

MINISTRY OF HEALTH & FAMILY WELFARE

1. MISSION INDRADHANUSH

- Mission Indradhanush has been launched to reach out to the children where routine vaccination cannot be reached out. The objective of Mission Indradhanush is to increase full immunization coverage in India to at least 90% children by 2020. Launched on 25 December, 2014 and implementation started on 7 April, 2015
- Three phases of Mission Indradhanush have been completed in which 497 districts across 35 states/UTs have been covered. In NE states, during the three phases of Mission Indradhanush, 85 districts were covered.
- As of now, 505 districts across 35 state/UTs have been covered under various phases of Mission Indradhanush. Till 1st March 2017, a total of 2.1 crore children and around 56 lakh pregnant women have been immunized.
- Also, around 60 lakh Vitamin A doses have been distributed along with 52 lakh ORS packets and 1.8 crore Zinc tablets.
- From 1% annual increase in coverage of Full Immunization, Mission Indradhanush has resulted in a 5-7% annual expansion in the immunization cover. Formal survey data is awaited in this regard.

2. MATERNAL AND NEONATAL TETANUS ELIMINATION (MNTE)

- Maternal and Neonatal tetanus elimination is defined as less than one neonatal tetanus case per 1000 live birth in every district per annum.
- India has validated Maternal & Neonatal tetanus elimination in May 2015, well before the target date of December 2015.
- Country achieved MNT Elimination through the strengthening of health systems by innovative programmes like Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karayakaram (JSSK) to improve institutional delivery and by strengthening Routine Immunization.

3. NEW VACCINES

Inactivated Polio Vaccine (IPV):

- In concurrence with the World Polio End Game strategy, IPV was introduced in November 2015 in six states and expansion of IPV was done throughout the country by June 2016.
- A total of 16 states/UTs are following two fractional dose schedule while the remaining 20 states/UTs are following single dose schedule and will be shifting to fractional dose schedule soon.
- Till February 2017, around 1.47 crore doses of IPV have been administered to children since its introduction.

Rotavirus Vaccine:

- To reduce the burden of diarrhea caused by Rotavirus, the government introduced Rotavirus vaccine in March 2016 in four states of Andhra Pradesh, Haryana, Himachal Pradesh and Odisha and has been expanded to four more states namely Assam, Madhya Pradesh, Rajasthan and Tripura on 18th February 2017 and will be expanded to Tamil Nadu by May 2017.
- The vaccine is provided as three doses at 6, 10 and 14 weeks of age.

- Till February 2017, approximately 42.5 lakh doses of Rotavirus vaccine have been administered to children since its introduction.

Rubella vaccine as Measles Rubella (MR) vaccine:

- MR vaccination campaign targeting children from 9 months up to 15 years of age, has been launched on 5th February 2017 in five states namely Karnataka, Tamil Nadu, Goa, Lakshadweep & Puducherry.
- Till 14th March 2017, more than 2.96 crore children have been provided MR vaccine in the ongoing vaccination campaign.
- Subsequent to the completion of campaign, the Rubella vaccine will be introduced as MR vaccine replacing measles containing vaccine 1 & 2 at 9-12 months and 16-24 months of age. It is planned to be introduced in remaining states by December 2018.

Adult JE vaccine:

- Japanese Encephalitis vaccination in children was introduced in 2006. However, the vaccine was expanded in adult population of districts with high disease burden of adult JE in 2015.
- A total of 31 districts have been identified for adult JE vaccination in the states of Assam, Uttar Pradesh & West Bengal; and the Adult JE vaccination campaign has been completed in 21 districts during which 2.6 crore adults were vaccinated with JE vaccine.
- Of the newly identified 10 districts, the campaign is ongoing in 6 new districts of West Bengal and 4 districts of Assam will be covered in last quarter of 2016-17.

tOPV to bOPV switch:

- India has switched from tOPV to bOPV on 25 April, 2016 wherein tOPV has been completely replaced by bOPV in both polio campaigns and Routine Immunization.

4. INAP

- INAP was launched in September 2014 with the goal of attaining “Single Digit Neo-natal Mortality Rate (NMR) by 2030” and “Single Digit Still Birth rate (SBR) by 2030”.
- At present, 661 Special Newborn Care Units (SNCU) at district level, 2321 New Born Stabilization Units (NBSU) at First Referral Units (FRU) level and 18,323 New Born Care Corners (NBCC) at delivery points are established. Nearly 11,000 dedicated newborn beds have been provided in SNCUs and more than 1.5 million newborns treated in these facilities in last two years.
- Under Home Based New-born Care (HBNC), nearly 1 crore newborn visited by ASHA within 42 days of birth, every year.

5. MOTHER’S ABSOLUTE AFFECTION (MAA) PROGRAMME

- “MAA-Mother’s Absolute Affection” is an Intensified programme launched on the 5th August 2016 by Hon’ble HFM, in an attempt to bring undiluted focus on promotion of breastfeeding. The goal of the MAA programme is to revitalize efforts towards promotion, protection and support of breastfeeding practices through health systems to enhance breastfeeding rates.

- The key components of the programme are - awareness generation, promotion of breastfeeding & inter personal counseling at community level, skilled support for breastfeeding at Delivery points and monitoring & award/recognition.

6. INTENSIFIED DIARRHOEA CONTROL FORTNIGHT (IDCF)

- To combat diarrheal mortality in children with the ultimate aim of zero child deaths due to childhood diarrhoea, Intensified Diarrhoea Control Fortnight (IDCF) is being implemented as a campaign in the month of July, since 2014, for control of deaths due to diarrhoea across all States & UTs.
- Main activities include intensification of advocacy activities, awareness generation activities, diarrhoea management service provision, establishing ORS-zinc demonstration sites, ORS distribution by ASHA through home visitation, detection of undernourished children and their treatment, promotion of Infant and Young Child Feeding activities by home visits by ASHA and establishing IYCF corners.
- For the year 2016-17 6.5 crore under-five children visited by ASHA for Prophylactic ORS and 3.8 lakhs ORS and Zinc Corners have been established in the States

7. NUTRITION REHABILITATION CENTRES (NRC)

- As malnutrition reduces resistance of children to infections thus increasing mortality and morbidity among children, emphasis is being laid under NHM for management of malnutrition.
- 965 Nutritional Rehabilitation Centres (NRCs) have been established for management of severe acute malnutrition in under-5 children all across the country.

