

Organization & Infrastructure

1.1 INTRODUCTION

In view of the federal nature of the Constitution, areas of operation have been divided between Union Government and State Governments. Seventh Schedule of Constitution describes three exhaustive lists of items, namely, Union list, State list and Concurrent list. Though some items like public health, hospitals, sanitation, etc. fall in the State list, the items having wider ramification at the national level like family welfare and population control, medical education, prevention of food adulteration, quality control in manufacture of drugs etc. have been included in the Concurrent list.

The Union Ministry of Health & Family Welfare is instrumental and responsible for implementation of various programmes on a national scale in the areas of health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines. In addition, the Ministry also assists states in preventing and controlling the spread of seasonal disease outbreaks and epidemics through technical assistance.

Expenditure is incurred by Ministry of Health & Family Welfare either directly under Central Schemes or by way of grants-in-aids to the autonomous/statutory bodies etc. and NGOs. In addition to the centrally sponsored family welfare programmes, the Ministry is implementing several World Bank assisted programmes for control of AIDS, Malaria, and Tuberculosis in designated areas. Besides,

State Health Systems Development Projects with World Bank assistance are under implementation in various states. The projects are implemented by the respective State Governments and the Department of Health & Family Welfare only facilitates the States in availing of external assistance. All these schemes aim at fulfilling the national commitment to improve access to Primary Health Care facilities keeping in view the needs of rural areas and where the incidence of disease is high.

The Ministry of Health & Family Welfare comprises the following four departments, each of which is headed by a Secretary to the Government of India:-

- Department of Health & Family Welfare
- Department of AYUSH
- Department of Health Research
- Department of AIDS Control

Organograms of the Department of Health & Family Welfare are at Annexure at the end of the Annual Report.

Directorate General of Health Services (DGHS) is an attached office of the Department of Health & Family Welfare and has subordinate offices spread all over the country. The DGHS renders technical advice on all medical and public health matters and is involved in the implementation of various health schemes.



Shri Ghulam Nabi Azad
Union Minister of Health and Family Welfare



Shri A.H. Khan Choudhary
Minister of State for Health and Family Welfare

1.2 MINISTER IN CHARGE

The Ministry of Health & Family Welfare is headed by Union Minister of Health & Family Welfare - Shri Ghulam Nabi Azad since 29th May 2009. He is assisted by the Minister of State for Health & Family Welfare –Shri A H Khan Choudhury.

1.3 ADMINISTRATION

The Department has taken new initiatives and steps to implement Government programmes and policies in an efficient and time-bound manner as part of Government's commitment for better health care for all its citizens.

Administration Division attends to service related grievances of the staff in the Department of Health and Family Welfare. Secretary (Health and Family Welfare) also gives personal hearing to staff grievances.

For quick and timely redressal of public grievances, Deputy Secretary (Welfare & PG) is functioning as Nodal officer in the Department. Under Secretary (Welfare and PG) assists him in the matter. It has been decided that every working Wednesday afternoon, will be observed as "No meeting Day" to devote time for attending to public grievances.

File Tracking System has also been made operational in the Department of Health & F.W. in co-operation with National Informatics Centre Services Inc.(NICSI) since December 2011 to monitor electronically the movement of files/receipts. This initiative is being further strengthened by expanding the scope of e-governance through e-office system.

1.4 CENTRAL HEALTH SERVICE

The Central Health Service 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), Government of National Capital Territory (GNCT) of Delhi, Ministry of Labour, Department of Posts, Assam Rifles, etc. Since inception, a number of participating units like ESIC, NDMC, MCD, Himachal Pradesh,

Manipur, Tripura, Goa, etc. have formed their own cadres. JIPMER, Puducherry which has become an autonomous body w.e.f. 14th July, 2008 has gone out of CHS cadre. The latest in the list of institutions which has gone out of CHS cadre is Govt. of NCT of Delhi. Consequent upon the formation of Delhi Health Service 906 posts (14 SAG, 150-Non-Teaching, 742-GDMO) belonging to Govt. of NCT of Delhi, have been decadred from CHS. At the same time, units like CGHS have also expanded. The Central Health Service now consists of the following four Sub-cadres and the present strength of each Sub-cadre is as under:

i.	General Duty Medical Officer Sub-cadre	-	2152
ii.	Teaching Specialists Sub-cadre	-	987
iii.	Non-Teaching Specialists Sub-cadre	-	647
iv.	Public Health Specialists Sub-cadre	-	104

In addition to the above there are 19 posts in the Higher Administrative Grade, which are common to all the four sub cadres.

1.5 RECRUITMENT & PROMOTIONS

1.5.1 Recruitment of GDMOs: - On the basis of Combined Medical Services Examination- 2011, dossiers of 352 candidates have been received from UPSC and they have been allocated to different cadres viz: Ministry of Defence, Ministry of Railways, MCD, NDMC besides Central Health Services on the basis of their Rank, Preference and availability of vacancies. Further from the reserve list of CMSE-2010 and CMSE-2011, dossiers of 74 candidates also have been received which have also been distributed to participating cadres based on the demand. Offer of appointment have been issued to 55 candidates under CHS cadre.

