Chapter 11

OTHER NATIONAL HEALTH PROGRAMMES

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

In the 12th five year plan, NPCDCS is being implemented in the 35 States / UTs from 2013-14. NPCDCS has now been brought under the umbrella of NHM in PIP mode. Interventions upto District level and below have been integrated under the Mission and funds provided through NCD Flexipool.

- **Functional Status of NCD Cells/ Clinics**
  - ➢ State NCD Cell functional in 21 states.
  - ➢ District NCD Cell functional in 96 districts.
  - ➢ District NCD Clinic functional in 95 districts.
  - ➢ 204 CHC Clinics functional in 7 states.
  - ➢ **Cardiac Care Unit:** Cardiac Care Units have been fully established in 61 districts.

- **Screening for Diabetes and Hypertension**

29,000 Glucometers, 5.8 crore Glucostrips and 6.67 crore Lancets have been supplied to 21 States for Diabetes screening under NPCDCS, Urban Health Checkup (4 cities) and Pilot Phase of School Health Programme (4 Districts).

As on 31st March, 2014, as per the data received from States, total 5,5,39,571 persons have been screened for Diabetes and Hypertension under various health facilities, schools, work place and urban slums.

An average of 6.15% were found suspected to be Diabetes (above 140mg/dl, random) and an average of 5.12% were found to be either pre hypertensive or hypertensive. For confirmation, diagnosis and management, the patients are referred to the higher treatment centers as per the management protocols.

- **Cancer**
  - ➢ Chemotherapy services initiated in 38 districts.
  - ➢ 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.

- **Funds:** Fund released under NCD Flexi-pool during the financial year 2013-14.
  - ➢ Allocation of funds made by NRHM — 300 crores
  - ➢ 75% of Allocation — 225 crores
  - ➢ Unspent Balance available with the States — 175.38 crores
  - ➢ Release to States — 75.67 crore

- **Health Education Text Books**

Text Book on Health Education for schools from class IIIrd to Xth is being developed in collaboration with NIHFW.

Infrastructure Details under NPCDCS

Sl. No.	State	State NCD Cell	District NCD Cell	District NCD Clinics	CCU	Chemotherapy Centres	CHC NCD Clinics
1.	Andhra Pradesh	1	8	8	8	0	--
2.	Assam	1	5	5	2	2	22
3.	Bihar	1	6	6	1	0	0
4.	Chhattisgarh	1	3	3	0	0	--
5.	Gujarat	1	6	6	4	1	68
6.	Haryana	1	4	4	4	4	2
7.	Himachal Pradesh	1	3	3	1	0	12
8.	Jammu	1	2	2	2	2	--
	Kashmir		3	3	3	3	2
9.	Jharkhand	1	3	3	0	3	--
10.	Karnataka	1	5	5	5	5	--
11.	Kerala	1	5	5	4	4	--
12.	Madhya Pradesh	1	5	5	5	0	--
13.	Maharashtra	1	6	6	6	5	65
14.	Sikkim	1	2	2	2	2	--
15.	Odisha	1	5	5	5	1	--
16.	Punjab	1	3	3	1	2	33
17.	Rajasthan	1	7	7	0	0	--
18.	Uttarakhand	1	2	2	0	2	--
19.	Tamil Nadu	1	5	5	5	5	--
20.	Uttar Pradesh	1	5	4	0	0	0
21.	West Bengal	1	3	3	3	0	--
	Total	**21**	**96**	**95**	**61**	**38**	**204**
29,000 sub centres were taken up for diabetes screening of population above 30 years by using glucometer kits.							

11.2 NATIONAL TOBACCO CONTROL PROGRAMME

Tobacco is the foremost preventable cause of death and disease in the world today, killing half of the people who use it. As per report of the Tobacco Control in India (2004), more than 8 lakh people die due to tobacco consumption every year in India.

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, translating to more than 27.5 crores in absolute numbers. The Global Youth Tobacco Survey (GYTS), 2009 indicates that nearly 15% children in the age group of 13-15 years are consuming tobacco in some form. There is also evidence that each day 5,500 new youth are 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 "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, promotion and sponsorship 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)] and
5. Mandatory depiction of statutory warnings (including pictorial warnings) on tobacco packs (section 7).

