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2021-2022 Annual Report

Department of Health & Family Welfare
Ministry of Health & Family Welfare
Goverment of India

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME
TB MUKT BHARAT
TB Harega Desh Jeetega

जोड़ी ज़िम्मेदार
जो प्लान करे परिवार

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY

बेटी बचाओ
बेटी पढ़ाओ

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Introduction

COVID-19 Pandemic has proved to be the defining public health emergency of our times. It posed serious challenges for Public Health System. India's efforts to manage the pandemic can be best described as a people-centric, whole of Government, whole of society approach built on past experiences of managing public health emergencies as well as contemporary scientific knowledge. India's approach has been directed at containing the spread of infection, while strengthening requisite core capacities to minimize the health and non-health impact of the pandemic especially on the most vulnerable sections of society. India's leadership undertook many proactive and decisive steps very early in response to the pandemic, some of the key interventions included actions at points of entry, nationwide lockdown, focus on test, track, isolate &treat etc. These interventions not only slowed down the spread of COVID-19 in the country but also gave enough time for the country to build public health capacities to effectively manage the pandemic.

The Govt. of India took proactive and pre-emptive steps to respond to the pandemic and initiated the preparedness of the health system to address all aspects of COVID-19 management. Govt. of India followed 'Test, Track and Treat' strategy diligently and continued the emphasis on preventive measures to contain the spread of the virus which includes wearing masks, hand wash/use of sanitizer, adequate physical distancing, prompt testing on observing symptoms and prompt isolation on testing positive. With consistent collaborative efforts between Centre & States/UTs, country has managed to maintain lowest positivity and mortality rates coupled with one of the highest recovery rate, globally.

On 16th January 2021, India launched the National COVID Vaccination Programme that commenced with vaccination to all Health Care Workers. The vaccination programme is being guided by immaculate planning based on a regular review of scientific and global best practices. Since the start of the COVID Vaccination drive, it has focused on decisions guided by science. Prioritizing our health workers, frontline workers and other vulnerable population in a phased manner has been an excellent way to scale up the vaccination program. Now, all adults are eligible for COVID vaccination. Vaccination of children of 15 years to 18 years started on 3rd January, 2022.

Under the programme, all citizens irrespective of their income status are entitled to free vaccination. While those who have the ability to pay are encouraged to use private hospital's vaccination centres. Three vaccines are being used in COVID vaccination drive, these include two made in India namely Serum Institute of India's Covishield, Bharat Biotech's Covaxin and Russian Vaccine - Sputnik V (being used only in private hospitals).

A unique digital platform- Co-WIN 2.0 for COVID 19 vaccination, helps programme managers in registration and tracking of COVID-19 vaccination beneficiaries along with real time information on the available stocks of vaccine, their storage temperature, actual vaccination process, generation of digital certificates etc. This also serves as a platform for registration and scheduling appointment for vaccination for the eligible beneficiaries. It is available in 12 regional languages and has requisite interfaces for differently abled persons. Up to 4 beneficiaries can be registered

on Co-WIN using a single mobile number to facilitate registration of persons without access to mobile phones. A total of 9 photo identity cards can be used for registration of beneficiaries with a provision of special sessions for persons without identity card. For the ease of beneficiaries, Near to Home Vaccination Sessions are available for senior citizens and persons with disability, "Onsite registrations" [also known as walk in registration] and vaccinations, registration with disability certificate for Person with disabilities and Assisted registration through Common Service Centers (CSCs) and 1075 helpline Number services have been made available.

A digital certificate of vaccination is generated upon receipt of each dose for which a provision of self-correction is also available to correct name, age, gender, photo id no. etc. The digital vaccination certificate can also be linked with passport and is mutually recognized by 108 countries as on 6th December 2021.

In just 9 months of the start of the COVID vaccination drive, India achieved a significant milestone of administering over 100 crore (1 billion) doses of COVID vaccines to its eligible adult population. Out of the total eligible adult population, over92% citizens had received 1st dose of COVID vaccine while over 70% eligible citizens had received both doses of the vaccine, at present.

To sustain this momentum, "HarGharDastak" Campaign was initiated on 3rd November which aims to ensure 100% coverage of eligible beneficiaries with 1st dose of the COVID vaccine and vaccination of due beneficiaries with 2nd dose of the COVID vaccines. Under the campaign, the healthcare workers reach out, counsel, and vaccinate all missed-out and dropped-out eligible beneficiaries. Different strategies have been adopted including Mopping-up strategy with Multiple vaccination teams (50-100) or 'Vaccination Toli' along with 'PracharToli','Intra-State competition for motivating the States, Bazaar-Haats, utilizing services of influeuntial persons and social media for awareness generation and involvement of All Panchayati Raj functionaries, NGOs & CSOs.

Under Ayushman Bharat – PradhanMantri Jan ArogyaYojana (AB-PMJAY), around 10.74 crore poor and vulnerable families, identified as per Socio-Economic Caste Census database, are entitled for health cover of Rs. 5.00 lakh per family per year for secondary and tertiary care hospitalization. As on 17.11.2021, 33 States/Union Territories are implementing the scheme and approximately 2.4 Crore hospitalizations amounting to approx. Rs.28,300 crores have been authorized under the scheme. As on 14.11.2021, 2.92 lakh hospital admissions worth over Rs. 644.5 crores have been authorized under the portability feature. So far, 17.11 crore e-Cards (including cards issues by State Governments) have been issued under the Scheme for facilitating easy availing of benefits.

PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) Scheme with an outlay of about Rs. 64,180 Cr (to be implemented till 2025-26) was announced in Budget of FY 2021-22 on 1st February, 2021, to focus on developing capacities of health systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/ disasters. The Scheme has been launched nation-wide by the Hon'ble PM on Monday, the 25th October, 2021 at Varanasi, Uttar Pradesh.

The Government has initiated a series of reforms in the sector of medical education over the last six years. As part of these reforms, the erstwhile Medical Council of India (MCI) was replaced by the National Medical Commission (NMC) through passage of the NMC Act in August, 2019. The National Commission for Allied and Healthcare Professions Act, 2021 was also enacted on 28th March, 2021. On similar lines, the Government now proposes to bring reforms in the sector of Nursing Education by replacing the existing Indian Nursing Council through a new regulatory body, called the National Nursing and Midwifery Commission. The paradigm shift that is envisaged through replacement of the Indian Nursing Council

(INC) with the National Nursing and Midwifery Commission is to have a transparent, professional and accountable 'selected' Regulator rather than an 'elected' Regulator, thereby bringing in accountability, transparency, professional integrity and excellence into the profession.

Continuing with the ongoing reforms in the sector of medical education, the National Commission for Allied and Healthcare Professions (NCAHP) Bill, 2021 has been enacted on 28th March, 2021 after the assent of the President of India to regulate 56 Allied and Healthcare Professions. The Act provides for constitution of a National Commission, corresponding State Councils and four autonomous boards under each State Council for regulating the education and services of the allied and healthcare professionals; assessment and rating of all allied and healthcare institutions to ensure uniform standards and quality assurance; maintenance of live National and State Registers for registration of all allied and healthcare professionals, thereby facilitating their career growth and improving their employment potential both within and outside India; and regulating their professional conduct and code of ethics.

The Act has come into effect vide gazette notification dated 25.05.2021. The Rules under NCAHP Act have been notified on 27.05.2021. Notification for constitution of Interim Commission having composition as contained in Section 20 (2) (a) to (j) of NCAHP Act, 2021, has been published on 23.09.2021.

MoHFW has made exceptional progress in digital healthcare delivery and has demonstrated full use of digital health in major national health programmes such as Hospital information system, Online Registration System (ORS), Nikshay-TB programme, Mother and Child Tracking Programme, MeraAspataal (a patient feedback system), Integrated Health Information Platform, and many more digital health options which have benefited patients with timely services delivery.

With the prime principles of 'capture data once and use many times', and 'move from silos to system,' the Government of India released **National Digital Health Blueprint (NDHB)** as an architectural framework for effective implementation of Digital Health interventions.

To implement the principles of blueprint on a mission mode, On 15th August 2020, Hon'ble Prime Minister announced the launch of the **National Digital Health Mission** in six Union Territories and recently on 27th September, 2021, Hon'ble PM announced the nationwide rollout of the **Ayushman Bharat Digital Mission (ABDM)** (earlier known as National Digital Health Mission) with aim to develop the backbone necessary to support the integrated digital health infrastructure of the country.

India has launched probably the largest Tele-Medicine programme**(eSanjeevani)** in the world connecting all 150,000 Health and Wellness Centres providing specialist as well as super specialty consultation in hub and spoke model. In wake of COVID 19 Pandemic, this Ministry has launched eSanjeevani OPD, first of its kind to facilitate online health services to patients directly in the confines of their home at no cost and it has facilitated more than 1.5 crore consultations between doctors-to-doctors and doctors-to-patients.

To address the burden of mental disorders, the Government of India is also supporting implementation of the District Mental Health Programme (DMHP) under the National Mental Health Programme (NMHP) in 692 districts of the country for detection, management and treatment of mental disorders/illness. Realizing the impact that COVID-19 may have on the mental health of the people, the Government has set up a 24/7 helpline to provide psychosocial support, by mental health professionals, to the entire affected population, divided into different target groups viz children, adult, elderly, women and healthcare workers, issuance of various guidelines/ advisories on management of mental health issues, catering to different segments of the society and advocacy through various media platforms on managing stress and anxiety, promoting an environment of support and care

for all etc.

Our work this year enabled progress towards the commitments of the National Health Policy, 2017. The National Health Mission (NHM), which is our flagship health systems reform programme, provides a robust platform for implementation of a range of interventions focused on primary and secondary health care in rural and urban areas. NHM's efforts at strengthening health systems in States by allocating additional financial resources, flexibility in design and implementation, ensured sharper focus on particularly marginalized and vulnerable populations and enabled States to achieve impressive improvements in several key indicators of RMNCH+A and communicable diseases. NHM seeks to strengthen public health delivery system at all levels.

Launched in 2018, Ayushman Bharat (AB) marks a paradigm shift to move from sectoral and selective approach of health service delivery to a comprehensive range of healthcare service. Ayushman Bharat aims to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level by adopting a continuum of care approach. 77,786 Health & Wellness Centres have been operationalized till 16th September, 2021 against the target of 1,10,000 till March, 2022 as reported by the States/UTs on the HWC Portal. About 80.46 Lakh Wellness Sessions, including Yoga, have been conducted at AB-HWCs as on 16.09.2021. As per the data updated by the States/UTs in HWC Portal, Screenings for NCDs (Hypertension/ Diabetes/ Oral, breast & Cervical cancer) – 36.48Cr (cumulative progress 16/09/2021) have been done.

NHM has attempted to fill the gaps in human resources by providing over 2.74 lakh additional health human resources to the States including 13,074 GDMOs, 3,376 Specialists, 73,847 Staff Nurses, 85,834 ANMs, 48,332 Paramedics, 439 Public Health Manager and 17,086 Programme Management staff. A total of 27,737 AYUSH doctors and 4,564 AYUSH paramedics have been deployed in the States with NHM funding support.

Since inception of NHM/NRHM, 39,724 new constructions (including 35,805 SCs, 2,889 PHCs, 604 CHCs, 251 SDHs and 175 DHs) and 55,172 renovation / up-gradation (including 26,125 SCs, 16,783 PHCs, 7636 CHCs, 1,317 SDHs and 3,311 DHs) works for various health facilities including SC, PHC, CHC, SDH and DH were supported.

As on June 2021, States/UTs have 1,634 mobile medical units which include mobile health units, mobile medical/health vans, boat clinics, eye vans/mobile ophthalmic units, dental vans under NRHM and NUHM.

To ensure availability of essential drugs and reduce the Out of Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission (NHM). Ministry has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities i.e. 105 Sub Health Centre-Health & Wellness Centres (SHC-HWCs), 172 Primary Health Centre-Health & Wellness Centres (PHC-HWCs), 455 Community Health Centres (CHCs), 544 District Hospitals (DHs). However, States have the flexibility to add more medicines and Essential Drugs List (EDL) varies from State-to-State.

Prime Minister's National Dialysis Programme (PMNDP) has been implemented in total 35States/ UTs in 557 Districts at 1011 centres by deploying 6858 haemodialysis machines. Total 11.78 lakh patients availed dialysis services and 120.37 lakh Haemodialysis sessions were held as on 31stAugust 2021. Under PMNDP, Peritoneal dialysis (PD) has been introduced and guidelines for Peritoneal dialysis have been launched on 10th October 2019. As per PIP 2021-22, NHM approved Peritoneal dialysis (PD) program support for 14 States/UTs for an amount of Rs. 31.44 crores approx.

To address the issue of non-functional equipment across public health facilities, comprehensive guidelines were designed on Biomedical Equipment Management

&Maintenance Program (BMMP) and disseminated among States/UTs. As on 31 stAugust2021, BMMP has been implemented in 30 States/UTs (in 23 States/ UTs it is implemented in PPP mode and 7 States/UTs it is in In-House mode). Presently 11,879 Dial-108 and 10,716 (Dial-102/104) Emergency Response Service Vehicles are supported under NHM, besides5, 124 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

The Fifteenth Finance Commission (FC-XV), constituted by the President on November 2017 was, inter-alia, mandated to recommend measures needed to augment the Consolidated Funds of the States, for the period spanning FY 2020-25. As per FC-XV Recommendations, Rs. 43,928 crores have been allocated for healthcare facilities in rural areas to be coordinated by Rural Local Bodies (RLBs). Similarly, Rs. 26,123 crores have been allocated for healthcare facilities in urban areas to be coordinated by Urban Local Bodies(ULBs).

Non-Communicable Diseases (NCDs) like cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes are leading causes of death in the country and amounts to considerable loss in potentially productive years of life. In order to prevent and control NCDs, Government of India is implementing the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all States and UTs across the country with the focus on strengthening infrastructure, human resource development, health promotion, screening & early diagnosis, management and referral.

Under the National Health Mission's (NHM) component of NPCDCS, 640 NCD clinics at district level and 5148 NCD clinics at CHC Level have been set up. In addition, 194 Cardiac Care Units (CCUs) and 239 Day Care Cancer centres have also been setup in different parts of the country.

Under the strengthening of Tertiary Care Cancer facilities Scheme of NPCDCS, States are being supported for setting up/strengthening of State Cancer Institute's (SCI) and Tertiary Care Cancer Centres (TCCCs) for providing comprehensive cancer care in the country. Under the programme, 19 SCIs and 20 TCCCs were approved in different States/UTs. Continuation of the scheme till 2020 was approved by the CCEA in February 2019 and was further extended upto March 2022.

A population-based initiative for prevention, control and screening for common Non-Communicable Diseases (NCDs) i.e. Diabetes, Hypertension and common Cancers viz. Oral, Breast and Cervical Cancers, has been rolled out in the country under NHM and also as a part of Comprehensive Primary Health Care under Ayushman Bharat – Health and Wellness Centres. Under the initiative persons more than 30 years of age are targeted for their screening for common NCDs.

National Multi-Sectoral Action Plan **(**NMAP) for prevention and control of NCDs has been developed through series of consultations with various stakeholders including other Ministries/Departments. The plan offers a road map and menu of policy options to guide multi-sectoral efforts towards attaining the NCD targets mentioned in the National Health Policy, 2017 and National NCD Monitoring Framework. An Inter-Ministerial Committee (IMC) is coordinating the multi-sectoral actions.

The All India Institute of Speech and Hearing (AIISH), Mysore, is a leading autonomous organization under the Ministry of Health and Family Welfare, Government of India, providing training, research, patient care, and public education in communication disorders. In commemoration of Mahatma Gandhi's historic Dandi March, the Institute organized speech and hearing screening camps in six villages of Gujarat from 21st to 23rd March 2021. In addition, 42 camps were organized in different parts of the country during the period. The AIISH, Mysore, opened six new outreach centres across the country to provide clinical care and

rehabilitation services to people with communication disorders.

National Programme for Control of Blindness was launched in the year 1976. Primary and secondary eye care services under the programme are provided within the NHM framework with 60:40 cost sharing between Centre and State (90:10 in NE States and other hilly States). Under the National Health Policy (NHP), the target is to reduce the prevalence of blindness to 0.25% by 2025. The National Blindness Survey (2015-19) has shown reduction in the prevalence of blindness from 1% (2007) to 0.36% (2019).

The Department has been making continuous efforts towards ensuring the safety, quality and efficacy of drugs, including medical devices, in the country for ensuring healthcare of its citizens. Legislative framework has been continuously improved upon in the form of various new rules/ amendments under the Drugs and Cosmetics Act, 1945, Drugs Rules, 1945, Medical Devices Rules, 2017, New Drugs and Clinical Trials Rules, 2019, and Cosmetics Rules, 2020. Continuous monitoring and timely action by the central drug regulatory authority i.e. Central Drugs Standard Control Organisation (CDSCO) and also by the Indian Pharmacopoeia Commission (IPC) and National Institute of Biologicals (NIB) have ensured that the drugs and devices manufactured in the country and used by citizens remain safe and effective.

FSSAI continued to undertake the regular functions as envisaged in the Food Safety and Standards Act, 2006 such as formulation of standards, enforcement, regulation of food import, notification of labs etc., training and capacity building of regulatory personnel and FBOs, International Cooperation in areas of food safety, Codex relating work etc. and made considerable progress in strengthening food safety ecosystem and achieving its mandate of providing safe and wholesome food to the consumers.

Blending of mustard oil has been prohibited w.e.f. 8.6.2021 so that pure mustard oil is available to consumers. New draft regulations on Ayurveda Aahaar and Vegan Foods have been notified. A Vegan Food logo has been unveiled. A number of measures have been undertaken to facilitate licensing and registration of Food Business Operators. Food Safety ecosystem, including food testing labs, hasbeen strengthenedby notification of more NABL accredited labs and providing funds to States under a Central Sector Scheme as well as under an MoU framework. Training of FBOs, Regulatory Personnel such as Food Safety Officers and Designated Officers, Laboratory personnel etc. continued to be a major activity of FSSAI for capacity building of stakeholders.

Survey on trans-fatty acids was conducted results of which show that India is well set to achieve its mandate of eliminating industrially produced trans-fat by 2022. Agreement has been signed with ASCI for monitoring of F&B advertisements. Under Food Safety Index framework, efforts of well performing States on various parameters of food safety are being recognised. FSSAI has increased its presence at 31 more Points of Entry for regulating food imports. FSSAI has leveraged technology to bring transparency and efficiency in its functioning and provide support to stakeholders.

FSSAI also continued its journey to ensure safe and healthy food to citizens through innovative programmes such as 'Eat Right India' Movement to transform the food ecosystem of the country through a systems approach. To scale up various Eat Right initiatives in States, the Eat Right Challenge for Cities and Districts in which 188 districts participated and the Eat Smart Cities Challenge with participation of 109 cities have been launched. FSSAI has also launched Eat Right Mela and Walkathon covering 75 cities across the country to commemorate 75 years of India's independence. These are envisaged as massive outreach activities to educate people and spread the message of safe, healthy and sustainable diets.

The Government of India is undertaking various efforts to end HIV/AIDS as a public health threat by 2030.

Annual new HIV infections have declined by 48% since 2010. Till date, NACO has signed 18 MoUs with key Ministries/ Departments to catalyseHIV/ AIDS response under their mandate. The HIV & AIDS (Prevention & Control) Act, 2017 towards protecting and securing human rights of persons who are infected/ affected by HIV/AIDS. There are 1,461 targeted community-led intervention sites for High-Risk Groups, Bridge Population and inmates of closed settings to prevent HIV infection, and 1,167 designated STI/RTI Clinics (Surakhsa Clinics) for STI management under NACP. Around 4 crore HIV testing has been done in 2020-21 to ensure early detection of HIV, and around 15 lakh People living with HIV are currently on life-saving free antiretroviral treatment. Through the network of viral load laboratories, around 9 lakh viral load tests were done in 2020-21 and this network has also been leveraged for COVID-19 testing across the country.

National Leprosy Eradication Programme aims to reduce Grade II disabilities to ZERO among new cases of leprosy. Central Leprosy Division has introduced new strategy for Active Case Detection and Regular Surveillance for leprosy both in rural and urban areas in order to ensure detection of leprosy cases on regular basis and at an early stage in order to prevent grade II disabilities. Further, with a view to scale up the screening, leprosy screening has been converged under RashtriyaBalSwasthyaKaryakram and Comprehensive Primary Health Care under Ayushman Bharat. Besides, With a view to encourage the States and the Districts in their local endeavors to achieve the goal of zero leprosy, a guiding document has been introduced for certification and award to the well performing Districts for achieving potential leprosy elimination/ leprosy elimination status.

The onset of COVID-19 in March 2020 disrupted ongoing TB elimination efforts and services all over the country. Notifications plummeted and in just a few months, the pandemic threatened to reverse years of progress made in the fight against TB.

NTEP responded with timely mitigation measures like integration of TB and COVID-19 bi-directional screening, diagnostic and treatment capacity upgrades and procedures for co-located testing for TB (among COVID-19 patient as well as ILI/SARI patients) and testing for COVID-19 (among notified TB patients) to augment surveillance and TB case finding efforts. Periodically updated advisories, directives, and guidance documents were also issued to the States.

Large scale active TB case finding campaigns were undertaken with massive screening and testing in communities, health outreach workers and community volunteers were engaged to facilitate surveillance of symptoms within households, doorstep collection of samples and delivery of monthly medicine stock to help patients stick to treatment regimens, and tele-consultations with patients. Molecular diagnostic capacities for testing TB and Drug Resistant TB (DR-TB) were rapidly expanded to ensure availability of at least one NAAT machine in each district.

With these mitigation measures and catch-up campaigns, NTEP has almost closed the gap on TB treatment enrolment with pre-COVID levels with a total of 15,82,700 patients notified and 15,03,565 (Jan-Sep'21) put on treatment. Despite setbacks due to COVID-19, the UT of Lakshadweep and the district Budgam in Jammu & Kashmir were declared to be TB Free.

This period also saw the launch of the "TB Mukt Bharat Abhiyaan" in the form of a Jan Andolan/people's movement. The NTEP engaged with Parliamentarians, State Health Ministers, officials from other health programmes, Ministries, PSUs, corporates, professional associations, medical colleges and institutions, private healthcare providers, development partners and the community to accelerate activities to achieve India's target of ending TB by 2025.

Government of India had launched the "National Programme for Health Care of the Elderly" (NPHCE) during 2010-11, to address health related problems of elderly people and to provide separate, specialized

and comprehensive health care to the senior citizens at various level, of state health care delivery system including outreach services. Preventive and promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE. During 2020-21, a total number of 725 districts of 35 States/UTs and 19 Regional Geriatric Centres (RGCs) and 02 National Centres for Aging (NCAs) are sanctioned under the programme. Of the 725 districts sanctioned, 595 district hospitals & 18 RGCs have operationalised NPHCE services**.** The programme implementation at States/UTs level is through funds under NCD Flexible pool of National Health Mission (NHM) and at Government Medical Colleges/ Institutes through funds under Tertiary care programme activities of Ministry of Health & Family Welfare.

National Urban Health Mission (NUHM) seeks to improve the health status of urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary healthcare. NUHM covers all State Capitals, district headquarters with population of 30,000 and above and other cities/ towns with a population of 50,000 and above (as per Census 2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under National Health Mission (NHM). U-PHCS to be established as per norm of one UPHC for approximately 30,000 to 50,000 urban population. The U-PHCs are preferably located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug/ contraceptive dispensing services apart from counseling for all communicable and non-communicable diseases One U-CHC to be established for every 2.5 lakh population (in non-metro cities above 5 lakh population) and for every 5 lakh population in metro cities. It would provide in-patient services and would be a 30-50 bedded facility. For the metro cities, the U-CHCs may be established for every 5 lakh population with 100 beds.

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as Health & Wellness Centres (HWCs) to provide preventive, promotive and curative services in cities closer to the communities. So, far 4127 HWCs have been made operationalized in urban areas as on 27.09.2021.

he programme is being implemented in 35 States/UTs for more than 7 years period. The April-June, 2021 quarterly progress data shows more than 5500 facilities in urban areas have been strengthened and construction of about 890 new UPHCs and 90 new UCHCs have been approved. The Human resource approved under the programme include around 4300 Medical Officers, 530 Specialists, 19500 ANMs, 10800 Staff Nurses, 4100 Pharmacists, 4200 Lab Technicians and 750 Public Health Managers. About 81000 ASHAs and 98000 MAS have been approved for effective community participation activities. Training & capacity building activities have also been approved for building and strengthening Institutional Capacity.

Kayakalp and SwachhSwasthSarvatra (SSS) have been expanded to cover urban areas also and U-PHCs have been awarded Kayakalp awards. Out of 35 States/UTs, 33 States and UTs declared Kayakalp awards for FY 2021-22 and 1116 urban health facilities have won Kayakalp awards.

With concerted efforts made under RMNCAH+N, India has made unprecedented progress towards achieving the Sustainable Development Goals (SDGs). India has demonstrated higher decline in reduction of Maternal and Child Mortality in comparison to global reduction since 1990 and the progress in reducing maternal and child mortality becomes an important frontier. Recently released SRS 2019 shows that the Infant Mortality Rate (IMR) has declined to 30 per 1000 live births as compared to 39 in 2014. Beside this, a significant improvement has been observed in various RMNCAH+N indicators in NFHS-5.

During COVID-19 pandemic, detailed Guidance Notes were shared with the States/UTs in order to ensure essential RMNCAH+N services.Under 'India

COVID-19 Emergency Response & Health System Preparedness Package: Phase-II (ECRP-II), the States/UTs are also being supported for strengthening Paediatric Care infrastructure and services.

The Medical Termination of Pregnancy (Amendment) Act, 2021 has now come into effect to further empower women by providing comprehensive abortion care. The amendments have increased the ambit and access of women to safe and legal abortion services.

Pneumococcal Conjugate Vaccine (PCV) has been expanded nationwide with an aim to reduce Under-5 mortalities caused due to pneumonia. This will avert more than 50,000 child deaths annually.

Regional Offices of Health & Family Welfare (ROHFWs) have been established in the 19 State Capitals of the Country with the primary objective of ensuring proper liaison and co-ordination between the Center and State Governments in the context of the implementation, evaluation, review and assessment of the data of the various National Health Programmes for providing feedback to the Centre. During the Pandemic, Sr. RDs/RDs of ROHFWs have played a vital role in combating COVID-19 by collecting and submitting daily reports on COVID-19 data with respect to parameters such as patients hospitalized, discharged, admitted in ICU, on ventilator, on oxygen support and no. of deaths. Analysis of the trends indicated by the daily reports has helped in objective assessment of the current situation and also to plan the future management for tackling the issues arising on account of COVID-19.

Regional Directors have also been involved extensively in visiting various health facilities for establishing Quarantine Centres, Covid care centers and COVID hospitals in the States under their respective jurisdiction. They have also been co-ordinating the visits from Centre and supporting their States in managing the COVID situation by providing technical support. Further, some of Sr. RDs/RDs of ROHFWs have been assigned the additional responsibilities of the newly established Airport Health Offices and are actively involved in surveillance at Airports and in developing protocols as per National Guidelines for screening activities at point of entries.

The National Fact Sheet of Global Youth Tobacco Survey **(GYTS-4)**was released on 10th August, 2021. GYTS is a school-based survey that collects data on students aged 13–15 years using a standardized methodology for constructing sample frame, selecting schools and classes, and processing data. This school-based survey has been designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programmes. MoHFW has entrusted the responsibility of fourth round of GYTS to International Institute of Population Sciences (IIPS), Mumbai. For the first time States' estimates have been analysed. There has been 42% decline in tobacco use among 13-15 years' school going children in last decade (14.6% in 2009 to 8.5% in 2019).

National Family Health Survey (NFHS-5) is being conducted in two phases.

As regards Phase-I, the main survey field work has been completed in all sample PSUs. The States and District Factsheets of 22 Phase-I States/UTs have been released and are uploaded on the website for public usage.

The All-India and 14 Phase-II States/UTs Fact Sheets were generated and released.

Preparatory activities of NFHS-6 have been initiated. The team of Principal Investigators have been constituted at IIPS and project unit has also been established. Furthermore, the Technical Advisory Committee(TAC) and it's three Sub-Groups have been constituted by the Ministry to discuss sampling design, Questionnaire contents and CAB components respectively.

For the first time, HMIS Division of MoHFW has

published an Annual Report based on the data reported on HMIS portal during 2019-20.

The web based online SDG Health Dashboard was developed under the guidance of the Ministry with technological and financial support from WHO. The SDG-3 i.e. **"Good Health & Well Being"** ensures healthy lives and aims at promoting well-being for all at all ages. Goal 3 of the 2030 agenda addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access to safe, effective, quality and affordable medicines and vaccines.