8. NATIONAL DEWORMING DAY (NDD)

- To combat STH infections, Government of India has adopted a single day strategy called National Deworming Day (NDD) wherein single dose of albendazole is administered to children from 1-19 years of age group through the platform of schools and anganwadi centres. Till August 2016 11.96 crore children have been administered albendazole.
- In NDD 2017 February round, 34 crore children under 19 years of age have been targeted to administer Albendazole tablets.

9. NATIONAL IRON PLUS INITIATIVE (NIPI)

- National Iron Plus Initiative (NIPI) is a flagship scheme aiming at IFA supplementation across life stages, under which there are various stakeholders / divisions involved for combating the public health challenge of Anaemia.
- Under Child Health, biweekly IFA supplements are provided to children aged 6-59 months and weekly IFA supplements are provided to children aged 5-10 years.
- Since its launch in 2013, twenty four States/UTs and eighteen State/UTs have implemented Biweekly IFA supplementation for children 6-59 months and WIFS junior for children 5-10 years respectively.

10. RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

- This initiative launched in February 2013 entails provision for *Child Health Screening and Early Intervention Services* through early detection and management of 4 Ds i.e Defects at birth, Diseases, Deficiencies, Development delays including disability and free management of 30 identified health conditions including surgery at tertiary health facilities.
- Children between 0-18 years of age are expected to be covered in a phased manner across the country. 18.7 Cr children have been screened upto 2015-16 and upto September 2016 a grand total of 40.4 crore children have been screened.
- Children that are screened are referred to higher facilities for free treatment including surgeries for conditions like congenital heart disease, cleft lip and correction of club foot etc. Till September 2016 a grand total of 190.5 lakhs children have been referred.

11. FAMILY PLANNING (MISSION PARIVAR VIKAS)

- The Government has launched Mission Parivar Vikas for substantially increasing the access to contraceptives and family planning services in the high fertility districts of seven high focus states with TFR of 3 and above. These 146 districts are from the seven high focus, high TFR states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam).
- Basket of choices has been expanded to include Injunctable MPA, Centchroman and POP (Progesterone only Pills)
- The packaging for Condoms, OCPs and ECPs has now been redesigned and improved so as to influence the demand for these commodities
- A360 degree re-designed holistic FP campaign with a new logo has been launched to influence the demand for family planning services.
- Social Franchising Scheme was introduced in Uttar Pradesh and Bihar to boost the private sector's involvement in Family Planning.
- As many as 30 lakh post-partum intra-uterine device (PPIUCD) insertions have been done from 2014 till February 2017.

12. NEW HEALTH SCHEMES

SWACHH SWASTH SARVATRA

- In 2015, MoHFW, as part of its contribution towards 'Swachh Bharat Abhiyan', rolled out the Kayakalp Award scheme for Central Government hospitals and for public health facilities in States/UTs under the National Health Mission. It was aimed at encouraging and incentivizing Public Health Facilities in the country to demonstrate high levels of cleanliness, hygiene and infection control practices through a cycle of periodic assessments and certification. The Ministry of Drinking Water and Sanitation launched its 'Total Swachhata Campaign' encompassing safe drinking water, proper disposal of human excreta, environmental sanitation, personal and food hygiene, solid and liquid waste management activities and making Gram Panchayats Open Defecation Free (ODF) through construction of toilets and behavioral Change.

- While 700 blocks in the country have been declared Open Defecation Free (ODF), assessment of PHCSs for Kayakalp awards to a PHC in each district is already underway. To complement and leverage the efforts and achievements made so far, the Ministry of Health & Family Welfare and Ministry of Drinking Water & Sanitation, launched a joint initiative - Swachh Swasth Sarvatra on 29 December, 2016. The three key components of Swachh Swasth Sarvatra are:
 - CHCs in ODF Block supported under NHM to achieve Kayakalp certification
 - Gram Panchayat of Kayakalp PHC prioritized to become ODF
 - Training in WASH of CHC/PHC nominees
- In those blocks, where, through efforts of the MDWS and local community, Open defecation has been eliminated, the MOHFW will provide their Community Health Centre (CHC) a grant of Rs. 10 lakhs to ensure that the facility achieves High Quality benchmarks of sanitation, hygiene and infection control with a minimum score of 70 under the Kayakalp assessment.
- Thus in the first phase, during 2017-18, the CHCs located in or catering to population in the 700 blocks that have been declared ODF and Gram Panchayats/Nagar Panchayats within which the Kayakalp PHCs (one each in 670 districts) are located will be covered in the initiative. The envisaged activities will culminate in a process of certification by the end of the financial year. Such CHCs and PHCs would be designated as Swachh Ratna CHC and Swach Ratna PHC. Subsequently, the scheme may be progressively extended to additional blocks and public health facilities

PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

- PMSMA has been launched to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
- While antenatal care is routinely provided to pregnant women, special ANC services are provided by OBGY specialists/ Radiologist/ Physicians at government health facilities under PMSMA.
- One of the critical components of the Abhiyan is identification and follow-up of high risk pregnancies. A sticker indicating the condition and risk factor of the pregnant women would be added onto Mother and Child Protection Card for each visit:
 - Green Sticker- to identify women with no risk factor detected
 - Red Sticker – to identify women with high risk pregnancy
- Hon'ble Prime Minister of India highlighted the aim and purpose of introduction of the Pradhan Mantri Surakshit Matritva Abhiyan in the 31st July 2016 episode of Mann Ki Baat and asked doctors to dedicate 12 days in a year to this initiative; subsequent to which a National Portal for PMSMA and a Mobile application have been developed to facilitate the engagement of doctors from private/ voluntary sector.
- PMSMA has been rolled out in all States/ UTs.
 - Over 3500 volunteers are registered on PMSMA portal across all State/UTs.
 - PMSMA conducted at over 11000 health facilities across all State/UTs

- More than 35 lakh antenatal checkups have been conducted at PMSMA sites for comprehensive services under the programme