The Food Safety & Standards Authority of India (under Ministry of Health & Family Welfare) issued a regulation in August 2011 under the Food Safety & Standards Act 2006, laying down that tobacco and nicotine cannot be used as an ingredient in any food product.

11.2.1 Major Achievements during 2013-14

Ministry of Health and Family Welfare has up-scaled the coverage of National Tobacco Control Programme (NTCP) from existing 42 districts of 21 states to 53 districts of 29 states in 2013, subsumed under the National Health Mission (NHM) Flexi-pool for Non-Communicable Disease (NCD's).

33 States/UT's have issued orders for implementation of the Central Food Safety Regulations prohibiting manufacture, sale and storage of Gutka and Pan Masala containing tobacco and nicotine. The States/UTs are- Madhya Pradesh, Kerala, Bihar, Himachal Pradesh, Rajasthan, Maharashtra, Mizoram, Chandigarh, Chhattisgarh, Jharkhand, Haryana, Punjab, Delhi, Gujarat, Uttar Pradesh, Nagaland, Andaman & Nicobar, Daman & Diu, Dadra and Nagar Haveli, Uttarakhand, Odisha, Andhra Pradesh, Goa, Sikkim, Manipur, Arunachal Pradesh, J&K, Assam, West Bengal, Tripura, Tamil Nadu, Karnataka and Puducherry.

The Ministry launched a campaign for The Tobacco Free North-East at Guwahati on 27th February 2013, which was flagged off by the Hon'ble Chief Minister of Assam. During this campaign, it was decided that each of the individual States in the North-East would continue the campaign in their respective states. Accordingly, campaign for Tobacco Free North-East was launched in Meghalaya on 3rd June 2013 which was a first of its kind. The Chief Guest, Sri A. L. Hek, Hon'ble Minister of Health & Family Welfare, Government of Meghalaya, delivered a motivating speech wherein he urged the youth to abstain from tobacco use so as to make a change over of the present image of the state. He also administered the pledge 'Pledge to Save Lives from tobacco'.

3 more regional campaigns have been approved and planned to sensitize the State Tobacco Control Officials towards enforcement of Cigarette & Other Tobacco Products Act (COTPA, 2003) as well as implementation of National Tobacco Control Programme (NTCP).

A South East Asia regional conference on implementation of the WHO Framework Convention on Tobacco Control was organized during 23-26 July, 2013 at New Delhi.

This regional conference was attended by all the 11 countries in the South East Asia Region. The main objective of the meeting was to discuss and promote implementation of the Convention in the region and to promote the signature and ratification of the Protocol to eliminate Illicit Trade in Tobacco Products adopted by the fifth session of the Conference of the Parties in November 2012. Among inter-governmental development partners, the International Agency for Research on Cancer (IARC), United Nation's Development Programme (UNDP), United Nations Office on Drugs and Crime (UNODC), World Bank and World Customs Organization (WCO) participated. The meeting deliberated upon challenges related to use of tobacco, including smokeless tobacco, as well as other priority areas, such as electronic cigarettes and hookah. The conference adopted an outcome document on challenges and policy options, effective responses and way forward to tackle the important tobacco control issues in the Region.

Hon'ble Supreme Court vide order dated 22.07.2013 set aside the stay granted by Hon'ble High Court of Bombay on the Rules related to regulation of advertisement of tobacco products at Points of Sale (POS) and issued directions to the Central and State Government to rigorously implement COTPA, 2003 and the 2004 Rules therein with its amendments. The Hon'ble Supreme Court's order removed the impediments to an effective implementation of the Rules related to regulation of advertisement at Points of Sale.

The Ministry co-hosted 'The International Conference on Public Health Priorities in the 21st Century: The Endgame for Tobacco' in New Delhi from September 10-12, 2013. Tobacco conference provided an opportunity for experts to deliberate, discuss, debate and agree on an endgame vision, definition and endgame strategies. Multiple sessions were held to evaluate novel, radical and bold endgame strategies, weigh their outcomes and the political, legal, ethical, economic, regulatory and social barriers to jointly develop an action plan to reach this aspirational goal of a tobacco-free world. The conference also reiterated the commitment of the Governments to protect the health of its citizens.