Under the able leadership of Hon'ble Prime Minister and Union Ministers of Health and Family Welfare, the Dynamic Team of Administrative and Technical Officers at MoHFW with all support from State Governments Officers various milestones have been achieved. I am confident that "Team Health India" would overcome every challenge that India faces in respect of health sector.

(RAJESH BHUSHAN)

Secretary
Department of Health and Family Welfare
Ministry of Health & Family Welfare
Government of India

CHAPTER -

01

Health Systems

1.1 OVERVIEW

1.1.1 Minister - in - Charge

The Ministry of Health & Family Welfare is headed by Minister of Health & Family Welfare - **Dr. Mansukh Mandaviya**. He is assisted by Minister of State for Health and Family Welfare – **Dr. Bharati Pravin Pawar.**

Dr. Mansukh Mandaviya

Dr. Bharati Pravin Pawar

1.1.2 INTRODUCTION

Ministry of Health & Family Welfare comprises the following two Departments, each of which is headed by a Secretary to the Government of India:

(a) Department of Health & Family Welfare

(b) Department of Health Research

1.1.3 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 is responsible for Personnel Management of the Department. It also attends to service related grievances of the staff in the Department of Health and Family Welfare.

Government e-Market place (GeM) has been encompassed in making procurement of goods and services in the Ministry.

1.1.4 CENTRAL HEALTH SERVICES (CHS)

1) The Central Health Service, which was constituted in 1963, 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, etc. Since inception, a number of participating units like ESIC, NDMC, MCD, Himachal Pradesh, Manipur, Tripura, Goa, etc. have formed their own cadres. JIPMER, Pondicherry which has become an autonomous body w.e.f. 14th July, 2008 has gone out of CHS cadre. Govt. of NCT of Delhi, which has made their own cadre namely Delhi Health Service (DHS) for Non-Teaching and GDMO doctors has also gone out of CHS cadre. At the same time, units like CGHS have also expanded. The Central Health Service now consists of four Sub-cadres and the present strength of each Sub-cadre is as under:

Sub-Cadre	Sanctioned
General Duty Medical Officer Sub-cadre	2302
Teaching Specialists Sub-cadre	1546
Non-Teaching Specialists Sub-cadre	707
Public Health Specialists Sub-cadre	104

2) Besides CHS, the cadre of Dental doctors under Ministry of Health and Family Welfare (MoHFW) is

also looked after by CHS Division. The sanctioned strength of dental doctors working under MoHFW is as under:

Sub-Cadre	Sanctioned
Dental doctors	37

3) **Recruitment in CHS:**

On the basis of Combined Medical Services Examination (CMSE) - 2020, dossiers of 522 candidates were received from UPSC. With the approval of competent authority, cadres have been allotted to them viz. CHS, Ministry of Railways, Defence, MCD and NDMC on the basis of their rank, preference, category and availability of vacancies.

A total of 179 candidates were allotted to CHS cadre. 144 offers of appointments for the post of Medical Officer in Level 10 of the Pay Matrix (Rs 56100-177500) have been issued including revived offers of previous year CMSEs. Besides, offer of appointment have also been issued to 03 candidates for the post of Assistant Professor in Level 11 of the Pay Matrix (67700-208700) in Teaching sub-cadre.

4) **Promotions:**

The details of promotions effected in respect of CHS officers since 01.01.2021 to various grades is as under:

Sub-Cadre	From	To	No of Promotions
GDMO	CMO	CMO (NFSG)	55
	CMO (NFSG)	SAG	62
Teaching	Assistant Professor	Associate Professor	27
Non-Teaching	Grade III	Grade II	19
Public Health	Grade III	Grade II	10
Dental doctors	Maxillofacial Surgeon (Sr. Scale)	Maxillofacial Surgeon (NFSG)	01

5) **Notifications for appointments in CHS**

Sl. No	Sub-Cadre	Notification of Appointment
(i)	GDMO	85
(ii)	Teaching	11

6) **Confirmation/Probation Clearance:**

Probation clearance/confirmations orders have been issued in respect of CHS doctors as per the details given below:

Sl. No	Sub-Cadre	No of doctors
(i)	GDMO	164
(ii)	Teaching	31

7) **Deputation in CHS**

A proposal containing 78 applications received for appointment on deputation basis in CHS in response to this Ministry's advertisement circular submitted to UPSC. Besides, the following deputation cases were also processed during last year.

Deputation case	No of deputation cases
Ad-hoc deputation on spouse ground basis	02
Extension of deputation granted	15

Necessary instructions also issued in respect of 04 ex-cadre doctors for repatriation to their parent department. These doctors were working on deputation basis in CHS.

8) The following policy matters have also been taken up during the period of last year.

a) A Web Portal is being developed for CHS doctors.

b) The process to amend existing CHS Rules has been initiated.

c) A transfer policy for CHS doctors is being drafted.

d) The proposal for Cadre Review of CHS is also being taken up with DoPT.

9) Details of other miscellaneous works:

a) 247 RTI applications disposed of.

b) 06 officers of GDMO sub-cadre have been granted study leave for pursuing higher studies.

c) One dental doctor has been allowed to pursue Executive MBA (Part time), thus promoting higher education and inculcating a sense of motivation amongst dental doctors.

1.1.5 ACCOUNTING ORGANISATION

1) General Accounting Setup

The Secretary is the Chief Accounting Authority. This responsibility is discharged with the help of the Chief Controller of Accounts (CCA) and on the advice of the Financial Advisor of the Ministry. The Secretary certifies the appropriation accounts and represents the Ministry in the Public Accounts Committee and Standing Parliamentary Committee on Accounts.

2) Accounting Setup in the Ministry

The Ministry of Health and Family Welfare has two Departments viz. Department of Health and Family Welfare and Department of Health Research. There is a common Accounting Wing for the Departments of Ministry of Health and Family Welfare and Ministry of AYUSH. The Accounts Wing functions under the supervision of a Chief Controller of Accounts (CCA) who is assisted by a Controller of Accounts (CA), Deputy Controller of Accounts (DCA), Assistant Controller of Accounts (ACA) and 11 Pay and Accounts Offices (PAOs) [7 PAOs in Delhi and one each at Chennai, Mumbai, Kolkata and Puducherry].

3) Internal Audit Wing

a) The Internal Audit Wing of the Department of Health and Family Welfare handles the internal audit work of the Ministry of Health and Family Welfare and Ministry of Ayush under the overall supervision of Chief Controller of Accounts who is assisted by a Controller of Accounts (CA), Deputy Controller of Accounts (DCA), Assistant Controller of Accounts (ACA). In addition, there are 5 internal Audit Parties located in Delhi, Chandigarh, Mumbai, Kolkata and Bengaluru.

b) During 2020-21, audit could not be conducted as per the Annual Audit plan due to Covid Pandemic. However, 13 special Audits were conducted during 2020-21 as per directions of MoHFW. These include Audit of Covid-19 procurement, Special Audit of AIIMS Rishikesh, AIIMS Patna and 8 other Hospitals/Medical Colleges located at New Delhi and North-East region.

c) The role of Internal Audit is growing and shifting from compliance audit - confined to examining the transactions with reference to government rules and regulations - to more advanced technique of examining the performance and risk factor of an entity. Internal Audit Wing had conducted audit of following schemes implemented/and Institutions working under Ministry of Health & Family Welfare during 2020-21:

Sl. No.	Schemes	No. of Audits
1.	Health & Family Welfare (Special Audit)	12
2.	Department of Health Research	01
3.	M/o AYUSH	00
	TOTAL	**13**

In 2020-21, a total of 318 Audit Paras have been raised which highlighted financial propriety observations to the tune of Rs.366.61 Crores. A total number of 286 Paras were settled during 2020-21.

4) Direct Benefit Transfer (DBT)

MoHFW is implementing the scheme Janani Suraksha Yojna (JSY) under National Health Mission (NHM) on Direct Benefit Transfer (DBT) mode.

5) Non Tax Receipt Portal Module

All PAOs under MoHFW are onboard on Non Tax Receipt Portal (NTRP) Module of PFMS.

6) Public Financial Management System (PFMS)

Prime Minister has emphasized the need for improved financial management in the implementation of Central Plan Schemes and also monitoring of the usage of funds up to the end level beneficiaries including information on end usage of the funds.

The Public Financial Management System (PFMS) provides an end-to-end solution for processing payments, tracking, monitoring, accounting, reconciliation and reporting. It has been decided to universalize the use of PFMS to cover all transactions/ payments under the Central Sector Schemes. The office of the CCA keeps a close tab on these developments and implements them in a pro-active manner.

All PAOs under the Chief Controller of Accounts of this Ministry are already using PFMS portal for all schemes. Herein e-payments are being released through PFMS to all the first level agencies.

7) Bhavishya Pension Portal

It is a web responsive, pensioner's service developed to provide single-point web solution for pensioners to obtain comprehensive information relating to status of the pensions and other retirement benefits. Department of Pension & Pensioners' Welfare (DoP&PW) is working with a vision of ensuring active and dignified life for pensioner. The goal is to ensure payment of all retirement dues and delivery of Pension Payment Order (PPO) to retiring employees on the day of retirement itself. Towards this goal, the Department of P&PW has launched an online Pension Sanction & Payment Tracking System called 'BHAVISHYA'. The system provides for online tracking of pension sanction and payment process by the individual as well as the administrative authorities. The system captures the pensioners personal and service particulars. The forms for processing of pension are submitted online. It keeps retiring employees informed about the progress of pension sanction through SMS/E-Mail. The system obviated delays in payment of pension by ensuring complete transparency. All the PAOs and DDOs of the Ministry of Health & Family Welfare are registered on the Bhavishya Portal.

8) Implementation of Pension Module

To streamline Pension related process, the Controller General of Accounts has created a module of Pension in PFMS and it is integrated with Bhavishya Portal. The data from Bhavishya Portal is available with Pay & Accounts Offices through PFMS online and there is no need to download or upload the data for Pension purpose. All the Pay and Accounts Offices under MOHFW are onboard on Pension Module and all the Pension related payments are being made through PFMS.

9) Cheque Drawing & Disbursing Office (CDDO) Module

Controller General of Accounts has introduced the Cheque Drawing & Disbursing Office (CDDO) Module for smooth and transparent functioning of CDDOs. All the 49 CDDOs under MoHFW are onboard on CDDO Module of PFMS.

10) Employee Information System (EIS)

Employee Information System (EIS) is a centralized module which is integrated with PFMS Web based System/Package for Personnel Information and Payroll. It provides comprehensive structural facilities for Drawing and Disbursing Offices working for different Departments/ Ministries of the Government of India.

Employee Information System has been implemented in all the Drawing and Disbursing Offices, who are preparing salary bills, under the jurisdiction of MoHFW.

11) GPF Module

All Pay and Accounts Offices and merged Drawing and Disbursing Officers under MOHFW are onboard on GPF Module of PFMS. All the data pertaining to GPF has been transferred to GPF Module on PFMS.

12) Dashboard

An online Budget Dashboard has been developed in MoHFW on which Daily Pending Bill Reports and

Weekly Pending Bill Reports are also being uploaded on regular basis.

13) Revision of Pension (7TH CPC)

After the implementations of 7th CPC, the total number of revision of Pension cases were 18,352 out of which, PAOs have already revised 17,600 cases. The total percentage of Pension cases revised is 95.90%.

14) Digitisation and E-Settlement of CGHS Pensioners Claims

a) The proposal for digitisation and e-Settlement of CGHS Pensioners claims through NHA-IT Platform viz. Transaction Management System (TMS) has been initiated by the department in consultation with the O/oCCA, O/oCGA, NHA-IT teams during FY 21-22.

b) Under the existing process Physical claims are being processed by CGHS through UTI-TSL Platform and submitted to PAOs for payment.

c) In the proposed process, all CGHS Empanelled Hospitals/ Diagnostic centres raise online claims in TMS. These claims are processed by CGHS and Payments are released by Pay & Accounts office electronically. To ensure end to end digitisation NHA-IT Platform (TMS) has been integrated with PFMS.

d) Proposed system has the following advantages: -

- End to end Transparency
- Prompt clearance of medical claims
- Efficient scrutiny
- Environment Friendly (Paperless Mode)
- Complete audit trail
- MIS for Real time monitoring

Presently extensive piloting of the new system is going on and is expected to be fully implemented during the FY 20-21.

15) Treasury Single Account

a) Hon'ble Finance Minister in Para 92 of Budget speech FY 2021-22 under Government Financial Reforms announced the Universal implementation of Treasury Single Account (TSA) in Autonomous Bodies (ABs). Ministry of Finance has identified 8 ABs from Ministry of Health, 4 ABs from Ministry of AYUSH and 1 AB from Dept. of Health Research to be brought under TSA System during the FY 2021-22.

b) The list of Autonomous Bodies shortlisted:

- **Department of Health & Family Welfare:**

i. All India Institute of Medical Sciences, New Delhi

ii. Postgraduate Institute of Medical Education & Research, Chandigarh

iii. Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry

iv. Food Safety and Standards Authority of India

v. Regional Institute of Medical Sciences (RIMS), Imphal

vi. National Institute of Mental Health & Neuro Sciences, Bangaluru

vii. National Health Authority

viii. North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences.

- **M/o Ayush:-**

i. Central Council for Research in Ayurvedic Sciences

ii. National Institute of Ayurveda

iii. Central Council for Research in Homeopathy

iv. All India Institute of Ayurveda (AIIA)

- **Department of Health Research:-**

i. Indian Council of Medical Research

c) The objectives for implementing a new system for releasing funds to Autonomous Bodies are the following:

- To enhance the efficiency of fund flows to ABs by using the 'just in time' principle for

release of funds and thereby ensuring better Cash Management in Government of India.

- To decrease the interest burden of the Government by decreasing the quantum of borrowings
- To avoid parking of funds released by the Government to ABs in their bank account(s).

d) Under the TSA System all the Autonomous Bodies/Sub-Autonomous Bodies have to open an Assignment Bank Account in RBI. Funds released by the Ministry are received by the ABs in the Assignment Account and all Payment transactions are done through the Assignment Account.

e) This office has undertaken various preparatory activities for smooth implementation of TSA:

- Setting up a TSA cell for targeted action.
- Sensitized ABs by conducting training sessions PFMS/TSA.
- Prepared and circulated user friendly manuals on TSA
- Coordinated with all stakeholders viz O/o CGA,RBI Programme Divisions and ABs for opening of RBI accounts, mapping of TSA bank accounts with scheme and its components, DSC enrolment, facilitating token payments etc.
- Active grievance redressal and helpdesk for all ABs.

All the activities have been successfully completed and all the 13 Autonomous Bodies are fully on-boarded to TSA System.

1.1.6 IMPLEMENTATION OF THE RIGHT TO INFORMATION ACT, 2005

Under the Right Information Act, 2005, 51 Central Public Information Officers (CPIOs) and 29 Appellate Authorities (A/As) have been appointed in the Department of Health & Family Welfare, Ministry of Health & Family Welfare.

In the light of direction of DoP&T, Shri Rajeev Attri, Deputy Secretary has been nominated as Nodal Officer to receive the requests for information under RTI Act, 2005 on behalf of all CPIOs for Department of Health & Family Welfare, Ministry of Health and Family Welfare.

The facility of filling Applications and 1st Appeals under RTI Act, 2005 through RTI Web Portal developed by DoP&T has been introduced in Department of Health and Family Welfare w.e.f. 3rd June 2013 and the general public is sending their RTI applications through this facility in large number.

19697 RTI applications and 1297 1st Appeals have been received during the period from 01/01/2021 to 28/12/2021

1.1.7 VIGILANCE

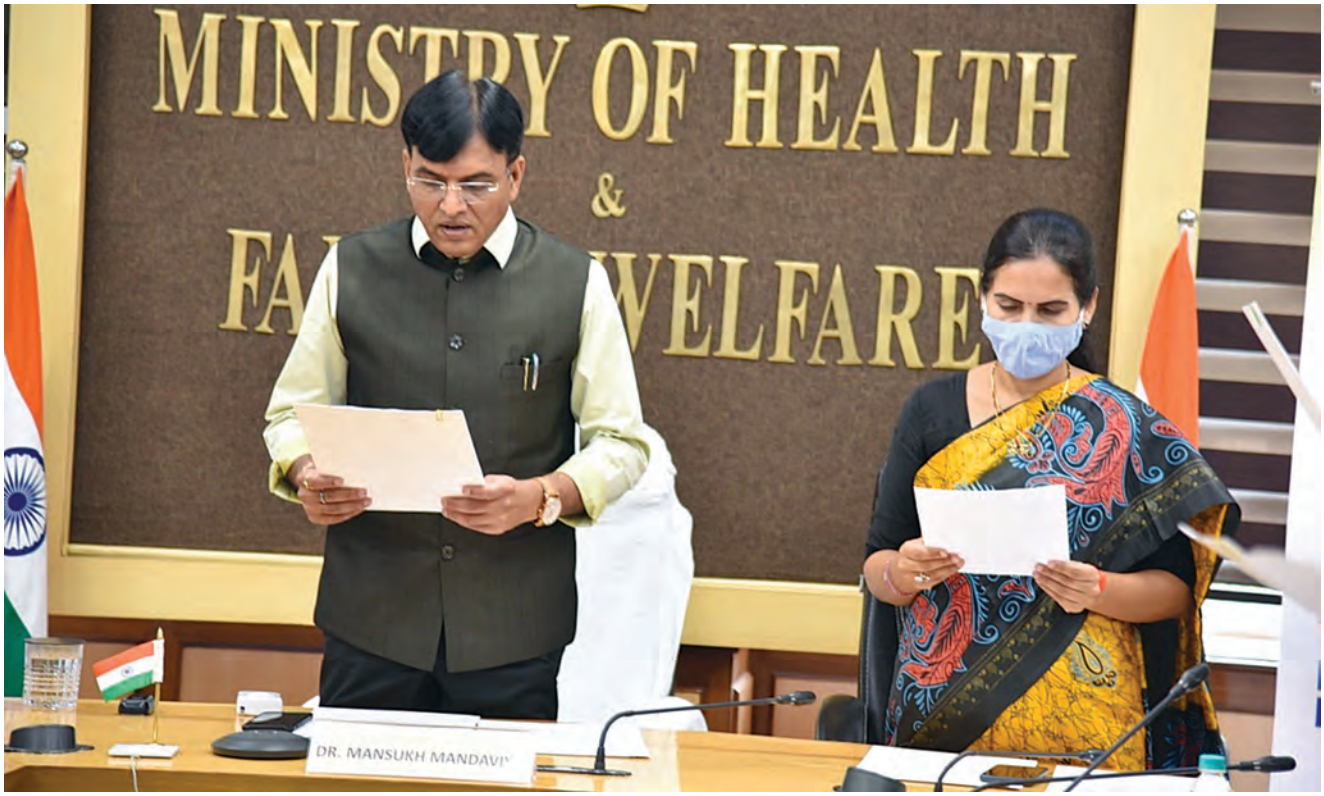
Vigilance Wing of the Department of Health and Family Welfare is under the control of an officer of the rank of Joint Secretary to the Government of India who also works as part time Chief Vigilance Officer (CVO). The CVO is assisted by a Director (Vig.), an Under Secretary and Staff of Vigilance Section.

The Vigilance Division of the Ministry deals with Vigilance and disciplinary cases having Vigilance angle against the officers of Ministry of Health and Family Welfare, Dte.GHS, CGHS of the Departments of Health and Family Welfare and all autonomous Institutes under the administrative control of the Ministry where there is no independent CVO. The Vigilance Wing also monitors vigilance enquiries, disciplinary proceedings having vigilance angle in respect of doctors and non-medical/technical personnel borne on the Central Health Service (CHS) and other institution like Medical Stores Organizations, Port Health Organization, Labour Welfare Organization, etc. The vigilance cases of CPSEs of the Ministry are also monitored by CVO, MoHFW. The vigilance cases of Department of Health Research (DHR) are also being looked by CVO, MoHFW

In year 2021-2022, following actions have been taken/ dealt with by Vigilance Division:

S.no.	Particulars	Number
1.	Charge Sheet Issued under Rule 14 of CCS (CCA) Rules	06
2.	Charge Sheet Issued under Rule 16 of CCS (CCA) Rules	03
3.	Examination of Inquiry Report	07
4.	Advice given to the other Divisions of the Ministry	16
5.	Instances of Suspension review/ extension	04
6.	No. of complaints received from CVC for appropriate action and which are under examination/ processed	17
7.	Examination of CO's Reply on IO report	08
8.	No. of CVC complaints (downloaded from CVC portal) disposed off	203
9.	Misc. complaints received from CBI for appropriate action Complaint disposed off	27 10
10.	Complaints received from other sources	125
11.	Cases sent to CVC for advice	11
12.	Cases sent to UPSC for advice	05
13.	Cases referred to Law Ministry for advice	01
14.	RTI application received and disposed off	34
15.	RTI appeal received and disposed off	06
16.	No. of court cases processed during the period	03
17.	Vigilance clearance granted during the period	2904
18.	Cases of appointment of Chief Vigilance Officer/Vigilance Officer	12
19.	Penalty order issued	01
20.	Finalization of disciplinary case	04

Ministry of Health and Family Welfare observed Vigilance Awareness Week 2021 during 26th October to 1st November 2021 with the theme for the year i.e. "Independent India @75: Self Reliance with Integrity" as per directions of Central Vigilance Commission. Vigilance Awareness Week commenced with the Integrity Pledge administered to the officers/ staff of the Ministry by Shri Mansukh Mandaviya, Hon'ble HFM. Ministry also conducted Poster competitions among the officers and staff of the Ministry. Prizes were awarded to winners of the competitions.



Vigilance Awareness Week 2021, Integrity Pledge administered to the officers/ staff of the Ministry by Hon'ble Union Ministers of Health and Family Welfare

Vigilance Awareness Week 2021, Integrity Pledge administered to the officers/ staff of the Ministry by Hon'ble Union Ministers of Health and Family Welfare

The organizations under this Ministry were directed to organize activities during the Vigilance Awareness Week 2021 (26th October to 1st November 2021) by display of banners at vantage points, administering of pledge, interaction with public for redressal of their grievances, usage of generic medicines, surprise inspections, conducting seminars, workshops, debates among students, faculties, children of staffs/ officers, poster competitions, essay writing, quiz, painting competitions inculcating moral/ethical values, and vigilance awareness among the public in sync with the theme of the year 2021. They have also been informed to organize outreach activities to reach remote area also. The focus of these programs is to generate vigilance awareness, especially among students and children. The organizations were also requested to display the activities on websites of respective organizations.

Organizations of MoHFW organized various activities during the Vigilance Awareness Week 2021 (26th October to 1st November 2021)

1.1.8 PUBLIC GRIEVANCE CELL

Public Grievances Redressal Mechanism is functioning in the Ministry of Health and Family Welfare as well as in Subordinate/Attached Offices of the Directorate General of Health Services and CGHS, Central Government Hospitals, Autonomous Bodies under the Ministry and PSUs as per various guidelines issued from time to time by the Government of India through the Department of Administrative Reforms and Public Grievances.

Centralized Public Grievance Redress and Monitoring System (**CPGRAMS**) is an online web-enabled system over NICNET developed by NIC, in association with Directorate of Public Grievances (DPG) and Department of Administrative Reforms and Public Grievances (DARPG). It is a web-based portal wherein a citizen can register his grievance online directly with the concerned Ministries/Departments. The Joint Secretary dealing with W&PG Section is designated as the nodal officer for the Department of Health and Family Welfare and all Director/DS level officers have been made sub nodal officers for their respective Divisions within the Department. Status of disposal of public grievances received during 2021-22 on CPGRAMS portal (as on 18.11.2021) is as follows:

Year	Brought forwarded Grievances as on 01-04-2021	Grievance(s) received during 01-04-2021-18-11-2021	Grievance(s) disposed of during 01-04-2021-18-11-2021	Balance as on 18-11-2021
2021-22	2866	30285	27368	6283

Regular monitoring is conducted to ensure qualitative, quantitative and expeditious disposal of public grievances.

1.1.9 INFORMATION & FACILITATION CENTRE

To strengthen the Public Redressal Mechanism in the Ministry of Health and Family Welfare, an Information & Facilitation Centre is functioning adjacent to Gate No. 5, Nirman Bhawan. The Centre, inter-alia, provides information on:

- Information and guidelines to avail financial assistance from Rashtriya Arogya Nidhi and Health Minister's Discretionary Grant.

- Guidelines and instructions regarding issue of 'No Objection Certificate' 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 relating to the Ministry that were received in the Information and Facilitation Centre were disposed of to the satisfaction of all concerned.

1.1.10 PROCUREMENT

The Division procures vaccines for the Universal Immunization Programme. Action to procure vaccines is initiated well in advance normally a year ahead, to ensure timely availability of vaccines for the Programmes. For 2021-22, tenders for the following vaccines have been finalized duly adhering to all relevant provisions including public procurement Make in India, Order 2017 as amended from time to time and directions/guidelines issued to realize Atmanirbhar Bharat and contracts have already been issued to the suppliers :

PCV, DPT, Hep-B, Td, JE, bOPV, MR, Pentavlent, BCG, IPV and Rotavirus Vaccine.

The Division also acts as a nodal division of the Department to implement Government policies related to public procurement. It coordinates Government policies related to implementation of GFR. Public Procurement Policy for Micro and Small Enterprises (MSEs) order-2012, Government e-marketplace (GeM), Make in India order etc.

1.1.11 CENTRAL MEDICAL SERVICES SOCIETY (CMSS)

Central Medical Services Society (CMSS), the Central Procurement Agency of Ministry of Health & Family Welfare was registered as a Society on 22.03.2012 for procuring health sector goods in a transparent and cost effective manner to ensure uninterrupted supply of health sector goods to State/UT Governments by setting up IT enabled supply chain infrastructure including warehouses in 50 locations. At present warehouses have been established at 20 locations and all States/UTs have been covered from these warehouses.

The CMSS has an ex-officio Chairman, the Additional Secretary in-charge of procurement in the Ministry of Health & Family Welfare. There is a full time Director General & Chief Executive Officer, a Joint Secretary level officer, responsible for overall management of Society. He is assisted by General Managers, each responsible for procurement, logistics, Finance, Quality Assurance and Administration work.

1) Procurement Related Achievements: -

Having commenced operation in 2016, CMSS has completed following procurements for centrally sponsored programs.

Year	Total Procurement (Value wise)	Programme Covered
2015-16	Rs. 52.85 Crores	FWP, NVBDCP
2016-17	Rs. 240.75 Crores	FWP, NVBDCP, RNTCP
2017-18	Rs. 1391.78 Crores	FWP, NVBDCP, RNTCP, NACP, NVHCP & UIP
2018-19	Rs. 2068.65 Crores	FWP, NVBDCP, RNTCP, NACP, NVHCP & UIP.
2019-20	Rs. 2310.43Crores	FWP, NVBDCP, RNTCP, NACP, NVHCP & UIP
2020-21	Rs. 3387.75Crores	FWP, NVBDCP, RNTCP, NACP, NVHCP, UIP, CDSCO, NCDC, NPSVH, NTTL, CHILD HEALTH & COVID Procurement
2021-22	933.63 Crores	PSA Plants under PM CARES – COVID Procurement, Syringes
	till 31.12.2021	for COVID Vaccination, Oxygen Cylinders, UIP, FWP, CRPF. RNTCP & NVBDCP

2) Key highlights & major achievements:-

CMSS Procured & installed 177 PSA Oxygen plants at public health facilities across the country in 33 States/ UTs under PM CARES fund.. The total procurement cost including CAMC from 4th to 10th year is Rs.202.98 Cr. These plants will augment the supply of medical oxygen in the country by 81900 LPM (168 metric tons) CMSS procured AD syringes for COVID Vaccination CMSS also procured 229400 B type & D type Medical Oxygen Cylinders for 33 states/UT hospitals during COVID-I & COVID-II. 28337 Oxygen Concentrators imported by ONGC were collected from Airport and stored at newly hired CMSS warehouse for LASER Printing (PM CARES Logo) & QR Code work & dispatch by ONGC.

3) During the financial year 2021-22, total procurement (value wise) approved by CMSS are :-

- Procurement of PSA plants under PM CARES fund for total value of Rs. 95.99 Crs.
- Procurement ofLLINs for CRPF for total value of Rs. 1.05 Crs.
- Procurement of CBNAAT cartridges and other medicines for NTEP for total value of Rs. 459.73Crs.
- Procurement of AD syringes for COVID Vaccination for a total value of Rs. 379.78 Crs.
- Procurement of cold chain items for UIP program for total value of Rs. 6.22 Crs.
- Procurement of Medical Oxygen Cylinders for COVID -II for total value of Rs. 56.70 Crs.
- Procurement of ACT (A+SP) for NVBDCP program for total value of Rs 0.86 Crs.
- Procurement of HIV Kits & other Mdicines for NACP program for total value of Rs. 27.90 Cr.