1.5.2 Promotions

During the year, the following number of promotions took effect in various sub-cadres of the Central Health Service:

Sub-cadre	Sr. No.	Designation of posts	No.
G D M O	1.	Chief Medical Officer (Grade Pay ' 7600/- in PB-3) to Chief Medical Officer (NFSG) (Regular) (Grade Pay ' 8700/- in PB-4)	61
	2.	Chief Medical Officer (NFSG) (Grade Pay ' 8700/- in PB-4) to Senior Administrative Grade (Grade Pay of ' 10000/- in PB-4)	301
T E A C H I N G	1.	Promotion from Assistant Professor to Associate Professor.	14
	2.	Associate Professor (Grade Pay ' 7600/- in PB-3) to Professor (Grade Pay of ' 8700/- in PB-4).	10
	3.	Professor (Grade Pay ' 8700/- in PB-4) to Director-Professor (Grade Pay ' 10000/- in PB-4).	08
	4.	A proposal for convening a DPC meeting for promotion of Professors to the SAG level post of Director-Professor in the panel year 2009-10 was sent to UPSC on 23.07.12	38
N O N- T E A C H I N G	1.	Specialist Grade-I officers (Grade Pay ' 8700/- in PB-4) promoted to the post of SAG (Grade Pay ' 10000/- in PB-4) as Consultant under DACP Scheme.	48
P U B L I C H E A L T H	1	Specialist Grade-I officer (Grade Pay ' 8700/- in PB-4) to SAG (Grade Pay ' 10000/- in PB-4)	06
	2	A proposal for convening a DPC meeting for promotion of Public Health Specialist Grade-I to the SAG level was sent to UPSC on 3 rd October, 2012.	06

1.5.3 Confirmation of CHS Officers: Confirmation orders have been issued in respect of 39 GDMO officers and appointment of 50 Medical Officers has been notified in the Gazette of India.

1.5.4 Review of CHS-Rules, 1996: Recruitment Rules, 1996 for Central Health Service has been finalized by Ministry of Health & Family Welfare taking into view the developments taken place in its entirety and is under detailed examination in DoP&T.

1.5.5 Posting of doctors to Andaman & Nicobar Islands: The requisitions for filling up 44 vacancies in different specialities for the post of Specialist Grade-II (Junior Scale) were sent to UPSC exclusively for A&N Islands and Lakshadweep Admn. Out of these requisitions, the UPSC recommended 28 candidates. Out of the 28 recommendations, only four (04) candidates in the speciality of Obst. & Gynae(02), Surgery(01) & Ophthalmology(01) joined and rest of the recommendations either cancelled or are to be cancelled. Both the Islands' Admn. had been permitted for hiring Specialists on contract basis, but no fruitful result came up. In order to cope up with the acute shortage of Non-Teaching Specialists, 17 Specialists as well as GDMOs with PG qualifications in the Specialities of Obst. & Gynae, Paediatrics, Medicine, Radiology, ENT, Anaesthesia, Ophthalmology, Surgery, Radio-diagnosis and Pathology are being deputed to A& N Islands and Lakshadweep Admn. for a period of 90 days on rotational basis so that the patient care does not suffer. As soon as the recommendations of reserve panel candidate exhaust, the requisition for filling up all the vacant posts of Non-Teaching Specialists exclusively for A&N Islands and Lakshadweep Admn. will be sent to the UPSC.

1.5.6 Other Service related matters

- (i) **RTI:** The number of RTI cases received in this Division is 283.
- (ii) **Court Cases:** There were 61 Court cases pending in various CAT/Courts in the beginning of financial year 2012-13. But due to vigorous efforts of the CHS Division long pending cases are being disposed of in the courts.
- (iii) **Study Leave:** 05 officers of GDMO sub-cadre were granted study leave during the period.

1.5.7 Considering the representations of CHS Officers for Upgradation of Below bench Mark Grading in the ACRs: Consequent to the instructions

contained in Department of Personnel and Training's O.M. No. 21011/1/2010-Estt.A dated 13.4.2010, the representations of 25 CHS officers for upgradation/retention of the below bench mark grading in their ACRs were considered by the Competent Authority.

1.5.8 Non Medical Scientists 2012-13: Proposal for holding Departmental Assessment Board(DPC) to consider promotion cases of Non-Medical Scientists from S-IV under In-Situ-Promotion against the 6 vacant posts(floating) to the post of S-V Level working in the Ministry of Health & Family Welfare/ Dte.GHS. is under consideration.

1.5.9 Dental Doctors 2012-13: The posts of three Assistant Professors of Dentistry in the Department of Dentistry, LHMC, New Delhi under the Ministry of Health and Family Welfare have been advertised by the UPSC on 14.07.2012 and are likely to be filled shortly. This Ministry has given approval to LHMC, New Delhi for contractual appointment against two posts i.e. one each in Oral Surgery and Orthodontist. This Ministry has also given approval to VMMC & Safdarjang Hospital, New Delhi for the contractual appointment against one post of Dental Surgeon Teaching (Assistant Professor). During the year, cases of confirmation of 6 Dental Officers have been finalized.

DPC was held on 03.10.2012 for promotion under DACP Scheme of two officers from Jr. Staff Surgeon (Dental) with 5 years of services, to the post of Staff Surgeon (Dental). The order for their promotion is being issued. The process has also been initiated to amend the Dental Posts Recruitment Rules-1997. Participating Units/ Institutes have been requested to submit their proposals in this regard.

1.6 e-GOVERNANCE INITIATIVES OF THE MINISTRY OF HEALTH & FAMILY WELFARE

Health Informatics Division of National Informatics Centre provides MIS and Computerization support to Ministry of Health & Family Welfare. More than 1540 PCs of the Ministry are connected to the Local Area Network (LAN), which in turn, connected to NICNET through RF Link and leased line circuits. Salient features of the some of the projects handled by NIC are as :

1.6.1 Web Page of the Ministry of Health & Family Welfare & Websites of Various Bodies of the Health Sector :

The updation of Website of the Ministry of Health & Family Welfare <http://mohfw.nic.in> and various other websites under the ministry are done on a regular basis, as and when the information is provided by the users. Critical information such as notifications of the CGHS, Tenders and advertisements under the Ministry, Sanction Details of the Principal Accounts Office & Public Expenditure Management, etc are such areas where regular updation takes place. In addition a no. of websites under the MoHFW are being maintained by the respective users on their own using Content Management System.

