

## 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



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Union Minister of Health & Family Welfare

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:-

- i. Department of Health & Family Welfare
- ii. Department of AYUSH
- iii. Department of Health Research
- iv. Department of AIDS Control

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

### 1.2 MINISTER IN CHARGE

The Ministry of Health & Family Welfare is headed by Union Minister of Health & Family Welfare Dr. Harsh Vardhan since 27th May 2014.

### 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 & Family Welfare. Secretary (Health & Family Welfare) also gives personal hearing to staff grievances.

File Tracking System has been operational since December 2011, e-governance initiative has been strengthened further by introduction of e-office system in a phased manner. Biometric attendance system has also been introduced in the Department.

### 1.4 CENTRAL HEALTH SERVICE (CHS)

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 in GDMOs:-** On the basis of Combined Medical Services Examination- 2012, dossiers of 672 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-2012, dossiers of 41 candidates also have been received which have also been distributed to participating cadres based on the demand. Offer of appointment have been issued to 110 candidates under CHS cadre. 14 Assistant Professors have joined CHS on recruitment. Appointment of 36 GDMO Officers has been notified in the Gazette of India.

**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.
	1.	Promotion to the post of Special DGHS in Dte. General of Health Service	01
G D M O	1.	Senior Medical Officer (Grade Pay Rs. 6600/- in PB-3) to Chief Medical Officer (Grade Pay Rs. 7600/- in PB-3)	1
	2.	Chief Medical Officer (Grade Pay Rs. 7600/- in PB-3) to Chief Medical Officer (NFSG) (Grade Pay Rs. 8700/- in PB-4)	47
	3.	Chief Medical Officer (NFSG) (Grade Pay Rs. 8700/- in PB-4) to Senior Administrative Grade (Grade Pay of Rs. 10000/- in PB-4)	138
T E A C H I N G	1.	Assistant Professor (Grade Pay Rs. 6600/- in PB-3) to Associate Professor (Grade Pay Rs. 7600/- in PB-3).	03
	2.	Associate Professor (Grade Pay Rs. 7600/- in PB-3) to Professor (Grade Pay of Rs. 8700/- in PB-4).	32
N O N T E A C H I N G	1.	Specialist Grade-II (Jr. Scale) (Grade Pay Rs. 6600/- in PB-3) to Special Grade-II (Sr. Scale) (Grade Pay Rs. 7600/- in PB-3).	09
	2.	Specialist Grade-II (Sr. Scale) (Grade Pay Rs. 7600/- in PB-3) to Special Grade-I (Grade Pay Rs. 8700/- in PB-4).	15
P U B L I C H E A L T H	1.	Specialist Grade-II (Jr. Scale) (Grade Pay Rs. 6600/- in PB-3) to Special Grade-II (Sr. Scale) (Grade Pay Rs. 7600/- in PB-3).	05
	2.	Specialist Grade-I Officers (Grade Pay Rs. 8700/- in PB-4) to the post of SAG (Grade Pay Rs. 10000/- in PB-4)	04

**1.5.3 Confirmation of CHS Officers:** Confirmation orders in respect of 19 GDMO officers and 70 Assistant/ Associate Professors have been issued.

**1.5.4 CHS-Rules, 2014:** Recruitment Rules, 2014 for Central Health Service has been finalized & notified by Ministry of Health & Family Welfare.

**1.5.5 Other Service related matters:**

- (i) **RTI:** The number of RTI cases received in this Division is 279.
- (ii) **Court Cases:** There were 81 Court cases pending in the Hon'ble CAT, the High Courts and the Supreme Court in the beginning of financial year 2013-14. However, vigorous efforts are taken by CHS Division to get disposal of the cases in the courts.
- (iii) **Study Leave:** 06 officers of GDMO Sub-cadre were granted study leave during the period

**1.5.6 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 and also under Annual Performance Appraisal Report (APAR) guidelines, the representations of 16 CHS officers for upgradation/retention of the below bench mark grading in their ACRs/APARs were considered by the Competent Authority.