PRADHAN MANTRI NATIONAL DIALYSIS PROGRAMME

- Union Finance Minister on 29 February, 2016 while presenting union budget, 2016-17 announced Dialysis services to be supported in all district hospitals in a PPP mode under NHM. In pursuance of Union Finance Minister announcement on 'National Dialysis Programme' guidelines of National Dialysis Programme was developed and released on 7th April 2016.
- Support is being provided to all States for provision of free dialysis services for poor. Guidelines for dialysis services in District Hospitals in PPP mode have been shared with States/UTs on 27 April, 2016.
- Under this, every facility will have 6 dialysis machines and will be extended up to 10 machines per facility. So far 1,069 Dialysis Units, 2,319 Dialysis Machines have been made operational and more than 80,000 patients have availed of the services with more than 8.5 lakh dialysis sessions carried out.
- Free Dialysis services to poor under Pradhan Mantri National Dialysis Programme are now available in 51 DHs (Madhya Pradesh), 22 DHs (Punjab), 26 DHs (Maharashtra), 31 DHs (Tamil Nadu), 20 DHs (Gujarat), 13 DHs (Bihar), 18 DHs (Karnataka), 33 DHs (West Bengal), 3 DHs (Himachal Pradesh), 11 DHs (Andhra Pradesh). Other States are in various stages of implementing the programme.

HEALTH PROTECTION SCHEME

- The Government of India has proposed to launch a new improved health care Scheme viz. National Health Protection Scheme which is under finalization that envisages health cover of up to Rs. 1.0 lakh per family for poor and economically weak families. For senior citizens of aged 60 years and above in this category there is an additional top-up package up to Rs. 30,000. The senior citizen component has been implemented w.e.f. 01.04.2016.

KAYAKALP- AN INITIATIVE FOR AWARD TO PUBLIC HEALTH FACILITIES

- Kayakalp awards has been launched to promote cleanliness, hygiene and infection control practices in public health facilities. Under this initiative awards and commendation certificates are given to public healthcare facilities that show exemplary performance meeting standards of protocols of cleanliness, hygiene and infection control.
- In 2015-16 the Kayakalp awards was implemented for District hospitals. In 2016-17 the same has been extended to CHCs and PHCs. To motivate, sustain and improve performance in facilities that score over 70%, but do not make it to the list of top two/one in a year, a Certificate of Commendation plus cash award is to be given.
- In 2015-16, 84 District Hospitals have been given awards including commendations, in 2016-17, 218 hospitals are the winners including commendations.

13. MAJOR POLICY INITIATIVES

NATIONAL HEALTH POLICY

- Health Ministry has formulated the National Health Policy 2017, after a gap of 14 years, to address the current and emerging challenges necessitated by the changing socio-economic and epidemiological landscapes since the last National Health Policy was framed in 2002. Its salient features are:
 - Extensive and inclusive consultation process.
 - Preventive and promotive focus.
 - Primary healthcare to be comprehensive and universal.
 - Patient centric approach- voice of patients
 - Strategic purchasing and engagement with private sector for critical gap filling at secondary and tertiary levels.
 - Quality of care
 - Intersectoral convergence
 - Pluralism
 - Focus on Health system strengthening
 - Increasing access, affordability and quality
 - Moving towards an assurance based approach
 - “Make in India” Initiative – Medical Devices
 - Better regulatory mechanisms
 - Full use of digital technology for interventions in health sector

AFFORDABLE MEDICINES AND RELIABLE IMPLANTS FOR TREATMENT (AMRIT)

- The AMRIT outlets provide drugs for cancer and cardiovascular diseases along with cardiac implants at a 60 to 90 per cent discount on prevailing market rates. As of now 16 stores have been opened so far and more than 6.48 lakhs patients have been served. This has resulted in more than Rs. 35 crores savings to the patients. Moreover, medicines and implants costing more than Rs. 58 crores have been sold for less than Rs. 23 crores.

NHM FREE DRUGS SERVICES INITIATIVE

- Funding available under the NHM has been leveraged to support and reward states that agreed to launch free drugs initiative by increasing their own state budget for this purpose. To address the issue of high out of pocket expenditure on healthcare due to high cost of drugs, support under NHM is provided under NHM Free Drugs Service Initiative to provide essential drugs free of cost in public health facilities.
- Objective is to put in place systems such as facility wise Essential Drug List (EDL), robust procurement system, IT backed logistics & supply chain management, proper warehousing and necessary drug regulatory and quality assurance mechanisms, Standard treatment guidelines, prescription Audit and grievance redressal systems etc. to ensure provision of quality free essential

drugs. There is no prescribed list of drugs and the drugs are to be provided as per State EDL.

- Detailed Operational Guidelines for NHM- Free Drugs Service Initiative have also been released to the States on 2nd July 2015. So far all States have notified free drug policy.
- Model IT application Drugs and Vaccines Distribution Management Systems (DVDMS), has been developed by CDAC and shared with States. 17 States are implementing DVDMS application.

FREE DIAGNOSTIC SERVICES INITIATIVE

- The objective behind the NHM Free Diagnostic Services Initiative is to reduce out-of-pocket expenditure on diagnostics as well as to improve quality of care. Support is provided to States for providing essential diagnostics free of cost in public health facilities. To complement this initiative, Comprehensive Biomedical Equipment Maintenance Program has also been rolled out. The detailed Guidelines along with the RFPs were issued to the States in November, 2014 and support is also provided to States for Comprehensive Biomedical Equipment Maintenance to ensure functionality of biomedical equipment.
- Operational Guidelines on this Initiative have been released on 2nd July, 2015. 5 States, namely, Andhra Pradesh, Karnataka, Maharashtra, J&K and Tripura have already adopted the model as per national guidelines.

CAPACITY BUILDING FOR DEVELOPING TRAUMA CARE FACILITIES IN GOVT. HOSPITALS ON NATIONAL HIGHWAYS

- The overall objective of the scheme is to bring down preventable deaths because of road accidents to 10 per cent by developing a pan-India trauma care network in which no trauma victim has to be transported for more than 50 kilometers and a designated trauma care facilities is available at every 100 Km.

