Reforming and strengthening of CGHS to further improve its functioning for the benefit of CGHS beneficiaries	CGHS is providing comprehensive healthcare services to its beneficiaries which are not always quantifiable. There is a proposal to open at least one dispensary in the States where CGHS is not in operation	<ul style="list-style-type: none"> <li>CGHS has taken over 19 Postal dispensaries in 12 cities w.e.f. 1st August, 2013.</li> <li>Computerization has been completed in all allopathic dispensaries in the country. AYUSH dispensaries are under computerization.</li> </ul>	Many projects for infrastructure development in CGHS are in pipeline.
27	<b>Central Institute of Psychiatry, Ranchi</b> Total Plan Outlay : Rs.50 Crores	<ul style="list-style-type: none"> <li>Provision of diagnostic and treatment facilities in mental health and conduct of PG courses in psychiatry</li> <li>Upgradation of existing services as per the redevelopment plan</li> <li>Training of manpower for mental health &amp; patient care and conduct research activities.</li> <li>Construction of Other Infrastructure works.</li> </ul>		<p>During the F.Y.2013-14 upto September, 2013</p> <ul style="list-style-type: none"> <li>Total number of 38667 patients has utilized the services of OPD;</li> <li>2201 patients were hospitalized for indoor treatment.</li> <li>10507 and 648 patients have utilized special clinics &amp; extension clinics respectively.</li> <li>Total 81000 tests/investigations were done at Deptt. Of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging &amp; Radiological Sciences.</li> <li>356 nurses from other centers participated in In-Service Training Programme &amp; CNE.</li> <li>A total no. of 661, 700 and 452 attendances has been recorded in 22 Seminars, 20 Case Conferences and 11 Journal Clubs respectively.</li> <li>67 PG students were enrolled during this year.</li> <li>A total no. of 16 research papers was published in journals and 18 were presented.</li> <li>Procurement of fMRI is in the final stage and will be installed and may become functional by end of this financial year.</li> <li>The master plan in respect of entire CIP campus has been submitted for approval by the competent authority.</li> <li>The construction of 210-bedded hostel and 15-married resident flats has been completed and ready for the accommodation.</li> </ul>	

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28	<b>All India Institute of Physical Medicine and Rehabilitation, Mumbai.</b> Total Plan Outlay: Rs. 16.00 Crores	<ol style="list-style-type: none"> <li>1. Medical Rehabilitation Programme</li> <li>2. Teaching programme:</li> <li>3. Manufacturing of Aids &amp; Appliances.</li> <li>4. Re-development &amp; Reconstruction of Workshop Building</li> </ol>	<ol style="list-style-type: none"> <li>1. Maximum no. of disabled population requiring tertiary level services get benefited by the comprehensive services provided by the Institute.</li> <li>2. Imparting advance knowledge and training to the students pursuing various courses in Rehabilitation disciplines.</li> <li>3. Providing aids and appliances to physically disabled population for self dependence</li> </ol>	<ol style="list-style-type: none"> <li>1. No. of Persons with Disabilities enrolled for Rehab Management- 15310</li> <li>2. Students passed out Post Graduate: MD (PMR) – 04, DNB (PMR) – 03, M.P.Th – 13, M.O.Th. – 05 , M.P.O – 09, DRPT – NIL DROT– NIL Under Graduate: BPO – 88, DHLS – 06</li> <li>3. Aids &amp; Appliances delivered No. of Orthosis - 1782 No. of Prosthesis - 192 Mobility Aids - 200</li> <li>4. NOC for fire protection and fire fighting has been received from Mumbai Fire Brigade.</li> </ol>	
29	<b>Dr. Ram Manohar Lohia Hospital &amp; PGIMER</b> (Total Plan Outlay Rs. 270.55)	Provisions of effective secondary and tertiary healthcare, strengthening of trauma centre and medical research on the lines of PGI.	<ol style="list-style-type: none"> <li>1. Augmenting Trained Manpower</li> <li>2. Upgradation of critical on going facilities like Respiratory, OT, ICU, CCU Emergency, Blood Bank, Renal Transplant etc.</li> <li>3. Setting up of Paediatric Nephrology Division in the Hospital. A fresh recruitment for additional post of Doctor &amp; Para-Medical officials along with equipment worth Rs.1.31 crores.</li> <li>4. Setting up of infrastructure of Paediatric Cardiology</li> </ol>	<ol style="list-style-type: none"> <li>1. Additional inputs in the form of trained manpower like doctors, nurses, Technicians is being added. Posts have been filled up to augment the services of departments.</li> <li>2. The upgradation of hospital is a continuous and ongoing process. The hospital has, however, upgraded the various O.T.'s, Labs and other existing departments by adding additional inputs in terms of equipments like MRI, Colour Doppler Echocardiography System, O.T. Tables, High End Digital C Arm</li> </ol>	



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			5. Strengthening of Endocrinology 6. Strengthening of infrastructure of Renal Transplant 7. Setting up of infrastructure of Electro Cardio Lab. 8. Implementation of E-governance 9. Construction of Dharmashala 10. Construction of new building in Emergency Block. 11. Setting up of Modern Maternal Care Centre. 12. Construction of hostel for Resident Ladies Doctors. 13. Maximisation of existing capacity by demolition of old buildings, except heritage building and construction of new buildings in phased manner.	Image Intensifier, Fiberoptic Bronchoscope, Portable Ultrasound, Plasma Sterilizer, Laproscopic Surgery Set,, Multi Loading CR System, ventilators etc 3. The post of various categories of personnel has been created for setting up of this unit. These posts have been filled up & equipments are being procured. 4. Technical Specifications of Cath Lab. has been approved by the Technical Committee and procurement process is still in process. 5. SFC proposals sent to Ministry of Health & F.W. for creation of 58 posts. The Ministry has sought certain clarifications, which is under process. 6. The Renal Transplant unit & facility has been set up and 65 Transplants have been done till date. 7. The process of filling up the post is under progress & procurement of equipment is also under process. 8. The hospital has already implemented the modules of E-governance. 9. Construction work of Dharmashala almost completed. 10. A new Emergency Care building is likely to be commissioned by June, 2014. 11. Land has been allotted to the hospital for construction of Modern Maternal	

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				Care Centre. 12. The land has been allotted to the hospital for construction of hostel. 13. Redevelopment of hospital is under review due to less allotment of land against 3.99 Acres.	
30	<b>All India Institute of Speech and Hearing (AIISH), Mysore</b> Total Plan Outlay. Rs. 81.14 Crores	<u>(I).Academic Activities</u> 1. Long term training programs a) No. of programs:18 b) No. of students: 700 2. Short-term training programs: 80 <u>(II). Clinical Services</u> 1. Patient registration a) New: 40,000 b) Follow-up: 60,000 2. Enrolment of children for preschool services: 370 3. Audiological services a) No. of patients for hearing evaluation: 20,000 b) Issue of free hearing aids <ul style="list-style-type: none"> <li>• Under AIISH Hearing Aids Dispensing Scheme: 1200</li> <li>• Under ADIP Scheme: 5000</li> </ul> 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 25,000 5. Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 40,000 b) Follow-up: 30,000 c) Surgery: Minor:200 /Major: 350 6. Psychological services No. of patients for psychological evaluation: 8500 7. Outreach clinical services a) No. of infant screening: 10000 b) No. of industrial workers screening:200		<u>(I).Academic Activities</u> 1. Long term training programs a) No. of programs:14 b) No. of students: 581 2. Short-term training programs:60 <u>(II). Clinical Services</u> 1. Patient registration a) New: 20,896 b) Follow-up: 35,490 2. Enrolment of children for preschool services: 224 3. Audiological services a) No. of patients for hearing evaluation: 13,734 b) Issue of free hearing aids <ul style="list-style-type: none"> <li>• Under AIISH Hearing Aids Dispensing Scheme: 4222</li> <li>• Under ADIP Scheme: 1670</li> </ul> 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 8007 5. Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 16,000 b) Follow-up: 17,000 c) Surgery:Minor: 156/ Major: 205 6. Psychological services No. of patients for psychological evaluation: 6,265 7. Outreach clinical services a) No. of infant screening:27927 b) No. of industrial workers screening:330 c) No. of school children screening:520 d) No. of cases at outreach centers:3700	

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		c) No. of school children screening:1000 d) No .of cases at outreach centers:3500 e) No. of tele-intervention: 200		e) No. of tele-intervention: 213	
31	<b>All India Institute of Hygiene &amp; Public Health (AI&amp;PH), Kolkata</b> Total Plan Outlay Rs.17.6 Crores.	To provide 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.	<ol style="list-style-type: none"> <li>1. Emergency Medical Relief</li> <li>2. Upgrading of Lab. Facilities and Teaching /Training.</li> <li>3. Library Development &amp; additional teaching and maintenance.</li> <li>4. Providing Quality Care as per Indian Public Health Standard.</li> <li>5. Upgradation of Regular Courses of the Institute.</li> <li>6. Installation of Computer Lab./ Minor works.</li> <li>7. Referral Services, Maintenance</li> <li>8. Classroom Facilities</li> <li>9. Renovation &amp; overhauling of staff quarters</li> </ol>	<ol style="list-style-type: none"> <li>1. Emergency Medical Relief -- 13 Teams have been sent to Uttarakhand and Andhra Pradesh.</li> <li>2. Upgrading of Lab. Facilities and Teaching /Training- Laboratory and class-room has been equipped with modern equipment.</li> </ol>	<ol style="list-style-type: none"> <li>6. CPWD could not under take the construction work in time.</li> <li>7. Rs. 10.2 lac was refunded (Two inspection vehicle proposed to procure, but no A.A. received from competent authority)</li> <li>8. Rs. 1.80 Crore was refunded for want of A.A. from competent authority &amp; CPWD could not under take the construction work in time.</li> </ol>
32	<b>Serologist &amp; Chemical Examiner, Kolkatta</b> Total Plan Outlay : Rs. 0.9 crores	<ol style="list-style-type: none"> <li>1. Medico legal Section</li> <li>2. Antisera Production Section</li> <li>3. VDRL Antigen Production Section</li> <li>4. BGRC Section</li> <li>5. V.D. Serology Section</li> <li>6. Quality Control Section.</li> <li>7. Regional STD Ref. Lab. under NACO</li> <li>8. National Polio Lab. under WHO</li> </ol>	<ol style="list-style-type: none"> <li>1. To analyse all the 580 Nos. ML cases sent from FSLs and RFSLs.</li> <li>2. To produce 7980 ml species specific antisera against almost all animal species including human.</li> <li>3. To produce 5000 ampls VDRL Antigen needed for VDRL tests.</li> <li>4. To produce 7200 ml. Anti H Lectin received for blood grouping in ML cases.</li> </ol>	<ol style="list-style-type: none"> <li>1.Total 579 Nos. of ML cases analysed and reported</li> <li>2.Total 7977 ml of antisera supplied.</li> <li>3.Total 4970 ampls of VDRL Antigen Supplied.</li> <li>4.Total 7200 ml. of Anti H Lectin supplied.</li> <li>5.Total 1658 Nos. VDRL test was done and reported</li> <li>6.Total 144 lots were tested for quality control.</li> <li>7.Total 18306 Nos. of test were done for diagnosis of Syphilis, Hepatitis B &amp; C,</li> </ol>	Quantifiable / Deliverables (Targets) and related achievements is directly proportional to the demand placed by different Govt. organizations/ Institutions to our Institute. Hence accurate prediction of it may not possible in

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		9. WHO Measles Lab.	5. To do 1700 Nos. VDRL tests of samples of Antenatal clinic and STD clinic. 6. Quality control test for VDRL Antigen and Species specific antisera. To test 150 lots of antigen & antisera 7. Research and Lab. diagnosis in STD, to support the state hospitals in diagnosis in STD, to train lab. technicians in STD. 18500 Nos of samples were received for testing. 8. Identification of polio virus from stools samples. Total Nos. of 15000 samples were received. 9. To identify measles & rubella virus from serum samples of suspected patients. Total of 950 Nos. samples were received.	Candida, Gonorrhoea, Trichomonas, PAP Stain & HSV etc. 8. Total 15085 Nos. of samples tested and reported. 9. Total 947 Nos. of samples were tested and reported.	advance.
33	<b>Kasturba Health Society , Sewagram, Wardha.</b> Total Plan Outlay : Rs. 50 crores	1. Imparting of systematic Medical Education to train the Doctors in rural environment and equip them with advanced techniques for delivery of health care services backed with research in related field. 2. Creation of Infrastructural facilities and upgrading of existing facilities.	1. 100 students have been admitted to the UG course and 69 students have been admitted to the PG course. 2. In view of increased seats to 100 – additional Hostel Blocks were required for accommodating the students. The new AC plant required for proposed new OT complex, the process for which has already started.	1. The purpose of establishment has been achieved in the form of 100 UG students admitted and 61 PG students admitted. 2. Two Hostel Blocks have been constructed and one Hostel Block is yet to be started.	Release of 25% share by Govt. of Maharashtra awaited.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
34	<b>Development of Nursing Services</b> Total Plan Outlay Rs. 20.00 Crores.	<ol style="list-style-type: none"> <li>1. Training of Nurses:-In order to update the knowledge &amp; Skills of Nursing personnel in Nursing Education, administration and nursing services</li> <li>2. Strengthening/Upgradation of School of Nursing:To strengthen the infrastructure of Nursing Schools and to upgrade them into College of Nursing</li> <li>3. National Florence Nightingale Award for Nurses:-To recognise the meritorious services of the Nursing professionals.</li> </ol>	<ol style="list-style-type: none"> <li>1. Training of Nurses:-90 courses to train 2700 nurses</li> <li>2. Strengthening/Upgradation of School of Nursing:Release the 2nd instalment of funds for 16 institutes for upgradation of School of Nursing into College of Nursing</li> </ol>	<ol style="list-style-type: none"> <li>1. Training of Nurses:During the year, 2013-14, an amount of Rs. 5,95,080/- for conducting 4 courses for training of nurses.</li> <li>2. Strengthening/Upgradation of School of Nursing:During the year, 2013-14, a sum of Rs. 4.18 crores has been released for one institute.</li> </ol>	
35	<b>R.A.K. College of Nursing, New Delhi</b> Total Plan Outlay Rs. 10 Crores.	To impart high standard of Nursing & Education of Nursing	The RAK College of Nursing, New Delhi has been set up to developing model Programme in Nursing Education to demonstrate a high standard of Nursing. This College offers B.Sc (H) Nursing (4year course). Master of Nursing (2year course). and M. Phil in Nursing (1 year full time and 2 year part time course.).	B.Sc (H) Nursing -64 Students. Master of Nursing- 44 Students.	
36	<b>V.P. Chest Institute New Delhi</b> Total Plan Outlay Rs. 16.90 Crores.	Patient Care and Diagnostic and Treatment Services:	Improved patient Care, providing Enhanced Diagnostic and Treatment. Facilities Improvement and	5 DM students (01 for the academic session 2011-14 and 02 each for the academic session 2012-15 & 2013-16), 22 MD students (8 for academic session	

