Other National Health Programmes

These are several other National Health Programme of the Development. Details of other National Health Programmes in this chapter are:

11.1 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)

- **NCD Cell / Clinic:** 10 State NCD Cells have been fully established and rests are under process. 46 District NCD Cells are being made functional after the recruitment of the contractual staff. District NCD Clinics are functional in 52 districts and 35 CHC Clinics are functional in 21 states.

  The National NCD Cell is functional. Presently two consultants out of 16 are working for the cell.

- **Cardiac Care Unit:** Cardiac Care Units are fully functional in 31 districts. And rest are in the process of functioning after administrative approval, recruitment, renovation, identification of space and procurement of equipment.

- **Glucometers:** 29000 [21500 (Roche) + 7500 (Abbott)] Glucometers, 5.8 crore Glucostrips and 6.67 Lancets have been supplied to 21 States for Diabetes screening under NPCDCS, Urban Health Check-up (4 cities) and Pilot Phase of School Health Programme (4 Districts).

- **Screening for Diabetes and Hypertension(As on 19-11-2012):** 1,32,59,143 persons have been screened for Diabetes and Hypertension.7.47% found suspected to be Diabetes and 6.80% found suspected to be Hypertension.

- **Manpower**

National NCD Cell	State NCD Cell	District NCD Cell	District NCD Clinic
As of now, 2 Consultants are working out of 16	Recruitment Completed in 10 out of 21	Recruitment Completed in 46 out of 100	Recruitment Completed in 52 out of 100

- **Cancer**
  - Cancer Screening has been initiated in Kolar district and Surendernagar district on pilot phase.
  - Chemotherapy services provided in 4 districts (Leh, Mewat, Pathanithitta, Kupwara)
  - Cancer Screening Guidelines prepared and sent to the states.

- **Training**
  - 95 trainers have been trained in 3 programme sessions of Training of Trainers conducted by NIHFW from 22nd November 2011 onwards till date.
  - 693 MOs have been trained by states (batch size of 20 / course) in 32 training sessions.

- **Health Education Text Books**

A draft Proposal for Development of Text Book on Health Education for schools from class IIIrd to Xth has been submitted to the Ministry for approval.

- **12th Five Year Plan**

Draft12th Five Year Plan has been prepared and submitted for approval.

11.2 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

Tobacco has been identified as the foremost cause of death and disease that is entirely preventable. Globally tobacco use is responsible for death of nearly 6 million people. As per WHO, if current trends continue, by 2030 tobacco use will kill more than 8 million people worldwide each year. It is estimated that 80% of these premature deaths will occur among people living in low-and middle-income countries. Over the course of the 21st century, tobacco use could kill a billion people or more unless urgent action is taken.

Nearly 8-9 lakh people die every year in India due to diseases related to tobacco use and as per the report of Indian Council of Medical Research (ICMR), nearly 50% of cancers in males and 25% cancers in female in India are directly attributed to tobacco use.

India is the second largest consumer (after China) of tobacco products in the world. As per Global Adult Tobacco Survey, India (GATS), 2009-10, conducted in the age group of 15 years and above 47.8% men and 20.3% women consume tobacco in some form or the other. The Global Youth Tobacco Survey (GYTS), 2009 also indicates that 14.6% children in the age group of 13-15 years are consuming tobacco in some form. There is also evidence that each day 5500 new youth is getting addicted to tobacco use.

In order to protect the youth and masses from the adverse effects of tobacco usage, second hand smoke (SHS) and to discourage the consumption of tobacco the Govt. of India enacted the comprehensive tobacco control law namely "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003". The specific provisions of the Anti Tobacco Law include:

1. Prohibition of smoking in a public place (section 4).
2. Prohibition of direct and indirect advertisement of cigarette and other tobacco products (section 5).
3. Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years [section 6(a)].
4. Prohibition of sale of tobacco products near the educational institutions[Section 6(b)].
5. Mandatory depiction of statutory warnings (including pictorial warnings) on tobacco packs (Section 7).

Currently most of the rules have been notified and enforced.

11.2.1 WHO-Framework Convention on Tobacco Control

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global health treaty negotiated under the auspices of the World Health Organization. India ratified the FCTC on 5 February 2004 and is a party to the Convention and is committed to implement all provisions of this international treaty. The WHO FCTC enlists key strategies for reduction in demand and supply of tobacco. Some of the demand reduction strategies include price and tax measures & non price measures (statutory warnings, comprehensive ban on advertisement, promotion and sponsorship, tobacco product regulation etc). The supply reduction strategies include combating illicit trade, providing alternative livelihood to tobacco farmers and workers & regulating sale to / by minors.