14. TERTIARY HEALTH & MEDICAL EDUCATION

PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

- The PMSSY envisages creation of tertiary healthcare capacity in medical education, research and clinical care, in the underserved areas of the country. It aims at correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and also augmenting facilities for quality medical education in the country.
- PMSSY has following components:-
 - Setting up of new AIIMS like institutes in underserved regions of the country:
 - Upgradation of existing Govt Medical Colleges (GMCs)
- Rs.1953.24 Cr ear marked for PMSSY for 2016-17.
- Achievements are
 - 6 new AIIMS functional
 - 4 new AIIMS, at Mangalagiri (Guntur district) in Andhra Pradesh, Nagpur in Maharashtra, Gorakhpur in Uttar Pradesh and Kalyani in west Bengal

approved by cabinet. 2 new AIIMS at Jharkhand & Gujarat announced in Union budget 2017-18.

- Sites for AIIMS finalized: At Vijaynagar in Samba district for AIIMS in Jammu region. At Awantipora in Pulwama district in Kashmir region in J&K.

MEDICAL EDUCATION

- Up-gradation of existing State Government Medical Colleges: A total of 22 Medical Colleges with 1715 MBBS seats have been approved. Total approved cost Rs.2058 Crore with Central Share Rs.1234.80 Crore. Rs.205 Crore has been released for 22 Medical Colleges during 2015-16 & 2016-17.
- New medical colleges attached with existing District/ Referral hospitals: MoUs received from all States/UT; 53 proposals approved so far at a total cost of Rs.10017 Crore (Central Share is Rs.6860.70 Crore). 5300 new MBBS seats to be created. Rs.1953.42 Crore released for 51 medical colleges. Five new Medical Colleges i.e. at Port Blair (A&N Islands); Rajnandgaon (Chhattisgarh); Sarguja (Chhattisgarh); Gondia (Maharashtra); and Nahan (Himachal Pradesh) are functional.
- With the passage of Indian Medical Council (Amendment) Act, 2016, a uniform entrance examination for admission to Under Graduate and Post Graduate medical courses in the country viz. National Eligibility–cum–Entrance Test (NEET) has been introduced from the Academic Year 2016-17. It would help curb malpractices in medical admissions especially in private medical colleges, will lead to greater transparency and ensure better standards of Medical Education.
- Medical Council of India with the approval of the Central Government has notified amendment in Graduate Medical Education Regulations, 1997 and Post Graduate Medical Education Regulations, 2000 for prescribing mandatory combined counseling for admission to all UG and PG medical courses.
- With the amendment in Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 Act, it has been stipulated that every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs.
- The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Asso. Prof. from 1:1 to 1:2 if the Asso. Prof. is a unit head. This would result in increase in number of specialists in the country.
- The DNB seats, which are equivalent to MD/MS, have increased by 2147 in the last one year.

DENTAL EDUCATION

- Under Dental Council of India (DCI) framework: 12 new dental colleges have been established during 2014-16. In last three years, 1670 BDS seats and 943 MDS seats have been added.
- For this current academic session 2017-18 as on date (14.3.2017), a total of 225 MDS seats have been added. For BDS, as per time schedule the last date for

issue of permission by the Central Government is 31.05.2017. Two (2) Letter of Intent (LOI) for establishment of 2 new dental colleges have been issued so far.

- With the view to bringing uniformity in selection of aspirants for BDS and PG courses, the Dentists (Amendment) Act, 2016 has been enacted for conducting a Uniform Entrance Examination (NEET) to all dental educational institutions at the undergraduate level and post-graduate level. All States/UTs have also been requested to conduct combined counselling for PG courses including the private dental educational institutes/ deemed universities from the academic session 2017.

BRIDGE COURSE FOR NURSES/AYURVEDA DOCTORS

- The Ministry entered into MoUs with IGNOU for roll out of Bridge Programme in Community Health - for Nurses on 16.03.2016 and for Ayurveda Practitioners on 03.08.2016, to impart them a pre-defined skill-set (as were provided under the B.Sc. (Community Health) programme approved by the Cabinet). These trained personnel are then proposed to be posted at Sub-Centres as Community Health Officers – to lead the team at SCs for providing comprehensive promotive and preventive healthcare services near the community.
- IGNOU is in the process of finalizing the programme study material for roll out of the programme. During December 2016, 10 States conducted examination for selection of candidates for the Programme for Nurses. Bridge course for Nurse is being launched in January,2017.

CENTRE FOR INTEGRATIVE MEDICINE AND RESEARCH (CIMR) AT THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

- The Center for Integrative Medicine and Research is a pioneering initiative by AIIMS, New Delhi in the quest for convergence of contemporary medicine with India's ancient and traditional medical practices. It has been envisioned as a "state of the art" research center where top experts from various disciplines of contemporary medicine will collaborate with Yoga and Ayurveda specialists, both for disease treatment, and for preventive healthcare.
- It has been designed as a perfect platform for rigorous research to establish the efficacy of our traditional methods of healing, which in turn should pave the way for their greater international scientific acceptability.

15. NATIONAL ORGAN TRANSPLANT PROGRAM

- Government of India has launched National Organ Transplant Programme for carrying out the activities as per Transplantation of Human Organs and Tissues Act, 1994 training of manpower and promotion of organ donation from deceased persons. Under the said programme, an apex level organization, National Organ and Tissue Transplant Organization (NOTTO) has been set-up at Safdarjung Hospital, New Delhi for National networking, National Registry, to provide an online system for procurement and distribution of Organs & Tissues and to promote Deceased Organ and Tissue Donation

- A 24x7 call centre with toll free helpline number (1800114770) has been established for providing information on organ donation and coordinating matters relating to retrieval and allocation of organs recovered from cadaver donors.
- National Organ and Tissue Donation and Transplant Registry (NOTTR) have been launched. NOTTO has launched National Registry for maintaining National Waiting list of patients who require organs/ tissue.
- The networking of transplant and/or retrieval hospitals has been started initially in Delhi and NCR. Five regional level organizations called Regional Organ and Tissue Transplant Organization (ROTTTO) have been identified in the States of Tamil Nadu, Maharashtra, Assam, West Bengal and UT of Chandigarh for networking and coordinating procurement and distribution of organs. Operational Guidelines for National Organ transplant Programme has been released.
- Policy and criteria for organ allocation in case of Kidney, Liver, Heart & Lung and Cornea have been approved. Standard Operating Procedures for various vital organs has been approved and uploaded on NOTTO website.
- More than 1 lakh pledges for organ donation received.