Many new websites have been designed, developed and hosted on NIC Servers while many others are being re-designed to incorporate recent technologies viz. Website of Sports Injury Centre, Safdarjung Hospital, Website of LRS Institute of TB & Respiratory Diseases, Website of National Rural Health Mission, to name a few.

1.6.2 Network Maintenance and Email, Internet Usage :

NIC provides new LAN connections; network based Anti-virus solution in addition to maintaining existing network users. At present over 1540 LAN nodes have been provided in the Department of Health & Family Welfare, Directorate General of Health Services and about 283 LAN nodes at new location is being set-up at Deptt. of AYUSH. The email and internet usage has grown significantly and officials prefer email communication over other means. The network maintenance and desktops require constant updation from the Operating system service providers and hence the un-authorized access is controlled effectively. The migration to the new ipv6 from ipv4 is underway.

1.6.3 e-Office / FTS Implementation in MoHFW

The File Tracking System (FTS) has been implemented successfully in the Department of Health & FW with over 1200 users. Now all the files and receipts are being diarized online and essentially move using online system, ensuring an easy mechanism for all the users to track the files and receipts anywhere. The e-Office system of NIC is being planned for implementation in the MoHFW.

1.6.4 e-Tendering Implementation in MoHFW

The Deptt. of Expenditure, Ministry of Finance has vide office memorandum dated 30th Nov, 2011, made e-publishing of all tenders mandatory, following which e-Procurement has also been made mandatory. For this

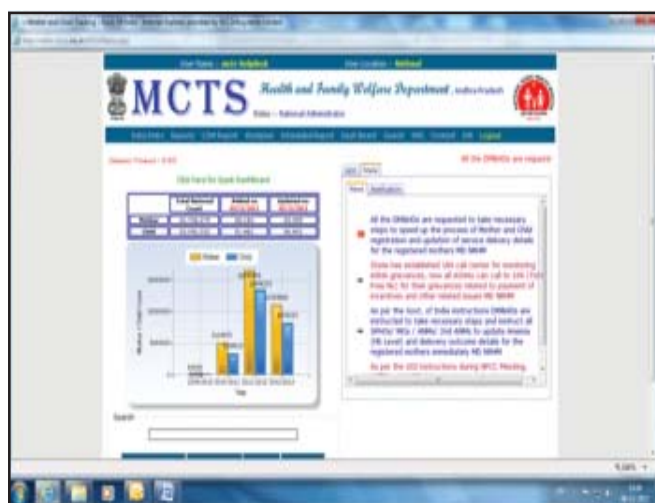
purpose a Central Procurement Portal has been designed (<http://eprocure.gov.in>). Under this a Nodal Officer has to be identified, which is Director Procurement Nodal Officer for the Ministry of Health. NIC-HID has assisted and also various sub-ordinate bodies under the Min. of Health & FW to successfully implement e-publishing and e-Tendering has also been implemented in certain Departments. MSO, CGHS, to name a few have completed live e-tenders with the help of NIC. NIC-HID has co-ordinated with the CPP Team at HQ to conduct various sensitization workshops for awareness of the users.

1.6.5 Mother & Child Tracking System (MCTS)

Mother & Child Tracking System (MCTS) is a name based tracking system, launched by Government of India as an innovative application of information technology directed towards improving the health care service delivery system and strengthening the monitoring mechanism.

MCTS has been designed to capture and track all pregnant women and children so that they receive full maternal and child health services and thereby contribute to reduction in maternal, infant and child morbidity and mortality which is one of the goal of National Rural Health Mission (NRHM).

MCTS has been implemented across the country in all the states. MCTS was started in December 2009. It has registered more than 3.3 crore Pregnant Women/Mother and more than 2.5 crore of Children and their Health Care Services record. More than 2.25 Lakh ANMs and 8.29 Lakh ASHAs have been registered on MCTS Portal.



Touch Screen based application for public aware, giving details of Health Scheme, FAQs, Mother and Child Health Services based on their LMP and DoB respectively, was developed and was displayed at India International Trade Fair (IITF) in the month of November, 2012, which was inaugurated by Hon'ble Minister for Health & Family Welfare. Apart from this, Mothers & Children Count Service was displayed at IITF.

SMSes are sent to all level of Health Authorities for monitoring of MCTS. Call Centre Module was introduced at Ministry level for verification of mobiles numbers. MCTS was strengthened for seeding of Aadhaar Numbers for direct cash transfer to JSY beneficiaries.

1.6.6 Online Monitoring of TB Patients (NIKSHAY)

Ministry of Health & Family Welfare launched Revised National Tuberculosis Control Programme (RNTCP), incorporating the components of internationally recommended DOTS Strategy for control of TB in India in 1992. In order to monitor individual TB patient, NIKSHAY, case-based, web-based application software has been developed and hosted at <http://nikshay.gov.in> on June 4, 2012. The application includes monitoring & management of users and masters at national, state and district level. Tuberculosis units register the TB patients and a unique number is generated for future references. Registration of TB Patients includes personal details, DOT provider details, history of anti-TB Treatment, pre-treatment lab test details and disease classification. The application facilitates role based search facility based on TB Registration ID and through navigation. Profiles of State TB Officers (STOs), District TB Officers (DTOs) and Tuberculosis Unit Officers and Officials are also being maintained.