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			Modernization of Patient care. Construction of 2 new additional floors at Patel Niwas, PG Hostel.	2011-14, 5 for academic session 2012-15 and 09 for academic session 2013-16) and 11 DTCD students (06 for academic session 2012-14 and 5 for academic session 2013-15) are pursuing their studies. In addition, 29 students were given training up to March, 2014 Further, 28 research scholars are pursuing their PhD programmes.	
37	<b>National Academy of Medical Sciences (NAMS), New Delhi</b> Total Plan Outlay Rs.1.10 Cr.	To provide opportunities to update knowledge, skills & practices of Health professionals.		As on 31st October 2013, the NAMS had on its roll 3 Honorary Fellows, 822 Fellows and 5716 Members (MAMS-1686 and MNAMS-4030).	
38	<b>Central Health Education Bureau</b> Total Plan Outlay Rs. 1 Cr.	To promote health education in the country.	<ol style="list-style-type: none"> <li>1. A total of 43 Orientation Training Programmes have been conducted for International and National level students. A total of 1593 trainees have been provided orientation training on Health Education and Health Promotion during the year.</li> <li>2. Development of IEC Action Plans for Preventive component of "National Programme of Prevention and Management of Burn Injuries" and of "Capacity Building for Establishment of Trauma Care Facilities in Govt. hospitals on National Highways" in the identified states during 12th Plan (2012-17).</li> <li>3. Innovations in Health Education awareness by Planning and Developing Health Tambola on topics such as Organ Donation, Health Equity, NCDs, Women Issues, Mental stress etc</li> <li>4. Pretesting of Pledge form of draft Transplantation of human Organs and Tissue Rules- 2013.</li> <li>5. Contribution in development of Health Education curriculum for class 3rd to 10th students along with NCD cell, Dte.GHS and NIHFW.</li> <li>6. Launching new website of CHEB.</li> <li>7. Draft of new edition of Booklet on "Healthy Lifestyle" finalised.</li> </ol>		
39	<b>Health Sector Disaster Preparedness and Management:</b> Total Plan Outlay Rs.	To initiate prevention, mitigation and preparedness measures in health sector for manmade and natural	To establish the Strategic Health Operation Centre and further networking with State Control Rooms. CBRN Medical Centre, Training	Mobile Hospital: Mobile Hospital Project not be extended by MoHFW, NDMA/MHA has been requested for the same. CBRN and other component: i) HSCC/HLL being engaged as consultant for pre-project activities. ii) Detailed requirements worked out.	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
	66.5 Cr.	disasters.	activities for NBC disasters, mass casualty management (ALTS) and public health emergencies.	<p>iii) CBRN medical management facilitation for hospitals in off-site plan of Nuclear Power Plants and in metros prone to terrorism.</p> <p>(iv) Pre-project activities – laying down of specifications under process.</p> <p>v) The draft EFC for the expanded programmes (CBRN Medical Management Centre, Mobile Hospital, Strategic Health Operation Centre &amp; Human Resource Development for Disaster preparedness and response) is under consideration.</p> <p>Remark: EFC could not be finalized</p>	
40	<b>Emergency Medical Relief [Avian Flu]</b> Total Plan Outlay (Rs. 2.00 Cr.)	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 Preparedness for any outbreak /stockpiling of equipment/drugs/ vaccine.	Major objective already achieved by limiting the impact of Pandemic influenza AH1NI. 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 continued through IDSP.	
41	<b>Central Research Institute, Kasauli.</b> Total Plan Outlay Rs. 19.95 Crores.	To meet the demand of vaccine under Universal Immunization Prog. (UIP) of Govt. of India.	<ol style="list-style-type: none"> <li>1. DPT-Doses (UIP/Non-UIP)158,50,000</li> <li>2. TT (Doses) (UIP)-133,70,000</li> <li>3. TT (Doses) (Non-UIP)-1,00,250</li> <li>4. Yellow Fever (Doses)-*50,348</li> <li>5. ARS (Vials)- 33,950</li> <li>6. ASVS (LYO) (Vials)-33</li> <li>7. ASVS(LIQ) (Vials)-42,195</li> <li>8. DATS (LIQ) (Vials)- 8,050</li> <li>9. NHS (Vials)- 200</li> <li>10. Diag. AG (ML)- 70,350</li> </ol>	<ol style="list-style-type: none"> <li>1. DPT-Doses (UIP/Non-UIP): 46,89,450</li> <li>2. TT (Doses) (UIP) – 16,50,000</li> <li>3. TT (Doses) (Non-UIP) – 98,250</li> <li>4. Yellow Fever (Doses)-*50,348</li> <li>5. ARS (Vials)- 30,450</li> <li>6. ASVS (LYO) (Vials)-5</li> <li>7. ASVS(LIQ) (Vials) – 11,247</li> <li>8. DATS (LIQ) (Vials)- 2000</li> <li>9. NHS (Vials)- Nil</li> <li>10. Diag. AG (ML)- 63,300</li> </ol> <p>* Imported through WHO</p>	<ol style="list-style-type: none"> <li>1. Shortfall due to shortage of staff as most of the staff is engaged in validation activities of trail batches manufactured in new DPT facility.</li> <li>2. The production of Yellow Fever Vaccine has been stopped temporarily in the institute due to non functioning of Freeze Drying Machine.</li> </ol>

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42	<b>Food Safety &amp; Standard Authority of India (FSSAI)</b> Total Plan Outlay: Rs. 85 Crores	To lay down science based standards for article of food and regulate their manufacture, storage, distribution, sale and import and to ensure availability of safe wholesome food for human consumption	FSSAI being new organization, major part of expenditure was on establishment and development/ maintenance of basic infrastructure, framing / notification of Rules / Regulations for implementation of provisions under FSS Act 2006	<ol style="list-style-type: none"> <li>Office Accommodation hired for Regional Office of Kolkata, Chennai and Cochin.</li> <li>IEC activities to increase awareness about the Act amongst the various stakeholders.</li> <li>Capacity building, workshops / training conducted for authorities / staff responsible for licensing and enforcement of food laws at State/ District Level.</li> <li>The mechanism and procedure for Reorganization/Authorization of NABL (National Accreditation Board for Laboratories accreditation) accredited laboratories has been formulated. Accordingly food authority has authorized 68 food testing laboratories having NABL accreditation and authorization of more laboratories is in progress.</li> </ol>	
43	<b>National Centre for Disease Control</b> Total Plan Outlay Rs. 100 Crores	<ol style="list-style-type: none"> <li>Diseases Surveillance and out break investigation Training Programme</li> <li>Operational Research, MPH Courses.</li> <li>To upgrade the National Centre for Disease Control (NCDC).</li> </ol>	During December, 2010, the Cabinet Committee on Economic Affairs (CCEA) approved the proposal for upgradation of NCDC at a total cost estimates of Rs. 382.41 Crores. The Components approved were: (a) civil and services works (b) equipments and (C) manpower.	<p>The project has been registered with ADaRSH for 3-Star Griha-rating. 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. The construction under Phase-1 is continued since February, 2013.</p> <p>The Construction under Phase I is continuing since February, 2013.</p>	
44	<b>National Advisory Board For Standards (National Council for Clinical Establishments)</b> Total Plan Outlay Rs. 2.50 Crores	To provide for the registration and regulation of clinical establishments, to prescribe minimum standards of facilities and services. CEA 2010 was enacted by the Parliament to create an enabling environment to achieve the objectives its objectives. State model Rules were circulated to all States.			



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45	<b>Lady Hardinge Medical College &amp; Smt. Sucheta Kriplani Hospital , New Delhi</b> Total Plan Outlay Rs. 195 Crores	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)	Likely completion of Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels.] Residential Buildings : • 30 type IV Qtrs. • 30 Type III Qtrs. • RMO hostels Procurement of equipments Filling up of Posts of sanctioned under the Comprehensive Redevelopment Plan for this Institution CPWD Renovation works: • Renovation of Auditorium • Installation of RO systems in the institution	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. 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. Routine renovation of the existing hospital buildings carried out by CPWD	Process of procurement of Equipments, Furniture, IT support has been initiated.  Necessary steps are being taken to send the proposal for Phase II (a) and Phase (b) are being taken.
46	<b>Regional Institute of Medical Sciences (RIMS), Imphal, Manipur</b>  Total Plan Outlay : Rs. 196 Crores	Provision of diagnostic and treatment facilities imparting of education and clinical support.	Comprehensive medical care for patients. Increase in Undergraduate and post graduate teaching & training intake seats. Carrying out research works and conduction Seminars, Conference, CME etc.	OPD attendance: 2,99,178 In-patients admitted: 43,317 Casually attendance: 1,34,561 Operations done: 9,859 No. Of deliveries:13,945 Students passed: MBBS – 111/ MD/MS – 144	

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			Execution of civil: work under Phase-II project of RIMS such as dental college and Nursing college building academic block, Library building and Hostels for students	P.G. Diploma - 2 M. Phil (Clinical Psychology) – 5 M.Ch - 3 Research Project: 29 Conference/seminar/ Workshop/CME at RIMS- 25 BDS course in its 2 <sup>nd</sup> year B.Sc Nursing course in 4 <sup>th</sup> year Mch course in Urology and Plastic Surgery 1 <sup>st</sup> batch passed out intake 2 <sup>nd</sup> year intake. Urology-2/ Plastic Surgery-1 Payment of 21.05 Cr. As running account deposit made to HSC during the year 2013-14. About 40% of the works completed in respect of RIMS Phase-II Project.	
47	<b>Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam</b> Total Plan Outlay Rs. 64.00 Crores.	<ol style="list-style-type: none"> <li>To provide equal access to mental health care to all sections of society with effective linkages to the other health institutions.</li> <li>To develop human resources for delivering the services.</li> <li>To reduce overall disease burden by providing proper rehabilitation measures.</li> <li>To promote positive mental health to all sections of people of the reasons.</li> <li>To provide conducive</li> </ol>	<ol style="list-style-type: none"> <li>Targeted OPD patient attendance, psychosocial, nursing care &amp; Psychological, pharmaceutical services -90000 nos. (as per RFD) Targeted nos of diagnostic test -120000</li> <li>Building and infrastructure development for Upgradation of LGBRIMH</li> <li>Normal maintenance works such as painting, repairing etc. of existing non-residential and residential buildings</li> <li>Ongoing MD &amp; DNB course, M Phil course of clinical psy. MSc. (Nursing) &amp;M.Phil PSW.</li> <li>Community services - target-56</li> </ol>	<ol style="list-style-type: none"> <li>OPD attendance and services- 95020 (105% appox) Diagnostic test- 121060 (100%approx)</li> <li>Capital construction for Upgradation of LGBRIMH is expected to be completed within 2014-15.</li> <li>Maintenance and other works as per requirement will be completed within 3/14.</li> <li>Admission-Academic courses, MD (psy) trainees -2, DNB (psy)-2 M.Phil PSW-5, M Phill CP-4 M.Sc (psy Nursing) -12 and DPN -10. Waiting for NOC from Govt. of Assam for starting DMLT course.</li> <li>Community Services and exposure</li> </ol>	Active support from consultancy services are required for timely completion of the upgradation works.

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		environment for research activities. 6. To facilitate implementation of National Mental Health Programme 7. To develop infrastructure for all related activities with a multimodal approach.	nos & exposer training-1200 6. Recruitment of faculties 7. Development of IEC materials 8. Research activity- 30nos of Research activities 9. Individualised community integration efforts-5500 nos. & promotion of social skill & group activities-400 (as per RFD)	posting as per target 6. Recruitment of faculties -within 3/15 7. Achieved as proposed 8. Achieved as proposed 9. Individualized community integration efforts-4660& social skill group activities-471.	
48	<b>Regional Institute of Paramedical &amp; Nursing Sciences, Mizoram</b> Total Plan Outlay - (Rs. 40.00 Cr.)	To provide education in Nursing, Pharmacy and Paramedical Sciences to the people of North East including Sikkim and to maintain the pace of such education and services with other developments in Medical and Paramedical sciences	1. Imparting training to Nursing, Pharmacy & Paramedical students. a) Admn of Students b) Exposure Training c) Industrial Training d) Freshers' social and Sports & Culture Week. e) Final Examinations 2. Construction of new Academic III Building, Library cum Examination Hall, new Girls & Boys Hostels. 3. Procurement of necessary equipments for various departments. 4. Strengthening and upgradation of Library	1. a) No. of students admitted-164 b) done at GNRC Guwahati & LGB Tejpur. c) Done at various Pharmaceutical Industires. d) November 2013 e) No. of passed out students - 81 2. Construction works started on 7.5.2013. 3. Machinery & equipments worth Rs. 2.80Cr was procured for different departments as approved by Purchase Committee. 4. Intallation of RFID (Radio Frequency Identification) was completed. Library books worth Rs. 1.93 lakh was procured for the Institute Library Automation was completed.	

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49	<b>Safdarjung Hospital, VardhmanMahavir Medical College and Sports Injury Centre</b> Total Plan Outlay:Rs. 339.50 Crores	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.	<ul style="list-style-type: none"> <li>Construction of extra floor for PMR Deptt, in OPD Bldg</li> <li>Procurement of equipments and medicines.</li> <li>Upgradation of various departments- ENT OPD, Eye O.T, Ortho Building, Paediatrics Deptt, Obst&amp;Gynae, Burns Deptt., Rehab O.T.</li> <li>Infrastructure in VMMC/SJH for implementation of 27% reservation of OBC.</li> <li>Redevelopment Plan Phase – I by HSCC</li> <li>Repair/Revovation of Quarters of Rajnagar and Kidwai Nagar &amp; Housing Complex of Dwarka Land.</li> <li>Provision of A/M of entire VMCC Building.</li> </ul>	<ul style="list-style-type: none"> <li>Construction of extra floor for PMR Deptt. In OPD Building has completed.</li> <li>Equipment costing Rs. 37.22 Cr. has been procured.</li> <li>Repair/Revovation of the various Deptts. has been done.</li> <li>Infrastructure in VMMC/ SJH for implementation of 27% reservation of OBC is under process. Consultant appointed, drawing of hostel submitted to NDMC.</li> <li>Redevelopment Plan of SJH is under process Approx. Rs. 46.69 Cr. has been utilized.</li> <li>Repair/Revovation of Quarters of Rajnagar and Kidwai Nagar has been done &amp; Housing Complex of Dwarka Land is pending as CPWD has not submitted revised Estimate.</li> <li>A/M of entire VMCC Building has been done.</li> </ul>	
50	<b>Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)</b> Total Plan Outlay Rs. 1975 Crores.	Creation of capacity in medical education, research and clinical care, in the under served areas of the Country	<ol style="list-style-type: none"> <li>The work for Setting up of 6 AIIMS like Institutions Bhopal, Bhubaneswar, Jodhpur, Patna Raipur, Rishikesh is being taken up in packages in phase wise manner.</li> <li>Setting up of 2 AIIMS-like institutions in second phase of PMSSY.</li> <li>Upgradation of medical colleges in first phase of PMSSY: <ul style="list-style-type: none"> <li>Bangalore Medical College</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>As on March'2014 Status of construction of Medical College Complex (Package-I) <ol style="list-style-type: none"> <li>AIIMS-Bhopal-90.47%,</li> <li>AIIMS-Bhubaneswar-89.55%,</li> <li>AIIMS-Jodhpur-82%,</li> <li>AIIMS-Patna 95%,</li> <li>AIIMS-Raipur-77.46%,</li> <li>AIIMS-Rishikesh-80%.</li> </ol> </li> <li>Setting up of 2 AIIMS-like institutions in second phase of PMSSY: For the proposed institute in Uttar Pradesh,</li> </ol>	Six AIIMS Medical Colleges has started their classes for 50 Students from the Academic Session started from Sept 2012 in partly completed Medical Colleges Buildings. Upgradation of medical colleges in second phase of PMSSY