11.2.2 New Rules notified in 2012-13.

The 'Cigarettes and other Tobacco Products (Packaging and Labelling) Amendment Rules, 2012' has been notified GSR 724 (E) dated 27th September, 2012 which will come into effect from 1st April, 2013. Three sets of graphic warnings have been notified, each for smoking and smokeless/chewing forms of tobacco products.

For Smoking forms of tobacco product packs

For Smokeless forms of tobacco product packs

Regulation of smoking scenes in movies: The 'Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Amendment Rules, 2012' has been notified vide GSR 708 (E) dated 21st September, 2012 which came into effect from 2nd October, 2012. These Rules regulate the depiction of tobacco products or their use in films and television programmes. In addition to the health spots and disclaimers, the films showing tobacco products or their use shall also be required to display an anti-tobacco health warning in the form of a static message during the period of display of the tobacco products or their use in the films.

11.2.3 National Tobacco Control Programme

The National Tobacco Control Programme was launched in 2007-08 under the 11th Five Year Plan with the objective to facilitate the implementation of the tobacco control laws to bring about greater awareness about the harmful effects of Tobacco and to fulfill the obligation(s) under the WHO-FCTC. The programme at present is under implementation in 42 districts in 21 states in the country.

The main components of NTCP are:-

National level:

i. Public awareness/mass media campaigns for awareness building and behavioral change.

ii. Establishment of tobacco product testing laboratories, to build regulatory capacity, as required under COTPA, 2003.

iii. Mainstreaming the programme components as a part of the health delivery mechanism under the National Rural Health Mission framework.

iv. Mainstream Research & Training on alternate crops and livelihoods in collaboration with other nodal Ministries.

v. Monitoring and Evaluation including surveillance e.g. Global Adult Tobacco Survey (GATS) India.

State level:

i. Dedicated tobacco control cells for effective implementation and monitoring of Anti Tobacco Initiatives.

District level:

i. Training of health and social workers, NGOs, school teachers etc.

ii. Local IEC activities.

iii. Setting up tobacco cessation facilities.

iv. School Programme.

v. Monitoring tobacco control laws.

11.3 GLOBAL ADULT TOBACCO SURVEY (GATS-India)

Global Adult Tobacco Survey India was carried out in 29 States of the country and 2 Union Territories of Chandigarh and Puducherry, covering about 99.9 percent of the total population of India. The major objectives of the survey were to obtain estimates of prevalence of tobacco use (smoking and smokeless tobacco); exposure to second-hand smoke; cessation; the economics of tobacco; exposure to media messages on tobacco use; and knowledge, attitudes and perceptions towards tobacco use.

11.3.1 Major findings from GATS-India

- Current tobacco use in any form: 34.6% of adults; 47.9% of males and 20.3% of females
- Current tobacco smokers: 14.0% of adults; 24.3% of males and 2.9% of females
- Current users of smokeless tobacco: 25.9% of adults; 32.9% of males and 18.4 % of females
- Average age at initiation of tobacco use was 17.8 with 25.8% of females starting tobacco use before the age of 15.

Among minors (age 15-17), 9.6% consumed tobacco in some form and most of them were able to purchase tobacco products

Tobacco Users	Overall (%)	Male (%)	Female (%)	Urban (%)	Rural (%)
Current Tobacco users	34.6	47.9	20.3	25.3	38.4

11.3.2 National level public awareness campaigns

A two month pan India outdoor media activity was launched during the year using a wide variety of media for creating awareness about harmful effects of tobacco

use (smoking and smokeless). Bus panels, bus-que-shelters, uni-pole, back light display at railway stations, metro rail display, metro kiosks, MSRTC Bus stands, LCD screens at Railway stations, Train panels etc. have been used in this campaign. Two images one displaying the harmful effects for smokeless and one for smoking tobacco products have been used.

11.3.3 National Consultation on Economics of Tobacco

National Consultation on Economics of Tobacco was organised in collaboration with WHO – India on 20-21 December, 2012 in New Delhi. The consultation covered three key issues namely (i) Tobacco Taxation; (ii) Health Cost of Tobacco Use and (iii) Alternative livelihood for tobacco farmers and workers. The consultation was attended by over 100 delegates from Central Government Departments as well as from states. The Central Government Departments included Ministry of Finance (Central Board of Excise and Customs), Ministry of Agriculture, Tobacco Board, Zonal Excise Commissionerates etc. The Departments from state Governments included Department of Revenue/Finance/ Sales Tax, Department of Rural Development, Department of Forest, Department of Labour. Besides Civil Society organisations working on tobacco control, the UN Agencies and International Agencies like, International Labour Organization (ILO), Food and Agriculture Organization (FAO), International Fund for Agriculture and Development (IFAD), World Bank also attended the consultation.