National level public awareness campaign was launched as a key activity under the National Tobacco Control

Programme. A variety of media have been used to reach a wider audience. Dedicated spots were developed as well as adapted from global best practices. The Ministry also launched a mega outdoor campaign focusing on the harmful effects of Tobacco Use (both smoking and chewing forms) and Second hand Smoke, using two outdoor media, i.e. (1) exterior train wrap-up and (2) bus panels in selected states.

Ministry of Health and Family Welfare released a half page coloured advertisement on 2nd October, 2013 in leading newspapers at national and regional level to mark one year of implementation of the Rules relating to regulation of tobacco products or their use in Films and TV Programmes, also known as the 'Tobacco-free Movie Rules'.

The implementation of 'Tobacco-free Movie Rules' has, for the first time, made available a huge quantum of statutory free airtime for airing anti-tobacco health spots and disclaimers/messages through films and TV programmes.

The Department of Personnel (DoP), Government of Rajasthan has issued a circular making it mandatory that no prospective applicant who wishes to apply for government jobs in the state should be a tobacco user. The Government of Rajasthan has become the first state in India to issue such order discouraging tobacco use.

Uttar Pradesh State Transport Corporation (UPSRTC) passed an order declaring all the bus stations and allied

premises in the state of Uttar Pradesh under UPSRTC's jurisdiction as 'smoke-free'. Compliance with various provisions especially related to prohibition of advertisements has been included in the terms and conditions, thereby prohibiting the use of bus panels for advertising tobacco products.

The Government of Karnataka has issued an advisory to the 'alcohol de-addiction centres' in the state to provide tobacco cessation facilities for those desiring to quit tobacco use.

The Government of Delhi has launched the concept of DRY DAY for tobacco on the last day of each month. On this day an appeal is made to all the tobacco vendors to close the shops voluntarily. Likewise an appeal is made to the general public to refrain from using tobacco on that day.

The Government of Assam has instituted an annual award for the educational institutes showing best compliance with the tobacco-free rules. The award ceremony for the same shall be held on the occasion of 'Independence Day' every year.

Munger became the first district in Bihar to be declared 'smoke-free'. The declaration was made by the District Magistrate on 3rd August 2013.

11.3 NATIONAL MENTAL HEALTH PROGRAMME

11.3.1 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 healthcare, as majority of mental disorders do not require hospitalization and can be managed at community level.

NMHP evaluation undertaken in 2008 identified following constraints for the effective implementation of NMHP:-

- Lack of an inbuilt and dedicated monitoring and implementing mechanism for programme.
- Shortage of skilled manpower in Mental Health i.e. Psychiatrists, Clinical Psychologists, Psychiatric Social Workers & Psychiatric Nurses. This is a major constraint in meeting the mental health needs and providing optimal mental health services at the community level. Due to shortage of manpower in mental health, the implementation of DMHP suffered adversely in previous years.
- Lack of awareness /stigma about Mental Illness.
- Lack of facilities for treatment of mentally ill.
- Lack of coordination between implementing departments of DMHP i.e. Medical Education and Health in the states.
- Lack of Community involvement.

Taking into account these constraints, consultations were held with relevant stakeholders and components of NMHP were revised for XI five year plan.

11.3.2 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.

11.3.3 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 Centres 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 8 of the 11 Centres of Excellence have commenced from this year and process to start 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, other 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 was Rs. 70 crores during plan period with a limit of Rs. 51 lacs to Rs. 1 crore per PG Department. As of now, 27 PG Departments in 11 Institutes have been taken up upto 2012-13.

11.3.4 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.

11.3.5 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 of Mental Health under provisions of 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 September, 2013 and the World Mental Health Day, 10th October, 2013.

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 "Mental Health and Older Adults", 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.

11.3.6 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 Health 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. Till date, funds have been provided to 32 State Mental Health Authorities in 32 States/UTs.

11.3.7 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. A survey to ascertain the number of mentally ill patients and availability of mental health resources in the country has been commissioned through NIMHANS, Bangaluru.