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			<ul style="list-style-type: none"> <li>• Trivandrum Medical College</li> <li>• Salem Medical College</li> <li>• NIMS, Hyderabad</li> <li>• SGPGIMS, Lucknow</li> <li>• Kolkata Medical College-               <ul style="list-style-type: none"> <li>(i)OPD Block</li> <li>(ii)Academic Block</li> <li>(iii)Super Speciality Block</li> </ul> </li> <li>• Jammu Medical College</li> <li>• Srinagar Medical College</li> <li>• RIMS, Ranchi</li> <li>• IMS, BHU, Varanasi</li> <li>• Grants Medical College, Mumbai</li> <li>• SVIMS, Tirupati</li> <li>• BJ Medical College, Ahmedabad</li> <li>4. Procurement of medical equipments.</li> <li>5. Upgradation of medical colleges in second phase of PMSSY               <ul style="list-style-type: none"> <li>• Amritsar Medical College</li> <li>• Aligarh Medical College</li> <li>• Tanda Medical College</li> <li>• Rohtak Medical College</li> <li>• Madurai Medical College</li> <li>• Nagpur Medical College</li> </ul> </li> </ul>	<p>State Government has allotted 148.15 acres of land. Process for construction of housing complex and hospital for the AIIMS, Rae Bareli has been initiated by HSCC, Project Management Consultant. Civil work for construction of housing complex for AIIMS. Rae Bareli has been awarded. For the proposed AIIMS-like institute at Raiganj, Uttar Dinajpur in West Bengal, the land identified by Government of West Bengal was found suitable by a central team who had visited the site on 12.10.2010 . But the land is yet to be allotted by the State Govt.</p> <p>3. Upgradation of medical colleges in first phase of PMSSY :</p> <p>Bangalore Medical College-100%,          Trivandrum Medical College-100%,          Salem Medical College-100%,          NIMS, Hyderabad-100%,          SGPGIMS, Lucknow-100%,          Kolkata Medical College-            (i)OPD Block-100%,            (ii)Academic Block-100%,            (iii)Super Speciality Block</p> <p>2nd stage of construction Work –Tender is in process</p> <p>Jammu Medical College-100.00%,          Srinagar Medical College-98%,          RIMS, Ranchi-100%,          IMS, BHU, Varanasi-100%,          Grants Medical College, Mumbai-84%,          SVIMS, Tirupati-95%,          BJ Medical College, Ahmedabad-92%</p>	<p>Madurai Medical College: The work could not be started yet due to change of location by State Government and consequently plans were modified. Civil Work awarded and construction started in February, 2014.</p> <p>Nagpur Medical College: Involve Procurement of medical equipment only. The procurement work is being undertaken by the State Government. 35% of the work has been completed.</p>

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				<p>4. Procurement of medical equipments: An amount of Rs.380.93 Crore has been earmarked for high end equipments and out of this; equipments worth Rs.354.18 Crore have been procured. Procurement of balance equipment is under process and it will be completed by June, 2014.</p> <p>5. Upgradation of medical colleges in second phase of PMSSY: Amritsar Medical College-43%, Aligarh Medical College-82%, Tanda Medical College-100%, Rohtak Medical College-35%,</p>	
51	<b>Strengthening inter-sectoral coordination of prevention and control of Zoonotic diseases</b> Total Outlay:Rs. 2.00 Crores.	To establish a mechanism for intersectoral coordination and for control of priority zoonotic diseases.	To establish intersectoral coordination mechanism and control priority zoonotic diseases like anthrax, plague, brucellosis, rabies and leptospirosis	Plan of implementation, SFC for the XIIth Five Year Plan approved.	<ol style="list-style-type: none"> <li>TOR's appointment of contractual staff has been submitted for approval.</li> <li>Draft MoU with States have been submitted for approval.</li> <li>Operational guidelines for implementation are being prepared.</li> </ol>
52	<b>Viral Hepatitis</b> Total Plan Outlay Rs. 2.00 Crores.	To establish surveillance for various types of hepatitis	To establish 10 lab network for surveillance of various types of viral hepatitis.	Plan of implementation ,SFC for the XIIth Five Year Plan approved on 23rd October 2013	<ol style="list-style-type: none"> <li>Draft MOU with Medical colleges has been submitted for approval</li> </ol>

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
					2. Expert working group and Technical Advisory group to monitor and coordinate the activities has been approved
53	<b>Anti-Micro, Resistance</b> Total Plan Outlay: Rs. 2.00 Crores.	To establish AMR surveillance in the country	To continue the activities of the previous year	Plan of implementation ,SFC for the XIIth Five Year Plan approved on 23 <sup>rd</sup> October 2013	1. Draft MOU with Medical colleges has been submitted for approval 2. Expert working group Steering committee to monitor and coordinate the activities has been approved
54	<b>Social Marketing of Contraceptives</b> Total Plan Outlay Rs. 125 Crores	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.	i. The requirements have been projected for procurement & Supply of 900.00 M.Pcs. of condoms & 300.00 lakh cycles of oral pills to eligible couples through SMOs ii. Payment of promotional incentive to SMOs for sale of Condoms & OCPs, reimbursement of packing material cost and also promotional & product subsidy of Saheli/Novex weekly OCPs & Condoms.	The following quantity of the contraceptives were procured and supplied to the SMOs during the year 2013-14 i.e 80.00 M.Pcs. of condoms, Nil lakh cycles of Oral Pills.	Tender was issued for procurement of remaining quantity of Condom except quantity reserved for HLL on the finalization of Tender orders will be issued for the remaining quantity to the Private manufacturers.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			iii. To undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.		
55	<b>Population Research Centres</b> Total Plan Outlay (Rs. 15.00 Crores.)	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 (MCTS).	PRCs undertook a number of research studies on various health topics. They were actively involved for improving coverage and quality of HMIS data. Further, they made field visits to 90 districts for monitoring of State PIPs and submitted reports to the Ministry which gave a good insight about the functioning of NRHM in the States.	
56	<b>International Institute of Population Sciences (IIPS), Mumbai</b> Total Plan Outlay 27.00 Cr.	Teaching, Training, Research, Consultancy	452 students have registered for various courses in the academic year 2013-14	Institute will declare results in May except Ph.D.	Institute being a service orientated organization the achievements can not be measured in monetary terms.
57	<b>F.W. Training and Research Centre, Mumbai</b> Total Plan Outlay 8.3 Crores.	Training and Clinic based Family Welfare and Medical service activities		1. Admitted all applicants for training courses, courses completion on time with 90% success rate in students. 2. Clinic attendance 1014. 3. Health education programmes 30.	
58	<b>Rural Health Training Centre, Najafgarh</b> Total Plan Outlay 0.02 Crore.	To impart community health training for Medical Interns and Nursing Personnel and for training of ANMs.	No. of OPD patients:350000 No of Emergency Patients: 40000, No. of Emergency Admission: 1200, No. of institutions Deliveries: 360, JSY Beneficiaries: 50,	No. of OPD patients:406806 No of Emergency Patients: 48814, No. of Emergency Admission: 1168, No. of institutions Deliveries: 147, JSY Beneficiaries: 59	Target not fulfilled due to non-availability of facilities.



Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
59	<b>Free Distribution of Contraceptives</b> Total Plan Outlay Rs. 113..65 Cr.	To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills(ECP) 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.	The requirements have been projected by the Programme Division for Supply of 547.02 M.Pcs. of condoms, 361.24 lakh cycles of Oral Pills, 87.68 lakh pieces of IUDs, 27.56 lakh pairs of Tubal Rings & 76 lakh packs of ECPs to states for distribution and use in health care institutions.	The following quantity of the contraceptives were procured during the year 2013-14 i.e 394.00 M.Pcs. of condoms, 351.24 lakh cycles of Oral Pills, 55.42 lakh pieces of IUDs, 19.00 lakh pairs of Tubal Rings & 25.88 lakh packs of ECPs to states for distribution and use in health care institutions.	Tender was issued for procurement of remaining quantity of Condom, Cu-T, Emergency Contraceptive Pills (ECP) & Tubal Rings except quantity reserved for HLL, on the finalization of Tender orders will be issued for the remaining quantity to the Private manufacturers.
60	<b>Forward Linkages to NRHM</b> Total Plan Outlay Rs. 110.00 Cr.	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	<u>Ongoing work:</u> <ol style="list-style-type: none"> <li>1. Up gradation and establishment of super specialty wing at Gauhati Medical College (GMC).</li> <li>2. Improvement of infrastructure of District Hospital Daporijo, Upper Subansiri District.</li> <li>3. Up-gradation/strengthening of State Civil Hospital, Naharlagun.</li> <li>4. Setting up of State Family Welfare Training centre at Imphal.</li> </ol> <u>New approval:</u> <ul style="list-style-type: none"> <li>• Up-gradation of Mon District hospital from 50 bedded to 100 bedded, Nagaland.</li> </ul>	<u>Ongoing work:</u> <ol style="list-style-type: none"> <li>1. Two installments released and one is due.</li> <li>2. One installment released in the year 2010-11 and final installment released in the year 2013-14.</li> <li>3. Two installments released and eight installments are due.</li> <li>4. One installment released and one is due.</li> </ol>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
			<ul style="list-style-type: none"> <li>Up-gradation of Dimapur District Hospital from 150 bedded to 200 bedded hospital, Nagaland</li> </ul>		
61	<b>Gandhigram Institute</b> Total Plan Outlay Rs. 2.5 Crores.	It trains Health and allied manpower working in PHC, Corporations / Municipalities and Tamil Nadu Integrated Nutrition Projects	<p>During the year 2012-13, 26 persons were trained in Post Graduate Diploma on Health Promotion and Education course (PGDHPE) and 17 admitted during 2013-14. Gandhigram Institute is also engaged in upgrading the capabilities of ANMs, staff nurses and students of nursing colleges through the Regional Health Teachers Training Institute (RHTTI). The RHTTI has under taken following activities during 2013-14.</p> <ol style="list-style-type: none"> <li>Diploma in Nursing Education and Administration (DNEA): 2 enrolled for 13th batch of DNEA course</li> <li>Health Visitor Course (Promotional Training for ANM/MPHW (F)(6 months)- 29 trained</li> <li>Short- term training in community health nursing: In short terms training in community health nursing total number of 939 were trained</li> </ol>		
62	<b>RCH Training</b> Total Plan Outlay Rs. 11.5 Crores.	Under this scheme funds are released to NIHF (Nodal institute for training under NRHM and RCH) for maintenance of RCH Training Unit at NIHF, maintenance of 18 CTIs and Centrally Steered Training Programme conducted by NIHF/CTIs like PDC, TOT and Training of Masters Trainers.	<ol style="list-style-type: none"> <li>Name of Trainings &amp; Target: <ol style="list-style-type: none"> <li>Maternal Health: 97677</li> <li>Child Health: 349400</li> <li>Family Planning: 60714</li> <li>ARSH: 364930</li> <li>National Disease Control Programme: 72523</li> <li>Other Training: 195064</li> </ol> </li> <li>Monitoring Visits: <ol style="list-style-type: none"> <li>NIHF</li> <li>CTIs</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Name of Trainings &amp; Target: <ol style="list-style-type: none"> <li>Maternal Health: 37268</li> <li>Child Health: 82977</li> <li>Family Planning: 19638</li> <li>ARSH: 57014</li> <li>National Disease Control Programme: 29069</li> <li>Other Training: 71386</li> </ol> </li> <li>Monitoring Visits: <ol style="list-style-type: none"> <li>NIHF - 57 districts of 25 states/UTs covering 57 Districts &amp; headquarters.</li> <li>CTIs - 132 districts of 13 states/UTs. Priority was given to high focus district.</li> </ol> </li> </ol>	Some of the districts were visited number of times to observe different types of trainings.
63	<b>Management Information System(MIS)</b> Total Plan Outlay Rs. 145.00 Crores.	Setting up an appropriate Monitoring and Evaluation System under NRHM - MIS Performance , Triangulation of data and conduct of National Surveys i.e., National Family Health Survey,	<ol style="list-style-type: none"> <li>Implementation of Web enabled MIS application for data capturing and data warehousing</li> <li>E – Governance</li> <li>Evaluation through National Surveys DLHS, AHS, NFHS</li> </ol>	<ol style="list-style-type: none"> <li>Implementation of Web enabled MIS application: Ongoing expansion and improvement in quality of information on HMIS Portal. 601 districts shifted to facility-wise reporting. Third party Audit of the SAS &amp; Sharepoint augmented HMIS application completed and the application made go-live.</li> <li>E – Governance <ol style="list-style-type: none"> <li>Since inception of Mother and Child Tracking System (MCTS), total 6,18,27,239 pregnant women and</li> </ol> </li> </ol>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
		District Level Household Survey, Annual Health Survey etc.	etc. i. DLHS-4 ii. Annual Health Survey (AHS) in 284 districts iii. National Family Health Survey-4	5,14,99,669 children were registered till 31 <sup>st</sup> March, 2014. The registration during 2013-2014 is 69.43% for pregnant women and 60.61% for children as on 31 <sup>st</sup> March, 2014. Out of total 2,26,228 ANMs registered in MCTS, 2,20,527 (97.48%) ANMs were registered with Phone numbers. Similarly, out of total 8,70,136 ASHAs registered in MCTS, 7,40,345 (85.08%) ASHAs were registered with Phone number. Out of 8,38,891 calls made to beneficiaries 5,42,729 (64.70%) calls were answered and 3,82,408 (70.46%) calls were found correct. States have been requested to set up call centers for better interaction between health service providers and beneficiaries. ii. Mother and Child Tracking Facilitation Centre (MCTFC) has been operationalized at National Institute of Health and Family Welfare (NIHFW). It will validate the data entered in MCTS in addition to guiding and helping both the beneficiaries and service providers with up to date information on Mother and Child care services through phone calls and Interactive Voice Response System (IVRS) on a regular basis iii. Process of setting up Centre for Health Informatics (CHI) of the National Health Portal (NHP) is completed. Layout of NHP has been designed, and the portal is now operated for beta testing since 15th November, 2013. 3. Evaluation through National Surveys DLHS, AHS, NFHS etc i. Field work has been taken up in two phases covering 14 States / UTs in Phase- I and 12 States/ UTs in Phase – II. The fieldwork of DLHS-4 has been completed in 19 States/UTs, so far. The Fact Sheets containing data on key indicators for ten States / Union Territories viz. West Bengal, Tripura, Himachal Pradesh, Punjab, Delhi, Maharashtra, Chandigarh, Goa, Manipur and Karnataka will be released soon. ii. Results based on second round of survey for all 284	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
				<p>districts were brought out. The first two rounds of AHS were conducted during 2010-11 and 2011-12 and the results have been brought out. Also the State-wise Bulletin of 3rd round of AHS has been released in the 1st week of March, 2014. The field work for the Clinical Anthropometric and Biochemical (CAB) of Survey component of measurement of height, weight, blood pressure, blood glucose, hemoglobin etc. is under progress.</p> <p>iii. Pretesting of Schedules done and Schedules finalized. EPC and MSG of NHM approved the proposal for conducting the NFHS-4.</p>	
64	<b>Upgradation/Strengthening of Nursing Services</b> Total Plan Outlay Rs. 200.00 Crores.	To provide financial assistance to the State Government for establishment of ANM/GNM Schools	Release the funds for opening of new ANM/GNM Schools	During the year, 2013-14, a sum of Rs. 5.0235 crores has been released for opening of 3 ANM Schools.	Only a sum of Rs. 5.0235 crore could be released, as UCs was pending in respect of the scheme.
65	<b>Strengthening/Creation of Paramedical Institutions</b> Total Plan Outlay (Rs. 200.00 Crores.)	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.		<ol style="list-style-type: none"> <li>Regarding setting up of One National Institute of Paramedical Sciences (NIPS) &amp; Eight Regional Institute of Paramedical Sciences (RIPS), Land for NIPS and Six RIPS has been finalized.</li> <li>Rs. 1.2 Crore has been released to Public Health Foundation of India (PHFI) to providing technical support.</li> <li>Regarding Manpower Development component Rs. 21.22 Crore has been released to 5 colleges (2 of Maharashtra and 3 of Rajasthan)</li> </ol>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2013-14)	Remarks / Risk factors
66	<b>District Hospital-upgradation of State Govt. Medical College (PG Seats)</b> Total Plan Outlay (Rs. 260.00 Cr.)	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 infrastructure, equipment and faculty.	Out of BE of Rs. 260 crores during the year 2013-14 , "Nil" amount has been released for the reason that the scheme envisages expenditure on capital assets whereas only token provision has been made under head Grant-in aid (creation of capital assets ) and major portion has been allocated under the head Grant-in-aid(General). It is proposed to get the funds re-appropriated at RE state. An amount of about Rs. 40 crores has been approved for release to 3 medical colleges during 2013-14 and the same would be released immediately after re-appropriation of funds.	
67	<b>Setting up of State institutions of paramedical sciences in States and setting up of college of paramedical education</b> Total Plan Outlay:Rs. 20.00 Crores.	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.		Rs. 20.0 Crore has been proposed tentative for each states. Letter has been sent to all 36 States/U.T.s to send their proposals.	