Other Achievements of the Programme

- Operational guidelines for implementation of National Tobacco Control Programme have been developed and disseminated to all the States and Districts under the programme.
- Guidelines for Implementation of pictorial health warnings (Section -7) and sale to minors and around educational institutions. (section- 6) developed and disseminated to states.
- A new reporting format has been developed for reporting NTCP activities at District and State Level. The new reporting has been made more objective and quantifiable deliverables are clearly delineated.
- Communication sent to Chief Secretaries in the states for implementation of the Food Safety and Standards Authority of India Regulation 2.3.4 which prohibits the use of nicotine and tobacco to any food products. Based upon this advisory 16 states have implemented the regulation effectively banning manufacture, storage and sale of gutka and pan masala containing tobacco or nicotine. The states are Himachal Pradesh, Uttarakhand, Punjab, Haryana, Chandigarh, UP, Delhi, Rajasthan, Gujarat, Maharashtra, Bihar, Jharkhand, Mizoram, Kerala, MP, Chhattisgarh.
- Communication has been sent to all the Director Generals of Police (DGP) in the states to strengthen and institutionalize enforcement of Cigarettes and Other Tobacco Products Act (COTPA) by mainstreaming it in the monthly crime review meeting of the SHO's.
- Communication has been sent to all the Transport Secretaries in the States to make compliance to COTPA a mandatory condition in all the tenders issued for advertisement on bus panels in the State Transport Corporation Buses and allied premises under their jurisdiction.
- Communication has been sent to all Principal Secretaries (Health) for making compliance to COTPA a compulsory condition in the terms and conditions of the licenses issued to all eateries.
- The fifth session of the Conference of the Parties (COP5) was held in Seoul, South Korea in November, 2012. The Indian delegation was led by

the then Sh. Keshav Desiraju, Special Secretary, and comprised of Smt. Sheila Sangwan, Special Secretary and member Central Board of Excise and Customs (CBEC) and Sh. Amal Pusp, Director (Tobacco Control). Among other key decisions the protocol on Illicit Trade of tobacco products (Article 15 of WHO FCTC) has been adopted during the fifth session.

11.4 NATIONAL MENTAL HEALTH PROGRAMME

11.4.1 Burden of mental health disorders

Prevalence of mental disorders as per World Health Report (2001) is around 10% and it is predicted that burden of disorders is likely to increase by 15% by 2020.

According to various community based surveys, prevalence of mental disorders in India is 6-7% for common mental disorders and 1-2% for severe mental disorders. With such a magnitude of mental disorders it becomes necessary to promote mental health services for the well being of general population, in addition to provide treatment for mental illnesses. Treatment gap for severe mental disorders is approximately 50% and in case of Common Mental Disorders it is over 90%.

National Mental Health Programme (NMHP) was started in 1982 with the objectives to ensure availability and accessibility of minimum mental health care for all, to encourage mental health knowledge and skills and to promote community participation in mental health service development and to stimulate self-help in the community.

Gradually the approach of mental health care services has shifted from hospital based care (institutional) to community based mental health care, as majority of mental disorders do not require hospitalization and can be managed at community level.

11.4.2 District Mental Health Programme

During IX five year plan, District Mental Health Programme was initiated (1996) based on Bellary Model developed by NIMHANS, Bangaluru. During the plan period, 27 districts were covered under DMHP. At present DMHP is covering 123 districts in 30 states and UTs. In addition to early identification and treatment of mentally ill, District Mental Health Programme has now incorporated promotive and preventive activities for positive mental health which includes:

- *School Mental Health Services:* Life skills education in schools, counselling services
- *College Counselling services:* Through trained teachers / councillors
- *Work Place Stress Management:* Formal & Informal sectors, including farmers, women etc.
- *Suicide Prevention Services:* Counselling Center at District level, sensitization workshops, IEC, Helplines etc.

11.4.3 Manpower Development Schemes

A. **Establishment of Centre of Excellence in Mental Health-** Centre of excellence in the field of Mental Health are being established by upgrading and strengthening identified existing mental health hospitals/ institutes for addressing acute manpower gap and provision of state of the art mental health care facilities in the long run. Eleven such Centre of Excellence were envisaged. Total budgetary support of up to Rs 338 crore (Rs 30 crore per center) was to be provided for undertaking capital work, equipment, library, faculty induction and retention for the plan period. As of now 11 Mental Health institutes have been funded for developing as centers of Excellence in Mental Health. Also, the Academic Sessions in 6 of the 11 centres of Excellence have commenced from this year and process to start off the academic sessions in rest of the Institutes has already been initiated.

B. **Establishment/up-gradation of Post Graduate Training Departments -**To provide an impetus to development of Manpower in Mental Health Training Centers, Government Medical Colleges/ Government General Hospitals/ State run Mental Health Institutes were also to be supported for starting PG courses or increasing the intake capacity for PG training in Mental Health. Support was to be provided for setting up/strengthening 30 units of Psychiatry, 30 Departments of Clinical Psychology, 30 Departments of PSW and 30 Departments of Psychiatric Nursing. Total budget allocated for this scheme is Rs 70 crores during plan period with a limit of Rs 51 lacs to Rs 1 crore per PG Department. As of now, 23 PG Departments in 11 Institutes have been taken up during the XI plan period.