11.3.8 Mainstreaming NMHP into NHM

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

11.3.9 Expenditure statement under National Mental Health Programme

Rs. 623.445 crore was approved as XI plan outlay for the National Mental Health Programme. In the first year of the 12th Plan Rs. 130 crores was allocated. Year wise financial allocation for the NMHP and expenditure incurred is as given in the table :-

Financial Year	Allocation (Rs. in crore)	Expenditure (Rs. in crore)
2007-08	38	14.57
2008-09	70	23.45
2009-10	55	52.27
2010-11	101	90.90
2011-12	130	113.66
2012-13	130	54.72 (including Rs. 45.18 crore of Grant in aid)

11.4 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. Besides, the Nutrition Cell is involved in providing technical inputs for issues such as, fortification of foods, nutrition related proposals, project evaluation etc.

The Nutrition Cell coordinates, monitors all administrative and technical matters in the implementation of new health initiative "National Programme for Prevention & Control of Fluorosis (NPPCF)" which was launched in the year 2008-09 in order to address fluoride related health problems. The programme is being implemented in 100 districts of 17 states of the country. During the 12th Five Year Plan, it will be extended to another 95 districts.

The cell has been making efforts in creating awareness regarding nutrition and prevention of diet related chronic non-communicable disorders. Posters and pamphlets on these issues, video spots on IDD have been developed. Video films on National Iodine Deficiency Disorders Control Programme, Diet related Chronic Non-Communicable Diseases and Promotion of Healthy Life Styles in Hindi were also developed. A publication entitled "Current Nutritional Therapy Guidelines in Clinical Practices - A hand book for Physicians, Dieticians and Nurses" has been published and circulated to Institutions/ Hospitals, Doctors/Health professionals concerned.

11.5 ASSISTANCE TO STATES FOR CAPACITY BUILDING FOR DEVELOPING TRAUMA CARE FACILITIES IN GOVERNMENT HOSPITALS ON NATIONAL HIGHWAYS

Magnitude of the problem:

- Accidental trauma is one of the leading causes of mortality and morbidity all over the world. India has the highest number of deaths due to road accidents. Our country has just 1% of total motor vehicle population in the world, but accounts for nearly 6% of the total road accidents. The accidents rate of 35 per 10000 vehicles in India is the highest in the world as compared to 10 accidents per 10000 vehicles in the developed countries. Every 4 minutes one Indian dies on the road and the number of injured persons is five times more than this. Among the injured, 30% become disabled for the whole life either partially or totally. The vehicular population is expected to increase rapidly in the coming years, which will accelerate the accident rate leading to more deaths and disability in case no preventive measures are undertaken to tackle the menace.
- The incidence of deaths on Indian roads is increasing constantly. In 2012 total number of deaths was 1.38 lakhs as compared to 86000 in 2003. World Health Organization has projected that by the year 2020, road traffic accidents in India would be a major killer accounting for 5,46,000 deaths and 1,53,14,000 disability adjusted life years (DALY) lost.
- Thus, accidental trauma is a major public health problem needing immediate attention towards development of trauma care facilities in a systematic and planned manner as a national priority.

11th Five Year Plan:

- During 11th Plan a Trauma scheme with an outlay of Rs.732.75 crore was approved for developing a network of 140 trauma care facilities in the Govt. Hospitals along the Golden Quadrilateral highway corridor covering 5,846 Kms connecting Delhi-Kolkata-Chennai-Mumbai-Delhi as well as North-South & East-West Corridors covering 7,716 Kms connecting Kashmir to Kanyakumari and Silchar to Porbandhar respectively. Through the scheme, the designated hospitals were to be upgraded for providing trauma care facilities. It was envisaged that the network of trauma care facilities along the corridors will bring down the morbidity and mortality on account of accidental trauma on the roads in India by providing trauma care within the ambit of golden hour concept.
- Out of the identified 140 hospitals, the trauma centres in 118 hospitals were to be funded under the trauma scheme. 20 hospitals were to be funded under PMSSY scheme and rest 2 trauma centres were developed with their own funds.
- The trauma care network is so designed that no trauma victim has to be transported for more than 50 kms to a designated hospital having trauma care facilities. For this purpose an equipped basic life support ambulance is to be deployed by NHAI (Ministry of Road Transport and Highways) at a distance of 50 KMs on the designated National Highways.