As of now, more than 5 lakhs TB patients have been registered on NIKSHAY. About 35,000 Designated Microscopic Centres (DMC)/ Peripheral Health Interface (PHI) have been registered. More than 2300 Contractual Staff information is available and more than 1100 Health Establishments have been registered while only 659 TB patients of Private Sector have been registered.

1.6.7 Computerization of Central Government Health Scheme (CGHS)

The computerized system is aimed at computerizing all functions of the dispensary such as Registration, Doctors' prescription, Pharmacy Counter, Stores, Laboratory & Indent etc. The system has been successfully implemented for the last 4 years in all the 24 cities of CGHS including NCR Delhi covering 253 allopathic wellness Centers (WCs). On an average 40,000 patients are registered in CGHS WCs daily in all locations. The CGHS wing of RMLH New Delhi is already computerized, while of SJH, New Delhi is under progress.

The plastic card for every individual CGHS beneficiary has been provided in NCR Delhi. For outside cities the implementation is under progress.

The preventive Health Check-up for 40+ aged CGHS beneficiaries is being implemented in 8 CGHS Wellness Centers in 4 Zones at NCR Delhi.

The Rate Contract medicines (Most Consumable Medicines, which are indented) are procured locally from supplier for instant availability to the beneficiaries. Permission and Claim module for pensioners are started online in NCR Delhi. For outside it is under progress.

The process of computerization is started for AYUSH CGHS WCs in NCR Delhi. Already 5 WCs are online and over 10 are in process of being fully online. There are total 38 WCs in Delhi/NCR.

The SMS facility is also integrated for increased transparency to the beneficiaries.

The website of the CGHS is <http://cghs.nic.in>.

1.6.8 National Programme for Control of Blindness (NPCB) MIS :

Ministry of Health & Family Welfare had launched a website and online application in 2009 for their National Program for Control of Blindness in India. This is a national level project wherein stake holders are involved:

- Non Government Organization Hospitals (NGOs)
- District Hospitals
- Officials of State Government
- Officials of District Administration
- NPCB Division at Ministry

The NGOs enters the details of the patients operated upon for cataract surgeries get funding from Ministry for various activities done under the program and this system is be able to generate the actual funds that need to be provided to NGOs. Currently the 1015 NGOs, 316 District Hospital are using NPCB MIS.

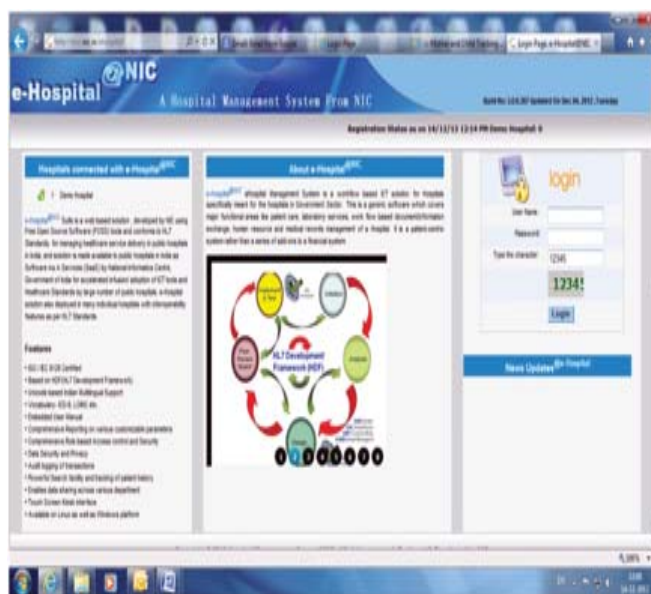
The system also has the provision for information exchange between Districts, States and Ministry pertaining to work execution and expenditure details and through this system the state and district users can give their annual PIP (Program Implementation Plan) and utilization of funds allocated by Ministry. The system is also able to provide eye disease wise MIS reports. The URL of the site is <http://npcb.nic.in>

1.6.9 MIS for CHS (Central Health Services)

CHS(Central Health Services) was constituted with a view to manage various medical posts for Doctors under the Central Government, Union Territories and certain other organizations. Presently, it caters to the needs of various participating units like Directorate General of Health Services including the organizations under its control, Central Government Health Scheme, Govt. of NCT of Delhi, Ministry of Labour, Ministry of Finance, Department of Posts etc. There is a web based application for information management about all Doctors online with institutions are assigned roles to update the records of the doctors under them. Currently 40 Organizations where CHS Doctors are posted, use online CHS MIS. The URL of the MIS is <http://chsmohfw.nic.in/>

1.6.10 e-Hospital^{@NIC} – A Hospital Management System from NIC: e-Hospital^{@NIC} facilitates workflow based ICT solution for Hospitals. This software is generic in nature, covering automation of major functional areas of the Hospital. It is a patient-centric system rather than a series of add-ons to a financial system. This solution helps small to large size hospitals to streamline patient care, hospital administration, ancillary services and clinical support activities.

e-Hospital^{@NIC} - consists of more than 14 core modules that covers major functional areas of any Hospital viz. Out Patient Department, In Patient Department, Casualty, Ward Management, Operation Theatre Management, Birth & Death Certification, Path Laboratory, Radiology, Blood Bank, Stores and Inventory, Accounts and related MIS Reports etc. Each module can be implemented individually or be combined to form an integrated system to suit any of the hospital's needs.