11.4.4 Spill Over of X plan schemes

A. Modernization of State-run Mental Hospitals – A one time grant of up to Rs 3 crore per mental hospital is available under the scheme to old custodial pattern mental hospital for their modernization. A total of 29 mental hospitals/ institutes have been supported under this scheme.

B. Upgradation of Psychiatric wings in the government medical colleges/general hospitals. Some of the deserving areas where there is no well established government medical colleges, government general hospitals/district hospitals could be funded for establishment of psychiatry wing. A one time grant of Rs. 50 lacs per college is available for upgradation of facilities and equipments. Preference would be given to colleges and hospitals planning to start or increase seats of PG courses in psychiatry. A total of 88 psychiatry wings have availed grant under this scheme.

11.4.5 Research and Training

There is a gap in research in the field of mental health in the country. Funds will be provided to institutes and organizations for carrying basic, applied and operational research in mental health field. In order to address shortage of skilled mental health manpower a short term skill based training will be provided to the DMHP teams at identified institutes. Standard Treatment Guidelines, Training Modules, CME, Distance Learning courses in Mental Health, Surveys etc will also be supported. Total allocation is Rs. 6.5 crore for the plan period.

11.4.6 Information, Education & Communication (IEC)

It has been observed that there is low awareness regarding mental illness and availability of treatment. There is also lot of stigma attached to mental illness leading to poor utilization of available Mental Health resources in the country. The awareness regarding provisions under Mental Health Act, 1987 is also very low among the public and implementing authorities. These issues are addressed through IEC activities at the District level by the District Mental Health Programme. In addition to the district level activities, National Mental Health Programme Division conducts nationwide mass media campaign through audio-video and print media. Awareness activities were also conducted during World Suicide Prevention Day, 10th Septmeber, 2012 and the World Mental Health Day, 10th October, 2012.

An intensive national level mass media campaign on awareness generation regarding mental health problems and reduction of stigma attached to mental disorders was undertaken under NMHP. In sync with the theme of World Mental Health Day, 2012 "Depression- A Global Crisis", a series of activities were conducted in close collaboration with the three National Mental Health Institutes and District Mental Health Programme in selected districts of the country.

11.4.7 Support for Central and State Mental Health Authorities

As per Mental Health Act, 1987, there is provision for constitution of Central Mental Health Authority (CMHA) at Central level and State Mental Health Authority(SMHA) at State level. These statutory bodies are entrusted with the task of development, regulation and coordination of mental health services in a State/UT and are also responsible for the implementation of Mental Heath Act,1987 in their respective states and union territories. States are required to have functional SMHAs to operationalize the mental health programme activities.

However, in most of the states, there is no financial support for these bodies and as such they function in an ad-hoc manner and are unable to do justice to their statutory role of implementation of Mental Health Act,1987 and development of Mental Health Services. Support under NMHP has been approved for SMHAs during the 11th Plan period. Total allocation is Rs. 5 crores. Till date, funds have been provided to 32 State Mental Health Authorities in 32 States/UTs.

11.4.8 Monitoring & Evaluation

In order to strengthen the monitoring and improve implementation of existing NMHP schemes in States support has been approved under the programme during XI plan period. Total allocation is Rs. 8.0 crore for the plan period.

11.4.9 Mainstreaming NMHP into NRHM

Efforts are being made to mainstream the components of NMHP under the overall umbrella of National Rural Health Mission so that the States are able to plan requirements concerning Mental Health services as part of their respective PIPs.

11.4.10 Expenditure Statement under National Mental Health Programme

Rs 623.445 crore has been approved as XI plan outlay for the National Mental Health Programme. Year wise

financial allocation for the NMHP and expenditure incurred is as given in the table below –

Financial Year	Allocation (in Rs. crore)	Expenditure (in Rs. crore)
2009-10	55	52.27
2010-11	101	113.66
2011-12	130	50.34 (Till date including 45.18 for Grant In Aid)

11.5 NUTRITION

The Nutrition Cell in the Directorate General of Health Services provides technical advice in all matters related to policy making, Programme implementation, monitoring & evaluation, training content for different levels of Medical and Para Medical workers. It takes up technical scrutiny of standards and labels for foods, fortification of foods, Nutrition related proposals, project evaluation, review of research project etc.

