

Brief Activities of Department of Health and Family Welfare 2023



सत्यमेव जयते

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Health Systems

CHAPTER

01

1.1 Overview

1.1.1 Minister In-charge

The Ministry of Health & Family Welfare is headed by the Minister of Health & Family Welfare – **Dr. Mansukh Mandaviya**. He is assisted by the two Ministers of State for Health and Family Welfare – **Dr. Bharati Pravin Pawar** and **Shri S. P. Singh Baghel**.



Dr. Mansukh Mandaviya



Dr. Bharati Pravin Pawar



Shri S. P. Singh Baghel

1.1.2 INTRODUCTION

The Ministry of Health & Family Welfare comprises the following two Departments, each

of which is headed by a Secretary to the Government of India:

- (a) Department of Health & Family Welfare
- (b) Department of Health Research

In addition, the Ministry has following two attached offices:

- i. Directorate General of Health Services (DGHS)
- ii. National Health Agency (NHA)

1.1.3 Central Health Services (CHS)

The Central Health Service, which was constituted in 1963, was restructured in 1982 to provide medical manpower to various participating units like Directorate General of Health Services (Dte. GHS), Central Government Health Service (CGHS) etc. The Central Health Service now consists of four Sub-cadres and the present strength of each Sub-cadre is as under:

Sub-Cadre Sanctioned Posts (as on 30.11.2023)

General Duty Medical Officer (GMDO) Sub-cadre	-	2309
Teaching Specialist Sub-cadre	-	1666
Non-Teaching Specialist Sub-cadre	-	684
Public Health Specialist Sub-cadre	-	104

2. Besides CHS, the cadre of Dental doctors under the Ministry of Health and Family Welfare (MoHFW) is also looked after by CHS Division. The sanctioned strength of dental doctors working under MoHFW is 37.

1.1.4 Accounting Organization

1. General Accounting Setup

The Secretary is the Chief Accounting Authority of the Department. This responsibility is discharged with the help of the Chief Controller of Accounts (CCA) and on the advice of the Financial Advisor of the Ministry. The Secretary certifies the Appropriation Accounts and represents the Ministry in the Public Accounts Committee and Standing Parliamentary Committee on Accounts.

2. Internal Audit Wing

The Internal Audit Wing of the Department of Health and Family Welfare handles the internal audit work of the Ministry of Health and Family Welfare under the overall supervision of Chief Controller of Accounts. There are 5 internal Audit Parties located in Delhi, Chandigarh, Mumbai, Kolkata and Bengaluru.

3. Public Financial Management System (PFMS)

The Public Financial Management System (PFMS) provides an end-to-end solution for processing payments, tracking, monitoring, accounting, reconciliation and reporting and all PAOs of this Ministry are already using PFMS portal for e-Payments including Scheme payments.

1.1.5 Implementation of the RTI Act, 2005

Under the Right to Information Act, 2005, 60 Central Public Information Officers (CPIOs) and 32 First Appellate Authorities (FAAs) have been appointed in respect of the Department of Health & Family Welfare in the Ministry of Health & Family Welfare.

1.1.6 Vigilance

Vigilance Wing of the Department of Health and Family Welfare is under the control of an officer

of the rank of Additional Secretary/Joint Secretary to the Government of India who also works as part time Chief Vigilance Officer (CVO). The CVO is assisted by a Director (Vig.), an Under Secretary and Staff of Vigilance Section.

1.1.7 Public Grievance Cell

Public Grievances Redressal Mechanism is functioning in the Ministry of Health and Family Welfare as well as in Subordinate / Attached Offices of the Directorate General of Health Services and CGHS, Central Government Hospitals, Autonomous Bodies under the Ministry and PSUs as per guidelines issued by the Department of Administrative Reforms and Public Grievances, Government of India. Regular monitoring is conducted to ensure qualitative, quantitative and expeditious disposal of public grievances.

1.1.8 Procurement

- i) Procurement-I (VPC) Section procures different vaccines for the Universal Immunization Programme (UIP).
- ii) Procurement-I (EPW) Section acts as a nodal section of the Department to coordinate for implementation of the Government's policies related to public procurement.

1.1.9 Central Medical Services Society

Central Medical Services Society (CMSS), established as autonomous body of the Ministry of Health & Family Welfare, is also its Central Procurement Agency. It was registered as a Society on 22.03.2012 for procuring health sector goods in a transparent and cost effective manner to ensure uninterrupted supply of such goods to 50 different locations in the country by setting up of IT enabled supply chain infrastructure including warehouses. At present warehouses have been established at 18 locations and all States/UTs have been covered from these warehouses.



1.2 National Health Mission

1.2.1 Introduction

The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005 to provide accessible, affordable and quality health care to the rural population especially the vulnerable groups. The main programmatic components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and control of Communicable and Non-Communicable Diseases. NHM envisages universal access to equitable, affordable & quality health care services to all citizens through systems and institutions that are accountable and responsive to people's needs.

The Government of India has accorded the approval for continuation of National Health Mission from 01.04.2021 to 31.03.2026 or till further review as communicated vide Ministry of Finance, Department of Expenditure's O.M. No. 01(01)/PFC-1/2022 dated 01st February, 2022.

1.2.2 Major Achievements under NRHM/ NHM

(1) Comprehensive Primary Health Care (CPHC) through Ayushman Arogya Mandirs (AAMs) erstwhile Ayushman Bharat Health and wellness Centres-

Launched in 2018, Ayushman Bharat (AB) marks a paradigm shift to move from sectoral and

selective approach of health service delivery to a comprehensive range of health care service. Ayushman Bharat aims to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level by adopting a continuum of care approach. Ayushman Bharat comprises of two components:

- a. The first component pertains to creation of 1,50,000 Health and Wellness Centers (AB- HWCs) by upgrading the Sub Health Centers (SHCs) and Primary Health Centers (PHCs) in rural and urban areas which will bring health care closer to the community.
- b. Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is the largest public funded health assurance scheme in the world which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization. Currently, 55 Crore individuals corresponding to 12 Crore families are covered under the scheme.

Status update:

Ayushman Arogya Mandir (AAM)

The first Ayushman Arogya Mandir/AB-HWC was inaugurated by the Hon'ble Prime Minister on 14th April, 2018 in Bijapur District of Chhattisgarh. The roll out plan for AAMs is as follows –

FY 2018-19	FY 2019 -20	FY 2020 -21	FY 2021 -22	FY 2022 -23	FY 2023 -24 (till December 2023)
15,000	25,000	30,000	40,000	1,50,000	1,70,000

Ayushman Bhav campaign

Ayushman Bhav Campaign was launched by Hon'ble President of India on 13th September, 2023. Ayushman Bhav Campaign is envisaged to saturate selected health care services in every village/ town in line with the commitment of Hon'ble Prime Minister to ensure reach to the last mile and enable access to health care services to everyone in the society. 'Ayushman Bhav' campaign involves a set of interventions that include following:

- (i) 'Ayushman- Apke Dwar 3.0' includes achieving Ayushman card saturation at the individual level, printing and distributing Ayushman cards to Field Level Workers for further delivery, and launching a nationwide Ayushman card delivery campaign.
- (ii) AB-HWCs Health Melas- organized at Ayushman Arogya Mandir (erstwhile AB-HWCs) from September 17, 2023, serve as platforms for health services, awareness and community engagement. The objectives include early diagnosis, building awareness, bridging gaps in Health IDs issuance, population-based screenings, routine immunization and follow-up for PM-JAY beneficiaries.

(2) National Sickle Cell Anaemia Elimination Mission

To eliminate sickle cell disease, Sickle Cell Anaemia Elimination Mission has been launched by Hon'ble Prime Minister from Madhya Pradesh on 1st July, 2023 with mission of targeted screening of 7 crore people till year 2025-26 in affected 278 districts of tribal areas and counselling through collaborative efforts of central ministries and State governments.

(3) Human Resources: Health care service delivery requires intensive human resource inputs. There has been an enormous shortage of human resources in the public health care sector in

the country. Apart from providing support for health human resource, NHM has also focused on multi skilling of human resources.

(4) Infrastructure: Up to 33% of NHM funds in High Focus States can be used for infrastructure development. During the FY 2022-23 support is extended to the states / UT's for construction of Health facilities to the extent of 9209 facilities which consists of DH, SDH, CHC, PHC, SC and other works such as renovation, repairs, up gradation works.

(5) National Ambulance Services (NAS): As on date, 34 States/UTs have facilities where people can Dial 108 or 102 telephone numbers to call an ambulance. Dial 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc.

(6) National Mobile Medical Units (NMMUs): Support to Mobile Medical Units (MMUs) under NHM, now encompassing both NRHM and NUHM, is a key strategy to facilitate access to public health care, particularly for people living in remote, difficult, under-served and un-reached areas.

(7) Free Drugs Services Initiative: To ensure availability of essential drugs and reduce the Out-of-Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under NHM. Under this, financial support is provided to States / UTs for provision of free essential medicines in public health facilities based on the requirements posted by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

(8) Free Diagnostics Services Initiative: Ministry of Health and Family Welfare (MoHFW), Government of India has launched the National Free Diagnostic Service Initiative in



2015 to achieve Universal Health Coverage (UHC) and reduce both direct costs and out-of-pocket expenditures. The programme has ensured the availability of essential diagnostics at the public health facilities and reduced the Out-of-Pocket Expenditure (OOPE).

(9) Biomedical Equipment Maintenance and Management Programme: The Ministry of Health & Family Welfare launched the Biomedical Equipment Management & Maintenance Program (BMMP) in the year 2015 for comprehensive maintenance of medical equipment in public health facilities. The program ensures optimal upkeep time and maximum availability of equipment through an IT-enabled complaint management system. The implementation of BMMP has helped in providing assured quality diagnostics service.

(10) Community Participation:

a) Accredited Social Health Workers: The ASHA program is a key component of the community processes element of National Health Mission (NHM) intended to achieve the goal of increasing community engagement with the health system. The programme launched initially in 18 high focus States and tribal areas in 2006 and later expanded to whole country in 2009 is a key component of the NHM.

b) Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society is a simple yet effective management structure. This committee is a registered society that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committee through untied fund to undertake activities for patient welfare.

c) VHSNCs: At the Village Level, the Village Health, Sanitation and Nutrition Committee (VHSNC) monitors the services provided by the Anganwadi Worker, the ASHA and the sub-

centre. These Committees are envisaged to function under the ambit of the Panchayati Raj Institution with adequate representation from women and weaker sections of the society.

(11) 24×7 Services and First Referral facilities: To ensure service provision for maternal and child health, 24x7 services at the PHCs have been made available.

(12) Mera-Aspatal: The government has launched the “Mera Aspatal/My Hospital” initiative to empower the patients by seeking their views on Quality of experience in a public healthcare facility.

(13) SSS (Swachh Swasth Sarvatra): Swachh Swasth Sarvatra is a joint initiative of the Ministry of Health & Family Welfare and the Ministry of Drinking Water and Sanitation (Now Ministry of Jal Shakti) to achieve better health outcomes through improved sanitation and increase awareness of healthy lifestyles.

(14) Kayakalp: Kayakalp Scheme was launched on 15 May 2015 as an adaptation and extension of “Swachh Bharat Abhiyan”. The scheme is intended to encourage and incentivize Public Health Facilities in the country to demonstrate high levels of cleanliness, hygiene, and infection control practices.

(15) National Quality Assurance Standards (NQAS) Implementation and related activities: The National Quality Assurance Framework was launched with the release of Operational Guidelines for Quality Assurance in public health facilities for creating an institutional framework for quality assurance and certification of public healthcare facilities showing compliance with National Quality Assurance Standards (NQAS).

a) LaQshya Certification: LaQshya is a quality improvement initiative, launched in 2017 by MoHFW to accelerate the

efforts towards the reduction of preventable maternal mortality and morbidity by aiming at the improvement in Quality of Care during the delivery and immediate post-partum period.

b) MusQan (A child-friendly initiative):

The Ministry of Health Welfare is dedicated to ensuring a child-friendly environment in public health institutions and the ministry has been working to achieve this goal by strengthening paediatric wards, SNCUs, NRCs, and DIECs, among other things. In this regard, the MusQan scheme was launched on World Patient Safety Day, September 17th, 2021.

(16) Focus on Quality under NHM during FY 2022-23

SaQushal: (Safety & Quality-Self Assessment Toolkit for Health Facilities)

The assessment tool 'SaQushal' (Safety & Quality-Self Assessment Toolkit for Health Facilities) has been launched recently on World Patient Safety Day, September 7th, 2022. This tool aims at enhancing the visibility and implementation of patient safety practices in healthcare facilities.

(17) Viksit Bharat Sankalp Yatra

India is a country that is constantly progressing and growing with 1.4 billion population both in rural and urban areas. Since 2014, the Government of India has been committed to a model of development that ensures no one is left behind, "Sabka Sath Sabka Vikas, Sabka Vishwas, Sabka Prayaas". To celebrate last 9 years' achievements, in various fields across various schemes Government of India is conducting a nationwide awareness campaign named as "Viksit Bharat Sankalp Yatra". A 60-

days long Yatra is being organised covering all districts, Gram Panchayat and urban locations across the country from 3rd week of November 2023 to January 2024.

The major objectives of Yatra include reaching the unreached especially the vulnerable population, dissemination of information about the schemes through Mobile vans travelling across the country; Enrollment of potential beneficiaries under various schemes and learning from citizens through interaction with beneficiaries of government schemes by personal stories/experience sharing.

(18) National Health System Resource Centre (NHSRC): National Health System Resource Centre (NHSRC) was set up in 2007, to provide technical support to the Ministry of Health & Family Welfare on policy issues and development of strategy besides taking up capacity building of States.

(19) 15th FC Recommendations on Health Grants through local Governments

The Fifteenth Finance Commission (FC-XV), constituted by the President on November 2017 was, inter-alia, mandated to recommend measures needed to augment the Consolidated Funds of the States, for the period spanning FY 2020-25. The FC-XV had submitted two reports, one for FY 2020-21 and the Final Report for FY 2021-22 to 2025-26.

(20) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):

PM-ABHIM was launched by Hon'ble Prime Minister on 25th October 2021, with an outlay of about Rs. 64,180 Cr over till FY 25-26. The budget outlay envisaged in the scheme is in addition to the National Health Mission. This is the largest pan-India scheme for strengthening healthcare infrastructure across the country.



The **PM-ABHIM** targets to build an IT enabled disease surveillance system by developing a network of surveillance laboratories at block, district, regional and national levels, in Metropolitan areas & strengthening health units at the Points of Entry, for effectively detecting, investigating, preventing, and combating Public Health Emergencies and Disease Outbreaks.

1.2.3 National Urban Health Mission (NUHM)

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as a sub-mission under an overarching. National Health Mission (NHM), NRHM being the other sub-mission. NUHM envisages strengthening the primary health care delivery systems in urban areas and for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population. It also seeks to de-congest secondary and tertiary health care facilities (District Hospitals/Sub-District Hospitals/Community Health Centre) by providing robust comprehensive Primary health care services in urban areas.

II. COMPONENTS OF NUHM

• Service Delivery Infrastructure

NUHM envisages setting up of service delivery infrastructure which is largely absent in cities/towns to specially address the healthcare needs of urban poor and provides:

• Urban – Primary Health Centre (U-PHC):

U-PHCs to be established as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. The U-PHCs are preferably be located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing services,

apart from counselling for all communicable and non- communicable diseases.

• Urban-Community Health Centre (U-CHC):

One U-CHC to be established for every 2.5 lakh population (in non-metro cities above 5 lakh population) and for every 5 lakh population in metro cities. It would provide in-patient services and would be a 30-50 bedded facility. For the metro cities, the U-CHCs may be established for every 5 lakh population with 100 beds

• Outreach services:

NUHM also support engagement of ANMs for conducting outreach services for targeted groups particularly slum dwellers and the vulnerable population for providing preventive and promotive healthcare services at the household and community level.

• Health and Wellness Centres (HWCs).

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as Health & Wellness Centres (HWCs) to provide preventive, promotive and curative services in cities closer to the communities. So far 4,831 UPHC-HWCs and 3,924 UHWCs have been operationalized in urban areas.

1.2.4 MOTHER AND CHILD TRACKING SYSTEM (MCTS)/REPRODUCTIVE AND CHILD HEALTH (RCH) PORTAL & ANM ONLINE (ANMOL)

• Mother and Child Tracking System (MCTS)/Reproductive and Child Health (RCH) portal:

To facilitate timely delivery of healthcare services to all the pregnant women, lactating mothers and children, a web-based name-based tracking system called Mother

& Child Tracking System (MCTS) was introduced across all the States & UTs to provide ready reference about the services provided (like ANC, distribution of IFA tablets, TD1/TD2/TDB Immunization) to pregnant women and children (mainly child immunization). It is currently implemented in 30 States / UTs while integrated with State specific applications of Rajasthan & Gujarat. A total of 24.55 Crore pregnant women and 21.42 Crore children were registered in MCTS / RCH portal till 31st December, 2023 since its inception.

- **ANM On Line (ANMOL):**

ANM on line (ANMOL) is an android-based application launched in 2016 which empowers the ANMs- the frontline health workers in carrying out their day-to-day work efficiently and effectively by entering and updating service records of beneficiaries on a real/ near real-time basis. Presently it is operational in 28 States / UTs. Approximately 1.8 lakh ANMs are registered and using ANMOL applications since inception.

1.2.5 MOTHER AND CHILD TRACKING FACILITATION CENTRE (MCTFC)

Mother and Child Tracking Facilitation Centre (MCTFC) was set up at National Institute of Health and Family Welfare (NIHFW) and it went live in April, 2014. It is a major step taken by Government of India under the National Health Mission (NHM) in improving the maternal and child health care services.

1.3 MATERNAL & ADOLESCENT HEALTHCARE

1.3.1 Introduction

The health of women during pregnancy, childbirth, and the postnatal period is referred to

as maternal health. Each stage should be a positive experience that ensures women and their babies reach their full health and well-being potential. Improving quality of maternal healthcare services is key to reducing maternal mortality across developing nations, including India. Maternal health is one of the key priority area for the country's health care system as the interventions strategised under this programme directly affect further reductions in maternal mortality and morbidity.

1.3.2 Maternal Mortality Ratio (MMR)

India has been able to showcase remarkable improvements in terms of various health indicators concerning mother's health. In a significant achievement, Maternal Mortality Ratio (MMR) of India registered a decline by 33 points from 130 per 100,000 live births in SRS 2014-16 to 97 per 100,000 live births in SRS 2018-20.

- **Institutional Delivery**

Institutional deliveries in India have nearly doubled from 47% in 2007-08 (DLHS-3) to over 88.6% in 2019-21 (NFHS-5).

Key strategies for accelerating the pace of decline in MMR

- Janani Suraksha Yojana (JSY):** JSY provides cash incentives (through Direct Benefit Transfer) to pregnant women for institutional deliveries and thereby promotes safe institutional deliveries in order to reduce maternal and neonatal mortality.
- Janani Shishu Suraksha Karyakram (JSSK):** It aims to eliminate out of pocket expenditure for pregnant women and sick infants visiting a public health facility.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** Considering the importance of identification and



management of High-Risk Pregnant women, PMSMA was launched in 2016.

- d. **Surakshit Matritva Aashwasan (SUMAN):** It aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and new-born visiting the public health facility in order to end all preventable maternal and new-born deaths.
- e. **Midwifery Initiative:** It aims to provide respectful, compassionate women-centred, reproductive, maternal and new-born health care services through specialized trained Nurse Practitioners in Midwifery who are skilled in accordance to competencies prescribed by the International Confederation of Midwives (ICM).
- f. **LaQshya:** It aims to improve quality of care in public health facilities especially Labour Room (LR) and Maternity OT. Under the programme, the key focus is on improving infrastructure upgradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT.
- g. **State of the art Maternal and Child Health Wings (MCH wings):** MoHFW has approved the proposal for setting up of 100/50/30 bedded MCH Wings in District Hospitals/District Women's Hospitals/Sub-District Hospitals/CHC-FRUs (First Referral Units) and other high case load facilities for providing the comprehensive maternal and child health services in the country.
- h. **Delivery Points:** The Government of India has strengthened more than 25,000

Delivery points in term of infrastructure, equipment, trained manpower for provision of comprehensive reproductive, maternal and new-born child health services along with service for Adolescent and Family Planning etc.

- i. **Skill labs:** More than 106 stand-alone skills labs have been established in various States/ UTs, and more than 6520 health personnel have been trained in at the National Skills Labs.
- j. **Obstetric High Dependency Unit (HDU) & ICU-** Critical lifesaving obstetric care continues to be one of the major focus areas for Government of India and more than 283 Obstetric HDUs/ ICUs have been sanctioned.
- k. **Maternal Death Surveillance and Response (MDSR):** A Maternal Death Surveillance and Response (MDSR) system institutionalized in the country, both at facility & community level for identifying, notifying, and reviewing maternal deaths, followed by interpretation of review findings, response, and actions to prevent future deaths.
- l. **Capacity building:** It entails training MBBS doctors in Anaesthesia (Life Saving Anaesthesia Skills - LSAS) and Emergency Obstetric Care including C-section (EmOC) skills to address a shortage of specialists in these disciplines, particularly in rural areas, as well as Skilled Birth Attendant (SBA) training of Staff Nurses/ANMs (Auxiliary Nursing Midwifery)/LHVs (Lady Health Visitors) to improve quality of care during delivery and childbirth.
- m. **BEmONC training:** The Basic Emergency Obstetric and New-born Care (BEmONC) training programme began in 2009 with the goal of improving MBBS doctors' ability to identify and manage basic obstetric

complications, as well as developing the necessary skills and competencies to provide essential obstetric and new-born care at the point of first contact with the client.

- n. **Dakshata:** It aims to improve the quality of birth care by focusing on high-impact, evidence-based practices.
- o. **Village Health, Sanitation and Nutrition Day (VHSND):** Monthly Village Health, Sanitation and Nutrition Day (VHSND) is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with ICDS.
- p. **Comprehensive Abortion Care (CAC)** is being provided as it is an important element in the reproductive health component of the RMNCH+A strategy as 8% (2001-03 SRS) of maternal deaths in India are attributed to unsafe abortions.
- q. **Mother Child Protection (MCP) Card and Safe Motherhood Booklet:** For pregnant women to educate them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- r. **Regular IEC/BCC** is updated and shared with States/UTs for early ANC registration, regular ANC, institutional delivery, nutrition and care during pregnancy, and so on.

1.3.3 Janani Suraksha Yojana (JSY)

JSY is a safe motherhood intervention under NHM. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. It is a Centrally Sponsored Scheme, which provides cash assistance with delivery and post-delivery care. The Scheme has identified ASHAs as an effective link between the government and pregnant women.

1.3.4 Rashtriya Kishor Swasthya Karyakram (RKSK)

In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare launched Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014 to reach out to 253 million adolescents, male and female, rural and urban, married and unmarried, in and out-of-school. The programme expands the scope of adolescent health programming in India - from being limited to Sexual and Reproductive Health, it now includes in its ambit Nutrition, Injuries and Violence (including Gender Based Violence), Non-Communicable Diseases, Mental Health and Substance Misuse.

1.3.5 Ayushman Bharat School Health & Wellness Programme

This is a joint initiative of Ministry of Health and Family Welfare and Ministry of Education in which school-based health promotion activities have been incorporated as a part of the Health and Wellness component and these activities will combine health education, health promotion, disease prevention, and improve access to health services in an integrated, systemic manner at the school level.

1.4 CHILD HEALTH PROGRAMME & IMMUNIZATION

1.4.1 Introduction

The Child Health programme under the Reproductive, Maternal, New-born, Child Health and Adolescent Health (RMNCH+A) Strategy of the National Health Mission (NHM) comprehensively integrates interventions that improve child health and nutrition status and addresses factors contributing to neonatal, infant, Under-five mortality and malnutrition.



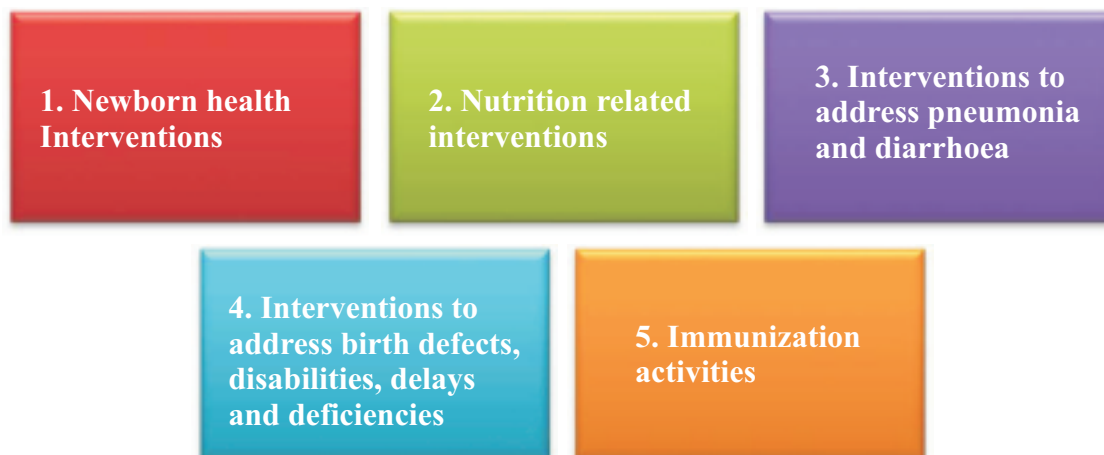
1.4.2 Child Mortality

As per latest Sample Registration System, Report 2020, Under-5 Mortality Rate (U5MR) in India is 32 per 1000 live births, Infant Mortality Rate (IMR) is 28 per 1000 live births and Neonatal Mortality Rate (NMR) is 20 per 1000 live births. U5MR for the country has shown significant decline of 3 points (Annual Decline Rate: 8.6%) from 2019 SRS (32 per 1000 live births in 2020 against 35 per 1000 live births in 2019). It varies from 36 in rural areas to 21 in urban areas. U5MR

has declined at a faster pace in the period 2008-2020, registering a compound annual decline of 6.2% per year, compared to 3.3% compound annual decline observed over 1990-2007.