Progress made during 11th plan:

- Out of the 118 identified hospitals under the trauma scheme, funds were released to 116 hospitals during the 11th plan.
- Out of these 116 hospitals, construction work has been completed in 89 hospitals.
- Trauma centres in 37 hospitals have started functioning as on date.
- In 12 places construction is in progress.
- However, in 15 places construction has not yet been initiated due to various reasons.

Coordination with Ministry of Road Transport & Highways:

- Pre-hospitals first aid including transportation of accident victims to the nearby identified hospital is the responsibility of Ministry of Road Transport

and Highways through NHAI. For this NHAI will provide ambulances provided at a distance of 50 Km. on the identified National Highways.

- A high level coordination committee has been constituted in consultation with Ministry of Road Transport and Highways for proper synchronization between pre-hospital and hospital components.

Proposal for 12th Five Year Plan

The scheme is being extended to the 12th plan period and the proposal for extension of scheme during 12th plan has already been approved by CCEA. There is proposal for development of another 85 new Trauma Care Centres on the same pattern with minor variations. Rs. 900 crore is the proposed outlay for the 12th plan.

The criteria for identification of State Govt. hospitals on the national highways will be as follows:-

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

The identification of the hospitals for development of 85 trauma centres will be done in consultation with all the stake holders in due course of time. Preference will be given to states which are not covered during 11th plan. Hilly and North Eastern States will also be given priority.

Unlike 11th plan, the scheme will no more be a 100% centrally sponsored scheme. The proposed amount of assistance will be shared between central and State Governments in a ratio of 70:30. The ration of sharing for North Eastern States and hilly states of Himachal Pradesh, Uttarakhand and Jammu & Kashmir this ratio will be 90:10.

The scheme has been merged within the ambit of "Human Resource in Health and Medical Education Scheme". Hence, 12th plan component of the scheme will be governed according to the norms set under this umbrella scheme. However, the old components of 11th plan will be as per the original plan of 11th plan.

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

Hearing loss is the most common sensory deficit in humans today. As per NSSO survey (2002), currently there are 291 persons per one lakh population who are suffering from severe to profound hearing loss. The estimates burden of disease in the school going age group in India is about 26.4 million. Such large number of hearing impaired young Indians lead to severe loss of productivity both physical and economic. About 50% hearing loss cases are caused by infections of the ear (Acute Suppurative Otitis Media, Chronic Suppurative Otitis Media), Secretory Otitis Media, Trauma, Rubella, Noise Induced Hearing loss and Ototoxicity, further 30% cases of deafness, though not preventable, are treatable. Thus a total of 80% of all deafness cases are avoidable by medical or surgical methods and the rest can be rehabilitated with the use of hearing aid, speech and hearing therapy.

In view of the above, the National Programme for Prevention and Control of Deafness (NPPCD) was initiated on pilot basis in the year 2006-07 (January 2007) covering 25 districts of 10 States and 1 UT which has been expanded to 192 districts of 17 States and 3 UTs in a phased manner till now.

Objectives of NPPCD

- ➢ To prevent the avoidable hearing loss on account of disease or injury.
- ➢ Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- ➢ To medically rehabilitate persons of all age groups suffering with deafness.
- ➢ To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
- ➢ To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

Strategies of NPPCD: In the 12th Five Year Plan, it is proposed to implement the Programme in 200 new districts in addition to the existing 192 districts in a

phased manner, with the following components.

a. Prevention through Behaviour Change Communication (BCC)

Majority of causes of deafness may be prevented by raising awareness among the health care providers and the community. For such awareness generation, various categories of mass media, community education and interpersonal communication approaches will be used.

b. Capacity building which will include:

1. **Training:** Seven types of training are proposed for various categories of health professional at different levels of health care facilities including training/sensitization of ENT doctors, Audiologists, Obstetricians and Paediatricians, Medical officers, MPWs, PHNs, AWWS, Anganwadi workers and their supervisors, teachers, ASHA and parents of disabled children.
2. **Manpower support:** Ear care services shall be strengthened by providing ENT Surgeon, Audiologist, Audiometric Assistant and Instructor for hearing impaired in each district on contractual basis.
3. **Equipments:** To strengthen the early detection and management of hearing impaired, health care facilities will be provided financial support to procure the equipments.
4. **Rehabilitation and Hearing Aid provision:** The hearing aids will be issued under ADIP Scheme implemented by Ministry of Social Justice & Empowerment as per criteria developed for implementation of the programme (ADIP).
5. **Screening for Hearing Impairment:** The activity of screening of all the School Children of the district to ascertain the magnitude of Hearing Impairment among the School Children and Screening in the Urban Slums shall be conducted in Public Private Partnership (PPP) mode.
6. **Referral services:** Effective linkages would be developed from peripheral level to district level with the help of functionaries and personnel from grass root level to the District level officers.

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

d) Public Private Partnership

e) Operational Research & Evaluation

➢ The Components at D & E has been added in the current Plan.

➢ There is no hearing aid for Hearing Impaired children. However the Ministry of Social Justice will be involved for provision of Hearing Aids under their ADIP scheme and Screening Camps would be organized in convergence with the Rashtriya Bal Swasth Karyakram.

The Programme is a 100% Centrally Sponsored Scheme. Various Programme activities are implemented at Central, State and District level.

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

Fluorosis, a public health problem is caused by excess intake of fluoride through drinking water/food products/ industrial pollutants over a long period. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis. 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 of the country.

The Government of India started the National Programme for Prevention and Control of Fluorosis as a new health initiative in the 11th Five Year Plan (2008-09) with the aim to prevent and control fluorosis in the country. 100 districts of 17 States have been covered under the programme in a phased manner during the 11th Plan with additional 5 districts during 2013-14. The objectives of the programme are (i) assess and use the baseline survey data of fluorosis of Ministry of Drinking water & Sanitation; (ii) Comprehensive management of fluorosis in the selected areas; (iii) Capacity building for prevention, diagnosis and management of fluorosis cases.

The strategy followed under the programme is surveillance of fluorosis in the community; capacity building (Human Resource) in the form of training and manpower support; establishment of diagnostic facilities

in the medical hospitals; management of fluorosis cases including treatment surgery, rehabilitation and health education for prevention and control of fluorosis cases.

During the year 2013-14, a two-day Training of Trainers (TOT) programme was conducted for District Consultants, District Nodal Officers and State Nodal Officers and two training programmes were conducted for Laboratory Technicians by National Institute of Nutrition, Hyderabad.

A Review meeting with the State Nodal Officers and the District Consultants as well as the Meeting of Technical Advisory Committee to review the existing policy in combating fluorosis were held on 21st March 2014 along with States representatives and Experts respectively.

In the 12th Five Year Plan it is proposed to implement the programme under the National Health Mission (NHM). Accordingly the States have been provided with the guidelines and requested to submit their Programme Implementation Plans (PIPs). It is proposed to extend the programme in 95 new districts in a phased manner in addition to the 100 districts covered during the 11th Plan.

The Budget Allocation for the 12th Five Year Plan is Rs. 135.00 crores and for the year 2013-14 is Rs. 3.73 crores.

11.8 NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY (NPHCE)

Government of India has launched the "National Programme for Health Care of the Elderly" (NPHCE) to address health related problems of elderly people, in 100 identified districts of 21 States during the 11th Plan period. Eight Regional Geriatrics Centres as referral units have also been developed in different regions of the country under the programme.

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

It is expected to cover 225 more districts during the 12th Five Year Plan in a phased manner. 12 more Regional Geriatric Centres in selected Medical Colleges of the country are also expected to be developed under the programme. In addition, two National Institute of Ageing (NIA) are also being established at AIIMS, New Delhi and Madras Medical College, Chennai, the core functions of which are training of health professionals, research activity and health care delivery in the field of geriatrics.