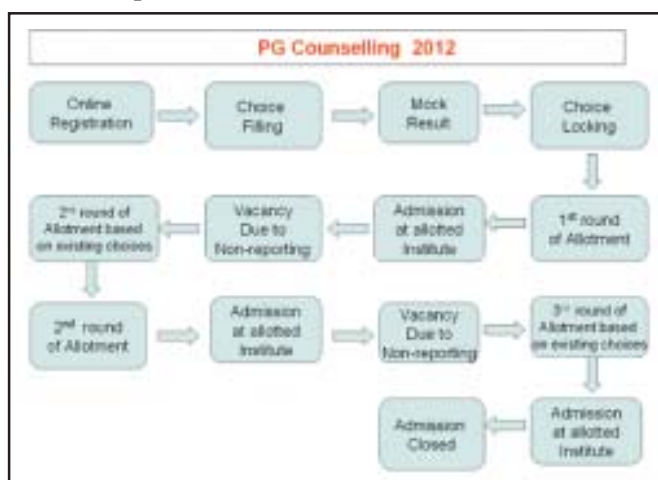
As of now, **e-Hospital^{@NIC}** has been implemented at All India Institute of Medical Sciences, New Delhi, Dr. Ram Manohar Lohia Hospital, New Delhi, Sports Injury Centre at Safadrjung Hospital, New Delhi, IGM Gas Rahat Hospital, Bhopal, G.B.P Hospital & Agartala Government Medical College, Tripura, DR. B.R.Ambedkar Memorial Teaching Hospital, Tripura, I.G.M Hospital Blood Bank, Tripura, Ganesh Das Hospital, Shillong, Meghalaya, Civil Hospital, Shillong, Meghalaya, Ernakulam General Hospital, Kerala, Malapuram Ayurveda Medical College Kerala, Cherthela District Hospital, Kerala, National Institute of Mental Health and Neuro Sciences (NIMHANS), Banglore, Karnatka.

1.6.11 Online System for Allotment of All-India Quota of Post Graduate and Under Graduate Medical/Dental Seats: In the previous years, candidates sometimes along with their parents had to travel long distances to participate in the counselling process. The entire counselling process, conducted in 2-3 rounds used to span 3 months.

In order to reduce the time span for counselling and facilitate students to take part in the counselling process from their homes or nearest internet access point, online system has been designed for allotment of All-India Quota of Medical/Dental Seats from 2012. This web based application facilitates end-to-end support towards streamlining the admission processes in all phases like Examination, Counselling and post Counselling operations in the Technical and Academic Institutions. 10968 students for 5294 number of seats in Medical stream in 136 institutes and 481 students for 182 number of seats in Dental stream in 26 institutes have registered. It is proposed to extend this service for UGs in which approx 125 institutes are participating for more than 3000 seats across the country.

The advantages of online counselling over traditional counselling through personal appearance are:

1. Since the number of seats available under All India Quota, in both PG and UG courses have increased over the years, it is not possible to complete counselling by personal appearance within prescribed time limit.
2. Candidates, including Physically Challenged and girls students, and their parents are required to undertake long journey number of times (up to 6-8 times) within short period of time, causing financial and physical strain to them.
3. Two rounds of counselling (through personal appearance) have been extended to 3 rounds through online counselling ensuring better utilization of All India Quota PG and UG seats and minimize wastage of All India Quota Seats.
4. The expenditure on counselling is almost nil for the candidates and much less for Government.
5. The online counselling process is faceless yet fully transparent and fair.



1.6.12 National Eligibility Cum Entrance Test (NEET-UG) 2012 : NIC has designed, developed and implemented the NEET-UG 2012 application for filling up Online Application Form and remit fee either through EPG services provided by Syndicate Bank or through Challan issued by Syndicate Bank, Canara Bank and Post Offices across the country. The application has been launched from 1st of December 2012 and will be continued for around 4 months for approximately 10 Lakhs aspirants.

The NEET-UG will be conducted for around 355 MBBS and 300 Dental Colleges and will offer 43,740 MBBS and 24,840 Seats approximately.

Benefit of NEET

- **One common examination** for admission into almost all of the MBBS colleges in India
- **No need** to apply for **several entrance examinations**
- The students will be **free and relaxed** after appearing in only one exam
- **Stress-level will be considerably reduced** which otherwise used to be there due to various entrance examinations spread over a period of three months (April-May-June)
- Substantial **financial savings** for parents.

1.6.13 MIS for Online Clinical Establishment Registration and Regulation

The Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country with a view to prescribing the minimum standards of facilities and services provided by them. The Act has taken effect in the four states namely, Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories since 1st March, 2012 vide Gazette notification dated 28th February, 2012. The states of Uttar Pradesh, Rajasthan and Jharkhand have adopted the Act under clause (1) of article 252 of the Constitution.

The Ministry has notified the National Council for Clinical Establishments and the Clinical Establishments (Central Government) Rules, 2012 under this Act vide Gazette notifications dated 19th March, 2012 and 23rd May, 2012 respectively.

The Act is applicable to all kinds of clinical establishments from the public and private sectors, of all recognized systems of medicine including single doctor clinics. The only exception will be establishments run by the Armed forces.

The web based system <http://clinicalestablishments.nic.in/> provides easy mechanism for any clinical establishment to register for provisional certification online and get the same after the approval by the District Registering Authority.

1.7 ACCOUNTING ORGANIZATION

1.7.1 General Accounting Set Up

The Secretary of each Ministry/Department is the Chief Accounting Authority in Ministry of Health & Family Welfare. This responsibility is to be discharged by him through and with the help of the Chief Controller of Accounts (CCA) and on the advice of the Financial Advisor of the Ministry. The Secretary is responsible for certification of Appropriation Accounts and is answerable to Public Accounts Committee and Standing Parliamentary Committee on any observations of the accounts.