1.4.3 Interventions under Child Health

- Based on the identified causes of mortality, five major strategic areas have been identified to improve child health outcomes. These are:



- Besides, Maternal Health and Family Planning interventions are also linked inextricably to child health outcomes. Therefore, RMNCH+A strategic approach which strategies continuum of care across life stages is the over-arching umbrella under which these child health interventions have been built in.
- India New-born Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Still-birth Rate" by 2030.

1.4.4 Universal Immunization Programme (UIP)

- Universal Immunization Program (UIP) in India is one of the largest public health programs in the world. It targets around 2.90 crore pregnant women and 2.67 crore new-born annually. More than 1.2 crore immunization sessions are conducted annually.
- It is one of the most cost-effective public health interventions and is largely responsible for reduction of vaccine preventable Under-5 mortality rate.
- Launched in 1978 as an expanded program on immunization, it got its

present name of "Universal Immunization Program (UIP)" in 1985 when its reach was expanded beyond urban areas. In 1992, it became part of the Child Survival and Safe Motherhood Program and in 1997, it came under the ambit of the National Reproductive and Child Health Program. UIP is an integral part of National Rural Health Mission since its launch in 2005.

- The National Technical Advisory Group on Immunization (NTAGI) is the country's apex advisory body on immunization. It provides guidance and advice to MoHFW for vaccination and immunization services to effectively control vaccine preventable diseases.
- Under UIP, the Government of India is providing vaccination free of cost against twelve vaccine-preventable diseases, of which:
 - a) Eleven vaccines are provided across the country against Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, severe forms of Childhood Tuberculosis, Rotavirusdiarrhoea, Hepatitis B, Meningitis & Pneumonia caused by Hemophilus Influenza Type B and Pneumococcal pneumonia
 - b) Only Japanese Encephalitis (JE) vaccine is provided sub nationally in endemic districts.
 - c) A child needs seven contacts with the health facility until the age of five years to complete immunization under UIP.

MISSION INDRADHANUSH

- a) To increase the rate of increase of full immunization coverage to ensure no child is left without the benefit of

vaccines, the Government of India launched Mission Indradhanush in December 2014 with an aim to increase the full immunization coverage to at least 90% and sustain the gains through Routine Immunization

- b) Mission Indradhanush is a targeted approach focused to reach all left out and dropped out children in pockets of low immunization coverage (like hard to reach areas, vacant Sub-Centres, areas with recent outbreaks of vaccine preventable diseases, resistance pockets etc.).

Intensified Mission Indradhanush:

- a) During the review of Mission Indradhanush in Pro-Active Governance and Timely Implementation (PRAGATI) meeting on 26th April 2017, directions were received to achieve the goal of 90% FIC (full immunisation coverage).
- b) Accordingly, MoHFW identified 121 Districts, 17 urban areas and 52 Districts of North Eastern States (total 190 Districts/urban areas across 24 States) where Intensified Mission Indradhanush was conducted, Currently Intensified Mission Indradhanush 5.0 has been rolled out.

1.4.5 Pulse Polio Immunization (PPI)

With the global initiative of eradication of Polio following World Health Assembly resolution in 1988, Pulse Polio Immunization programme was launched in India in 1995. Children in the age group of 0-5 years were administered Polio drops during National and Sub-national immunization rounds (in high risk areas) every year. There are 24 lakh vaccinators and 1.5 lakh supervisors involved in the successful implementation of the Pulse Polio Programme across the country. About



165 million children are immunized across the country during each National Immunization Day (NID) and 70 million in SNIDs. One round of SNID was conducted in 13 States in May 2023.

1.5 FAMILY PLANNING

1.5.1 Introduction

India was the first country in the world to launch a National program for Family Planning way back in 1952. The initial efforts under the program were focused on population stabilization. Over the years the benefits of family planning were realized globally. Family Planning is now a well-recognized intervention to improve maternal and child health. In fact, the benefits go beyond health as it impacts all 17 sustainable development goals (directly or indirectly). It is also one of the most cost effective solutions for achieving gender equity.

The National program too has come a long way and currently it is being re-positioned to not only achieve population stabilization but also to reduce maternal, infant and child mortality. Reproductive health is one of the foremost pillars under RMNCAH+N strategy.

1.5.2 Current Family Planning Efforts-

Services under the Programme- Currently, the Family Planning methods under the program can be broadly classified in two categories viz. Spacing Methods and Limiting/Permanent Methods:

- A) Spacing Methods: These are reversible methods which can be adopted and discontinued as per an individual's choice
 - a) Oral contraceptive pills (Combined oral contraceptive pill (Mala N), Centchroman (Chhaya)
 - b) Condoms (Nirodh)
 - c) Intrauterine Contraceptive Devices

(IUCD 380A – effective for 10 years, IUCD 375- effective for 5 years)

- d) Contraceptive Injectable MPA (Antara Program)
- e) Subdermal contraceptive implant (single rod)

B) Permanent Methods: These methods are irreversible in nature

- i. Female Sterilization
 - i. Minilap
 - ii. Laparoscopic
- ii. Male Sterilization
 - Conventional
 - Non scalpel vasectomy (no incision no stitches)

C) Emergency Contraceptive Pills- Ezy Pills

D) Other Commodities - Pregnancy testing kits- Nishchay Kits

1.5.3 PROCUREMENT AND SUPPLY OF CONTRACEPTIVES

- **Contraceptives in the National Family Welfare Programme**

The Department of Health and Family Welfare is responsible for implementation of the National Family Welfare Programme by, inter-alia, encouraging the utilization of contraceptives and distribution of the same to the States/UTs under Free Supply of Contraceptives Scheme and through Public-Private Partnership (PPP) under Social Marketing of Contraceptives Scheme.

Procurement procedures: Every year, orders for 75% of the Condom requirement and 55% of requirement for other contraceptives except Injectable contraceptives are placed on HLL Lifecare Ltd. (a PSU under the Ministry of Health & FW) for procurement of contraceptives being manufactured by them as per captive status awarded to them.

- **Free Supply of Contraceptives Scheme:**

Under the scheme, contraceptives viz. Condoms (Nirodh), Oral Contraceptive Pills (Mala-N), Intra Uterine Contraceptive Device (Cu-T 380-A and IUD 375), Emergency Contraceptive Pills (Ezy Pill), Tubal Rings, Injectable Contraceptive (under Antara Programme) and Centchroman Weekly Contraceptive Pill (Chhaya) are procured by the Central Govt. and supplied to State/UTs as per their demand and distributed to the clients through the chain of public health facilities viz. Medical College, District Hospital, Sub-divisional Hospital, Community Health Center, Public Health Centers, Urban Health Centers, Sub Centers and ASHA at no cost to the client.

1.5.4 POPULATION STABILIZATION

- **Background:**

As per UN estimates, World population grew at annual rate of 1.23 per cent during 2000-2010 with developing countries like India registering a higher growth rate. India, is one of the most populous countries in the world which has approx 17.5 percent of world's population with meagre 2.4% of earth's surface area (135.79 million square kms) and 4% of water resources. In 2011, the population of India at 121 Crore, was almost equal to combined population of USA, Indonesia, Brazil, Pakistan, Bangladesh & Japan put together.

As per the Technical Group of Population Projections (July 2020), population of the country is expected to increase from 121.1 crores to 152.2 crores during the period 2011-2036 - an increase of 25.7 percent in twenty-five years at the rate of 1.0 percent annually.

Recent NFHS-5 (2019-21) report further indicates reduction in the Total Fertility Rate (TFR), the country achieved replacement level fertility (TFR 2.0 in NFHS-5). As per NFHS 5 (2019-21), out of 36 States/UTs, 31 States/UTs

have achieved TFR of less than 2.1 but there is a wide variation in the demographic scenario of different Indian states.

- **Current Demographic Scenario:**

India has 64.2% of its population in the age group of 15-59 years which is still increasing and will be at the peak around the year 2036 when it will reach approximately 65%.

Country is home to a fifth of the world's youth demographic, with an average age of 29 years. A significant portion of population is in the reproductive age. It means that population will virtually certain to continue to grow for few decades due to young bulge. As a result, due to population momentum, it will take a while for population stabilization measures to produce the intended goal.

- **Factors that influence population growth:**

Key indicators that influence population growth are Crude Birth rate, high fertility rate in major states, Unmet need for Family Planning, accessibility of family planning services, variability of contraceptive use, less spacing between the births, age at marriage, and other Sociocultural & economic aspects etc.

1.6 Health Policy and Health Insurance

1.6.1 Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana (AB PM-JAY) is the world's largest health insurance scheme that intends to minimize the out-of-pocket expenditure arising due to catastrophic expenditure on healthcare. AB PM-JAY was launched as recommended by the National Health Policy 2017, to achieve the SDGs vision of Universal Health Coverage (UHC),



subsuming the erstwhile Rashtriya Swasthya Bima Yojana (RSBY) on 23rd September, 2018. The scheme provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crore poor and vulnerable families (approximately 55 crore beneficiaries) that form the bottom 40% of the Indian population.

Salient Features of PM-JAY

- Health Cover of Rs.5 Lakh per family per year for secondary and tertiary care to 12 Crore families
- Completely paperless and cashless services
- No cap on family size, age or gender to ensure that all members of the beneficiary families are covered.
- Provides healthcare services across 27 specialties covering 1949 procedures.
- Includes 3 days of pre-hospitalisation and 15 days of post-hospitalisation expenses.
- All pre-existing conditions are covered from day one.
- The benefits under the scheme are portable across the country i.e benefits can be availed at Empaneled Healthcare Providers across the Country
- 33 States/UTs currently implementing Ayushman Bharat PM-JAY barring Delhi, Odisha, and West Bengal.

Progress under Ayushman Bharat PM-JAY

As on 31.12.2023, over 29.1 Crore Ayushman cards have been issued including those covered under State specific scheme implemented in convergence with AB PM-JAY. Further, more than 6.16 Crore hospitalizations amounting to almost Rs. 77,074.10 Crore have been authorised under the scheme.

1.6.2 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Central Government Health Scheme (CGHS) is a health scheme mainly for serving / retired Central Government employees and their families. The scheme was started in Delhi in the year 1954. Over the time it has spread to 80 cities. It serves nearly 15,67,212 primary cardholders and 44,24,969 beneficiaries through a net work of 341 Allopathic Wellness Centres and 106 AYUSH Units.

- **Online appointment system:** CGHS beneficiaries can take advantage of the online appointment system (OAS) to book a slot to consult a general OPD doctor or specialist at any Wellness Centre across the country.
- **Mobile Application:** CGHS has its own mobile app, 'myCGHS', available on Google Playstore and soon to be available on App Store, to provide access to a digital CGHS card and other information like the history of medicines issued, permissions, details of family, etc.

1.6.3 Health Ministers' Discretionary Grant (HMDG)

Under Health Minister's Discretionary Grant (HMDG), financial assistance upto a maximum of Rs.1.25 Lakh is provided to poor patients to cover part of expenditure on hospitalization / treatment of life-threatening diseases in Government hospitals / Institutes.

1.6.4 Rashtriya Arogya Nidhi (RAN)

Under the Umbrella Scheme of Rashtriya Arogya Nidhi (RAN), one-time financial assistance is provided to patients living below threshold poverty lines of respective States / Union Territories and suffering from life-threatening diseases for medical treatment at Government hospitals / Institutes.



Currently, the Scheme has two components viz. (i) Rashtriya Arogya Nidhi (RAN)- to provide financial assistance to patients suffering from life-threatening diseases other than cancer (maximum financial assistance is Rs.15 Lakh), (ii) Health Minister's Cancer Patient Fund (HMCPF) - to provide financial assistance to patients suffering from cancer (maximum financial assistance is Rs.15 Lakh).

Details of funds released during FY 2023-24 (upto 31.12.2023) under the two components of Umbrella Scheme of RAN are given below:

Component	Funds Released (Rs. in Crore)	Number of Beneficiaries
Rashtriya Arogya Nidhi (RAN)	7.63	91
Health Minister's Cancer Patients Fund (HMCPF)	1.93	20

1.6.5 Indian Red Cross Society (IRCS)

Introduction

The Indian Red Cross is the largest statutory humanitarian organization in India. It has always been at the forefront of humanitarian activities and works tirelessly to alleviate suffering during any man-made or natural disaster. It is a huge family of 26 million volunteers, members and more than 3500 staff. It reaches out to the community through a network of over 1100 branches spread throughout the country. It attempts to reduce vulnerabilities among affected people and empower them and their community to mitigate the impact of disasters.

New Initiatives

IRCS, NHQ has been making efforts to streamline the trainings in first aid being held all through the country by the branches. In this regard several directions & advisories have been issued. One of the initiatives has been to hold online examinations for evaluating the competence of the trainees. The NHQ has hired the services of a PSU to help devise the nitty gritty. The pilot project for examining & pre testing the system being envisaged is being implemented in Delhi, Haryana & Punjab.

1.6.6 St. John Ambulance (India)

Mandate, Governing Structure and Activities of St. John Ambulance (India)

The St. John Ambulance (India) is one of the largest philanthropic, non-sectarian voluntary, charitable and humanitarian organisation engaged in providing relief to the distressed, sick and injured- irrespective of their nationality, race, sex, religion, belief, language and class or political inclinations.

1.7.1 National Vector Borne Diseases Control Programmes (NVBDCP)

The National Center for Vector Borne Diseases Control (NCVBDC) is an umbrella programme for prevention and control of vector borne diseases namely Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. Out of these six diseases, three diseases namely Kala-azar, Lymphatic Filariasis and Malaria are targeted for elimination.

Malaria:

Malaria is a parasitic disease caused by plasmodium parasites. There are 4 parasite species that infect humans are Plasmodium vivax (P.vivax), Plasmodium falciparum (P.falciparum), Plasmodium malariae



(P.malariae) and Plasmodium ovale (P.ovale). It is transmitted by the bite of an infected female Anopheles mosquito. In India, P. vivax and P. falciparum are most commonly reported from India.

Road Map for Malaria Elimination

- Government of India envisages eliminating malaria by 2030 in a phased manner.
- Launch of National Framework for Malaria Elimination (NFME) 2016- 2030 in February, 2016 by Hon'ble Health Minister.
- Dissemination of NFME 2016- 2030 to all States and UTs with instructions to initiate key actions.
- Launch of Operational Manual for Malaria Elimination - April, 2016: The National Strategic Plan (NSP) 2017-2022 for Malaria Elimination was launched in July 2017 by Hon'ble Health Minister.
- Award to the Districts/States for achieving 'Zero indigenous case status' and maintaining it for three consecutive years on attaining sub-national malaria elimination, instituted for Year 1 and Year 3.

Kala-azar

Kala-azar or Visceral Leishmaniasis is a complex disease, caused by the parasite Leishmania donovani and is transmitted by female sand fly Phlebotomus argentipes. The disease is fatal, if not treated timely. In India, Kala-azar cases are mainly reported from 54 districts of 4 States i.e. Bihar (33 districts), West Bengal (11 districts), Uttar Pradesh (6 districts) and Jharkhand (4 districts). Government of India has targeted Kala-azar elimination by reducing the annual KA case incidence to <1 per 10,000 population at block level by 2023.

Lymphatic Filariasis

Lymphatic Filariasis (LF) is a serious debilitating

and incapacitating disease transmitted through the bite of culex mosquito. The overall estimated population at risk from the filaria infection is about 740 million in 339 endemic districts of 20 States and UTs. The Government of India has set the target for elimination of Lymphatic Filariasis by 2027.

171 districts have reported more than 1% microfilaria (Mf) rate and are under Mass Drug Administration (MDA). 136 districts (41%) have stopped MDA and have cleared the Transmission Assessment Survey. 75% of MDA districts are from 5 states of Bihar, Jharkhand, Uttar Pradesh, Odisha and Telangana. Out of the 20 endemic States/UTs in India, 7 have already stopped MDA (Gujarat, Goa, Puducherry, Dadra & Nagar Haveli and Daman & Diu, Tamil Nadu, Lakshadweep, Andaman & Nicobar Islands).

India has taken some key initiatives in the recent past to accelerate the elimination of LF from the country:

- Scale of triple drug therapy with domestic procurement. 62 districts are in various phases of IDA as on date.
- The size of Implementation Unit (IU) has been reduced from district to block level for focused MDA and routine surveillance & Size of Evaluation Unit (EU) for impact assessment reduced from 20 lakhs to 5 lakhs population in Dec 2021.
- For the enhanced monitoring of MDA and Social Mobilization, a provision of additional Human Resources to the endemic States for achieving better compliance during MDA rounds with additional budget of 13.95 lakh per district (for 10 high endemic high focus blocks) is allocated as per the MSG approval.
- Honourable HFM launched the enhanced five-pronged strategy in January 2023 to accelerate the progress towards LF elimination.

Dengue & Chikungunya

i) Dengue

Dengue is the fast spreading outbreak prone arbo-viral disease. Dengue Fever is transmitted by Aedes mosquito which is a day biting mosquito and prefers to rest in hard to find dark areas inside the houses. Aedes aegypti is the principal vector; however, at present Ae. albopictus, has also been reported to play a role in Southern and NE states. There is no drug available to cure the dengue infection.

ii) Chikungunya

Chikungunya is a debilitating viral illness caused by Chikungunya virus. The disease re-emerged in the country after a gap of almost three decades. This disease is also transmitted by Aedes mosquito, both Ae. aegypti and Ae. albopictus can transmit the disease. Symptoms of Chikungunya fever are most often clinically indistinguishable from those observed in dengue fever. It is characterized by fever with severe joint pain (arthralgia) and rash. Joint pains sometimes persist for a long time even after the disease is cured. There is neither any vaccine nor drugs available to cure the Chikungunya and the cases are managed symptomatically.

Japanese Encephalitis

- Japanese Encephalitis (JE) is an arbo-viral disease caused by JE virus.
- It is transmitted through the bite of infected Culex vishnui group of mosquitoes which primarily breeds in rice fields mainly in rural areas.
- It occurs mainly during July to October coincides with monsoon and post-monsoon seasons as well as rice cultivating practices
- JE is reported under Acute Encephalitis Syndrome (AES) which may be caused by wide variety of viruses, bacteria, protozoa, etc.

- JE presents in the severe form as the virus infects the brain causing encephalitis. Disease is characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis and ultimately death.
- Patients who survive come down with permanent neurologic or psychiatric sequelae occurring in 30–0% of those with JE which may include permanent behavioural or neurological problems such as paralysis, recurrent seizures or the inability to speak and listen.
- There is no cure for the disease. Treatment is symptomatic and is focused on relieving severe clinical signs and supporting the patient to overcome the infection.
- Safe and effective vaccines are available to prevent JE.

JE Vaccination:

Out of six vector borne diseases, JE is the only disease against which vaccination is available. This is most effective preventive tool available for JE. At present State is being provided with live SA-14-14-2 JE vaccine for Routine Immunization under univrsal Immunization Programme (UIP). It has now been decided that killed JE vaccine manufactured by Bharat Biotech Ltd. (BBL) will also be provided for use in all JE endemic districts as per availability under the program where campaign has already been caried out and its inter-changeability with other JE vaccine will be allowed as per NTAGI recommendation under routine immunization programme.

1.7.2 National Leprosy Eradication Programme (NLEP)

National Leprosy Control Programme (NLCP) in India was launched in 1955. NLCP was renamed to National Leprosy Eradication Programme



(NLEP) with introduction of Multi Drug Therapy (MDT) in 1983. The strategy of NLEP was based on controlling the disease through reduction in the quantum of infection in the population and reduction in source of infection, thus breaking the chain of disease transmission.

India has achieved enormous success in leprosy control, particularly in the last four decades. India achieved Leprosy elimination at National level in 2005, i.e. Prevalence Rate (PR) <1 case per 10,000 population. The Ministry of Health & Family Welfare (MoFW) is constantly formulating strategies towards the vision of leprosy Free India. Recently, NLEP has introduced National Strategic Plan (NSP) & Roadmap for Leprosy 2023-27 which will serve as a guiding document for accelerating and reaching towards the aim of interruption of leprosy transmission in India by 2027.

1.7.3 National Tuberculosis Elimination Programme (NTEP)

The National Tuberculosis Elimination Programme (NTEP), is an ongoing centrally sponsored programme, implemented under the aegis of the National Health Mission, with an ambitious target of achieving the Sustainable Development Goal (SDG) of eliminating Tuberculosis (TB) by 2025, five years ahead of the Global Targets.

The onset of the COVID-19 pandemic triggered lockdowns, restrictions in movement, repurposing of available NTEP and health system resources, infrastructure, diagnostics, treatment centres and manpower to fight this emerging threat, challenged the ongoing TB elimination efforts and services all over the country. NTEP's response plan and mitigation efforts included integrated TB-COVID bi-directional screening, diagnostic and treatment capacity upgrades, and co-located testing for TB (among COVID-19 patient as well as ILI/SARI patients) and testing

for COVID-19 (among notified TB patients) apart from a plethora of periodically updated advisories, directives, and guidance documents issued to the states.

NI-KSHAY, the NTEP's online portal for patient-based TB notification and information management system, was completely integrated with the Public Financial Management System (PFMS) and is now updated with the latest PFMS Bank Master on a real-time basis. Till September 2023, about 99% of districts have moved to DSC-based approvals in PFMS. Work is ongoing on integrating Ni-kshay with SOCH (Strengthening Overall Care for HIV beneficiaries) and with the Ayushman Bharat HWC-CPHC portals.

The Hon'ble President of India, Smt Droupadi Murmu virtually launched the **Pradhan Mantri TB Mukta Bharat Abhiyaan (PMTBMBA)** on 9th September 2022. The PMTBMBA has been envisioned to bring together all community stakeholders to support those on TB treatment and accelerate the country's progress towards TB elimination.

1.7.4 National Iodine Deficiency Disorder Control Programme (NIDDCP)

Realizing the magnitude of the problem, the Government of India launched a 100 per cent centrally assisted National Goiter Control Programme (NGCP) in 1962. In August, 1992 the National Goiter Control Programme (NGCP) was renamed as National Iodine Deficiency Disorders Control Programme.

1.8 NATIONAL AIDS CONTROL ORGANISATION (NACO)

Through the National AIDS and STD Control Programme (NACP), NACO provides leadership in prevention and control of Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS) and

Sexually Transmitted Diseases (STD) in India through 6 State/UT/District AIDS Control Societies (SACS). NACO has implemented four phases of NACP including the NACP-IV extension phase (2017-21). Currently, NACP Phase-V (April 2021- March 2026) is under implementation as a 100% domestically funded Central Sector Scheme.

1.8.1 SAMPOORNA SURAKSHA STRATEGY

The Sampoorna Suraksha Strategy (SSS) is a preventive strategy developed by NACO to reach at-risk populations for HIV and STIs who do not self-identify as HRGs or are not associated with TI/LWS services. The comprehensive package of preventive services as per the needs are provided to at-risk clients to keep them HIV-negative, destigmatize HIV service-seeking, build strong linkages thus boosting the country's progress on prevention of new HIV infections.

1.8.2 PREVENTION, CONTROL & MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS & REPRODUCTIVE TRACT INFECTIONS

In NACP Phase-V, the programme lays emphasis on (a) Elimination of vertical transmission of HIV and Syphilis. (b) Augment access to quality STI/RTI services.

STI/RTI services are delivered through 1,133 Designated STI/RTI Clinics, known as 'Suraksha Clinics, located in District Hospitals and Medical Colleges. These clinics offer assessment, identification, counseling, and treatment of STI/RTI under the supervision of trained Medical Officers. Services are also extended to high-risk groups (HRGs) through various TI sites or a network of preferred providers engaged under prevention programme.

STI/RTIs are treated using a syndromic approach, providing color-coded drug kits procured under NACO to patients presenting with STI syndromes at DSRC and TI Clinics. Additionally, syphilis screening is conducted for both general clients and pregnant women using RPR test kits supplied through NACP.

HIV Comorbidities (TB, Hepatitis, and NCDs):

HIV-Tuberculosis TB is a prevalent comorbidity and a leading cause of hospitalization and mortality among individuals living with HIV (PLHIV/CLHIV). NACP and NTEP collaborate under the National Framework of TB-HIV collaborative activities, focusing on Intensified TB Case Finding (ICF), TB preventive treatment, and airborne infection control measures.

Intensified case finding (ICF) involves screening for TB symptoms among PLHIV attending ICTC, ART Centers, TI, Prisons and other closed settings. It allows for additional services to High-Risk Groups and early detection and management of HIV-TB co-infected cases through ART Centers. Clients displaying TB symptoms are referred to the nearest/co-located NTEP diagnostic facility for diagnosis.

PROCUREMENT

Under NACP, NACO provides free ARV drugs to approx. 16.8 lakh PLHIV. In addition, approximately 6.4 crore HIV tests were conducted in year 2022-23. NACO does the procurement of ARV Drugs, HIV testing Kits, & equipment etc. Procurements are largely done by NACO through Procurement Agency of M/o Health & Family Welfare viz. Central Medical Services Society (CMSS) and in few cases, through direct contract management by NACO as well. CMSS has been associated with NACO as a Procurement Agency since 2016.



1.9 OTHER NATIONAL HEALTH PROGRAM

1.9.1 National Programme for Prevention and Control of Non-Communicable Diseases

1. Background:

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases (NCD) surpassing the burden of Communicable diseases like water-borne or vector-borne diseases, TB, HIV, etc. The Non-Communicable Diseases like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes and other NCDs are estimated to account for 63% of all deaths, thus making them the leading causes of death. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths related to heart diseases, stroke and diabetes are also projected to increase over the years.

In order to prevent and control major NCDs, Government of India has implemented the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) in all States across the country with the focus on strengthening of infrastructure, development of human resource, emphasis on health promotion, population based screening (age 30 years & above), early diagnosis, management and referral. For activities up to district level and below under NP-NCD, States are given financial support under the umbrella of NHM. The funds are being provided to States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10).

2. Pradhan Mantri National Dialysis Program (PM-NDP)

2.1 Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic

kidney disease during year 2016-17 to support in all district hospitals in a Public Private Partnership (PPP) mode under NHM. Haemodialysis services were provided under the program. Peritoneal Dialysis is also included 2020 onwards.