1.1.12 WELFARE MEASURES FOR DIFFERENTLY ABLED PERSONS

The representation of Persons with Disabilities (PwDs) and their welfare related issues are also being dealt by Welfare & PG Section of this Ministry. The representation of Persons with Disabilities in D/o Health & Family Welfare and its attached & subordinate offices is as below:

Groups	Total Employees	VH	HH	OH	Other Disabled
A	4757	0	1	71	0
B	4978	1	1	26	0
C (Ex Sweeper)	7402	15	24	106	1
C Sweeper)	887	0	0	11	0
Total	18024	16	26	214	0
Percentage		0.088771	0.144252	1.187306	0.005548

1.2 NATIONAL HEALTH MISSION

1.2.1 Introduction

The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The main programmatic components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and control of Communicable and Non-Communicable Diseases. The NHM envisages universal access to equitable, affordable & quality healthcare services to all citizens through systems and institutions that are accountable and responsive to people's needs.

The Union Cabinet vide its decision dated 1stMay 2013 approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission. Further, the Union Cabinet vide its decision dated 21.03.2018 approved the continuation of National Health Mission (NHM) from 01.04.2017 to 31.03.2020. Department of Expenditure, vide their OM dated 10.01.2020 accorded approval for the interim extension of National Health Mission (NHM) for a period till 31.03.2021 or till the date the recommendations of 15th Finance Commission come into effect, whichever is earlier. Further, the EFC note for continuation of National Health Mission for FY 2021-22 to2025-26 has been approved by Department of Expenditure in its meeting held on 17.09.2021. The Cabinet Note for the same is under consideration.

1.2.2 Major Achievements under NHM/ NRHM

1) Comprehensive Primary Health Care (CPHC) through Ayushman Bharat-Health and Wellness Centres (HWCs)–Launched in 2018, Ayushman Bharat (AB) marks a paradigm shift to move fromsectoral and selective approach of health service delivery to a comprehensive range of healthcare service. Ayushman Bharat aims to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level by adopting a continuum of care approach. Ayushman Bharat comprises of two components:

a) The first component pertains to creation of 1,50,000 Health and Wellness Centres (AB-HWCs) by upgrading the Sub Health Centres (SHCs) and Primary Health Centres (PHCs) in rural and urban are as which will bring healthcare closer to the community. These AB-HWCs will provide Comprehensive Primary Health Care (CPHC), by expanding and strengthening the existing Reproductive & Child Health (RCH) services and Communicable Diseases services and by including services related to Non-Communicable Diseases, to begin with the common NCDs suchas, Hypertension, Diabetes and 3 common cancers of Oral, Breast and Cervix. It is also envisaged to incrementally add primary healthcare services for Mental health, ENT, Opthalmology, Oral health, Geriatric and Palliative healthcare and Trauma care as wel las Health promotion and wellness activities like Yoga. A few States/UTs have already started rolling out these additional packages of services in a phased manner

b) The second component is the Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) which provides health coverage up to Rs. 5.00 lakh per family per year to around identified 10.74 crore poor and vulnerable families identified based on Socio Economic Caste Census (SECC) data.

Status update:

The first Health and Wellness Centre was inaugurated by Hon'ble Prime Minister on14th April, 2018 in Bijapur District of Chhattisgarh. The roll out plan for AB-HWCs is as follows:

FY 2018 -19	FY 2019 -20	FY 2020 -21	FY 2021 -22	FY Dec 2022	Total till Dec 2022
15,000	25,000	30,000	40,000	40,000	1,50,000

- Out of those, as reported by the States/UTs on the HWCPortal, 77,786 Health& Wellness Centres have been operationalized till 16th September, 2021 against the target of 1,10,000 till March, 2022.
- Total Teleconsultations under eSanjeevani is 116.91 lakhs (as on16/09/2021). eSanjeevani HWC is operational at 27319 Spokes & 2395 Hubs.
- Screenings for NCDs (Hypertension/ Diabetes/ Oral, breast & cervical cancer) – 36.48Cr (cumulative progress16/09/2021)

- Primary healthcare team at the Sub Health Centre level AB-HWCs is headed by Community Health Officers (CHOs) – who is a B.Sc/GNM Nurse or an Ayurveda Practitioner trained in primary care and public health skills and certified in a six months Certificate Programme in Community Health, other members of the team being, Multi-Purpose Workers (Male and Female) and Accredited Social Health Activists (ASHAs)
- Since the screening, prevention and management of chronic illnesses including NCDs, TB and Leprosy have been introduced at AB-HWCs, training and skill upgradation of the primary health team in all the functional AB-HWCs on NCDs and use of IT application is being done
- To promote wellness and healthy life style, Orientation of the public on wellness activities for lifestyle modification like increased physical activity (cyclathons and marathons), eating RIGHT and SAFE, cessation of Tobacco and drugs, meditation, laughter clubs, opengyms,etc, is being done. Besides these, Yoga Session for the people are being conducted at these centres on regular basis. Through Annual Health Calendar, planned activities at these centres on the health condition of the day are resulting in increased awareness and preventive measures to be adopted by the public
- About 80.46 Lakh Wellness Sessions, including Yoga, have been conducted at AB-HWCs as on16.09.2021
- Tele-consultations are being conducted through Health and Wellness Centres, to increase the access of specialist services to the needy patients by hub and spoke model under eSanjeevani Teleconsultation platform. As on 3rd October 2021, more than 76.32 lakhsTele-consultations have been provided through functional HWCs through 2,522 Hubs and 27,914 Spokes across the country

Celebrating Third Anniversary of AB-HWCs on 14th April, 2021

Expanded Service Packages planned to be provided at functional AB-HWCs :

- Care in Pregnancy and Child Birth
- Neonatal and Infant healthcare services
- Childhood and Adolescent healthcare services
- Family planning, contraceptive services and other reproductive healthcare services
- Management of communicable diseases : National Health programmes
- General out-patient care for acute simple illnesses and minor ailments
- Screening, prevention, control and management of non-communicable diseases and chronic communicable diseases like tuberculosis and leprosy
- Basic oral healthcare
- Screening and basic management of mental health ailments
- Care for common ophthalmic and ENT problems
- Elderly and palliative healthcare services
- Emergency medical services including burns and trauma

Expected Outcomes

- Increasing the trust of the people on the service provision by public healthcare facilities through health system strengthening and improvement
- Availability of assured healthcare services to ensure continuum of care. Reduction in out-of-pocket expenditure of the common people
- Increased awareness among the people about Preventive and promotive healthcare
- Benefits of healthy lifestyle including YOGA, and Eat Right & Eat SAFE etc.
- Enabling environment to increase the health seeking behaviour of the poor people

Health Calendar for important Days at HWCs is as below:

S. No.	DATE	DAY
1.	12th January	National Youth Day
2.	30th January	Anti-Leprosy Day
3.	4th February	World Cancer Day
4.	10th February	National Deworming Day
5.	11th February	International Epilepsy Day
6.	8th March	International Women's Day
7.	10th March	National GDM Awareness Day
8.	24th March	World Tuberculosis Day
9.	7th April	World Health Day
10.	11th April	National Safe Motherhood Dday
11.	14th April	Ayushman Bharat-Health and Wellness Centre Day
12.	Last week of April i.e. from April 24th	World Immunization Week
13.	5th May	International Midwives' Day
14.	12th May	International Nurses Day
15.	28th May	Menstrual Hygiene Day
16.	28th May to 8th June	Intensified Diarrhoea Control Fortnight
17.	31st May	World No Tobacco Day
18.	14th June	World Blood Donor Day
19.	21st June	International YOGA Day
20.	26th June	International Day Against Drug Abuse
21.	1st July	Doctors Day
22.	11thJuly	World Population Day
23.	28thJuly	World Hepatitis Day
24.	01-07August	World Breast Feeding Day/Week
25.	10th August	National Deworming Day
26.	15th August	Independence Day
27.	01-07 September	National Nutrition Week
28.	29th September	World Heart Day
29.	1st October	World Elderly Day
30.	10th October	World Mental Health Day
31.	7th November	National Cancer Awareness Day
32.	12th November	World Pneumonia Day
33.	14th November	Children's Day & World Diabetes Day
34.	15-21st November	Newborn Week
35.	17th November	World Prematurity Day
36.	25th November	International Day for the Elimination of Violence against women
37.	1st December	World AIDS Day
38.	10th December	Human Rights Day
39.	12th December	Universal Health Coverage Day

2) Human Resources:

Health care service delivery requires sufficient skilled human resources. There has been an enormous shortage of human resources in the public health care sector in the country.NHM has attempted to fill the gaps in human resources by providing over 2.74 lakh additional health human resources to the States including 13,074 GDMOs, 3,376 Specialists, 73,847 Staff Nurses, 85,834 ANMs, 48,332 Paramedics, 439 Public Health Manager and 17,086 Programme Management staffs. Apart from providing financial support for hiring human resources, key policy decisions under NHM such as provision for hard area allowances, short-term training courses such as Emergency Obstetric Care (EmOC), and Life Saving Anesthesia Skills (LSAS) for multi-skilling doctors, introduction of new cadre of Community Health Officers at the sub centre, strengthening of district hospitals by introduction of DNB and CPS courses, provision for performance/ team-based incentives, flexible salary for hiring specialists etc. have led to huge increase in the number of HRH. Similarly, due importance is given to capacity building of nursing staff and auxiliary workers such as ANMs. NHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCs and DHs. A total of 27,737 AYUSH doctors and 4,564 AYUSH paramedics have been deployed in the States with NHM funding support.

3) Mainstreaming of AYUSH:

Mainstreaming of AYUSH has been taken up by allocating AYUSH services in7,452 PHCs, 2,811 CHCs, 487 DHs, 4,022 health facilities above SC but below block level and 456 health facilities other than CHC at or above block level but below district level.

4) Infrastructure:

Up to 33% of NHM funds in High Focus States can be used for infrastructure development. Details of new construction / renovation as on 30.06.2021 undertaken across the country under NHM are as follows:

Facility	NewConstruction		Renovation/Upgradation	
	Sanctioned	Completed	Sanctioned	Completed
SC	35805	22073	26125	19464
PHC	2889	2447	16783	14582
CHC	604	530	7636	8662
SDH	251	174	1317	1145
DH	175	156	3311	2854
	39724	25380	55172	46707
Others*	1337	802	3310	1365
Total	41061	26182	58282	48072

*These facilities are above SCs but below block level.

5) National Ambulance Services (NAS):

Under National Health Mission (NHM), Govt. of India (GOI) provides technical and financial support for emergency medical services in States/UTs through a functional National Ambulance Service (NAS) network linked with centralized toll-free number 108/ 102. Dial 108 is emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102services 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. Over the years with the advent of 102/108 services (NAS) the EMS in India has expanded exponentially and geographically, shifting focus from being "transport vehicle concept" to "lifesaving emergency medical transportation"; injury-centric to covering all emergencies ; and urban-centric to being Pan-India.

As on June 2021, 35 States/UTs have the facility where people can dial 108 or 102 telephone number for calling an ambulance. Presently 11,879 Dial-108 and 10,716 (Dial-102/104) Emergency Response Service Vehicles are supported under NHM, besides 5,124 empaneled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

6) National Mobile Medical Units (NMMUs):

MMUs have proven to be a boon for inaccessible locations and people living in remote areas. This has also been able to establish linkages with functional health facilities to ensure continuum of care for the population. Deployment of MMUs is based on a population norm with 1 MMU per 10 lakh population with a cap of 5 MMUs per district. However, further relaxation of norms is permissible on a case-to-case basis.

As on June 2021, States/UTs have 1,634 mobile medical units which includes mobile medical units, mobile health units, mobile medical/health vans, boat clinics, eye vans/mobile ophthalmic units, dental vans under NRHM and NUHM.

7) Free Drugs Service Initiative:

To ensure availability of essential drugs and reduce the Out of Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission (NHM).

Under this, financial support is provided to States / UTs for provision of free essential medicines in public health facilities based on the requirements posted by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Support under the scheme is available for Procurement of drugs and strengthening /setting up robust systems of procurement, Quality Assurance, Supply chain management and warehousing, Prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines and Establishment of IT enabled platform DVDMS (Drugs &Vaccine Distribution Management System) for monitoring the real status of procurement andavailability of essential medicines.

Ministry has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities:

a) Sub Health Centre - Health & Wellness Centre (SHC-HWCs) – 105

b) Primary Health Centre – Health & Wellness Centre (PHC-HWCs) -172

c) Community Health Centres (CHCs) – 455

d) District Hospitals (DHs) - 544

However, States have the flexibility to add more medicines and Essential Drugs List (EDL) of States vary from State to State.

Quality of drugs procured, under Free Drugs Service Initiative, is ensured through the operational guidelines of the initiative that -

a) All drugs must be sourced from Good Manufacturing Practices (GMP) compliant manufacturers through robust procurement mechanism

b) Post supply testing of every batch before distributing to the health facilities.

8) Free Diagnostics Service Initiative:

Availability of quality, free diagnostics at public health facilities is one of the most effective ways for achieving the goal of providing universal health coverage as recognized by National Health Policy 2017.

To address this need, MoHFW launched Operational Guidelines on Free Diagnostics Service Initiative in

consultation with experts and the State Officials and then disseminated among States/UTs in July 2015. The Government envisaged that this health intervention will reduce both direct costs and Out-of-Pocket expenditure. This Guideline supports States/UTs to provide essential diagnostics - laboratory services and radiology services (Tele-radiology and CT Scan Services) at their public health facilities.

As on 31st August 2021, free diagnostics laboratory services have been implemented in 33 States/UTs. (In 11 States/UTs it is implemented in PPP mode and in 22 States/UTs it isinIn-housemode). Free Diagnostics CT Scan services have been implemented in 23States/UTs (In 13 States/UTs it is implemented in PPP mode and in 10 States/UTs it is in In-house mode). Free Tele-Radiology Services have been implemented in 11 States/UTs in PPP mode. The second edition of Guidelines on Free Diagnostics Initiative has been released which provides a broader view of the expanded basket of laboratory services envisaged under National Health Mission.

NHM supported States/UTs in strengthening existing laboratory services through Emergency COVID Response Proposals (ECRP) for testing under Free Diagnostics Service Initiative. The funds to be spent under ECRPs were given based on approvals given by the Executive Committee of the State Health Society.

9) States and Union Territories were given an approval of budget in last three FY as per RoP under Free Diagnostics Service Initiative is tabulated as follow:

Financial year	Amount approved in RoP (in Crores)	Emergency Response Covid Proposals (ECRP) (in Crores)
FY 2019-20	971.67 for 36 States/UTs	140.55 for 29 States/UTs
FY 2020-21	1700.71 for 36 States/UTs	1219.89 for 28 States/UTs
FY 2021-22	1546.89 for 36 States/UTs	2126.47 for 35 States/UTs

The 15th Finance Commission (FC-XV) has recommended grants through local governments for specific components of health sector and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-22 to FY 2025-26 and will facilitate strengthening of health systems at the grass-root level. The FC-XV provide support for diagnostics infrastructure to primary healthcare facilities -SHCs, PHCs and urban PHCs (UPHCs) with the vision of providing Comprehensive Primary Health Care near to the community. The States/UTs are guided to plan and operationalize all essential diagnostics tests to cater to the needs of the population to deliver Comprehensive Healthcare services along with the diagnostic needs for conducting active and passive public health surveillance. In FY 2021-22, States will be allocated a fund of Rs.16377 Crores sand Rs.2095 Crores under rural and urban components, respectively, as diagnostic support.

Biomedical Equipment Maintenance and Management Programme: To address the issue of non-functional equipment across public health facilities, comprehensive guidelines were designed on Biomedical Equipment Management and Maintenance Program (BMMP) and disseminated among States/UTs.As on 31 st August 2021, BMMP has been implemented in 30 States/UTs (In 23 States/UTs it is implemented in PPP mode and 7 States/UTs it is in In-House mode).

The implementation of BMMP has helped in improving diagnostics services in health facilities by making equipment available with 95% uptime, thereby reducing cost of care, and improving the quality of patient care in public health facilities. Biomedical Equipment Management and Maintenance Program technical guidance document was circulated to States/UTs for in-house support and monitoring of public private partnerships. This technical manual facilitates the States/UTs to formulate State Equipment Management Unit (SEMU) for in-house management of BMMP.

States and Union Territories were given an approval of budget in last three FY as per RoP under Biomedical

Equipment Maintenance and Management Program is tabulated as follows:

Financial year	Amount approved in RoP (in Crores)
FY 2019-20	Rs. 287.85
FY 2020-21	Rs. 354.79
FY 2021-22	Rs. 425.35

States / UTs were supported for procurement of medical equipment under ECRP based on approvals given by the Executive Committee of the State Health Society.

Ministry of Health and Family Welfare has documented "Chasing the virus" on effective management of the Covid-19 pandemic in India. Major areas like manufacturing of ventilators, N95 masks, PPE kits, procurement of equipment, research and development, service delivery were described in detail in the document.

10) Community Participation:

a) Accredited Social Health Activists (ASHAs):

- The ASHA program is a key component of the community processes element of National Health Mission (NHM), intended to achieve the goal of increasing community engagement with the health system. The programme launched initially in 18 high focus States and tribal areas in 2006 and later expanded to whole country in 2009, is a key component of the NHM
- ASHAs are honorary volunteers who receive performance-based incentives for a varied set of activities (nearly 40 tasks approved at the national level) related to maternal and childhealth, communicable diseases and non-communicable diseases for community level health interventions
- There are 10.72 lakh ASHAs selected across the country in rural and urban areas (except Goa and Chandigarh) under the NHM who act as a link between the community and the public health system
- Overlast15years, ASHAs have been widely acknowledged for their substantial contribution in improving access to care for community in areas ranging from RMNCHA to Communicable Diseases and more recently to non-communicable diseases. Subsequently, with the introduction of Ayushman Bharat - Health and Wellness Centers, ASHAs role is expanded to deliver the Comprehensive primary healthcare
- ASHAs also played a key role in the country's response for prevention and management of the COVID-19. During the pandemic, in addition to performing tasks related to COVID-19, ASHAs also continued to support community members for accessing essential health services such as ANC, Immunization, safe delivery and treatment adherence for chronic illnesses
- ASHA Certification: As on 30thSeptember 2021, 45,366 ASHA and ASHA Facilitators have been certified. On 24th September 2021, approximately 6159 ASHAs from five States namely, Maharashtra, Jharkhand, Madhya Pradesh, Odisha, Uttarakhand and UnionTerritories namely the NCT of Delhi and UT of Jammu and Kashmir have appeared for the exam, results of which are awaited
- During the COVID-19 pandemic, the following incentives were made by the Centre acknowledging the tremendous efforts made by ASHAs during the pandemic. The details are-
  - Additional Incentive of Rs. 1000 per month per ASHA for undertaking COVID-19 related activities from January, 2020 till September, 2021
  - ASHA are covered under 'Pradhan Mantri Garib Kalyan Package (PMGKP)' for Insurance of Rs.50 Lakh (insurance scheme for health workers fighting COVID-19) from 30th March, 2020 to October, 2021
  - Provisions are also made for continued full payment of the existing Routine and Recurring

Incentives per month to ASHAs to ensure delivery of essential health services during the pandemic along with additional COVID incentives for ASHAs.

b) Way Forward:

- Revision of Community Processes Guideline
- Support States in rolling out ASHA certification as per revised strategy
- Orientation of State Team on revised role of CP support structures in context of CPH
- Support State's to use community participation platforms for action on social and environmental determinants of health and to build accountability, especially at HWC level

c) Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society is a simple yet effective management structure. This committee is a registered society that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committee through untied fund to undertake activities for patient welfare. At present, 33,757 Rogi Kalyan Samitis (RKS) have been set up involving the community members in almost all District Hospitals, Sub- divisional Hospitals, Community Health Centres and PHCs.

d) VHSNCs: 5.55 lakh Village Health Sanitation and Nutrition Committees (VHSNCs) at village level have been constituted across the country to facilitate village level healthcare planning. 1.30 crore Village Health Sanitation & Nutrition Days (VHSNDs) were held during the FY20-21.

e) The Untied Grants to Sub-Centres (SCs): At the Village Level, the Village Health, Sanitation and Nutrition Committee (VHSNC) monitors the services provided by the Anganwadi Worker, the ASHA and the sub-centre. These Committees are envisaged to function under the ambit of the Panchayati Raj Institution with adequate representation from women and weaker sections of the society. The VHSNC acts as a sub-committee or statutory body of the Gram Panchayat. The same institutional mechanism is also mandated in urban areas. VHSNCs are provided an Untied fund of Rs 10,000 on an annual basis which are topped up based on expenditure of previous year. More than 5.55 lakh VHSNCs have been set up across the country till June2021. The capacity building of VHSNC members with regard to their roles and responsibilities for maintaining the health status of the village is being done in many States.

11) 24X7 Services and First Referral facilities:

To ensure service provision for maternal and child health, 24x7 services at the PHCs have been made available.

As on June 2021, 10,951 PHCs have been made 24x7 PHCs and 3001 facilities (including 690 DH, 763 SDH and 1548 CHCs & other level) have been operationalized as First Referral Units (FRUs). Besides, NHM envisages provision of assured and high-quality maternal and child health services to be delivered with dignity and care at public health institutions. GoI launched MCH wings to facilitate assured admission for institutional delivery of all pregnant women. These wings are equipped with obstetric HDUs, ICUs, maternity OT, Labor rooms ensuring respectful maternity care etc. for managing high-risk pregnancies and those requiring C-sections. These centers also have skill labs for training of nurses and doctors for providing high quality and skilled maternity care.

12) Mera Aspataal:

'Mera-Aspataal'/ 'My Hospital' is a Patient feedback system which was launched in September 2016 with a mandate to integrate Central Government Hospitals (CGHs) & District Hospitals (DHs) on the feedback portal. It has now been extended upto CHC, Rural & Urban PHC and private medical colleges and is currently functional in 34 States/UTs. As of 30.09.2021, 8816 facilities have been integrated into the portal.

13) Swachh Swasth Sarvatra:

Swachh Swasth Sarvatra is a joint initiative of MoHFW and Ministry of Drinking Water and Sanitation and was launched in December 2016 to achieve better health outcomes through improved sanitation and increased awareness on healthy lifestyle. Under this initiative, one-time grant of Rs. 10 Lakhs is provided to the non-Kayakalp awardee CHC located in the Open Defecation Free (ODF) Blocks as a resource for improving the deficiencies found in Kayakalp assessment, so that by the time the next assessment is due they can become Kayakalp awardee. Financial support is provided to 566 health facilities in FY 2021-22 under SSS Initiative through annual PIP.

14) Kayakalp:

Kayakalp Award Scheme was launched on 15 May 2015 under the 'Swachh Bharat Abhiyaan'. Kayakalp has received overwhelming response across the nation. Within seven years of its implementation Kayakalp has been able to facelift the public health facilities' appearance. Kayakalp has made strong influence on the existing hygiene and sanitation conditions of public health facilities. The program made modest beginning in 2015-16 involving District Hospitals only and later included SDH / CHC, PHC, UPHC, UCHC and HWCs within the short period of 2years. Kayakalp has now been extended to the Health & Wellness Centres in all States/UTs. Total number of Kayakalp Awardee facilities have increased from 100 facilities in the FY 2015-16 to 10717 in FY 2020-21.

National Felicitation of Kayakalp Awardees on 12th Januaery, 2021

Winner of Kayakalp Awards in SDH / CHC Category

An additional theme of **'Eco-Friendly Health Facility'** has been introduced in the year 2021-22. The additional theme encompasses the standards in respect to energy efficiency, air, and noise pollution, reduce, reuse, and recycle of waste, save earth and environment and impact on health and well-being. In addition, 'Eco-friendly Awards' have been introduced under the Kayakalp scheme with an award money of Rs 10 Lakh for DH andRs5 Lakh for SDH/CHC.

In FY 2020-2021, 383 DHs,1987 SDHs/CHCs, 5291 PHCs, 1116 UPHCs, 16 UCHCs, 1924 HWCs have scored more than 70% in 28 States/UTs

15) Prime Minister's National Dialysis Programme:

In India, about 10-20% of the patients with Chronic Kidney Disease (CKD) are expected to develop End Stage Kidney Failure (ESKF). Every year, about 2.2 lakh new patients of End-Stage Renal Disease (ESRD) get added in India resulting in additional demand for 3.4 Crore dialysis every year. Major Challenges with substantial gain in quality of life and extension of progression free survival for patients, families continue to stretch financially to make large out of pocket expenses.

MoHFW launched program guidelines for Hemodialysis services under Pradhan Mantri National Dialysis Program (PMNDP) in 2016 for implementation of services at District Hospital Level under National Health Mission. Guidelines of National

Dialysis Programme including the Model Request for Proposal (RFP) for PPP were developed and released on 7th April, 2016.

Main Objectives of the Reforms in Dialysis Services are:

a) Strengthening of District hospitals has always been a key priority under NHM so that beneficiaries could receive affordable multi-specialty care such as provision of dialysis service close to their place of stay

b) The model guidelines ensure comprehensive dialysis services delivery including pre and post diagnostics, drugs, surgical procedures, emergency care and the dialysis sessions etc. at District Hospital level

c) Financial support is provided to all States/UTs to provide dialysis services completely free for Below Poverty Line ESRD patients & non-BPL patients have the benefit of accessing services at same rates as paid by Government for the BPL patient

Under PMNDP, Peritoneal Dialysis (PD) programme guidelines were launched on 10th October 2019 for implementation at District level.

Advantages of PD over HD

- Improves the equity in patients & access to dialysis services
- Reduces the overall cost of care to the system by focusing on efficient leveraging of resources.

Peritoneal dialysis (PD) also reduces travel to the dialysis centers for treatment and allows greater flexibility and freedom in treatment schedule.

States and UnionTerritories were given an approval of budget in last three FY as per RoP under Pradhan Mantri National Dialysis Program both for HD and PD is tabulated as follows:

Financial year	Amount approved in RoP (in Crores) for Hemodialysis	Amount approved in RoP (in Crores) for Peritoneal Dialysis
FY 2019-20	Rs. 251	Program was launched in October 2019
FY 2020-21	Rs. 319	Rs. 26.12 for 13 States/UTs
FY 2021-22	Rs. 319	Rs.31.44 for 14 States/UTs

Haemodialysis sessions held as on 31st August, 2021 (Source: State Dialysis Report)

PMNDP has been implemented in total 35States/UTs in 557 districts at 1011 centres by deploying 6858 haemodialysis machines. Total 11.78 lakh patient availed dialysis services and 120.37 Lakh

As per Swasthya Tribal Dashboard (Data Taken on 19/07/2021) there are 177 tribal districts of which Haemodialysis services are available in 109 tribal districts as on 31stt August2021. Out of 112 aspirational districts, dialysis services are available in 87 aspirational districts.

16) National Quality Assurance Standards (NQAS) Implementation and related activities:

Quality in delivery health care services is important for improving the health status of the population. It enhances accessibility, increases efficiency, strengthens clinical effectiveness, and improves user satisfaction. With the aim of improving quality of care, the MoHFW launched the National Quality Assurance Standards (NQAS) for District Hospitals in 2013 and subsequently for other health facilities. These standards are accredited by ISQua (International Society for Quality in Healthcare). These standards are also recognized by IRDA and NHA.

As on 30th September, 2021, 3775 public health facilities achieved National Quality Certification (1015 nationally certified and 2760 health facilities certified

at State level). In 2021, a total of 228 health facilities have been NQAS certified till 30th September, 2021.

Level of facility	Number of facilities certified
District Hospitals	17
Sub-Divisional Hospitals	03
Community Hhealth Centres	09
Primary Health Centres	172
Urban Primary Health Centres	27
Total	**228**

Facilities certified for NQAS from April 2021 to September 2021

a) **LaQshya Certification:** Maternal and Newborn Health remains a priority for the country. For ensuring quality and safety in 'care around birth', LaQshya initiative was launched in 2017. LaQshya is a focused and targeted approach to strengthen key processes related to the care, delivered in the Labour Room and Maternity Operation Theatre of high case-load facilities. State medical colleges are also covered under the LaQshya. Incremental growth in LaQshya certified departments has led to National level certification of 410 Labour Rooms and 337 Maternity Operation Theatres till 30th September, 2021.