**1.5.7 Non-Medical Scientists 2012-13:** A proposal is under process for holding the DAB (DPC) to consider the cases of Non-Medical Scientists from S-IV level for In-situ promotion against the 06 vacant posts (floating) for the post of S-V level working under Ministry of Health and Family Welfare/Directorate General of Health Services (DGHS).

**1.5.8 Dental Doctors 2013-14:** 03 posts of Assistant Professor of Dentistry in the Department of Dentistry, LHMC, New Delhi under Ministry of Health and Family Welfare had been filled. Orders for promotion of 02 officers from Jr. Staff Surgeon (Dental) to the post of Staff Surgeon (Dental) for which DPCs were held in 2012-13, have been issued. DPC was held for promotion under DACP Scheme for 05 officers from Dental Surgeon to the post of Jr. Staff Surgeon during the

current year and the orders for the promotion have also been issued. The process has also been initiated to amend the Dental Posts Recruitment Rules-1997.

## 1.6 e-GOVERNANCE INITIATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE

Health Informatics Division of National Informatics Centre (NIC) provides MIS and Information & Communication Technology (ICT) support to Ministry of Health & Family Welfare. More than 1800 PCs of the Ministry are connected to the Local Area Network (LAN) at Nirman Bhawan, which in turn, are connected to NICNET through RF Link and leased line circuits. Salient features of important projects handled by NIC are as follows:

### i) Website of the Ministry of Health & Family Welfare & of various bodies under Ministry

The redesigned website of the Ministry of Health & Family Welfare <http://mohfw.nic.in> with new additional URL (<http://mohfw.gov.in>) is under process for restructuring and making it content-rich, user-friendly. At present, the old website is operational for public and new one is likely to be made available to public soon. Various other websites under the ministry are updated 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 uploaded in the website on regular basis. 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.

### ii) ICT Infrastructure Support

NIC provides new LAN connections; network based Anti-virus solution in addition to maintaining existing

network users. At present over 1800 LAN nodes have been provided in the Department of Health & Family Welfare, Directorate General of Health Services and over 300 LAN nodes at Department of AYUSH. NICNET Support is also provided at Department of Health Research (ICMR) and Department of AIDS Control (DAC). A number of organizations under MoHFW are under NICNET domain. An NKN node has also been provided in each Government Medical College across Country. 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.

### iii) e-Office / FTS implementation in MoHFW

The File Tracking System (FTS) has been implemented successfully in the Department of Health & Family Welfare 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 in the network. The e-Office system of NIC is under implementation in Department of Health and Family Welfare. The Knowledge Management System (KMS) and e-leave module have been implemented in Department of Health and Family Welfare and Dte. GHS. The e-File has been started in NRHM and Administration Divisions on a selective basis. The File Tracking System (FTS) has been in continued usage in Department of AYUSH and Dte. GHS.

### iv) e-Tendering implementation in MoHFW

The Department 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>). The Director Procurement has been designated as Nodal Officer. NIC-HID has assisted him and also various sub-ordinate bodies under the Ministry of Health & Family Welfare 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. Recently a new Autonomous Body under Ministry of Health and Family Welfare named Central Medical Services Society is being roped in for usage of e-Procurement in a large scale for the Ministry of Health and Family Welfare. While most of the organizations have started e-Publishing, the entire process of e-tendering is being taken up by various organizations in phased manner.

### v) Mother & Child Tracking System (MCTS)

Mother and Child Tracking System (MCTS) facilitate to create the work plan, its execution and monitoring towards Anti Natal Care and Post Natal Care of mother and child. It includes registrations; SMS based verification of health facilities in English/Hindi or preferred language, validation, the work plans for services through SMS to ANMs, ASHAs. Unstructured Supplementary Service Data (USSD) based service for MCTS Data updating has been made operational in Haryana State. Direct Benefit Scheme for Janani Suraksha Yojna (JSY) has been made operational through CPSMS. MCTS have been integrated with Maternal Death Review (MDR) software. 5 crores women and 4 crores children are being tracked using MCTS software. The URL is <http://nrhm-mcts.nic.in/> .