1.7.2 Accounting Set Up in the Ministry

The Ministry of H&FW has four Departments viz. Department of Health & Family Welfare, Department of Ayush (Ayurveda, Yoga, Unani, Sidha & Homeopathy), Department of Health Research & Department of AIDS control (NACO). There is a common Accounting Wing for all the Departments. The Accounting Wing is functioning under the supervision of a Chief Controller of Accounts supported by a Controller of Accounts (CA), Dy. CA and eleven Pay & Accounts Officers (PAOs) (Seven PAOs in Delhi & One each at Chennai, Mumbai, Kolkata & Puducherry). The CCA is also entrusted with the responsibility of Budget Division of the Ministry.

In addition, there are 14 encadred posts of the Accounts Officers located at various places. There is a common Internal Audit Wing for all the Departments, which carry out the inspection of all the Cheque Drawing and Non-

Cheque Drawing Offices, Principal Accounts Office and all the PAOs. There are 5 Field Inspection Parties located at Delhi, Chandigarh, Mumbai, Kolkata and Bangalore.

1.7.3 Accounting Functions in the Ministry

The Accounting function of the Ministry comprises of various kinds of daily payments and receipts, compiling of daily challans, vouchers, preparation of daily Expenditures Control Register etc. Monthly expenditure accounts, monthly receipts and monthly net cash flow statements are being prepared for submission to Ministry of Finance through the CGA's office. The entire work of payment and accounts has been computerized.

The Principal Accounts Office prepares Annual Finance Accounts, Annual Appropriation Accounts, Statement of Central Transactions, Annual Receipts Budget, Actual Receipts and Recovery Statement for each grant of the Ministry. The head wise Appropriation Accounts are submitted to the Parliament by the CGA along with the C&AG's report.

In addition, the Pr. Accounts Office issues orders of placement of funds to other civil Ministries, issues advices to Reserve Bank of India (RBI) for release of loans/grants to State Governments and LOC to the accredited Bank of the Ministry for placing funds with DDOs. Apart from general accounting functions, the Accounts Wing gives technical advices on various Budgetary, Financial and Accounting matters.

The Accounting Wing also functions as a coordinating agency on all accounts matters between Ministry and the Office of the Controller General Accounts & the Comptroller and Auditor General. Similarly it coordinates on all budget matters between Ministry and the Budget Division of the Ministry of Finance.

1.7.4 Internal Audit Wing

The Internal Audit Wing of the Department of Health and Family is handling the internal audit work of all the four Departments. There are more than 600 audit units of the Department of Health and Family welfare.

The CCA is submitting internal audit observations and matter related to financial discipline to the Secretary in respect of each Department and its subordinate organizations. The Annual Review Report of the Internal Audit is also subject to scrutiny by the CGA and Ministry of Finance.

1.8 IMPLEMENTATION OF RTI ACT, 2005

Under the Right to Information Act, 2005, 55 Central Public Information Officers (CPIOs) and 32 Appellate Authorities (A/As) have been appointed in the Ministry of Health and FW, Department of Health & FW.

Applications under the Act for seeking information from general public are accepted at R&I Section, near Gate No.6, Nirman Bhawan and at RTI Cell, Room No. 216 D Wing, Nirman Bhawan, New Delhi. During the current financial year 2760 applications and 250 appeals have been received till 24.12.2012 which were replied to in time.

1.9 VIGILANCE

Vigilance Wing of the Department of Health and Family Welfare is under the control of an officer of the rank of Joint Secretary to the Government of India who also works as part time Chief Vigilance Officer (CVO). The CVO is assisted by a part -time Director (Vig.), an Under Secretary and staff of Vigilance Section.

The Vigilance Division of the Department deals with vigilance and disciplinary cases having vigilance angle against the officers of Dte.GHS and CGHS of the Departments of Health and Family Welfare.. The Vigilance Wing also monitors vigilance enquiries, disciplinary proceedings having vigilance angle, in respect of doctors and non-medical/technical personnel borne on the Central Health Service (CHS), Dt.GHS/PNT Dispensaries and other institutions like Medical Stores Organization, Port Health Organization, Labour Welfare Organization etc.

In Year 2012-13 (ending December, 2012), following actions/cases have been taken/dealt with by Vigilance Division:

Sl. No.	Item	Number
1	Charge Sheet issued under Rule 14 of CCS(CCA) Rules	2
2	Instances of sanction for prosecution accorded	3
3	Finalization of Disciplinary cases	8
4	Instances of appointment of IO/POs.	7
5	Instances of Permission accorded to CBI for registration of case against Senior Level Officers	2
6	Instances of suspension/revocation/extension	3
7	No. of Disciplinary cases live at the end of the period	24
8	No. of complaints received from CVC for appropriate action and which are under examination/processed	120
9	Misc. complaints received from CBI for appropriate action.	52
10	Complaint received from other sources	115
11	Cases send to CVC for advice	11
12	Cases send to UPSC for advice	3
13	Matter referred to DOP&T for advice.	3
14	Cases referred to Ministry of Law and Justice, for advice	2
15	RTI application received and disposed	43
16	No. of Court cases processed during the period	5
17	Vigilance clearance granted during the period	6288
18	VIP/PMO. References received/processed.	8

1.9.1 Vigilance Division – Organization and Functions

The Vigilance Division of the Ministry functions under the overall control of the Chief Vigilance Officer, an officer of the rank of Joint Secretary to Government of India, assisted by a Director, an Under Secretary and a Vigilance Section with a Section Officer, Assistants and Supporting Staff. The CVO is appointed by the Department with the concurrence of Central Vigilance Commission. The CVO is responsible for keeping an eye on the integrity and conduct of public servants of the

Ministry and also for implementation of anti corruption measures. He/She deals with all vigilance cases and acts as a link between the Ministry and agencies like CBI, CVC, UPSC, DOP&T, etc. The CVOs of the autonomous organization and VOs in attached/sub-ordinate offices under this Ministry are also appointed in consultation with CVO and they work under the supervision of the CVO of the Ministry.