In the year 2021 a total of 79 Labour Rooms and 64 Maternal OTs (MOT) have been certified to LaQshya at national level. The details are provided below:

Level of health facility	No. of LRs certified	No. of MOTs certified
Medical College hospitals	06	05
District hospitals	51	45
Sub-divisional hospitals	13	08
Community Health Centres	09	06
Total	**79**	**64**

LaQshya Certification from April 2021 to September 2021

b) **Training and Capacity Building:** MoHFW has been building the capacities of States by organizing various trainings and workshops as per State's requirements. Training to 591 batches have been imparted since the inception of NQAS. However, in 2020 physical trainings were not possible due to Covid pandemic. Now the trainings and workshops are being organized using IT platforms. A total of 26 batches of trainings have been conducted from April' 2021 to September 2021 for NQAS, Kayakalp, LaQshya and MeraAspataal.

c) **Patient safety:** Nationwide third World Patient Safety Day was observed on 17 th Septembe,21 with this year's theme of "Safe maternal and newborn care" to encourage everyone to learn more about health care safety. On this day a series of activities were organized to recognize the significant burden of avoidable harm women and newborns are exposed, due to unsafe care, particularly around the time of childbirth. The details of the activities aregiven below:

- A week long Rogi Suraksha Saptaah : A series of webinars were conducted on multiple facets of patient safety like medication safety, safety in ambulatory care, radiation safety, fire safety, etc. Other than maternal and newborn safety by engaging eminent speakers. Around 1000-1200 people joined the webinar daily from their respective workplaces. Efforts of the States/UTs for attainment of significant number of NQAS and LaQshya certification were duly acknowledged and awarded by Hon'ble Health Minister. A total of 27 awards for NQAS certification and 09 awards for LaQshya certification were distributed virtually to the States/UTs under various categories based on the number of Health facilities participants from States; HCFs took pledge for Patient Safety that was administered by the Hon'ble Health Minister
- Eminent International/National experts spoke and shared their experiences on maternal and newborn safety

- Various Guidelines/Publications were launched to strengthen the Quality & Patient Safety Program - Operational Guidelines for improving Quality in Public Health Facilities
- MusQan: Ensuring Child Friendly Health Service
- Quality Darpan

17) National Health System Resource Centre (NHSRC):

National Health System Resource Centre (NHSRC) was set up in 2007, to provide technical support to the Ministry of Health & Family Welfare on policy issues and development of strategy besides taking up capacity building of States. The NHSRC functions under the guidance of a Governing Board headed by the Secretary, Ministry of Health & Family Welfare, Government of India and an Executive Committee headed by the Additional Secretary & Mission Director, National Health Mission (NHM), Ministry of Health & Family Welfare. The Regional Resource Centre, North-East (RRC-NE), a Branch of the NHSRC, serves as the technical support organization for the States in the North East.

18) 15th FC Recommendations on Health Grants through Local Governments

a) The 15th Finance Commission (FC-XV), constituted by the President on November 2017 was, inter-alia, mandated to recommend measures needed to augment the Consolidated Funds of the States, for the period spanning FY 2020-25. The FC-XV had submitted two reports, one for the year 2020-21 and the Final Report for the period 2021-22 to 2025-26. The Commission has recommended that health spending by States should be increased to more than 8 per cent of their budget by 2022. The Commission has also recommended that Primary healthcare expenditure should be two-thirds of the total health expenditure by 2022 and that Centrally Sponsored Schemes (CSS) in health should be flexible enough to allow States to adapt and innovate, with the focus shifting from inputs to outcomes

b) The commission recommended grants for the health sector as follows: (i) grants aggregating to Rs.70,051Crores through local governments and (ii) sectoral grants aggregating to Rs. 31,755 Crores to States. The XV-FC had also recommended State-specific grants for health amounting to Rs. 4,800 Crore. The total grants-in-aid support to the health sector over the award period works out to be Rs.1,06,606 Crore.

c) The Union Government on 30-01-2021 vide Explanatory Memorandum as to the Action Taken on the Recommendations made by the Fifteenth Finance Commission in its Final Report for the years 2021-22 to 2025-26 inter-alia accepted the recommendations of the FC-XV only in respect of the Local Bodies. On the recommendations for the sectoral grants of various ministries including of Health Ministry, the Union Government had clarified that due consideration to sectors identified by the Commission will be given while formulating and implementing existing and new Centrally Sponsored and Central Sector Schemes

d) Accordingly,the accepted recommendation of FC-XV through Health Grants through Local Governments (grants of Rs 70,051 Crore for the period to 2021 – 22 to 2025-2026) to strengthen the health care system at the primary health care level are provided for the following: urban health and wellness centres (HWCs), building-less subcentres, PHCs, CHCs, block level public health units, support for diagnostic infrastructure for the primary healthcare activities and conversion of rural sub centres and PHCs to HWCs

Components of FC-XV Recommendations, involving Rural Local Bodies:

As per FC-XV Recommendations, Rs. 43,928 crores has been allocated for healthcare facilities in rural areas to be coordinated by Rural Local Bodies (RLBs).

Four key components approved under the grants involving RLB's are:

a) **Support for diagnostic infrastructure to the primary healthcare facilities**: The FC-XV provides support for diagnostic infrastructure in Sub Health Centres (SCHs) and Primary Health Centres (PHCs) under the vision of comprehensive primary healthcare. Diagnostic services are critical for the delivery of health services, and these grants are intended to fully equip the primary health care facilities so that they can provide some necessary diagnostic services

b) **Block Level Public Health Units**: Block public health units (BPHU) would integrate the functions of service delivery, public health action, strengthened laboratory services for disease surveillance, diagnosis and public health and serve as the hub for health-related reporting. The BPHUs will also improve decentralised planning and the preparation of block plans that feed into district plans. In addition, they will improve accountability for health outcomes. Given that the block health facility is co-terminus with the Block Panchayat /Panchayat Samiti/Taluka Panchayat, this has the potential to facilitate convergence with the panchayati raj institutions and the child development project officer of the Integrated Child Development Scheme (ICDS) programme.The FC-XV proposes to provide support to BPHUs in all the 28 States

c) **Building-less Sub centres, PHCs, CHCs**: An assessment of infrastructure gaps in rural PHCs/ Sub centres based on Rural Health Statistics shows that number PHCs and S HCs do not have the necessary infrastructure to meet the targets of the National Health Policy, 2017. The Commission proposes to provide support for necessary infrastructure for Sub Health Centre - HWCs and Primary Health Centre - HWCs in rural areas in close collaboration with rural local bodies

d) **Conversion of Rural PHCs and Sub Centres into Health and Wellness Centres:** TheUnion Government has envisaged the creation of 1,50,000 HWCs by transforming existing SHCs and PHCs as the basic pillar of Ayushman Bharat to deliver comprehensive primary health care. It is proposed to provide support for necessary infrastructure for the conversion of rural PHCs and SHCs into HWCs so that they are equipped and staffed by an appropriately trained primary health care team, comprising of multi-purpose workers (male and female) and ASHAs and led by a mid-level health provider. PHCs linked to a cluster of HWCs would serve as the first point of referral for many disease conditions

Year wise break-up for the four components is given below:

(Rs. In Crores)

S. No	Total Health Grants	2021-22	2022-23	2023-24	2024-25	2025-26
1	Building-less Sub Centres, PHCs, CHCs	1350	1350	1417	1488	1562
2	BlocklevelPublicHealthUnits	994	994	1044	1096	1151
3	Support for diagnostic infrastructure to the primaryhealthcare facilities	3084	3084	3238	3400	3571
3.a	Sub-Centres	1457	1457	1530	1607	1687
3.b	PHCs	1627	1627	1708	1793	1884
4	Conversion of rural PHCs and Sub Centres into HWCs	2845	2845	2986	3136	3293
	Total Grants for primary health sector in rural areas	**8273**	**8273**	**8685**	**9120**	**9577**

Components of FC-XV involving Urban Local Bodies

Rs. 26,123 crores have been allocated for healthcare facilities in urban areas to be coordinated by Urban Local Bodies (ULBs).

Two key components approved under the grant involving ULBs are:

a) Urban Health and Wellness Centres:

A paradigm shift in urban primary healthcare is envisaged, based on the learning from the management of the COVID-19 pandemic, which has affected urban areas disproportionately. As part of this shift, Universal Comprehensive Primary Health Care is planned to be provided through urban Health and Wellness Centres (urban-HWCs) and polyclinics. Such urban HWCs would enable decentralized delivery of primary healthcare to smaller populations, thereby increasing the reach to cover the vulnerable and marginalised. It is envisaged that the urban HWCs would create a mechanism for representatives of the Medical Administrative Staff and Resident Welfare Associations to disseminate information on public health issues at least once a month. The FC-XV proposes to provide support for setting up urban HWCs in close collaboration with urban local bodies

b) Support for diagnostic infrastructure to the primary healthcare facilities:

The FC-XV provides support for diagnostic infrastructure in urban PHCs under the vision of comprehensive primary health care. Diagnostic services are critical for the delivery of health services, and these grants are intended to fully equip the primary healthcare facilities so that they can provide some necessary diagnostic services.

Year wise break-up for the two components:

(Rs. In Crores)

S. No	Total Health Grants	2021-22	2022-23	2023-24	2024-25	2025-26
1	Support for diagnostic infrastructure to the primary healthcare facilities - Urban PHCs	394	394	415	435	457
2	Urban health and Wellness Centres (HWCs)	4525	4525	4751	4989	5238
	Total Grants for primary Health sector in urban areas	**4919**	**4919**	**5166**	**5424**	**5695**

As mandated by FC-XV, a National level Committee under the Chairpersonship of Secretary (H&FW) has been constituted.

Technical & Operational Guidelines for the implementation of FC-XV Health Grants through Local Governments hasbeen shared with the States.

19) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission

a) 'Pradhan Mantri Ayushman Bharat Health Infrastructure Mission' was launched nation-wide by the Hon'ble Prime Minister on Monday 25th October, 2021at Varanasi, Uttar Pradesh.

b) This scheme was announced on 1st February, 2021, in the Budget speech of FY 21-22, with an outlay of about Rs. 64,180 Cr till FY 25-26. This will be in addition to the National Health Mission. Cabinet has approved the Scheme in its meeting held on 15th September, 2021.

c) This is the largest pan-India scheme for strengthening healthcare infrastructure across the country.

d) The measures under the scheme focus on developing capacities of health systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/disasters.

e) The Ayushman Bharat Health Infrastructure Mission targets to build an IT enabled disease surveillance system by developing a network of surveillance laboratories at block, district, regional and national levels, in Metropolitan areas & strengthening health units at the Points of Entry, for effectively detecting, investigating, preventing, and combating Public Health Emergencies and Disease Outbreaks.

f) Increased investments are also targeted to support research on COVID-19 and other infectious diseases, including biomedical research to generate evidence to inform short-term and medium-term response to COVID-19 like pandemics and to develop core capacity to deliver the One Health Approach to prevent, detect, and respond to infectious disease outbreaks in animals and humans.

g) PM-ABHIM is a Centrally Sponsored Scheme with some Central Sector Components, for implementation of the Atmanirbhar Bharat Package for health sector as announced by Hon'ble Finance Minister in May, 2020. CSS components are complemented by the 15th FC Health Grants through Local Governments.

The main interventions under the **'Pradhan Mantri Ayushman Bharat Health Infrastructure Mission'** scheme to be achieved by FY 25-26 are:

a) Centrall Sponsored Components:

1. Support for 17,788 rural Health and Wellness Centres in 10 High Focus States. Support for other States/UTs under XV Finance Commission Health Sector Grants and NHM
2. Establishing 11,024 urban Health and Wellness Centres in all the States
3. 3382 Block Public Health Units in 11 High Focus States. Support for other States/UTs under XV Finance Commission Health Sector Grants and NHM
4. Setting up of Integrated Public Health Labs in all districts
5. Establishing Critical Care Hospital Blocks in all districts with population more than 5 lakhs.

(Components 1, 2, 3 are partly financed through the XV Finance Commission Health Sector Grants)

b) Central Sector Components:

1. 12 Central Institutions as training and mentoring sites with 150 bedded Critical Care Hospital Blocks.
2. Strengthening of the National Centre for Disease Control (NCDC), 5 New Regional CDCs and 20 metropolitan health surveillance units;
3. Expansion of the Integrated Health Information Portal to all States/UTs to connect all public health labs;
4. Operationalisation of 17 new Public Health Units and strengthening of 33 existing Public Health Units at Points of Entry, that is at 32 Airports, 11Seaports and 7 landcrossings
5. Setting up of 15 Health Emergency Operation Centres and 2 container-based mobile hospitals; and
6. Setting up of a national institution for One Health, 4 New National Institutes for Virology, a Regional Research Platform for WHO South East Asia Region and 9 Bio-Safety Level-III laboratories.

Financial Year-wise resources for Pradhan Mantri Ayushman Bharat Health Infrastructure Mission :

(Amount in Crores)

Component type	2021-22	2022-23	2023-24	2024-25	2025-26	
Centrally Sponsored Scheme (CSS)						
Central Share	2412.91	3942.80	3361.67	4495.12	7914.89	22
State Share	1388.16	2276.34	1962.40	2655.64	4522.42	12
15th FC share	2026.98	2965.34	4000.04	4743.88	5536.19	19
Sub-total of CSS Components	5828.04	9184.48	9324.11	11894.64	17973.50	54
CS components	3327.92	1280.61	1691.69	1656.65	1382.89	9
Grand Total	**9155.97**	**10465.09**	**11015.80**	**13551.30**	**19356.40**	**63**
Grand Total with M&E and PMC @ 1% of scheme						

20) Oxygen Concentrators (OCs)

a) To fast-track the availability of Medical Oxygen in rural and peri-urban areas, it is planned to provide 1.14 lakhs Oxygen Concentrators to the CHCs, PHCs and SHCs including HWCs in the country, so as to bring medical management closer to people and ensure the availability of critical resource of Oxygen closer to the public. This support is over and above the routine oxygen support available at such facilities through other sources (like State governments, NHM, ECRP etc.).

b) Accordingly, so far, 74,469 Oxygen Concentrators have been allocated to various States as on 14.09.2021.

c) MoHFW is coordinating with the MoPNG/ ONGC for the effective implementation of this intervention.

d) Guidance Note has been shared with the States to provide guidance to the States/UTs for an organized and rational distribution, management of these concentrators.

21) Focus on Quality under NHM during 2021-22

a) Revision of Operational Guidelines for Quality Assurance in Public Healthcare Facilities

The National Health Mission (NHM) strives to provide quality healthcare services toall citizens of the country in an equitable manner. In this strategic direction, operational guidelines for ensuring quality assurance in public health facilities were launched by the Ministry of Health and Family Welfare in 2013. Since the launch of the guidelines and National Quality Assurance Standards, the country has achieved significant outcomes in ensuring that delivered services at public health facilities are safe, effective, patient-centred, and responsive to the population's needs.

However, over the years, the quality assurance programme has expanded its scope from RMNCHA

in District Hospitals to all services at all Public Health Facilities. The revised guidelines focus on the emerging requirements and responses to newer initiatives such as LaQshya, AEFIs, Kayakalp, Patient Safety, MeraAspataal, HWCs, etc. Taken up by the MoHFW to further strengthen the public health system. Also, the institutional framework has been further reinforced in delineating roles and responsibilities for standard setting, certification process and surveillance. Guidelines name is changed to "Operational Guidelines for Improving Quality in Public Healthcare Facilities 2021" with emphasis on Improvement activities for strengthening the QA mechanism through integrated Quality Management System

b) MusQan-Ensuring the Child-friendly Services in Public Health Facilities

India has made considerable progress in improving the survival of newborn & children and a major reason for this achievement is the massive scale-up of community and facility-based care that is being provided for newborn & children. Although efforts over past decades have minimized adverse outcomes, the quality of care provided in public healthcare facilities is still a challenge.

To ensure the focus on improving quality parameters in Pediatric services MusQan scheme was launched within the ambit of the NQAS framework.The aim of the initiative is to ensure that every child (0-12years) will get safe and child-friendly services. Under MusQan, multi-pronged strategies have been adopted for ensuring that gaps in SNCU/NBSU, Pediatric care units, NRCs, Pediatric OPDs against quality standards are identified and traversed within the shortest possible time.

The initiative would play a pivotal role in contextualizing and formulating the country's commitment to accelerating and improving newborn & child survival.

c) **National Quality Assurance Standards for Health & Wellness Centre-Sub Centre (HWC-SC):** Delivery of Quality Health Services in Public Health Facilities is a stated commitment under National Health Mission. For improving the Quality-of-care National Quality Assurance Standards for Different levels (District Hospitals, Community Health Centres, Primary Health Centre, and Urban Primary Health Centre) of health facilities are already in place. Recently, National Quality Assurance Standards (NQAS) for Health & Wellness Centre Subcentre were launched to ensure the provision of expanded range of services (as per 12 packages) in HWC. The NQAS is also focused on ensuring a continuum of care that is accessible, acceptable, safe, effective, efficient, and as per people's needs and preferences.

1.2.3 NATIONAL URBAN HEALTH MISSION

1) Introduction

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM), NRHM being the other sub-mission. NUHM envisages strengthening the primary health care delivery systems in urban areas and for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population. It also seeks to de-congest secondary and tertiary health care facilities (District Hospitals/Sub-District Hospitals/Community Health Centre) by providing robust comprehensive Primary health care services in urban areas.

NUHM covers all cities and towns with more than 50,000 populations and district headquarters and State headquarters with more than 30,000 population. The remaining cities/ towns continue to be covered under National Rural Health Mission (NRHM). As part of Ayushman Bharat, the existing UPHCs are being strengthened as Health & Wellness Centres (HWCs) to provide preventive, promotive and curative services in cities closer to the communities.

Under NUHM, the Centre-State funding pattern is 60:40 for all the states w.e.f. FY 2015-16, except all North-Eastern States and other hilly States viz. Jammu & Kashmir, Himachal Pradesh and Uttarakhand, for which the Centre-State funding pattern is 90:10. In the case of Uts, from FY 2017-18, the funding pattern of UT of Delhi and Puducherry has been revised to 60:40 and rest of the Uts without legislature are fully funded by Central Government.

Implementation of NUHM is through the State Health Department or the Urban Local Bodies (ULBs). In seven metropolitan cities, viz., Mumbai, New Delhi, Chennai, Kolkata, Hyderabad, Bengaluru and Ahmedabad the implementation is through the ULBs. For the other cities, the State Health Department decides whether the NUHM is to be implemented through them or the other urban local bodies. So far, 1162 cities have been covered under NUHM in 35 States/Uts except UT of Lakshadweep which is covered under NHM.

2) Components of NUHM

a) Service Delivery Infrastructure

NUHM envisages setting up of service delivery infrastructure which is largely absent in cities/towns to specially address the healthcare needs of urban poor and provides:

- **Urban – Primary Health Centre (U-PHC):**

  U-PHCs to be established as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. The U-PHCs are preferably be located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing services, apart from counselling for all communicable and non- communicable diseases.

- **Urban-Community Health Centre (U-CHC)**:

  One U-CHC to be established for every 2.5 lakh population (in non-metro cities above 5 lakh population) and for every 5 lakh population in metro cities. It would provide in-patient services and would be a 30-50 bedded facility. For the metro cities, the U-CHCs may be established for every 5 lakh population with 100 beds

b) Outreach services:

NUHM also support engagement of ANMs for conducting outreach services for targeted groups particularly slum dwellers and the vulnerable population for providing preventive and promotive healthcare services at the household and community level.

c) Community Process:

Following targeted interventions are envisaged under NUHM for the slum dwellers and urban poor population:

- One **ASHA** per 1,000–2,500 population covering approximately 200-500 households to serve as an effective, demand–generating link between the health facility and the urban slum population.
- **Mahila Arogya Samiti (MAS)** per 250–500 population covering approximately 50–100 households to act as community-based peer education group in slums. They would be involved in community mobilization, monitoring and referral with focus on preventive and promotive care.

d) Comprehensive Primary Health Care through Health and Wellness Centres (HWCs).

To ensure delivery of Comprehensive Primary Health Care (CPHC) services under Health and Wellness Centre component of Ayushman Bharat, the existing UPHCs are being strengthened as Health and Wellness Centres (HWCs). Support for training of PHC staff (Medical Officers, Staff Nurses, Pharmacist, and Lab Technicians), necessary IT infrastructure and the resources required for upgrading laboratory and

diagnostics for expanded ranges of services is being provided to the States. So, far 4127 HWCs have been made operationalized in urban areas as on 27.09.2021.Training and review workshops were conducted for roll-out of CPHC-HWC in urban areas in collaboration with NHSRC.

3) ACHIEVEMENTS OF NUHM:

a. Physical Progress:

The programme is being implemented in the States/ Uts for more than 7 years period and accounts for presence of augmented infrastructure and human resources dedicated towards urban areas. The April-June, 2021 quarterly progress data shows more than 5500 facilities in urban areas have been strengthened and construction of about 890 new UPHCs and 90 new UCHCs have been approved.

The Human resource approved under the programme include around 4,300 Medical Officers, 530 Specialists, 19,500 ANMs, 10,800 Staff Nurses, 4,100 Pharmacists, 4,200 Lab Technicians and 750 Public Health Managers. About 81,000 ASHAs and 98,000 MAS have been approved for effective community participation activities. Training & capacity building activities have also been approved for building and strengthening Institutional Capacity.

Kayakalp and Swachh Swasth Sarvatra (SSS) have been expanded to cover urban areas also and U-PHCs have been awarded Kayakalp awards. Out of 35 States/Uts, 33 States and Uts declared Kayakalp awards for FY 2021-22, and 1116 urban health facilities have won Kayakalp awards.

b. Financial Progress:

During FY 2021-22, funds to the tune of Rs.1000 Crores and Rs. 201.56 Crore (till 20th October, 2021) have been allocated and released respectively to the States/ Uts for implementation of the programme activities.

4) Guidelines/Brochures Developed:

The guidelines shared with the States/Uts on implementation of NUHM include NUHM Implementation Framework, Community Process Guidelines in the Urban context, Induction Module for MAS, Induction Module for ASHAs in Urban areas, Capacity building framework, Vulnerability Mapping & Assessment, ANM Handbook, Quality standards for U-PHCs, Extension of Kayakalp in urban areas, Extension of SSS in urban areas, Orientation Training Module, NUHM Brand module, Outreach session in urban areas, NUHM Financial Management guideline, Framework on Convergence, NUHM Innovation Framework and Accounting handbook for Mahila Arogya Samiti (MAS).

Brochures were developed and shared with the States/ Uts viz. Thrust areas under NUHM, Community Process, Quality Assurance, IEC/BCC, Strengthening Human Resource under NUHM, Collaboration with Medical Colleges and Inter-sectoral Convergence under NUHM.

1.2.4 IMPROVEMENT IN THE QUALITY OF HEALTHCARE

The status of health care of a country is reflected through the pattern of basic demographic indicators. The huge success of the Health and Family Welfare programmes in India is clearly evident from the trend of such indicators since independence and in particulars since the new millennium based on the estimates from the Sample Registration System (SRS) of Registrar General & Census Commissioner, India (RGI), M/o Home Affairs as given in Table 1.

Table 1: Achievements of Health & Family Welfare Programme

S.No.	Parameter	1951	2001	2005	2010	2015	2017	2018
1	Crude Birth Rate (Per 1000 Population)	40.8	25.4	23.8	22.1	20.8	20.2	20.0
2	Crude Death Rate (Per 1000 Population)	25.1	8.4	7.6	7.2	6.5	6.3	6.2
3	Total Fertility Rate (Per women)	6.0	3.1	2.9	2.5	2.3	2.2	2.2
4	Maternal Mortality Ratio (Per 100,000 live births)	NA	301 (2001 -03)	254 (2004 -06)	178 (2010 -12)	130 (2014 -16)	122 (2015 -17)	113 (2016 -18)
5	Neo-natal MortalityRate (Per 1000 live births)	NA	40	37	33	25	23	23
6	Under Five Mortality Rate (Per 1000 live births)	NA	NA	NA	59	43	37	36
7	Expectation of life at Birth	-	63.4 (1999 -03)	65.0 (2003 -07)	67.0 (2008 -12)	69.0 (2013 -17)	69.4 (2014-18) Mid-year 2016	

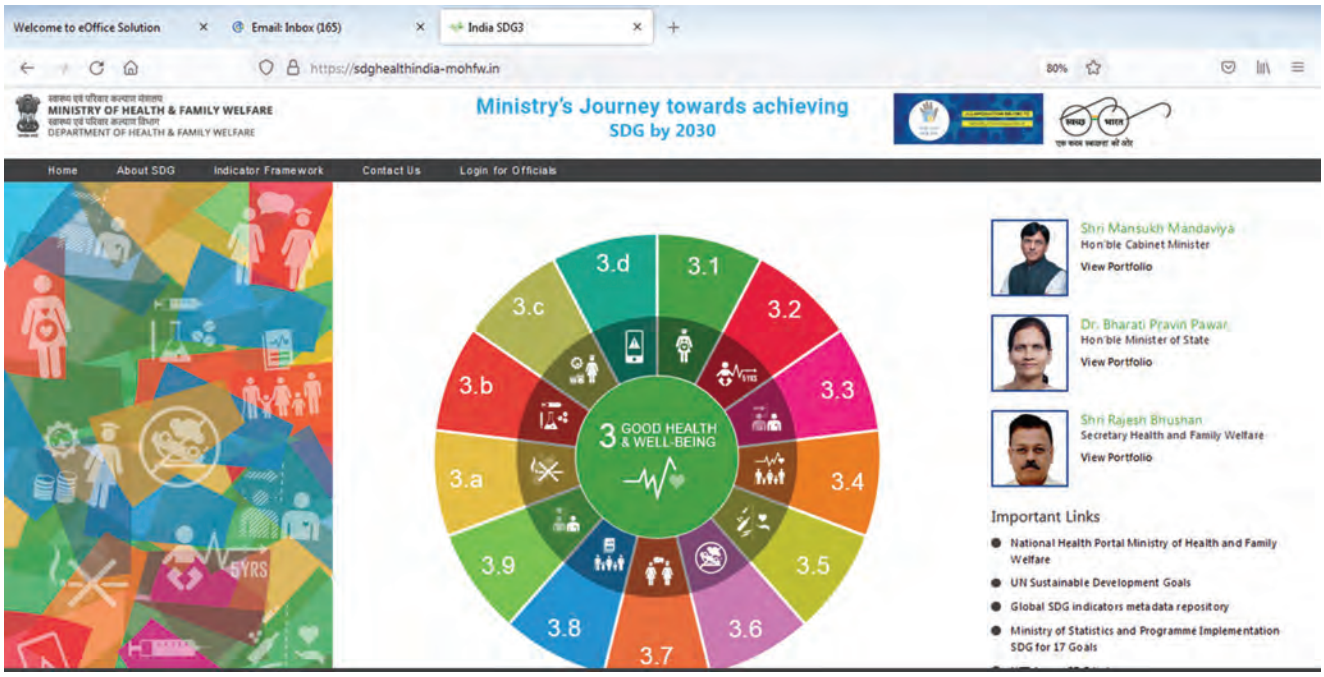
Source: Office of Registrar General & Census Commissioner, India, Min. of Home Affairs

The Crude Birth Rate (CBR) of the country has more than halved from 40.8 births per 1000 population in 1951 to 20.0 births in 2018. Similarly, the Crude Death Rate (CDR) has also experienced a fall from 25.1 deaths per 1000 population in 1951 to 8.4 in 2001 and further to 6.2 deaths in 2018 indicating India has prevented around 19 deaths per 1000 population since 1951. The Total Fertility Rate (TFR) of India has experienced a remarkable decline from 6 children per woman in 1951 to 3.1 in 2001 and then to 2.2 in 2018 indicating a fast progress of the country towards the replacement level of fertility. In recent years, India has also witnessed a notable improvement in maternal health by bringing down the Maternal Mortality Ratio to 113 maternal deaths per 100000 live births in 2016-18, from 301 during (2001-03).

Similarly, India has also experienced notable improvement in child mortality by reducing the Neo-natal Mortality Rate (NNMR) from 40 deaths per 1000 live births during 2001 to 23 in 2018 and Under Five Mortality Rate (Per 1000 live births) by reducing from 59 in 2010 to 36 in 2018.During the last two decades, India has added more than five years to average life expectancy at birth of its population from 63.4 years in 1999-2003 (mid-year 2001) to 69.4 years in 2014-18 (mid-year2016).

SDG Health Dashboard :

The SDG Health Dashboard, as a web-based online system to store, manage, visualize, explore, monitor and report the National level progress of various indicators under SDG-3 monitoring framework.



Home page of the SDG Health Dash Board.

1.2.5 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

HMIS is a web-based portal which helps in effective monitoring and implementation of various programmes under NHM and other national programmes. At present around 2.25 lakh health facilities are uploading their health care services delivery data and infrastructure & HR on a monthly basis. HMIS captures around 400 data elements of service delivery and captures around 700 data elements of infrastructure and HR

The breakup of health facilities reporting through HMIS are HSCs (1,64,756), PHCs (33,401), CHCs (16,756), SDHs (3,149) and DHs (1,312) (equivalent mapped facilities also).