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

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
1	<b>NRHM Mission Flexi Pool: (Total Out lay:Rs. 5851):</b> Mission Flexi Pool seeks to strengthen the institutional structure and provide an effective link between the community and health care facilities at the grass root level. Selection and training of Accredited social health activists (ASHA) acting as a link.	<ol style="list-style-type: none"> <li>Fully Trained and Equipped ASHAs, one for every 1000 population or less/ for isolated habitations.</li> <li>Strengthening of Health Sub-Centres</li> <li>Construction of Sub-Health centres(SHC)</li> <li>Strengthening of Primary Health Centres (PHCs) for service guarantees as per IPHS.</li> <li>Upgrading Community Health Centres (CHCs) and other levels into First Referral Units (FRUs).</li> <li>Appointment of Doctors/specialists</li> <li>Appointment of staff nurses</li> <li>Appointment of Paramedical Staff</li> <li>Untied grants to be provided to each VHSC, SC, PHC, CHC to promote</li> </ol>	<ol style="list-style-type: none"> <li>One Lakh ASHAs to be provided with Drug Kits.</li> <li>6400 ANMs to be provided in all the sub centres identified for institutional deliveries.</li> <li>800 New sub centres to be constructed across the country.</li> <li>500 Primary Health Centres to be made 24 x7 during 2012-13.</li> <li>200 CHCs and other level facilities to to be upgraded as First Referral Units</li> <li>900 Doctors/ Specialists to be recruited on contract basis.</li> <li>900 staff Nurses to be recruited on Contract basis.</li> <li>900 Paramedical staff to be recruited on Contract basis.</li> <li>100% Health facilities to be given untied funding for local health action during 2012-13.</li> <li>100% health facilities to be provided with annual maintenance grants during 2012-13</li> <li>Mobile Medical Units(MMUs) to be operationalised in 50 more districts</li> </ol>	<ol style="list-style-type: none"> <li>15424</li> <li>3971</li> <li>2039</li> <li>NIL</li> <li>233</li> <li>414</li> <li>1469</li> <li>NIL</li> <li>100% of eligible health facilities</li> <li>100% of eligible health facilities</li> <li>10 Districts</li> <li>76 Emergency Referral vehicles (108)</li> <li>652 districts has prepared DHAPs</li> <li>64.88 lakh VHND</li> </ol>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
		<p>local health action.</p> <p>10. Annual Maintenance grants to be provided to each SCs, PHCs, &amp; CHCs.</p> <p>11. Mobile Medical Units(MMUs) to be operationalised in all districts</p> <p>12. Operationalisation of Emergency Referral transport ambulances</p> <p>13. Preparation of Annual District Health Action plans. (DHAP)</p> <p>14. Holding Village Health &amp; Nutrition Days.</p>	<p>12. 400 EMRI vehicles to be operationalised in the States/UTs.</p> <p>13. District Health Action plans (DHAPs) to be prepared for 600 districts.</p> <p>14. 55 Lakh Village Health &amp; Nutrition Days to be completed.</p>		
2	<b>RCH Flexible Pool:(Reproductive and Child Health Programme-II), Toatal Out lay:Rs. 5224.51 Cr.(Rs 4938.51 Cr.+Rs. 275.50 Cr.+Rs. 10.50 Cr.</b>	<b>Reproductive and Child Health Programme:</b> 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 12th Five Year Plan.	1.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 Karyakram (JSSK) - an initiative to assure free entitlements for both pregnant women and sick new borns till 30	To improve the health status of Infant, Women and Children, funds are provided to States/UTs to sustain and increase: ➤ Infant Mortality Rate declined to 42 per 1,000 live births (SRS 2012). ➤ Maternal Mortality Ratio reduced to 178 per 1,00,000 live births (SRS 2010-2012). ➤ Total Fertility Rate reduced to 2.4 (SRS 2012). ➤ Under 5 Mortality Rate reduced to 52 (SRS 2012). ➤ Greater thrust for providing maternal health services: ✓ Demand promotion through JSY. 106.57 lakhs beneficiaries covered under JSY during 2012 - 2013). ✓ Operationalization of Delivery Points /24*7 facilities. ✓ Multiskilling of doctors & human resources for health ➤ Promote institutional delivery, eliminate out of pocket	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
		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.	<p>days after birth accessing public health institutions for healthcare.</p> <p>(d) Strengthening of integrated management of neonatal and childhood illness (IMNCI); new born care (including diarrhoea management, ARI &amp; micro-nutrients malnutrition).</p> <p>(e) Strengthening of Family Planning services (including Compensation for Sterilisation &amp; 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 &amp; Programme Management arrangements.</p> <p>(j) Supporting the activities of Immunisation PIPs.</p> <p>(k) Mother &amp; 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>expenses and facilitate prompt referral through following measures under JSSK.</p> <ul style="list-style-type: none"> <li>▪ Free and zero expense treatment</li> <li>▪ Free drugs and consumables</li> <li>▪ Free diagnostics</li> <li>▪ Free provision of blood</li> <li>▪ Free transport from home to health institutions</li> <li>▪ Free transport between facilities in case of referral</li> <li>▪ Free Drop back from institutions to home</li> <li>▪ Exemption from all kinds of user charges.</li> </ul> <p>➤ Various Innovative schemes through PPP to strengthen institutional delivery services were supported.</p> <p>➤ Child Health Services</p> <p><b>Essential new born care :</b></p> <ul style="list-style-type: none"> <li>✓ 13,167 NBCCs established and 96,029 health personnel trained in NSSK as on March, 2013.</li> </ul> <p><b>Care of sick new born:</b></p> <ul style="list-style-type: none"> <li>✓ 421 SNCUs and 1554 NBSUs have been established as on March 2013</li> <li>✓ 9.28 lakhs new born availed JSSK entitlement.</li> </ul> <p><b>Homebased New born care:</b></p> <ul style="list-style-type: none"> <li>✓ Out of 8 lakhs ASHAs, 3.46 lakhs trained in round 1 of module 6 &amp; 7 to provide home based newborn care.</li> <li>✓ HBNC implemented in 23 States.</li> <li>✓ More than 4 lakhs newborn visited to home by ASHAs.</li> </ul> <p><b>Promoting IYCF Practices:</b></p> <ul style="list-style-type: none"> <li>✓ During 2012-13, 80 % coverage of early initiation of breast feeding.</li> <li>✓ Guideline for enhancing Optimal Infant and Young Child Feeding Practices –2013 published and disseminated.</li> </ul> <p><b>Micronutrient Supplementation:</b></p> <ul style="list-style-type: none"> <li>✓ During 2012-13; 74%, 38% and 34% Children received the 1<sup>st</sup>, 5<sup>th</sup> and 9<sup>th</sup> dose of Vitamin A respectively.</li> <li>✓ 52.6 lakhs IFA syrup given to the children by March, 2013.</li> </ul>	



Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors						
			<p>(m) Scheme for promotion of Menstrual Hygiene to bring health awareness amongst adolescent girls</p> <p>2. Supply of RCH drug/ equipment and sanitary napkins to States/UTs</p> <p>3. Expenditure at head quarters on salary (programme posts) and other expenses incidental to implementation of the programme</p>	<p>✓ 693 NRCs have been established..</p> <p><b>Diarrhoea Management and ARI:</b></p> <p>✓ 193 lakhs ORS packets provided to children.</p> <p>✓ Use of Zinc Tablets has now been re-inforced.</p> <p><b>A new initiative for Child Health Screening and Early Intervention Services launched in February 2013</b></p> <p>➤ Adolescent Health</p> <ul style="list-style-type: none"> <li>▪ 8 crore packs of sanitary napkins supplied till March, 2013.</li> <li>▪ 5680 Adolescent Friendly Health Clinics (AFHCs) were operational in the country upto March, 2013..</li> <li>▪ 2929 dedicated School Health Teams have been in place in 16 States/UTs .</li> </ul> <p>➤ MCH Centres</p> <ul style="list-style-type: none"> <li>▪ Under NRHM, 100/50/30 bedded MCH wings are being established in District Hospitals/ District Women's Hospitals/ Sub-District Hospitals/ CHCs/FRUs.</li> </ul> <p>➤ Family Planning:</p> <p>✓ Family Planning performance in 2012-13 was 45,74,082 Sterilisation and 54,10,761 IUCD insertions.</p> <p>✓ A scheme for distribution of contraceptives at door step through ASHAs was operationalised in December, 2012.</p> <p>2. Provisions for procurement of RCH Drugs and equipment was approved in PIPs of States/UTs for the year 2012-13. Hence central procurement not done. 8 crore packs of sanitary napkins supplied till March, 2013.</p> <p>3. Expenditure incurred for salary of sanctioned posts under the programme and other expenses incidental to implementation of the programme.</p>							
3	<b>Routine Immunization (Rs 800.00 Crore)</b>	Routine Immunization of Children against seven vaccine preventable diseases (VPDs) and reduction in Morbidity and	<p>Full immunization coverage to be increased to 70%.</p> <p>Enhanced Immunization Coverage to be achieved through fixed day</p>	<p>As per the reported data of HMIS, antigen wise all India coverage is as follows:</p> <table border="0"> <tr> <td>BCG</td> <td>86.99%</td> </tr> <tr> <td>DPT3</td> <td>78.11%</td> </tr> <tr> <td>OPV3</td> <td>81.70 %</td> </tr> </table>	BCG	86.99%	DPT3	78.11%	OPV3	81.70 %	
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Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
		Mortality rate due to VPDs.	and fixed sites weekly sessions at the subcenter and outreach areas.Special immunization weeks in the EAG and NE States.	Measles 83.56 % Full Imm 81.35% JE vaccine 58.08%	
4	<b>Pulse Polio Immunizaion Programme</b> <b>Total Out lay Rs. 805.00 crore</b>	To eradicate Polio	Polio drops will be administered to approx. 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively.	Three SNIDs were conducted in the months of June, Sept, and November 2012. Besides, three NIDs in the months of April 2012, January and February 2013 were conducted. There has been significant decline in the number of Polio cases in the country. No polio case was reported in the country during 2012-13. WHO on 24th February 2012 removed India from the list of countries with active endemic wild polio virus transmission.	No polio case seen after 13.01.2011
5	<b>National Iodine Deficiency Disorders Control Programme</b> <b>Total Plan Outlay Rs.50.00 Crores</b>	To control and prevent iodine deficiency disorders in the country	Production & distribution of iodised salt 58 lakh MT.  Training to district health functionaries.  Supply of salt testing kits at district level by States/UTs.  Analysis of salt samples to estimate iodine content in the iodated salt.  Analysis of urine samples for urinary iodine estimation.  Analysis of salt samples to assess the quality of iodated salt at community level.	Production & supply of salt was 58.64 lakh MT in 2012-13  None.  Few States /UTs have initiated  69443 samples collected and analysed out of which 56611 (81.5%) are confirmed to standards.  14398 samples collected and analysed out of which 13801 (95.85%) are Confirmed to standard. 512887 samples collected and analysed out of which 3418749 (66.65%) are confirmed to standards.  None	The target achieved.  Training activity not initiated as the post of Adviser (N) is under process of filling up.  D/o H&FW has decentralized Procurement of Salt Testing Kits under NIDDCP for endemic districts of all States/UTs since 2012-13.  Several technical posts including

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
			Monitoring of district salt samples by the Central team.		Adviser (N) are lying vacant.
6	<b>National Urban Health Mission (Total Outlay Rs. 1.00 Crore)</b>	NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment.		-	EFC considered and recommended the proposal to launch NUHM.
7	<b>National Vector Borne Disease Control Programme</b> Total Outlay:(Rs. 572.00 crore )	<b>Malaria</b> ABER over 10% and API 1.3 or less	(i) ABER - 10% of target population under surveillance (ii) coverage of 10% of BPL families under the free distribution scheme of insecticide treated bed nets (ITBN) for Seven North Eastern State (iii) 80% coverage of the targeted population under Indoor Residual Spray (IRS).	(i) ABER of 9% achieved. API achieved is 0.88 per 1000 population (ii) Coverage of high risk population with LLIN in Global Fund supported states is 31.92% and World Bank states are 43.23%. (iii) 73.70% of targeted population covered under IRS in 2012-13.	Submission of UCs by States to GOI for timely release of funds Timely procurement of bed nets and insecticide for treatment
		<b>Elimination of Lymphatic Filariasis</b> 80% coverage of targetted population and 65% of treatment compliance	Mass Drug Administration (MDA) with anti-filaria tablets in 20 endemic States having about 590 million population.	During 2012-13, two districts of Goa, Puducherry, Daman & Diu and 16 districts of Tamil Nadu stopped MDA and entered in validation process through Transmission Assessment Survey (TAS). Four districts have cleared TAS successfully as per WHO guidelines and in this assessment experts from ICMR and NCDC were involved. MDA-2012 round started in November 2012 in 16 States/UTs and four districts of Tamil Nadu. 12 States/UTs and 4 districts of Tamil Nadu completed MDA with overall reported coverage of 86%. Orissa,	(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