The cell has been making efforts in creating awareness regarding prevention of micronutrient deficiency disorders, diet related chronic non-communicable disorders and promotion of Healthy life style through dissemination of various types of material. So far, posters and pamphlets on the above mentioned issues, video spots on IDD were developed. Video films on National Iodine Deficiency Disorders Control Programme, Diet related non communicable chronic Diseases and Promotion of Healthy Life Style in Hindi were also developed along with Radio Programme on under nutrition, including Micronutrient deficiency in different regional languages. The cell has developed a publication entitled "Current Nutritional Therapy Guidelines in Clinical Practices- A hand book for Physicians, Dieticians and Nurses" and circulated to Institutions/Hospitals, Doctors/Health professionals concerned.

The Cell organizes meetings and workshops (National & Regional levels workshops) on core issues related to nutrition i.e. Micronutrient, hospital diets, fluorosis, diet related chronic disorders & promotion of healthy life style, fast/junk food etc.

The Nutrition Cell at central level coordinates, monitors all administrative and technical matters in the implementation of new health initiative namely" National Programme for Prevention & Control of Fluorosis (NPPCF)" which was launched in the year 2008-09 in order to address fluoride related health problems in 100 districts of 17 states of the country.

11.6 ESTABLISHMENT OF TRAUMA CARE FACILITIES IN STATE GOVERNMENT HOSPITALS LOCATED ON NATIONAL HIGHWAYS

Expansion in road network, motorization and urbanization in the country has been accompanied by a rise in road accidents leading to Road Traffic Injuries (RTIs) and fatalities as major public health concern. Today road traffic injuries are one of the leading causes of deaths, disabilities and hospitalization with severe socio-economic costs across the world. According to WHO Global Status Report on Road Safety 2008, over 1.2 million people die each year on the world's road every year and over 50 million are injured. Road accident deaths at a global level were ranked ninth as a cause of disability adjusted years of life lost in 2004 and is expected to be ranked fifth by the year 2030. As per the report of National Crime Record Bureau – (2008) 4,15,855 traffic accidents were reported during the year 2008, which killed 1,18,239 people and injured 4,69,100 Road Traffic Injuries and fatalities impose a huge economic burden on developing economies in particular. In India more than half of the road accidents victims are in the age group of 25-65 years, the key wage earning and child raising age group. The loss of the main bread earner and head of household due to death or disability can be catastrophic, leading to lower living standards and poverty, in addition to the human cost of bereavement.

With this background, the Ministry of Health & FW has been implementing a project for Upgradation & Strengthening of Emergency Trauma Care Facility in State Government Hospitals located on National Highways under the scheme "Assistance for Capacity Building" with a view to provide immediate treatment to the victims of Road Traffic Injury. Financial assistance was provided up to a maximum of Rs. 1.5 crores per hospital or actual requirement of the hospital whichever was less, during the 9th & 10th five year plan periods.

The scheme was subsequently evaluated by the Ministry and certain deficiencies were observed like shortage of required manpower, inadequate funding for civil work etc. In the light of the facts, a revised new scheme at a total outlay of Rs.732.75 crores has been approved for developing a network of 140 trauma care centres along the Golden Quadrilateral covering 5,846 Kms connecting Delhi-Kolkata-Chennai-Mumbai-Delhi, North-South & East-West Corridors covering 7,716 Kms connecting Kashmir to Kanyakumari and Silchar to Porbandhar respectively of the National Highways during the 11th five year plan period.

The scheme provides for 3-category of trauma care centres viz. L-III, L-II and L-I. The level-III trauma center is designed to stabilize the patients and to manage the trauma victim and to refer the trauma victim to level-II and Level-I centers as per the requirement for further management. The level-II would provide definite care to severe trauma victim while the L-I would provide the highest level of definite and comprehensive care patients with complex injuries.

The financial assistance amounting to Rs.4.8 Crores, 9.65 Crores and 16 Crores are provided to Level-III, Level-II and Level-I respectively to strengthen the manpower, building, equipments, communication network and legal services and data entry operator of existing State Govt. Hospitals.

One advances life support ambulance is augmented by Ministry of Surface Transport at each of the trauma care centers, while NHAI is providing one basic life support ambulance at every 50 kms of the highways. One advances life support ambulance has been provided to 70 selected government hospitals in various states.

Out of 140 selected government hospitals, so far 116 trauma care centers in 16 States have been provided financial assistance, in phases, which are at various stages of progress. Out of 116; 35 Trauma Care Centers (AP-6, Assam-1, Gujarat-4, Haryana-2, Karnataka-7, Madhya Pradesh-2, Maharashtra-1, Odisha-2, Punjab-2, Tamil Nadu-1, Uttar Pradesh-5, Delhi-2) are functional.