1) Uses of HMIS data

HMIS has been utilized in PIPs of States/ Programmes for effective implementation, monitoring and evaluation of delivery of services to beneficiaries under various health schemes funded by GoI, grading of health facilities used for conditionality framework for incentive or dis-incentive under NHM, monitoring of aspirational districts, State Health Index, DH ranking, PM Dashboard (Prayas), HFM Central Dashboard, Data.Gov.in, Rural Health Statistics etc. Monitoring visits such as CRM and supportive supervision visits also use HMIS data. The analytical reports generated through HMIS provide gap analysis and evidence-based course correction.

2) HMIS 2.0 (https://hmis.nhp.gov.in)

HMIS 2.0 has been developed with the technical support from the World Health Organization (WHO). Major milestones achieved during FY 2021-22 (till October 2020):

- State-wise hierarchy of health facilities as per LGD compliance developed.
- Basic reports (Data entry status, all data items, Key HMIS, Min-Max, Range, Daily data items summary report etc.) developed and made operational.
- New features on Time stamping, Offline/Bulk Upload, Time stamping log reports have also been developed and made functional.

- National Identification Number (NIN) and Local Government Directory (LGD) used for unique identification of health facilities at village/block level.
- HMIS is getting monthly data through the API developed for integration with PCTS application of Rajasthan. API integration with Karnataka state is under progress.
- APIs are available for States on demand.
- Interactive Dashboard developed (7 pages) and made operational upto the level of District users.
- Basic GIS features developed and made functional.

3) Training/Capacity Building

A series of trainings were conducted virtually for review of data entered and orientation of States/UTs on new HMIS features. State and district level officials were oriented during these session Training on new features like offline/bulk upload, Time stamping etc. has also been conducted for State & district level.

4) National Workshop on HMIS

A National Workshop on HMIS was held during 5th and 6th October 2021, at Vigyan Bhawan. New Delhi. The workshop was attended by Senior Officials of the Ministry including Mr. Sandhya Krishnamurthy DG (Stats), Mr. Vishal Chahuhan JS (Policy), Mr. Lav Aggarwal JS(e-Gov), ED (NHSRC) and officials from RCH programme divisions of MoHFW.

Various new initiatives of the division were launched during the inaugural session of the workshop on 5th October 2021 which were HMIS Logo, HMIS Annual Publication 2019-20, HMIS E Book (1st Qtr 2021-22) and a book on Digital Health in India. A documentary film on HMIS was also released during the workshop.

Eminent speakers including JS (e-Gov) Mr Lav Aggrwal, Addl. CEO, NHA, Dr Praveen Gedam, Dr. Himanshu Bhushan, Advisor and Head, Public Health Administration, NHSRC took sessions during the workshop. Sessions from RCH programme divisions were held during the Second day of the workshop, individual sessions were taken by Maternal Health, Family Planning, Immunisation and Child Health divisions. The officers from these divisions highlighted the HMIS data usage, definitions and common data errors.

5) New Initiatives

Various new initiatives related to HMIS have been developed during the Year 2021-22 (till October 2021):

a) Launch of HMIS Logo.

b) An Analytical Report based on HMIS Data 2019-20

c) HMIS E Book

d) A documentary on HMIS

e) Development of Validation tool for the Monthly Service Delivery format.

6) Other Initiatives of HMIS Team

a) Supporting the Ministry in operationalization of S3 Portal of MoHFW. Reporting of technical issues to the technical Team and provision of feedback to states

b) Support for CoWIN Portal including interaction with development teams sharing the best practices of the HMIS and handolding of stakeholders.

c) Participated in the public health monitoring and assistance in setting up of Emergency Response Unit during the Mahakumbh at Haridwar in the month of March - April 2021.

Release of HMIS Logo during HMIS National Workshop

1.2.6 MOTHER AND CHILD TRACKING SYSTEM (MCTS)/REPRODUCTIVE AND CHILD HEALTH (RCH) PORTAL & ANM-ON-LINE (ANMOL)

To facilitate timely delivery of healthcare services to all the pregnant women, lactating mothers and children, web-based name-based tracking system called Mother & Child Tracking System (MCTS) was introduced across all the States & UTs to provide ready reference about the status of services/vaccination delivered to pregnant women and children. The Ministry has rolled out an upgraded version of MCTS, called RCH Portal which is designed for early identification and tracking of the individual beneficiary throughout the reproductive lifecycle and promote, monitor and support the reproductive, maternal, new born and child health (RMNCH) schemes/programme delivery and reporting.

MCTS/RCH portal is capturing data of beneficiaries, which is used by multiple applications like eJanma(Karnataka), ANMOL, MCTFC, Kilkari and Mobile Academy. RCH Portal data is also used for direct transfer of Janani Suraksha Yojana (JSY) benefits to pregnant women and payments to ASHAs, wherever possible.

RCH portal has been implemented in 34 States / UTs and remaining two States (Rajasthan & Tamil Nadu) are sending data in MCTS portal. A total of 20.67 crore pregnant women and 17.81 crore children were registered in MCTS / RCH portal as on 30th December, 2021since its inception.

RCH portal is playing a vital role in key decision making and monitoring the implementation of health schemes in the country. RCH portal has helped Health worker in planning for service delivery and identification of beneficiary due for Antennal Check-up, Post Natal Check-up and Immunization Services. It helps in identification of high-risk pregnant women and tracking of health conditions and assistance during the delivery of Pregnant Women. Data of children's immunization requirement is also helping Health Worker in generation of work plan for delivery of immunization service. This initiative has a positive impact in improving the healthcare service delivery in the country.

ANM-On-Line (ANMOL)

ANMOL is a tablet-based application which empowers ANMs - the frontline health workers in carrying out their day to day work efficiently and effectively by entering and updating service records of beneficiaries on real / near real time basis. Further, ANMOL also acts as a job aid to the ANMs by providing them with readily available information such as due list, dashboard and guidance based on data entered etc. This standardizes the maternal and childcare services provided by ANMs who can also plan the Village Health and Nutrition Day (VHND) along with vaccines and logistics required. Audio and video counselling facility of ANMOL helps in creating awareness among beneficiaries about the various government schemes and facilitates beneficiaries are getting authentic knowledge about family planning, pregnancy and child care. ANMOL application was launched by Hon'ble Union Minister of Health and Family Welfare on 7th April, 2016. ANMOL is presently operational in 24 States/UTs viz. Andaman & Nicobar, Andhra Pradesh, Chandigarh, Chhattisgarh, Delhi, Goa, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Odisha, Telangana, Uttar Pradesh, Jharkhand, Punjab, Assam, Arunachal Pradesh, Puducherry, Manipur, Bihar, Maharashtra, Tripura, Jammu & Kashmir and Uttarakhand. It has been implemented in three different languages i.e. English, Hindi and Kannada.

The ANMOL application is being used by more than 97,883 ANMs since inception and remaining ANMs are under process for using ANMOL live application as per Standard Operating Procedures of MoHFW. To enhance the performance of ANMOL, an ANMOL Intermediate Server (AIS) for ANMOL has been implemented for seamless data integration and synchronization. ToT for ANMOL is completed at 6 States/UTs and they shall be made live shortly viz. Ladakh, Lakshadweep, Sikkim, Meghalaya, Nagaland and Mizoram.

1.2.7 MOTHER AND CHILD TRACKING FACILITATION CENTRE (MCTFC)

Mother and Child Tracking Facilitation Centre (MCTFC) was set up at National Institute of Health and Family Welfare (NIHFW) and it went live on 29th April, 2014. It is a major step taken by Government of India under the National Health Mission in improving the maternal and child health care services.

The centre is operational with 86 Helpdesk Agents (HAs) 2 Medical Specialist, 2 Supervisors and few more administrative and IT staff. MCTFC is a tool for providing relevant information and guidance directly to the pregnant women, parents of children and to community health workers, thus creating awareness among them about health services and promoting healthy practices and behaviour. The centre contacts the service providers and recipients of mother and child care services to get their feedback on various mother and child care services, programmes and initiatives like JSSK, JSY, RBSK and contraceptive distribution by ASHAs etc. MCTFC also validates and verifies records of beneficiaries and health workers. The feedback helps the MoHFW / State/ UT Governments to easily and quickly evaluate the programme interventions and plan appropriate corrective measures to improve the health service delivery.

Inbound calling has been implemented with short code 10588 to resolve the queries of beneficiaries and health workers. At MCTFC, the helpdesk agents also check with ASHAs and ANMs regarding availability of essential drugs and supplies like Iron Folic Acid, ORS packets, contraceptives etc. Information relating to upcoming programmes, initiatives, validation of data, etc. is also provided to the beneficiaries and health workers.

As on 30th December 2021, more than 1.35crore calls were made to beneficiaries through MCTFC for data validation, and promotion and facilitation in availing maternal and child health services and government schemes. More than 12.27 lakh calls were made to

ANMs and ASHAs for data validation and resolution of their queries, and more than 66.56 lakh voice messages on Maternal and Child care have been delivered to the beneficiaries.

MCTFC in making calls in 21 States/UT, which include Andhra Pradesh, Assam, Bihar, Chandigarh, Chhattisgarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Orissa, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Telangana, Maharashtra and Nagaland. MCTFC is presently supporting calling in Hindi, English, Telugu, Bengali, Gujarati, Odiya and Assamese languages.

1.2.8 SURVEYS AND EVALUATION ACTIVITIES

National Family Health Surveys (NFHS):

National Family Health Surveys (NFHS) are conducted periodically under the stewardship of the MoHFW, GoI, to generate data on important demographic and health indicators. The first round of NFHS was conducted in 1992-93, followed by subsequent rounds in 1998-99, 2005-06 and 2015-16. The field work for the current round i.e., NFHS-5 with reference period 2019-21 has been completed. The State/UT fact sheets for 22 Phase-I States/UTs have been released by Hon'ble HFM and are available in public domain while the process for release of India and remaining 14 Phase-II States/UTs is in progress and will be released shortly.

To meet the requirement of National, State and District level information, the Ministry needed to monitor the performance of health programmes/ schemes at closer intervals. Therefore, a decision was taken to conduct one integrated survey with a periodicity of three years in place of different surveys of similar nature (National Family Health Survey, District Level Household and Facility Survey, Annual Health Survey etc.) that were then carried out by the Ministry. In line with this decision, the 4th round of the National Family Health Survey (NFHS-4) was conducted in 2015-16 as an integrated survey with a six-fold increase in sample size for providing estimates of key health and family welfare indicators at the National, State and District levels besides information on the levels of fertility, nutrition, infant and child mortality by background characteristics at State/National level.

Compared to the earlier NFHS (i.e. NFHS-1, NFHS-2, NFHS-3); which provided only National and State level estimates, NFHS-4 and NFHS-5 also provided district level estimates which are available in the public domain. They provide essential data on nutrition, HFW needed by the Central and State Governments and other stakeholders for effective policy and programme interventions. Further, NFHS-5 results also provide baseline information for the 34 indicators while NFHS-4 provided for 28 SDG indicators. The survey has emerged as a major data source for tracking the progress at dis-aggregated levels towards achieving targets, in particular SDG 1 "No Poverty"; SDG 2 "Zero Hunger"; SDG 3 "Ensure healthy lives and promote wellbeing for all at all ages"; and SDG 5 "Gender Equality".

The activities of current round of NFHS (NFHS-5) are in progress with 2019-21 as the reference period collecting data from more than 6.36 lakh sample households. The field work is planned in two phases covering about half the country in each phase with an aim to provide district level estimates for most of the indicators for all 707 districts (as of March, 2017). As in the case of previous rounds of NFHS, International Institute for Population Sciences (IIPS) is the Nodal Agency for conducting NFHS-5. The scope of NFHS-5 has been modified in respect of target population ranges and age reference to align them as per SDGs requirement. Thus expanded age range of 15+ years is being considered for non-communicable diseases (e.g. Diabetes, Hypertension etc.) and also for their risk factors. It has also been expanded by including questions inter-alia on disability, collection of Dried Blood Sample (DBS) for carrying out tests for Malaria, HbA1C, Vitamin-D and measurement of waist/ hip circumferences, etc.

The main survey field work for NFHS-5 has been completed in all sample PSUs. The States and District factsheets comprising estimates of key indicators for 22 Phase-I States/UTs have been released be Hon'ble HFM on the occasion of Universal Health Coverage Day on 12.12.2020 and uploaded in the website of MoHFW and IIPS.

Release of NFHS-5 compendium of factsheets 24.11.2021

As regards Phase-II, the main survey field work was started in January, 2020 but was halted for around eight months due to the COVID-19 pandemic induced lockdown and was finally completed in April, 2021. The process for release of India and remaining 14 Phase-II States/UTs factsheets have been initiated and under due consideration of Ministry.

The preparatory activity for the next round of the National Family Health Survey (NFHS-6) scheduled to be held during 2023-24 has already been initiated by the Ministry. As in the previous rounds, the International Institute for Population Sciences (IIPS) has been nominated as the nodal agency for conducting NFHS-6. Also for smooth implementation of the survey work, the four committees viz., Steering Committee, Financial Management Committee (FMC), Technical Advisory Committee (TAC) and Project Management Committee(PMC) have been constituted by the ministry.

1.2.9 POPULATION RESEARCH CENTRES (PRCs)

The Ministry of Health and Family Welfare (MoHFW), Government of India, has established 18 Population Research Centres (PRCs) in various universities and research institutions in the country with the mandate to provide critical research based input on the field of demography, especially concerning the Health and Family Welfare Programs and Policies at the National and State levels. At present there are 18 PRCs, spread over 16 major States of India, 12 of which are located in universities and 6 in reputed research institutions. PRCs is a central sector scheme and MoHFW provides 100% grants-in-aid for meeting expenditure towards salary, allowances, approved research studies, infrastructure development, non-recurring expenditure etc. These PRCs are autonomous in nature, governed by the rules and regulations of the universities/research institutes (host organizations) in which these are located but following broad guidelines provided by the MoHFW from time to time.

The 5th two day knowledge dissemination workshop for Population Research Centres (PRCs) was held at Lucknow University on 1st& 2nd March 2021 was inaugurated by Hon'ble Union Minister of State for Health and Family Welfare, Shri Ashwini Kumar Choubey in presence of Shri Jai Pratap Singh, Hon'ble Cabinet Minister, Medical and Health, Family Welfare Maternal and Child Welfare Department, Uttar Pradesh, Shri Amit Mohan Prasad, Additional Chief Secretary, Department of Health & Family Welfare, Govt. of Uttar Pradesh and Prof. Alok Kumar Rai, Vice Chancellor, University of Lucknow. At this juncture, the Chief Guest released the publication "Program Evaluation under National Health Mission – Evidence to Policy", Compendium of studies conducted by PRCs. The MoS also inaugurated the Population Clock installed at University of Lucknow and launched RCH-ANMOL in 74 districts of Uttar Pradesh. The PRC Logo, PRC website and PRC Newsletter were also unveiled on this occasion.

The main objective of the workshop was to disseminate the selected works of PRCs conducted during 2019-20. The workshop was attended by the authors of the papers selected for presentations, esteemed officials of the Ministry, dignitaries and concerned officials of Lucknow University and other experts.

During 2020-21, PRCs have completed 95 Research Studies. For the year 2021-22, the PRCs have been assigned 148 primary and secondary data research studies and monitoring of Programme Implementation Plan of National Health Mission (NHM) in respect of 455 districts.

The Population Research Centre (PRC) Logo and Website was launched by Hon'ble MoS during the workshop held on 1st& 2nd March 2021 at Lucknow University

1.3 MATERNAL & ADOLESCENT HEALTHCARE

1.3.1 INTRODUCTION

Safe motherhood is closely tied to the continuum of care, which is a crucial interplay of pre-pregnancy and pregnancy factors including family planning, nutrition, adolescent health and access to safe abortion services. India has made rapid strides in the reduction of maternal mortality through massive and strategic investments made under the National Health Mission (NHM). Country has brought the Maternal Mortality Ratio (MMR) down to 113 from 556 in 1990. India's MMR has fallen faster than the global decline and is on track to achieve the Sustainable Development Goal 3 (SDG 3) of an MMR below 70 by 2030.

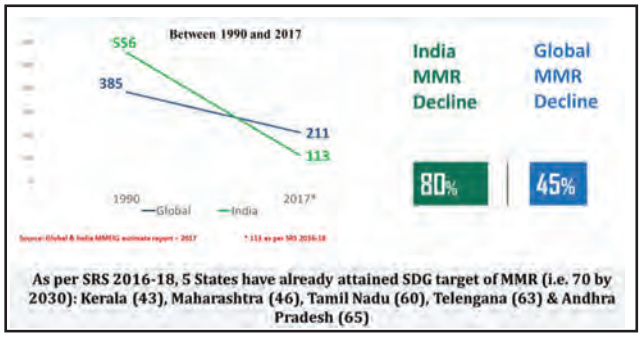
1.3.2 MATERNAL MORTALITY RATIO (MMR)

MMR in the country has declined from 130 in 2014-16 to 113 in 2016-18.

Maternal Mortality Ratio (MMR) in India was exceptionally high in 1990 with 556 women dying during child birth per 1,00,000 live births. Approximately, 1.38 lakh women were dying every year on account of complications related to pregnancy and child birth. The global MMR at the time was much lower at 385. There has however, been an accelerated decline in MMR in India. MMR in the country has declined from 130 in 2014-16 to 113 in 2016-18. India's share among global maternal deaths has declined significantly as per the MMEIG (Maternal Mortality Estimation Inter-agency Group) Report.

- As per MMEIG report, maternal deaths around the world dropped from about 4,51,000 in 2000 to an estimated 2,95,000 in 2017. This equates to an estimated global MMR of 211 per 100,000 live births, down from 342 in 2000, a 38 per cent reduction.
- Globally, the World's MMR fell by nearly 45% over the past 27 years, to an estimated 211 maternal deaths per 1,00,000 live births in 2017, from an MMR of 385 in 1990 at an average annual decline of 1.7%, while India recorded a decline of 78% reduction in maternal deaths over 27 years.

Maternal Mortality-India & Global



Trend of MMR in India

Following are the global and national targets for MMR:

- As per the Sustainable Development Goal (SDG)-3, MMR to be less than 70 per 1,00,000 live births by 2030
- As per NHP (National Health Policy) 2017, the target for MMR is 100 per 1,00,000 live births by 2020.

Achievement towards SDG and NHP targets

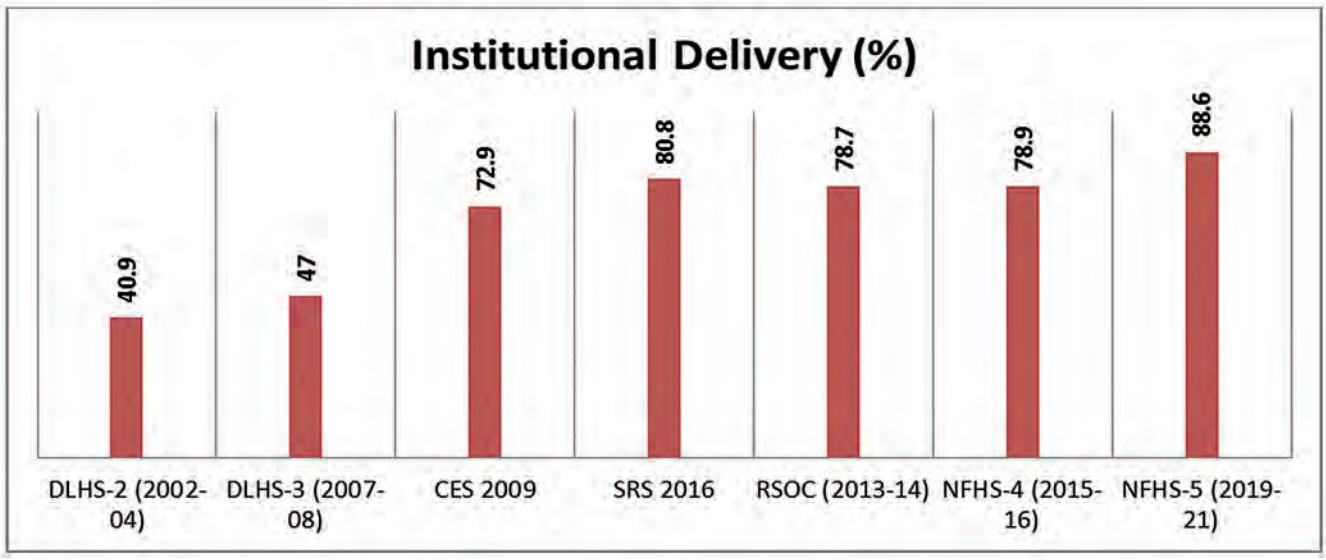
States achieved SDG (70/ per lakh live births)	5 States (as compared to 3 States earlier)	Kerala (43), Maharashtra (46) and Tamil Nadu (60), Telangana (63), Andhra Pradesh (65)
States achieved NHP 2017 Goals (100/ per lakh live births)	11 States (same as earlier)	Kerala (43), Maharashtra (46), Tamil Nadu (60), Telangana (63), Andhra Pradesh (65), Jharkhand (71), Gujarat (75), Haryana (91), Karnataka (92), West Bengal (98), Uttarakhand (99)

Percentage decline in States/UTs

Upto 5% decline	Tamil Nadu (4.7%)
5%- 10% decline	Karnataka (5.1%), Assam (6.1%), Jharkhand (6.5%), Haryana (7.1%), Madhya Pradesh (7.9%), Uttar Pradesh (8.7%), Bihar (9.6%)
10- 15% decline	Odisha (10.7%), Rajasthan (11.8%), Andhra Pradesh (12.1%), Gujarat (13.7%)
>15%	Maharashtra (16.3%), Telangana (17.1%)

INSTITUTIONALDELIVERY

Institutional deliveries in India have risen sharply from 47% in 2007-08 to over 88.6% in 2019-21 (NFHS-5).



Key updates from the NFHS-5:

- Antenatal check-up within first trimester has improved in almost all the States/UTs, except in five States/UTs
- Institutional deliveries have increased in every State
- Increase in institutional delivery is mostly contributed by increase in proportion of deliveries conducted in public facility
- Maternal PNC care within two days of delivery has increased in almost all the States/UTs except in Meghalaya, Sikkim, Ladakhand Lakshadweep

Key strategies for accelerating the pace of decline in MMR

a) **Janani Suraksha Yojana (JSY)** is a safe motherhood intervention under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women.

b) Building on the phenomenal progress ofJSY scheme, the Government of India launched **Janani Shishu Suraksha Karyakaram (JSSK)** on 1st June, 2011.The initiative entitles all pregnant women delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics and free blood transfusion, if required. This initiative also provides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements were put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. In 2013, the scheme was expanded to cover complications during ante-natal and post-natal period and also sick infants up to 1 year of age. Utilization of public health infrastructure by pregnant women has increased significantly as a result of JSY & JSSK. During FY 2020-21, more than 1.29 crore beneficiaries availed the benefits under JSSK. Since April 2021-November 2021, 8685971 beneficiaries availed the benefits under JSSK.

c) **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was launched by the Ministry of Health & Family Welfare in June, 2016. Under PMSMA, all pregnant women in the country are provided fixed day, free of cost assured and quality Antenatal Care. The Abhiyan also involves private sector's health care providers as volunteers to provide specialist care in Government facilities (Fig 3). So far, over 3.06 crore ANC check-ups were conducted by government doctors and over 7000 volunteers. Also, more than 26 lakh high risk pregnancy cases were identified across the country.

Antenatal Care Check-up and free ultrasound test during PMSMA

d) SUMAN (SURAKSHIT MATRITVA AASHWASAN):

The Ministry of Health & Family Welfare, Government of India launched ***SUMAN-Surakshit Matritva Aashwasan"*** on 10th October, 2019with an aim to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility in order to end all preventable maternal and newborn deaths and morbidities and provide a positive birthing experience. Under SUMAN, eachhealth facility is expected to notify the service guarantee package on the basis of their currentresources and service availability with measures put in place to reach 100% of the expected servicestandards for the level of that facility. The packages under SUMAN have been divided into Basic,BEmONC and CEmONC for both maternal and newborn services.

As on December 2021, more than 10000 public health facilities have been notified for SUMAN. Many States have initiated branding of SUMAN facilities

Branding of SUMAN facility

National Level SUMAN Committee Meeting

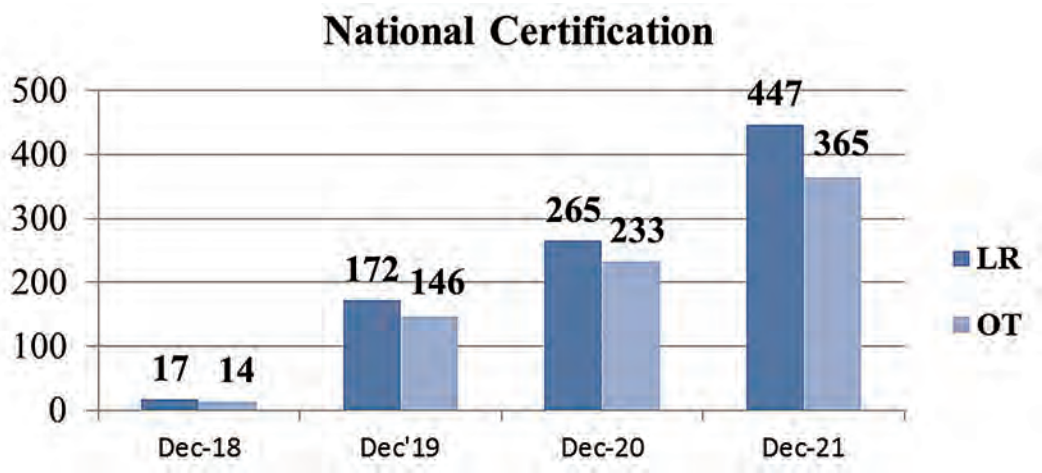
First National Level SUMAN Committee's meeting was held under the Chairpersonship of AS&MD (NHM) to provide an update on SUMAN and plan the way forward .

SUMAN - Community linkage brochure approved by MoHFWis planned to be launched in FY 2021-22.

e) LaQshya Programme

f) LaQshya Programme was launched in 2017 to improve quality of care in Labour Room and Maternity Operation Theatres (OTs) in public health facilities. The programme is evidence based approach to improve quality of maternal and newborn care and provide respectful care, particularly during the intrapartum and postpartum periods, which are the most vulnerable periods for a woman and contribute to a significant proportion of maternal deaths.

Status of LaQshya Certification in India



LaQshya programme is being implemented at District Hospital (DH), Sub-District Hospital (SDH), high case load Community Health Centre (CHC) and First Referral Units (FRUs) and medical colleges. In total, 2807 public health facilities including 193 medical colleges have been identified under LaQshya. National certification for LaQshya has been achieved by 447 Labour Rooms and 365 OTs till 27th December 2021.

During the COVID-19 pandemic, the States/UTs were provided with an opportunity of virtual method of assessment for an interim certification.

g) Midwifery Initiative:

The Government of India has taken a landmark policy decision to roll out midwifery services in the country in order to improve the quality of care and ensure respectful care to pregnant women and newborns. The initiative was launched in December 2018.

The initiative aims to create a cadre of Nurse Practitioners in Midwifery (NPMs) who are skilled in accordance to competencies prescribed by the International Confederation of Midwives (ICM) and are knowledgeable and capable of providing compassionate women-centred, reproductive, maternal and newborn health care services. In order to create a cadre of Nurse Practitioner Midwives, eighteen months training would be provided to GNM/BSc nurses having 2 years' experience in conducting deliveries. Training Curriculum would be based on the 'Essential Competencies for Midwifery Practice defined by International Confederation of Midwife. Midwifery practices intend to minimise unnecessary medical interventions and promote physiological birthing by adoption of alternate birthing positions during child birth.

Key updates:

- **Notification of 15 National Midwifery Training Centres in the country** (Telangana (2), Madhya Pradesh, Gujarat, Assam, Maharashtra, Uttar Pradesh, Rajasthan, West Bengal, Tamil Nadu, Karnataka, Delhi, Punjab and Jammu & Kashmir, Andhra Pradesh.)
- **Resumption of Midwifery Trainings**: Training of Midwifery Educators (MEs),which was halted due to COVID-19 pandemic, was resumed in September 2021 at the NMTI in Telanganaand is now completed.
- **Release of Scope of Practice**: In July 2021, GoI released a "Scope of Practice documentfor Midwifery Educators (ME) and Nurse Practitioner Midwife (NPM)" in collaboration with the Indian Nursing Council (INC). It acts as a guiding document for their education, regulation and ongoing professional development.