PMNDP portal was launched on 5th May 2022 with the objective of achieving the goal of 'One Nation-One Dialysis'. The portal is integrated with ABHA ID. The portal will integrate all the dialysis centres operational in the States/UTs under NHM with building of registry and facilitating portability of dialysis services across the country.

1.9.2 National Tobacco Control Programme (NTCP)

- National Tobacco Control Programme (NTCP) was launched in 2007-08 with aims to create awareness about the harmful effects of tobacco use & second hand smoke; to implement the tobacco control laws and to provide affordable, easily accessible and evidence-based cessation services or treatment to tobacco addicts. NTCP is being implemented through three-tiered structure i.e., (i) the National Tobacco Control Cell, (ii) the State Tobacco Control Cells and (iii) the District Tobacco Control Cells. The Programme is being implemented in 710 districts across all 36 States/UTs of the Country.

1.9.3 National Mental Health Programme (NMHP)

1. District Mental Health Programme (DMHP)

To address the burden of mental disorders, the Government of India is supporting implementation of the District Mental Health Programme (DMHP) under the National Mental Health Programme (NMHP) in 738 districts of the

country for detection, management and treatment of mental disorders/illness with the major components of counseling in schools and colleges, work place stress management, life skills training, suicide prevention services and IEC activities for generation of awareness and removal of stigma associated with Mental Illness.

2. National Mental Health Programme (NMHP)

Universal access to Mental Health is one of the objectives of the Mental Health Policy 2014. The National Mental Health Program is a part of the Tertiary Care Program. With an aim to achieve the objective of Mental Health Policy 2014, under the Manpower Development Scheme A & Manpower Development Scheme B, support is provided to the Medical Colleges/Institutes for creating/increasing the number of seats in post graduation viz. Psychiatry, Clinical Psychology, Psychiatric Social Worker and Psychiatric Nursing. Increase in the manpower in mental health OPDs is reflected in the footfall of the patients seeking treatment or counseling.

3. National Tele Mental Health Programme (NTMHP)

Advocating the use of digital tools for improving the efficiency and outcome of the healthcare system, particularly in the domain of mental health care, the National Tele Mental Health Programme, Tele Mental Health Assistance and Networking Across States (Tele MANAS) was launched on 10th October, 2022 in the Union budget 2022-23 as a digital arm of District Mental Health Programme.

Establishing a new milestone in the NTMHP, Logo for the Programme was launched on 10th October, 2023 on the occasion of World Mental Health Day to mark the one-year anniversary of National Tele Mental Health Program.

1.9.4 National Programme for Control of Blindness and Visual Impairment (NPCBVI)

India was the first nation to launch a national program on prevention and control of blindness. Back in 1971-1974, an ICMR survey concluded the prevalence of Blindness in the country around 1.38%, 80% of which was avoidable. Major causes of Blindness were cataract, trachoma and Vitamin A Deficiency. The Government of India launched the National Programme for Control of Blindness (NPCB) in the year 1976 as a 100% centrally sponsored scheme with an aim to reduce the prevalence level to 0.3% by 2020 from 1.38% in 1974.

1.9.5 National Programme for Prevention and Control of Deafness (NPPCD)

- The National Programme for Prevention and Control of Deafness (NPPCD) is centrally sponsored scheme initially implemented in 25 districts of 11 States/UTs as pilot project in 2007. Now 595 districts in the country has been covered under the program.
- Under the programme screening, examination and rehabilitation is provided to identified hearing impaired persons without suffering financial hardship.
- It includes the full spectrum of essential, quality health services from health promotion, prevention, treatment and rehabilitation across the life courses, which are the guiding principles for universal healthcare coverage (UHC).
- As per National sample survey (2002) hearing disability is 2nd most common disability in the country and as per population based survey (2003) in India the estimated prevalence of hearing impairment was approx 6.3%.



- An even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one sided) hearing loss.
- Hearing aids are provided to identify hearing impaired persons as per terms and conditions of Scheme of **Assistance to Disabled persons for Purchasing/Fitting of aids/appliances (ADIP Scheme)** under Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment.

1.9.6 National Programme for Prevention And Control Of Fluorosis (NPPCF)

Fluorosis, a crippling disease is caused by excess intake of fluoride mainly through drinking water. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis. To tackle the problem, GoI launched the National Programme for Prevention and Control of Fluorosis (NPPCF) in 2008-09 (11th Five Year Plan) under NHM and the same is now being expanded in a phased manner.

Desirable limit for Fluoride in drinking water, as per BIS standards, is 1.0 mg/ litre and the permissible limit is 1.5 mg/ litre. As per the Integrated Management Information System from Department of Drinking Water and Sanitation (Ministry of Jal Shakti), with respect to excess fluoride levels in ground water, there are 8,415 habitations which are yet to be provided with safe drinking water. So far, 163 districts of 18 States and one UT have been covered under the Programme.

1.9.7 National Programme For Health Care Of The Elderly (NPHCE)

The Ministry of Health & Family Welfare had launched the “National Programme for Health Care of the Elderly” (NPHCE) during 2010-11 to address various health related problems of elderly

people. The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of “The Maintenance and Welfare of Parents and Senior Citizens Act, 2007” dealing with provisions for medical care of Senior Citizen.

1.9.8 National Oral Health Programme (NOHP)

The National Oral Health Programme was initiated in 2014-15 to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. Support under the programme is provided to States/UTs for establishing dental care unit at the level of District Hospital and below. Support is provided for equipment including dental chair, consumables, training and IEC activities and for contractual appointment of dental surgeons, dental hygienists, dental assistants, dental technicians. Under the central component of the Program, activities like IEC creation for generating awareness about oral diseases, capacity building, review meetings, drafting Guidelines and training manuals are being carried out. The programme is operational across 36 States/UTs. Till now, 6023 dental care units has been supported under the Programme either partially or fully, which includes 593 at DH, 1056 at SDH, 3229 at CHC, 1124 at PHC and 21 Mobile Dental Units across all States/UTs.

1.9.9 National Programme On Prevention And Management Of Burn Injuries (NPPMT&BI)

The programme for trauma care started during 9th and 10th Five Year Plans as "Pilot Project for Strengthening Emergency Facilities along the Highways". During the 11th FYP, the programme

was approved as "Assistance for Capacity Building for Developing Trauma Care Facilities in Government Hospitals on National Highways" for developing a network of Trauma Care Facilities (TCFs) in the Government Hospitals along the Golden Quadrilateral highway corridor as well as North-South & East- West Corridors wherein 116 TCFs were approved in 17 States on these corridors on 100% Central assistance.

1.9.10 National Organ Transplant Program (NOTP) and Transplantation of Human Organs and Tissues Act, 1994.

Organ Donation and Transplantation is a Government regulated activity in India as per the provisions of the Transplantation of Human Organs and Tissues Act, 1994 (THOTA 1994) (as amended in 2011) and rules made thereunder. The main purpose of the Act is to regulate the removal, storage, and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealing of human organs. Brain stem death has been recognized as legal death in India under THOTA since 1994.

In pursuance of the amended Act, the Transplantation of Human Organs and Tissues Rules were notified on 27.03.2014. The amended Act and revised rules have many provisions for the promotion of organ donation from deceased donors.

The government of India is implementing the National Organ Transplant Program (NOTP) to carry out activities as per THOTA 1994, improving awareness about a healthy lifestyle and the prevention of organ failure, raising awareness on the donation of organs and tissues from deceased persons, augmenting infrastructure for transplantation especially in government institutions, and providing training for manpower and research. For implementing the program activities, the government has established the National Organ and Tissue Transplant Organization (NOTTO), an apex organization at the national level, and similar organizations at the regional and state levels to provide an efficient and organized system of organ procurement and distribution in the country and to maintain a national registry of donors and recipients of organs and tissues. The National Human Organs and Tissues Removal and Storage Network consist of one NOTTO located at Safdarjung Hospital campus in New Delhi, 5 Regional Organ and Tissue Transplant Organizations (ROTTOS), and 21 State Organ and Tissue Transplant Organizations (SOTTOS) have been sanctioned so far which network with 821 hospitals/institutions, including 629 organ transplant centers, 124 organ retrieval centers, and the remaining as tissue centers. NOTTO also serves as SOTTO for Delhi and the National Capital Region (NCR), and each ROTTO also acts as SOTTO in the state where it is located.



2.1 DISASTER MANAGEMENT CELL

A Disaster Management Cell was established in MoHFW in December 2020 with the mandate of planning for prevention, mitigation and to remain prepared to manage public health emergencies (of international and national concern), major epidemics and pandemics. It has also been tasked with response to public health emergencies (major epidemics and pandemics) as well as addressing the health consequences of natural and man-made disasters.

2.1.1 Response to disasters:

(i) Cyclonic storms:

Disaster Management Cell has maintained a Situational awareness regarding various cyclonic storms that occurred in the year 2023 including “BIPARJOY” over the Arabian Sea Cyclonic Storm “MICHAUNG” over the Bay of Bengal. Quick response medical teams and public health teams were kept ready for deployment. Advisories were issued to States/UTs likely to be impacted by the cyclones and resulting floods to take necessary public health actions to avoid risk of outbreak of communicable diseases.

(ii) Uttarkashi tunnel accident:

In November 2023, there were 41 labourers trapped in a tunnel in Uttarkashi, Uttarakhand.

Daily situational update and step to step monitoring was done about the health

condition/ailments of the victims in the tunnel and progressive approach towards the rescue plan of labourers were made. Central teams were kept ready for deployment and advisories regarding evacuation plan, Clinical SOP's along with the PMO approved post rescue response plan were provided.

2.1.2 Response to disease outbreaks:

(i) Avian Influenza disease outbreak:

Following the outbreak of Avian Influenza (H5N1) reported from Bokaro district of Jharkhand in February, a Central multi-disciplinary team was sent to the State to support State Government of Jharkhand in implementation of the contingency plan for Avian Influenza.

(ii) Zika virus disease outbreak:

In view of report of confirmation of Zika Virus disease from Kolhapur district of Maharashtra in September, 2023, a Central multi-disciplinary team was deployed to support the State Government of Maharashtra in implementing requisite public health measures. The team undertook capacity building for vector control and supported the district/State in successful implementation of National Zika Action plan of Ministry of Health and Family Welfare.

(iii) Nipah virus disease outbreak:

There are six laboratory confirmed cases of Nipah virus disease in Kozhikode, Kerala as on 19th September 2023. Two deaths also have reported

during this outbreak. In order to support State Health Departments in control and containment measures, a multi-disciplinary Central team were deployed to implement requisite public health measures.

(iv) Scrub Typhus outbreak:

Following the surge in the Scrub Typhus disease in the month of September 2023, Central multi-disciplinary teams were deployed in Odisha to support the State Government in implementing requisite control and containment measures. The Central team supported the State in containment of Scrub typhus through early detection, testing, case isolation and early treatment.

2.1.3 Preparedness for international health emergencies:

(i) Morocco earthquake:

On 8 September 2023, a powerful earthquake of magnitude 6.8 struck Morocco. In this regard, Disaster Management Cell had coordinated with Union Ministry of External Affairs to ensure that teams for providing medical care relief to earthquake affected persons in Morocco were kept ready for deployment.

(ii) Nepal Earthquake:

A strong earthquake of 6.4 magnitude hit Nepal on 3rd November, 2023 in which more than 382 aftershocks were reported. In view of this, quick response medical teams and public health teams were kept ready by the disaster management cell, MoHFW for deployment.

2.1.4 Programme areas: The division implements two Central Sector Schemes

(i) Human Resource Development for Emergency Medical Services (HRDEMS): The scheme has provisions for setting up and equipping of National Emergency Life Support (NELS) Skill Centres at Government

(Central/State) Medical Colleges across all States and UTs for imparting skill-based trainings to doctors, nurses and paramedics in emergency life support.

(ii) Health Sector Disaster Preparedness and Response (HSDPR): The scheme aims to strengthen capacities of the health sector to prevent, mitigate and remain prepared to respond to the adverse outcome of disasters.

2.2 Management of Covid-19 Pandemic

India's Health Response to the COVID-19 Pandemic

The World Health Organization (WHO) on 5th May, 2023, declared that in light of decreasing trend in COVID-19 deaths; decline in COVID-19 related hospitalizations and intensive care unit admissions, and the high levels of population immunity to SARS-CoV-2, COVID-19 no longer constitutes a Public Health Emergency of International Concern (PHEIC).

As on 15th December 2023, as reported by States/UTs, a cumulative total of 4,50,04,142 confirmed cases, with 5,33,310 deaths due to COVID-19 have been reported in the country so far. The COVID-19 trajectory has registered a sustained and significant decline since April, 2022.

As on 6th November 2023, as per ICMR, COVID-19 testing is being undertaken through a network of 3250 laboratories (1465 Government & 1785 private). In addition, COVID-19 testing is being supported through extensive use of Point of Care tests such as Rapid Antigen tests.

The Indian SARS-CoV-2 Genomics Consortium (INSACOG), jointly initiated by the Union Health Ministry of Health and Department of Biotechnology (DBT) to track mutations in



COVID-19 virus continues to be expanded. As per Indian SARS-CoV-2 Genomics Consortium (INSACOG), Omicron and its sub-lineages continued to be the dominant variant in India.

In light of declining trajectory of COVID-19 cases across the world, the guidelines for International arrivals were last updated on 19th July, 2023 and uploaded on website of Ministry of Health & Family Welfare.

Guidelines on Clinical management of COVID-19 continues to be updated with emerging scientific evidence. The treatment protocol for adults was last updated on 28th March 2023 and has been widely circulated.

Union Ministry of Health has provided requisite financial assistance to States/UTs to enhance preparedness and response capacities against COVID-19. Funding support has provided to States/UTs for health system strengthening to meet any exigency due to resurgence of cases in the country through National Health Mission, State Disaster Response Funds (SDRF), Emergency COVID-19 Response and Preparedness packages I & II and PM - Ayushman Bharat Health Infrastructure Mission.

A sustained low incidence level of mild clinical severity and very low rates of hospitalization due to various factors such as enhanced surveillance, focus on case management and high vaccination coverage has supported country's COVID-19 management efforts.

Union Ministry of Health & Family Welfare continues to monitor the situation closely and advocates use of five-fold strategy of test-track-treat-COVID-19, vaccination and adherence to COVID-19 appropriate behaviour to curb any spurt in cases.

2.3 Covid-19 Vaccinations

Background:

- The National COVID-19 Vaccination Programme began on 16th January 2021, initially, with the aim of covering the adult population of the country in shortest possible time. India has been able to administer more than 220.67 crore vaccine doses using mainly three indigenously manufactured vaccines-Covishield manufactured by M/s Serum Institute of India, Covaxin manufactured by M/s Bharat Biotech International Limited and Corbevax by Biological E Ltd.
- A system of prioritization was followed globally by all countries in light of limited availability of vaccines. The National Expert Group on Vaccine Administration for COVID-19 (NEGVAC), constituted in August 2020, identified the priority groups in the country with an aim to protect country's Healthcare & Pandemic Response System and control the vulnerability and mortality risk for COVID-19 disease. Prioritization of Beneficiaries was done to protect health care workers and to reduce mortality and morbidity in high risk group population.
- India's National COVID-19 Vaccination Programme was launched by Hon'ble Prime Minister of India on 16th January 2021 which started initially with Health Care Workers, which included service providers & other workers in health facilities of both Government & private sector. This was subsequently expanded to include more population group like Front Line Workers, persons above 60 years of age, persons aged 18 years and above, adolescents aged 15 to 18 years and finally to age group of 12-14 years of age.

- Similarly, precaution dose was made available to all persons 18 years and above 26 weeks (6 months) after the date of administration of 2nd dose
- Cold chain across the country was assessed and strengthened to accommodate the supply line for COVID-19 vaccines. Existing Universal Immunization Programme (UIP) cold chain points were augmented for this purpose.
- A unique digital platform- Co-WIN portal was developed to support vaccination activity. The CoWIN portal has enabled real time monitoring of status of vaccination drive, vaccine availability and utilization. It helps in registration, tracking of every beneficiary for second dose, generation of digital certificates etc. This has served as single source of truth for all data related to beneficiaries and vaccination.
- A targeted communication strategy has been put in place to address prevalent reasons for vaccine hesitancy thereby aiding vaccine demand.
- Innovative approach like workplace vaccination for employees, near to home vaccination for elderly and differently abled citizens, vaccination at place of residence for persons who are bed ridden or have extremely restricted mobility or disability and/or special needs were taken up in the programme to reach out to all beneficiaries.



Training and Training Institutions

CHAPTER

03

3.1 Training Institutions

3.1.1 National Institute of Health and Family Welfare, New Delhi (NIHFW)

The National Institute of Health and Family Welfare (NIHFW), an autonomous organization of the Ministry of Health and Family Welfare, Govt of India; works towards promotion of health and family welfare programmes in the country. The core focus areas of the Institute are post-graduate education, in-service training of medical, para-medical and public health personnel; research and evaluation; consultancy and advisory services; specialized projects; and specialized services in the field of health and family welfare.

Teaching and Research Activities

The Institute conducts MD in Community Health Administration (CHA), Diploma in Health Administration (DHA) courses affiliated with Faculty of Medical Sciences, University of Delhi and Post-graduate Diploma in Public Health Management (PGDPHM) approved by the MoHFW, Govt of India. In the year 2023, the institute has also started a PhD Programme in Public Health. The Institute conducted six PGDM (Exec) courses in distance learning mode approved by the AICTE. The Institute offered internship opportunities in public health to more than 100 students doing MPH and MSc course at various institutes. More than 500 students from Medical and Nursing Colleges visited the Institute to get exposure of various public health activities conducted by the Institute.

3.1.2 National Institute of Public Health Training & Research (NIPHTR), Mumbai

National Institute of Public Health Training & Research, NIPHTR (erstwhile Family Welfare Training & Research Centre, Mumbai) is a Central Training Institute of the Ministry of Health & Family Welfare established in June 1957. The institute conducts in-service training for health-care personnel across the country in key Public Health issues with the aim to enhance the knowledge and skills of health personnel for better delivery of health care services. NIPHTR is also involved in capacity building of Public Health workforce in Primary Health Care, Family Welfare, Reproductive & Child Health, HIV/AIDS and other National Health Programmes.

NIPHTR conducts regular in-service courses namely Diploma in Health Promotion Education (DHPE) and Post Graduate Diploma in Community Health Care (PGDCHC) affiliated to International Institute for Population Sciences (IIPS), Mumbai a deemed University under MoHFW. NIPHTR has started various Skill Development training programmes under the Health Care Sector of MoHFW in 2017 namely: i) Sanitary Health inspector ii) Diabetes Educator iii) Home Health Aide iv) General Duty Assistant v) First responder course. It started with i) Master of Public Health (MPH) and ii) Post-Graduate Diploma in Hospital Management (PGDHM) in the academic year 2021-22, to expand the pool of well-trained and competent public health professionals

3.1.3 Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFT), Tamil Nadu

Health and Family Welfare Training Centre:

Under National Health Mission (NHM), skill based trainings are conducted in the major Government hospitals or Medical college hospitals through six regional health training institutes (RTIs), knowledge based trainings are conducted by the HFWTC and by the district/block training teams and community based training – through the district or block training teams coordinated and supervised by the HFWTC.

The HFWTC conducted 19 batches of trainings viz., BEmOC, MCH Skill lab, NSSK – MOs, G-IMNCI – Refresher, RMNCH +A, DAKSHTA training to SNs. Comprehensive abortion care (MTP) training to Female MOs, IYCF-MAA training IRT – Female health functionaries, School Health & Wellness training to School Principals & Teachers with 796 trainees in 19 batches. Comprehensive Training plan (2023-24) held on 01 & 02nd Nov 2023 at O/o DPH & PM, Chennai and based on the training batches to be planned there the further batches will be conducted during the period from Nov 2023 to Mar 2024.

3.2 CENTRAL MEDICAL INSTITUTIONS AND AIIMS

3.2.1 Central Medical Institutions and AIIMS, New Delhi

Introduction

All India Institute of Medical Sciences (AIIMS), New Delhi established in 1956 by an Act of Parliament is an Institution of National Importance and a Centre of Excellence. AIIMS has discharged its role as patient care provider, research institute and teaching institution with

considerable accolades over the past 6 decades. AIIMS has always maintained the high standards of meritocracy and learning.

AIIMS has been empowered to grant medical, dental and nursing degrees/ diplomas and other academic distinctions and titles under AIIMS Act, 1956. AIIMS is offering education to the students in various undergraduate and post graduate courses. The undergraduate courses include MBBS, B.Sc. (Hons.), Medical Technology in Radiography and Ophthalmic Techniques, B.Sc Nursing (Post certificate) and B.Sc. (Hons) Nursing. Post Graduates courses include PhD, DM, M.Ch., MD, and M.Sc. courses in different disciplines.

Medical Research

The Institute has comprehensive state of art facilities for teaching, research and patient care. Research is a very important component of the trinity of this Institute. Institute has always maintained a very competitive research environment. As mandated, the faculty, scientists and students of this Institute have been initiating to conduct basic science, clinical and public health research. The Research Section is the Nodal facilitator and the mandate of the Research Section is to support and strengthen research in the Institute.

Extramural Projects

The total fund of Rs. 81,03,64,496 received for 855 projects from several agencies viz ICMR, DST, DBT, DHR, AYUSH etc.

Intramural Projects

Various new schemes of Intramural Research Grants viz. intramural funding scheme for conducting Nursing Research Projects for Nursing Faculty and Undergraduate Mentorship Research Skills for students at AIIMS has been initiated. A new research initiative has also been



introduced by Research Section to foster research temperament amongst medical/dental post graduates and to MD/MS/MDS/DM/MCH for accomplishing the research objectives in their thesis. Besides, impetus to infrastructure and capacity building exercise was provided through operationalizational facilities of Centralized core Research Facilities (CCRF), Clinical Research Unit (CRU) and Centre for Medical Innovation & Entrepreneurship (CMIE)/BioNEST.

In this regard, total 252 projects were approved under various schemes during the period from 01.04.2023 to 30.09.2023 and total grant received for the projects is Rs. 13,22,65,124.

Budget

A Budgetary Support of Rs. 4134.67 crore under Grant-in-Aid was provided by the Government during the financial year 2023-2024. The major-heads of expenditure include creation of Capital Assets, Salary and General expenses.

3.2.2 Postgraduate Institute Of Medical Education & Research, Chandigarh

The Postgraduate Institute of Medical Education and Research, Chandigarh was declared as an Institute of "National Importance" and became an Autonomous Body by an Act of Parliament (Act 51 of 1966), on 1st April, 1967. The Institute is fully funded by Ministry of Health and Family Welfare.

HOSPITAL SERVICES

The patient care services in PGIMER have expanded from Nehru Hospital to a number of independent Centres like New OPD Block, Advanced Pediatric Centre, New Emergency Block, Advanced Eye Centre, Drug De-addiction Centre, Advanced Cardiac Centre and Advanced Trauma Centre. The total bed strength of the PGIMER is 2,210 beds.

Budget: Budgetary support of Rs. 1923.00 Crore

under Grant-in-Aid was provided by the Government during the financial year 2022-23. The major heads of expenditure include infrastructure, machinery and equipment, salary payments and consumables.

3.2.3 Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Puducherry

Introduction

In 2008, with the passage of the JIPMER Act, it acquired the status of an autonomous body under the Ministry of Health and Family Welfare, Government of India, and was also declared as an Institution of National Importance.

JIPMER is charged with the responsibility of providing teaching facilities and patient care services of the highest order and of undertaking high-quality research in the field of healthcare. Its main campus is located in Puducherry, and is spread over 192 acres. A second campus, located nearly 150 Km south of the main campus, at Karaikal, a part of the Union Territory of Puducherry, has been functioning since 2016.

JIPMER is one of the few public-sector institutions in the country that provide teaching at undergraduate, post-graduate and superficiality levels, conducts high quality research and provides specialty care of the highest order in nearly all specialties and sub-specialties of medicine.

Overview of Institute Activities 2023

For the year 2023, in the National Institute Ranking Framework (NIRF) rankings in the medical category, Jawaharlal Institute of Postgraduate Medical Graduate and Research (JIPMER) has obtained the 5th rank.

The Standing academic committee has given approval for the starting 6 new courses namely MCh Gynecological Oncology, PDF



Interventional Cardiology, PDF Head and Neck Radiation Oncology, PDF Pelvic Radiation oncology, PDF Fetal Medicine, and PDF Pediatric Nephrology. A total of around 40 seats in various DM/MCh/PDF courses in various Super-specialty departments have been increased. An elective posting for MBBS interns in rural centers (as a part of their PSM posting) outside JIPMER has been approved and will be implemented from the next batch of Interns.

In Karaikal campus, new Girls hostel facility has been inaugurated. The new Academic building is complete and will be opened in few months.

In the year 2023, a total of 230 students were admitted both for Puducherry and Karaikal campus in the month of July 2023. Postgraduate admission to MD/MS/MDS/MCh (6 year Integrated course) were admitted through INICET in January and July 2023 session. DM/MCh – Admissions were done through INI-SS examinations in the January 2023 session.

3.2.4 Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi

Vardhman Mahavir Medical College (VMMC) and Safdarjung Hospital (SJH) form a premier medical institution located in New Delhi, India. Established in 2001, VMMC is a government medical college that operates in association with SJH, a historic healthcare facility founded in 1942. Together, they offer comprehensive medical education and healthcare services. VMMC is known for its undergraduate and postgraduate medical programs, while SJH, with its extensive infrastructure, provides a wide array of specialized medical treatments. Both institutions play a crucial role in shaping medical professionals and delivering quality healthcare to the community.

The hospital has maintained best patient care and has endeavor to continue meeting challenges

whilst keeping abreast with research and developments in medical domain for best patient care. Few of the milestone achieved during 2023 by SJH are as follows:-

Hospital Achievements

- First IVF Delivery was undertaken in Jan 23, thereafter total 15 deliveries with 16 babies (one twins) were delivered. The facilities are being continued.
- First Heart Transplantation was undertaken in May 23.
- Inauguration of Paediatrics hemodialysis unit was undertaken in June 23.
- Considering, the recovery after burn casualties and normalization of life, first skin Bank was opened in June 23.
- Inauguration of Bone Marrow Transplantation unit was undertaken in June 23.
- 410 live robotic surgeries in urology department was undertaken, which has been a world record on its own.
- Towards cancer treatment Gene Sequencing as target therapy was undertaken first time in any Govt Hospital in India.
- Treatment of cancer by burning tumor with cold gas has started.
- Commencement of Next Generation Sequencing Lab in Nuclear Medicine for cancer patients.