The details of the geriatric setup and activities undertaken so far under the programme at various health care levels are as below:

- **Department of Geriatric at 8 Super Specialized Institutions:** Geriatric Department are being developed at 8 identified medical institution located in various regions of the country with 30 bedded in patient facility. Apart from providing referral treatment, research and manpower development, these institutions are involved in developing and updating training materials for various levels of health functionaries, developing IEC material, guidelines, etc. Funds have been provided for manpower, equipments, medicines, construction of building, training etc.
- **Geriatric unit at 100 District Hospitals:** The programme is being implemented in 100 districts, covering 21 States. There is provision for establishing 10 bedded geriatric ward and dedicated OPD services exclusively for geriatric patients. The grant-in-aid has been provided for contractual manpower, equipments, medicines, construction of building, training etc. During the year 2013-14, the programme will be implemented in more districts.
- **Rehabilitation units at CHCs:** There is provision for dedicated health clinics for the elderly persons twice a week. A rehabilitation unit is being set up at all the CHCs falling under indentified districts. The grant-in-aid has been provided for manpower, equipments, training. The Rehabilitation Worker is supposed to provide physiotherapy to the needy elderly persons.

- **Activity at PHCs:** Weekly geriatric clinics are 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-centre 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 centers. Grant-in-aid will be provided to SCs for purchase of aids and appliances.

The programme was approved with an outlay or Rs. 288 crore for the remaining period of the 11th Plan. The expenditure was shared by Central and the State Government on 80:20 basis. Total amount of Rs. 112.86 crore was released to the States/8 regional Geriatric Centres during the 11th plan period and an amount of Rs. 68.55 was released during the 2012-13. In 12th Five Year Plan, a total amount of Rs. 1710.13 crore has been approved. Out of this, an amount of Rs. 1147.56 crore is earmarked for activities proposed to be undertaken up to district level. The fund sharing ratio between the Centre and the State is 75:25 during the 12th Five Year Plan. An amount of Rs. 562.57 crore has been earmarked for tertiary level activities. The funds earmarked for the year 2013-14 is Rs. 150/- crore.

The following are the achievements made so far under the programme

Geriatric OPDs have been opened in all 8 Regional Geriatric Centres viz: (1) All India Institute of Medical Sciences, New Delhi; (2) Madras Medical College, Chennai; (3) Grants Medical college & JJ Hospital, Mumbai; (4) Sher-I-Kashmir Institute of Sciences (SKIMS), Jammu & Kashmir; (5) Govt. Medical College, Thiruvananthapuram; (6) Guwahati Medical College, Assam; (7) Dr. S.N. Medical College, Jodhpur, Rajasthan; and (8) Banaras Hindu University, U.P.

Indoor services have been established in 6 Regional Geriatric Centres viz: All India Institute of Medical Sciences, New Delhi; Madras Medical College, Chennai; Grants Medical Collage & JJ Hospital, Mumbai; Sher-I-Kashmir Institute of Medical Sciences (SKIMS), Jammu & Kashmir; Govt. Medical College, Thiruvananthapuram; Dr. S.N. Medical College, Jodhpur, Rajasthan.

Among the states, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Sikkim, Uttar Pradesh, Uttarakhand and West Bengal have reported opening of 65 Geriatric OPD/Ward and various district Hospitals. Physiotherapy daily geriatric clinics have also been started at 28 District Hospital in 10 States.

Bi-weekly Geriatric Clinic started at CHCs of 29 Districts viz. Dibrugarh, Jorhat, Kamrup, Lakhimpur, Sivasagar (Assam); Bilaspur, Jashpur Nagar, Raipur (Chhatishagrh); Gandhi Nagar, Surendranagar, Rajkot, Jam Nagar, Porbandar, Junagarh (Gujarat); Mewat, Yamuna Nagar (Haryana); Leh, Kupwara, Kargil, Doda, Udhampur (J&K); Bokaro, Dhanbad, Ranchi (Jharkanand); Shimoga, Kolar (Karnataka); East Sikkim, South Sikkim (Sikkim); and Batinda (Punjab).

Weekly Geriatric Clinics at PHCs have been started at Gandhi Nagar, Jamnagar (Gujarat); Mewat (Haryana), Leh, Kupwara, Kargil, Doda, Udhampur (J&K); Ranchi, Dhanbad, Bokaro (Jharkahand); Shimoga & Kolar (Karnataka); and East Sikkim, South Sikkim (Sikkim).