Refresher orientation of ME candidates

Midwifery practices

h) State of the art Maternal and Child Health Wings (MCH wings) have been sanctioned at District Hospitals/District Women's Hospitals and other high case load facilities at Sub-District level, as integrated facilities for providing quality obstetric

and neonatal care. Over 600 dedicated Maternal and Child Health Wings (MCH Wings) with more than 42,000 additional beds have been sanctioned.

i) More than 25000 Delivery Points have been identified across the country based on performance. These are being strengthened in terms of infrastructure, equipment, trained manpower for provision of comprehensive reproductive, maternal and newborn child health services along with service for Adolescent and Family Planning etc. and are being monitored for service delivery.

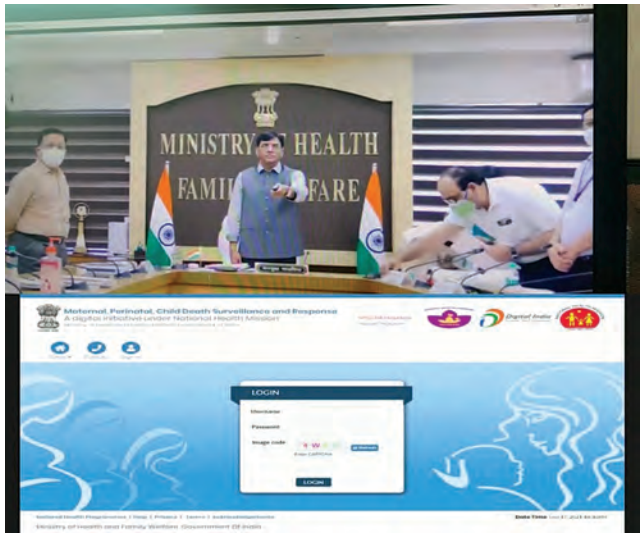
j) Setting up of Skill Labs has been done with earmarked skill stations for different training programmes to strengthen the quality of capacity building of different cadres of service providers in the States. Five National Skills labs are operational for conducting training of trainers. More than 106 stand-alone skills labs have been established at different States/UTs and till November 2021 more than 6520 health personnel have been trained in National Skill Lab and State Skill Labs. COVID-19 pandemic posed a challenge to organize and conduct physical trainings.

k) **Obstetric HDU & ICU-** Operationalization of Obstetric ICU/HDU in a high caseload tertiary care facilities across the country to handle complicated pregnancies**.**Total of 283 Obstetric HDUs/ICUs have been approved till November 2021.

l) **The process of Maternal Death Surveillance and Response (MDSR)** has been institutionalized across the country both at facilities and in the community to identify not only the medical causes, but also some of the socio-economic, cultural determinants, as well as the gaps in the system which contribute to the delays causing such deaths. This is with the objective of taking corrective action at appropriate levels and improving the quality of obstetric care. As per HMIS, during FY 2021-22 (April-November), 72.84% (14569) of the estimated maternal deaths have been reported and out of these, 45.88% (6688) deaths have been reviewed by the District MDR Committees.

As we gradually move towards service assurance model with an endeavour to attain zero preventable maternal and newborn deaths under the *Surakshit Matritva Aashwasan*(SUMAN) initiative, a robust IT-enabled system, Maternal Perinatal Child Death Surveillance Response (MPCDSR) Software, was launched by Hon'ble Union Minister of Health & Family Welfare on the occasion of 'World Patient Safety Day' on 17th September 2021, for continuous surveillance of these deaths and responses that links the health information system and quality improvement processes from local to national levels

MPCDSR software



The national training of trainers for MPCDSR was conducted in October 2021, followed by Regional ToT in December 2021. The States/UTs have initiated orientations in the cascade manner

m) **Ensuring Maternal health services during COVID-19 pandemic:** On 19thMay 2021, a webinar was conducted on 'Ensuring Maternal Health Services in COVID-19 Pandemic' with

support from domain experts and some State maternal health nodal officers with the objective to re-emphasize and re-enforce MoHFW's guidance on essential maternal health services during COVID-19 Pandemic and also to impart standardized and updated knowledge on management of COVID-19 during different stages of pregnancy and to disseminate good practices from the States/UTs and medical college. The said webinar (Fig 10) was attended by around 1000 participants from all states/UTs including Programme Managers and health care providers and has more than more than 19 thousand online views. As an outcome to the webinar, **'Guidelines on operationalisation of maternal health services during COVID-19 pandemic'** was finalised and released in September 2021.

Webinar on ensuring essential maternal health services during pandemic

n) Review workshops with States/UTs: In order to review the progress of States/UTs against key deliverables and performance indicators, annual regional maternal health reviews commenced in September 2021 and were completed in October 2021

o) Collaborative Framework for Management of Tuberculosis n Pregnant Women was released in February 2021 to help the States/UTs, Mission Directors and programmeofficers to ensure early detection and timely management of TB cases in pregnant women inIndia. National trainings have been planned for FY 2021-22.

p) Standard Operating Procedures for HIV & Syphilis Screening of Pregnant Women at VHSND Sites was released in February 2021 to define the standard operating procedures for implementation of HIV & Syphilis screening at VHSND sites. These SOPs are an extension of the existing guidelines and specifically focus on additional activities required for ensuring screening at outreach sites. These include activities such as procurement, transportation, cold chain of testing kits, confidentiality aspect of testing and referral, recording and reporting mechanisms, along with training component.

q) Comprehensive Abortion Care (CAC) (CAC) is being provided as it is an important element in the reproductive health component of the RMNCH+A strategy as 8% (2001-03 SRS) of maternal deaths in India are attributed to unsafe abortions. More than 16,000 Medical Officers have been trained in CAC trainings. Online training of trainers on CAC has been conducted for 16 States/UTs and created 256 master trainers.

Medical Termination of Pregnancy (Amendment) Act, 2021: *The MTP Act, 1971 recognized the importance of providing safe, affordable, accessible and legal abortion services to woman who need to terminate a pregnancy due to certain therapeutic, eugenic, humanitarian or social grounds. The Act was amended for expanding base of beneficiaries to provide safe abortion services. After the assent of Hon'ble President of India, the Medical Termination of Pregnancy (Amendment) Act, 2021 was published in The Gazette of India on 25thMarch 2021 and followed by its notification for commencement on 24thSeptember, 2021. The Rules of the Medical Termination of Pregnancy (Amendment) Act, 2021 have been published in The Gazette of India on 12thOctober, 2021.*

r) Capacity building involves training of MBBS

doctors in Anaesthesia (Life Saving Anesthesia Skills - LSAS) and Emergency Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas and Skilled Birth Attendants (SBA) training of SNs/ANMs/ LHVs for improving quality of care during delivery and childbirth. More than 2518 doctors have been trained in Emergency Obstetric Care including C-sections and 2,683 doctors in LSAS. Over 3,30,000 SNs/LHVs/ANMs have been trained as SBAs as per State reports. Covid-19 pandemic posed a challenge to organise and conduct physical trainings.

s) **BEmONC training:** Basic Emergency Obstetric and Newborn Care (BEmONC) have been imparted to more than 32705 medical officers across States/UTs.

t) The Government of India launched **Dakshata** in 2015 with an objective to improve the quality of care at the time of birth through by focusing on delivering high impact, evidence-based practices. Till date 1369 trainers have been trained in 75 batches and more than 16,419 health care providers have been trained in Dakshata trainings.

u) **Monthly Village Health and Nutrition Days (VHNDs)** is an outreach activity at Anganwadi centres for provision of maternal and child care including nutrition in convergence with ICDS.

v) **Mother and Child Protection (MCP) Card** is being used by all States as a tool for monitoring and improving the quality of MCH and Nutrition interventions. New Mother and Child Protection (MCP) Card has been developed.

w) In 2018, **Anaemia Mukt Bharat** strategy was launched to reduce anaemia prevalence in the country in life cycle approach. It aims to strengthen the existing mechanisms and foster newer strategies of tackle anaemia in six target beneficiary groups, through six interventions and six institutional mechanisms and reduce anemia prevalence both due to nutritional and non-nutritional causes.

x) Engagement of more than 10 lakh Accredited Social Health Activists (ASHAs) to facilitate accessing of health care services by the community, particularly pregnant women.

y) **Regular IEC/BCC** is done for early registration for ANC, regular ANC, institutional delivery, nutrition and care during pregnancy etc. Funds are being provided to the States through PIPs for comprehensive IEC/BCC on Maternal and Newborn Health. Standardized IEC/BCC packages have been prepared at national level and have been disseminated to the States.

z) Enhanced focus on the aspirational districts to further to sharpen the focus on the low performing maternal health indicators.

To further accelerate the pace of decline in MMR, many guidelines in the past have been released namely, operational guidelines for obstetric HDU & ICU, Screening for Diagnosis & Management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy and Dakshata guidelines for strengthening intra-partum care etc. Maternal Health Tool Kit has been developed as a ready reckoner /handbook for programme managers to plan, implement and monitor services at health facilities. It focuses on the Delivery Points, which includes setting up adequate physical infrastructure, ensuring logistics & supplies and recording/reporting & monitoring systems with the objective of providing good quality comprehensive RMNCH services.

1.3.3 JANANI SURAKSHA YOJANA (JSY)

JSY is a safe motherhood intervention under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women.

JSY is a Centrally Sponsored Scheme, which integrates cash assistance with delivery and post-delivery care. The Scheme has identified Accredited Social Health Activists (ASHAs) as an effective link between the government and pregnant women.

Important Features of JSY

The scheme focuses on pregnant woman with a special dispensation for States that have low institutional delivery rates, namely, the States/UTs of Assam, Bihar, Chhattisgarh, Jharkhand, Jammu and Kashmir, Ladakh, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand are categorized as Low Performing States (LPS) and the remaining States/UTs have been categorised as High Performing States (HPS).

Eligibility and Cash Assistance for Delivery:

The eligibility for cash assistance under JSY is as shown below:

Category	Rural Area (Rs.)	Urban Area (Rs.)	Eligibility
Financial Assistance for Institutional Delivery			
Low Performing States (LPS)	1400	1000	Available to all women regardless of age and number of children for delivery in government /private accredited health facilities
High Performing States (HPS)	700	600	Available only to BPL/SC/ST women regardless of age and number of children for delivery in government /private accredited health facilities
Financial Assistance for Home Delivery			
Low Performing States (LPS)	500	500	Available only to BPL women (regardless of age and number of children) who prefer to deliver at home
High Performing States (HPS)	500	500	

*ASHA package of Rs.600/- in rural areas includes Rs.300/- for ANC component and Rs.300/- for facilitating institutional delivery.

**ASHA package of Rs.400/- in urban areas includes Rs.200/- for ANC component and Rs.200/- for facilitating institutional delivery.

Subsidizing cost of Caesarean Section

JSY has a provision to hire the services of a private specialist to conduct Caesarean Section or for management of obstetric complications, in the Government institutions, where Government specialists are not in position.

Accrediting private health institutions

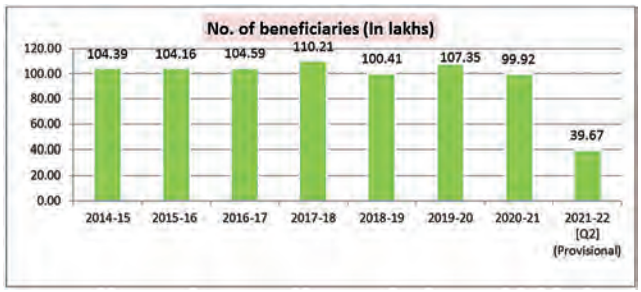
In order to increase the choice of delivery care institutions, the States/UTs are encouraged to accredit at least two willing private health facilities per Block to provide delivery services.

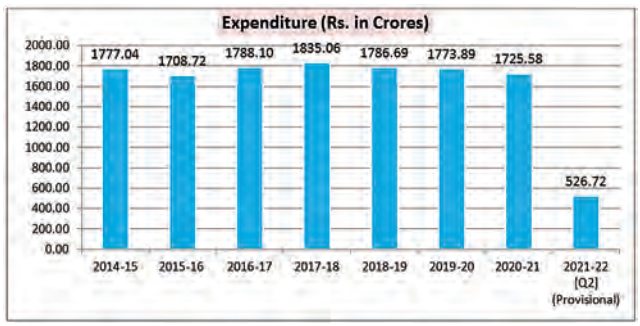
Direct Benefits Transfer under JSY

Payments under JSY are being made through Direct Benefit Transfer (DBT) mode. Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their Aadhaar linked bank accounts/ Electronic funds transfer.

Physical & Financial progress

JSY has been a success both in terms of number of mothers covered and expenditure incurred on the scheme. From a modest figure of 7.39 lakhs beneficiaries in FY 2005-06, the scheme currently provides benefit to an average one crore beneficiaries every year. Expenditure on the scheme has also increased from Rs.38 crores in FY 2005-06 to Rs.1725.58 crores in FY 2020-21. In FY 2021-22 (upto September, 2021) the expenditure reported by State/UTs is Rs.526.72 crores (provisional).





1.3.6 RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare launched RashtriyaKishorSwasthyaKaryakram (RKSK) on 7th January 2014 to reach out to 253 million adolescents, male and female, rural and urban, married and unmarried, in and out-of-school. The programme expands the scope of adolescent health programming in India - from being limited to Sexual and Reproductive Health, it now includes in its ambit Nutrition, Injuries and Violence (including Gender Based Violence), Non-Communicable Diseases, Mental Health and Substance Misuse. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities.

The interventions under RKSK can be broadly grouped as:

A. Adolescent Friendly Health Clinics (AFHC)

Adolescent Friendly Health Clinics (AFHCs) act as the first level of contact of primary health care services with adolescents. The broad objectives of AFHCs are provision of counseling and clinical services to adolescents. AFHCs are established at Medical Colleges, District Hospitals, Sub-Divisional Hospitals, Community Health Centres, Primary Health Centres and Urban Health Centres to cater to diversified health and counseling need of adolescent girls and boys.

Dedicated space, trained Medical Officer, ANMs and counselors, availability of equipment, commodities and comprehensive IEC material are prerequisite for the establishment of AFHCs.

Total 7135 AFHCs have been established across the country. 41.38 lakh adolescents availed counseling and clinical services from AFHCs during April 2021 to November 2021.

B. Peer Educator Programme

Four peer educators i.e. two male and two female peer educators are selected per village or 1000 population in all villages under PHC selected for RKSK roll-out. Peer Educators form groups of 15-20 boys and girls in the community and conduct weekly one to two hour participatory sessions on adolescent health. Adolescent Health Day (AHD) is conducted at the village level on quarterly basis to increase awareness among adolescents, parents, families and stakeholders about issues and needs related to adolescent health. Block adolescent health coordinators the focal person to coordinate for AHD. Peer Educator facilitates organization of Adolescent Health Day and refers adolescents to Adolescent Friendly Health Clinics (AFHCs).

During FY 2020-21, 2.29 lakh Peer Educators have been selected out of which 1.69 lakh have been trained.

C. Weekly Iron Folic Acid Supplementation programme

WIFS entails provision of weekly supervised IFA tablets to in-school boys and girls and out-of-school girls for prevention of iron and folic acid deficiency anaemia, and biannual Albendazole tablets for helminthic control. The programme is being implemented across the country in both rural and urban areas, covering government and government aided schools and Anganwadicentres. Screening of targeted adolescent population for moderate / severe anaemiaand referral these cases to an appropriate health facility; and information and counselling for prevention of nutritional anaemia are also included in the programme.

The programme is implemented through convergence with key stakeholder Ministries i.e. Ministry of Women and Child Development and the Ministry of Human Resource Development, with joint programme planning, capacity building and communication activities. The programme aims to cover a total of 11.9 crore beneficiaries including 9.4 crore in-school and 2.5 crore out-of-school beneficiaries.

3.01 crore beneficiaries (2.64 crores in-school adolescents and 36.75 lakh out-of-school adolescent girls) were covered under WIFS every month during April 2021 to November 2021.

D. Scheme for Promotion of Menstrual Hygiene among Adolescent Girls in Rural India

The Ministry of Health and Family Welfare has been implementing the Scheme for Promotion of Menstrual Hygiene among adolescent girls in the age group of 10-19 years since 2011, with specific reference to ensuring health for adolescent girls.

The major objectives of the scheme are:

- To increase awareness among adolescent girls on Menstrual Hygiene.
- To increase access to and use of high quality sanitary napkins to adolescent girls
- To ensure safe disposal of Sanitary Napkins in an environmentally friendly manner.

Since FY 2015-16, the scheme had been decentralized and funds were approved in the State Programme Implementation Plans for procurement of sanitary napkin packs, for safe storage and disposal, and for training of ASHA and nodal teachers. The States have been instructed to undertake procurement of sanitary napkins packs at prices decided through competitive bidding.

14.86 Lakh Sanitary Napkins were provided every month during April 2021 to November 2021.

1.3.7. AYUSHMAN BHARAT SCHOOL HEALTH & WELLNESS PROGRAMME

This is a joint initiative of Ministry of Health and Family Welfare and Ministry of Education in which school based health promotion activities have been incorporated as a part of the Health and Wellness component and these activities will combine health education, health promotion, disease prevention, and improve access to health services in an integrated, systemic manner at the school level.

Two teachers, preferably one male and one female, in every school designated as “Health and Wellness Ambassadors” (HWAs) will be trained to transact health promotion and disease prevention information in the form of interesting activities for one hour every week. These health promotion messages will also have bearing on improving health practices in the country as students will act as Health and Wellness Messengers in the society. Every Tuesday may be dedicated as Health and Wellness Day in the schools.

1.34 Lakh Health & Wellness Ambassadors have been trained and 68,582 Headmasters /Principals have been oriented in 24 States. HWAs have begun session gradually as the schools have started to reopen. In11 States, the HWAs have also started sessions with school children.

1.4 CHILD HEALTH & IMMUNIZATION

1.4.1 Introduction

The Child Health programme under the Reproductive, Maternal, Newborn, Child Health and Adolescent Health (RMNCH+A) Strategy of the National Health Mission (NHM) comprehensively integrates interventions that improve child health and nutrition status and addresses factors contributing to neonatal, infant, Under-five mortality and malnutrition. The National Population Policy (NPP) 2000, the National Health Policy 2002, Twelfth Five Year Plan (2007-12), National Health Mission (NRHM/NHM – 2005-2017), Sustainable Development Goals (2016-2030) and New National Health Policy, 2017 have laid down the goals for child health (Table-1.4.1).

Table 1.4.1

Child Health Goals under NHP-2017 and SDG-2030			
Child Health Indicator	Current status	NHP 2017	SDG 2030
Neonatal Mortality Rate	23 (SRS, 2018)	16 by 2025	<12
Infant Mortality Rate*	30 (SRS, 2019)	28 by 2019	-
Under-5 Mortality Rate	36 (SRS, 2018)	23 by 2025	< 25

Source : Sample Registration System (SRS)

1.4.2 CHILD MORTALITY

- As per latest Sample Registration System, Report 2018, Under-5 Mortality Rate in India is 36/1000 live births (SRS, 2018), and Neonatal Mortality Rate is 23/1000 live births (SRS, 2018).
- U5MR has declined at a faster pace in the period 2008-2018, registering a compound annual decline of 6.3% per year, compared to 3.3% compound annual decline observed over 1990-2007.
- As per latest Sample Registration System 2019 Bulletin of Registrar General of India, The Infant Mortality Rate is reduced 2 points from 32 per 1,000 live births in 2018 to 30 per 1,000 live births in 2019.

As per latest Sample Registration System, Report, Under-5 Mortality Rate in India is 36/1000 live births (SRS, 2018), and Neonatal Mortality Rate is 23/1000 live births (SRS, 2018).

- Nearly 65% all deaths among children under age 5 occurs in the neonatal period (i.e. within 28 days of birth).

Nearly 80% of all neonatal deaths occur in their first week of birth (Early neonatal period) only.

Table-1.4.2: State-wise status of Early-neonatal, Neonatal, and Child Mortality Rates

Status of Child Mortality at National and State/ UT level				
		ENMR	NMR	U5MR
India		**18**	**23**	**36**
1.	A&N Islands			
2.	Andhra Pradesh	15	21	33
3.	Arunachal Pradesh			
4.	Assam	15	21	47
5.	Bihar	20	25	37
6.	Chandigarh			
7.	Chhattisgarh	22	29	45
8.	D&N Haveli			
9.	Daman & Diu			
10.	Delhi	9	10	19
11.	Goa			
12.	Gujarat	15	19	31
13.	Haryana	15	22	36
14.	Himachal Pradesh	10	13	23
15.	Jammu & Kashmir and Ladakh	12	17	23

16.	Jharkhand	17	21	34
17.	Karnataka	12	16	28
18.	Kerala	5	5	10
19.	Lakshadweep			
20.	Madhya Pradesh	26	35	56
21.	Maharashtra	10	13	22
22.	Manipur			
23.	Meghalaya			
24.	Mizoram			
25.	Nagaland			
26.	Odisha	24	31	44
27.	Puducherry			
28.	Punjab	9	13	23
29.	Rajasthan	20	26	40
30.	Sikkim			
31.	Tamil Nadu	7	10	17
32.	Telangana	13	19	30
33.	Tripura			
34.	Uttar Pradesh	24	32	47
35.	Uttarakhand	17	22	33
36.	West Bengal	12	16	26

Source: Sample Registration System, RGI 2018 Report

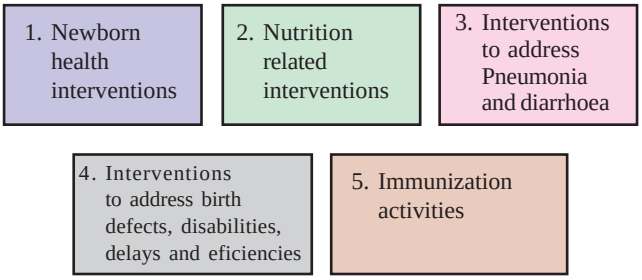
Table-1.4.3: Details of Infant Mortality Rate at National/ State/ UT level in 2019

SNo.	National/State/UT	IMR
	India	30
1	Andhra Pradesh	25
2	Assam	40
3	Bihar	29
4	Chhattisgarh	40
5	Delhi	11
6	Gujarat	25
7	Haryana	27
8	Jammu & Kashmir including Ladakh	20
9	Jharkhand	27
10	Karnataka	21
11	Kerala	6
12	Madhya Pradesh	46
13	Maharashtra	17
14	Odisha	38
15	Punjab	19
16	Rajasthan	35
17	Tamil Nadu	15
18	Telangana	23
19	Uttar Pradesh	41
20	Uttarakhand	27
21	West Bengal	20
22	Arunachal Pradesh	29
23	Goa	8
24	Himachal Pradesh	19
25	Manipur	10
26	Meghalaya	33
27	Mizoram	3
28	Nagaland	3
29	Sikkim	5
30	Tripura	21
31	A & N Islands	7
32	Chandigarh	13
33	D & N Haveli	11
34	Daman & Diu	17
35	Lakshadweep	8
36	Puducherry	9

Source: Sample Registration System (SRS) Bulletin of Registrar General of India

1.4.3 Interventions under Child Health

- Based on the identified causes of mortality, five major strategic areas have been identified to improve child health outcomes. These are:



- Besides, Maternal Health and Family Planning interventions are also linked inextricably to child health outcomes. Therefore, RMNCH+A strategic approach which strategies continuum of care across life stages is the over-arching umbrella under which these child health interventions have been built in.

- **India Newborn Action Plan (INAP)** was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Still-birth Rate" by 2030.

- **Strategic interventions under newborn health are as under:**

a) Promotion of Essential Newborn Care- Newborn Care Corners (NBCCs) have been operationalized at delivery points to provide essential newborn care at the time of birth. In order to reduce out-of-pocket expenses, JananiShishuSwasthyaKaryakram (JSSK) entitlements have been provided to ensure cashless diagnosis and treatment to infant up to one year of age in public health facilities. This also includes free referral transport. Ministry of Health and Family Welfare has also released new Navjat Shishu Suraksha Karyakaram (NSSK) in November 2020 and disseminated to all the States/ UTs on 22nd March 2021.

b) Home Based Newborn Care and Home Based Care of Young Children (HBNC/ HBYC)is for promotion of essential newborn care including breastfeeding practices, early identification and referral of neonatal illnesses by ASHAs. ASHAs are paid an incentive for visiting each newborn and post-partum mother in the first six weeks of life as per defined schedule. As per State Report, during FY 2020-21, more than 1.33 Crorenewborns and during April-September, 2021, more than 61.38 Lakh newborns were visited by ASHAs under Home Based Newborn Care (HBNC) Program.

Considering the effects of diarrhoea, pneumonia, under-nutrition and importance of Water, Sanitation and Hygiene (WASH) related interventions on overall child survival and development, addressing this gap in health system contact is crucial.

Therefore, under Home Based Care for Young Child (HBYC) programme, additional five home visits are carried out by ASHAs with the support of Anganwadi Workers from 3rd month of birth onwards to ensure exclusive and continued breast feeding, adequate complementary feeding, age appropriate immunization and early childhood development. In FY 2021-22, 604 Districts (including all Aspirational Districts) rolled out HBYC program in all States/UTs except Goa. Till March 2021, 3018 State/District level trainers and 3.8 lakhs FLWs were trained in 319 Districts (including 103 ADs). In FY 2020-21, 230 Districts (including 88 ADs) initiated home visits and 1.37 crore home visits conducted to children (3-15 months). During April-September, 2021; 66.29 Lakhs home visits carried-out by ASHAs to young children of 3-15 months.

c) Facility Based Newborn Care (FBNC)is being scaled up for care of small or sick newborns. 914 Special Newborn Care Units (SNCUs) have been set up in district hospitals and medical colleges to provide round-the-clock services to

sick newborns. SNCU Online Reporting System has been established and more than 90% facilities are reporting online. 2,579 Newborn Stabilization Units (NBSUs) at the level of FRUs and 20,337 Newborn Care Corners (NBCCs) at delivery points have been operationalized in the continuum of care. During FY 2020-21, more than 10.22 lakh sick and small newborn received treatment and nearly 80% successfully discharged. During April-December, 2021 (2021-22), more than 7.99 Lakh sick and small newborn received essential and emergency care in SNCUs and NICUs functional all cross the country. State/ UT wise details of Facility Based Newborn Care is placed at Table-1.4.4.

d) The Ministry of Health and Family Welfarelaunched **MusQaninitiative** on 17th September 2021 to ensure the provision of quality child-friendly facility-based services (SNCU, NBSUs, Paediatric Wards/ HDUs/ ICUs) in Public Health Facilities from birth to children upto 12 years of age. It aims to reduce preventable newborn and child morbidity and mortality.

e) **Newer interventions to reduce newborn mortality** have also been implemented, including Vitamin-K injection at birth, Antenatal corticosteroids in preterm labour, Kangaroo Mother Care and empowering ANMs to provide Injection Gentamycin to young infants for possible serious bacterial infection.

f) **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS):** SAANS (Social Awareness and Actions to Neutralize Pneumonia Successfully) Initiative was launched on 16thNovember 2019 to accelerate action to reduce deaths due to Childhood Pneumonia. SAANS Campaign rolled out in the States/ UTs from 12th November, 2021- 28th February 2022with aims of accelerating action against Childhood Pneumonia by generating awareness around protect, prevent and treatment aspects of Childhood Pneumonia and to enhance early identification and care seeking behaviours among parents and caregivers.

e-Launch of National Newborn Week and SAANS Campaign-2021 on 15.11.2021

Table-1.4.4

Status of Facility Based Newborn Care in India				
Sl. No	**State/UTs SNCUs /**	**No. of NBSUs NICUs**	**No. of NBCCs**	**No. of**
1	Bihar	43	41	708
2	Chhattisgarh	23	134	1249
3	Himachal Pradesh	16	49	124
4	Jharkhand	19	27	594
5	Madhya Pradesh	56	62	1303
6	Odisha	40	45	730
7	Rajasthan	61	286	2065
8	Uttar Pradesh	85	237	1820
9	Uttarakhand	6	47	129
10	Arunachal Pradesh	5	12	112
11	Assam	28	196	922
12	Manipur	5	4	78
13	Meghalaya	5	17	130
14	Mizoram	5	3	124
15	Nagaland	3	16	131
16	Sikkim	2	3	44
17	Tripura	6	7	109
18	Andhra Pradesh	48	117	1306
19	Goa	3	1	10
20	Gujarat	50	150	1641
21	Haryana	27	66	318
22	Karnataka	42	176	1070
23	Kerala	17	61	101
24	Maharashtra	59	179	1511
25	Punjab	24	59	208
27	Tamil Nadu	74	147	2267
26	Telangana	29	46	562
28	West Bengal	69	307	577
29	A & N Islands	1	6	20
30	Chandigarh	3	3	7
31	Dadar& Nagar Haveli and Daman & Diu	2	2	9
32	Delhi	20	0	61
33	Jammu & Kashmir	30	64	264
34	Ladakh	2	3	18
35	Lakshadweep	2	0	5
36	Puducherry	4	6	10
	India Total	914	2579	20337

INTERVENTIONS TO ADDRESS BIRTH DEFECTS, DISEASES, DELAYS AND DEFICIENCIES

- Birth defects account for 9.6% of all newborn deaths and 4% of under-five mortality.
- Development delays affect at least 10% children and these delays, if not intercepted timely, may lead to permanent disabilities.