The year wise budget allocation viz-a-viz the funds released during the 11th Plan, on the scheme is as under:

Year	Funds allocated (Rs. in crores)	Funds released/ sanctioned (Rs. in crores)
2007-08	Rs. 42	Rs. 37
2008-09	Rs. 120	Rs. 110.34 (including Rs. 10 crores for NE States
2009-10	Rs. 55	Rs. 55
2010-11	Rs. 79	Rs. 79
2011-12	Rs. 71.39	Rs. 71.3146
2012-13	Rs. 100	Rs. 34.4660

Subsequently and after evaluation of the project, National Highways (other than Golden Quadrilateral, North-South and East-West corridor) with substantial number of accidents and considering the following parameter another 160 Trauma care centres could also be added to the existing network of trauma care centres during the 12th five year plan:

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

11.7 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

Hearing loss is the most common sensory deficit in humans today. As per NSSO survey currently there are 291 persons per one lakh population who are suffering from Deafness. As per WHO estimates 63 million people in India are already disabled with Hearing Impairment. Rural population has been shown to be affected more often than the urban population. Poor economic background has also been held partially responsible for Hearing Impairment because of delayed health seeking behavior. The common causes accounting for hear loss are Ear Wax, Chronic Otitis Media, Otitis media with effusion, Dry perforation of Tympanic Membrane, Congenital Deafness, Noise Induced Hearing Loss and Ototoxicity. The lack of health awareness and education has played a significant role in high incidence of hearing impairment.

Preventive measures can reduce the occurrence of ear and hearing disorders by over 50% Prompt, suitable treatment and timely rehabilitative measures can benefit almost 80% of those who suffer with ear and hearing related diseases. Main emphasis of this programme (NPPCD):

- Prevention of Hearing loss through awareness creation
- Promotion of healthy ear care practices
- Early detection, Treatment, both medical and surgical
- Rehabilitation, whenever required.

Objectives of NPPCD

1. To prevent the avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To medically rehabilitate persons of all age groups, suffering with deafness.

4. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.

5. To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

Strategies of NPPCD

(I) The most important aspect of the programme is service provision. This includes:

(a) **Screening of persons for ear and hearing diseases**: This shall take place through:

- Community based camps
- School based screening camps

(b) **Diagnosis & Medical Treatment**

- **Diagnosis & Medical Treatment at PHC and CHC**: PHC & CHC will be strengthened for providing medical treatment. Those patients who cannot be treated at the PHC, or who require investigation or surgical treatment will be referred to the District hospital.
- **Diagnosis & Treatment at District Hospital**

➢ **Audiological diagnosis:** Through specialized equipments and manpower support provided by Government of India.

➢ **Surgical treatment:** The District Hospitals are being equipped to provide all possible surgical treatment options.

➢ **Hearing Aid fitting:** Children upto the age of 14 years who are adjudged by the ENT Surgeon and Audiologist/Audiological Assistant to be in need of a Hearing Aid, will be fitted with a hearing aid free of cost at the District Hospital. This benefit can also be extended to other beneficiaries (above 14 years) at the discounted rate finalized by the State Govt.

➢ **Hearing and Speech Therapy, Rehabilitation:** The District Audiologist/Audiological Assistant will provide these services and will be accompanied by education rehabilitation by a Instructor for Hearing Impaired Children (Special teacher) at the District Hospital.

(II) Activities for awareness creation is being done by Central as well as State Government. Ministry of Health has also started an awareness creation programme by the name of **'Swasth Bharat'** in which Hearing Impairment and NPPCD is also one of the component.

(III) Monitoring and Supervision is being done closely at Central and State level.

Progress of NPPCD

The National Programme for Prevention and Control of Deafness (NPPCD) was launched on a pilot basis from January 2007. At present, the Programme is being implemented in 192 districts of 17 States and 3 Union Territories. The Programme is proposed to cover 200 more districts during 12th Five Year Plan.

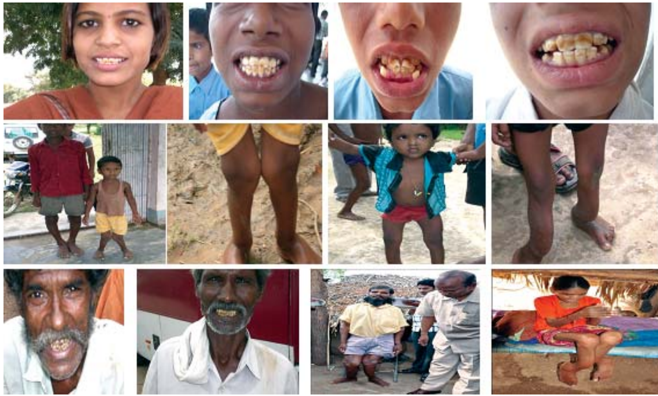
11.8 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUOROSIS (NPPCF)

Excess intake of fluoride through drinking water/food products/industrial pollutants over a long period lead to major health disorders like Dental Fluorosis, Skeletal Fluorosis and Non-Skeletal Fluorosis besides inducing ageing. These harmful effects being permanent and irreversible in nature are detrimental to the health of an individual and the community which in turn has an impact on growth development economy and human resource development of the country.