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				Jharkhand, Chattisgarh and Lakshadweep have missed the MDA 2012 round.	completing preparatory activities. (iii) No disinformation on MDA
		<b>Kala-azar</b> 90% of treatment compliance of Kala-azar cases detected	(i) At least two rounds of door to door search undertaken in each of the endemic districts. (ii) Making available anti Kala-azar drugs in all block level PHCs & district hospitals. (iii) 80% coverage of targeted population with DDT 50%	(i) Kala-azar search was intensified in each of the endemic districts and 20594 cases were detected and treated during 2012 (ii) Drugs & diagnostics availability has been ensured. (iii) The spray coverage has been 89% 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.
		<b>Japanese Encephalitis</b> 85% coverage of eligible children with J.E. Immunization in targetted districts	(i) Availability of fogging equipment and insecticides in all endemic zones. (ii) Trained teams available at CHCs and District Hospitals in endemic areas for time case management.	(i) 8344 cases of AES/J.E. have been detected and treated during 2012.	(i) Early case reporting achieved. (ii) Analysis of epidemiological and entomological data for epidemic outbreak prediction and timely remedial

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					measures.
		<b>Dengue/ Chikungunya</b> 90% of identified sentinel surveillance hospitals maintaining line listing of cases	(i) Regular entomological surveillance in endemic areas for vector species ( <i>Aedes aegypti</i> ). (ii) Regular fever Surveillance in endemic areas to detect an unusual trend. (iii) Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.	Regular surveillance is being done and 50222 cases of dengue and 15977 clinically suspected cases of chikungunya have been detected and treated during 2012.	(i) State putting in place entomological teams for vector surveillance. (ii) Early case reporting achieved. (iii) Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.
8	<b>Revised National TB Control Programme</b> (Total Outlay:Rs. 710.15 Crores ).	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 2550000 MDR TB Patients with cure rate > 87%	New sputum positive case detected 621624 and cure rate achieved 84.75%	
9	<b>National Leprosy Eradication Programme</b> (Total Outlay:Rs.51.00 crores)	1. Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country. 2. Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy.	1. To achieve elimination of leprosy in 649 districts by March, 2017. 2. To achieve grade-II disability in new cases reduced by 35% of 3.04% in 2011-12, by end of 12 <sup>th</sup> plan. 3. Reduce level of stigma against to leprosy elimination by 50% of the present status.	(1) 528 districts (2) Not applicable (3) Not applicable	(2) & (3) To be calculated in March, 2017

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		3. Reduction in the level of Stigma associated with leprosy.			
10	<b>Integrated Disease Surveillance Programme</b> (Total Outlay:Rs.63.00 crore)	To strengthen/maintain a decentralized state based disease surveillance and respond system for epidemic prone diseases for detecting early warning signals of impending disease outbreaks and take timely control measures	1. Data Collection and Analysis. 2. Establishment/ strengthening of 50 referral lab network to link district with medical college labs for providing diagnostic services for epidemic prone diseases during outbreaks. 3. Use of laboratories for outbreak investigations/management	1. 88% of the districts reported weekly data on epidemic prone through portal 2. Network of 34 medical college labs established and linked to support diagnostic of epidemic prone diseases especially during outbreaks. 3. Clinical samples was tested in at least 63% outbreaks	Implementation by the States/Union Territories
11	<b>National Programme for Control of Blindness</b> (Total Outlay:Rs.290.00 crore)	Reduction in the prevalence of blindness to 0.3% by 2020.	(i) Target for Cataract Surgery 66 lakh surgeries (ii) Target for other eye diseases: 72,000 cases (iii) No. of spectacles to school children : 9 lakh spectacles. (iv) Target for Eye Donation: 50,000 donated eyes (v) Strengthening/development of Eye care infrastructure: Medical Colleges 13 Distt. Hospitals 30 Sub-distt. Hospitals 46 PHC(Vision Centres) 676 Eye Banks 14 Eye Donation Centres 31 NGOs for eye care facilities: 12 Dedicated Eye Units: 3	(i) 63.03 lakh cataract surgeries performed (ii) 3,09,534 other eye diseases treated (iii) 7.08 lakh free spectacles provided to school children (iv) 53,543 donated eyes collected (v) These are decentralized activities. Funds as per Programme Implementation Plan (PIP) are released to respective State Health Societies for implementation of these activities. (vi) Training of Eye Surgeons is a central activity. Around 350 eye surgeons have been trained in various specialties of Ophthalmology. Funds for undertaking training activities for the remaining ophthalmic manpower are released to respective State Health Society as per the targets for	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
			Fixed Tele-Ophthalmology Network units in Govt. setup/internet based ophthalmic consultation unit :2 (vi) Training of manpower	organizing trainings in a decentralized manner.	
12	<b>National Mental Health Programme</b> Total Plan Outlay Rs. 130 cr	To ensure availability of minimum mental health care for all, particularly the most vulnerable and under privileged section of the population To encourage application of mental health knowledge in general care and social development.	1. Continuation of support to Centres of Excellence : 11 2. Upgradation of Centres of Excellence into Neuro Sciences Health Care Facilities : 2 4. Continuation of support to PG Departments in Mental Health Specialties : 25 5. Establishment of PG Departments in Mental Health Specialties : 25 6. Support to NGO/CBOs : 2 7. Continuation of support to existing DMHPs : 20 8. Initiation of new DMHPs: 25 9. Support to SMHA : 35	1. Continuation of support to Centres of Excellence : 3 2. Upgradation of Centres of Excellence into Neuro Sciences Health Care Facilities 3. Continuation of support to PG Departments in Mental Health Specialties 4. Continuation of support to existing DMHPs : 12 5. Support to SMHA : 1	Quantifiable Deliverables are subject to approval of the 12th Plan Proposal and enactment of Mental Health Care Act, 2013 which are under process.
13	<b>National Programme for Health Care of the Elderly (NPHCE)</b> (Total Plan Outlay Rs. 150 Cr.)	The basic aim of the NPHCE programme is to provide separate, specialized and comprehensive health care to the senior citizens at various levels of the State health care delivery system including outreach services.	Continuation of Geriatric Department at 4 existing Regional Geriatric Centres. Continuation of Geriatric Units at the 100 existing District Hospitals and establishment of 25 new Geriatric Units in 25 District Hospitals. Continuation of Sub-District level activities at CHCs, PHC and Sub-	1. Funds were released for 13 States for continuation of the Programme and establishment of new Geriatric Units and sub-district level activities in 9 districts of Uttar Pradesh. 2. During 2012-13, Geriatric OPD had been opened at 5 Regional Geriatric Centres viz. All India Institute of Medical Sciences, New Delhi; Grants Medical College & JJ Hospital,	The actual implementation of the programme rests with the States. New Districts could not be added due to delay in approval of EFC/EPC proposals

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			Centres in the 100 existing Districts and launch of such activities in another 25 new Districts	Mumbai; Sher-I-Kashmir Institute of Medical Sciences(SKIMS), J&K; Govt. Medical College, Thiruvananthapuram; and Guwahati Medical College, Assam. 3. Among the States, Gujarat, Haryana, Jammu & Kashmir, Madhya Pradesh, Sikkim, Orissa, Punjab and Rajasthan had reported opening of Geriatric OPD/Ward at various District Hospitals. 4. Bi-weekly Geriatric Clinic at CHCs started at Mewat & Yamuna Nagar (Haryana) and Leh (J&K). 5. Weekly Geriatric Clinics at PHCs were started at Mewat and Leh.	
14	<b>National Programme for Prevention and Control of Deafness</b> Total Plan Outlay Rs. 20.00 crore	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 40 new districts.	Expansion of the programme to 8 new 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.
15	<b>National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)</b> Total Plan Outlay: Rs.	<ul style="list-style-type: none"> <li>Prevent and control common NCDs through behaviour and life style changes,</li> <li>Provide early diagnosis and management of common NCDs,</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of NCD Clinic at 100 District Hospitals (100 District Hospitals initiated in 11th FYP).</li> <li>Establishment of NCD Clinic at CHC level in the above District.</li> <li>11 State NCD Cell functional.</li> <li>50 District NCD cell Functional.</li> <li>63 District NCD Clinic functional.</li> </ul>	The actual implementation of the programme rests with the States.



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	300	<ul style="list-style-type: none"> <li>Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs.</li> <li>Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and Up-gradation of Medical colleges.</li> </ul>	<ul style="list-style-type: none"> <li>community.</li> <li>Screening of 4.3 crore adult population (30 years and above) for diabetes and hypertension.</li> <li>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.</li> <li>Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs.</li> </ul>	<ul style="list-style-type: none"> <li>39 CCU Functional.</li> <li>19 District Chemotherapy Centres functional.</li> <li>Screening of 1.75 crore adult population (30 years and above) for diabetes and hypertension</li> <li>MOU was signed with U.P.govt and Funds to the tune of Rs.24.31 Crores released to them.</li> <li>Funds to the tune of Rs.24.00 Crores released to 5 Tertiary Cancer Centres (TCCs).</li> </ul>	
16	<b>Infrastructure Maintenance</b> Total Plan Outlay Rs. 4928 Crores	Under this scheme, assistance is provided under the National Health Mission for Infrastructure Maintenance to States through Treasury route. Schemes under this head are: 1. Salary support to one ANM per sub-center and to LHVs in Sub-Centres, 2. Salary support to State and District F.W. Bureau/Urban Family Welfare Centers/Health Posts 3. Support to Training Schools and stipend to trainees.			
17	<b>Leptospirosis Control</b> Total Plan Outlay Rs.1.00 Crore	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 during the XIth five year plan	Plan of implementation, EFC and EPC for the XII th five year plan prepared.	
18	<b>Control of Human Rabies</b> (Total Plan Outlay Rs. 1.00 Crore)	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	Plan of implementation, EFC and EPC for the XIth five year plan prepared	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
			throughout the country during the XIIth five year plan		
19	<b>Prevention &amp; Control of Fluorosis</b> Total Plan Outlay Rs. 15.00	To Prevent and Control of Fluorosis in the country.	<ol style="list-style-type: none"> <li>1. Line listing of villages with fluorosis</li> <li>2. Line listing of laboratory facilities and comprehensive management of fluorosis cases.</li> <li>3. Appointment of contractual staff</li> <li>4. Procurement of laboratory equipment</li> <li>5. Setting up of district Fluorosis Laboratory</li> <li>6. Fluorosis Survey</li> <li>7. Training of Medical and paramedics</li> <li>8. Health Education for Prevention and Control of Fluorosis</li> </ol>	<ol style="list-style-type: none"> <li>1. 29 districts districts have done</li> <li>2. 52 Districts have established laboratories for fluoride estimation.</li> <li>3. 57 districts have engaged contractual staff under the programme. The remaining districts are under processing the matter i.e. District Consultant, Lab. Technician &amp; Field Investigator (for 6 months).</li> <li>4. 54 districts have procured ionometer for laboratory</li> <li>5. 52 districts have set up laboratory facilities out of 100 fluoride identified districts.</li> <li>6. 29 districts have undertaken survey, as per reports sent by States.</li> <li>7. Report is awaited</li> <li>8. Health Education is being imparted during the field visit in the district.</li> </ol>	
20	<b>B.C.G. Vaccine Laboratory, Guindy, Chennai</b> Total Plan Outlay Rs. 2.98 Crore	<ol style="list-style-type: none"> <li>1. Production of BCG Vaccine (10 doses per vial) for control of childhood Tuberculosis and supply to Expanded Programme of Immunization (EPI) since 1948.</li> <li>2. Production of BCG Therapeutic (40 mg for use in Chemotherapy of Carcinoma Urinary</li> </ol>	<ol style="list-style-type: none"> <li>1) Produced 73.33 lakh doses of BCG Vaccine in 2012-13, in addition of 14.17 lakh doses produced in 2011-12.</li> <li>2) Installation and validation of Online Filling Machine</li> </ol>	Produced 73.33 lakh doses of BCG Vaccine.	Production was suspended in March 2012 for installation and validation of Online Filling Machine. The available total stock as on 31.03.2013 was 87.50 lakh doses of BCG Vaccine. No supply order received for

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
		Bladder since 1983.			supply of BCG Vaccine for the year 2012-13.
21	<b>Pasteur Institute of India, Coonoor</b> Total Plan Outlay Rs. 38 Crores	To produce 40.00 million doses of DPT Vaccine and 0.50 million doses of TCARV	Production of Targeted quantity and supply of vaccines: 300 Lakh doses of DTP Vaccine.  Institute encountered technical problem in the filling machine and same was attended and corrected. Due to that the supply schedule was revised to 199.41 lakh doses as per the order on 25-02-2013. As such 247.87 lakh doses were produced and submitted to CDL, Kasauli for testing and clearance. Out of which 199.41 lakh doses were supplied to U.I.P till March 2013.	Vaccine supply made as on 31-3-2013: 199.41 lakh doses of DTP Vaccine.	
22	<b>Central Leprosy Teaching and Research Institute, Chengalpattu</b> Total Plan Outlay:Rs. 2.10 Crores	1. To under take basic and applied research in leprosy co-ordinating with state and central Governments. 2. To function as referral centre for reaction, complication of leprosy and Reconstructive Surgery with 124 bedded hospital. 3. To train leprosy worker of various types in	1. Training 2. Special Training 3.Lab. Investigations 4. OPD Patient Service 5. Inpatient Service 6. RCS Minor, Major 7. MCR, Footwear produced 8. MCR Sheet production 9. Scientific paper published 10.Research work	Major/Minor RCS-24, X ray-514 Physiotherapy-912, Footwear-900 Treatment: MCR sheets-990 Inpatients -693, Outpatients-8452, Old 5584, Lab investigation-8308 Training: MO/SLO-4 batches Skin Smear-2 batches, NMS-3 batches IInd year MBBS-4 batches	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
		sufficient numbers and of the requisite quality 4. To monitor and evaluate the National Leprosy Elimination Programme.			
23	<b>Regional Leprosy Training and Research Institutes.(Gauripur, Aska, and Raipur)</b> Total Plan Outlay:Rs. 4.40 Crores	<ul style="list-style-type: none"> <li>• Reduce leprosy burden in the country.</li> <li>• To provide quality health services to new as well as old leprosy patients.</li> <li>• Enhance Disability Prevention &amp; Medical Rehabilitation (DPMR) services.</li> <li>• Monitoring and supervision of the NLEP activities.</li> </ul>		<u>Gauripur:</u> Admission - 176 Nos., Discharge – 182nos. New Case- 30 Nos. , Old Cases - 2994, MDT given – 427 nos, RFT- 29 Nos., Relapse – 04 nos. <u>Aska:</u> OPD Attendance- 1604 (Leprosy -1211 Non-Leprosy-393). Indoor-Total admission-209 Reaction cases Managed -348 <u>Raipur:</u> OPD Attendance- (New Leprosy -732 Old- Leprosy-3661). Indoor-Total admission-535	
24	<b>Central Government Health Scheme (CGHS)</b> Total Plan Outlay Rs 92.01 Crore	Reforming and strengthening of CGHS to further improve its functioning for the CGHS beneficiaries	To provide comprehensive medical care facilities to the Central Government employees and pensioners along with their family members. Besides, the scheme also provides services to Members and Ex-Members of Parliament, Ex-Governors /Lt. Governors and Ex-Vice President of India, sitting and retired Judges of Supreme Court , retired judges of High Court, Freedom Fighters, Employees of certain Autonomous	<ul style="list-style-type: none"> <li>• Computerization has been completed in all allopathic dispensaries in the country.</li> <li>• Renovation and construction of many CGHS dispensaries have been completed. Construction work at many places is in progress.</li> </ul>	CGHS is providing the healthcare services to its beneficiaries which are not always quantifiable.