### vi) NIKSHAY - Web based Tracking of TB Patients

NIKSHAY facilitates tracking of Normal TB Patients, Multi-Drug Resistant (MDR) TB patients and TB patients being treated by the private sector under Notification from Government of India. SMS is sent to the Central TB Division (CTD) Officers, State and District TB Officers for monitoring purposes. SMS is sent to TB Patient on registration. More than 20 lakhs patients are monitored using NIKSHAY. This application has been implemented across India in all states. The URL is <http://nikshay.gov.in>.

### vii) Computerization of Central Govt. Health Scheme (CGHS)

The computerized system is aimed at computerizing all functions of the dispensary such as Registration, Doctor's prescription, Pharmacy Counter, Stores, Laboratory &

Indent etc. The system has been successfully implemented for the last 5 years in all the 24 cities of CGHS including NCR Delhi covering 270 allopathic Wellness Centers (WCs). On an average 50,000 patients are registered in CGHS WCs daily in all locations. The CGHS wing of Dr. Ram Manohar Lohia Hospital, New Delhi is already computerized, while of Safdarjung Hospital, New Delhi is under progress. The merged P&T dispensaries have been also computerized.

The plastic card for every individual CGHS beneficiary has been provided in NCR Delhi. The implementation for outside delhi has also been initiated. The provision has been made for uploading of individual beneficiary photo while applying for plastic card online. 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 Delhi it has been implemented in 9 cities.

The computerization of AYUSH CGHS WCs has been successfully implemented in NCR Delhi. The store of homeopathic has been made online also. There are total 38 units in Delhi/NCR which include Homeopathic, Ayurvedic, Unani and Sidha WCs & their Stores. The SMS facility is also integrated for increased transparency to the beneficiaries. The beneficiary now can see their prescribed medicine history online.

To improve the network performance the alternate connectivity of 4mbps optical fiber leased line has been implemented in 12 CGHS WC initially in Delhi. Proposal for rest of the WC is under progress.

#### **viii) 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 Programme for Control of Blindness in India. This is a national level project wherein following stake holders are involved:

The NGOs enter the details of the patients operated upon for cataract surgeries, get paid from Ministry for

various activities done under the programme and this system is able to generate the actual funds that need to be provided to NGOs. Currently 2311 NGOs and 497 District Hospitals and District Programme Managers (DPMs) 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 (Programme 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>

#### **ix) 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 assigned roles to update the records of the doctors. Currently 75 Organizations where CHS Doctors are posted, use online CHS MIS. The URL of the MIS is <http://chsmohfw.nic.in/>

#### **x) e-Hospital@NIC - A Hospital Management System from NIC**

The e - Hospital is a workflow based ICT solution for Hospitals specifically meant for the hospitals in Government Sector. This is generic software which covers major functional areas like patient care, laboratory services, workflow based document/information exchange, human resource and medical records management of a Hospital. It is a patient-centric system rather than a series of add-ons to a financial system. e-Hospital Product is being implemented in more than 25 Hospitals of the country including All India Institute of Medical Sciences (AIIMS), New Delhi, NIMHANS, Bengaluru, Gas Rahat Hospitals in Bhopal.

**xi) All India Quota Counseling for Medical and Dental Seats**

In order to reduce the time span for counseling and facilitate students to take part in the counseling 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 (<http://mcc.nic.in>) facilitates end-to-end support towards streamlining the admission processes in all phases like Counseling and post counseling operations in Medical Institutions.

**xii) National Eligibility cum Entrance Test (NEET) - UG**

In order to conduct NEET for Medical aspirants, a web based solution <http://cbsneet.nic.in> was developed by NIC, which facilitates applying online by candidates, printing of Bank e-Challan for depositing fee in Banks across India, Pay the examination fee through Electronic Payment Gateway using Credit/Debit cards, Post Office e-Challan for depositing fee in Post Offices across India, application status, online correction in particulars, download admit card. Apart from this, information on various notices, facilitation centres, information at a glance, RTI, useful links and contact information has been provided on the website. The result of the NEET will be published on the <http://results.nic.in> website with a link on the NEET website. The website has provided information about latest news, important dates download and help.