RashtriyaBalSwasthyaKaryakram (RBSK): RBSK provides child health screening and early interventions services by expanding the reach of mobile health teams at Block level. These teams also carry out screening of all the children in the age group 0-6 years enrolled at AnganwadiCentres twice a year. RBSK covers 32common health conditions. The States/UTs may incorporate a few more conditions based on high prevalence/endemicity. Estimated 32.8 Crore children in the age group of 0-18 years are expected to be covered in a phased manner.

The strategic interventions to address birth defects, diseases, delays and deficiencies are as follows:

Screening of children under RBSK-Child health screening and early intervention services are provided with an aim to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays (4 Ds) and reduce out of pocket expenditure for the families. Dedicated mobile medical health teams (for screening purpose) at Block level, comprising of four health personnel viz. two AYUSH doctors (One Male, One Female), ANM/Staff Nurse and a Pharmacist.

Under this intervention, during FY 2019-20, 20.3 Crore children were screened; 1.61 Crore children identified with any of 4Ds; 123.0 Lakh children were referred to secondary/tertiary facilities; 88.0 lakh children availed services in secondary tertiary facilities.

During 2020-21 and during April-September 2021 (FY 2021-22), due to COVID-19 pandemic field activities by Mobile Health Teams of RBSK Program got affected.

Establishment of District Early Intervention Centres (DEICs)– DEICs are to be made operational in the Districts of the country for providing management of cases referred from the Blocks and link these children with tertiary level health services in case surgical management is required. 315 DEICs have been functional as on November, 2021.

Early Childhood Development (ECD) – ECD is a continuum of care process that begins with planning for pregnancy and must continue for at least the first two years of a child's life. Ministry of Health and Family Welfare earlier published a user-friendly resource on Journey of the First One Thousand Days for communication with pregnant women and care givers with information.

To make this information available for within every family and caregiver, the Maternal and Child Protection (MCP) card which targets every pregnant woman and the child till the age of first 2 years of age has been revised to include information in an age appropriate pictorial description. The card now specifically included information on what the child does by a specific age, what the parents should do to stimulate the child and engage with the child and red flag signs in child development as guidance when to seek help. The Ministry of Health and Family Welfare has introduced a mobile app "AyushmanBhava" in Hindi based on the same information of the MCP card for wider use.

Child Health Nutrition:

- Malnutrition is considered to be the underlying cause of 45% of child deaths.
- 32.1% of Under-5 children are underweight, 35.5% are stunted and 19.3% are wasted. More importantly, 7.7% children are suffering from severe acute malnutrition (SAM), as per NFHS-5 (2019-21).
- Only 41.8%newborns initiated breastfeeding within one hour of birth while, 63.7% children breastfed exclusively till 6 months of age. Complementary feeding started for45.9% children on time (more than 6 months of age) as per NFHS-5 (2019-21).
- As per NFHS-5 (2019-21),60.6% Under-5children with diarrhoea episode in preceding 2 weeks received ORS and 20.3% received Zinc during diarrhoea.
- 67.1% of children in age group 6 months-59 months are anaemic (NFHS-5, 2019-21).

- Coverage of Vitamin-A has improved from 64.5% in 2015-16 to 71.2% in 2019-21 as per NFHS-5 (2019-21).

Hon'ble MoS Virtually taking Webinar on Child Nutrition – The Power of Play

AS&MD (NHM) and other dignitaries participating in Virtual Webinar with Hon'ble MoS, Health & Family Welfare on Child Nutrition on 27.09.2021

Strategic Interventions to tackle Child Health Nutrition:

A. Nutrition Rehabilitation Centres: 1080 NRCs have been set up at public health facility level in 29 States/UTs to provide medical and nutritional care to Under-5 Severe Acute Malnourished (SAM) children with medical complications. In addition, the mothers are also imparted skills on child care and feeding practices so that the child continues to receive adequate care at home. In FY 2020-21, 1.04 lakh sick SAM children received treatment at 1073 NRCs. In FY 2021-22 (April to September), 59,424 sick SAM children received treatment at 1080 NRCs.

B. National Deworming Day (NDD): National Deworming Day (NDD) is observed bi-annually every year in the month of February and August with an aim to reduce the load of intestinal worms and related morbidity in the country. Under this programme, all children and adolescents from 1-19 years of age are given deworming tablet through the platform of schools and Anganwadicentres.

In view of COVID-19 pandemic, community based distribution of Albendazole tablets is being done for children 1-19 years of age while ensuring COVID appropriate behaviour i.e. hand washing, wearing face mask and maintaining social distance. The 12th round of NDD was conducted during February -April, 2021 in 26 States/UTs. 17.75 crore children and adolescents in the age group of 1-19 years were covered with deworming drug. 13th round of NDD has been implemented in 34 States/UTs during August-November, 2021.

C. Intensified Diarrhoea Control Fortnight (IDCF) Campaign: To increase awareness about use of ORS and Zinc in diarrhoea- an Intensified Diarrhoea Control Fortnight (IDCF) is being observed during monsoon season, with the ultimate aim of 'zero child deaths due to childhood diarrhoea'. During the fortnight, health workers visit the households of Under-5 children, conduct community level awareness generation activities and distribute ORS packets to the families with children Under-5 years of age.In 2021,

diarrhoea prevention and management activities under IDCF were conducted in all the States/UTs following COVID-19 protocols wherein, approximately 8 crore children up to five years of age were provided with ORS and Zinc

D. Anaemia Mukt Bharat (AMB) program: In 2018, Anaemia Mukt Bharat strategy was launched to achieve the envisaged target of 3% reduction in anaemia prevalence every year under the POSHAN Abhiyaan. The strategy recommends 6x6x6 strategy to reduce anaemia prevalence (nutritional and non-nutritional) in six age groups namely pre-school children (6-59 months), children (5-9 years), adolescent girls and boys (10-19 years), pregnant women, lactating women and in women of reproductive age group (15-49 years) in programme mode through life cycle approach.

The six interventions under Anaemia Mukt Bharat strategy are prophylactic iron folic acid supplementation, periodic deworming, intensified year-round behaviour change communication campaign including delayed cord clamping, testing and treatment of anaemia using digital methods and point of care treatment, mandatory provision of iron folic acid fortified foods in public health programmes and addressing non-nutritional causes of anaemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis. The six institutional mechanisms are inter-ministerial coordination, national AnemiaMukt Bharat unit, national centre of excellence and advanced research on anaemia control, convergence with other ministries, strengthening supply chain and logistics, Anaemia Mukt Bharat dashboard and digital portal - one-stop shop for anaemia.

To address anaemia in children, bi-weekly IFA supplements are provided to children aged 6-59 months through ASHAs and Weekly IFA supplements to children of 5-10 years and adolescents 10-19 years of age. 180 doses of IFA supplements are also being provided to pregnant and lactating women during ANC and PNC period, respectively. Bi-annual Vitamin-A Supplementation is being done for all children below five years of age. During FY 2021-22 (till September, 2021), the achievements under IFA supplementation is as follows:

a. 2 crore children of age group 6-59 months were provided 8-10 doses of Iron Folic Acid (IFA) Syrup every month.

b. 1.9 crore children of age group 5-9 years were provided 4-5 IFA Pink tablets every month.

c. 3 crore children of age group 10-19 years were provided 4-5 IFA Blue tablets every month.

d. 1.3 crore pregnant women and 0.6 crore lactating women were provided 180 IFA Red tablets during ANC and PNC respectively.

E. Mothers' Absolute Affection (MAA) programme: Mothers' Absolute Affection (MAA) programme focuses on promotion of optimum Infant and Young Child Feeding (IYCF) practices including early initiation of breastfeeding within one hour, exclusive breastfeeding up to six months, age appropriate and adequate complementary feeding after six months and continuation of breastfeeding for two years and beyond through capacity building of frontline health workers and comprehensive IEC campaigns. As perNFHS-5 (2019-21), only 41.8%newborns initiated on breastfeed within one hour of birth while, 63.7% children breastfed exclusively till 6 months of age.

F. Bi-annual Vitamin-A Supplementation: Under Vitamin-A supplementation programme, all children below five years of age are given Vitamin-A supplementation. Coverage of Vitamin-A has improved from 64.5% in 2015-16 to 71.2% in 2019-21 as per NFHS data. During FY 2021-22 (till September, 2021), 37.35% children have been provided with 1st dose of Vitamin-A, 33.15% children have been provided with 5th dose of Vitamin-A and 32.94% children have been provided with 9th dose of Vitamin-A supplementation.

G. Lactation Management Centres (LMCs): When direct breastfeeding is not possible,

the options are expressed mother's own milk, donor human milk and formula feed. Feeding with human breast milk provides optimum nutrition, infection prevention, improves neuro-developmental growth, reduced hospital stay and economic benefits whereas feeding formula milk is associated with high risk of sepsis and Necrotizing Enterocolitis (NEC). Lactation Management Centre ensures availability of safe pasteurized donor human milk at Comprehensive Lactation Management Centres (CLMCs) and expressed mother's own breast milk suitable for feeding sick, preterm and low birth weight babies at all levels.

The Ministry of Health & Family Welfare under NHM has initiated establishment of Lactation Management Centres in public health facilities at three levels: i) CLMC (Medical Colleges/high load District Hospitals), ii) Lactation Management Unit (District Hospitals/Sub-District Hospitals), and iii) Lactation support Unit (Delivery points) for ensuring human milk for sick, preterm and low birth weight babies admitted in intensive care units such as NICU and SNCUs. CLMC provide all facilities to ensure that donor human milk is expressed, collected, processed and dispensed free of cost for feedingof sick, preterm and low birth weight babies admitted in intensive care units such as NICU and SNCUs following the most appropriate technology and standard protocol. All these standard protocols and safety measures for these processes are elaborated in the **"**National Guidelines on Lactation Management Centres in Public Health Facilities" published by MoHFW. As of FY 2020-2021 (upto September, 2020), 15 CLMCs and 3 LMUs are established in seven States.

1.4.4 UNIVERSAL IMMUNIZATION PROGRAMME (UIP)

- Universal Immunization Programme (UIP) in India is one of the largest public health programmes in the world. It targets around 3.04 crore pregnant women and 2.67 crore newborn annually. More than 1.2 crore immunization sessions are conducted annually.
- It is one of the most cost effective public health interventions and largely responsible for reduction of vaccine preventable Under-5 mortality rate.
- Launched in 1978 as an expanded programme on immunization, it got its present name of "Universal Immunization Programme (UIP)" in 1985 when its reach was expanded beyond urban areas. In 1992, it became part of Child Survival and Safe Motherhood Programme and in 1997 and it came under the ambit of National Reproductive and Child Health Programme. UIP is an integral part of National Rural Health Mission since its launch in 2005.
- The National Technical Advisory Group on Immunisation (NTAGI) is the apex advisory body on immunization in the country. It provides guidance and advice to MoHFW on provision of vaccination and immunization services for the effective control of vaccine preventable diseases.
- Under UIP, the Government of India is providing vaccination free of cost against twelve vaccine preventable diseases, of which:

a) Eleven vaccines are provided across the country against Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, severe form of Childhood Tuberculosis, Rota virus diarrhea, Hepatitis B, Meningitis & Pneumonia caused by Hemophilus Influenza Type B and Pneumococcal pneumonia

b) Only Japanese Encephalitis (JE) vaccine is is provided sub nationally in endemic districts.

- A child needs seven contacts with the health facility till the age of five years to complete immunization under UIP. The detailed immunization schedule age-wise as well as vaccine-wise is given at Annexure.
- A child is said to be fully immunized if he/she receives all due vaccines as per national immunization Schedule within 1styear of the age of the child.

- There are three main systems to measure full immunization coverage:

1. Online web-based Health Management Information System (HMIS) portal wherein administrative coverage is being reported through health facilities across the country. As per HMIS data for FY 2020-21, the full immunization coverage of the country stands at 88.05% (April to October 2021 as on 10th December, 2021).
2. Periodic surveys like National Family Health Survey (NFHS) - As per NFHS-5 (2019-2021), the full immunization coverage in the country stands at 76.4%.
3. Concurrent monitoring of the Universal Immunization Programme is conducted through sessions as well as community monitoring.

The trends in Full Immunization coverage (FIC) over the past years is as follows:

Survey	NFHS-3	DLHS-3	CES	RSOC	NFHS-4	NFHS-5
Time	2005-06	2007-08	2009	2013-14	2015-16	2019-2021
FIC (%)	**43.5**	**53.5**	**61.0**	**65.3**	**62.0**	**76.4**

- A system of cold chain equipment is utilized to store vaccine and deliver the immunization services from fixed centres or out-reach sessions utilizing the following infrastructure:
- Sub-Centres: around 1.5 lakhs,
- Cold Chain Points: around 30,000 – vaccine storage points (Hospital, CHCs, PHCs, Health facilities)
- ILRs & Deep Freezers: around 1,07,093 equipment to store vaccines,
- Solar Direct Drive (SDDs) – 441 - Equipment to store vaccine
- District Vaccine Stores: around 736 vaccine stores
- WIC & WIF: 436 – cold and freezer rooms to store vaccines at bulk storage locations.

Routine Immunization Coverage and Strengthening

Under Routine Immunization, routinely head count survey is conducted and microplanning is done, immunization services are provided through facility based and outreach sessions. Various community mobilization activities are undertaken to address the various reasons because of which eligible children may be left out or drop out. Some of the periodic immunization intensification activities which are undertaken from time to time are as follows:

1) MISSION INDRADHANUSH

a) To increase the rate of increase of full immunization coverage to ensure no child is left without the benefit of vaccines, the Government of India launched Mission Indradhanush in December 2014 with an aim to increase the full immunization coverage to at least 90% and sustain the gains through Routine Immunization

b) Mission Indradhanush is a targeted approach focused to reach all left out and dropped out children in pockets of low immunization coverage (like hard to reach areas, vacant Sub- Centres, areas with recent outbreaks of vaccine preventable diseases, resistance pockets etc.).

c) Mission Indradhanush has completed ten phases (from April 2015 to March 2021) covering 701 Districts wherein:

i. 3.86 crore children were reached

ii. 96.8 lakh pregnant females were immunized

d) The detailed phase-wise coverage of Mission Indradhanush is given in Table No.4.7.

e) As per report of Integrated Child Health and Immunization Survey (INCHIS), the first two phases of Mission Indradhanush have led to an increase of 6.7% in full immunization coverage in one year as compared to 1% increase/year in the past. This increase was more in rural areas (7.9%) as compared to urban areas (3.1%).

2) Intensified Mission Indradhanush:

a) During the review of Mission Indradhanush in Pro-Active Governance and Timely Implementation (PRAGATI) meeting on 26th April 2017, directions were received to achieve the goal of 90% FIC

b) Accordingly, MoHFW identified 121 Districts, 17 urban areas and 52 Districts of North Eastern States (total 190 Districts/urban areas across 24 States) where Intensified Mission Indradhanush was conducted, which was launched by the Hon'ble Prime Minister of India on 8th October, 2017 at Vadnagar, Gujarat.

c) The activity was monitored closely by the Prime Minister of India and Cabinet Secretary.

d) Intensified Mission Indradhanush involved intensive preparation, implementation and integration of IMI sessions into Routine Immunization microplans.

e) Focus was on urban slum areas and districts with slowest progress, completion of due-list of beneficiaries on the basis of head-count surveys & greater convergence with other ministries/ departments with defined roles.

3) Intensified Mission Indradhanush 3.0:

a) In order to re-gain the achievements of past immunization drives and to accomplish the vision of 90% FIC and sustain thereafter, plan for strengthening routine immunization and catch up on the gaps that might have emerged due to COVID-19 pandemic, was developed.

Two rounds of Intensified Mission Indradhanush (IMI) 3.0 were carried out from February 2021-March 2021 in a total of 250 Districts which were identified across 29 States/UTs, wherein a total of 9,54,406 children and 2,24,161 pregnant women were vaccinated.

Further, many other steps were taken to mitigate negative impacts of COVID-19 onvaccination services, these include:

i. Developing and disseminating guidelines: A national guideline to safelycontinue immunisation services during the COVID-19 pandemic, includingconduct of Polio Supplementary Immunisation Activities (SIAs) was developed

ii. Capacity building: State and District level trainings on new guidelines and toensure safe delivery of vaccines as per COVID-19 guidelines keeping COVIDAppropriate Behaviour (CAB) in mind

iii. Monitoring &supervision: To identify reasons for missed vaccine doses forprompt corrective action by State and District task forces

iv. Identifying and mitigating risk: High risk groups/ areas (e.g. children whomissed vaccination during COVID-19 outbreaks, Districts with high vaccine-preventable diseases (VPDs), Districts with low vaccine coverage, etc.) for riskmitigation were identified

v. Conducting Polio SIAs: One national immunisation round and two sub-national rounds continued to be conducted to maintain high populationimmunity against polio

vi. Social Mobilization & Communication Strategies: Development and implementation of a Risk Communication and Community Engagement Strategy (RCCE) for COVID-19 and integrating communication messaging for uptake of essential services including immunization which includes the urbanarea. RCCE capacity building modules were developed and implemented for Frontline Workers and line Department functionaries.

4) New Vaccines

i) Measles-Rubella (MR)vaccine

- In September 2019, the World Health Organization South-East Asia Region resolved to eliminate measles and rubella by 2023
- India is committed to the goal of measles and rubella elimination as stated in the National Strategic Plan for Achieving and Sustaining Measles and Rubella Elimination in India.
- In 1985, India introduced the first dose of measles containing vaccine (MCV1) in the routine immunization programme and introduced a second dose of measles containing vaccine (MCV2) into the routine programme schedule in 2010. Rubella containing vaccine was introduced as MRCV1 and MRCV2 in 2017
- To accelerate efforts towards measles and rubella elimination, India launched a massive nation-wide MR vaccination campaign beginning in February 2017. To date, the MR campaign has been completed in 34 States (Karnataka, Tamil Nadu, Goa, Puducherry, Lakshadweep, Andhra Pradesh, Chandigarh, Dadra and Nagar Haveli and Daman & Diu, Telangana, Himachal Pradesh, Kerala, Uttarakhand, Odisha, Arunachal Pradesh, Manipur, Mizoram, Andaman & Nicobar, Punjab, Haryana, Gujarat, Nagaland, Assam, Tripura, Jammu & Kashmir, Ladakh, Jharkhand, Chhattisgarh, Uttar Pradesh, Maharashtra, Bihar, Meghayala, Sikkim, Madhya Pradesh and Rajasthan), wherein 32.43 crore children have been vaccinated against the target of 33.07 crore with a coverage of 98%.

ii) Pneumococcal Conjugate Vaccine (PCV)

- PCV was introduced in a phased-manner by Government of India in May, 2017 under Universal Immunization Programme (UIP) for reducing Under-Five (U-5) mortality and morbidity caused by Pneumococcal Pneumonia
- In the period 2017-20, PCV was introduced and expanded to 5 States namely Bihar, Himachal Pradesh, Madhya Pradesh, Rajasthan, Uttar Pradesh and Haryana introduced PCV as a State initiative
- In 2021, PCV has now been expanded nationwide to all 36 States/UTsas implementation of Budget Announcement 2021-2022
- Till September 2021, around 6.05 crore doses of PCV have been administered to children since its introduction under UIP.

iii) Rotavirus Vaccine (RVV)

- RVV has been introduced to reduce mortality and morbidity caused by Rotavirus diarrhea.
- Till 2018, RVV was introduced in 11 States (Andhra Pradesh, Haryana, Himachal Pradesh, Jharkhand, Odisha, Assam, Tripura, Rajasthan, Tamil Nadu, Madhya Pradesh and Uttar Pradesh)
- In 2019, as per the expansion plan, all remaining 25 States/UTs introduced RVV, thus RVV became available across the entire country
- Currently, around 19.68 crore doses have been administered to children till August 2021 since its introduction.

iv) Inactivated Polio Vaccine (IPV)

- There are three types of Polio viruses namely Type-1, 2 and 3 for which the vaccine was provided under Universal Immunization Programme as trivalent oral Polio vaccine
- Since last case of wild Polio virus Type-2 was reported in 1999, therefore, Global Polio Eradication Initiative (GPEI) has recommended switch from trivalent OPV to bivalent OPV (containing only Type-1 & 3)
- The tOPV to bOPV switch happened in India on 25thApril, 2016

- As part of Global Polio end-game strategy, to mitigate the risk associated with tOPV to bOPV switch, MoHFW has introduced Inactivated Polio Vaccine (IPV) in UIP in November, 2015, which was expanded across the country by June, 2016
- Currently, two dose fractional schedule is being followed in the country with vaccination at 6 weeks and 14 weeks of age
- Till August 2021, around 19.83 crore doses of IPV have been administered to children across the country since its introduction.

v) Japanese Encephalitis (JE) Vaccine

- Japanese Encephalitis (JE) vaccination under UIP was started in India in 2006
- NVBDCP carries out Acute Encephalitis Syndrome (AES) surveillance including JE burden and, based on this surveillance, endemic Districts are identified to plan JE vaccination in these Districts
- **Campaign:** In the newly identified Districts, one-time JE vaccination campaign is carried out in children aged 1-15years to immunize the susceptible cohort
- **Routine Immunization:** Subsequent to completion of the campaign, JE vaccine is introduced in Universal Immunization Programme as two doses provided at 9-12 months and 16-24 months of age
- A total of 336 JE endemic Districts have been identified out of which JE vaccination campaign has been completed in 297 Districts. A total of around 16.8 crore children were vaccinated against JE in vaccination campaign carried out in these Districts
- **Adult JE vaccination**: Endemic Districts are also identified by NVBDCP where high numbers of JE cases are reported in people aged 15-65 years. In these Districts, onetime campaign for JE vaccination is carried out in adults to knock out the susceptible cohort. 38 high burden Districts have been identified in 3 States for Adult JE vaccination in endemic Blocks (Assam, UP and West Bengal).

Till 2021, Adult JE vaccination campaign has been completed in 35 districts wherein more than 3.54 crore beneficiaries aged 15-65 years have been vaccinated.

vi) Tetanus & adult Diphtheria (Td) vaccine:

Increase in immunization coverage in children led to shift in age-group of diphtheria cases to school going children and adults. Subsequently, Tetanus and adult Diphtheria (Td) vaccine was recommended by the National Technical Advisory Group on Immunization (NTAGI) in 2016. Thereafter, Td vaccine has replaced 2 doses of TT or single booster dose of TT given to pregnant woman and booster doses at 10 and 16 years of age.

5) New Initiatives in vaccine logistics & Cold Chain Management

a) Capacity building

National Cold Chain Resource/training Centre (NCCRC), Pune and National Cold Chain &Vaccine Management Resource Centre (NCCVMRC), New Delhi have been established to provide technical support to states in cold chain management, design and provide technical training to cold chain technicians in repair & maintenance of cold chain equipment. These centres also impart training to program managers on immunization supply chain system, capacity building, supportive supervision along with conducting various studies to evaluate the system which pave the ways for corrective measures.

b) System strengthening

- **Electronic Vaccine Intelligence Network (eVIN) rollout:**

➢ The Government of India has rolled out an Electronic Vaccine Intelligence Network (eVIN) system that digitizes the entire vaccine stock management, their logistics and temperature

tracking at all levels of vaccine storage, both for RI vaccines and Covid Vaccines – from National to the Sub-District.

- This enables programme managers to have real time view of the vaccine stock position and their storage temperature across all the cold chain points providing a detailed overview of the vaccine cold chain logistics system across the entire country.
- eVIN is fully operational in entire India, covering all the Districts across 36 States and UTs.
- 28,994 CCPs public health facilities are routinely using the eVIN system (100% of CCPs in India).
- eVIN built capacity of 48,790 cold chain handlers in strengthening the vaccine management system of India, through 1323 batches of training.
- 25,006 cold chain equipment are equipped with temperature logger.

- **National Cold Chain Management Information System (NCCMIS):**

To track the cold chain equipment availability, functional status, inventory, cold chain space planning, forecasting and critical cold chain indicators. It plays a pivotal role cold chain space planning during COVID-19 pandemic in country.

- **Spare Part Module:**

To share information on the spare part availability for the Cold Chain Equipment andto track the online indenting, availability and utilization of spare parts under NCCMIS.

- **Immunization Training Management Information System (iTMIS):**

To track the training status and training load of workforce i.e. CCT, VCCH, MO, DIOs, VCCM etc. engaged in the programme.

- **Supportive Supervision Monitoring:**

Mobile application for supervision of RI& IMI Session site, H2H Monitoring, COVID-19 Session site & H2H monitoring, Cold Chain Monitoring (Primary/Sub National Store, District Vaccine Store, Health Facility, PPM Checklists for electrical equipment. Providing data visualization on critical indicators.

- **Technical Specification Development Group (TSDG):**

12 Meetings have been conducted by NCCVMRC to update the technical specifications of all cold chain equipment and syringes in purview of COVID-19 Pandemic.

- **National Technical Advisory Body (NTAB):**

2 Meetings have been conducted by NCCVMRC to empower the immunization supply chain for efficient supply of potent vaccines from manufacturers to beneficiaries.

- **Equipment support:**

Till September 2021, ILR and Deep Freezer- 28728, WIC &WIF -117, Solar Direct Drives (SDDs) - 23, Cold Box - 54714, Vaccine Carrier (Normal) – 271214, Vaccine Carrier (Freeze Free) - 117269, Ice Packs - 2166732, Stem Alcohol Thermometer – 41598 have been supplied to all States and UTs.

6) Adverse Events Following Immunization (AEFI) System

a) The AEFI surveillance programme of the Immunization Division was assessed by the World Health Organization (WHO) as part of the Indian National Regulatory Authority (NRA) Assessment in 2017. The pharmaco-vigilance function of NRA which includes vaccine safety and AEFI surveillance received the maximum possible maturity level rating of 4.

b) National Quality Assurance Standards for AEFI Surveillance Programme is currently being expanded to 13 States in the country. Budgetary norms for QMS activities at State, District and PHC/session site levels were approved. Criteria for conducting internal, peer and external

assessments and SOP templates at PHC/session site, District and State levels have been developed. QMS training packages for all levels were developed and shared to help in upscaling to districts. State level training on QMS has been completed for 6 states (Odisha, West Bengal,Haryana, and Karnataka, Gujarat and Meghalaya) and District level training had been completedfor Odisha, Karnataka and Gujarat.

c) All severe and serious AEFI cases are now reported using a software - Surveillance and Action for Events following Vaccination (SAFE-VAC) since 01st January 2020.

d) During FY 2020-2021, 1398 serious/severe AEFIs were reported. During FY 2021-22 (April - November 2021), 616 serious/severe AEFI cases were reported.

e) During FY 2021-22 (April - November 2021), 82 State AEFI committee meetings were held by 25 States in FY 2020-21 and 75 meetings held by 23 States.

f) As on 30th November 2021, the National AEFI Committee has approved the causality assessments of 5309 cases reported between 2012 and 2021.

g) All assessed and approved cases are uploaded on the website ofMoHFW.

h) As per recommended pharmaco-vigilance practice for vaccine safety assessment, more than 8600 serious/severe AEFI cases were coded using MedDRA (Medical Dictionary for Regulatory Activities) out of 13,649 cases reported following routine immunization. The assessment of the data is underway to identify potential safety signals and share the information with drug regulators.

i) The States/UTs are being ranked based on performance of key AEFI surveillance process indicators. These are shared with the States/UTs every quarter with specific actionable points for improvement. Regular sharing of the report is being done along with actionable points to improve the sensitivity of AEFI surveillance.

j) Revision of national AEFI guidelines is underway in view of the operational changes that have been made for reporting of minor, severe and serious AEFI for COVID-19 vaccination. It is expected that revised national AEFI guideline would be approved by April 2022.