The main function of the Division is to implement the preventive and punitive measures to combat the corruption. Preventive measures adopted are – Examination of Rules and procedure of the organization to eliminate or minimize the scope for corruption, identification of sensitive prone spots, planning and enforcing of surprise inspection surveillance on officers of doubtful integrity, scrutiny of property returns, etc.

The Division follows rules, regulations and guidelines issued from time to time in respect of handling of Vigilance cases, Disciplinary cases and various complaints of different types and appropriate action is taken in consultation with CVC, UPSC, and DOP&T, Min. of Law & Justice etc. wherever necessary.

1.10 PUBLIC GRIEVANCE CELL

Public Grievance Redressal Mechanism is functioning in the Ministry of Health & Family Welfare as well as in the attached offices of the Directorate General of Health Services and the other Subordinate offices of CGHS, (both in Delhi and other Regions) Central Government Hospitals and PSUs falling under the Ministry for implementation of the various guidelines issued from time to time by the Government of India through the Department of Administrative Reforms & Public Grievances.

Sh. S. K. Rao, Joint Secretary in the Department of Health & Family Welfare has been designated as Nodal Officer for Public Grievances relating to the Department. Shri Mahendra Singh, Deputy Secretary in the Department of Health & Family Welfare is functioning as Public Grievance Officer. Similarly other organizations under the Ministry have also senior level officials functioning as Public Grievances Officers.

Pursuant to the instructions of the Govt. for creation of Sevottam Compliant system to redress and monitor public grievances under Results Framework Documents for 2011-12 and implementation of Centralized Public Grievances Redress and Monitoring System

(CPGRAMS) in the Ministries/Departments. CPGRAMS has been implemented in the Department, Attached Office i.e. Directorate General of Health Services (Dte.GHS), Central Govt. Health Scheme, and extended to Autonomous Bodies/PSUs. It is being extended to other Subordinate Offices of Dte.GHS. It is a web based portal and a citizen can lodge grievance through this system directly with the concerned Departments. A link of CPGRAMS has also been provided on the website of the Ministry i.e., www.mohfw.nic.in.

The number of written Grievance petitions received/dispensed of and pending during 2011 & 2012 are as follows:

Year	Opening Balance	Grievance petitions received during the year	Grievance petitions disposed of during the year	Pending
2011	174	161	245	90
2012	90	175	210	55

The position in regard to grievance received through CPGRAMS is as under:-

No. of Grievances Received	Disposal	Pendency
6834	4533	2301

(As on 1.1.2013)

1.11 INFORMATION & FACILITATION CENTRE

To strengthen the Public Redressal Mechanism in the Ministry of Health & Family Welfare an Information & Facilitation Centre is functioning adjacent to Gate No.5, Nirman Bhawan. The facilitation center provides the following information to public:

1. Circulars/ Booklets/ Pamphlets/ Posters/ NGO Guidelines and forms for public use.
2. Information and Guidelines to avail the financial assistance from Rashtriya Arogya Nidhi and Health Minister's Discretionary Grants.
3. Guidelines and instructions regarding issue of NOC to Indian Doctors to pursue higher medical studies abroad.

4. Information and guidelines relating to CGHS and queries relating to the work of the Ministry.
5. Receiving Petitions/Suggestions on Public Grievances.
6. General queries regarding the work of the Ministry received at the Information and Facility Centre on telephone and personally were disposed of to the satisfaction of all concerned.

1.12 RURAL HEALTH INFRASTRUCTURE

The Health and Family Welfare Programme in the country is being implemented through primary health care system. As per RHS in India, 2011, In rural areas, primary health care services are provided through a network of 148124 Sub-Centres, 23887 Primary Health Centres and 4809 Community Health Centres as on March 2011 based on the following norms of population case load/work load and distance. The population norms for SC/PHC/CHC is as follows:

Centre	Plain Area	Population Norms Hilly/Tribal area
Sub-Centre(SC)	5000	3000
Primary Health Centre (PHC)	30,000	20,000
Community Health Centre (CHC)	1,20,000	80,000

1.12.1 Sub-Centre (SC)

Sub-Centre is the first peripheral contact point between Primary Health Care system and the community. It is manned by one Female (ANM) and one Male Health Worker and one LHV for six such Sub-Centres. Sub-Centres are assigned task relating to maternal and child health, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes and provided with basic drugs for minor ailments needed for taking care for essential health need for women and children. There are 148124 SCs functioning in the country as on March, 2011.

Till 24-5-12 Govt. of India provided grant-in-aid under Infrastructure Maintenance scheme for seven Schemes including for Sub Centre scheme. The support was being provided for Salary of ANM and 1/6 th Salary of LHV, Rent, Medicine, Contingency and Voluntary Worker for Sub-Centre. Keeping in view the changing scenario, the

matter was reviewed and it has been decided that w.e.f. 25th May, 2012, under Sub-Centre Scheme, Government of India's Assistance will be limited to salary of regular staff consisting on one ANM and one-sixty salary of Lady Health Visitor per Sub-Centre.