16. BIOMEDICAL EQUIPMENT MANAGEMENT AND MAINTENANCE PROGRAM (BMMP):

- Hon'ble Prime Minister had observed that many equipment in hospitals and health centers are either unused or there is no maintenance resulting wastage of resources. He directed that Ministry may consider either maintenance or management contract along with purchases or outsource maintenance after the guarantee period.
- To address this, MoHFW undertook an extensive exercise to map the inventory of all Bio-medical equipment including their functionality status. The mapping has been completed in 29 States. 7, 56,750 no of equipment in 29,115 health facilities costing approximately Rs 4564 Crore were identified. Equipment in range of 13% to 34% was found dysfunctional across states.
- Comprehensive guidelines along with RFP on Biomedical Equipment Management and Maintenance Program (BMMP), linked with uptime of equipment (95% in District hospitals, 90% in Community Health centres, and 80% in Primary health centers). Under BMMP, support is being provided to state governments to outsource medical equipment maintenance comprehensively for all the equipment across all the facilities.
- For 12 states where work orders have been issued, the dysfunctional equipment costing Rs 378.11 crores became functional in 4 months of work order, while an outgo to private service provider is Rs 119.75 crore in the first year. Reduction in dysfunctionality rate of about 25% with downtime of 3-4 months to about 5% with maximum downtime of 7 days. The implementation of Biomedical Equipment Management and Maintenance Program (BMMP) has helped in improving diagnostics services in health facilities, thereby reducing cost of care and improving the quality of care in public health facilities.

17. RASHTRIYA SWASTHYA BIMA YOJANA (RSBY)

- RSBY transferred to Ministry of Health & Family Welfare from MoLE on 01.04.2015. The objectives of RSBY is to provide cashless treatment in any

public or private empanelled hospitals for most of the diseases that requires hospitalization, which will give improved access to quality health care to the beneficiaries.

- BPL and 11 defined categories of unorganized workers (MGNREGS Beneficiaries, Building and Construction Workers, Railway Porters, Domestic Workers, Street Vendors, Beedi Workers, Taxi Drivers, Rickshaw Pullers, Rag Pickers, Mine Workers and Sanitation Workers).
- Achievements are:
 - RSBY Scheme has been implemented in 19 States/UTs. Districts Covered are 398 out of 460 i.e. 86% of the total Districts.
 - 4.13 Crore families are enrolled achieving 56.8% out of total target of 7.29 Crore families.
 - Number of Hospital empanelled in the year 2015-16 are 10,725 Hospitals (6,297 Private Hospitals & 4,428 Public Hospitals).

18.JSSK

- Government of India launched the Janani Shishu Suraksha Karyakaram (JSSK) in 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new- borns on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section.
- All pregnant women and new born upto 1 year. Pregnant women are entitled to free drugs and consumables, free diagnostics, free blood wherever required, and free diet up to 3 days for normal delivery and 7 days for C-section. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. This was expanded to cover the complications during ANC, PNC and also sick infants under 1 year coming to public health institutions for treatment.
- Achievements (2015-16) are:
 - Target Beneficiaries (pregnant women) in 2015-16 - 129.04 lakhs
 - Beneficiaries availed free drugs - 116.68 lakhs (90%)
 - Beneficiaries availed free diet- 81.14 lakhs (63%)
 - Beneficiaries availed free diagnostics-102.93lakhs (80%)
 - Beneficiaries availed free home to facility - 76.12 lakhs (59%)
 - Beneficiaries availed drop Back - 69.11 lakhs (54%)

19.REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

- Rapid expansion of Diagnostic services with 628 CB NAAT and 68 quality assured laboratories across the country. Until 2015, 128 CBNAAT sites are functional in the country largely providing decentralized testing for detection of DR TB. With the availability of these additional 500 machines, access to rapid quality assured diagnosis of DR TB and TB will be ensured in all the districts of India either directly or through a linkage by specimen transport mechanism.
- Roll-out of Programmatic Management of Drug Resistance TB services across the country with more than 1086437 presumptive DR-TB cases examined, more than 88608 diagnosed and more than 83899 cases put on treatment last three years

- Introduction of Bedaquiline under Conditional Access Programme. Bedaquiline has been introduced at six identified tertiary care centres across India. Bedaquiline will be given to multi-drug resistant TB patients with resistance to either all fluoroquinolone and/or all second line injectables and extensive drug resistant TB and more than 320 patients placed under treatment so far.
- Daily regimen launched in five states and country wise expansion in phased manner
- Engagement of Private Sector through Universal access to TB Care (UATBC) at three sites (Mehsana-Gujarat, Mumbai-Maharashtra and Patna-Bihar) lead to two to three fold increase in TB Notification
- More than 6 lakh TB patient seeking care in private sector notified in NIKSHAY – a government portal
- Single Window delivery system for TB-HIV patients , daily FDC treatment for TB and 99 DOTS information communication technology (ICT) based adherence support have been rolled out across the country
- Joint collaborative activities between TB -Diabetes and TB-Tobacco rollout with implementation framework across the country

20. NATIONAL AIDS CONTROL PROGRAM (NACP)

- More than 10 lakh People Living with HIV are on ART in India; One Lakh additional patients brought under the ambit of Anti Retro Viral (ARV) treatment by increasing the threshold of CD4 count for ART from 350 to 500.
- Daily Anti-TB drugs through Single Window services for TB-HIV co-infected patients at all 530 ART centres across the country.
- A third line treatment has been introduced to patients of HIV/AIDS from March 21, 2016.
- National AIDS Control Programme is a 100% Central Sector Scheme.
- National Strategic plan for Elimination of Parent to Child transmission of Syphilis launched on 25 February 2015.
- A total of 14 MOUs with Ministries/Department have been signed till date. Three meetings of Joint working Groups at National Level and twenty meetings of Joint Working Groups at State level have been held in the last six months.
- Prison HIV interventions has been initiated under national AIDS control program in central and select jails across the country from July 2016
- NACO, ISO 9001: 2008 certified in April 28, 2015

21. DRUG REGULATION

- **Medical Device Rules 2017** published in Official Gazette vide Notification No. G.S.R. 78(E) dated 31.01.2017 to regulate the import, sale, and manufacture for sale of medical devices in the country. The new rules have been framed in conformity with Global Harmonisation Task Force (GHTF) framework and conform to best international practices.
- **WHO — National Regulatory Authority (NRA)** assessment of India was carried out from 13th to 17th February 2017. NRA has been declared functional with a maturity level of 4 in respect of 5 functions and 3 in respect of 4 functions.
- Report regarding the Survey of the extent of Problems of Spurious and Not of Standard Quality drugs in the country (2014-2016) conducted by National

Institute of Biologicals, Noida found the NSQ drugs in the country to be 3.16% and spurious drugs at 0.0245%.