**xiii) MIS for National Organ and Tissue Transplant Organization (NOTTO)**

The Transplantation of Human Organs (Amendment) Act (THOA), 2011 is an Act, to provide the regulation of removal, storage and transplantation of human organs and tissues for therapeutic purposes and for prevention of commercial dealings in human organs. Hence, Ministry of Health and Family Welfare has decided to set up an organization named as National Organ and Tissue Transplant Organization (NOTTO) which will be linked with Regional Organ and Tissue Transplant Organization (ROTTO) and State Organs and Tissue Transplant Organization (SOTTO). This National Organ and Tissue Transplant Organization has been set up on

the 4th and 5th Floor of Indian Institute of Pathology (IoP) Building, inside Safdarjung Hospital, New Delhi.

A web based application has also been designed and hosted to facilitate the Donors who are willing to Donate their Organs or Tissue after his/her death so that their organs may be used for saving the life of those who are in need of Organ or Tissue. A Donor can pledge for donation of their organs through this web based application system. A Donor pledge card is also being issued to him so that their Family Members or near relatives may also be aware that he/she has pledged for Donation of Organ or Tissue. Through this web based application, hospitals who are actively involved in Organ Retrieval and Transplantation activity or going to start this activity, would be authorized to do Retrieval and Transplantation of Organ or Tissue after registering through this web based system and finally approved by the Ministry of Health and Family Welfare (MoHFW).

**xiv) MIS for Health Accounting Scheme (ICMR)**

A web based application named as <http://healthaccountsscheme.nic.in> has been hosted as a pilot project by Indian Council of Medical Research, Govt. of India, for online updation of Health Record on monthly basis of individuals. Under this scheme a person gets Health Diary with carbon page. Original copy of the Health Diary remains with the user and carbon copy is used for feeding information of individual health account through this web based system. The information of health of individuals remains confidential so that no one, other than concerned person, may know about health data. A health account number is allotted to individual person and based on that number further analysis and reports are prepared for study and providing health services as per need of your area.

**xv) Medicinal Plants database for National Medicinal Plant Board (NMPB)**

The National Medicinal Plants Board (NMPB) and Central Council for Research in Ayurvedic Science (CCRAS), under Department of AYUSH, Government of India, proposed the idea of developing a database in which, all the available published information on selected medicinal plants, covering every subject area can be accessed at one place.

#### **xvi) 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. Presently Himachal, Jharkhand and Daman and Diu started Online Registration process.

#### **xvii) MIS for Medical Stores Organization (MSO)**

The procurement, storage and distribution of medicines, surgical items and other hospital consumables by Medical Stores Organizations (MSO) and/or its subordinate organizations/Warehouse under Director General of Health Services (DGHS), Ministry of Health & Family Welfare (MoHFW). There was a need of computerization of this application to create the transparency and quick response. Hence a web based application (<http://msotransparent.nic.in>) has been designed which is running since 2007. All the GMSDs have been linked with this website.

Now this application has been upgraded having following features:

- Dynamic and CMS based.
- Multi-users features at difference levels having different roles.
- User can upload Tenders related to MSO through this website.
- User can upload Photos in Photo gallery as per their requirements.

Presently total 16 users at MSO level, 27 users at GMSD level, 1513 Indentors, 199 Suppliers and 35 Labs are using this online application.

### **1.7 ACCOUNTING ORGANIZATION**

#### **General Accounting set up**

As provided in Article 150 of the Constitution, the Accounts of the Union Government, shall be kept in such form as the President of India, may on the advice of Comptroller & Auditor General of India prescribe. The Controller General of Accounts (CGA) in the M/o Finance shall be responsible to prepare and compile the Annual Accounts of the Union Government to be laid in Parliament. The CGA performs this function through the Accounts Wing in each Civil Ministry. The Officials of Indian Civil Accounts Organization are responsible for maintenance of Accounts in Ministry of Health & Family Welfare. They have dual responsibility of reporting to the Chief Accounting Authority of the Ministry/Department through the Financial Adviser for administrative and accounting matters within the Ministry, as well as to the Controller General of Accounts, on whose behalf they function in this Ministry to carry out its designated functions under the Allocation of Business Rules. The administration of Accounts Officials in Ministry of Health & Family Welfare is under the control of the office of the CGA.