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			/ Statutory bodies, Accredited Journalists, etc.,		
25	<b>Central Institute of Psychiatry, Ranchi</b> Total Plan Outlay Rs. 45.74 Crore	<ul style="list-style-type: none"> <li>• Upgradation of existing services as per the redevelopment plan</li> <li>• Training of manpower for mental health &amp; patient care and conduct research activities.</li> <li>• Construction of Other Infrastructure works.</li> </ul>		<p>During the F.Y.2012-13 a total number of 71392 patients have utilized the services of OPD; 4457 patients were hospitalized for indoor treatment. 19655 and 1881 patients have utilized special clinics &amp; extension clinics respectively. Total 158628 tests/investigations were done at Deptt. Of Pathology, Centre for Cognitive Neurosciences and Deptt of Neuro-imaging &amp; Radiological Sciences. 696 nurses from other centers were participated in In-Service Training Programme &amp; CNE. 52 PG students were enrolled during this year.</p> <p>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 &amp; CSSD Block and the work will be undertaken by CPWD very shortly</p> <p>The construction of 210-bedded hostel and 15-married resident flats are under way and likely to be completed by the next financial year.</p>	
26	<b>All India Institute of Physical Medicine and Rehabilitation, Mumbai</b> (Total Plan Outlay Rs. 10.35 cr)	<ol style="list-style-type: none"> <li>1. Medical Rehabilitation Programme</li> <li>2. Teaching programme</li> <li>3. Manufacturing of Aids &amp; Appliances</li> <li>4. Re-development &amp; Reconstruction of Workshop Building</li> </ol>	<ol style="list-style-type: none"> <li>1) Maximum no. of disabled population requiring tertiary level services get benefited by the comprehensive services provided by the Institute</li> <li>2) Imparting advance knowledge and training to the students pursuing various courses in Rehabilitation disciplines.</li> <li>3) Providing aids and appliances to physically disabled population for self dependence</li> </ol>	<ol style="list-style-type: none"> <li>1. No. of Persons with Disabilities enrolled for Rehab Management- 31160</li> <li>2. Students passed out Post Graduate: MD (PMR) – 02, DNB (PMR) – 02, M.P.Th – 05, M.O.Th. – 02 , M.P.O – 03, DRPT – 12 , DROT– Under Graduate: BPO – 20, DHLS – 04</li> </ol>	

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
				3. Aids & Appliances delivered No. of Orthosis - 3339 No. of Prosthesis - 571 Mobility Aids - 1651 4. Architectural Consultant has been engaged for the project. Revised building plans have been submitted to BMC for approval. Soil testing has been done & Traffic NOC has been received.	
27	<b>Dr. Ram Manohar Lohia Hospital &amp; PGIMER</b> (Total Plan Outlay Rs. 210.75)	Provisions of effective secondary and tertiary healthcare, strengthening of trauma centre and medical research on the lines of PGI.	1. Augmenting Trained Manpower 2. Upgradation of critical on going facilities like Respiratory, OT, ICU, CCU Emergency, Blood Bank, Renal Transplant etc. 3. Setting up of Paediatric Nephrology Division in the Hospital. A fresh recruitment for additional post of Doctor & Para-Medical officials along with equipment worth Rs.1.31 crores. 4. Setting up of infrastructure of Paediatric Cardiology 5. Strengthening of Endocrinology 6. Strengthening of infrastructure of Renal Transplant 7. Setting up of infrastructure of Electro Cardio Lab. 8. Implementation of E-governance 9. Construction of Dharmashala 10. Construction of new building in Emergency Block. 11. Setting up of Nuclear Medicine	1. Additional inputs in the form of trained manpower like doctors, nurses, Technicians is being added. Posts have been filled up to augment the services of departments. 2. The upgradation of hospital is a continuous and ongoing process. The hospital has, however, upgraded the various O.T.'s, Labs and other existing departments 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 3. The post of various categories of personnel has been created for setting up of this unit. These posts have been filled up & equipments are being procured. 4. The post of various categories of personnel has been created for setting up of this unit. These posts	

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			<p>Department</p> <p>12. Maximization of existing capacity – by demolition of old buildings except heritage building and construction of new buildings in phase manner.</p>	<p>have been filled up &amp; equipments are being procured.</p> <p>5. The land has been allotted to the hospital for construction of Super Specialty Block &amp; this department is part of this block.</p> <p>6. The Renal Transplant unit &amp; facility has been set up. Approx. 60 Transplants have been done.</p> <p>7. The process of filling up the post is under progress &amp; procurement of equipment is also under process.</p> <p>8. The hospital has already implemented most of the modules of E-governance &amp; already functional. The other rest of module will be taken shortly.</p> <p>9. Construction work of Dharmashala has been started &amp; likely to be completed by the end of February 2014.</p> <p>10. A new casualty building is under construction &amp; near to completion.</p> <p>11. The matter could not be pursued further in view of the shortage of land at G-Point. Matter has been taken up with the President Estate Section for handing over the land to the hospital for construction of Super Specialty Block &amp; this department is part of this block.</p> <p>12. Out of 3.09 Acre land earmarked, RML Hospital possession is 2.06 Acre. Rest is with President Estate. Negotiation is still on.</p>	

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28	<b>All India Institute of Speech and Hearing (AIISH), Mysore</b> Total Plan Outlay. Rs. 34.50	<u>(I).Academic Activities</u> 1. Long term training programs a) No. of programs:18 b) No. of students: 850 2. Short-term training programs: 70 <u>(II). Clinical Services</u> 1. Patient registration a) New: 45,000 b) Follow-up: 69,000 2. Enrolment of children for preschool services: 300 3. Audiological services a) No. of patients for hearing evaluation: 20,000 b) Issue of free hearing aids <ul style="list-style-type: none"> <li>• Under AIISH Hearing Aids Dispensing Scheme: 1200</li> <li>• Under ADIP Scheme: 4000</li> </ul> c) Establishment of centre for hearing implantable devices 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 25,000 5. Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 40,000 b) Follow-up: 20,000 c) Surgery: Minor:100 /Major: 400 6. Psychological services No. of patients for psychological evaluation: 8,000 7. Outreach clinical services a) No. of infant screening: 1500 b) No. of industrial workers screening:600 c) No. of school children screening:1850 d) No. of cases at outreach centers:3000 e) No. of tele-intervention: 200		<u>(I).Academic Activities</u> 1. Long term training programs a) No. of programs:14 b) No. of students: 631 2. Short-term training programs:120 <u>(II). Clinical Services</u> 1. Patient registration a) New: 21,006 b) Follow-up: 29,900 2. Enrolment of children for preschool services: 204 3. Audiological services a) No. of patients for hearing evaluation: 13,572 b) Issue of free hearing aids <ul style="list-style-type: none"> <li>• Under AIISH Hearing Aids Dispensing Scheme: 1711</li> <li>• Under ADIP Scheme: 2686</li> </ul> c) Establishment of centre for hearing implantable devices: Launched 4. Speech & Language disorders services a) No. of patients for speech and language assessment: 1861 5. Otorhinolaryngological services a) No. of patients for otorhinolaryn. Evaluation (new cases): 18,321 b) Follow-up: 18,589 c) Surgery:Minor: 147/ Major: 285 6. Psychological services No. of patients for psychological evaluation: 6,494 7. Outreach clinical services a) No. of infant screening:21592 b) No. of industrial workers screening:17 c) No. of school children screening:855 d) No. of cases at outreach centers:4078 e) No. of tele-intervention: 163	



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29	All India Institute of Hygiene & Public Health, Kolkata Total Plan Outlay Rs. 16. Crore	<ol style="list-style-type: none"> <li>1. <b>Emergency Medical Relief</b> Speedy recovery, relief and rehabilitation in natural disasters</li> <li>2. <b>Upgrading of Lab. Facilities and Teaching /Training</b>To equip the Labs. and classrooms with modern teaching aids and equipment.</li> <li>3. <b>Library Development</b> Developing the Library as a referral one.</li> <li>4. <b>Providing Quality Care as per Indian Public Health Standard</b>Ensuring availability of essential medicines to all beneficiaries.</li> <li>5. <b>Upgradation of Regular Courses of the Institute</b> Ensuring best teaching practices.</li> <li>5. <b>Installation of Computer Lab</b> Enable use of IT in the Health Care by the students.</li> <li>6. <b>Referral Services</b> 24 X 7 transport faculties.</li> <li>7. <b>Classroom Facilities</b> Modern classroom for</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Emergency Medical Relief:</b> Deployment of rapid response team (8 teams)</li> <li>2. <b>Upgrading of Lab. Facilities and Teaching /Training:</b> Computer Lab., wages &amp; salary (as per requirement)</li> <li>3. <b>Library Development:</b> All national journals and Text/Ref. book's on Public Health procured.</li> <li>4. <b>Providing Quality Care as per Indian Public Health Standard:</b> Medicines, medical instruments and Lab. Items have been procured as per requirement</li> <li>5. <b>Upgradation of Regular Courses of the Institute:</b> Management of Teaching MD(Com.Med.),MVPH, M.Sc. (Nutr.)MPH, DPH etc. students as per allocated seats.</li> <li>7. <b>Installation of Computer Lab.:</b> Com.Lab. as per requirement</li> <li>8. <b>Referral Services:</b> Running of two ambulances and 4 vehicles. <b>Classroom Facilities:</b> Modernisation of class rooms as per requirement.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Emergency Medical Relief:</b> 8 Teams have been sent to the North-Eastern part of the country. (100%)</li> <li>2. <b>Upgrading of Lab. Facilities and Teaching /Training:</b> Already installed. (as per requirement) 100 %</li> <li>3. <b>Library Development:</b> As per demand achieved. (100%)</li> <li>4. <b>Providing Quality Care as per Indian Public Health Standard:</b> 100%</li> <li>5. <b>Upgradation of Regular Courses of the Institute:</b> 100% (as per requirement)</li> <li>6. <b>Installation of Computer Lab.:</b> 100% installed</li> <li>7. <b>Referral Services:</b> As per requirement</li> <li>8. <b>Classroom Facilities:</b> 50% of modernisation has been completed</li> <li>9. <b>Renovation &amp; overhauling of staff quarters, Office building (through CPWD):</b> 15% achieved **</li> </ol>	<ol style="list-style-type: none"> <li>9. **The work was not timely processed by CPWD, so the work had to be postponed</li> </ol>

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		better teaching/learning experiences. 8. <b>Renovation &amp; overhauling of staff quarters, Office building through CPWD</b>			
30	<b>Institute of Serology, Kolkata</b> Total Outlay: Total Plan Outlay – 0.86 Crore.	1. Medicolegal Section 2. Antisera Production Section 3. VDRL Antigen Production Section 4. BGRC Section 5. V.D. Serology Section 6. Quality Control Section. 7. Regional STD Ref. Lab. under NACO 8. National Polio Lab. under WHO 9. WHO Measles Lab.	1. To analysis all the 468 Nos. ML cases send from FSLs and RFSLS. 2. To produce 10885 ml species specific antisera against almost all animal species including human. 3. To produce 4090 ampls VDRL Antigen needed for VDRL tests. 4. To produce 5300 ml. Anti H Lectin received for blood grouping in ML cases. 5. To do 1958 Nos. VDRL tests of samples of Antenatal clinic and STD clinic. 6. Quality control test for VDRL Antigen and Species specific antisera. To test 114 lots of antigen & antisera 7. Research and Lab. diagnosis in STD, to support the state hospitals in diagnosis in STD, to train lab. Technicians in STD. 11717 Nos of samples were received for testing. 8. Identification of polio virus from	1. Total 468 Nos. of ML cases analysis and reported 2. Total of 10881 ml of antisera supplied. 3. Total 4180 ampls of VDRL Antigen Supplied. 4. Total of 6125 ml. Anti H Lectin supplied. 5. Total 1958 Nos. VDRL test was done and reported. 6. Total 114 lots were tested for quality control. 7. Total 11717 Nos. of test were done for diagnosis of Syphilis, Hepatitis B & C, Candida, Gonorrhoea, Trichomonas, PAP Stain & HSV etc. 8. Total 18030 Nos. of samples tested and reported. 9. Total 358 Nos. of samples were tested and reported.	* Quantifiable / Deliverables (Targets) and related achievements is directly proportional to the demand placed by different Govt. organizations /Institutions to our Institute. Hence accurate prediction of it may not possible in advance.