22.IT INITIATIVES

Online Registration System (ORS)

- ORS under the eHospital application, launched under Digital India programme, is a framework to link various hospitals for online registration, payment of fees and appointment, online diagnostic reports, enquiring availability of blood online etc.
- This application launched in July 2015, offer services for online registration, appointment, other patient centric services like viewing lab reports, blood availability status etc. As on date, 60 hospitals including hospitals like AIIMS –New Delhi & other AIIMS (Jodhpur; Bihar, Rishikesh, Bhubaneswar, Raipur, Bhopal); RML Hospital; SIC, Safdarjung Hospital; NIMHANS; Agartala Government Medical College; JIPMER etc. are on board ORS. So far over 6 lakh appointments have been transacted online.

National Health Portal (NHP)

- NHP is functioning as Citizen Portal for Healthcare (as envisaged in the Health MMP DPR) providing Health related information to citizens and stakeholders in different languages (currently six languages).
- A voice portal, providing information through a toll-free number and Mobile App had been launched. It serves as a single point access for information on Health and Diseases including health messages; on Regulations, Standards, Policies, Programs, Commissions etc.; Directory Services – Hospitals, Blood Banks, Ambulances.
- NHP also has toll free national number 1800-180-1104 for providing information related to health, diseases, lifestyle, first aid, directory services, health programs etc. Total web users till date are over 26 lakhs and total call count over 22 lakh. Content is currently available in 6 languages- Hindi, English, Tamil, Gujarati, Bengali, Punjabi and it is planned to add 6 more languages viz. Assamese, Kannada, Marathi, Odia, Telgu & Malayalam by June, 2017.

EHR Standards

- EHR Standards 2016 (revised version of 2013 Standards) notified in December 2016. The EHR Standards include standards for Disease Classification, Medicine and Clinical terminology, Laboratory Data exchange, Digital Imaging and Communication etc. for semantic interoperability.
- India obtained the membership of “**SNOMED International**” which earlier known as International Health Terminology Standards Development Organization (IHTSDO), UK for SNOMED CT license for India w.e.f 1st April 2014.
- Using SNOMED CT to represent clinical information allows meaning-based retrieval of information and appointed Centre for Development of Advanced Computing (C-DAC), Pune as “**interim National Release Centre (iNRC)**” to carry out activities for promotion and adoption of SNOMED CT in the country.

- **National Resource Centre for EHR Standards (NRCeS)** provides assistance in developing, implementing and using EHR standards effectively in healthcare IT applications in India. NRCeS would support **National eHealth Authority (NeHA)** facilitate adoption of EHR standards for development of an "inter-operable Health IT ecosystem" in the country which would lead towards creation of standard compliant EHRs of citizens. NRCeS will also support NeHA in drafting and firming up national roadmap & strategy for adoption of eHealth/mHealth/Telemedicine applications etc. in the country.
- MoHFW has ensured availability of SNOMED CT affiliate licenses free of cost for use in India. More than 193 SNOMED CT affiliate licenses issued so far.
- **Embedding of SNOMED-CT completed in applications:**
 - a) eHospital Cloud-based application of NIC
 - b) e-Sushrut application of C-DAC Noida
 - c) AIIMS, Delhi - eDeath Note & eBirth Note
 - d) eHealth Information System Project of Kerala
 - e) Planned for embedding:
 - Safdarjung Hospital, Delhi (by February 2017)
 - Chandigarh, Maharashtra & Rajasthan (new version of e-Sushrut; *under consideration*)

Mother and Child Tracking System (MCTS)/Reproductive Child Health (RCH) Application

- Individual-based tracking system across all the States & UTs to facilitate timely delivery of antenatal and postnatal care services and immunization to children with an objective of improving IMR, MMR, & morbidity; providing alerts to health service providers about the services due list and service delivery gaps; appropriate health promotion messages to beneficiaries.
- Approximately 12.08 crore pregnant women and 10.56 crore children were registered on MCTS / RCH portal since inception till date. Under this various other initiatives have been initiated namely:
 - a. **Mother and Child Tracking Facilitation Centre (MCTFC):** The facilitation centre verifies the records of the mother and children registered with MCTS application and collects feedback about the government schemes programs and services delivered. It also provides IVRS services for educating / promoting quality health care to beneficiaries, ANM and ASHA.
 - **Total MCTS record verification:** As on Date, more than **41.36 lakh** calls have been made to beneficiaries (pregnant women and parents of new born child) through MCTFC for data validation, promotion and facilitation in availing maternal and child health services and government schemes. More than 8.56 lakh calls have been made to ANMs and ASHAs for data validation and resolution of their queries.
 - **IVRS Service:** 18 audio recorded messages are being played through IVR system to the beneficiaries (pregnant women and parents of children) to make them aware about maternal health, child health and family planning aspects. Till date, more than 18.90 lakh voice messages on maternal and child care have been delivered to the beneficiaries.
 - b. **Kilkari:** launched in 2016, delivers free weekly audio messages about pregnancy, child birth and care; Approximately 4.82 crore successful calls (average duration of content played in each call: approximately 1 minute)

were made under Kilkari in Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand.

- c. **Mobile Academy:** Academy is a free audio training course designed to expand and refresh the knowledge base of ASHAs and improve their communication skills Launched in 2016. A total of 75,020 ASHAs of Bihar, Jharkhand, Madhya Pradesh, Rajasthan and Uttarakhand registered in MCTS have started the Mobile Academy course, out of which 62,771 (i.e. approximately 84%) ASHAs have completed the course so far.
- d. **ANM on Line (ANMOL):** a tablet based application for Integrated RCH Register which allows ANMs to enter and update data for beneficiaries of their jurisdiction. It has been piloted in the State of Andhra Pradesh and Currently 11,890 ANMs in Andhra Pradesh are using ANMOL.