The Secretary of each Ministry/Department is the Chief Accounting Authority. 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.

### **Accounting set up in the Ministry**

The Ministry of Health & Family Welfare 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 fourteen 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, Pr. Accounts Office and all the PAOs. There are 5 Field Inspection Parties located at Delhi, Chandigarh, Mumbai, Kolkata and Bengaluru.

### **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 Pr. 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.

### **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, 24 units of Department of AYUSH and 25 units of Department of Health Research. The Internal Audit plays a significant role in assisting the Departments to achieve their aims and objectives.

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. The role of Internal Audit is growing and shifting from Compliance audit confined to examining the transaction with reference to Government rules and regulations to complex auditing techniques of examining the performance and risk factors of an entity. In 2012-13, 811 audit paras have been raised which include observations to the tune of Rs. 5686.73 crores. A total No. of 293 paras have been settled during 2012-13. Besides this in 2012-13 Internal Audit Wing had conducted Performance/Special Audit of following schemes and Institutions implemented/working under Ministry of Health & Family Welfare:

1. Engagement of Security Personnel in All India Institute of Medical Science, Delhi.
2. Procurement of Medicines and Consumables in All India Institute of Medical Sciences, Delhi.

3. Govt. Medical Supply Depot, Chennai.
4. Govt. Medical Supply Depot, Hyderabad.
5. Govt. Medical Supply Depot, Kolkata.
6. Govt. Medical Supply Depot, Guwahati.
7. Govt. Medical Supply Depot, Mumbai.
8. Govt. Medical Supply Depot, Delhi.

### 1.8 IMPLEMENTATION OF THE RTI ACT, 2005

Under the Right to Information Act, 2005, 55 Central Public Information Officers (CPIOs) and 30 Appellate Authorities (A/As) have been appointed in the Ministry of Health & Family Welfare (Department of Health & Family Welfare).

In the light of directions of DOP&T, Shri S. K. Rao, Joint Secretary (CDN) has been nominated as Nodal Officer for ensuring the compliance with the proactive disclosure guidelines within the Department of Health & Family Welfare and also for the formations.

Department of Health & Family Welfare has placed all obligatory information pertaining to their office, under Section 4(1) (b) of the RTI Act, 2005 on the Website of this Ministry.

The facility of filing Application and 1st Appeal under RTI Act, 2005 online through RTI online Web Portal developed by DOP&T has been introduced in Department of Health & Family Welfare w.e.f. 3rd June 2013 and the general public is sending their RTI query(ies) through this facility in a large number. Besides, the Applications and Appeals under the RTI Act, received physically through post or by hand, are also accepted by Receipt & Issue (R&I) Section and RTI Cell, Room No.216, D Wing, Nirman Bhawan, New Delhi.

During 2013-14, 5432 RTI applications received through R&I and Online in the RTI web portal and 385 RTI appeals (RTI appeals received physically and online through RTI web portal) have been received till dated i.e. 29.10.13 and handled efficiently & timely.

### 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. During the period, Dr. Vishwas Mehta, IAS has been looking after the charge of Chief Vigilance Officer (CVO).

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

In year 2013-14 (ending December, 2013) following action/cases have been taken/dealt with by Vigilance Division:-

Sl. No.	Item	Number
1.	Charges Sheet issued under Rule 14 of CCS (CCA) Rules	3
2.	Instances of sanction for prosecution accorded	3
3.	Finalization of Disciplinary cases	8
4.	Instances of appointment of IOs/POs	17
5.	Instances of permission accorded to CBI for registration of case against senior level Officers	1
6.	Instances of suspension/revocation/extension	7
7.	No. of Disciplinary cases live at the end of the period	24
8.	No. of complaints received form CVC for appropriate action and which are under examination/processed	76
9.	Misc. complaints received from CBI for appropriate action	60
10.	Complaints received from other sources	97
11.	Cases sent to CVC for advice	13
12.	Cases sent to UPSE for advice	7
13.	Matter referred to DOPT for advice	1

14.	Cases referred to Ministry of Law and Justice for advice	1
15.	RTI application received and disposed	29
16.	No. of Court cases processed during the period	3
17.	Vigilance clearance granted during the period	7020
18.	VIP/PMO reference received/processed	4

### 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 2012-13 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](http://www.mohfw.nic.in).

