

By Speed Post

No. T-21020/07/2013-NCD(ii)
Government of India
Ministry of Health and Family Welfare
Department of Health and Family Welfare

Nirman Bhavan, New Delhi.
Dated the 1st February, 2016

To,

- i) Principal Secretary (Health & Family Welfare) & (Medical Education),
Government of Tamil Nadu, Chennai
- ii) Director, All India Institute of Medical Sciences,
Ansari Nagar, New Delhi-110029
- iii) Director, International Institute of Population Sciences,
Deonar, Mumbai-f400 088

Subject: Rashtriya Varishth Jan Swasthya Yojana (RVJSY) – Continuation and Expansion of Tertiary Level Activities of National Programme for Health Care of the Elderly (NPHCE) during 12th Five Year Plan

Sir/Madam,

I am directed to state that the Government of India has since approved the proposal for continuation, expansion and implementation of various tertiary level care and other related activities to be undertaken under the National Programme for Health Care of the Elderly (NPHCE) during the 12th Five Year Plan. These activities include, inter alia, continuation of 8 Regional Geriatric Centres and setting up of 12 new Regional Geriatric Centres, setting up of two National Centres for Ageing, special initiatives for 75+ population, National level activities including IEC, Research Activity, Survey through LASI, staff and State level activities (review, monitoring, IEC etc.). A total amount of Rs. 477.49 crores has been earmarked under the Scheme. However, the funds would be released to States/UTs/Institutes/NCAs/RGCs etc. only after the budget is provided to the programme Division. It may be recalled that NPHCE was initiated during the year 2010-11 and now it has been approved to continue and expand the programme (including tertiary level activities) till 12th Five Year Plan.

2. The estimated cost of the tertiary level activities of the programme are as per details in the following table:-

*Expenditure during 12th Plan Period

Item/Component	(Rs. in lakhs)	
	Non Recurring	Recurring (for the Plan Period)
National Centres for Ageing (2)		
i) Civil works @ Rs. 7800 lakh per unit.	15600	

Item/Component	(Rs. in lakhs)	
	Non Recurring	Recurring (for the Plan Period)
ii) Machinery & Equipment @ Rs. 1950 lakh per unit.	3900	
iii) Ambulance @ Rs. 25 lakh per unit.	50	-
iv) Research, IEC and Home-based care @ Rs. 240 lakh per unit.		480
v) Human Resources @ Rs.1870 lakhs per unit.		3740
vi) Training and Development of Training Manual etc. @ Rs. 330 lakh per unit.		660
vii) Machinery & Equipment's maintenance@ Rs. 216.60 lakh		433
viii) Drugs & Consumables @ Rs. 250 lakh per unit.		500
ix) Establishment of Library @ Rs. 5 lakh per unit.		10
Special initiatives for the 75+ population		2000
National Level Activities Including IEC, Research Study, Survey, Staff		
i) IEC, Monitoring and Evaluation		1000
ii) Research Study		507
iii) Survey (through LASI)		2000
iv) Staff		580
v) Contingency/TA/DA/Training/Others		400
State Level Activities (Review/Monitoring/IEC/ Meetings/Training etc.)		1680

3. It has been decided with the approval of Competent Authority to rename the tertiary component of the Programme as Rashtriya Varishth Jan Swasthya Yojana (RVJSY). It has also been decided to give special focus to the 75+ population under the Scheme (RVJSY) which would include:

- a) Earmarking of 50% of all hospital beds for the 75+ population created under this Scheme.
- b) Development of a home health care service: A new service will be provided from the Regional Geriatric Centres (8+12) under this Scheme for population with age above 75 years. The service will include visit by a team of paramedical health professionals (one nurse and/or one physiotherapist) once in two weeks, to the homes of patients receiving treatment from the OPD or discharged from the ward but not in a position to visit hospital and provision of nursing care (clinical evaluation, administration of parenteral medication and training of family members in feeding, bathing, wound care, bed sore prevention etc.) and rehabilitation in training of activities of daily living, physiotherapy etc.
- c) Development of a service for "yoga" therapy for senior citizens especially for 75+ population in National Centers for Ageing and Regional Geriatric Centres (8+12).