Mera Aspataal (My Hospital)

- An IT based feedback system launched by Government of India on 29th August, 2016. A multi-channel approach is used to collect information on patients' level of satisfaction i.e., Short Message Service (SMS), Outbound Dialing (OBD), Web Portal, and Mobile Application.
- Currently, around 100 hospitals are covered.

TB Patient Monitoring System “Nikshay”

- For tracking for individual for treatment-adherence and implemented across all States. Also a Missed Call Centre facility for reaching to unreachable TB patients having Toll free number has been started.
- >70 lakh patients notified as on date.

Hospital Information System (HIS)

- An information system for automation of hospital processes to achieve better efficiency and service delivery. Its purpose is to strengthen online patient-centric interface. Targeted impact of eHospital implementation include facilitation in hospital workflow management leading to better delivery of services to patients and improvement in efficiency of processes at hospitals.
- eHospital is being implemented in Public Health facilities upto CHC level, as required. eHospital@NIC is implemented on cloud platform as well, which is functional in over 42 hospitals and under implementation in over 50 Hospitals. “eHospital by NIC” on Client-server model is functional in 60 hospitals (5 Central Govt. Hospital and 55 State/UT hospitals).

SUGAM -Central Drugs Standards Control Organisation

- Enables online submission of applications, their tracking, processing & grant of approvals online mainly for drugs, clinical trials, ethics committee, medical devices, vaccines and cosmetics.
- Provides a single window for multiple stakeholders (Pharma Industry, Regulators, Citizens) involved in the processes of CDSCO.

National Identification Number (NIN)

- A unique identification number being assigned to all health facilities (both public & private) to facilitate inter-operability among health IT systems deployed.

- Total 2,17,264 Public Facilities allocated NIN with 1,98,160 (91.2%) facilities verified. It is envisaged to introduce mandatory adoption of NIN in Private hospitals empanelled with NHPS/ RSBY, JSY, Family planning services.

Drugs and Vaccines Distribution Management System (DVDMS) ('eAushidhi')

- Web-based application on open source platform and it deals with purchase, inventory management and distribution of various drugs, sutures and surgical items to various District Drug Warehouses of State / UT, District Hospitals (DH), their sub stores at CHC, PHC etc by automating the workflow of procurement, supply chain, quality control and finance department in State / UT level. The application will also have provisions to generate detailed statistical and analytical reports with the provision to drill down the data upto facility level in State / UT.
- Financial assistance under NHM has been provided so far to 18 states for implementation of DVDMS (i.e. 'eAushidhi' of CDAC) to improve supply chain of the drugs, sutures and surgical items.
- DVDMS has been implemented in 9 States – Andhra Pradesh, Gujarat, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan and Telangana. Implementation is in process in 6 States – Bihar, Jharkhand, Himachal Pradesh, Manipur, Meghalaya and Uttarakhand.
- DVDMS has also been implemented in Central Medical Services Society (CMSS). CMSS is a Central Procurement Agency under Department of Health & Family Welfare responsible for procuring goods and store them in warehouses across the country for distribution to State Governments for many National level projects

eRakt Kosh

- The application was launched by Hon'ble Union Minister of Health and Family Welfare on World Health Day i.e. 7th April, 2016. It's a centralized blood bank management system being rolled out for all the licensed blood banks in public and private health facilities in States / UTs. Mobile version with citizen interface is also available.
- eRakt Kosh has been piloted in few blood banks in the State of Madhya Pradesh, West Bengal and IRCS Delhi. 10 States have been trained for e-Rakt Kosh application, for further implementation. Few blood banks in the States like Uttarakhand and Telangana have also started using the application.

mHealth initiatives

Tobacco Cessation Programme – Launch on 15th January 2016 a mobile-based interventional initiative for tobacco cessation. Currently over 20 lakhs total missed call captured; more than 14 lakhs users registered and More than 4172 users QUIT SMOKING.

mDiabetes Program – a mobile-based initiative for prevention and care of diabetes. Currently more than 1 lakhs users registered for mDiabetes

Mobile Apps: Various mobile appsviz.

- Indradhanush Immunization (for immunisation tracker) (Launched on 5th April 2016)

- India Fights Dengue (enables a user to check Dengue Symptoms, get nearest Hospital / Blood bank information and also share feedback); (Launched on 7th April 2016)
- NHP Swasth Bharat (Disease, Lifestyle, First Aid), (Launched on 7th April 2016)
- NHP Directory Services Mobile App. (provides information related to Hospital and Blood banks across India have been hosted.
- No More Tension Mobile App. (stress management), (Launched on 9th Nov, 2016)
- Pradhan Mantri Surakshit Matritva Abhiyan Mobile App. (reporting pregnancy care related information from across states), (Launched on 4th Nov, 2016)

National Telemedicine Network

- Implementation for scaling up various State initiatives in Tele-Medicine for interlinking primary and secondary healthcare facilities with Tertiary & Super- Speciality facilities under NHM scheme.
- Guidelines / conceptual framework for adoption has been issued to State/UTs. So far 7 States/UTs have been provided Financial Support (INR 48.20 Cr.)during FY 16-17 under NHM
- Telemedicine Nodes in India:
 - Total functional nodes :
 - 440 nodes in States/UTs
 - 107 nodes by Department of Space (DoS)
 - No. of Tele-Consultation held during current year: Over 5 lakh Tele-Consultation held in States of Punjab, Maharashtra, Tripura etc.

23. NATIONAL AMBULANCE SERVICES

- One of the achievements of NRHM is the patient transport ambulances operating under Dial 108/102 ambulance service. Dial 108 is emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient transport aimed to cater to the needs of pregnant women and children though other categories are also taking benefit and are not excluded. Janani Shishu Suraskha Karyakram (JSSK) entitlements e.g. free transfer from home to facility, inter facility transfer in case of referral and drop back for mother and children are the key focus of 102 service. Empanelled vehicles are also being used in some States to provide transport to pregnant women and sick infants.
- As on June 2016, 22741 Ambulances are operational.