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			stools samples. Total Nos. of 18030 samples were received. 9. To identify measles & rubella virus from serum samples of suspected patients. Total of 358 Nos. samples were received.		
31	<b>Kasturba Health Society , Sewagram, Wardha.</b> Total Plan Outlay 50 crores	Imparting of systematic Medical Education to train the Doctors in rural environment and equip them with advanced techniques for delivery of health care services backed with research in related field.  Creation of Infrastructural facilities and upgrading of existing facilities	100 students have been admitted to the UG course and 69 students have been admitted to the PG course.  New Hostel Block for UG students.	The purpose for which it has been established is achieved in the form of 100 UG and 69 PGs.  New Hostel Block has been constructed	Since Govt. Of Maharashtra did not release its share, actual Expenditure has to be restricted to Rs. 90.55 Lakhs
32	<b>Development of Nursing Services</b> (Total Plan Outlay Rs. 25 Crores.)	<b>1. Training of Nurses:</b> In order to update the knowledge & Skills of Nursing personnel in Nursing Education, administration and nursing services <b>2. Strengthening/Upgradation of School of Nursing:</b> To strengthen the	<b>1. Training of Nurses:</b> 120 courses to train 3600 nurses <b>2. Strengthening/Upgradation of School of Nursing:</b> Release the 2nd instalment of funds for 16 institutes for upgradation of School of Nursing into College of Nursing	<b>1. Training of Nurses:</b> During the year, 2012-13, no funds could be released due to non-receipt of proposals from States. <b>2. Strengthening/ Upgradation of School of Nursing:</b> During the year, 2012-13, a sum of Rs. 7.55 crores has been released as 2 <sup>nd</sup> instalment to two institutes. <b>3. National Florence Nightingale Award for Nurses:</b> During the year, 2012-13, a sum of Rs.	<b>a) Training of Nurses:</b> No funds could be released due to non receipt of proposals from state governments. <b>(b)Strengthening/ Upgradation of School of Nursing:</b> Only Rs. 7.55 crores could be released

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
		infrastructure of Nursing Schools and to upgrade them into College of Nursing <b>3. National Florence Nightingale Award for Nurses:</b> To recognise the meritorious services of the Nursing professionals		0.35 crores has been released under the head.	as non receipt of UCs from the Institutes.
33	<b>R.A.K. College of Nursing, New Delhi</b> Total Plan Outlay Rs. 16.5 Crores.	To impart high standard of Nursing & Education of Nursing	The RAK College of Nursing, New Delhi has been set up to developing modal Programme in Nursing Education to demonstrate a high standard of Nursing. This College offers B.Sc (H) Nursing (4year course). Master of Nursing (2year course). and M. Phil in Nursing (1 year full time and 2 year part time course.).	B.Sc (H) Nursing- 58 Students. Master of Nursing- 46 Students.	
34	<b>Lady Reading Health School (LRHS), New Delhi</b> Total Plan Outlay Plan Rs. 1 Crore	The School aims at providing training facilities to various categories of Nursing personnel in community health as well as M.C.H. and family welfare services through the attached Ram Chand Lohia MCH and Family Welfare Centre.		The total numbers of ANMs students were 80.	
35	<b>V.P. Chest Institute New Delhi</b> Total Plan Outlay Rs. 15.40 Crores.	Patient Care and Diagnostic and Treatment Services:	Improved patient Care, providing Enhanced Diagnostic and Treatment. Facilities Improvement and	5 DM students (01 for the academic session 2011-14 and 02 each for the academic session 2012-15 & 2013-16), 22 MD students (8 for academic session	

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			Modernization of Patient care.	2011-14, 5 for academic session 2012-15 and 09 for academic session 2013-16) and 11 DTCD students (06 for academic session 2012-14 and 5 for academic session 2013-15) are pursuing their studies.	
36	<b>National Academy of Medical Sciences (NAMS), New Delhi</b> Total Plan Outlay - (Rs.1.00 Cr.)	To provide opportunities to update knowledge, skills & practices of Health professionals.		As on 31st March 2013, the NAMS had on its roll 6 Honorary Fellows, 823 Fellows and 5393 Members (MAMS-1686 and MNAMS-3707).	
37	<b>Scheme on Health Sector Disaster Preparedness and Management</b> Total Outlay: Rs. 52.65 crores.	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	<b>Mobile Hospital:</b> Mobile Hospital pre-project activities completed in February, 2012. Since then, file under submission to decide on the procuring agency. <b>CBRN and other component</b> 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	
38	<b>Emergency Medical Relief [Avian Flu]</b> Total Plan Outlay (Rs. 2.00 Cr.)	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	

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				cannot be ruled out. Hence a budget line was maintained for containing the same.	
39	<b>Central Research Institute, Kasauli.</b> Total Plan Outlay Rs. 35.46 Cr.	To meet the demand of vaccine under Universal Immunization Prog. (UIP) of Govt. Of India.	<ol style="list-style-type: none"> <li>1. DPT(Doses) (UIP)-304,00,000</li> <li>2. DPT (Doses) Non-UIP-230</li> <li>3. TT (Doses) (UIP)-319,00,000</li> <li>4. TT (Doses) (Non-UIP)- 1,65,430</li> <li>5. Yellow Fever (Doses)-96,161</li> <li>6. ARS (Vials)- 40,270</li> <li>7. ASVS (LYO) (Vials)-13,999</li> <li>8. Asvs(LIQ) (Vials)</li> <li>9. DATS (LIQ) (Vials)- 3,230</li> <li>10. NHS (Vials)- 210</li> <li>11. Diag. AG (ML)- 74,900</li> </ol>	<ol style="list-style-type: none"> <li>1. DPT(Doses) (UIP) 138,50,030*</li> <li>2. DPT (Doses) Non-UIP</li> <li>3. TT (Doses) (UIP) – 175,80,500</li> <li>4. TT (Doses) (Non-UIP) – 1,65,430</li> <li>5. Yellow Fever (Doses)-96,161**</li> <li>6. ARS (Vials)- 28,570</li> <li>7. ASVS (LYO) (Vials)-8,932</li> <li>8. Asvs(LIQ) (Vials) – 1,510</li> <li>9. DATS (LIQ) (Vials)- 3,330</li> <li>10. NHS (Vials)- 214</li> <li>11. Diag. AG (ML)- 74,900</li> </ol>	*Shortfall due to frequent breakdown of critical equipment & acute shortage of staff. **Indigenous production stopped at the moment due to non functioning of Freeze Drying Machine.
40	<b>Food Safety &amp; Standard Authority of India</b> Total Plan Outlay Rs. 50.00 Crores	Under Section 92 of the Food Safety and Standards Act, Food Safety and Standards Regulations, 2011 have been formulated and notified and have come into force w.e.f. 5 <sup>th</sup> August, 2011. The Food Regulatory Framework has now moved from limited prevention of Food Adulteration regime to safe and wholesome food regime.	Operationalization of the Act by notifying regulations and initiate the process of registration / licensing of FBO's check imported food and laying down science based standards	<p>Strengthening of the Food Import Control System at the various ports. Work on risk assessment framework for imported food initiated.</p> <p>Harmonization of Food Standards with Codex and other International standards initiated.</p> <p>Registration/Licensing of FBO's at the Central as well as State level in process.</p> <p>Capacity building and training activities.</p> <p>IEC activities to increase awareness about the Act amongst the various stakeholders.</p> <p>Food safety awareness through demonstration training to street food vendors.</p> <p>A dedicated website <a href="http://www.fssai.gov.in">www.fssai.gov.in</a> , blog and Social networking is maintained and updated for the current happenings in the Authority. Original videos have been posted on You Tube to test adulteration in commonly consumed food items.</p> <p>The IEC material developed by FSSAI was also distributed among all the States, to enable the States to translate them into their regional language, and disseminate the same by use of appropriate channel of communication to address various</p>	

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				stakeholders.	
41	<b>National Centre for Disease Control</b> Total Plan Outlay Rs. 52.25 Crores	<ol style="list-style-type: none"> <li>1. Diseases Surveillance and out break investigation Training Programme</li> <li>2. Operational Research, MPH Courses.</li> <li>3. To upgrade the National Centre for Disease Control (NCDC).</li> </ol>	During December, 2010, the Cabinet Committee on Economic Affairs (CCEA) approved the proposal for upgradation of NCDC at a total cost estimates of Rs. 382.41 Crores. The Components approved were: (a) civil and services works (b) equipments and (C) manpower.	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. Approvals from local authorities have been received. Final approval from North Delhi Municipal Corporation received on 28.1.2013 and construction work started in February, 2013.	
42	<b>National Advisory Board For Standards (National Council for Clinical Establishments)</b> Total Plan Outlay Rs. 2.30 Crores	To provide for the registration and regulation of clinical establishments, to prescribe minimum standards of facilities and services. CEA 2010 was enacted by the Parliament to create an enabling environment to achieve the objectives its objectives. State model Rules were circulated to all States.			
43	<b>Lady Hardinge Medical College &amp; Smt. Sucheta Kriplani Hospital , New Delhi</b> Total Plan Outlay Rs. 92 Crores	<ol style="list-style-type: none"> <li>1. Construction of Hospital and Residential buildings pertaining to the implementation of Central Educational Institute (Reservation in Education) Act-2006 for increasing 27% OBC admissions.</li> <li>2. Construction of Hospital buildings ( OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherap</li> </ol>	<p>Construction of Hospital buildings [OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels.]</p> <p>Residential Buildings :</p> <ul style="list-style-type: none"> <li>• 30 type IV Qtrs.</li> <li>• 30 Type III Qtrs.</li> <li>• RMO hostels</li> </ul> <p>Filling up of Posts of sanctioned under the Comprehensive Redevelopment Plan for this Institution.</p> <p>CPWD Renovation works:</p>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Construction of Hospital buildings ( OPD Block, Accident and Emergency Block, Indoor Patient Block, Oncology(Radiotherapy) Block, Academic Block, UG Hostels.</li> <li>3. Residential Buildings : 30 type IV Qtrs. 30 Type III Qtrs. RMO hostels</li> <li>4. Routine renovation of the existing</li> </ol>	<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> <p>Necessary action to float the tenders for selection of the executing agency for construction of</p>

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		<p>y) Block, Academic Block, UG Hostels.</p> <p>3. Residential Buildings : 30 type IV Qtrs. 30 Type III Qtrs. RMO hostels</p> <p>4. Renovation of existing Hospital Buildings (CPWD works)</p>	<ul style="list-style-type: none"> <li>Gynaecology Dept,</li> <li>Family Planning OT</li> <li>Microbiology Dept.</li> </ul> <p>Community Medicine Dept. etc.</p>	hospital buildings carried out by CPWD	Hospital and Residential buildings have been initiated.
44	<p><b>Regional Institute of Medical Sciences (RIMS), Imphal, Manipur</b></p> <p>Total Plan Outlay Rs. 178.25 Crores</p>	Provision of diagnostic and treatment facilities, imparting of educational and clinical support	<p>Comprehensive medical care for patients.</p> <p>Increase in Undergraduate and post graduate teaching &amp; training intake seats.</p> <p>Carrying out research works and conduction Seminars, Conference, CME etc.</p> <p>Execution of civil: work under Phase-II project of RIMS such as dental college and Nursing college building academic block, Library building and Hostels for students</p>	<p>OPD attendance: 2,95,964 In-patients admitted:35,976 Casually attendance: 1,14,975 Operations done: 9,329 No. of deliveries: 10,046</p> <p><b>Students passed:</b> MBBS – 104, MD/MS – 67 P.G. Diploma – 6, <b>Research Project: 23</b> Conference/seminar/ Workshop/ CME at RIMS- 31 Dental College started with intake of 50 students B.Sc Nursing course in its 3<sup>rd</sup> year MCH course in Urology and Plastic Surgery in its 2<sup>nd</sup> year intake: Urology – 2, Plastic Surgery – 1 Payment of 20.00 cr. as running account deposit made at HSCC. About 15% of the works completed in respect of RIMS Phase-II Project.</p>	
45	<p><b>Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam</b></p> <p>Total Plan Outlay Rs. 63.25.00 Crores.</p>	1. To provide equal access to mental health care to all sections of society with effective linkages to the other health institutions.	<p>1. Targeted OPD patient attendance, psychosocial, nursing care &amp; Psychological, pharmaceutical services - 82000 nos. (as per RFD); Targeted nos of diagnostic test -112000</p> <p>2. Building and</p>	<p>1. OPD attendance and services- 79350 (97%) Diagnostic test- 106603 (95%) financial progress - 35.90 crore</p> <p>2. Capital construction for upgradation of LGBRIMH is expected to be completed within 2014-15</p> <p>3. Maintenance and other works as per present requirement completed within 3/13.</p>	



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		2. To develop human resources for delivering the services. 3. To reduce overall disease burden by providing proper rehabilitation measures. 4. To promote positive mental health to all sections of people of the reasons. 5. To provide conducive environment for research activities. 6. To facilitate implementation of National Mental Health Programme 7. To develop infrastructure for all related activities with a multimodal approach.	infrastructure development for upgradation of LGBRIMH 3. Normal maintenance works such as painting, repairing etc. of existing non-residential and residential buildings 4. Ongoing MD & DNB course, M Phil course of clinical psy. MSc. (Nursing) &M.Phil PSW. 5. Purchase of diagnostic equipments for Hospital, 6. Purchase of books & furnitures for Upgradation library 7. Community services - target-50 nos& exposer training-1000 8. Modern rehabilitation unit with training facility to the patient 9. Recruitment of faculties 10. Development of IEC materials 11. Promotion of research activity 12. Building network with different agencies for upscaling services at community level.	4. Academic courses, students passed year end, 100% for the course DNB (psy), M.Phil PSW, Med.& social Psy, 87% in M.Sc Nursing 5. Major Purchases of book completed within 03/13 6. Community Services - 48 nos and exposure posting 1005 7. .Achievement - Started functioning 8. Recruitment of faculties -within 3/14 9. Three nos. of IEC material published 10. Thirteen numbers of research activities. 11. Initiating with different agencies for up scaling of community base service.	
46	<b>Regional Institute of Paramedical &amp; Nursing Sciences Mizoram</b>  Total Plan Outlay Rs. 36.80 Cr.	To provide education in Nursing, Pharmacy and Paramedical Sciences to the people of North East including Sikkim and to maintain the pace of such education and services with other	1. Imparting training to Nursing, Pharmacy & Paramedical students. a) Admn of Students b) Exposure Training c) Industrial Training (d) Study Tour e) Freshers' social and Sports &	1. Training Imparted a) No. of students newly admitted-169 b) Done at GNRC, SSN, Guwahati & LGBRIMH, Tezpur c) Done at various pharmaceutical industries d) Visited Ludhiana, Chandigarh & Shimla e) Held during Oct-Nov 2012	