II. Facilities

- Trauma and emergency services on 24 Hrs Basis are maintained
- Admission of patients in various wards on 24 Hrs Basis is undertaken.
- Availability of Clinical Laboratory on 24 Hrs Basis are available and the same is maintained.



- Availability of X ray, Ultra sound and CT scan facilities on 24 Hrs Basis.
- Round the Clock Telephonic and personnel guidance Inquiry services.
- Round the Clock Ambulance services.
- Maintained Quality Sanitation.

III. New Initiatives

- Inauguration of Intensive Care Unit for outborn babies on 05.08.2023 was undertaken.
- Inauguration of Next generation Sequencing facility was undertaken on June 7, 2023.
- Commencement of 26 Bedded PNC Ward was undertaken in April 2023.
- Commencement of Evening OPD for more availability of time was undertaken and the same is maintained.
- Conduct of in house CPR Training to Non-Medical Personnel.
- 26 bed private Ward is being started in Phased Manner.
- Telemedicine OPD Services as part of e-Sanjeevani Online Consultation started for Medicine, Obs & Gynae, Ortho, Paed. Surgery & Skin Department.

3.2.5 Dr. Ram Manohar Lohia Hospital & New Delhi

Dr. Ram Manohar Lohia Hospital, formerly known as Willingdon Hospital, was established by the British for their staff and had only 54 beds. After independence, its control was shifted to New Delhi Municipal Committee.

In 1954, its control was again transferred to the Central Government of Independent India. The hospital has grown over the years and is currently having about 1532 beds, spread over in 30 acres of land. It caters to the population of New Delhi and

Central District, apart from patients from other areas and even from outside Delhi. It is having 71 beds in a Nursing Home for the C.G.H.S beneficiaries, including Maternity Nursing Home.

In the year 2023 (January to December) hospital provides services to 1620193 patients as OPD cases, admits 80134 patients in Indoor and 221162 patients are attended in the Emergency. 15506 major surgeries and 49559 minor surgeries are performed during this period.

3.2.6 Lady Harding Medical College and Associated Hospitals

The 106 years old Lady Harding Medical College is a pioneering institute for medical education especially for girl aspirants at under graduate level and for both male and female students at post graduate and above levels. The college and its associated hospitals viz. Smt. Sucheta Kriplani Hospital and Kalawati Saran Children's Hospital are undergoing comprehensive redevelopment. New Academic, OPD, IPD and Radiation Oncology Blocks have been started recently and more facilities and the Departments are expected to be added soon to augment patient care and medical education.

Kalawati Saran Children's Hospital (KSCH):

Kalawati Saran Children's Hospital is a premier referral Children's Hospital of national importance. The Hospital started functioning in the year 1965 for imparting medical care service exclusively for Paediatrics patients up to 18 years of age. At present it has 395 beds. Under the scheme for the improvement of KSCH (JICA) the bed strength of this Hospital is being increased to 500.

The Hospital statics for 2023-24 are as under :-

1. Name of Hospital : KSC Hospital
2. No. of Beds : 395



3.	OPD Attendance	:	2,55,553
4.	Casualty	:	67,868
5.	Bed Occupancy	:	105.98%
6.	Surgery (Major)	:	2140
7.	Surgery (Minor)	:	3218
8.	Admissions (Indoor Patients)	:	28,289
9.	Neonatal & Nurser Care	:	1322 & 1034
10.	Budget: Allocation	Actual Expenditure	
	(Rupees in Crores)		
	Revenue	159.23	104.42
	Capital	09.30	03.46

3.2.7 National Institute of Mental Health & Neuro-Sciences, Bengaluru, (NIMHANS)

NIMHANS is the leading post-graduate training centre in the country in mental health and neurosciences. Occupying a pre-eminent position, it currently offers about 90 courses including MCh, DM, MD, post-doctoral fellowships, doctoral studies, MPhil, MSc, diplomas and more recently, undergraduate courses in select disciplines.

NIMHANS has emerged as a leader in both behavioural and neurosciences research. At NIMHANS, research occurs in a seamless manner from the bench to the bedside and from the bedside to the community. The institute has made signal contributions in a multitude of areas from addiction to Alzheimer's; from imaging to intensive care; from brain injury to interventional neuroradiology; from disaster relief to deep brain stimulation; from stroke research to signalling in the brain; from rabies to retroviral infections; from youth mental health to yoga research; from molecular genetics to mindfulness research; from restoration to rehabilitation, the contributions are vast and varied.

NIMHANS plays a pivotal role in national policy and programming and is in the forefront of setting the agenda for mental health in India. The flagship District Mental Health Programme of the Government of India emerged out of the Bellary model of care, piloted by NIMHANS. The Institute continues to provide the impetus to strategize, strengthen and bring in innovation in both institutional and community-based mental health care services across the country. They have contributed to the National Mental Health Policy and also promotes/supports rights-based mental health care. Recently, NIMHANS has provided leadership for the national Tele MANAS initiative. They actively collaborate and network with several governmental, quasi-governmental and non-governmental agencies.

ACTIVITY REPORT 2023

As a preeminent institute in the field of mental health and neurosciences, NIMHANS continues to demonstrate remarkable progress in fulfilling its tripartite mission of patient care, training, and research. NIMHANS' sustained excellence is underscored by its consistent performance in national university rankings. The Institute proudly maintains its position among the top five medical universities, as recognized by both the NIRF Ranking and the India Today-MDRA Survey.

NIMHANS also holds the distinction of being the first NABH accredited hospital among the Institutes of National Importance. These accolades reflect NIMHANS' unwavering commitment to advancing care, knowledge and innovation in mental health and neurosciences.

Looking ahead, NIMHANS embarks on a dual celebration in the year 2023-24, marking the 50th anniversary of NIMHANS and commemorating 70 years since the establishment of its precursor, AIIMH – the first postgraduate training institute in mental health in independent India.



3.2.8 Central Institute of Psychiatry (CIP), Ranchi

Central Institute of Psychiatry (CIP) is a premier institution for mental health care in India. The British established this hospital on 17th May, 1918 with the name of Ranchi European Lunatic Asylum. Spread across 211 acres in the

picturesque city of Ranchi, CIP offers the latest medical advances in an environment that promotes mental health and enhances a sense of wellbeing. The Institute has a current capacity of 643 beds. There are 15 wards (nine male wards and six female wards), an emergency ward and a family unit.

BUDGETARY PROVISION FOR APRIL 2023–SEPTEMBER 2023

(Rupees in thousands)

Financial Year		Budget Estimates	Revised Estimates	Expenditure	Expnd % against B.E.	Expnd % against R.E.
2022-23	Revenue	1023200	1033200	1024887	100.16	99.20
	Capital	176800	256800	256292	144.96	99.80
	Total	1200000	1290000	1281179	106.76	99.32
2023-24 Up to 30 Sep 2023	Revenue	1078900	--	520420	51.58	
	Capital	363000	--	140144	98.24	--
	Total	1441900	--	660565	58.46	--

3.2.9 Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting the imbalances in the availability of affordable tertiary healthcare facilities in different parts of the country in general and augmenting facilities for quality medical education in the under-served States/UTs in particular.

PMSSY is a Central Sector Scheme and, has two components:

- A. Setting up of AIIMS institutions; and
- B. Upgrading existing Government Medical Colleges/Institutions in a phased manner.

The objective is to establish AIIMS as centres of excellence that can provide quality medical education and nursing education along with tertiary health care facilities to the people.

Progress and functional status of 22 new AIIMS

Fully Functional (6)	AIIMS where MBBS Classes/ OPD Operational (11)	AIIMS where Only MBBS Classes are running (2)	Other AIIMS (3)
1. Bhopal	7. Raebareli @	18. Vijaypur (Jammu) **	20. Awantipora (Kashmir)**
2. Bhubaneswar	8. Gorakhpur @	19. Madurai	21. Manethi
3. Jodhpur	9. Mangalagiri @		22. Darbhanga (Bihar)*
4. Patna	10. Nagpur @		
5. Raipur	11. Bathinda @		
6. Rishikesh	12. Bibinagar @		
	13. Kalyani @		
	14. Deoghar @		
	15. Bilaspur @		
	16. Rajkot **		
	17. Guwahati @		

** Construction started/in progress.

* Encumbrance free land is yet to be provided.

@ Limited IPD services also started.

Upgradation of Existing State Government Medical Colleges/ Institutions (GMCI)

The upgradation programme broadly envisages improving tertiary health infrastructure through construction of Super Specialty Blocks/ Trauma Care Centres etc. and/or procurement of medical equipment for existing Government Medical Colleges/Institution. Upgradation of GMCs leads to addition of 8-10 Super Specialty Departments

and 150-250 beds. The project expenditure is shared between Centre and State. The present (Average) Centre: State share is 60:40.

Projects for upgradation of GMCs have been approved under different phases. Out of total 75 GMC upgradation projects approved under PMSSY, 64 Projects have been completed till December, 2023, adding about 14700 Super-specialty beds including 2547 ICU beds.



Phase	Cabinet/CCEA Approval	GMC Projects covered	Current status
I	Original-March, 2006 Revised-February, 2010 (Revised Estimate)	13	All Completed
II	2009	06	All Completed
III	November, 2013	39	<ul style="list-style-type: none"> • 36 Projects completed upto November 2023 • 03 under progress
IV	August, 2016	13	<ul style="list-style-type: none"> • 07 completed • 06 under progress
V(A)	IMS,BHU (December 2016)	1	<ul style="list-style-type: none"> • Completed
	SCTIMST (February,2017)	1	<ul style="list-style-type: none"> • Under Progress
V(B)	RIO at IMS, BHU (September,2018)	1	<ul style="list-style-type: none"> • Completed
	IGIMS, Patna (February, 2019)	1	<ul style="list-style-type: none"> • Under Progress
		75	

Upgradation Projects of Government Medical College (GMCs) completed during April 2023 – December 2023:

SI. No.	Name of the GMC/Institute	Name of the State	Phase	Type of Facility	Total Beds	ICU Beds	No. Of Super Specialties
1	PMCH, Dhanbad	Jharkhand	III	SSB	200	40	8
2	GMC, Agra	Uttar Pradesh	IV	SSB	212	32	9
3	GMC, Bhagalpur	Bihar	IV	SSB	202	42	7
4	GMC, Gaya	Bihar	IV	SSB	176	36	7

3.3 OTHER HEALTH INSTITUTIONS

3.3.1 All India Institute of Physical Medicine and Rehabilitation (AIIPMR), Mumbai

All India Institute of Physical Medicine and Rehabilitation, established in 1955 as a Pilot Project with technical expertise and manpower support from United Nations Organization, came under the administrative control of the Ministry of Health and Family Welfare, Government of India in October, 1961. This apex Institute of Ministry of Health and Family Welfare in the field of Physical Medicine and Rehabilitation is well recognized for its commitment to provide comprehensive rehabilitation services to persons with locomotor disabilities. Along with this, the Institute runs training courses. Most of them are Post Graduate level courses, in Physical Medicine & Rehabilitation and allied rehabilitation fields.

The Institute is actively involved in disability rehabilitation related research work and is recognized by Department of Science and Technology (DST), Govt. of India as a research institute.

3.3.2 All India Institute of Speech And Hearing (AIISH), Mysore

The All India Institute of Speech and Hearing (AIISH) is the country's leading higher educational institution for communication and its disorders, providing training, research, clinical care and public education. AIISH is a declared Centre of Excellence in Communication Disorders by the Government of India. It completed fifty-eight years of dedicated service to the nation in 2023.

3.3.3 All India Institute of Hygiene & Public Health (AIIPH&PH), Kolkata

All India Institute of Hygiene & Public Health, Kolkata, was established in 1932 as South-East

Asia's first public health teaching, training and research institute. The Institute runs various post graduate public health courses for various cadres of Public Health, two of which are NMC recognised, viz; 1) MD (Community Medicine) 2) MD (MPH Epidemiology). Two new courses, namely M.Sc. In Public Health (Health Promotion) and M.Sc. In Public Health (Maternal and Child Health) have also been started by AIIPH.

3.3.4 Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu

1. Introduction

Central Leprosy Teaching and Research Institute (CLT&RI), is the apex and one among four leprosy institutes established under Directorate General of Health Services (DGHS), and situated at Chengalpattu in Tamil Nadu. The key objectives are to provide diagnostic, treatment and referral services to Persons affected with leprosy (PAL), train manpower for National Leprosy Eradication Programme (NLEP), Monitoring & Evaluation and to conduct basic and operational research. The Institute has a 124 bed hospital catering to both indoor and outdoor patients with four technical divisions: - Clinical, Surgical, Laboratory and Epidemiology & Statistics.

3.3.5 Regional Leprosy Training And Research Institute (RLTRI) Raipur

Regional Leprosy Training and Research Institute (RLTRI), Raipur established in the year 1979, is one of the 3 RLTRIs established with the aim to provide specialized care to the leprosy cases undertake research in the field of leprosy and develop specialized manpower by imparting training to vertical leprosy staff deployed all over the country mainly from the Central Region. After integration of leprosy services in General Health System in the year 2005, institute has



assumed role of referral institution to provide support and specialised quality services to difficult to manage complicated cases of leprosy. Institute also imparts training to various health functionaries viz. Regional Directors, State Leprosy Officer, District Leprosy Officers, Block Medical Officer, and Para Medical Personnel, Laboratory staff, Physiotherapist and other categories of staff from general health care system of various states. Institute also undertakes operational and need based research in the field of leprosy.

Institute has a hospital including OPD, 50 bedded indoor wards, a laboratory to undertake Microscopy confirmation of M Leprae by skin smear examination and an OT to undertake reconstructive surgeries for leprosy related deformities.

3.3.6 Regional Leprosy Training and Research Institute (RLT&RI), Aska

This Institute was established in the year 1977. At present, there are 25 (Gr.-A-1, Gr.C-12 & Gr.C (MTS)-10) staff in position out of 62 sanctioned posts. It has a 50 bedded hospital and average bed occupancy is about 30.97 % in year 2023 . The Institute provides both out-door and in-door services to leprosy patients. The Institute also works as a referral center for management of difficult to diagnose leprosy cases and problematic, complicated cases of reaction and ulcers. Thalidomide is also given to recurrent ENL reaction cases. Physiotherapy measures and MCR chappals are provided to needy patients. It also works as a nodal training and research center for the cause of leprosy elimination.

3.3.7 Regional Leprosy Training and Research Institute (RLT&RI), Gouripur, (West Bengal)

Regional Leprosy Training and Research Institute, Gouripur, Bankura, in short, RLTRI, Gouripur, a 50 bedded leprosy hospital, has been

set up by Govt. of India in 1984 with the objectives as mentioned below:-

- To create sufficient trained work force of different categories including Medical Officers, for best implementation of NLEP in different Indian states, especially, in the North-Eastern States of India to eradicate/eliminate leprosy and
- To carry out operational research on leprosy towards better understanding of the disease.

3.3.8 Vallabhbhai Patel Chest Institute (VPCI) New Delhi

The Vallabhbhai Patel Chest Institute (VPCI) is a unique postgraduate medical and research institution devoted to the study of Chest Diseases and allied sciences and is funded by the Ministry of Health & Family Welfare, Government of India. This is a maintained Institution of University of Delhi under Ordinance XX(2) and administered by a Governing Body constituted by the Executive Council, University of Delhi.

3.3.9 National Institute Of TB And Respiratory Diseases (NITRD), New Delhi

National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi, an autonomous Institute of Ministry of Health and Family Welfare, began its journey as a TB Sanatorium in 1952 and risen to the level of an Institute in 1991 followed by national recognition in 2013. The Institute is a tertiary care centre which provides high quality preventive, diagnostic curative and rehabilitative services to the patients with respiratory diseases especially Tuberculosis. The total number of patients attending the Institute is more than 2 lakhs (average total number per day 744). NITRD also continues to support the National Tuberculosis Elimination Programme in framing policies and guidelines as per the need of the country and to carry out the academic in the form of teaching,



training and research in the field of TB, as well as, non-tubercular respiratory diseases.

3.3.10 National Tuberculosis Institute (INI), Bangaluru

National Tuberculosis Institute (NTI), Bangalore is an organization under Ministry of Health and Family Welfare, Government of India, established in 1959. This is a premier Institute in the field of Tuberculosis control in South East Asia, which caters to the human resource needs for TB control and elimination, conduct large-scale epidemiological studies as well as operational research with the ultimate aim of improving the effectiveness of National TB Elimination Programme besides building research capacity in the country. Since 1985, the Institute has also been functioning as a WHO Collaborating Centre. The Bacteriology Wing of the Institute is a recognized National Reference Laboratory for External Quality Assessment (EQA) in TB bacteriology. It also provides support in establishing Intermediate Reference Laboratories (IRLs) for Culture and Drug Sensitivity tests (C&DST), across the country to support Programmatic Management of Drug Resistant TB (PMDT). NTI faculty members are also involved in providing expertise technical inputs in formulation and updating of various policy/ guideline documents of NTEP.

3.3.11 National Center For Disease Control (NCDC)

The NCDC is the nodal agency in the country for disease surveillance facilitating prevention and control of communicable diseases with its headquarters at Delhi. To upgrade and strengthen the public health infrastructure and to deal with certain situations i.e. increase in population, emerging and re-emerging communicable/infectious diseases, natural and other disasters, outbreak/s, epidemic etc., a scheme was approved under the 12th Five Year Plan for establishing 30

branches (including 8 existing branches) of NCDC in all States and one UT.

These branches serve for better disease surveillance, monitoring and for outbreak/s response and will make India more capable and equipped in the realm of public health, strengthen public health capacity and infrastructure at State level and enable NCDC expertise to effectively cover the entire country. The branches are networked with one another and NCDC headquarters.

3.3.12 Central Research Institute, (CRI), Kasauli

Central Research Institute (CRI), Kasauli was established on 3rd May, 1905. It is a Subordinate Office of Directorate General of Health Services under the Ministry of Health & Family Welfare, Government of India. The institute has a complex which is divided into seven Sub-Sections i.e. Establishment, Academic, Auxiliary Facilities, Production, Quality Control, Animal House and Research & Surveillance Divisions. It has a network of large number of laboratories engaged in manufacturing of vaccines / sera and research activities.

3.3.13 National Institute Of Biologicals (NIB), Noida

The National Institute of Biologicals (NIB) under the administrative control of the Ministry of Health & Family Welfare is making concerted efforts to ensure quality service in the country's Healthcare Sector in the area of biologicals. NIB continues to strive to fulfil its mandates viz.

1. To develop and validate standards for quality control testing procedures for biological and immunobiological products.
2. To develop linkages with other National/ International Institutions and keep abreast with worldwide scientific research and technological developments in production



and quality control of biologicals and immunobiologicals with a view to advising on the suitability of their adoption.

3. To provide training facilities in quality control for personnel of related Institutions including Testing and Manufacturing units.
4. To assess from time to time the availability of qualified manpower to meet the needs of quality control and manufacture of biologicals and immunobiologicals so as to advise the Government on appropriate measures and the scope of upgrading existing testing facilities in the country.
5. To implement and co-ordinate activities of Haemovigilance Programme of India.

3.3.14 BCG Vaccine Laboratory, Guindy

BCG Vaccine Laboratory (BCGVL), Chennai is a Subordinate Office of the Directorate General of Health Services under the Ministry of Health & Family Welfare, Government of India. It was established on 1st May, 1948.

The Institute is involved in manufacture and supply of freeze dried BCG Vaccine I.P. to Universal Immunization Programme (UIP) of the Government of India for control of childhood tuberculosis.

3.3.15 Pasture Institute Of India (PII), Coonoor

Pasteur Institute of India (PII), Coonoor started functioning as Pasteur Institute of Southern India, on 6th April, 1907 as a Registered Society under the Societies Registration Act, 1860. It started functioning as an autonomous body under the Ministry of Health and Family Welfare, Government of India from 10th February, 1977 as Pasteur Institute of India, Coonoor. The affairs of the Institute are governed by a Governing Body under the Chairmanship of Secretary of Health and Family Welfare. The Institute has been

involved in production of DPT group of vaccines and Tissue Culture Anti Rabies (TCARV) vaccines.

3.3.16 Institute Of Serology, Kolkata

Institute of Serology (IoS), Kolkata is a Subordinate Office of the Directorate General of Health Services under the Ministry of Health & Family Welfare, Government of India. It was established in 1912.

Main activities of the Institutes are as under:

- a) Production of various diagnostic reagents like VDRL Antigen, Species specific Antisera and Anti H Lectin and supply to different Government Institutions all over India.
- b) Determination of blood group serology, and to give expert opinion on different types of medico-legal exhibits or biological materials sent to this Laboratory.
- c) Regional STD Reference Centre which functions in collaboration with NACO and West Bengal State AIDS Prevention & Control Society (WBSAP & CS) provide laboratory support to STI/RTI program of the Government of India.
- d) Polio virus isolation from stool samples of suspected polio cases from West Bengal, Bihar, Odisha, Jharkhand, North-East States and Andaman & Nicobar Islands.
- e) Sewage water from different site of Kolkata and Guwahati are analyzed as a part of National Polio Surveillance Program.
- f) National Measles Laboratory determines measles and rubella astrologically in West Bengal and Eastern Region and report it to WHO.
- g) VDRL section conducts VDRL tests on blood samples collected from different Medical Colleges and Hospitals in Kolkata.



- h) Quality Control Section is involved in assessing quality assurance to different diagnostic reagents produced by the Institute.
- i) National Measles Laboratory has initiated molecular testing of Measles and Rubella samples.

3.3.17 International Institute for Population Sciences (IIPS), Mumbai

International Institute for Population Sciences, established in 1956 as a demographic training centre and subsequently declared as a Deemed to be University in 1985, has grown over the period as a research-intensive university with over 500 students pursuing graduate programs in the broader area of Population Sciences. IIPS occupies a unique position in the world today as a leading academic centre for teaching and research in the discipline of population sciences and allied areas. It is an autonomous institute under the Ministry of Health and Family Welfare, Government of India, with a deemed to be university status as per the UGC regulations. The Institute has completed 66 years of its glorious existence and 36 years as a “Deemed to be University”.

Academic Departments and Centres

As of now, IIPS has seven regular departments. Two new departments mentioned here under were started in the year 2021-22

- Department of Family and Generations
- Department of Survey Research and Data Analytics

3.3.18 Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Maharashtra

The Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram is India's first rural medical college. Kasturba Hospital has the distinction of being the only hospital in the

country which was started by the Father of the Nation himself. Nestled in the karmbhoomi of Mahatma Gandhi, in Sevagram, MGIMS was founded by Dr Sushila Nayar in 1969 in the Gandhi centenary year.

3.3.19 Central Bureau of Health Intelligence (CBHI)

Introduction

Central Bureau of Health Intelligence (CBHI) was established in 1961 with the vision to have a strong Health Management Information System in entire country. The mission of CBHI is “To strengthen Health Information system in each of the district in the country up to facility level for evidence based decision making in the Health Sector”

CBHI is one of the division of Directorate General of Health Services in the Ministry which is headed by a HAG / SAG level medical officer with specialization in public health administration of Central Health Services (CHS) and supported by officers from Indian Statistical Services as well as CHS through its 6 Field Survey Units (Bengaluru, Bhopal, Bhubaneshwar, Jaipur, Lucknow and Patna) and 5 Training Centres (Medical Record Department at Safdarjung Hospital, Dr RML Hospital, New Delhi, JIPMER Puducherry, RIMS, Ranchi and RHSTC, Mohali).

3.3.20 Central Health Education Bureau (CHEB)

The Central Health Education Bureau (CHEB) was set up in consonance with the recommendation of the Bhore Committee and the Planning Commission in 1956 as a part of Directorate General of Health Services with a mandate to generate & disseminate health information for creating awareness among the community resulting in desired health behaviour towards “Health Promotion”. It develops capacity of medical, paramedical and other non-health



personnel to take care of the health needs of the community, enhancing public health capacity to achieve health for all, promote health education and health promotion through development of IEC materials, training and health behavioural research.

3.3.21 Regional Office of the Health and Family Welfare, New Delhi

1. Introduction

Regional Co-ordinating Organizations (RCOs) were established in 6 States in 1958 to co-ordinate between the Centre and the States for National Malaria Eradication Programme (NMEP) activities. Another office, named Regional Health Office (RHO) came into being in 1963 to co-ordinate and supervise the Family Welfare activities in 11 States. Later in 1978, when the need was felt for an office of the Government of India in the States to supervise, monitor and co-ordinate the matters of all Centrally sponsored Health and Family Welfare programmes, the RCOs and RHOs were merged to form 17 Regional Office for Health and Family Welfare (ROHFW). Further, to supplement the activities of Central Bureau of Health Intelligence (CBHI), four (4) Health Information Field Units (HIFUs) were established within ROHFWs in 1981 and two more HIFU units were added in 1986, subsequently, making total of 6 HIFUs units. Further, Regional Leprosy Training Institute (RLTRI), Raipur was designated as Regional Directorate of Health & Family Welfare to look after the work of State of Chhattisgarh in 2005. Furthermore the work of ROHFW in the State of Assam was assigned to the Deputy Director, Regional Drug Testing Laboratory (RDTL) in 2005 till August 2020. Thereafter, the charge of ROHFW Guwahati has been assigned to Sr. RD, ROHFW Shillong. Additionally, a new ROHFW has been established at Nagpur.

3.3.22 National Medical Library (NML), New Delhi

National Medical Library (NML) is the apex body of Directorate General of Health Services (Dte.GHS), Ministry of Health & Family Welfare, Government of India. One of its greatest strength is being the richest collection of Medical books, journals, reports and electronic databases. NML was established on 7th April, 1966 on the recommendation of Bohre's Committee on Health Survey and Development headed by Sir Joseph Bhore in 1946. It occupies an important position in country's health care information delivery system. It has huge collection of more than 7 lakhs of books, bound volume of journals, reports etc.