A 100% centrally assisted new health initiative entitled" National Programme for Prevention & Control of Fluorosis" was launched during the 11th Five Year Plan with a goal to prevent & control Fluorosis in the country. The objectives under the programme are to collect, assess and use the baseline survey data of Fluorosis of Ministry of Drinking Water and Sanitation for starting the project; Comprehensive management of Fluorosis in the selected areas; Capacity building for prevention, diagnosis and management of Fluorosis cases.

During the 11th Plan, programme was being implemented in phased manner in 100 endemic districts. In the 12th

Plan another 130 fluoride districts are proposed to be covered under the programme.



Severe forms of Dental & Skeletal Fluorosis in children and adults

11.9 NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY (NPHCE)

Government of India has launched the "National Programme for the Health Care of Elderly" (NPHCE) to address health related problems of elderly people, in 100 identified districts of 21 States during the 11th Plan period. Eight Regional Medical Institutions (Regional Geriatric Institutions) have also been selected under the programme.

The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various levels of state health care delivery system including outreach services. Preventive & promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.

It is proposed to cover the remaining districts of the country during the 12th FYP in a phased manner.12 more Regional Geriatric Centres in selected Medical Colleges of the country are also proposed to be taken up under the programme.

Detail of the geriatric setup and activities under the programme at various health care settings are as below:

- **Department of Geriatric at Super Specialized Institutions:** Geriatric Department will be developed at the identified Regional medical institutions located in various regions of the country. Apart from providing referral treatment, research and manpower development, these institutions will be actively involved in developing and updating training materials for various levels of health functionaries, developing IEC material, guidelines, etc. Funds will be provided for manpower, equipments, medicines, construction of building, training etc.
- **Geriatric Unit at District Hospitals:** There is provision for establishing 10 bedded geriatric ward and dedicated OPD services exclusively for geriatric patients. Grant will be provided for contractual manpower, equipments, medicines, construction of building, training etc.
- **Rehabilitation units at CHCs:** There will be dedicated health clinics for the elderly persons twice a week. A rehabilitation unit will also be set up at all the CHCs falling under identified districts. Grant will be provided for manpower, equipments, training. The Rehabilitation Worker will provide physiotherapy to the needy elderly persons.
- **Activity at PHCs:** Weekly geriatric clinics will be arranged at the identified PHCs by a trained Medical Officer. For diseases needing further investigation and treatment, persons will be referred to the first referral unit i.e. the Community Health Centre or District Hospital as per need. One-time grant will be given to PHCs for procurement of equipment.
- **Activity at Sub-centre:** The ANMs/Male Health Workers posted in sub-centres will make domiciliary visits to the elderly persons in areas under their jurisdiction. She/he will arrange suitable calipers and supportive devices from the PHC and provide the same to the elderly disabled persons to make them ambulatory. There will also be provision for treatment of minor ailments and rehabilitation equipments at the identified sub centres. Grant-in-aid will be provided to SCs for purchase of aids and appliances.

MoU has been signed with all the 21 participating States viz. Andhra Pradesh, Assam, Bihar, Jharkhand, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, J&K, Madhya Pradesh, Maharashtra, Odisha, Karnataka, Sikkim, Kerala, Punjab, Rajasthan, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal for the implementation of the programme components in the 100 districts selected during the 11th Five Year Plan.

An amount of Rs.153.40 crore has so far been released to the participating States since inception of the programme in 2010-11 for implementation of the programme including the establishment of 10 bedded Geriatric Unit at the district hospitals. Funds to the tune of Rs.28.021 crore has also been released to the eight Regional Geriatric Centres viz. (i) All India Institute of Medical Sciences, New Delhi, (ii) Banaras Hindu University, Varanasi, Uttar Pradesh, (iii) Sher-e-Kashmir Institute of Medical Sciences, Srinagar, Jammu & Kashmir, (iv) Madras Medical College, Chennai, Tamil Nadu, (v) Govt. Medical College, Thiruvananthapuram, Kerala (vi), Guwahati Medical College, Assam, (vii) S.N. Medical College, Jodhpur, Rajasthan and (viii) Grants Medical College & JJ Hospital, Mumbai, Maharashtra.

Geriatric OPD has started at 5 Institutes viz. All India Institute of Medical Sciences, New Delhi, Grants Medical College & JJ Hospital, Mumbai; Sher-I-Kashmir Institute of Medical Sciences (SKIMS), J&K; Govt. Medical College, Thiruvananthapuram and Guwahati Medical College, Assam. Among the States, Chhattisgarh, Gujarat, Haryana, Jammu & Kashmir, Karnataka, Madhya Pradesh, Sikkim, Odisha, Punjab and Rajasthan have reported opening of Geriatric OPD/Ward at various District Hospitals. Bi-weekly Geriatric Clinics at CHCs started at Bilaspur, Jashpur Nagar and Raipur (Chhattisgarh), Mewat & Yamuna Nagar (Haryana), Leh (J&K) and Shimoga & Kolar (Karnataka).Weekly Geriatric Clinics at PHCs have been started at Mewat (Haryana), Leh (J&K) and Shimoga & Kolar (Karnataka).