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		developments in Medical and Paramedical sciences	Culture Week. f) Final Examinations 2. Construction of new Academic III Building, Library cum Examination Hall, new Girls & Boys Hostels. 3. Procurement of necessary equipments for various departments	f) No. of passed out students-110 2. The Consultancy firm is examining the feasibility of construction including preparation Drawing etc. 3. Machinery & equipments worth Rs. 1.90 crore was procured for different departments as approved by Purchase Committee.	
47	<b>Safdarjung Hospital and Vardhman Mahavir Medical College</b> Total Plan Outlay: Rs.261.05 Crores	Promoting Health care based on evidence of effectiveness of care.  Provide teaching and training in the field of medical education.	<ul style="list-style-type: none"> <li>To provide comprehensive Medical care to the patients.</li> <li>Construction of extra floor for PMR Deptt. in OPD Bldg.-Rs.4.00 Cr.</li> <li>Procurement of equipments and medicines.Rs.38.00Cr.</li> <li>Up gradation of various departments-H Block casualty, Dr. Hostel Ortho Gynae Burns etc.</li> <li>Infrastructure in VMMC/SJH for implementation of 27% reservation of OBC. Rs.5.00Cr.</li> </ul>	<ul style="list-style-type: none"> <li>Construction of extra floor for PMR Deptt. in OPD Bldg is under process likely to be completed Dec.2013</li> <li>Equipment costing Rs. 20.71 Cr. has been procured.</li> <li>Up gradation of Departments-H Block, casualty &amp; Dr. Hostel has completed. Rest of Deptt. are under process.</li> <li>Infrastructure in VMMC/SJH for implementation of 27% reservation of OBC is under process:- consultant appointed, final drawing for submission in Nov.2013, soil testing done, various statutory bodies' clearance by March 2014.</li> </ul>	
48	<b>Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)</b> Total Plan Outlay Rs. 1544.21 Cr.	Creation of capacity in medical education, research and clinical care, in the under served areas of the Country	<ol style="list-style-type: none"> <li>The work for Setting up of 6 AIIMS like Institutions Bhopal, Bhubaneswar, Jodhpur, Patna Raipur, Rishikesh is being taken up in packages in phasewise manner</li> <li>Setting up of 2 AIIMS-like institutions in second phase of PMSSY</li> </ol>	<ol style="list-style-type: none"> <li>As on March'2013 Status of construction of Medical College Complex (Package-I) <ol style="list-style-type: none"> <li>AIIMS-Bhopal-82%,</li> <li>AIIMS-Bhubaneswar-86%,</li> <li>AIIMS-Jodhpur-83%,</li> <li>AIIMS-Patna 91%,</li> <li>AIIMS-Raipur-64%,</li> <li>AIIMS-Rishikesh-78%.</li> </ol> </li> </ol>	Six 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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			<p>3. Upgradation of medical colleges in first phase of PMSSY:</p> <ul style="list-style-type: none"> <li>• Bangalore Medical College</li> <li>• Trivandrum Medical College</li> <li>• Salem Medical College</li> <li>• NIMS, Hyderabad</li> <li>• SGPGIMS, Lucknow</li> <li>• Kolkata Medical College- (i)OPD Block (ii)Academic Block (iii)Super Speciality Block (2nd stage of construction)</li> <li>• Jammu Medical College</li> <li>• Srinagar Medical College</li> <li>• RIMS, Ranchi</li> <li>• IMS, BHU, Varanasi</li> <li>• Grants Medical College, Mumbai</li> <li>• SVIMS, Tirupati</li> <li>• BJ Medical College, Ahmedabad</li> </ul> <p>4. Procurement of medical equipments.</p> <p>5. Upgradation of medical colleges in second phase of PMSSY</p> <ul style="list-style-type: none"> <li>• Amritsar Medical College</li> <li>• Aligarh Medical College</li> <li>• Tanda Medical College</li> <li>• Rohtak Medical College</li> <li>• Madurai Medical College</li> <li>• Nagpur Medical College</li> </ul>	<p>2) Setting up of 2 AIIMS-like institutions in second phase of PMSSY: The land identified by Government of West Bengal for proposed AIIMS-like institution at Raiganj, Uttar Dinajpur was found suitable by a central team who had visited the site on 12.10.2010. But the land is yet to be allotted by the State Govt. For the proposed institute in Uttar Pradesh, State Government has identified land at Rae Bareli.</p> <p>3) Upgradation of medical colleges in first phase of PMSSY :</p> <p>Bangalore Medical College-100%, Trivandrum Medical College-100%, Salem Medical College-100%, NIMS, Hyderabad-100%, SGPGIMS, Lucknow-100%, Kolkata Medical College- (i)OPD Block-100%, (ii)Academic Block-100%, (iii)Super Speciality Block (2nd stage of construction Work awarded but due to non-demolition of existing buildings at construction site, the work could not be started and consequently, plan was modified.), Jammu Medical College-100.00%, Srinagar Medical College-82%, RIMS, Ranchi-92.00%, IMS, BHU, Varanasi-93%, Grants Medical College, Mumbai-84%, SVIMS, Tirupati-87%,</p>	<p>Upgradation of medical colleges in second phase of PMSSY</p> <p>Madurai Medical College: The work could not be started yet due to change of location by State Government and modification of plans consequently.</p> <p>Nagpur Medical College: Involve Procurement of medical equipment only. The procurement work is being undertaken by the State Government.</p>

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				<p>BJ Medical College, Ahmedabad-92%</p> <p>4) Procurement of medical equipments: An amount of Rs.380.93 Crore has been earmarked for high end equipments and out of this; equipments worth Rs.354.18 Crore have been procured. Procurement of balance equipment is under process and it will be completed by Dec., 2013.</p> <p>5) Upgradation of medical colleges in second phase of PMSSY: Amritsar Medical College-33%, Aligarh Medical College-52%, Tanda Medical College-38%, Rohtak Medical College-9%,</p>	
49	<b>Social Marketing Area Projects</b> (Total Plan Outlay Rs. 0.40 Cr.)	To provide Condoms for specific area for distribution to eligible couples through Social Marketing network of the Social Marketing Organisations (SMOs) under Social Marketing Area Project.	Funds to be released to SMOs for their approved projects in specific areas.	No project received from the SMO during 2012-13.	
50	<b>Social Marketing of Contraceptives</b> (Total Plan Outlay Rs. 125.00 Cr)	To make available Condoms & Oral pills to the eligible couples through Social Marketing network of the Social Marketing Organization(SMOs) for increased coverage of	(i)The requirements were projected for procurement & Supply of 900 M.Pcs. of condoms & 800 lakh cycles of oral pills to eligible couples through SMOs (ii) payment of promotional incentive to SMOs for sale of Condoms & OCPs, re-	The following quantity of the contraceptives were procured and supplied to the SMOs during the year 2012-13 i.e 443.875 M.Pcs. of condoms, 242.785 lakh cycles of Oral Pills.	Tender was issued for procurment of remaining quantity of Condom & OCP except quantity reserved for HLL. Later tender for condom was

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		eligible couples under contraception.	imbursement of packing material cost and also promotional & product subsidy of Saheli/Novex weekly OCPs & Condoms. (iii) to undertake advertising and publicity of Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.		scrapped for the remaining quantity to the Private manufacturers.
51	<b>Population Research Centres(PRCs)</b> (Total Plan Outlay Rs. 15.00 Cr.)	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 (MCTS).	PRCs undertook a number of research studies on various health topics. They were actively involved for improving coverage and quality of HMIS data. Further, field visits were made to 90 districts for monitoring of approved State PIPs and submitted reports to the Ministry which give a good insight about the functioning of NRHM in the States.	
52	<b>International Institute of Population Sciences (IIPS), Mumbai</b> Total Plan Outlay : 27 Crores.	Teaching, Training, Research, Consultancy	163 students have obtained degree/diploma in various courses.	163 students have been awarded degrees/diplomas in various courses.	Institute being a service orientated organization the achievements can not be measured in monetary terms.
53	<b>F.W. Training and Res. Centre, Mumbai</b> Total Plan Outlay: 8.3 Crores.	Training and Clinic based Family Welfare and Medical service activities		Admitted all applicants for training courses, courses completion on time with 90% success rate in students. Clinic attendance- 876. Health education programmes -14. Field Studies-33	
54	<b>Rural Health Training Centre, Najafgarh</b> Total Plan Outlay 0.02 Crores	To impart community health training for Medical Interns and Nursing Personnel and for training of ANMs.	No. of OPD pateints:350000 No of Emergency Patients: 40000, No. of Emergency Admissions: 1200, No. of institutional Deliveries: 360, JSY Beneficiaries: 50,	No. of OPD patients:425626 No of Emergency Patients: 46657, No. of Emergency Admission: 1575 No. of institutions Deliveries: 197, JSY Beneficiries:11, No. of Medical Interns:254,	Target not fulfilled due to non-availability facilities.

Sl. No.	Name of Scheme/ Programme/ Institute	Objective/ Outcome	Quantifiable Deliverables/ Physical Outputs	Achievements/ Status (2012-13)	Remarks / Risk factors
			No. of Medical Interns:200, No. of GNMs:600 No. of ANMs:40	No. of GNMs:741 No. of ANMs:39	
55	<b>Central Procurement Agency</b> (Total Plan Outlay Rs. Rs.50 Crores) (One Time Grant to CMSS)	Efficient procurement, warehousing and distribution of health sector goods	Procuring health sector goods in a transparent and cost –effective manner and distributing them to State/ UT Govts by setting up IT enabled supply chain infrastructure including State warehouses in 50 locations.	1. Central Medical Services Society (CMSS) was registered as a Society under the Societies Registration Act, 1860 on 22-03-2012. 2. Memorandum of Association and Rules & Regulations of CMSS were framed and issued. 3. Governing Body and General Body of CMSS has been constituted and quarterly meetings of the Governing Body have been conducted.	Rs. 50 Crores released to CMSS at FE Stage during 2012-13.
56	<b>Free distribution of Contraceptives</b> (Total Plan Outlay Rs. 113.65 Cr.)	To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills(ECP) 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.	The requirements were projected by the Programme Division for 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 222.186 lakh pregnancy test kits to sub-centres.	The following quantity of the contraceptives were procured during the year 2012-13 i.e 284.90 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 to states for distribution and use in health care institutions, 222.186 lakh pregnancy test kits to sub-centres.	Tender was issued for procurement of remaining quantity of Condom & OCP except quantity reserved for HLL. Later tender for condom was scrapped for the remaining quantity to the Private manufacturers.

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57	<b>Forward Linkages to NRHM</b> Total Plan Outlay Rs. 110.00 Crores.	Improving the Tertiary, Secondary level health infrastructure in the NE region in addition to NRHM scheme.	<u>Ongoing work:</u> 1. Up gradation and establishment of super specialty wing at Gauhati Medical College (GMC). 2. Up-gradation of Koloriang CHC to 50 bedded FRU, Arunachal Pradesh. 3. Improvement of infrastructure of District Hospital Daporijo, Upper Subansiri District. 4. Setting up of State Family Welfare Training centre at Kohima, Nagaland. 5. Up-gradation/strengthening of State Civil Hospital, Naharlagun. 6. Setting up of State Family Welfare Training centre at Imphal 7. Up-gradation of Champhai District Hospital, Mizoram. <u>New approval</u> Setting up of Magnetic Resonance Imaging (MRI) unit at Naga Hospital Authority Kohima (NHAK) Nagaland.	Establishment/upgradation and strengthening is being undertaken.	
58	<b>RCH Training</b> Total Plan Outlay: Rs.11.50 Crores	Under this scheme funds are released to NIHFV (Nodal institute for training under NRHM and RCH) for maintenance of RCH Training Unit at NIHFV, maintenance of 22 CTIs and Centrally Steered Training Programme conducted by	1. Name of Trainings & Target: a. Maternal Health: 126005 b. Child Health: 469433 c. Family Planning: 71198 d. ARSH: 152307 e. National Disease Control Programme: 345716 f. Other Training: 285270 2. Monitoring Visits: a. NIHFV	1. Name of Trainings & Target: a. Maternal Health: 58542 b. Child Health: 175318 c. Family Planning: 37691 d. ARSH: 71940 e. National Disease Control Programme: 59646 f. Other Training: 151625 2. Monitoring Visits: a. NIHFV - 67 districts of 28 states/UTs	

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		NIHFW/CTIs like PDC, TOT and Training of Masters Trainers.	b. CTIs	covering & headquarters. b.CTIs - 37 districts of 4 states/UTs. Priority was given to high focus district.	
59	<b>Management Information System(MIS)</b> Total Plan Outlay Rs. 145.00 Cr.	Setting up an appropriate Monitoring and Evaluation System - MIS Performance , Triangulation of data and conduct of National Surveys i.e., National Family Health Survey, District Level Household Survey, Annual Health Survey etc.	1. Implementation of Web enabled MIS application for data capturing and data warehousing 2. E – Governance 3. Evaluation through National Surveys DLHS, AHS, NFHS etc.  (i) DLHS (ii) Annual Health Survey (AHS) in 284 districts (iii) National Family Health Survey	1. Implementation of Web enabled MIS application : 290 districts across 27 States/UTs shifted to “Facility Based Reporting” ii) New reports developed for monitoring the quality of HMIS data depending on requirement. iii) SAS/VDD licenses provided to States/UTs/PRCs for enhancing analytical capabilities at State level. 2. E – Governance: i). Since inception of Mother and Child Tracking System (MCTS), total 4,08,71,747 pregnant women and 3,45,56,002 children were registered till 2012-13. Out of total 2,29,330 ANMs registered in MCTS, 2,21,548 (96.61%) ANMs were registered with phone numbers. Out of total 8,38,927 ASHAs registered in MCTS, 6,95,205 (82.87%) ASHAs were registered with phone number. Out of 4,18,966 calls made to beneficiaries, 2,60,044 (62.07%) calls were answered and in 1,84,919 cases information was correct.States requested to set up call centres for better interaction between health service providers and beneficiaries. ii). RFP process for Appointment of a Helpdesk Service Provider (HSP) for Establishment and Operation of Mother and Child Tracking Helpdesk (MCTH) completed and Contract with the successful bidder signed. MCTH could not be operationalized as successful bidder subsequently backed out. iii). Process of setting up Centre for Health Informatics (CHI) of the National Health Portal was initiated. Project Director of CHI selected. 3. Evaluation through National Surveys DLHS, AHS, NFHS etc (i) The selection of Field Agencies for Phase-II -11 States/ UT completed. Training of Trainers (TOT) for the Field Agencies for States selected during 2011-12 was organized by IIPS, Mumbai, the nodal agency for DLHS-4.The fieldwork for mapping and listing of households was initiated in 15 States. Subsequently, State level main survey training completed in	



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				<p>Phase-I - 14 States/UTs and field work commenced in 11 States/UTs. TOT and State level training of Mapping and listing of Households also completed in respect of States/UTs covered in 2nd phase. Field work (Mapping and listing) commenced in all the States and UTs covered in 2nd Phase.</p> <p>ii) The State Fact Sheets containing detailed results all 284 districts from AHS first round were brought out in July, 2012. The fieldwork for the second round of AHS was completed in 2012-13. Field work for third round of AHS commenced</p> <p>(iii) In order to initiate the work of NFHS-4 in 2013-14, the Ministry designated International Institute for Population Sciences (IIPS), Mumbai as the nodal agency and constituted three Committees, namely Steering Committee, Technical Advisory Committee (TAC) and Administrative &amp; Financial Management Committee for facilitating the Survey.</p> <p>Two meetings of the TAC were held to deliberate on the technical aspects including content, coverage, design etc. The Technical Advisory Committee constituted a sub group to give its recommendations on the coverage in questionnaires and sampling design. The sub group started deliberation.</p>	
60	<b>Upgradation /Strengthening of Nursing Services</b> Total Plan Outlay Rs. 300.00 Cr.	To provide financial assistance to the State Government for establishment of ANM/GNM Schools	Release of funds for opening of new ANM/GNM Schools	During the year, 2012-13, a sum of Rs. 192.019 crores has been released for opening of 27 ANM and 44 GNM Schools across the country.	Out of BE of Rs. 300.00 crores, a sum of Rs. 192.019 crores could be released, as UCs were pending in respect of the scheme as well as other schemes.
61	<b>Strengthening/ Creation of Paramedical Institutions</b> Total Plan Outlay (Rs.	Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through	The land has still not been provided by all the participating State Governments. The proposal for construction of NIPS and four RIPS at Chandigarh, Coimbatore, Bhubaneswar and Nagpur for which land has been made available by the state government and DPRs have been prepared by HLL is under		

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	200.00 Cr.)	standardization of such education/courses across the country.	consideration by time and cost over-run committee.		
62	<b>District Hospitals- Upgradation of State Govt. Medical College (PG Seats)</b> Total Plan Outlay Rs. 350.00 Cr.	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 infrastructure, equipment and faculty.	During the year 2012-13, a sum of Rs. 185.02 crore has been release to 24 Government Medical Colleges after receiving Utilisation Cerificates, audit reports, physical progress reports, etc. from the colleges.	Only a sum of Rs. 185 crores could be released, as UCs were pending.

Note: The Outlays indicated against the respective Programmes in column 2 are BE Outlay.