3.3.23 Rural Health Training Centre (RHTC), Najafgarh, New Delhi

Rural Health Training Centre, Najafgarh, New Delhi was set up as a health unit in 1937 for rendering primary health care services through dispensary. The activities of the centre were expanded with addition of Primary Health Centre, Ujwa (1955) and Primary Health Centre, Palam (1957). To strengthen the rural health services, an ANM School was started in 1985. Today, the Centre provides healthcare services to 73 villages through its three Primary Health Centres and 16 sub-centres.

A 183 (20 observational beds) bedded RHTC Hospital has been partially operationalised with commencement of OPD and Emergency Services with effect from 15th March, 2023.

3.3.24 HLL Lifecare Limited (HLL)

I. Introduction

HLL Lifecare Limited (HLL), under the administrative control of Ministry of Health & Family Welfare, was incorporated in the year

1966. HLL's first plant began operations on 5th April 1969 at Peroorkada in Thiruvananthapuram District in the State of Kerala, in technical collaboration with M/s Okamoto Industries Inc. Japan. Today, with seven manufacturing plants, HLL has grown into a multi-product, multi-unit organisation addressing various public health challenges facing humanity.

HLL is a Mini Ratna, Schedule-B Central Public Sector Enterprise. Over the years, HLL has transformed from a Condom company to a Contraceptives company and thereafter to a Healthcare delivery company. While focusing and expanding the core areas i.e. Reproductive Healthcare, HLL diversified into other healthcare segments like Hospital products, Hospital infrastructure management, Medical equipment procurement consultancy, Diagnostic services etc. The purpose of business at HLL is 'to provide high quality health products and services at affordable price'.



Medical, Dental, Nursing & Allied Health Education

CHAPTER

04

4.1 INTRODUCTION

The Center has set up regulatory bodies for monitoring the standard of medical, dental and nursing education, promoting training and research activities. This is being done with a view to sustain the production of medical and allied health care manpower to meet the requirement of health care delivery system at the primary, secondary and tertiary levels in country.

4.2 NATIONAL MEDICAL COMMISSION (NMC)

The National Medical Commission Act, 2019, for setting up a National Medical Commission and to repeal the Indian Medical Council Act 1956 received assent of the President on 08.08.2019. The NMC was constituted with effect from 25.09.2022. The Act provided for constitution of four Autonomous Boards namely – Under Graduate Medical Education Board (UGMEB), Post Graduate Medical Board (PGMEB), Medical Assessment and Rating Board (MARB) and Ethics and Medical Registration Board (EMRB).

The NMC has made a significant step towards affordable medical education and notified Minimum Requirements for Annual MBBS Admissions Regulations, 2020 and Establishment of Medical Colleges Regulations, 2000. These regulations allow optimization and flexibility in utilizing available resources, and facilitating quality education and shall be applicable to all new medical colleges proposing to be established and to established medical colleges proposing to

increase their Annual MBBS intake from the academic year 2022-23. Other important reforms that have been made are as under:-

- (i) Establishment of Medical College Regulations (Amendment), 2022
- (ii) Teachers Eligibility Qualifications in Medical Institutions Regulations (Amendment), 2023.

4.3. NATIONAL BOARD OF EXAMINATIONS (NBE)

The National Board of Examinations in Medical Sciences is an Autonomous Organization under the Ministry of Health & Family Welfare, Govt. of India under the Societies Registration Act, 1860 with effect from 01.03.1982, with the objective of conducting high standard post-graduate examinations in the field of modern science on all India basis, formulating basic training requirements for eligibility and developing patterns of teaching in post-graduate medical education.

NBEMS at present conducts postgraduate and post doctoral examinations in approved specialties leading to the award of Diploma of National Board (DNB), Doctorate of National Board (DrNB) and Fellow National Board (FNB) qualification. The DNB, DrNB and FNB qualification awarded by NBEMS are duly recognized as per provisions of the NMC Act, 2019 and a recent notification in this regard has been published in the Gazette of India on November 14, 2022.

The NBEMS has been entrusted with the responsibility of conducting the National Eligibility cum Entrance Test-PG (NEET-PG) for admission to MD/MS & Post-graduate Diploma Courses, National Eligibility cum Entrance Test (NEET-MDS) for admission to Post-Graduate Dental Courses and National Eligibility cum Entrance Test (NEET-SS) for admission to Super Specialty Courses. NBEMS also conducts Screening Test i.e. Foreign Medical Graduate Examination (FMGE) for candidates who have undergone medical training abroad.

The Examinations conducted by NBEMS provide a common standard and mechanism of evaluation of minimum level of attainment of the knowledge and competencies of medical specialties.

4.4 MEDICAL COLLEGES AND UG/ PG SEATS

There are 389 Govt. MBBS Colleges with an intake of 56,300 MBBS students and 317 Private MBBS Colleges with an intake of 52,640 MBBS students. There are total of 29,199 Govt. Medical PG seats and 20,226 Private Medical PG seats. With regard to Super Specialty Courses (DM/MCH), there are 4,217 Govt. Medical seats and 1,192 Private Medical seats. For the AY 2023-24, 09 new Government Medical Colleges were permitted to increase 335 MBBS seats. Besides, 35 new private Medical Colleges were permitted to increase 2450 MBBS seats (taken together a total increased annual intake of 2785 MBBS seats). Apart from that increase of 2604 PG seats in Government Medical Colleges and increase of 2105 PG seats in Private Medical Colleges (total 4709 PG seats) were permitted by NMC for Academic Year 2023-24.

4.5 SCHEMES FOR MEDICAL EDUCATION:

With a view to upgrade and further strengthen

medical education institution in the country, the Ministry administers the following schemes-

i) Schemes for strengthening and upgradation of State Government Medical Colleges for Increase of PG Seats (Phase I & II):-

(a) Phase-I

The Phase-I of the scheme was launched in XI th Five Year Plan with the objective to strengthen and upgrade State Government Medical Colleges to create new PG seats. A total of 72 Government Medical Colleges in 21 States/UTs have been approved under the scheme for increasing 4058 PG seats, out of which 1746 PG seats have been created.

(b) Phase-II

The scheme was launched in February, 2018 with the objective of increasing 4000 more postgraduate seats in Government medical colleges in the country. The Ministry of Health & Family Welfare is implementing Phase-II of the Centrally Sponsored Scheme for Up-gradation of existing State Government medical colleges to increase PG seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special Category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. A total of 65 Government Medical Colleges have been approved under the scheme for increasing 4,000 PG seats till date. Funds to the tune of Rs.1164.44 Crore have been released under the scheme till date.

ii) Scheme for Establishment of New Medical Colleges Attached with Existing District/Referral Hospitals (Phase I, II & III):

(a) Phase-I

Under the scheme, it was proposed to establish 58 medical colleges in underserved areas of the



country with intake capacity of 100 MBBS seats in each medical college to create an additional annual intake capacity of 5800 seats at undergraduate level in Government sector. The objective is to utilize the existing infrastructure of district hospitals for increasing additional undergraduate seats in a cost effective manner by attachment of new medical college with existing district/referral hospitals. Fund sharing between the Central Government and States is in the ratio of 90:10 for NE/special category States and 60:40 for other States. The total cost of establishment of one Medical College under the scheme is Rs.189 Crore. (58 Districts in 20 States/UT have been identified and approved under this Scheme to establish new Medical Colleges attached with existing district/ referral hospitals). Funds to the tune of Rs.7541.10 Crore have been released to the State/UT Governments for the approved districts under the Scheme. Out of 58 approved Medical Colleges, 54 have become functional.

(b) Phase-II

With the objective to ensure the availability of one medical college for every 3 Parliamentary Constituencies and atleast one Government Medical College in every State of the country, the requirement of 24 new medical colleges in 8 States have been identified under Phase-II of the Scheme with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 for other states. The total cost of establishment of one Medical College under the scheme is Rs.250 Crore, 24 new medical colleges in 8 States have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. All 24 Medical Colleges have been approved. Funds to the tune of Rs.3675.00 Crore have been released to the State Governments for the approved medical colleges under the Scheme, 15 Medical Colleges have become functional.

(c) Phase-III

With an objective to provide at least one medical college or an Institute with facilities for Post Graduate medical education in each district of the country in a phased manner through public or private participation, phase III of the scheme for establishment of 75 new medical attached with district/referral hospitals has been approved by the Union Cabinet on 28.8.2019. The medical colleges would be established at an estimated cost of Rs 325 Crore per medical college. Under Phase III, all 75 medical colleges have been approved. Fund in tune of Rs.11326.35 Crore have been released to the State Governments. 39 Medical Colleges have become functional.

iii) Strengthening and Up-Gradation of State Government Medical Colleges for Increase in Intake Capacity of MBBS Seats.

With the objective of creating 10,000 MBBS seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Centrally Sponsored Scheme for Up-gradation of existing State Government/ Central Government medical colleges to increase MBBS seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special Category States and 60:40 for other States with the upper ceiling cost pegged at Rs. 1.20 crore per seat. 83 Colleges have been approved under the scheme to increase 4,977 UG seats. Funds to the tune of Rs.2749.74 Crore have been released to the State Governments till date under the Scheme.

4.6 COUNSELLING FOR ADMISSION TO MEDICAL/ DENTAL SEATS

The Medical Counselling Committee (MCC) of DGHS has been entrusted by the Hon'ble Supreme Court of India to conduct counselling for 15% Under Graduate (MBBS/BDS/ B.Sc

Nursing) and 50% Post Graduate (MD/MS/ Diploma/ PG / DNB) All India quota seats. Also, counselling for 100 % medical seats for Central and Deemed Universities is conducted by MCC. In addition, MCC also conduct counselling for 100% Super Specialty (DM/M.Ch/ DNB SS) seats across the country. The allotment of seats to eligible and qualified candidates is conducted by MCC in a transparent manner within specified time frame as per policy devised by MoHFW /NMC and approved by the Hon'ble Supreme Court of India.

In the academic year 2023 following counselling have been conducted by MCC of DGHS till Jan, 2024:

- I) PG Counselling 2023:** For 50% All India Quota and 100 % PG seats of Central/ Deemed Universities and 100% seats of PG DMB courses 04 Rounds (Round-1, Round-2 & Round-3 & Stray Vacancy Round) in addition to a Special Stray Vacancy Round was conducted by MCC. The Round-1 of PG counselling for 2023 started on 27th July, 2023 and the last date of admission for PG courses was 30th Nov., 2023.
- II) UG Counselling 2023:** For 15% All India Quota and 100% UG seats of Central / Deemed Universities for MBBS/BDS/ B.Sc Nursing courses, in addition to 100% seats of AIIMS Institutes/ JIPMER (Puducherry & Karaikal) 04 rounds (Round-1, Round-2, Round-3 & Stray Vacancy Round) in addition to a Special Stray Vacancy Round was conducted by MCC. The Round-1 of UG counselling for 2023 started on 20th July, 2023 and the last date of admission for UG courses was 15th Nov. 2023.
- III) SS Counselling 2023:** MCC has conducted 02 Rounds of 100% D.M/ M.Ch/ DNB SS seats so far. The counselling for SS courses for 2023 started on 8th Nov., 2023 and the

last date of Reporting for Round-2 of SS counselling was 5th Jan. 2023.

4.7 ALLOCATION OF MEDICAL/ DENTAL SEATS FROM CENTRAL POOL

(i) MBBS and BDS Seats:

A Central Pool of MBBS and BDS is maintained by the Ministry of health and Family Welfare by seeking voluntary contribution from the various States having medical colleges and certain other Medical Education Institutions. In the academic session 2023-24, 248 MBBS and 38 BDS seats were contributed by the State/UTs and medical Institutions. These seats were allocated to the beneficiaries of the Central Pool, viz. States/Union Territories, which do not have medical/dental colleges of their own, Ministry of Defence (for the wards of Defence Personnel), Ministry of Home Affairs (for the children of Para-military personnel and Civilian Terrorist Victims), Cabinet Secretariat, Ministry of External Affairs (for meeting diplomatic/bilateral commitments and for the children of Indian staff serving in Indian Mission abroad) and Ministry of Human Resource Development (for Tibetan Refugees).

4.8 DENTAL COUNCIL OF INDIA

National Dental Commission Act, 2023

The National Dental Commission Bill, 2023 was passed by the Parliament in the monsoon session (August, 2023) and enacted as "National Dental Commission Act, 2023" upon the assent of the Hon'ble President of India on 11.08.2023. The NDC Act, 2023 has been also notified in the Gazette of India dated 11.08.2023

Dental Colleges

At present, there are 323 dental colleges in the country, out of which 56 are in Government



Sector and 267 in private sector with annual admission capacity of about 28088 undergraduate seats. Moreover, there are 6942 post-graduate seats in 279 colleges (274 dental college+ 5 Medical colleges running MDS course). Under EWS* scheme promulgated under 103rd constitutional amendment, 2019, the DCI has recommended 9 additional seats at 2 Govt. Dental Colleges from the academic session 2023-24 so as to effectively implemented the mandate of the Parliament.

*under EWS category total 468 additional seats at UG level in 31 Govt. Dental Colleges and 56 additional seats at PG level 18 Govt. Dental Colleges are running /permitted since 2019.

One National and One Registration

The DCI is under process to create a digital network for keeping/providing latest real time data of all the registered dentist in India by providing unique registration ID to all the dentists. The DCI is working to create a platform where all the States can keep and update their data dentists at one place for keeping various aims in mind like at one place, tracing the dentists location, to eradicate duplicity, their employment status, etc.

4.9 PHARMACY COUNCIL OF INDIA

The Pharmacy Council of India (PCI) is a body constituted under Section 3 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy. The objective of the Council is to prescribing minimum standards of education required for qualification as a pharmacist, uniform implementation of educational standards, approval of course of study and examination for pharmacists, withdrawal of approval, approval of qualifications granted outside India; and maintenance of Central Register of pharmacists.

2. Activities of the Council during 2023

- a. Inspections arranged: The Council arranged 2407 inspections of diploma, degree, Pharm.D., M.Pharm and B.Pharm (Practice) institutions during the period.
- b. Approval of 1135 Diploma and Degree institutions were extended u/s 12 of the Pharmacy Act, 1948.
- c. 1020 new Diploma and Degree institutions were granted approval u/s 12 of the Pharmacy Act, 1948.
- d. 56 New Pharm.D institutions were granted approval for the conduct of course.

4.10 NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE PROFESSIONS

The National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021 was notified on 28th March, 2021. Rules for the National Commission for Allied and Healthcare Professions (2021) were notified on 27th May, 2021. Interim Commission for Allied and Healthcare Professions (ICAHP) was notified on 23.09.2021. Members of the ICAHP were selected and notified on 10.06.2022.

2. Three committees have been formed under the ICAHP comprising the selected Members with different mandate, to initiate work on
 - a). Provisional registration and database for Allied & Healthcare Professions (A&HPs)
 - b). Database of institutions and qualifications (listing and verification)
 - c). Curriculum Standardization and other related standards

4.11 NURSING EDUCATION

In order to improve the quality of Nursing Services, consistent efforts are being taken under which Indian Nursing Council has notified a competency based B.Sc. Nursing Programme on 05.07.2021, started Nurse Practitioner courses as specialty programmes, one year residency Post Basic Diploma courses, coordinating with universities to start Ph.D. in nursing etc. The government through Central Sector Scheme of “Development of Nursing services” strengthens nursing infrastructure and services in the country. Under the Training sub component of the scheme Nursing Personnel are trained in identified domains/topics. An amount of Rs. 1.74 crore was allocated for the year 2023-24 to conduct 76 short term training courses. Till 30.11.23, an amount of Rs 0.9264 Crore has been sanctioned to conduct 41 training courses.

Under the second sub-component of the scheme Upgradation of schools of Nursing to colleges of Nursing, one-time financial assistance of Rs.7.00 crore per institution is provided for upgrading School of Nursing in to college of Nursing. Out of the total allocation of Rs. 30.17 crore an amount of RS. 15.08 crore has been sanctioned for upgrading 5 schools of nursing(SoN) into college of nursing(CoN) for the year 2023-24.

4.12 INDIAN NURSING COUNCIL

The Indian Nursing Council (INC) is an autonomous body under the Govt. of India, Ministry of Health & Family Welfare. Indian Nursing Council Act, 1947 enacted by giving statutory powers to maintain uniform standards and regulation of nursing education all over the Country. The prime responsibility is to set the norms and standards for education, training, research and practice within the ambit of the relevant legislative framework.

Inspections

On receipt of proposal to start any nursing program or for enhancement of seats in ongoing nursing programmes, INC conducts inspection of the Institute. INC also conducts re-inspections for those institutions, which are found unsuitable/ not permitted by it. In addition to these, periodic inspections are conducted to monitor the standards of nursing education and the adherence of the prescribed norms. A total of 1719 inspections under Section 13 of the Indian Nursing Council Act, 1947 were conducted during 2022-2023 financial year.

4.13 LADY READING HEALTH SCHOOL, DELHI

Lady Reading Health School, Delhi was established in 1918 under the Countess of Dufferin Fund for training Nursing personnel for M.C.H. service program is considered as one of the pioneer institutions and first of its kind for training Health Visitors. In 1931 it came under the administrative control of the Indian Red Cross Society (Maternity & Child Welfare Bureau). In 1952, the Government of India took over the school and attached Ram Chand Lohia MCH Centre to it. Total capacity of the school was 24 Health Visitor trainees from all over India, even these candidates were not available at that time. Duration of the course was of one and a half year for matriculates who were qualified midwives, which was replaced by two and half years integrated course for health visitor in 1954.

The School has now been merged with Rajkumari Amrit Kaur College of Nursing. The school offers 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 Institution is imparting the following courses at present:



- (i) Auxiliary Nurse-Cum-Midwife Course
- (ii) Certificate Course for Health Workers (Female) under Multipurpose Workers Scheme

Budget: The total budget allocation for the year 2023-24 for the institution and welfare of staff is Rs. 4.73 Crores.

4.14 RAJKUMARI AMRIT KAUR COLLEGE OF NURSING

The Rajkumari Amrit Kaur College of Nursing is a pioneer Institute for Nursing Education in India and South-East Asian region, established 72 years ago with the objective to develop model programmes in Nursing Education. The College offers regular programmes in B.Sc. (Hons.) Nursing and Master of Nursing. Besides these, College also conducts short-term continuing education courses. The institution works in close association with Ministry of Health & Family Welfare, Hospitals, Health Center and Allied agencies.

(a) Admissions and Graduation

The admission to B.Sc. (Hons.) Nursing and Master of Nursing are made on the basis of merit in the selection test as laid down by the Academic Council of the University of Delhi. 29 Post-

Graduate Nursing students and 82 Graduate Nursing students passed out in 2022-23.

(b) Teaching and Research

The college has implemented the revised curriculum for B.Sc.(Nursing) and M.Sc. (H) Nursing Programme as per Indian Nursing Council Guidelines. The B.Sc (Hons) Nursing and M.Sc. Nursing programme were conducted as per the schedule for a total of 306 students.

4.15 NATIONAL ACADEMY OF MEDICALE SCEINCES (NAMS), INDIA

The Academy has been recognized by the Government of India as a Nodal Agency for promoting the Continuing Medical Education for medical and allied health professionals and is advising the Government of India in several matters of National Health Policy and Planning. National Academy of Medical Sciences encourages and sponsors nation-wide CME programmes, Symposia and Workshops in basic sciences and applied clinical disciplines.

The Academy has a Council of 19 members, elected by the Fellows of the Academy. NAMS President is the Head of the Council. The Academy confers the Fellowship and Memberships, selected through a peer review rigorous process.



5.1 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)

1. Food Safety and Standards Act, 2006 was enacted with the objective to consolidate the laws relating to food and for laying down science based standards for articles of food as well as to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto. The Food Safety and Standards Authority of India (FSSAI) was established in September, 2008 as the apex authority on all matters of food safety and to ensure safe and wholesome food to consumers.

2. Science & Standards :

2.1 Overview of the scientific structure of FSSAI: FSSAI's Scientific Committee (SC) and Scientific Panels (SP) are two statutory bodies that play a critical role in providing scientific opinion and assisting in the development of standards through a well-defined process.

2.2 Scientific Committee: The Section 14 of the FSS Act, 2006 provides for the constitution of the Scientific Committee comprising the Chairpersons of the Scientific Panels and six independent scientific experts not belonging to any of the Scientific Panels. The Committee is responsible for providing scientific opinion to the Food Authority, general co-ordination necessary to ensure consistency of the scientific opinion and

in particular with regards to the adoption of working procedures and harmonisation of working methods of the Scientific Panels.

2.3 Meetings of Scientific Committee for the time period 01.01.2023 to 14.11.2023: During the time period, the 45th, 46th and 47th Scientific Committee Meetings (SCM) were held on 02.05.2023, 22.07.2023 and 02.11.2023 respectively.

2.4 Regulations/Rules:

During the period 01.01.2023 to 14.11.2023, 5 final notification relating to Food Safety and Standards (Food Products Standards and Food Additives) First Amendment Regulations, 2023; Food Safety and Standards Authority of India (Financial) Regulations, 2023; Food Safety and Standards (Food Products Standards and Food Additives) Second Amendment Regulations, 2023; Food Safety and Standards Authority of India (Transaction of Business at its meetings) Amendment Regulations, 2023 and Food Safety and Standards (Alcoholic Beverages) First Amendment Regulations, 2023.

During the period 01.01.2023 to 14.11.2023, 3 draft notifications relating to Draft Food Safety and Standards (Foods for Infant Nutrition) Amendment Regulations, 2022; Draft Notification of Food Safety and Standards (Prohibition and Restrictions on Sales) Amendment Regulations, 2023 and Draft Food Safety and Standards (Alcoholic Beverages) Amendment Regulations, 2023 and two



amendments in Food Safety and Standards (FSS) Rules relating to Notification with respect to Qualification of Designated Officer, Duties of Food Safety Officer, Forms etc. and Notification with respect to Qualification for the post of Food Safety Officer have been issued.

Draft regulations relating to Food Safety and Standards (Foods for Infant Nutrition) Amendment Regulations, 2022; Draft Notification of Food Safety and Standards (Prohibition and Restrictions on Sales) Amendment Regulations, 2023 and Draft Food Safety and Standards (Alcoholic Beverages) Amendment Regulations, 2023 notified in WTO-SPS and TBT committees during the period 01.01.2023 to 14.11.2023.

5.2 REGULATORY CONTROL OVER DRUGS

Control over the import, manufacture, distribution and sale of drugs, cosmetics and notified medical devices in the country are regulated under the provisions of the Drugs and Cosmetics Act, 1940 & Rules made thereunder i.e. Drugs Rules, 1945, Medical Devices Rules, 2017, New Drugs & Clinical Trials Rules, 2019 and Cosmetics Rules, 2020. The manufacture, sale and distribution of drugs in the country is primarily regulated by the State Drug Control Authorities appointed by the State Governments while control over drugs imported into the country and approval of new drugs are exercised by the Central Government through CDSCO. The objective of the drug regulatory system is to ensure availability of safe, effective and quality drugs, cosmetics and medical devices based on scientific excellence and best possible regulatory practices.

CENTRAL DRUGS STANDARD CONTROL ORGANIZATION (CDSCO)

The Drugs Controller General (India) is the head

of Central Drugs Standard Control Organisation (CDSCO). The CDSCO with its Headquarters in New Delhi has 08 Zonal offices, 07 Sub-Zonal offices, 08 Central Drugs Testing Laboratories and 09 Air Port & 19 Sea port Offices (Including Inland Container Depots).

REGULATORY FUNCTIONS OF CDSCO

1. Grant of permission/approvals for New Drugs and Subsequent New Drugs in the country

New Drugs and Subsequent New Drugs are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply with the requirements of New Drugs and Clinical Trials Rules, 2019.

2. Quality Control over Fixed Dose Combination (FDC)

Fixed Dose Combinations are included as one of the categories under New Drugs which are required to be marketed for the first time in the country and are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply to the requirements of the New Drug & Clinical Trial Rules, 2019.

3. Quality Control over import of drugs

Import licences are granted to the Indian Importers for the import of the drugs from manufacturers as provided under the Drugs Rules, 1945. The quality of imported drugs is further monitored at the port offices when the drugs are actually imported.

4. Quality Control over import of cosmetics

The import of cosmetics is regulated through registration process. Submission of applications

for registration of cosmetics has become completely online from 16.08.2017 through SUGAM portal. Draft rules notified vide G.S.R. 371(E) dated 15.05.2023 considering amendments in Cosmetic Rules 2020 by the omission and substitution of certain rules.

5. Quality Control over import of Biological products

During the year 2023-24, till date, for vaccines, Manufacturing Permissions in 5 cases, Import Permissions in 05 cases, Registration certificates in 5 cases and Clinical Trial Permissions in 11 cases have been issued. Amongst the COVID 19 Vaccines, new drug permission was issued for mRNA-based vaccine as booster “Lyophilized mRNA Vaccine for Injection (COVID-19) [GEMCOVAC®-OM]” which is an indigenously developed mRNA vaccine of India & is stable under the storage condition in 2 - 8°C.

6. Quality Control over Notified Medical Devices

Medical Devices notified by the Government of India under the Drugs & Cosmetics Act, 1940 are regulated by CDSCO as 'drugs' under the provisions of the Medical Devices Rules, 2017. The quality control over these devices is regulated through the system of registration and import licences.

7. Quality Control over In-vitro Diagnostic Medical Devices

In-vitro Diagnostic Medical Devices are regulated by CDSCO as 'drugs' under the provisions of the Medical Devices Rules, 2017. Implementation of road map for bringing all risk class of IVD reagents, Instruments, Analyzers including softwares under license regime from 01.10.2023.

8. International Cell

International Cell is the focal point of CDSCO for

communications with various ministries and International Drug Regulatory Authorities like: US-FDA, UK-MHRA, PMDA-JAPAN, EMA, EU etc. International Cell also issues Written Confirmation Certificate and Special Code Nos for export purpose.

9. Grant of Written Confirmation Certificates for export of APIs

The European Union Directive, which became effective from 2nd July, 2013, requires that every consignment of Active Pharmaceutical Ingredients (APIs) from non-EU / non-listed countries must be supported by 'Written Confirmation Certificate' issued by the competent authority of the country. CDSCO was nominated as competent authority for the issue of such certificates. During the year 2023-24, till date, CDSCO has issued 195 Written Confirmation Certificates of Active Pharmaceutical Ingredients (APIs) manufactured in the country for export to European Union.