- d) Convergence with AYUSH interventions: The National Centers for Ageing and Regional Geriatric Centres(8+12) will coordinate with local AYUSH practitioners for convergence of interventions for the very old population.
- e) Screening for early diagnosis: In addition to passive screening for early diagnosis of health conditions during out-patient consultation, the 75+ population will be subjected to a focused screening program for certain common health conditions.
- f) Special IEC activities targeting the very old and their care-givers: This would comprise identification of health problems in the very old and information about the services available under various schemes
- g) The current research activities under Regional Geriatric Centres and National Centres of Ageing will have special focus on health and well-being of the very old population.
- h) “Mobile elderly” project: A pilot project will be initiated at selected Regional Geriatric Centres to start use of mobile telephones for greater connectivity and consultation regarding day to day health issues of the 75+ population who want to avoid repeated visits to hospitals. Depending on its feasibility, the program will be extended to other Regional Geriatric Centres and District hospitals.
- i) Vaccination project for 75+. A vaccination program (for Influenza & Pneumonia) for such select group of 75+ patients will be considered on a pilot basis.

4. **National Centres of Ageing (NCAs):** It is proposed to support the development of two National Centres of Ageing-one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai.

The functions of the NCAs are as indicated below:-

- Health Care delivery with 200 bedded facility
- Training of Health Professionals
- Research activity
- Development of Health Professionals.
- Development of IEC material and course curricula

The NCAs will also implement the special programme for 75+ population as listed in Para 3 and shall implement the programme as per detailed guidelines that will be issued separately. Financial assistance will be given for the Non-recurring activities and Recurring activities such as Drugs and Consumables, Research Activities, Human Resources (Contractual)[Details in para 2]. The human resources for NCAs are to be engaged on contractual basis.

5. **Human Resource Development:** MD in Geriatric Medicine is an approved course of Medical Council of India. NCAs will have provision for 15 PG seats in Geriatric Medicine.

6. **Research:** Research areas will be identified on priority which will include clinical, programmatic and operational research. Grants made available to NCAs will be used for this purpose.

7. **LASI Project:** A Longitudinal Ageing Study in India (LASI) Project is presently being undertaken by International Institute for Population Sciences, Mumbai, an autonomous body under the Ministry of Health and Family Welfare. This long term comprehensive survey will assess the health status of the elderly (age 45-60) and shall be a longitudinal study spanning 25 years.

This project shall be conducted under the Joint Sponsorship of Ministry of Health and Family Welfare, Ministry of Social Justice and Empowerment, National Institute of Health/National Institute of Ageing, USA and United Nations Population Fund (UNFPA) – India. International Institute for Population Sciences, Mumbai has been designated as the nodal agency for implementation of LASI. The total fund approved for the year 2015-16 and 2016-17 by Ministry of Health & Family Welfare is Rs. 20 crore.

8. **Information, Education and Communication (IEC) activities:**

Dissemination of awareness is the single most important step for any strategy to succeed. Health and quality of life in old age are adversely affected by myths, stereotyping, social attitudes and beliefs. It is, therefore, important that information based on scientific evidence should be disseminated among the stakeholders. Following activities may be undertaken:-

- Preparation and distribution of pamphlet/booklet on healthy life style
- Preparation and distribution of pamphlet/booklet on various commonly occurring disease conditions such as coronary disease, stroke, osteoporosis, dementia, tuberculosis, COPD, BPH, cataract, etc.

The above material will be available in English, Hindi and regional languages which will be distributed to the users of geriatric services. The information will also be provided to the general population through print and electronic media.

9. **Training:** Training shall be an integral part and shall involve preparation of training modules, training & trainers and training at various levels i.e. doctors, paramedics, field workers, community based workers and care givers.

10. **Monitoring and Evaluation/Audit:** Union Ministry of Health and Family Welfare and Directorate General of Health Services shall continue to monitor and evaluate the programme at all levels. The Programme will be subject to audit by the Comptroller & Auditor General of India and internal audit by Chief Controller of Accounts, Ministry of Health and Family Welfare.

Yours faithfully,

(S.K. Gupta)
Under Secretary to the Government of India
Tele: 23061342

Copy for information and necessary action to:-

- i) Joint Secretary (Ageing), Ministry of Social Justice & Empowerment, Shastri Bhawan, New Delhi
- ii) Dr. A.B. Dey, Professor and Head, Department of Geriatric Medicine, All India Institute of Medical Sciences, Ansari Nagar, New Delhi – 110029
- iii) Chief Controller of Accounts, Ministry of Health and Family Welfare, New Delhi
- iv) DDG(PH), Directorate General of Health Services, Nirman Bhawan, New Delhi
- v) IFD, Ministry of Health and Family Welfare, New Delhi
- vi) PPSs to Secretary (H&FW)/AS(H)/JS(DP)

(S.K. Gupta)
Under Secretary to the Government of India
Tele: 2306134