Under NRHM Sub-Centres are being strengthened by provision of untied funds of Rs.10,000/- per year which is operated by the ANM and the Sarpanch, supply of allopathic and indigenous medicines and provision of an additional worker (male multipurpose worker or additional ANM), Annual maintenance grant of Rs.10,000/- is also made available to every Sub-Centre to undertake and supervise improvement and maintenance of the facility. Upgradation of existing Sub-Centres, including building for Sub-Centres functioning in rented premises has also been envisaged under NRHM.

1.12.2 Primary Health Centre (PHC)

PHC is the first contact point between village community and the Medical Officer. It is manned by a Medical Officer and 14 other staff. It acts as a referral Unit for 6 Sub-Centres and has 4-6 beds for patients. It performs curative, preventive, promotive and Family Welfare services. There are 23887 PHCs functioning in the country as on March, 2011.

The PHCs are being strengthened under NRHM to provide a package of essential public health programmes and support for outreach services to ensure regular supplies of essential drugs and equipment, round the clock services in all PHCs across the country, upgrading single doctor PHC to 2 doctors PHC by posting AYUSH practitioners at PHC level, provision of 3 Staff Nurses in a phased manner. The States/UTs have to incorporate their proposals and requirement of funds in their Annual Programme Implementation Plans under NRHM. Untied Grant of Rs.25,000/- per PHC for local health action and Annual Maintenance Grant of Rs.50,000/- per PHC through PHC level Panchayat Committee/Rogi Kalyan Samiti to undertake and supervise improvement and maintenance of physical infrastructure have been provided.

1.12.3 Community Health Centre (CHC)

CHC is established and maintained by the State Governments and as per standards it is supposed to be manned by four Medical specialists i.e. Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, and Labour room and Laboratory facilities

and serves as a referral centre for 4 PHCs. It provides facilities for emergency obstetrics care and specialist consultations. Indian Public Health standards lays down that this CHC is to be manned by 6 Medical Specialists including Anaesthetics and an eye surgeon (for 5 CHCs) supported by 24 paramedical and other staff with inclusion of two nurse midwives in the present system of seven nurse midwives. There are 4809 CHCs functioning in the country as on March, 2011.

Financial support is provided to each State/UT for upgradation of their CHCs as per the requirements projected by them in their annual Programme Implementation Plan under NRHM.

1.12.4 Strengthening of the Sub-Divisional /Sub-District and District Hospitals

Strengthening of sub-divisional /sub-district and district hospitals is an approved activity under NRHM the funds are released to States/UTs Governments as per their requirement reflected in their annual PIP. The same is examined in this Ministry and funds are released in the recommendations of NPCC. As per RHS in India 2011, there are 985 Sub Divisional Hospital (SDH) and 613 District Hospitals are functional in India.

1.12.5 Indian Public Health Standards (IPHS)

Indian Public Health Standards (IPHS), which detail the specifications of standards to which institutions of primary health care would have to be raised to so that the citizen is confident of getting public health services in the hospital that can be measured to be of acceptable standards. Indian Public Health Standards (IPHS Sub-centres, PHCs, CHCs, Sub-divisional/Sub-district Hospitals and District Hospitals lay down Standards not only for personnel and physical infrastructure, but also for delivery of services, and management.

Each Hospital would, as part of IPHS, be required to set up a Rogi Kalyan Samittee (RKS/Hospital Management Committee), which will bring in community control into the management of public hospitals. Guidelines for setting up of Rogi Kalyan Samiti have been circulated to all States/UTs. Based on the registration details of RKSs set up by various States/UTs, funds @ Rs. one lakh per PHC, CHC, Sub-divisional/Sub-district Hospitals and @ Rs.5.00 lakhs per District Hospital are provided under NRHM to RKSs. The objective is to provide sustainable quality care with accountability and people's participation along with total transparency.

1.12.6 Mobile Medical Units/Health Camps

With the objective to take health care to the door step of the public in the rural areas, especially in under-served areas, Mobile Medical Units (MMUs), have been provided, one per district under NRHM. The States are however, expected to address the diversity and ensure the adoption of more suitable and sustainable model for the MMU to suit their local requirements. They are also required to plan for long-term sustainability of the intervention.

Two kinds of MMUs are envisaged, one with diagnostic facility for the States other than North-East States, Himachal Pradesh and J&K. In addition, for the North-Eastern States, Himachal Pradesh and J&K, specialized facilities and services such as X-ray, ECG and ultrasound are proposed to be provided in MMUs due to their difficult hilly terrain, non-approachability by public transport, long distances to be covered etc.

The States are needed to involve District Health Society/ Rogi Kalyan Samiti/NGOs in deciding the appropriate modality for operationalization of the MMUs. The provision of staff will be considered only for the States who will run the vehicles with support of NGOs/RKSs and in case of States out-sourcing the vehicles. States are needed to work out numbers of mobile dispensaries/ health camps as a means of mobilizing local communities of health action and for creating demand.

1.12.7 National Health Portal (NHP)

In pursuance of the recommendation of National Knowledge Commission, the Ministry has decided to set up and operationalize National Health Portal (NHP) which will provide easy to access health related information for various stake holders like common man, health professionals, academicians, Government Departments, etc. in Hindi, English and other major regional languages. The project will be initially implemented as a pilot project for a period of two years after which a decision on its continuation / up-scaling will be taken by the Ministry. A Steering Committee for NHP (SCNHP) has been constituted to direct, advise and manage the NHP. The SCNHP has constituted sub-committees to deliberate upon various issues related to setting up of the remaining entities envisaged under NHP. SCNHP has met thrice – the last meeting of SCNHP was held on 17th November, 2012. The selection of the Project Director is under process.