10. Bio Availability/ Bio Equivalence Study

During the year 2023-24, till date (30/09/2023), permissions/approval have been granted for conduct of BA/BE studies of New Drugs / Investigational Drugs in 1496 cases and Licence have been granted for import of new drug or investigational new drug for clinical trial or BA-BE or Bio-equivalence study for examination, test and analysis in 1546 cases for export purpose. Also grant of registration of BA-BE study centre in 19 cases.

11. Clinical Trial

Clinical trials of new drugs or investigational new drugs are systematic studies in human subjects to generate data for discovering or verifying its, clinical or pharmacological including pharmacodynamics, pharmacokinetics or adverse effects with the objective of determining the safety, efficacy or tolerance of such new drug or



investigational new drugs.

The New Drugs and Clinical Trials Rules, 2019 provide that clinical trials for new drug, are required to be conducted under and in accordance with the permission granted by the Drugs Controller General (India).

12. Blood Bank

The licenses for the Blood Banks are approved by the office of DCG (I) as Central License Approving Authority (CLAA) under the Drugs Rules, 1945. Online National Drugs Licensing System (ONDLS) for processing of the Blood Centre License applications have been implemented from 01/11/2023.

During the year 2023-24, till date (06/11/2023), number of licenses granted in 243 cases, renewal certificate in 379 cases and the endorsement of blood components in license in 81 cases has been issued.

13. Drugs Technical Advisory Board (DTAB)

The Drugs Technical Advisory Board is a statutory body under the Drugs and Cosmetics Act, 1940 to advice the Central Government and the State Governments on technical matters arising out of the administration of the said Act and Rules made thereunder. The Board is headed by the Director General of Health Services and Drugs Controller General (India) acts as Member Secretary. One meeting of the DTAB was held during the year 2023-24 through Hybrid mode: 89th meeting of DTAB was held on 10th May, 2023.

14. Drugs Consultative Committee (DCC)

The Drugs Consultative Committee is also a statutory committee under the Act, consisting of Central and State Drug Controllers to advice the Government on matters relating to uniform implementation of the Drugs and Cosmetics Act

and Rules made thereunder. Two meeting of the DCC was held during the year 2023-24 through Hybrid mode:- 61st meeting of DCC was held on 01st June, 2023 & 62nd meeting of DCC was held on 26th September, 2023

5.3 INDIAN PHARMACOPOEIA COMMISSION

The Indian Pharmacopoeia Commission (IPC), an autonomous institution under the Ministry of Health & Family Welfare, Government of India, is functioning with the following mandates:

- Publication of Indian Pharmacopoeia (IP) and its Addenda at regular intervals
- Development of IP Reference Substances (IPRS) and Impurity Standards for supplying to the stakeholders
- Publication of National Formulary of India (NFI) for promoting rationale use of medicines
- National Coordination Centre (NCC) for Pharmacovigilance Programme of India (PvPI) and Materiovigilance Programme of India (MvPI)
- Imparting training to the stakeholders on Pharmacopoeial Standards, Pharmacovigilance and Materiovigilance

Following are the major achievements of the IPC:

1. Monograph Development for IP Addendum 2024 to IP 2022

A total of 80 monographs including Pharmaceuticals (N=55), Veterinary Medicines (N=21), Phytopharmaceuticals (N=3), Biotechnology Derived Therapeutic Products (N=1), and 9 New General Chapters including Pharmaceuticals (N=2), Veterinary Biological Products (N=4), Bacterial Endotoxins (N=1) and Phytopharmaceuticals (N=2) are finalized and processed further for their inclusion in next IP Addendum 2024 to IP 2022. In addition, a total of 17 new dissolution tests and 16 related substances

tests have been drafted for inclusion in the IP Addendum 2024.

2. Global Recognition of IP

In pursuant to sincere efforts and guidance provided by the Hon'ble Union Minister of Health & Family Welfare to get IP recognized in foreign countries, IP has been accepted as a book of standards in Suriname with details as appended below:

An MoU has been signed between the IPC and the Health Ministry of the Republic of Suriname in the presence of Hon'ble President Smt. Draupadi Murmu and President of the Republic of Suriname, Chandrikapersad Santokhi on cooperation and exchange of information in the field of regulation of medicine.

3. IP Reference Substances (IPRS) and Impurity Reference Substances (IMP-RS)

IPC has developed 672 IPRS and 545 IMP-RS for sale and list of the same is available at official website of IPC (www.ipc.gov.in). 280 IPRS were developed (11 new IPRS, 135 new IMP-RS, 110 lot changed IPRS and 24 lot changed IMP-RS). Retesting of 206 IPRS & IMP-RS were done to check their stability.

4. Drug Analysis

836 (RSD-338, Microbiology 498) New Drugs Samples were received from the office of Drugs Controller General (India) and 1252 Samples, (Misc. 828 and 424 Cough Syrups) received from Central Medical Services Society (CMSS) and Inter Laboratory Comparison (ILC) at IPC for analysis and reports of these samples were successfully submitted to the concerned offices.

5. Revenue Generation

i. IPC has sold IPRS, Impurities and Prednisone Calibrator tablets worth of Rs. 13,26,49,058/-

- ii. IPC has generated revenue amounting to Rs. 6,02,29,781/- from sales of IPC publications.
- iii. IPC generated revenue of Rs. 38,26,916/- through analytical testing and Proficiency Testing (PT) programmes.
- iv. Revenue of Rs. 11,17,480/- was generated from various training programmes.

5.4 DRUG DE - ADDICTION PROGRAMME, MoHFW

The Constitution of India, under Article 47, enjoins that the State shall endeavour to bring about prohibition of the consumption of intoxicating drinks and drugs, which are injurious to health, therefore, following the recommendations of a Cabinet Sub-Committee, the National 'Drug De-addiction Programme (DDAP)' came into force in 1988 with the objectives to provide affordable, easily accessible and evidence-based treatment for all substance use disorders through the government health care facilities and to build the capacities of health care staff in recognition and management of substance use disorders.

The programme is being implemented through the health institutions under the MoH&FW viz. National Drug Dependence Treatment Centre (NDDTC), AIIMS, New Delhi; PGIMER, Chandigarh; NIMHANS, Bengaluru; Dr.RML Hospital, New Delhi; AIIMS, Bhubaneswar; and CIP, Ranchi. Out of these six, the centre at NDDTC, AIIMS, New Delhi is functioning as the National / Nodal centre and coordinating another major component of the DDAP, the "DTC Scheme". Under this scheme, 27 Drug Treatment Clinics are functional in District/Civil Hospital across the country in which OPD Services are being provided.



5.5 MEDICAL STORES ORGANIZATION (MSO)

- a) The Medical Stores Organization (MSO) was set up in the year 1942 to serve the nation which is now functioning as the subordinate office of Directorate General of Health Services under the Ministry of Health and Family Welfare. MSO has seven Government Medical Store Depots (GMSDs), which are in Chennai, Guwahati, Hyderabad, Karnal, Kolkata, Mumbai and New Delhi. These seven GMSDs not only store and stock essential drugs and the vaccines but also provide the Last Mile logistic support to deliver the stocks to Health Care Units of Central Government, all over the country.
- (b) The GMSDs provide storage and logistic support to National Programs such as Universal Immunization Program, RCH, RNTCP, Family Welfare, NVBDCP, UNCEF etc. MSO has finalized 694 Rate Contracts (RC) for generic drugs which are used by the various Governments health care institutions in the country. Para-Military Forces and CGHS units all over the country taking full advantage of these RC's and GMSDs for the year long uninterrupted drug supplies. Approximately 1,200 government institutions depend on generic supplies from the seven GMSDs.
- (c) The generic drugs formulary of 2022 has been updated in September 2023 and the new notified formulary contains 2,921 formulations. MSO/GMSDs have made regular and uninterrupted procurement of generic drugs and supplies to CGHS and Paramilitary Forces pan India even during the Covid lock down. Modernization of storages facilities including strengthening of Cold Chain has been the major

achievement during the hour of need at the time of Covid 19 Pandemic. A record 25% of Covid Vaccine doses and syringes have been routed through four GMSDs at Chennai, Karnal, Kolkata and Mumbai under MSO, which has helped the nation to overcome the Covid 19 pandemic, in public interest.

5.6 CLINICAL ESTABLISHMENTS ACT, 2010 & NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENTS

• Background

The Clinical Establishment (Registration and Regulation) Act, 2010 was enacted by the Government of India for registration and regulation of the clinical establishments of both therapeutic and diagnostic types belonging to all recognized systems of medicine from both Government and private sector (except those of Armed Forces) with a view to prescribe minimum standards of facilities and services as may be provided by them.

• Important aspects

As per Section 11 of the Act, no one can run a clinical establishment unless it is duly registered under the Act. The Act mandates to:

- Display of details of charges, facilities available to be prominently displayed at a conspicuous place to maintain the transparency;
- Documentation of Electronic Medical Records and Electronic Health Records;
- Clinical Establishments (CE) to charge the rates for procedures and services within the range of rates determined by the Central Government from time to time in consultation with the State

Governments to make it affordable for all;

- All CEs to comply to Standard Treatment guidelines (STGs) as may be issued by Central/State Government;
- All CEs to maintain information and statistics for all applicable laws for the time being in force.

- **National Council for Clinical Establishments (NCCE)**

NCCE is a statutory body under Clinical Establishments Act, which is the apex body for this Act under the Chairmanship of Director General of Health Service, Ministry of Health and Family Welfare. The Central Government appoints the members of National Council, which consists of 20 Members. The Council develops

and periodically review the minimum standards for ensuring uniform and proper healthcare by the clinical establishments. It also gathers the statistics from the registered clinical establishments.

Applicability of the Act

Currently, the Clinical Establishments Act is adopted by 19 States/UTs namely Jharkhand, Uttrakhand, Himachal Pradesh, Arunachal Pradesh, Sikkim, Haryana, Rajasthan, Mizoram, Uttar Pradesh, Assam, Puducherry, Dadra & Nagar Haveli and Daman & Diu, Andaman & Nicobar Islands, Chandigarh, Jammu & Kashmir, Bihar, Telangana, Ladakh and Lakshadweep. However, out of 19, 4 States/UTs (Bihar, Telangana, Ladakh and Lakshadweep) have adopted the Act but not implemented it yet.



Ministry of Health and Family Welfare, Government of India recognizes the potential of digital health in transforming healthcare delivery and implementing effective monitoring and evaluation platforms and promoting Digital Health i.e. use of Information & Communication Technology in the direction of "reaching services to citizens" and "citizen empowerment through information dissemination" to bring about significant improvements in the public healthcare delivery.

6.1 Digital Health Key Initiatives:

Ministry of Health & Family Welfare has envisaged establishing a National Digital Health Eco-system to ensure and facilitate citizen centric health service, quality of care, better access, universal health coverage. The ministry also envisioned for creation of interoperable Electronic Health Records (EHRs) of citizens, made available and accessible online to facilitate continuity of care, better affordability and better health outcome and better decision support system. Towards this goal, Ministry of Health & Family Welfare has taken following key initiatives:

Ayushman Bharat Digital Mission (ABDM):

The Hon'ble Prime Minister announced the implementation of Ayushman Bharat Digital Mission (ABDM) in the country with a vision to create a national digital health ecosystem. It supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe

manner that provides a wide-range of data, information and infrastructure services by duly leveraging open, interoperable, standards-based digital systems, and ensuring security, confidentiality and privacy of health-related personal information.

In the first phase, NDHM was implemented in six Union territories: Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Ladakh, Lakshadweep, and Puducherry. Services like issue of Health ID, creation of registries for Doctors & health facilities and creation of personal health record have been initiated.

Hon'ble Prime Minister on 27th September 2021 announced the nationwide rollout of the Ayushman Bharat Digital Mission (ABDM), which will lead to the creation of an interoperable and open network in the health ecosystem. This mission will enable equitable and wider access to healthcare for citizens. This will create employment in the healthcare ecosystem, and catalyze innovation. As on date total 47,89,93,363 ABHA number has been created along with 31,78,46,371 ABHA Linked Health Record.

The ABDM is a step towards achieving Universal Health Coverage by digitalizing and connecting the healthcare system. ABDM focuses on shifting from "illness" to "wellness", "facility-centric" to "patient-centric" and "platform-centric" to "network-centric".

EHR Standards have been notified in December 2016. The EHR Standards include standards for Disease Classification, Medicine and Clinical terminology, Laboratory Data exchange, Digital Imaging and Communication etc. for semantic interoperability. Metadata and Data Standards (MDDS) for Health to enable semantic interoperability among healthcare applications have been notified in 2018.

National Resource Centre for EHR Standards (NRCeS) is set up in order to augment facilitation for adoption of the notified EHR Standards in technical association with C-DAC, Pune for providing assistance in developing, implementing and using EHR standards effectively in healthcare IT applications in India.

Hospital Management Information System (HMIS): HMIS is being implemented for computerized registration and capturing EHR/EMR of patients in Public Health facilities up to PHC level. This will also facilitate workflow management leading to better delivery of services to patients and improvement in efficiency of processes in these facilities. All the States / UTs are being provided financial assistance for implementation of HMIS application implementation.

Various HMIS applications like eHospital, eSushrut, eUpchaar, GHMIS, IHMS etc. are operational across the country.

Online Registration System (ORS) is a framework to link various hospitals for online registration, payment of fees and appointment, online diagnostic reports, enquiring availability of blood online etc. ORS has been implemented in more than 564 hospitals and more than 83.19 lakh (as on 30.10.2023) appointments have been transacted online.

Mera Aspatal (My Hospital) 'application is an IT based feedback system to collect information on patients' level of satisfaction using a multi-channel approach viz. Short Message Service (SMS), Outbound Dialing (OBD), Web Portal, and Mobile Application. The application automatically contacts the patient (outpatient after the closure of the OPD and the inpatient at the time of discharge) using the above tools to collect information on patients' level of satisfaction.

6.2 Telemedicine

eSanjeevani National Telemedicine Service: There are two variants of eSanjeevani telemedicine service:

eSanjeevaniAB-HWC (Doctor to Doctor teleconsultation): Under the ambit of Ayushman Bharat Scheme, MoHFW is setting up 1.5 Lakh Health & Wellness Centres (HWCs) in States/UTs for providing preventive and promotive services. One of the components under services is providing Tele-medicine consultation service. CDAC Mohali has developed eSanjeevani Telemedicine application.

eSanjeevaniOPD (Patient to Doctor teleconsultation): In wake of COVID 19 pandemic, MoHFW upgraded 'eSanjeevani application to enable patient to doctor teleconsultation to ensure continuum of care and facilitate health services to all citizens in the confine of their homes free of cost. Telemedicine services have been rolled out in 36 States/UTs. For more detail please visit <https://esanjeevaniopd.in/>

“eSanjeevaniOPD- National Telemedicine Service won Platinum Category under “Innovation in Pandemic” during Digital India Award-2020.”



6.3 Web-portals & Mobile Applications:

National Public Health Observatory (NPHO):

NPHO is a data-driven platform that integrates health data from various sources, including health IT applications (such as HMIS, HWC, CGHS, NACO, NACP, PMNDP, IHIP among others), national reports (such as Census, National Health Profile, National Health Accounts, etc.), into a common framework.

Pradhan Mantri National Dialysis Programme (PMNDP)- An IT platform is developed for Pradhan Mantri National Dialysis Programme (PMNDP) (<https://pmndp.mohfw.gov.in>) to provide smooth delivery of necessary dialysis services to every patient having unique 14 digit ABHA number (Health ID) based on their Aadhaar ID.

COVID-19 Dashboard is a comprehensive real-time based IT platform 'COVID-19 India Portal' (special surveillance system) is functional since March 2020 in response to COVID -19 pandemic, for monitoring the situation, preparedness and management to control the COVID in the country. This platform provides business intelligence (BI) tools based analytics, facts based decision support system, data collection up to facility level, dashboards, reports, integration with other applications. Surveillance of COVID related complications such as Mucor mycosis is also done by the system.

Covid-19 India Portal

Real-time web platform to analyze, understand, and keep track of the COVID-19 pandemic situation across the country. CoVID-19 India Portal assists the State/District/Facility Nodal Officers designated in India to efficiently carry out their tasks for effective operationalization of

the CoVID-19 India Portal for regular and timely updation. Develop a single integrated portal to access information on COVID-19 patients on near-to-real-time data. It provides Availability of healthcare infrastructure and Accessibility to healthcare.

National Health Portal (NHP) serves as a single point of access for consolidated information about health and health related subjects of public health importance at national and international levels, various diseases, continuum of care, healthcare services, healthy life style measures, integrated information about national health programmes, state health programmes, health policies, regulatory guidelines, new developments in health sector to students, healthcare professionals, researchers and general population in different languages (currently available in six languages - English, Hindi, Bangla, Tamil, Gujarati and Punjabi). NHP also interacts with citizens to disseminate the health information.

6.4 Global Agenda on Digital Health

- a. Global Digital Health Partnership (GDHP): GDHP is the world's biggest intergovernmental and multilateral platform on Digital Health. It has been created to provide an international forum to facilitate global collaboration and co-operation and to share policy insights and evidence of best practice in the implementation of digital health services.
- b. Chair of Commonwealth Health Working Group meeting and leading Digital Health agenda.
- c. G20 Summit: India assumed the Presidency of the G20 for One year from 01 December 2022 to 30 November 2023.

International Cooperation & International Health

CHAPTER

07

7.1 Introduction

The mandate of the International Cooperation & International Health (IC/IH) Division is to foster mutually beneficial partnerships with other countries of the world in multilateral as well as bilateral format. It also acts as an interface with foreign multi-lateral agencies where the Ministry of Health and Family Welfare (MoHFW) is the Nodal Ministry in the Government of India for engagement with other countries on global health agenda items, for contact with the World Health Organization, United Nations and its agencies and other various International Organizations. In addition, the Division also coordinates the Ministry's interaction on health matters with other groups of bodies such as G7, G20, BRICS, SAARC, etc.

The role of IC/IH Division in bilateral cooperation includes processing of proposals for the signing of Agreements and Memorandum of Understanding (MoUs) as well as implementing them through signings of Letter of Intent, Joint Work Agreement and Work Plans, organizing of Joint Working Group meetings, exchange of visits by subject experts, scientists, officials and relevant organizations, intergovernmental bodies, non-government organizations etc., facilitating foreign deputations of Ministers & officials of MoHFW as well as meetings of visiting foreign dignitaries in India for furthering cooperation in the field of international health.

These activities are performed in coordination with the Ministry of External Affairs and other concerned Departments.

7.2 World Health Organization (WHO)

World Health Organization (WHO) is one of the main UN agencies collaborating with the Ministry of Health and Family Welfare (MoHFW), Government of India on health issues. One of the key features of the collaboration of MoHFW with WHO has been that WHO supports with the technical skills, science, and evidence to inform practice through setting globally applicable high-quality norms and standards, able to keep pace with rapid change, even in times of unfolding health crisis, such as the COVID-19 pandemic. WHO provides support for the development of normative and standard-setting products, tracking their uptake and impact at the country level and enabling the mechanisms for their review and approval.

Activities under the WHO are funded through two sources; (i) the Country Budget which comes out of Member States fees contribution for the WHO base programme and (ii) through the extra-budgetary resources which come from (a) donations from various sources for general or specific aspects of health; (b) funds routed through the WHO to countries by other member countries or institutes/agencies. India is the



largest beneficiary of the country budget within the South East Asia Region. The budget is operated on a biennium basis, calendar year-wise.

Contribution to WHO: As a member country of WHO, India makes regular contribution to WHO for each biennium. A WHO biennium commences in January of the first year of the biennium and ends in December of second year of the biennium.

The Assessed Contribution payable by the Government of India to WHO is decided on the basis of UN Scale of Assessment. India's Assessed Contribution for the year 2023 stands at (USD 24,37,665 +CHF 24,70,191) and Voluntary Contribution of USD 55,000 towards the WHO Training in Tropical Diseases Research (TDR) and voluntary Contribution of USD 35,000 towards Research in Human Reproduction (HRP). India remitted Euro 7,55,842 towards the membership fee to the International Agency for Research on Cancer (IARC), Lyon, France for the year 2023.

7.3 Brazil, Russia, India, China and South Africa (BRICS) Meetings and Workshops

A. (BRICS) Meetings and Workshops

BRICS is an association of the five fastest emerging economies of the world, namely, Brazil, Russia, India, China, and South Africa. BRICS association comprises 41% of the World Population and 24% of the World GDP.

13th BRICS Health Ministers Meeting: The 13th BRICS Health Ministers Meeting was held on 4th August 2023 through virtual mode and was chaired by the Republic of South Africa. Delegates from BRICS countries exchanged in-depth views on topics including Health Systems Strengthening and Universal Health Coverage, BRICS TB Research Network, BRICS Early Warning System for Predicting Pandemics,

Establishment of Public Health Emergency Operations Centres (PHEOC) in the BRICS countries, BRICS Working Group on Nuclear Medicine, BRICS Digital Health and BRICS Health journal. The meeting agreed to develop a common BRICS platform for developing indicators to track progress in improving the health of the BRICS population and in pursuit of SDG UHC Indicator 3.8. It was also agreed to hold the XIV BRICS Health Ministers' Meeting in Russia in 2024.

B. Shanghai Cooperation Organisation (SCO) Meetings

The following meetings were organized under India's SCO Presidency since Jan, 2022:

1. Meeting of experts & practitioners of Traditional Medicine dated 3rd February, 2023.
2. Drug Regulators Roundtable and Manufacturer Conference dated 17th February, 2023
3. Roundtable with stakeholders of Medical Value Travel dated 17th March 2023.
4. Collaborations in developing and manufacturing cost-effective Diagnostics and Therapeutics dated 2nd May 2023.
5. Meeting of Experts Working Group of SCO Member States in preparation of Sixth Session of Meeting of Ministers of Health of SCO Member States dated 31st March 2023.
6. Sixth Session of Meeting of Ministers of Health of SCO Member States dated 12th May 2023.

C. Quadrilateral Security Dialogue (Quad)

The Quad is a diplomatic network between Australia, India, Japan, and the United States that is maintained by talks between member countries.

As committed in India's quad presidency, Ministry of Health and Family Welfare as its chief deliverable conducted a virtual workshop on 11th December 2023 focusing on Digital Health Initiatives for Indo-Pacific Countries in collaboration with Ministry of External Affairs, to showcase the initiatives undertaken by Government of India in the realm of digital public goods. The workshop was attended by 13 countries and India offered Integrated Health Information Platform, Stimulating Advanced Knowledge for Sustainable Health Management (SAKSHAM), Ayushman Bharat Digital Mission (ABDM), e-Sanjeevani Telemedicine platform and Co-WIN.

India also successfully conducted 2nd round of the Quad Pandemic Table Top Exercise under the chairpersonship of Dr. Manashvi Kumar, Joint Secretary, MOHFW on 14th December 2023. The following were the agenda items for the meeting:

- o Sharing of information on the current epidemiological situation of major communicable disease challenges in each country;
- o Centre for Disease Control establishment and reform since the COVID-19 pandemic-success and learning; and
- o Any other agenda for discussion on the structure and frequency of future meetings.

D. Voice of Global South Summit (VoGSS)

The Hon'ble HFM chaired Session-VIII of the 2nd Voice of Global South Summit (VOGSS) i.e., the Health Ministers' virtual session that was held on 17.11.2023, wherein, he spoke extensively on the 'Solutions from Global South for One Health'. During the session, the Hon'ble HFM reiterated to uphold India's commitment to the One Health Approach that is in sync with India's cultural ethos of Vasudhaiva Kutumbakam, signifying "the

World as One Family" and emphasizing on the interconnectedness of all lives, which also includes Global South. At the 2nd Voice of the Global South Summit, the leaders called for a collective focus on enhancing resilience in healthcare systems and infrastructure.

E. The 5th Indo-U.S. Health Dialogue

The 5th Indo-US Health Dialogue was held from 10th to 13th October 2023, in Washington D.C., which was attended by the Indian delegation, led by Shri Sudhansh Pant, Secretary (Health). The 5th Indo-U.S. Health Dialogue touched upon various topics starting from Multilateral Cooperation; Pandemic, Preparedness and Response; Health Safety and Security; Universal Health Coverage, Access and Equity; and Communicable and Non-Communicable Diseases. The focus of the entire Indo-U.S. Health Dialogue brought back the emphasis on disease surveillance and strengthening lab networks with emphasis on One Health and AMR, India's positions on IHR and INB, emphasizing equity, access to biological materials, and benefit sharing.

7.4 WHO Fellowship

International Health Division invites applications for the nomination of health professionals from all States/UTs/autonomous institute of this Ministry for nominations under WHO fellowships in every biennium. Due to COVID-19, this Ministry could not call for nominations from the States/UTs.

7.5 G.20

The G20 India Health Working Group: A Collaborative Effort to Strengthen Global Health Architecture

Introduction

The G20, or Group of Twenty, represents a multilateral forum for international economic cooperation, primarily focused on economic



issues. But recognizing the interdependence between economic stability and public health, in 2017, the German Presidency introduced a Health Working Group to discuss and combine action on health policy and population-level concerns. India is part of the G20 Troika (Grouping of the upcoming, current, and past presidencies) from 2022 to 2024.

India held the Presidency of the G20 from 1st December 2022 to 30th November 2023 wherein it delivered not just historic, but substantial results towards the welfare of global populations. Within the Health Working Group led by the Ministry of Health and Family Welfare, India prioritized the following –

Priority 1: Health Emergencies Prevention, Preparedness and Response [HEPPR] (with focus on One Health and Anti-microbial Response)

Priority 2: Strengthening Cooperation in Pharmaceutical Sector with focus on Access and Availability to safe, effective, quality and Affordable Medical Countermeasures

Priority 3: Digital Health Solutions and Innovations to aid Universal Health Coverage and Improve Healthcare Service Delivery

G20 India Health Working Group Agenda

The COVID-19 pandemic had unleashed a worldwide shock wave, resulting in rapid development of ad-hoc global mechanisms to address the imperative needs to prevent the pandemic from worsening and to plan for future pandemics. India's G20 Presidency has emphasized the need for convergence of these efforts in the HEPPR space as a major priority to aid towards creating a converged and agile Global Health Architecture across all three chosen priorities.