The status of the implementation of the programme in the States has been reviewed in a meeting with Nodal Officers of the Institute and the States on 5th (with Institutes) and 6th (with States) July, 2012 under the Chairmanship of Special Secretary (Health). A National Orientation Workshop for the State Financial-cum-Logistic Officers under the programme has been held on 12th October, 2012 under the Chairpersonship of Joint Secretary to enrich the accounting procedures under the NCD Control programmes including NPHCE.

11.10 SCHEME FOR UP-GRADATION OF FACILITIES IN THE DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION AT MEDICAL COLLEGES

The disability Profile is changing rapidly in the country with the on-going health, demographic and socio-economic transitions. There is an alarming rise in the incidence of people suffering from chronic disorders and associated morbidity and disability. As per the census (2001), there were 21.9 million persons with visual, hearing, speech, locomotors and mental disabilities in India which contributes to 2.13% of the total population. Out of these, 75% of live in rural areas with limited access to health care services. Amongst the disabled population, locomotors disabled constitute over 50%, Speech and Hearing 15%, Visual 14%, mentally retarded and mentally ill 9%, and those with multiple disabilities contribute 10% of total disability. Further, population over 60 years of age (7.5%) have disabilities affecting multiple systems.

The main issue highlighted in the National Disability Policy is to train medical Undergraduate and Postgraduate personnel in disability prevention, early detection and its management. Presently, most of the Medical colleges in India do not have Physical Medicine and Rehabilitation (PMR) Department. Even govt. run medical colleges do not have full-fledged PMR Department. As a consequence, majority of Doctors and Paramedical professionals do not undergo training in management of disabilities. In the 5th and 6th meeting of Central Council of Health, setting up of Physical Medical and Rehabilitation Departments in all medical colleges has been recommended. Medical Council of India (MCI) Act has also made PMR department mandatory for starting any Medical College.

The Scheme was approved in 2004 covering initially 5 Medical Colleges with the aim of creating an independent Dept. of PMR within the existing Medical College set-up and augmenting / strengthening the Deptt. through acquisition of essential equipment and manpower for comprehensive rehabilitative services.

The objectives of the scheme are:-

1. Set-up an independent PMR Department in identified Medical Colleges.
2. Develop Medical rehabilitation services in one district, CHC & PHC under each PMR department.
3. Training of Medical and Paramedical Staff for providing secondary & tertiary rehabilitation services.

4. Developing 2 apex PMR Departments in the country as model training centres with comprehensive service delivery system.

The scheme was later extended in 11th Plan with the objective of setting an independent PMR Department in 30 State Govt. Medical Colleges. 28 Medical Colleges have been recommended for inclusion under the Scheme. However, financial support have been provided to 21 Medical Colleges only. Under the scheme, funds are provided for i) Recruitment of contractual manpower ii) Procurement of equipments, iii) Material & Supplies and iv) Maintenance & Office Equipments.

Sl. No.	Name of Institute
1	Lady Hardinge Medical College, Delhi
2	UCMS & GTBH, Delhi
3	Ram Manohar Lohia Hosp, Delhi
4	G.M Medical College, Chandigarh
5	JIPMER, Puducherry
6	Silchar Medical College, (Assam)
7	S.V Medical College, Tirupati (Andhra Pradesh)
8	S.N Medical College, Agra (U.P.)
9	M K C G Med College, Berhampur (Orissa)
10	Gandhi Med. College, Bhopal (M.P.)
11	R N T Med. College, Udaipur, (Rajasthan)
12	G B Pant Hosp, Agartala, (Tripura)
13	NEIGRIHMS, Shillong(Meghalaya)
14	Govt. Med. College, Srinagar, Pauri Garhwal (Uttarakhand)
15	Surat Municipality Medical College, Surat (Gujarat)
16	S N Med College, Jodhpur, (Rajasthan)
17	B J Med. College, Ahmedabad (Gujarat)
18	LLRM Med College, Meerut (U.P.)
19	B.R.D. Medical College, Gorakhpur, (U.P.)
20	Goa Medical College Panji, (Goa)
21	Govt. Medical College, Amritsar, (Punjab)

Table showing list of medical colleges being supported under PMR scheme

Budget: Rs.35.85 crores was provided for the scheme during the 11th Plan as given below. Rs. 9.20 crores have been allocated for 2012-13.