The number of written Grievance petitions received/ disposed of and pending during 2012 & 2013 are as follows:

Year	Opening Balance	Grievance petitions received during the year	Grievance petitions disposed of during the year	Pending
2012	90	175	210	55
2013	55	154	179	30

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

No. of Grievances Received	Disposal	Pendency
9268 (As on 19.12.2013)	8704	564

### 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: -

- Circulars/ Booklets/ Pamphlets/ Posters/ NGO Guidelines and forms for public use.
- Information and Guidelines to avail the financial assistance from Rashtriya Arogya Nidhi and Health Minister's Discretionary Grants.
- Guidelines and instructions regarding issue of NoC to Indian Doctors to pursue higher medical studies abroad.
- Information and guidelines relating to CGHS and queries relating to the work of the Ministry.
- Receiving Petitions/Suggestions on Public Grievances.
- General queries regarding the work of the Ministry received at the Information and Facilitation 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. In rural areas, primary health care services are being provided through a network of 148366 Sub-centres, 24049 Primary Health Centres and 4833 Community Health Centres as on March 2012 based on the following norms of population. The population norms for SC/PHC/CHC are as follows:

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

The Ministry has recently decided to provide a sub-Health Centre within 30 minutes of walk of habitation in certain districts of hill states.

### Sub-Centre

Sub-centre is the first peripheral contact point between Primary Health Care system and the community. It is manned by at least one Female (Auxiliary Nurse Midwife) and also one Male Health Worker, One Lady Health Visitor (LHV) is provided for six such Sub-Centres. Sub-centres are assigned task relating to Maternal and Child Health, Family Welfare, Nutrition, Immunization, Diarrhoea and Pneumonia Control and control of Communicable Diseases. ANMs and also provided drugs for minor ailments and for essential material and child health care. ANMs also provide Family Planning counseling and supplies.

Government of India bears the salary of ANM and LHV while the salary of the Male Health Worker is borne by the State Governments.

Under NRHM Sub-centers 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 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. Up gradation of existing Sub-centres, including building for Sub-centers functioning in rented premises and establishing new one based on population and time to care norms to being undertaken.

### 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 other support staff. It acts as a referral Unit for 6 Sub-Centres and many PHCs as 4-6 beds for patients. It provides curative, preventive, promotive and Family Welfare services.

The PHCs are being strengthened under NRHM to provide a package of essential public health services, and support for outreach services including for regular supplies of essential drugs and equipment, upgrading single doctor PHC to 2 doctors PHC by posting AYUSH practitioners at PHC level, provision of 3 Staff Nurses in a phased manner based on patient load and delivery load. The States/UTs have to incorporate their proposals and requirement of funds in their 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 and Rs. One Lakh to Rogi Kalyan Samiti (RKS) to undertake and supervise improvement and maintenance of physical infrastructure is provided.

### 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 normally has 30 indoor 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 should be manned

by 6 Medical Specialists including an Anaesthetics and Gynecologist supported by 24 paramedical and other staff with inclusion of two nurse midwives in the present system of seven nurse midwives.

Funds are being provided every year as requested by the States in their Programme Implementation Plan under NRHM to strengthen CHCs as per IPHS standards and make them First Referral Unit. Untied Grant of Rs. 50,000/- AMG of Rs. One lakh and RKS coupon Grant of Rs. One lakh is also provided under NRHM to all CHCs.

### **Strengthening of the Sub-Divisional/Sub-District and District Hospitals**

Strengthening of sub-divisional /sub-district and district hospitals is also an approved activity under NRHM. The states propose their requirement in their PIPs, which are approved by the NPCC and approvals are generated in light of the appraisal. Funds and release to carry out approved activities.