The working group brought together health experts, policymakers, and scientists from G20

member countries to collaborate on key health challenges. Over the course of a year, MoHFW organized **three Health Working Group Meetings** in Thiruvananthapuram (January 2023), Goa (April 2023) and Hyderabad (June 2023), along with a Deputies' Meeting and the **Health Ministers' Meeting** in Gandhinagar, Gujarat (August 2023). The deliberations saw the evolution of the agenda in alignment with the global momentum on health emergencies prevention, preparedness, and response.

Conclusion

The G20 India Health Working Group achieved a historic milestone with the launch of the Global Initiative on Digital Health (GIDH) on 19th August 2023 at Gandhinagar, Gujarat. Housed at WHO, the GIDH will democratize wider usage of quality-assured digital solutions and innovations towards the achievement of Universal Health Coverage (UHC). In addition, the G20 India Health Ministers' Outcome Document and Chair Summary is a testament of India's efforts in bringing together the 20 diverse nations on the crucial agenda that India continues to advocate for. Consensus over the document was brought upon by eight virtual consultations and intense discussions at the Deputies Meeting in Gandhinagar, Gujarat.

India has emerged as a critical player in global healthcare, offering valuable lessons on how international cooperation can address health challenges effectively. Its focus on equitable vaccine distribution, strengthening healthcare systems, promoting research and development, data sharing, and surveillance has had a significant impact in responding to the COVID-19 pandemic and preparing for future health crises. The group's achievements underscore the importance of global collaboration in building resilient and responsive healthcare systems that benefit people around the world.



Facilities for Scheduled Castes and Scheduled Tribes

CHAPTER

08

8.1 INTRODUCTION

The Scheduled Caste (SC) and Scheduled Tribe (ST) Cell (SC/ST cell) have been functioning in the Ministry of Health & Family Welfare (MoHFW) to look after the service interest of SC/ST category employees. The Cell assists the Liaison Officers for SC/ST/PwD (Persons with Disabilities)/EWS (Economically Weaker

Section) and OBC in the Ministry to ensure that representations from SC/ST/PwD/OBC/EWS category in establishment/services matters under MoHFW receive proper consideration.

The representations of SC/ST/OBC category in the Department of Health & Family Welfare (DoHFW) and its Attached/Subordinate Offices and the Central Health Services Cadre administered by DoHFW are given below:

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Others
D/o Health & Family Welfare and its Attached /Subordinate Offices	19721	4554	1540	4300	61	9266
Central Health Services (All Group 'A' posts)	3293	549	276	746		1722

The representations of Persons with Disabilities (PwD) category (as on 01.01.2023) in Department of Health & Family Welfare are as under:

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C	D	E
A	3921	1	0	0	1	0	0
B	583	3	0	0	3	0	0
C	2430	36	4	7	25	0	0
C (Sweeper)	0	0	0	0	0	0	0
Total	6934	40	4	7	29	0	0
Percentage		0.58	0.06	0.10	0.42	0	0



Where,

SC: Scheduled Caste

ST: Scheduled Tribe

OBC: Other Backward Class

EWS: Economically Weaker Section

Others: Neither SC / ST / OBC

A: Blindness and Low Vision

B: Deaf and Hard of Hearing

C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy

D: Autism, Intellectual disability, specific learning disability and mental illness;

E: Multiple disabilities from amongst A to D including deaf-blindness

8.2: NATIONAL HEALTH MISSION

The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable and quality health care to the rural population especially the vulnerable sections including Tribals. One of the key features of NRHM included interventions for improving health indicators. In 2013, the NRHM was subsumed under the National Health Mission (NHM) as its Sub-Mission, along with National Urban Health Mission (NUHM) as the other Sub-Mission.

The National Health Mission provides technical and financial support for improvement in the health Infrastructure, availability of adequate human resources to improve availability and accessibility to quality healthcare especially for the underserved and marginalized groups in rural and tribal areas.

8.3 NATIONAL URBAN HEALTH MISSION (NUHM):

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as one of the sub-missions under an overarching National Health Mission (NHM).

NUHM envisages strengthening the primary health care delivery systems in urban areas and providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population. It also seeks to de-congest secondary and tertiary health care facilities (District Hospitals/Sub-District Hospitals/Community Health Centre) by providing robust comprehensive Primary health care services in urban areas. NUHM covers all cities and towns with more than 50,000 populations and district headquarters and State headquarters with more than 30,000 population.

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as Ayushman Arogya Mandir (AAM) erstwhile Ayushman Health & Wellness Centres (HWCs) to provide preventive, promotive and curative services in cities closer to the communities. So far 4,831 UPHC-HWCs and 3,924 UHWCs have been operationalized in urban areas. (source: HWC Portal, data as on 30.09.2023). The Services being provided through these facilities are available to all sections of the population including SC&ST.

8.4 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP):

To achieve India's vision of eliminating Tuberculosis, the Ministry of Tribal Affairs (MoTA) and the Ministry of Health and Family Welfare (MoHFW) signed a Joint Action Plan for Elimination of TB in October 2020. Following

this agreement, Tribal TB Initiative was launched in March 2021. Tribal TB initiative is a unique partnership between the MoHFW and MoTA to improve the cascade of TB care and support services among Tribal Populations in India. Piramal Swasthya is the implementing partner for the initiative through the support of USAID.

Tribal TB Initiative Year-2 (2022-23)

To contribute towards achieving the Sustainable Development Goals set for our country, the Ministry of Health and Family Welfare and Ministry of Tribal Affairs jointly committed to 75 TB Free tribal districts under Tribal TB Initiative.

The chosen 75 districts across 11 states are particularly high-burden and have been selected in consultation with the respective States. The focus is community engagement and mobilization among the tribal population through community influencers like Tribal Healers, PRIs, and tribal youth. Health system strengthening and resource mobilization are also focus areas under the joint initiative. Some of the main activities undertaken are as below:

1. Community empowerment and mobilization:

- Sensitization of PRI members, tribal healers, tribal leaders, youth, SHGs, etc. to establish primary TB screening, referral mechanisms through pictorial referral slips and become treatment supporters and are actively involved in talking about TB at various village-level forums and raising awareness of TB to reduce stigma in their community. The State TB cells supported in rolling out of referral slips.
- Created simplified versions of TB Free Panchayat and TB Champions training modules for the use of trainers (English & Hindi), and it is being rolled out in districts.

- Sensitizing students and staff of Eklavya Model Residential (EMR) Schools operated under MoTA.

2. Health System Strengthening (HSS):

- Training of PRI and VCDC members for TB-free Gram Panchayat Initiative.
- Identifying resource-sharing areas between the State Tribal Welfare Department and State Health Department based on the block level need and submission of the requirement raised through a proposal for the appraisal of the Project Appraisal Committee of MoTA. Through this, the Chhattisgarh state PAC proposal for FY 23-24 of 34 TrueNat machines is approved by MoTA and funds have been transferred to the DHS account for procurement.
- Implementation of TB-free action plans that would help to monitor progress towards TB-free district status.
- Leveraging CSR funds to support NTEP in strengthening diagnostics

8.5 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP):

National Leprosy Eradication Programme (NLEP), India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). NLEP programme has focussed its strategies towards vision of “Leprosy Free India” since its inception. Current NLEP strategies include availability of quality diagnostic & treatment services for leprosy patients, in order to detect cases early and reduce the transmission, prevent development of deformities and disabilities due to leprosy.

India achieved elimination status of leprosy at National level in 2005 i.e., Prevalence Rate (PR) less than 1 case/10,000 population. Since then India has introduced various programmatic



strategies to reduce the leprosy transmission. Still, India contributes to 60% of Global new leprosy cases. (Global Data by WHO 2023).

Currently NLEP has released “**National Strategic Plan & Roadmap for Leprosy 2023-27**”, which has enlisted strategies towards aim of “**Interruption of transmission of leprosy in India by 2027**” (3 years ahead of SDG 2030).

8.6 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

The National Centre for Vector Borne Diseases Control (NCVBDC) administers an umbrella programme, namely, National Vector Borne Diseases Control Programme (NVBDCP) for prevention and control of vector borne diseases namely Malaria, Japanese Encephalitis, Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. The States/UTs are responsible for implementation of the programme, whereas NCVBDC provides technical and financial assistance to the States/UTs in the form of cash & commodity, under the overarching umbrella scheme of National Health Mission (NHM).

Under NVBDCP, promotive, preventive, and curative (diagnosis and treatment) services are uniformly made available to all segments of population including SCs and STs in all the States/UTs of the country. Strategies for VBD control are based on the endemicity of diseases.

8.6.1 MALARIA:

The malaria disease burden in India has declined by 85% (from 1.16 million to 0.17 million) and malaria deaths by 78.38% (from 384 to 83) in 2022 as compared to 2015. Malaria is more predominant in tribal districts of North-Eastern States, Odisha, Chhattisgarh and Jharkhand. Among 182 tribal and Left-Wing Extremist (LWE) districts, there has been 87.39% reduction

in malaria morbidity and 75.8% reduction in malaria mortality in 2022 as compared to 2015.

Under NVBDCP, various anti-malarial interventions such as Early diagnosis and radical treatment, Case-based surveillance and rapid response, Integrated vector management (IVM), Epidemic preparedness and early response, Monitoring & evaluation, Advocacy, coordination & partnerships, Behaviour change communication and community mobilization are undertaken. Along with NHM, externally aided Global Fund project is been implemented in high endemic States. A total of 1.58 crores Long-lasting insecticidal nets (LLINs) under GFTAM support are in the distribution process to the community residing in high malaria endemic areas of 7 North Eastern States, Chhattisgarh and Madhya Pradesh in 2023.

8.6.2 LYMPHATIC FILARIASIS:

In India, there are 339 Lymphatic Filariasis endemic districts spread across 20 States/UTs. As per Tribal Ministry Annual Report 21-22, there are 177 tribal districts. Out of these 177 tribal districts, 67 districts are endemic for LF.

The current Lymphatic Filariasis (LF) elimination strategy is implemented uniformly across populations, including SCs and STs, in endemic districts of the country as relevant. There is no special tribal paradigm for filaria transmission in the country.

8.6.3 DENGUE & CHIKUNGUNYA:

Dengue and Chikungunya are endemic in all States/UTs (except Ladakh). NCVBDC provided free diagnosis, through 805 Sentinel Surveillance Hospitals (SSHs) for Dengue and Chikungunya across the Country and 17 Apex Referral Laboratories (ARLs) with advance diagnostic facilities. GoI provided technical guidelines on case management, integrated vector control methods and supplied IgM test kits to all

identified SSH across the country so that every section of people get the services.

8.6.4 JAPANESE ENCEPHALITIS:

Under NVBDCP-(JE), promotive, preventive, and curative (diagnosis and treatment) services are uniformly made available to all segments of population including SCs and STs in all the States/UTs of the country. Strategies for VBD control are based on the endemicity of diseases.

8.6.5 KALA-AZAR:

Under Kala-azar elimination programme promotive, preventive, and curative (diagnosis and treatment) services are uniformly made available to all segments of population including SCs and STs in all the States/UTs of the country. .

8.7: NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS:

National Programme for Control of Blindness was launched in the year 1976 as a centrally sponsored scheme (now 60:40 in all States and 90:10 in NE States and other hilly States) with the goal of reducing the prevalence of blindness 0.25% by the year 2025. The National Blindness & Visual Impairment Survey (2015-19) conducted under the programme showed reduction in the prevalence of blindness from 1% (2007) to 0.36%(2019).

The programme is being implemented uniformly in all districts of the country. The benefits of the scheme are meant for all including SC/ST population as per the approved schemes.

8.8: AYUSHMAN BHARAT PRADHAN MANTRI - JAN AROGYA YOJANA:

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is the world's largest health

insurance scheme that intends to minimise the out-of-pocket expenditure of the target beneficiaries arising due to catastrophic expenditure on healthcare. The scheme provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 55 crores poor and vulnerable families (approximately 56 crore beneficiaries) that form the bottom 40% of the Indian population. The households included in the scheme are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC). Further, States have used beneficiary databases with similar socio-economic profile. The scheme was launched subsuming the erstwhile Rashtriya Swasthya Bima Yojana (RSBY) on 23.09.2018 with an aim to improve affordability, accessibility and quality of healthcare for the poor and vulnerable section of the population.

8.8.1 Beneficiary Identification

The Beneficiary Identification System (BIS) is one of the key components of National Health Authority's (NHA's) information technology. It facilitates verification of eligible beneficiaries through SECC or additional datasets through Application Programme Interface (APIs) and supports Aadhaar based e-KYC (electronic Know Your Customer) for authentication. NHA has launched a mission mode campaign "Aapke Dwar Ayushman" for massive card creation across States UTs. Under this campaign, NHA signed MoUs with leading service providers such as CSC e-Governance Services Ltd. and UTIITSL Ltd. to ensure free issuance of cards to (SECC 2011) beneficiaries undergoing verification for the 1st time. Along with this, NHA has also empanelled 4 other Card Creation agencies and 8 card approver agencies to expedite the Ayushman card creation in the States/UTs. In this regard, the State/UTs have also been given flexibility to select any other agency as per their convenience.



8.9: NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (NP-NCD) UNDER NHM:

Non-Communicable Diseases (NCDs) like cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes are leading causes of death in the country and amounts to considerable loss in potentially productive years of life. In order to prevent and control NCDs, Government of India implemented the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all States and UTs across the country with the focus on strengthening infrastructure, human resource development, health promotion, screening & early diagnosis, management and referral. In the last few years, many new diseases or disease-groups/new initiatives have been added to the "National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) such as Non Alcoholic Fatty Liver Disease, Chronic Kidney Disease, STEMI etc. To this effect, 'NPCDCS' has been renamed as "National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

These services are uniformly made available to all segments of population including SCs and STs in all the states and UTs of the country. Population based prevention and control, screening and management initiative for common NCDs

(Diabetes, Hypertension and cancer viz. Oral, Breast and Cervical Cancer) is being implemented as a part of comprehensive primary health care under Health Wellness Centre in National Health Mission (NHM). Under this initiative, persons more than 30 years of age are targeted. Prevention, control & screening services are being provided through trained frontline workers (ASHA, ANM & MPWs), and the referral support and continuity of care is ensured through PHC, CHC, District Hospitals and other tertiary care institutions. The above mentioned services are meant for all including SC/ST population as per the programme guidelines.

8.10 MEDICAL EDUCATION:

Medical Education Division is administering Centrally Sponsored Schemes for increase in UG and PG seats in existing Government medical colleges. Under the Scheme, funds are provided for infrastructure of new medical colleges and infrastructure upgradation in medical colleges. The support under these schemes is provided only in government institutes and hence reservation policies of the respective State Governments apply in admissions to those increased/newly created seats. Further, 15% of such seats in UG & 50% of such PG seats are filled by centralized counseling in which reservation policy is applied. These schemes are not individual beneficiary oriented and there is no earmarking of medical services/education for specific categories of population.



Health Activities in North East Region Systems

CHAPTER

09

9.1 Introduction

North-Eastern Region (NER) has a population of about 45 million in an area of about 2.62 lakh square km covered by 9740 health facilities (20 Medical Colleges, 97 District Hospitals, 32 Sub-District Hospitals, 320 Community Health Centres, 1560 Primary Health Centres and 7711 Sub Health Centres). In addition to this, there are also 03 (three) private medical colleges: one each in Manipur, Sikkim and Tripura.

9.2 National Health Mission in North East States

Development of the NE States has been the Government of India's focus of attention given the difficult geography and socio-economic profiles of the eight States viz. Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The Regional Resource Centre for North-East States at Guwahati, Assam was set up in 2005 to provide technical and managerial support to the NE States in planning, implementation, monitoring & supportive supervision of health programmes, capacity building and improved fund absorption under the umbrella of National Rural Health Mission, later on under National Health Mission (NHM).

9.2.1 Achievements under NHM in respect of NE Region

Health Facilities & Human Resources: As per the Management Information System (MIS) Report for June 2023, 307 CHCs, 690 PHCs and

146 Centres working as First Referral Units (FRU) were operationalized on a 24x7 basis under NHM. The AYUSH facilities are available in 1326 Health Centres (including 83 DHs, 236 CHCs, 21 other than CHCs at or above Block level but below District level, 654 PHCs and 332 other health facilities above SCs but below Block level).

Facility-Based Newborn Care: 71 Special New-Born Care Units (SNCUs), 264 New-Born Stabilization Units (NBSUs) and 1921 New-Born Care Corners (NBCCs) had already been commissioned till 30.09.2023 to provide facility-based healthcare to sick children.

Referral Mechanisms: This facility is an integrated and comprehensive healthcare management in the States providing high-end ambulatory transportation for proper care in hospitals and Mobile Medical Units (MMUs) in remote areas. The system ensures the provision of Quality Patient Transport Care within the shortest possible time and ensures access to the chain of services across the State with a proper management system. There are 179 MMUs and 1441 Ambulances [26 ALS, 992 BLS, 387 PTV and 36 Others] which are operational under NHM in the NE States.

Comprehensive Primary Health Care: NE States have initiated the upgrading of existing health facilities into Health & Wellness Centres (HWCs). As on 30.09.2023, a total of 5963 SHC-HWCs, 1499 PHC-HWCs and 303 UPHC-HWCs have been made functional.



Boat Clinics as Floating Health & Wellness Centres: Starting in the year 2008, Assam started the services of 15 Boat Clinics which cater to the communities of 14 Districts residing in remote riverine islands (char/saporis) alongside the Brahmaputra River.

Bio-Medical Equipment Maintenance & Management Programme (BEMMP): This programme is being implemented through the support of NHM in 7 NE States (Arunachal Pradesh, Assam, Manipur, Mizoram, Nagaland, Sikkim and Tripura) in Public Private Partnership mode of operation. Meghalaya is functionalizing the BEMMP through in-house mode utilizing the state budget.

Free Diagnostic Services (Pathology): This program has been implemented in Arunachal Pradesh, Assam, Manipur and Tripura through a mixed in-house and outsourced model. On the other hand, in-house model has been adopted by Meghalaya, Mizoram, Nagaland and Sikkim.

Free CT Scan Services: This program has been implemented through Public Private Partnership (PPP) mode in Assam, Sikkim and Tripura. The program is implemented in house mode in Arunachal Pradesh and Mizoram.

Tele Radiology Services: This program has been implemented in Assam, Sikkim and Tripura.

Dialysis Services: The Pradhan Mantri National Dialysis Program (PMNDP) Services is being implemented in 90 Districts including 17 linked districts through 81 hemodialysis dialysis centers (operational in 14 Medical Colleges & Hospitals, 56 District Hospitals, 5 Sub District Hospitals and 6 Community Health Centers).

9.3 North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong, Meghalaya

NEIGRIHMS established in 1987 in Shillong is a super specialty teaching Institute under the Meghalaya Societies Regulation Act 1983 with an objective to provide advanced and specialized medical facilities and to serve as a regional referral service centre for comprehensive health care of people in North Eastern States. It has been designed as a Postgraduate Medical Institute in the lineage of AIIMS, New Delhi and PGIMER, Chandigarh.

9.4. Regional Institute of Medical Sciences (RIMS), Imphal

Regional Institute of Medical Sciences was set up in 1972 and has been functioning under the Ministry of Health and Family Welfare since 1st April, 2007. RIMS is an Institute of regional importance catering to the needs of the North Eastern Region in the field of medical education by providing undergraduate and post-graduate courses. RIMS, is a 1,200 bedded teaching Hospital equipped with modern state of the art equipment and teaching facilities. The Hospital provides services to a large number of patients both out-door as well as indoor patients and admit over forty thousand patients in a year. The institute has so far produced 3848 medical graduates and 2357 specialists.

9.5 Regional Institute of Paramedical and Nursing Sciences (RIPANS), Aizawl

Regional Institute of Paramedical & Nursing Sciences (RIPANS), Aizawl was set up by the Ministry of Home Affairs, Government of India in 1995-1996 to provide Nursing, Pharmacy and Paramedical education to the people of North East including Sikkim and to maintain the pace of Nursing education and Nursing services with other developments in medical and technological services. The Institute was transferred to Ministry of Health & Family Welfare w.e.f. 01.04.2007. At present the Institute is conducting BSc. Nursing,



B.MLS (Bachelors in Medical Laboratory Science), B.Pharm, B.Sc RIT (Radio Imaging Technology), B.Optomety, M.Pharm, MSc. Nursing, M.MLS (Masters in Medical Laboratory Science).

9.6 Lokpriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), established in the year 1876 in the Sonitpur district of Assam, is one of the standalone tertiary care institutes in the field of mental health and behavioural sciences in the North East Region of India. This institute is administered and funded by Government of India and completed 148 years of its existence and service in the area of mental health care.

The Institute plays an active role in the augmentation of human resource, service provision and research in the field of mental health and allied sciences. The Institute has established three specialty departments in Mental Health and related areas in the past 5 years and continues to make efforts to expand its services to attain the status of an Institute of National Importance.

The Institute has an active outpatient department and an inpatient care facility with 336 beds. The treatment facilities and services are free of cost. The institute also conducts regular community-based extension programmes.

The Institute offers regular courses in M. D. Psychiatry, M. Sc. Psychiatric Nursing, Master in Medical Laboratory Sciences, M. Phil. in Psychiatric Social Work and M. Phil. in Clinical Psychology and also a Post-Basic Diploma course in Psychiatric Nursing. These courses are offered under Gauhati University. Apart from these

courses, Ph. D. programmes in Psychiatric Social Work, Psychiatric Nursing and Clinical Psychology are also offered. The Institute also provides exposure training to visiting students from various medical, para-medical and non-medical institutions.

9.7 National Programme for Control of Blindness & Visual Impairment (NPCB&VI)

National Programme for Control of Blindness was launched in the year 1976. Primary and secondary eye care services under the programme are provided within the NHM framework with 60:40 costs sharing between Centre and State (90:10 in NE States and other hilly States). Under the National Health Policy (NHP), the target is to reduce the prevalence of blindness to 0.25% by 2025. The National Blindness Survey (2015-19) has shown reduction in the prevalence of blindness from 1% (2007) to 0.36% (2019).

The programme is being implemented in a decentralized manner through respective State/District Health Societies. Benefits of the scheme are meant for all including tribals. NE States including Sikkim being tribal predominant and having peculiar geographical conditions and inadequate eye-care infrastructure, is a priority area under NPCBVI.

9.8 National Vector Borne Disease Control Programme (NVBDCP)

The North-Eastern region is prone to malaria disease due to various topography and climatic conditions that largely facilitate perennial malaria transmission.

Achievements: Till 2022 in comparison to 2015, there was 81.27% reduction in cases, 83.82% reduction in PF (*Plasmodium falciparum*) cases and 84.44% reduction in deaths in NE states. Among 7 NE states, 5 states have achieved API



less than 1 and only 10 districts in NE states have API more than 1 in 2022 (4 in Mizoram, 5 in Tripura and 1 in Meghalaya). From April 2021 onwards, Intensified Malaria Elimination Project-2 has been implemented in all 7 North-Eastern States (Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur & Tripura) along with Jharkhand, Chhattisgarh and Odisha states.

9.9 National Iodine Deficiency Disorders Control Programme (NIDDCP)

Realizing the magnitude of the problem, the Government of India launched a 100 per cent centrally assisted National Goiter Control Programme (NGCP) in 1962. In August, 1992 the National Goiter Control Programme (NGCP) was renamed as National Iodine Deficiency Disorders Control Programme (NIDDCP) with a view of wide spectrum of Iodine Deficiency Disorders.

The Goal of NIDDCP is to prevent and Control Iodine Deficiency Disorders in the country.

9.10 Development of Medical Education in North East

Ministry of Health & Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new Medical Colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college with fund sharing between the Centre and State Governments in the ratio of 90:10 for North Eastern and Special Category States and 60:40 for others. Under the Scheme, 157 Medical colleges have been approved in three phases including 12 in the North Eastern Region.

9.11 Development of Nursing Services in North East

An amount of Rs. 15.99 Lacs has been released under the Scheme of Development of Nursing Services for the year 2023-24 for Training of Nurses for conducting seven (07) short term courses for nursing personnel to Manipur Nursing Council, Manipur.

9.12 Food Safety and Standards Authority of India (FSSAI)

i) In the year 2023, a total of 9 Eat Right Millet Melas/Walkathons have been successfully conducted in North Eastern states, including five in the state of Assam, three in Sikkim, one in Tripura. The initiative aims to emphasize the significance of integrating millets into our diets.

ii) The Eat Right Places of Worship initiative, designed to ensure the well-being of pilgrims, has certified two places of worship in the State of Nagaland in the year 2023. Simultaneously, the Eat Right Campus program, dedicated to promoting safe, healthy, and sustainable food practices, has acknowledged 13 Eat Right campuses in Nagaland, along with 3 in Assam, 5 in Sikkim, 5 in Manipur, and one in Arunachal Pradesh.

iii) Addressing the nutritional needs of school children, the Eat Right School initiative has successfully integrated essential knowledge about food safety, nutrition, and hygiene into the education system. In the year 2023, four Eat Right schools in Nagaland and one Eat Right School in Manipur have received Eat Right certification.

9.13 National Programme for Prevention and Control Of Fluorosis (NPPCF)

In the North Eastern Region, National



Programme for Prevention and Control of Fluorosis (NPPCF) is implemented only in the State of Assam in 7 districts i.e. Nagaon, Kamrup, Karbi Anglong, Dhubri, Nalbari, Karimganj and Udalguri.

Fluorosis Laboratory along with Ion meters has been established in all the 7 districts and Lab Technicians are in position in all 7 districts. NPPCF is being implemented as per programme objectives and strategies.

9.14 National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) under NHM is being implemented in all the North Eastern States. The funds are being provided to the States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 90:10 for North-Eastern States.

9.15 National Tuberculosis Elimination Programme (NTEP)

Over the last few years, a strong network of TB diagnostic and treatment services has been established across the North-Eastern states through the general health system to cover the entire population. As this region has significant tribal, hilly, and hard-to-reach areas, the norms for establishing Microscopy Centres have been revised to 50,000 per lakh population and TB Units for every 0.75 to 1.25 lakh population. Additionally, 41 rapid molecular test machines (CBNAAT and TrueNat), have been installed across the NE Region in Jan- June 2023.