11.9 UP-GRADATION OF FACILITIES IN THE DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION (PMR) IN GOVERNMENT MEDICAL COLLEGES

During the Xth Five Year Plan period, the scheme "Up-gradation of facilities in the Department of PMR in State Government Medical Colleges" amounting to Rs. 5.2 crores was approved in 2004 by the SFC with the aim of creating an independent Department of PMR within the six existing Medical College set-up and augmenting/strengthening the Department through acquisition of essential equipment and manpower for comprehensive rehabilitative services.

The scheme was extended in 11th Plan with the target of setting an independent PMR Department in total 30 State Govt. Medical Colleges with the following objectives:

- Set-up an independent PMR Department in identified Medical Colleges.
- Develop Medical rehabilitation services in one district, CHC & PHC under each PMR Department.
- Training of Medical and Paramedical Staff for providing secondary & tertiary rehabilitation services.
- Developing 2 apex PMR Departments in the country as model training centers with comprehensive service delivery system.

29 Medical Colleges were inspected and the scheme was proposed to be implemented in 28 Medical Colleges. However, financial support for establishing PMR Department was provided to 21 Medical Colleges only (6 medical colleges in the 10th Plan and additional 15 in the 11th Plan). Since MoU was not received from remaining 7 Medical Colleges, funds could not be released to them. The scheme was withdrawn from GTB Hospital, New Delhi in 2011 due to non-performance. Hence, currently the scheme is being implemented in 20 government medical colleges of the country.

Under the scheme, funds are provided under 4 components:

i) Recruitment of manpower

ii) Procurement of equipment

iii) Material & supplies

iv) Maintenance & office equipment

The Scheme is proposed to continue in 12th Five Year Plan with an outlay of Rs. 71.3 crores. It is expected that the scheme will be completed by end of 12th FY Period (31.03.2017). It has the following objectives and Sub-objectives:

General Objective

To build capacity in the Government Medical Colleges for providing comprehensive rehabilitation services and to train adequate manpower required at all levels of Health Care Delivery System.

Sub Objectives:

- To support and strengthen independent Department of Physical Medicine and Rehabilitation in existing 20 State Government medical colleges and to take up six new Medical Colleges in the 12th Five Year Plan. It is also proposed to keep provision for two more Medical Colleges in case a request is received for the same during the Plan period.
- To conduct training programme for Under Graduate medical professionals on Disability Prevention, Detection and Early Intervention.
- To train the District level Medical officer and Health Professionals in disability assessment computation, prevention and rehabilitation through Community Based Rehabilitation.
- Setting up of rehabilitation services in a comprehensive manner so that all clinical Departments are involved and thereby to evolve a strategy of continuation of care even in the domiciliary and community set up.

11.10 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

India has a high prevalence of oral-dental disease & it is well established that oral diseases have a great impact

Expenditure in 11th FYP *(Rs. in crores)*

Year	2007-08	2008-09	2009-10	2010-11	2011-12	Total
No. of Medical Colleges	2	3	2	8	-	15
Budget Estimate	1.00	1.00	11.95	13.90	8.00	35.85
Expenditure	1.0434	0.9859	1.94	4.821	0.7615	9.5518

on systemic health. Poor oral health can cause poor aesthetics, affects mastication adversely, causes agonizing pain and can lead to loss of productivity due to loss of man-hours. To address these issues, a comprehensive oral health programme was envisaged.

The Planning Commission had sanctioned Rs. 25.00 crore for the Pilot Project on Oral Health Programme during 11th Five year Plan period. However, the same could not be included because of the instructions issued by M/o Finance on Expenditure Management wherein it was indicated that no new scheme or programme, except for those that are part of the budget announcement 2008-09, should be introduced in the financial year 2008-09.

This programme is a new initiative by Government of India and has been included in the 12th Plan Proposal. It is proposed to implement the programme in 200 districts (@ 50 districts per year) across the country during the remaining period of 12th Plan with a tentative budget provision of Rs. 100.00 crore. The allocation of budget for the year 2013-14 stands at Rs. 15.73 crore. The main objectives of the programme are as under:-

i. Improvement in the determinants of oral health e.g. healthy diet, oral hygiene improvement etc. and to reduce disparity in oral health accessibility in rural & urban population.

ii. Reduce morbidity from oral diseases upto primary and secondary level.

iii. Strengthening of existing healthcare delivery system at primary and secondary level.

iv. Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral health.