### **Indian Public Health Standards (IPHS)**

Indian Public Health Standards (IPHS), detail the specifications of standards to which institutions of primary health care should 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) for 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 as part of IPHS, is required to set up a Rogi Kalyan Samittee (RKS)/Hospital Management Committee (HMC). This brings in community control into the management of public hospitals. The objective is to provide sustainable quality care with accountability, people's participation and total transparency.

### **Mobile Medical Units/Health Camps**

With the objective of taking 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, upto 5 MMUs can be provided in a district.

The States are required to involve District Health Society/Rogi Kalyan Samiti/NGOs in deciding the appropriate modality for operationalization of the MMUs. The MMUs can generally operated with the help of NGOs.

### **Tackling the problem of lack of manpower in Rural Areas**

The Government is seized of the problem of lack of skilled manpower in rural areas. Augmentation of human resources is one of the thrust areas under the National Rural Health Mission [NRHM]. Financial support is provided under NRHM for engagement of staff on contractual basis. Multi-skilling of doctors to overcome the shortage of specialists, provision of incentives to serve in rural areas, improved accommodation arrangements, measure to set up more medical colleges and increase seats in existing medial colleges, measures to open new GNM/ANM Schools to produce more doctors and nurses are also measures to bridge the gap in human resources. Overall 1.55 lakh additional human resources have been provided to the states under NRHM.

### **1.13 ACTIVITIES OF THE COMPLAINT COMMITTEE ON SEXUAL HARASSMENT OF WOMEN EMPLOYEES**

Under Secretary (Vig.) being of the member of the complaints committee is not aware of any sexual harassment complaint received during 2013-2014. Further on the nomination of US (Vig.) as one of the members, clarification has been sought from Establishment Division, in terms of Gazette Notification prescribing the constitution of complaints committee. As Joint Secretary & Chief Vigilance Officer (CVO) does not handles, complaints of sexual harassment, the nil information for 2013-2014 is being furnished by Under Secretary (Vig.) as per available information.

### **1.14 CENTRAL MEDICAL SERVICES SOCIETY (CMSS)**

To streamline drug procurement and distribution system of Department of Health and Family Welfare and to eliminate existing deficiencies, Central Medical Services Society (CMSS) has been established and registered as

a society on 22 March, 2012 under the Societies Registration Act of 1860.

The CMSS will function as a professional and autonomous agency for purchasing medicines, vaccines, contraceptives and medical equipments for all disease control, family welfare & immunization programme of the Union Health Ministry. It will also procure various commodities for the National Aids Control Programme (NACP) of Department of Aids Control (DAC). The CMSS is also responsible for distribution of above mentioned health sector goods to the state and UT Governments by setting up IT enabled State level warehouses at different locations spread across the country.

An action plan to make the CMSS operational has been prepared. As per the action plan, regular requirement of the year 2015-16 shall be supplied to States/UTs by the CMSS from its own network of IT enabled warehouses.

Standard Tender documents have been prepared. Quality policy has also been prepared. At present, action to acquire warehouses, IT software and empanelment of laboratories is in hand.

### 1.15 EMPOWERED PROCUREMENT WING

Procurement Division deals with the procurement of drugs and commodities supply under the National

Vector Borne Disease Control Programme (NVBDCP), Revised National Tuberculosis Control Programme (RNTCP), Reproductive Child Health (RCH), Immunisation Programmes.

In addition, operationalisation of Central Medical Services Society (CMSS), autonomous body of Ministry of Health and Family Welfare (MoHFW) is also handled in the Procurement Division. CMSS is likely to be operationalised by the end of the current financial year.

MoHFW has appointed M/s RITES as Procurement Agent to assist the Ministry for procurement of drugs and commodities under various diseases control programme viz- RNTCP, NVBDCP, RCH, Immunization during the year 2012-13. The following drugs/commodities were procured by EPW and supplied to the State Government during 2012-13:-

S.No.	Drugs/Commodities	Value (Rs. in crores)
1	Anti Malarial Drugs	146
2	Anti TB Drugs	112
3	RCH supplies	42
4	Polio supplies	100
	<b>Total</b>	<b>400</b>