9.16 NACO Activities in North-East States

National AIDS and STD Control Programme (NACP) management in the north eastern states are done through the respective State AIDS Control Society.

Information, Education and Communication (IEC) and Youth

North East Multi Media Campaign:

The North-East Multi-Media Campaign targets youth in the North-Eastern States, that focuses on raising awareness about HIV/AIDS through sports and music. The main objectives of the campaign were to (i) provide greater visibility for the issue of HIV/AIDS, (ii) encourage safe and responsible behaviour among the youth, (iii) reduce the level of stigma and discrimination by demystifying HIV/AIDS, (iv) promote HIV/AIDS related services, especially HIV testing and (v) increase general awareness about HIV/AIDS. The Grand Finale of 4th North East Multi Media Campaign was organised by Sikkim SACS in collaboration with NACO, on 5th March 2023 at Manan Kendra, Gangtok, Sikkim.

Targeted Interventions (TI)

Currently, there are 413 functional NGOs and 98 Opioid Substitution therapy (OST) centres and 111 Satellite OST centers in the North-Eastern states implementing NACO's prevention activities.

Integrated Health Campaign in North East Region

The Integrated Health Campaign (IHC) was initiated to specifically target vulnerable and at-risk populations involved in high-risk behaviors



or population that are a part of the injecting/sexual networks. These outreach efforts are geared toward offering a comprehensive range of services, including HIV, Hepatitis B and C and STI/RTI screenings, TB assessments, as well as addressing general health concerns like blood

pressure, diabetes and more for individuals between the ages of 15 and 49 years.

As on August 2023, a total of 25,786 individuals have been screened for HIV and 1,187 individuals were identified as HIV positive through the campaign mode and extended outreach activities.



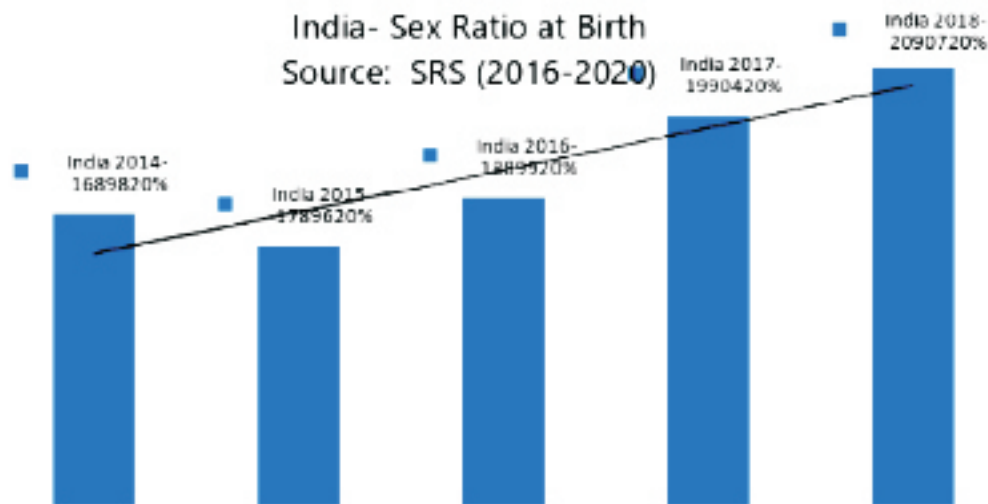
Gender Issues

10.1 Implementation of Pre-conception and Pre-natal Diagnostic Technique Act, 1994

Sex ratio at Birth in 22 bigger States

With consistent efforts and effective implementation of the law, the States are beginning to show positive results, as per the

latest Sample Registration Survey (SRS) report 2020. The overall Sex Ratio at Birth (SRB) data has recorded again **3 points** improvement from **904 in 2017-19** to **907 in 2018-20**. Among the bigger States/UTs, the sex ratio at birth varies from **974 in Kerala** to **844 in Uttarakhand**. (Detailed Table-10.1)



Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) PC&PNDT Act, 1994

To check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Act has since been amended to make it more comprehensive. The amended Act came into force with effect from 14.02.2003 and it has been

renamed as “Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994” (PC&PNDT Act) to make it more stringent.

10.2 Aspirational District Programme

The Ministry of Health & Family Welfare is committed to achieve the desired health outcomes across all the 112 Aspirational Districts of 27 States/UTs.



- To achieve the desired goals and objectives for Health under the 'Aspirational Districts Program, focused and context specific strategies such as operationalization of HWCs, Institutionalizing AB - School Health Program, Special Newborn Care Unit (SNCU) Nutrition Rehabilitation Centre (NRC), LaQshya, Home Based Young Childcare (HBYC), National Tuberculosis Elimination Program (NTEP) etc. have been prioritized across all the ADs to bring about a significant contribution in the overall development of the District.

Status of key Health Programmes across Aspirational Districts (ADs)

Transformation of all SCs and PHCs into Ayushman Bharat – HWCs- A total of 20819 AB-HWCs have been made functional till June 2023

- Institutionalizing AB- School Health Ambassadors in all schools
- 104 ADs have started School Health Ambassadors (HWA) trainings till June 2023
- 78% HWA have been trained in Govt./Govt. aided schools of 112 Aspirational districts till June 2023

Sick New-born Care Unit (SNCU)

- Till June 2023, total 106 out of 112 ADs have fully functional SNCUs.
- Proposed SNCUs in remaining 06 ADs are either under construction/construction completed but not functional yet.

Nutrition Rehabilitation Centre (NRC)

- Total 269 NRCs are functional in 99 Aspirational districts till March 2023.
- 13 out of 112 ADs don't have the functional NRC unit till March 2023 (Work in progress to functionalize NRCs in remaining 13 ADs)

10.3 National Ambulance Services (NAS):

As on date, 34 States/UTs have facilities where people can Dial 108 or 102 telephone numbers to call an ambulance. Dial 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient transport aimed to cater to the needs of pregnant women and children though other categories are also taking benefit and are not excluded. Janani Shishu Suraksha Karyakram (JSSK) entitlements e.g., free transport from home to facility, inter-facility transfer in case of referral and drop back for mother and children are the key focus of 102 services.

10.4 Kilkari and Mobile Academy

Kilkari, which means “a baby's gurgle”, delivers free, weekly and time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is one year old. Kilkari has been rolled out in 18 States and UTs: Assam, Bihar, Chhattisgarh, Chandigarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Jammu & Kashmir, Tripura, Andhra Pradesh and Andaman & Nicobar Island. A total of 55.65 crore successful calls (average duration of content played in each call approximately 1 minute) were made to 4.25 crore beneficiaries under Kilkari till 31st December, 2023.

10.5 Drugs and Vaccines Distribution and Management System

The provision of free generic drugs through public health facilities is one of the most cost-effective ways to reduce Out of pocket Expenditure (OOPE), particularly for poor and

vulnerable groups. Accordingly, the National Health Mission - Free Drugs Service Initiative (FDSI) was rolled out under which the State/UTs are being supported to provide free generic drugs to patients coming to public health facilities.

10.6 Development of Nursing Services

Nursing Personnel are the largest workforce in a Hospital. They play an important role in the health care delivery system. Training of Nursing Personnel in identified domains/topics is done as one of the major activities under the scheme of

Development of Nursing Services This will enable the nursing personnel to update their knowledge and skills in various nursing specialty. Nursing personnel are better equipped through this programme to provide quality patient care in the Hospitals and in other settings also. As per the available statistics, majority of the beneficiaries are women only and therefore, the programme will have significant impact on women empowerment.



Department of Health and Family Welfare Statement Giving Scheme-wise BE, RE and Actual Expenditure

Part - I (HEALTH)

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	BE 2022-23	RE 2022-23	Actual 31/03/23	BE 2023-24	RE 2023-24	Actual 19/12/23 (Prov.)
1	Establishment Expenditure of the Centre						
1.01	Secretariat - Social Services	244.06	257.07	211.95	267.40		148.82
1.02	Direction & Admn.						
	Direction & Admn. (Dte. G.H.S)	76.00	75.85	58.79	80.21		45.81
	Total	76.00	75.85	58.79	80.21		45.81
1.03	Central Government Health Scheme	1850.00	1945.27	1789.22	2220.24		1238.53
1.04	Safdarjang Hospital, New Delhi	1690.00	1735.15	1678.44	1826.94		1195.03
	Vardhman Mahaveer Medical College, New Delhi	25.00	25.00	24.57	26.40		16.48
1.05	Dr. Ram Manohar Lohia Hospital, New Delhi	880.00	842.31	765.28	1075.00		596.87
	Dr. RML PGIMER, New Delhi	215.80	270.30	217.74	197.18		117.26
1.06	Lady Hardinge Medical College & Smt. Sucheta Kripalani Hospital & New Delhi	710.00	649.95	573.96	768.15		385.23
1.07	Kalawati Saran Children's Hospital, New Delhi	149.44	157.86	147.40	168.53		105.21
1.08	Other Hospitals/Institutions						
	National Medical Library	40.00	40.00	38.59	48.03		26.12
	Medical Stores Organization	64.87	66.45	53.90	68.26		35.85
	Central Institute of Psychiatry, Ranchi	120.00	127.33	126.47	144.19		83.44
	All India Institute of Physical Medicine and Rehabilitation, Mumbai	35.00	27.71	25.40	28.88		17.78
	RAK College of Nursing, New Delhi	30.00	35.00	33.75	34.33		14.42
	Lady Reading Health School	4.86	4.96	4.28	4.73		3.05

	Port Health Estt. Including APHO	69.00	62.00	52.62	70.00		34.40
	National TB Training Institute, Bangalore	18.34	18.07	17.07	22.17		11.64
	CLTRI, Chengalpattu	23.56	23.82	16.00	29.20		11.40
	RLTRI, Aska	7.50	4.00	3.73	7.11		2.65
	RLTRI, Raipur	7.62	6.85	4.29	10.98		4.26
	RLTRI, Gauripur	6.10	5.61	4.97	7.26		3.44
	N.I.C.D., New Delhi (Main Institution)	75.70	77.60	70.20	92.19		50.99
	Central Drugs Standard Control Org.	180.00	179.00	156.91	185.00		125.04
	BCG Vaccine Laboratory, Guindy, Chennai	30.59	27.90	22.77	33.71		17.29
	CRI, Kasauli	105.00	59.00	56.13	76.91		34.27
	Institute of Serology, Kolkata	9.03	8.41	7.79	9.51		5.59
	AIHH & PH, Kolkata	44.37	44.31	41.85	44.75		30.98
	CCTC Singur	24.98	24.97	22.54	24.88		16.53
	Central Health Education Bureau, New Delhi	6.20	6.20	4.21	6.58		3.00
	Regional Health Offices	51.16	51.16	43.08	54.98		29.97
	F.W. Training and Res. Centre, Bombay	20.71	20.71	9.87	19.52		6.57
	Rural Health Training Centre, Najafgarh	34.24	27.86	22.47	38.50		20.86
	Strengthening of HIMS	6.32	4.42	1.45	4.81		1.48
	National Advisory Board for Standards	1.18	0.55	0.24	1.10		0.28
	Project Feasibility Testing Scheme	0.10	0.01		0.01		
	Total - Other Hospital/Institutions	1016.43	953.90	840.58	1067.59		591.30
	Total - Establishment Expenditure of the Centre	6856.73	6912.66	6307.93	7697.64		4440.54
2	Central Sector Schemes/Projects						
2.01	Pradhan Mantri Swasthya Suraksha Yojana	10000.00	8269.56	7517.64	3365.00		1221.26
2.02	<i>Family Welfare Scheme</i>						
	Mass Education - IEC (Information, Education and Communication)	40.00	33.00	29.36	35.87		8.29



	Information, Education and Communication on PNDT Act.				0.69		0.05
	Population Research Centres	30.00	25.87	25.62	39.82		13.72
	National Drug De-Addiction Control Programme						
	Management Information System (MIS)	35.22	60.00	35.12	56.88		55.03
	Social Marketing of Contraceptives	70.00	45.97	42.56	0.00		
	Free Distribution of Contraceptives	150.00	150.00	153.23	0.00		
	Supply of FP Commoditiies under Free Supply and Social				225.04		145.90
	NPSF/National Commission on Population	0.01	0.01		0.00		
	FW Programme in Other Ministries	0.01	0.01		0.00		
	WHO supported National Polio Surveillance Project (NPS)	159.11	159.11	159.11	158.30		158.30
	Total - FW	484.35	473.97	445.00	516.60		381.29
2.03	National AIDS and STD Control Programme	2622.75	2032.00	1997.55	2916.97		1823.19
2.04	Blood Transfusion Service	404.26	150.00	145.45	161.00		36.89
2.05	National/State Blood Transfusion Council (GC)	0.01	0.01		2.00		
2.06	Global Fund under Covid-19 Response Machanism 2021				495.00		
2.07	National Pharmacovigilance Prog.	10.00	10.00	9.84	8.53		5.55
2.08	Development of Nursing Services	20.43	24.93	24.50	33.41		16.10
2.13	Health Insurance (CGEIPS)						
2.09	Health Sector Disaster Preparedness & Management including EMR (including Avian Flu) & Emergency Medical Services	130.00	75.00	75.02	128.14		26.18
2.1	National Organ Transplant Programme	15.00	10.24	9.11	15.68		4.47
2.11	Establishment and strengthening of NCDC Branches and Health Initiatives – Inter Sectoral Co - ordination for preparation and control of Zoonotic Diseases and other neglected tropical diseases, surveillance of Viral Hepatitis, Anti - Microbial Resistance	71.55	52.46	37.79	55.54		8.56

2.12	Pradhan Mantri Garib Kalyan Project - Insurance Scheme for Health Care Workers fighting COVID-19	226.00	226.00	223.73	0.01		0.00
2.13	PM-ABHIM	978.87	281.68	314.10	645.86		40.58
2.14	ECRP-1(EAP)		1.78		1.78		
2.15	National Digital Health Mission - Ayushman Bharat Digital Mission (ABDM)	200.00	140.00	83.94	341.02		69.81
2.28	Other Schemes FW						
2.16	National Tele Mental Health Programme		121.00	65.49	133.73		10.97
	Total - Central Sector Schemes/Projects	15163.22	11868.63	10949.16	8820.27	0.00	3644.85
3	Other Central Expenditure, including those on CPSEs and Autonomous Bodies						
3.01	Medical Treatment of CGHS Pensioners (PORB)	2645.00	4640.42	4630.67	3846.19		3244.83
3.02	<i>Purchase of Material in India and Abroad</i>	<i>310.00</i>	<i>360.00</i>	<i>357.86</i>	<i>375.00</i>		<i>235.07</i>
	<i>Deduct Recoveries</i>	<i>-310.00</i>	<i>-360.00</i>	<i>-465.99</i>	<i>-375.00</i>		<i>-136.82</i>
	<i>Net</i>	<i>0.00</i>	<i>0.00</i>	<i>-108.13</i>	<i>0.00</i>		<i>98.25</i>
	International Cooperation/ International Health						
	<i>Contribution to WHO</i>	32.00	34.50	34.24	34.00		10.66
	<i>Delegation to International Conference</i>	5.00	5.00	4.40	5.00		2.32
3.03	<i>Int. Conf. on Med. & Public Health</i>	9.00	14.25	3.48	37.00		4.81
	Membership for International Org.	8.00	7.00	6.51	91.00		6.83
	International Co-operation (FW)	20.00	25.00	24.29	25.00		20.52
	Redevelopment of WHO -SERO Building	87.00	30.00	30.00	62.00		
	Total	161.00	115.75	102.92	254.00		45.14
	Other Miscellaneous Expenditure						
3.04	National Centre for Disease Control Programme	51.92	18.46	17.72	13.00		2.79
	Discretionary Grant	5.00	1.50	0.31	2.88		0.52
	Haj Pilgrims	8.93	9.27	9.27	9.27		22.65



	Rashtriya Arogya Nidhi	105.00	46.00	53.88	67.28		9.00
	Award of Prizes in Hindi	0.10	0.13	0.10	0.13		0.09
	Award of Prizes to Govt. Hospitals/Institutions under Kaya Kalp Scheme	10.04	10.04	10.00	9.67		
	<i>Counselling for UG/PG seats in Government Colleges</i>	<i>1.47</i>	<i>1.31</i>	<i>0.60</i>	<i>1.50</i>		<i>0.65</i>
	<i>Deduct Recoveries</i>						
	Net	1.47	1.31	0.60	1.50		0.65
	Compensation to the vicctims or to their families on account of accidents, injury or death at public places	0.10			0.10		
	National Policy for Rare Disease (NPRD)				144.19		65.00
	Total - Deduct Recovery						
	Total - Net	182.56	86.71	91.88	248.02	0.00	100.70
3.05	Autonomous Bodies and PSUs						
	Statutory Bodies						
1	All India Institute of Medical Sciences (AIIMS), New Delhi	4190.00	4400.24	4224.14	4134.67		3094.50
2	Post Graduate Institute of Medical Education & Research, Chandigarh	1840.00	1850.00	1850.00	1923.10		1554.50
3	Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry	1340.00	1357.00	1262.00	1490.43		1118.25
4	National Institute of Mental Health & Neuro-Sciences, Bangaluru	560.00	678.00	678.00	721.15		540.87
5	NEIGRIHMS, Shillong	456.00	480.00	458.25	528.83		290.21
6	RIMS, Imphal	560.00	618.26	618.26	629.16		471.87
7	RIPANS, Aizawl	70.00	58.30	58.30	63.66		39.32
8	LGBRIMH, Tejpur	132.00	108.50	108.50	125.04		94.28
9	Establishment Expenditure of New AIIMS				6835.00		5067.35
	Other Autonomous Bodies						
10	Lala Ram Swarup Institute of T.B. and Allied Diseases, New Delhi	98.36	145.00	181.00	137.00		99.37
	Vallabh Bhai Patel Chest Institute, Delhi University	78.19	73.59	70.09	75.02		55.76

	Kasturba Health Society, Wardha	84.23	102.20	102.20	105.82		79.36
	Cancer Control (CNCI, Kolkata)	100.00	101.00	91.07	115.16		36.60
	All India Institute of Speech & Hearing, Mysore	130.00	78.00	36.18	125.04		51.34
	NIBS & Quality Control, Noida	65.80	65.80	64.11	61.43		41.97
	Pasteur Institute of India, Conoor	119.00	68.00	130.58	76.21		50.83
	New Delhi TB Centre	6.35	6.35	6.35	6.60		4.75
	Indian Red Cross Society	0.40	0.40	0.10	0.40		0.10
	St. Johns Ambulance	0.04	0.04	0.04	0.04		
	NIHFW, New Delhi	82.07	85.42	77.18	91.37		62.62
	IIPS, Mumbai	84.84	66.27	56.27	77.42		32.96
	National Commission for Allied & Health Care Professions	25.00	5.80	1.80	0.00		
	Total	874.28	797.87	816.97	871.51		515.66
	Regulatory Bodies						
11	Food Safety & SAI	300.00	600.00	586.76	574.86		431.10
12	Indian Pharmacopoeia Commission	31.60	32.60	29.82	30.75		22.88
13	Medical Council of India	0.98	0.01		0.01		
14	Dental Council of India	0.30	0.30	0.30	0.30		0.23
15	Pharmacy Council of India	0.20	0.20	0.20	0.20		0.10
16	Indian Nursing Council	0.19	0.19	0.19	0.19		
17	National Academy of Medical Sciences	1.86	2.20	2.20	2.28		1.71
18	National Board of Examination	0.01	0.00		0.01		
19	National Commission for Allied & Health Care Professions				30.50		2.63
	Total - Regulatory Bodies	335.14	635.50	619.47	639.10		458.65
	Total - Autonomous Bodies	10357.42	10983.67	10693.89	17961.65		13245.46
	Total - Other Central Expenditure, including those on CPSEs and Autonomous Bodies	13345.98	15826.55	15411.23	22309.86	0.00	16734.38
	Total	35365.93	34607.84	32668.32	38827.77		24819.77
	Total - Net (Health)	35365.93	34607.84	32668.32	38827.77		24819.77



Part - II (NHM)

Sl. No.	Scheme/Programme/Institute	BE 2022-23	RE 2022-23	Actual 31/03/23 (Prov.)	BE 2023-24		Actual 31/03/23 (Prov.)
	National Health Mission (NHM)						
1	Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission	22316.73	21831.28	24092.92	22094.57		13783.00
2	Strengthening of National Programme Management of the NHM	200.00	200.00	174.92	192.32		102.94
3	Infrastructure Maintenance	6343.00	6943.01	6927.81	6798.37		4884.03
	Total - NHM	28859.73	28974.29	31195.65	29085.26	0.00	18769.97
4	Strengthening of State drug regulatory system	100.00	40.00	22.87	72.14		35.71
5	Tertiary Care Programme/Schemes						
a	National Mental Health Programme	40.00	35.16	34.29	33.79		0.55
b	Assistance for Capacity Building for Trauma Centres						
	i) Trauma Centers	49.60	28.55	28.10	18.84		1.00
	ii) Prevention of Burn Injury						
	Total-Assistance for Capacity Building	49.60	28.55	28.10	18.84		1.00
c	National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS)	175.00	120.00	119.99	100.03		7.88
d	National Programme for Health care for Elderly	98.79	17.15	4.77	16.52		1.69
e	National Programme for Control of Blindness	8.00	3.90	3.18	3.77		2.80
f	Tobacco Control Programme & DDAP	84.11	81.69	75.66	81.86		45.01
g	Telemedicine	45.00	41.00	38.55	35.00		18.73
	Total - Tertiary Care Programme/Schemes	500.50	327.45	304.54	289.81		77.66
6	Human Resources for Health & Medical Education						
	Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (NIF).	7500.00	4083.37	1974.87	6500.00		749.51

	Total - Human Resources for Health & Medical Education	7500.00	4083.37	1974.87	6500.00		749.51
7	Rashtriya Swasthya Bima Yojna (RSBY) - RSSY	45.00	15.00		0.01		
8	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	6412.00	6412.00	6185.80	7200.00		4622.46
9	Senior Citizens Health Insurance Scheme	40.00	25.00	24.70	0.01		0.00
10	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	4176.84	1885.45	1228.35	4200.00		1106.45
	Total	47634.07	41762.56	40936.78	47347.23	0.00	25361.76
	Deduct Recoveries			-296.80			-908.53
	Grand Total (Net)	83000.00	76370.40	73308.30	86175.00		49273.00

Part - III

Status of Action Taken Notes on Audit Observations included in C&AG's Reports against Deptt. of HFW (F.Y. 2023 - 24)

Sl. No.	Report No. (Date of Laying of the Report)	Para No.	Brief Subject of Paras	Status of Action taken Note (ATN)
1.	17 of 2022 (08.08.2022)	Entire Report	Performance Audit of Procurement and Supply of Drugs in CGHS	Final ATN has been uploaded on APMS portal on 06.10.2023. The same has been forwarded to Loksabha Secretariat on 10.10.2023.
2.	11 of 2023 (08.08.2023)	Entire Report	Performance Audit of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana' (PMJAY)	Draft ATNs has been vetted by the Audit. Vetting comments of Audit has been received on 24.11.2023. Preparation of Revised ATN is under process.



Abbreviations:

1. AIIMS - All India Institute of Medical Sciences
2. ICMR - Indian Council of Medical Research
3. WHO India - World Health Organization India
4. NRHM - National Rural Health Mission
5. NABH - National Accreditation Board for Hospitals & Healthcare Providers
6. AYUSH - Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy
7. PHFI - Public Health Foundation of India
8. NHM - National Health Mission
9. RNTCP - Revised National Tuberculosis Control Program
10. ASHA - Accredited Social Health Activist
11. POSHAN - Prime Minister's Overarching Scheme for Holistic Nourishment
12. FSSAI - Food Safety and Standards Authority of India
13. DOTS - Directly Observed Treatment, Short-course (for TB)
14. IMA - Indian Medical Association
15. NPCDCS - National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
16. INR - Indian Rupee (currency)
17. PMSSY - Pradhan Mantri Swasthya Suraksha Yojana
18. NRCD - National Rural Community Development
19. NCD - Non-Communicable Disease
20. NLEP - National Leprosy Eradication Programme
21. NVBDCP - National Vector Borne Disease Control Programme
22. ANM - Auxiliary Nurse Midwife
23. DoHFW - Department of Health and Family Welfare
24. AEFI - Adverse Events Following Immunization
25. MCI - Medical Council of India
26. CPHC - Comprehensive Primary Health Care
27. IYCF - Infant and Young Child Feeding
28. RCH - Reproductive and Child Health
29. PHC - Primary Health Centre
30. CHC - Community Health Centre
31. NPHCE - National Programme for Health Care of the Elderly
32. SDG - Sustainable Development Goal
33. IUD - Intrauterine Device
34. PMSMA - Pradhan Mantri Surakshit Matritva Abhiyan
35. MMR - Maternal Mortality Rate
36. IMR - Infant Mortality Rate
37. PPE - Personal Protective Equipment
38. NPHCE - National Programme for Health Care of the Elderly
39. FMD - Foot-and-Mouth Disease
40. PMJAY - Pradhan Mantri Jan Arogya Yojana (Ayushman Bharat)
41. NIN - National Institute of Nutrition
42. PHC - Population Health Cohort

43. PPP - Public-Private Partnership
44. NVDCP - National Viral Hepatitis Control Programme
45. CDMO - Chief District Medical Officer
46. CBRN - Chemical, Biological, Radiological, and Nuclear
47. AEFI - Adverse Events Following Immunization
48. UHC - Universal Health Coverage
49. IEC - Information, Education, and Communication
50. YFHS - Youth-Friendly Health Services
51. IDSP - Integrated Disease Surveillance Programme
52. CDSCO - Central Drugs Standard Control Organization
53. HPS - Health and Population Studies
- 54.ESI - Employees' State Insurance
55. VBD - Vector-Borne Disease
56. NLEP - National Leprosy Eradication Programme
57. AYUSH - Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy
58. FCI - Food Corporation of India
59. DCGI - Drug Controller General of India
60. RBD - Rabies Baiting Day
61. IDSP - Integrated Disease Surveillance Programme
62. H1N1 - Influenza A subtype H1N1
63. RNTCP - Revised National Tuberculosis Control Program