24. NATIONAL MOBILE MEDICAL UNIT SERVICES

- Objective is to take health care to the door step of the public in the rural and underserved areas, especially in under-served areas.
- 1122 MMU are operational in the country across 335 districts. A whole range of health care services ranging from treatment of minor ailments, communicable & non communicable diseases, Reproductive & Child Health, Family Planning and in some cases, diagnostics services free of cost to the population in the target area.

25. JANANI SURAKSHA YOJANA (JSY)

- Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). The objective is to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. Accredited Social Health Activist (ASHA) act as an effective link between government and pregnant women and are incentivised under this programme.
- The NHFS IV has reported 78% institutional delivery rate for the country.
- The scheme focuses on poor pregnant woman with a special dispensation for states that have low institutional delivery rates, i.e. Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir. While these states have been named Low Performing States (LPS), the remaining states have been named High Performing states (HPS).
- During 2016-17 till December 2016, 73.68 lakhs mothers have been benefitted under the Janani Suraksha Yojana with an expenditure of Rs. 1187.59 crores.

26. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASE & STROKE (NPCDCS)

- The objective is to prevent and control common Non-communicable diseases through behaviour and life style changes. The programme aims at provide early diagnosis and management of common NCDs, build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs, train human resource within the public health set up viz doctors paramedics and nursing staff to cope with the increasing burden of NCDs, and establish and develop capacity for palliative & rehabilitative care. The Mission Steering Group has recently approved inclusion of Chronic Kidney Disease (CKD) and Chronic Obstructive Pulmonary Disease (COPD) in this programme.
- The programs provisions for screening as well as preventive NCD services to the population.
- 356 district NCD cells and 356 district NCD clinics have been established.
- 103 cardiac care units, 71 day care centres and 1871 CHC level NCD clinics have been setup.
- The tertiary care cancer centers (TCCC) scheme, 20 state cancer institutes (SCI) and 50 TCCCS envisaged
- So far five (10) TCCC and six (10) SCI have been supported with financial assistance under the scheme.
- AYUSH facilities and methodologies and yoga integrated with NPCDCS services
- Scientific study commissioned to document impact of yoga on diabetes (S-VYASA University and HLL).
- During 2015-2016, around 96 lakh persons were screened under Outreach activities for common NCDs in Camps and Primary health facility level and they were referred to higher Centres for diagnosis and management. Among them, Diabetes was suspected in around 7.6% of those tested, and Hypertension was suspected in 9%, and Common Cancers were suspected in around 20,000 persons.

27. NATIONAL TOBACCO CONTROL PROGRAMME

- NTCP is being implemented through a three-tiered structure i.e., the National Tobacco Control Cell, the State Tobacco Control Cells, and the District Tobacco Control Cells. Upto 2015-16, the programme is being implemented in 236 districts across 36 States/Union Territories.
- The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global evidence-based public health treaty that recognises the right of all people to the highest standard of health. India has been the forerunner in ratification of this public health treaty and was the 7th Country to ratify the Convention in 2004. India provided a leadership role in the negotiations of FCTC and was also the Regional Coordinator for the South-East Asia Region.
- Achievements:
 - **Packaging and Labeling Rules:** The Government has enhanced the size of health warnings on tobacco products with effect from 1st April, 2016 to 85% of the principal display area of the packages of tobacco products.
 - **Seventh Session of Conference of Parties (COP7):** The Ministry hosted the Seventh Session of Conference of Parties (COP7) to the WHO FCTC from 7th-12th November, 2016 at Greater Noida, Uttar Pradesh. India (Secretary, DoHFW) has been elected to serve as President of the COP Bureau for next two years.
 - MoHFW in coordination with the WHO FCTC, Geneva has set up the 'Global Knowledge Hub for Smokeless Tobacco' which will act as a global repository of knowledge related to smokeless tobacco.

28. NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

- NMHP is being implemented to improve coverage and accessibility of mental health care in the country. The tertiary level activities under NMHP include Manpower Development Scheme with support to Government Medical Colleges and institutes to increase availability of Psychiatrists, Clinical Psychologist, Psychiatric Social Worker and Psychiatric Nurse. For improving reach of mental healthcare, district level activities under NMHP are being supported across all 36 states and UTs.
- Provision of regular Psychiatric OPD and IPD services at District Hospital, free supply of psychotropic drugs, ambulatory support for psychiatric patients, awareness generation activities on mental health in community and camps and outreach clinics in Taluka Hospitals/Community Health Centres.
- 3.9 lakhs patients received mental health services in psychiatric OPDs under District Mental Health Programme. The all India average case load is 33 cases per OPD session, including both new and follows up cases.

29. NATIONAL PROGRAMME FOR HEALTHCARE OF ELDERLY (NPHCE)

- NPHCE was launched with the vision to provide dedicated health care facilities to the elderly people through the State health delivery system at primary, secondary and tertiary levels including outreach services. The basic aim of the NPHCE programme is to provide separate, specialized and comprehensive health care to the elderly people in the country.

- A total of 227 district of 32 States/UTs and 13 Regional Geriatric Centres (RGCs) had been covered upto 2015-16. In addition to this, two National Centre of Ageing (NCAs) have been approved to be established at Madras Medical College, Chennai and AIIMS, New Delhi.

30. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

- The objective is to reduce the prevalence of blindness to 0.3% by 2020 by providing comprehensive eye care services and development of eye care infrastructure and training of manpower. Support for this programme is given under Health systems strengthening.
- The program provisions for: Free Cataract Surgery, School Eye Screening, Free Specs to School Children, Collection of Donated Eyes, Free Keratoplasty, Diagnosis and Treatment of Diabetic Retinopathy, Glaucoma, Low vision cataract.
- Achievements:
 - 63,04,177 Cataract operations performed (2015-16) and 3,12,925 Treatment/management of other eye diseases done (2015-16)
 - 8,30,620 free spectacles provided to school children suffering from refractive errors
 - Collection of 0.60 lakh donated eyes for corneal transplantation (2015-16)
 - Treatment/ management of 3.13 lakh cases of other eye diseases (diabetic retinopathy, glaucoma, ROP etc.) (2015-16)