7) Awareness Generation and Social Mobilisation for Routine Immunization and new vaccines

a) To boost demand generation for immunization services and address vaccine hesitancy, dedicated Information Education Communication (IEC) strategies and packages have been developed under UIP. Key IEC packages for routine immunization include- (a) '5 Saal 7 Baar initiative' to provide information on vaccination schedule, importance of MCP cards, AEFI; (b) Risk Communication Framework to create awareness about risks if a child is not vaccinated, importance of vaccination and create vaccine confidence; (c) Routine Immunization FAQs to provide comprehensive information about immunization and dispelling myths related to it (d) BRIDGE (Boosting Routine Immunization Demand Generation and Expansion) trainings for frontline workers to enhance inter-personal communication skills. e) IEC packages for new vaccines including development of Social and Behavior Change Communication (SBCC) material consisting of poster, banners, leaflets, audio-visual spots, social media campaigns (Twitter handle @Vaccinate4Life and Facebook page Vaccinate4Life) pertaining to Immunisation in general and specific to various vaccines. g) Documentation of best practices and success stories for sharing and replication

b) Even during COVID-19 pandemic, special guidelines were issued to the States/UTs to ensure that the essential services including immunization services are provided.

1.4.5 PULSE POLIO IMMUNIZATION (PPI)

With the global initiative of eradication of Polio following World Health Assembly resolution in 1988, Pulse Polio Immunization programme was launched in India in 1995. Children in the age group of 0-5 years were administered Polio drops during National and Sub-national immunization rounds (in high risk areas) every year. There are 24 lakh vaccinators and 1.5 lakh supervisors involved in the successful implementation of the Pulse Polio Programme across the country. About 167 million children are immunized across the country during each National Immunization Day (NID) and 75 million in SNIDs.

Pulse Polio NID by Hon'ble President of India on 30.01.2021 at Rashtrapati Bhavan

1) Progress

On 24th February, 2012, WHO removed India from the list of countries with active endemic wild polio virus transmission after reporting of last case of poliovirus in country in January, 2011. Subsequently, on 27th March, 2014, India along with 10 other countries of South-East Asia Region was declared Polio-free by the Regional Certification Commission (RCC) of WHO. The issued certificate stated that "The Commission concludes, from the evidence provided by the National Certificate Committees of the 11 Member States, that the transmission of indigenous wild Polio virus has been interrupted in all countries of the Region".

India has maintained Polio-free status as no wild polio virus case has been reported for more than10 years after last case reported on 13thJanuary, 2011.

Last Reported Polio Case		
Polio Virus Type	**Date of last case**	**Location**
P1	13 January, 2011	Howrah (Panchla), West Bengal
P2	24 October, 1999	Aligarh, Uttar Pradesh
P3	22 October, 2010	Pakur (Pakur), Jharkhand

The total number of cases and number of affected districts during past 10 years		
Year	**Cases of Polio**	**Number of Districts**
2006	676	114
2007	874	99
2008	559	90
2009	741	56
2010	42	17
2011	01	01
2012	00	00
2013	00	00
2014	00	00
2015	00	00
2016	00	00
2017	00	00
2018	00	00
2019	00	00
2020	00	00
2021	00	00

Data as on: 25th December, 2021

2) Steps to maintain Polio free status

To maintain the Polio free status, the country is implementing the following strategies:

a) Maintaining community immunity through high quality of National and Sub National Polio rounds each year, apart from routine immunization.

b) Polio vaccination is provided to all eligible children round the clock through more than 70 special booths set up at international borders (both Rail and Road routes) those shares with India i.e. Pakistan, Bangladesh, Bhutan, Nepal and Myanmar. In these border posts, more than 1.48 crore children were vaccinated as on 31st August, 2021.

c) Travel advisory has been issued for Polio vaccination of international travelers between India and 8 other countries i.e. Pakistan, Afghanistan, Nigeria, Kenya, Ethiopia, Somalia, Syria and Cameroon. MoHFW ensured that all the travelers from Afghanistan who came to India during July-August 2021 got vaccinated with one dose of fIPV and bOPV. Till December, 2021 nearly 3 lakh travellers have been vaccinated with OPV.

d) An Emergency Preparedness and Response Plan (EPRP) have been put in place under which Rapid Response Teams (RRT) are set up in every State/ UTs for timely action in case of any occurrence of a Polio case in the country.

e) As a part of Polio Endgame Strategy, India has introduced Inactivated Polio Vaccine (IPV) across the country to provide double protection against Polio.

f) Strengthening Acute Flaccid Surveillance (AFP) across the country and supplementary surveillance in the form of Environmental Surveillance in Assam (Guwahati), Bihar (Patna), Delhi, Gujarat (Ahmedabad), Karnataka (Bengaluru), Maharashtra (Mumbai), Punjab (Amritsar, Ferozepur, Gurdaspur, Mohali,

Patiala, Sangrur), Rajasthan (Ajmer and Jodhpur), Tamil Nadu (Chennai), Telangana (Hyderabad), Uttar Pradesh (Agra, GB Nagar, Ghaziabad, Gorakhpur, Lucknow, Meerut, Mirzapur, Prayagraj, Varanasi,) and West Bengal (24 South Paraganas and Kolkata) which acts as surrogate indicator for Polio virus transmission.

g) The lessons learnt from Polio programme is being implemented for strengthening of routine immunization by carrying out Immunization weeks and also the same learnings are being used for implementing "Mission Indradhanush" and recently Intensified Mission Indradhanush– A drive toward 90% full immunization coverage of India.

3) Vaccine Preventable Diseases (VPDs) Surveillance

Currently, the following surveillance systems are present in India for VPD surveillance:

AFP (Acute Flaccid Paralysis) Surveillance:

a) **AFP (Acute Flaccid Paralysis) surveillance** is the gold standard for detecting cases of Poliomyelitis. This is done to identify all reservoirs of wild Poliovirus and vaccine derived Polio virus transmission. This includes reporting of all AFP cases, investigating them and laboratory testing of all stool specimens collected from such cases for Polio viruses in specialized laboratories. More than 49,000 health facilities report children with AFP to the surveillance system. In 2019, 40364 AFP cases were reported, in 2020 21,169 AFP caseswere reported and in 2021 (till 25 December 2021), 23,829 AFP caseshave been reported in the country.

b) There are 8 WHO accredited laboratories in India for primary isolation of Polio virus (wild Polio virus and vaccine derived Polio virus), followed by Intratypic Differentiation (ITD) of isolates from AFP cases, if indicated

c) These laboratories are: BJMC Ahmedabad, NIV Bengaluru, NIV Mumbai, IoS Kolkata, NCDC Delhi, CRI Kasauli, KIPM Chennai, and SGPGI Lucknow.

d) Besides above eight, there are two laboratories PMC Patna and IPM Hyderabad which do the concentration of sewage samples collected for environmental surveillance for poliovirus.

e) The COVID-19 pandemic has affected the AFP surveillance performance across the country. As of week 51 of 2021, the AFP rate for country is 5.3 (still above the global recommended level of 2 cases per 100 000 under 15 population). In 2019, the AFP rate was 9.1 per 1,00,000 under 15 population while in 2020 was 4.7. Stool adequacy (% AFP cases with 2 stool specimens within 14 days of paralysis onset) in 2019 was 87% in 2019, 82% in 2020 while it is 86% in 2021 (data till 25th December, 2021).

f) MoHFW has sent detailed guidelines to all the States/UTs on how to conduct VPD surveillance (AFP, MR and DPT) activities during ongoing COVID-19 pandemic.

g) To supplement AFP surveillance, environmental surveillance has been established at 58 sites spread over in 12 States.

Measles-Rubella (MR) Surveillance:

India is making significant progress towards the goal of measles and rubella elimination. Key strategies for achieving elimination are described in the National Strategic Plan for Achieving and Sustaining Measles and Rubella Elimination in India, and include:

h) Achieving and sustaining 95% coverage with two doses of measles and rubella containing vaccine (MRCV)

i) Establishing a sensitive and timely measles and rubella (MR) surveillance system

j) Maintaining an accredited MR laboratory network

k) Ensuring adequate outbreak preparedness and responding rapidly to measles and rubella outbreaks

l) Strengthening support and linkages to achieve the above strategies

MR surveillance started in India as laboratory supported outbreak-based surveillance in 2005, and was expanded to all states by 2015 in a phased manner. In 2016, India began transitioning from MR outbreak-based surveillance to WHO laboratory supported MR case-based surveillance starting with the state of Karnataka and expanding to all states by 2019. A pilot of fever and rash (FR) surveillance, with a broadened case definition, was started in Karnataka (2018),Madhya Pradesh and Odisha(2019) and was initiated across country in 2021.

A sensitive case-based surveillance system is essential to monitor progress towards the elimination of measles and rubella. The objective of MR case-based surveillance is to detect, investigate, and classify all suspected cases and to respond to confirmed outbreaks. This will help in timely detection of even low levels of measles and rubella transmission, and will also help to ensure timely implementation of key response measures, such as active case searches and administration of vitamin A, to reduce morbidity and mortality. In addition, MR surveillance data generated on state specific epidemiology will guide future immunization strategies across the country including planning for supplementary immunization activities.

There are >49,000 reporting sites across the country in the reporting network, which includes private sector, non-formal sector, and temples in addition to government health facilities. The Measles Rubella Lab Network (MRLN) is comprised of 28 WHO accredited laboratories. Annual accreditation of labs in the network is done by WHO to ensure quality results.

Summary of Measles & Rubella outbreaks in the country:			
	Measles outbreak	**Rubella outbreaks**	**Mixed outbreaks**
2016	803	294	76
2017	787	141	21
2018	952	120	24
2019	280	95	16
2020	65	16	03
2021*	23	03	02

*(Data as on 25th December 2021

Congenital Rubella Syndrome (CRS) surveillance is being conducted by ICMR.

4) Laboratory supported surveillance for diphtheria, pertussis and neonatal tetanus (DPT)

a) WHO-NPSP has established a case-based laboratory supported DPT surveillance system based on the operational knowledge acquired from AFP surveillance system in country which would be in collaboration with other surveillance systems like Integrated Disease Surveillance Programme (IDSP) and Central Bureau of Health Intelligence (CBHI).

b) DPT surveillance started from three States (Haryana, Kerala and Bihar) in 2015 and has been rolled out in 22 more states, namely Arunachal Pradesh, Assam, Chhattisgarh, Dadra & Nagar Haveli and Daman & Diu, Delhi, Gujarat, Goa,Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Meghalaya, Mizoram, Nagaland, Maharashtra, Punjab, Rajasthan, Sikkim, Tamil Nadu, Uttar Pradesh, Uttarakhand and West Bengal. These 25States are approximately 88% of India's population. Elevenmore States/UTs namely A&N Islands,

Andhra Pradesh, Chandigarh, Jammu & Kashmir, Ladakh, Lakshadweep, Manipur, Odisha, Puducherry, Telangana and Tripura have completed their DPT surveillance Stateworkshop and will initiate reporting by first quarter of 2022.Strengthening of DPT surveillance will continue across the country to further decrease themissed transmission.

c) WHO-NPSP has established a national reference laboratory for standardization of laboratory procedures and quality assurance, identification and strengthening of laboratories across nation for diagnosis of Diphtheria and Pertussis.

d) For this purpose, CMC Vellore has been designated as reference laboratory for DPT surveillance. In addition,10network laboratories have been established. These are BMC Bangalore, BJMC Ahmedabad, Choithram Hospital Indore, KGMC Lucknow, MVIDH Delhi, SPHL Chennai, PGI Chandigarh, STM Kolkata and SPHL Thiruvananthapuram and CMC Vellore

e) Integration of WHO and IDSP surveillance system is being undertaken for the following:-

i. Information of cases is shared on weekly basis,

ii. Lab reports are also shared,

iii. Joint VPD outbreak investigations by WHO and IDSP,

iv. Preparation of joint outbreak report for VPDs to be shared with both the systems.

National Immunization Schedule

Age	Vaccines given
Birth	Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV)-0 dose, Hepatitis B birth dose
6 Weeks	OPV-1, Pentavalent-1, Rotavirus Vaccine (RVV)-1, Fractional dose of Inactivated Polio Vaccine (fIPV)-1, **Pneumococcal Conjugate Vaccine (PCV) -1**
10 weeks	OPV-2, Pentavalent-2, RVV-2
14 weeks	OPV-3, Pentavalent-3, fIPV-2, RVV-3, **PCV-2**
9-12 months	Measles & Rubella (MR)-1, **JE-1***, **PCV-Booster**
16-24 months	MR-2, **JE-2***, Diphtheria, Pertussis & Tetanus (DPT)-Booster-1, OPV –Booster
5-6 years	DPT-Booster-2
10 years	Tetanus & adult Diphtheria (Td)
16 years	Td
Pregnant Mother	Td1, 2 or Td Booster**

* JE in endemic Districts

** One dose if previously vaccinated within 3 years

National Immunization Schedule (NIS) for Infants, Children and Pregnant Women (Vaccine-wise)

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
Tetanus Toxoid (TT)/Tetanus & adult Diphtheria (Td)-1	**Early in pregnancy**	0.5 ml	Intra-muscular	Upper Arm
TT/Td-2	**4 weeks after TT/Td-1**	0.5 ml	Intra-muscular	Upper Arm
TT/Td- Booster	**If received 2 TT/Td doses in a pregnancy within the last 3 yrs***	0.5 ml	Intra-muscular	Upper Arm
For Infants				
Bacillus Calmette Guerin (BCG)	**At birth or as early as possible till one year of age**	0.1ml (0.05ml until 1 month age)	Intra-dermal	Left Upper Arm
Hepatitis B - Birth dose	**At birth or as early as possible within 24 hours**	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Oral Polio Vaccine (OPV)-0	**At birth or as early as possible within the first 15 days**	2 drops	Oral	Oral
OPV 1, 2 & 3	**At 6 weeks, 10 weeks & 14 weeks (OPV can be given till 5 years of age)**	2 drops	Oral	Oral
Pentavalent 1, 2 & 3	**At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age)**	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Pneumococcal Conjugate Vaccine (PCV)	**Two primary doses at 6 and 14 weeks followed by Booster dose at 9-12 months.**	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Rotavirus (RVV)#	**At 6 weeks, 10 weeks & 14 weeks(can be given till one year of age)**	Rotavac: 5 drops (liquid vaccine) Rotasiil lyophilized vaccine- 2.5 ml Rotasiil	Oral	Oral

Vaccine	When to give	Dose	Route	Site
		Liquid-2ml		
Inactivated Polio Vaccine (IPV)	**Two fractional dose at 6 and 14 weeks of age**	0.1 ml	Intra dermal two fractional dose	Intra-dermal: Right upper arm
Measles Rubella (MR) 1st dose	**9 completed months-12 months. (Measles can be given till 5 years of age)**	0.5 ml	Sub-cutaneous	Right upper Arm
Japanese Encephalitis (JE) - 1**	**9 completed months-12 months.**	0.5 ml	Sub-cutaneous (Live attenuated vaccine) Intramuscular (Killed vaccine)	Left upper Arm (Live attenuated vaccine) Anterolateral aspect of left mid thigh (Killed vaccine)
Vitamin A (1st dose)	**At 9 completed months with Measles-Rubella**	1 ml (1 lakh IU)	Oral	Oral
For Children				
Diphtheria, Pertussis & Tetanus (DPT) booster-1	**16-24 months**	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
MR 2nd dose	**16-24 months**	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	**16-24 months**	2 drops	Oral	Oral
JE-2	**16-24 months**	0.5 ml	Sub-cutaneous (Live attenuated vaccine) Intramuscular (Killed vaccine)	Left upper Arm (Live attenuated vaccine) Anterolateral aspect of left mid thigh (Killed vaccine)
Vitamin A* (2nd to 9th dose)**	**16-18 months. Then one dose every 6 months up to the age of 5 years.**	2 ml(2 lakh IU)	Oral	Oral
DPT Booster-2	**5-6 years**	0.5 ml.	Intra-muscular	Upper Arm
TT/Td	**10 years & 16 years**	0.5 ml	Intra-muscular	Upper Arm

*One dose if previously vaccinated within 3 years

**JE Vaccine is introduced in select endemic Districts after the campaign.

***** The 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS.**

 # RVV: lyophilized vaccine in 11 States/UTs (D&N Haveli, Daman & Diu, Goa, Gujarat, Jharkhand, Karnataka, Kerala, Maharashtra, Puducherry, Telangana, West Bengal)

Liquid vaccine in remaining 25 States/UTs.

Table No.4.7

Mission Indradhanush (All Phases) Coverage Report

(As on March, 2021)

(Figures in lakhs)

Sl. No	Indicator	Ph-1	Ph-2	Ph-3	Ph-4	IMI	MI-GSA*	MI-EGSA*	Ph-6	IMI -2.0	IMI 3.0	Total
		April '15-July '15	Oct '15-Jan '16	April '16-July '16	Feb '17-Jul '17	Oct '17-Jan '18	Apr '18-Jun '18	July '18-Sep '18	Oct '18-Dec '18	Dec 19-Mar-20	Feb 21-Mar 21	
1	No. of sessions held	9.61	11.55	7.44	6.30	6.04			0.97	5.60	1.18	48.69
2	No. of antigen administered	190.09	172.84	151.56	118.46	158.44			14.56	124.25	34.88	965.08
3	No. of pregnant women immunized	20.95	16.83	17.83	13.18	11.86	1.13	4.29	1.13	7.39	2.24	96.83
4	No. of pregnant women completely immunized	11.13	8.94	9.56	7.13	6.66			0.62	4.13	1.16	49.33
5	No. of children immunized	75.75	70.30	62.08	46.65	59.49	4.97	15.26	4.94	36.92	9.54	385.90
6	No. of children fully immunized	19.81	18.17	16.34	12.25	14.01			1.21	8.97	2.68	93.44
7	No. of children vaccinated for the first time	0.00	9.31	12.06	6.84	8.55			0.62	4.85	1.72	43.95
8	No. of Vit A doses administered	19.85	20.53	17.98	15.13	18.46			1.44	12.27	3.45	109.11
9	No. of ORS packets distributed	16.93	13.62	21.38	16.64	11.17			1.07	5.78	1.92	88.51
10	No. of zinc tablets distributed	57.03	44.85	80.70	52.10	39.18			0.84	19.19	3.31	297.20

1.5 FAMILY PLANNING

1.5.1 Introduction

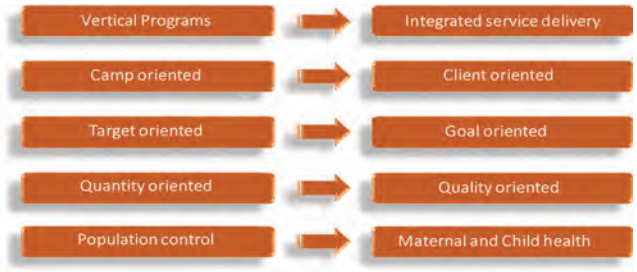
India was the first country in the world to adopt a population policy and launch a National program for Family Planning way back in 1952. The initial efforts under the program were focused on population stabilization. Over the years' the benefits of family planning were realized globally. Family Planning is now a well recognized intervention to improve maternal and child health. In fact, the benefits go beyond health as it impacts all 17 sustainable development goals (directly or indirectly). It is also one of the most cost effective solutions for achieving gender equity. Voluntary family planning brings transformational benefits to women, families, communities, and countries. Family planning affects people in myriad ways. Most fundamentally, it advances human rights. It helps women and men secure their rights to decide freely, and for themselves, whether, when, and how many children they want to have a basic human right.

International Conference on Population and Development (ICPD) held in year 1994 at Cairo, Egypt led to a paradigm shift in the implementation of Family welfare programme. In 1996, the new approach had a very strong reproductive health orientation and the target based approach was replaced by a decentralized community need assessment approach.

The program has come a long way and currently it is being repositioned to not only achieve population stabilization but also to reduce maternal mortality and infant and child mortality. Reproductive health is one of the foremost pillars under RMNCAH+N strategy.

Paradigm Shift under National Family Planning Program:

Addressing population growth has been a key priority for the Government of India. Birth control thus was the prime focus of the program in initial years. Over the decades the program has evolved to the current holistic and target free approach. The National Population Policy 2000 redefined the program as a medium of interventions for promoting reproductive and child health.



The figure explains how the strategic approach under National Family Planning Program has transformed over the years. An integrated quality service delivery which is client oriented is a mainstay of the program. The program focuses on assuring complete knowledge and access to reproductive rights and services and enables women and men to make individual reproductive choices.

The objectives, strategies and activities of the Program have been meticulously designed in line with the goals and objectives of various policies (National Population Policy 2000, National Health Policy 2002 and National Health Policy 2017) and compliments India's commitment at International Forums (viz. International Conference on Population and Development-ICPD, Sustainable Development Goals-SDG, FP2020/ FP2030 and others).

1.5.2 Key reproductive health indicators:

Population and demographic indicators:

- As per Report of the Technical group on Population Projection-2019 by the Registrar General of India, the population of India is expected to increase from 121.1 crores to 151.8 crores during the period 2011-2036 - an increase of 25 percent in twenty-five years at the rate of 1.0 percent annually.
- India has considerable State wise variations. The report states that out of the total projected increase in population of 31 crores in India during 2011-36, 50% is likely to occur in the five States of

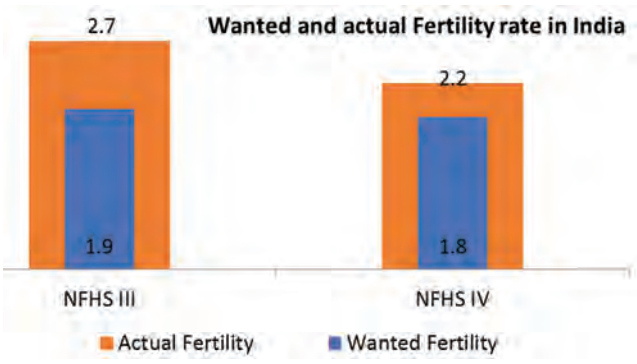
Bihar, Uttar Pradesh, Maharashtra, West Bengal and Madhya Pradesh. Nineteen percent of the total population increase in India during the same period is anticipated to occur in Uttar Pradesh alone. The population in these five states together is expected to grow at 1.0 percent per annum during 2011-36.

- Crude Birth Rate: CBR has been witnessing a continuous decline in the country. The current CBR as per SRS figures is 19.7 per 1000 population.

Marriage and Fertility Indicators:

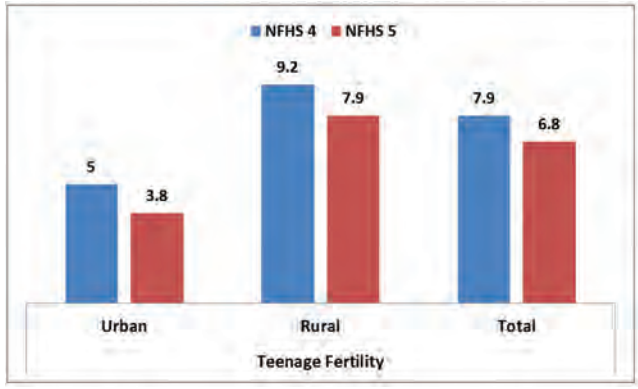
- **Total Fertility Rate (TFR):**As per NFHS-5 (2019-21), India has achieved replacement fertility level (TFR 2.0). The TFR has declined in most States/UTs except Kerala (increased from 1.6 to 1.8) and Tamil Nadu (increased from 1.7 to 1.8). Tripura, Punjab and Telangana having no change (Tripura-1.7, Punjab-1.6 and Telangana-1.8). The States with highest TFR areBihar (3.0) and Meghalaya (2.9) and Uttar Pradesh (2.4).

  Wanted Fertility Rates: The total wanted fertility rate in India has almost remained static [NFHS-3 (1.9) and NFHS-4 (1.8)]. However, the difference between actual and wanted fertility have reduced by half from NFHS-3 to NFHS-4.



The wanted fertility of women with no schooling is 2.3 children as compared to 1.5 for women having higher education levels. Similarly, women in high wealth quintiles have low wanted fertility (1.4) as compared to women in lowest wealth quintile (2.3) (NFHS 4).

- **Teenage childbearing:** The teenage births percentage declined from 7.9% in NFHS-4 to 6.8% in NFHS-5. Teenage childbearing in urban areas showed a decline of 1.2 % whereas in rural areas a decline of 1.3 % is noted.

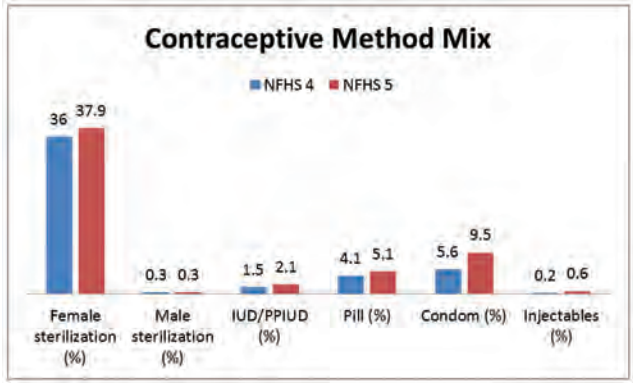


NFHS-5datafurther show a decline in teenage births in all States except Tripura, Manipur, Lakshadweep, Himachal Pradesh, Andhra Pradesh, Tamil Nadu, Delhi, Puducherry and Sikkim. States reporting highest teenage births are - Tripura (21.9%), West Bengal (16.4%) and Andhra Pradesh (12.6%).

- **Teenage Marriage:** Teenage marriages also declined by 3.5% from NFHS-4 to NFHS-5 (from 26.8% to 23.3%). The States reporting highest teenage marriages are West Bengal (41.6%), Bihar (40.8%) and Tripura (40.1%).

Family Planning Indicators:

Modern Contraceptive Use: Modern contraceptive use for India is 56.5%. The graph below shows the method mix for the country.



NFHS-5 estimates show animprovement of 1.9% in limiting methods. In urban areas, there is animprovement of 0.5% whereas in rural areas the improvement is 2.6%. A steady increase in use of spacing methods has been noticed in rural areas and in total mCPR.

NFHS-5results show a substantial improvement in the use of modern contraceptive method use (MCPR 56.5%). Highest MCPR is reported by Andhra Pradesh (70.8%), Karnataka (68.2%) and Telangana (66.7%). There is also a positive shift towards spacing methods in all States/UTs except Ladakh and Mizoram.

Unmet Need for Family Planning: India's Unmet need for Family Planning is 9.4% as per NFHS-5. The data of NFHS-5 show a declining trend in unmet need in 31States/UTs.

Demand Satisfied by Modern Contraceptives:

'Demand Satisfied' calculates the need satisfied by modern methods out of total demand in the community (includes the cohort using modern contraceptive and traditional method and having unmet need for contraception). India's demand satisfied shows an increase from 72.0% in NFHS-4 to 74.2% in NFHS-5**.**

Progress of global commitments (FP 2020 Commitments): India is one of the member countries of FP 2020 and made following commitments to advance family planning efforts in the country:

- Increasing financial commitment on family planning to more than 2 billion USD (Rs.12000 crores) from 2012 to 2020.
- Ensuring access to family planning services to 48 million (4.8 Crore) additional women by 2020 (40% of the total FP 2020 target).
- Sustaining the coverage of 100 million (10 Crore) women currently using contraceptives.

The commitments were revised in 2017-18:

- Increasing the total allocation from US$2 billion to more than US$3 billion
- Increasing annual modern Contraceptive Prevalence Rate of 0.4% so as to attain 54.3%
- Increasing demand satisfied by modern contraceptives to 74% by 2020

India has already achieved all the three goals.

1.5.3 Current Family Planning Efforts: Services under the National FamilyWelfare Programme

Currently, the Family Planning methods in India can be broadly classified in two categories - **Spacing Methods and Limiting/Permanent Methods:**

A) Spacing Methods: These are reversible methods which can be adopted and discontinued as per an individual's choice

a) Oral contraceptive pills (Combined oral contraceptive pill (Mala N), Centchroman (Chhaya)

b) Condoms (Nirodh)

c) Intrauterine Contraceptive Devices (IUCD 380A – effective for 10 years, IUCD 375- effective for 5 years)

d) Contraceptive Injectable MPA (Antara Program)

B) Permanent Methods: These methods are irreversible in nature

a) Female Sterilization

i. Minilap

ii. Laparoscopic

b) Male Sterilization

iii. Conventional

iv. Non scalpel vasectomy (no incision no stitches)

C) Emergency Contraceptive Pills

Other Commodities - Pregnancy testing kits:

- Helps to detect pregnancy as early as one week after the missed period, thus proving an early opportunity for medical termination of pregnancy, thus, saving lives lost to unsafe abortions
- These are available at the Sub-Centre level and also carried by ASHA

Service Delivery Points:

- All the spacing methods, viz. IUCDs, Injectables, OCPs and condoms are available at public health facilities beginning from the sub-centre level. Additionally, OCPs, condoms, and emergency contraceptive pills are available at the village level too through trained ASHAs
- Permanent methods are generally available at primary health centre level or above. They are provided by MBBS doctors who have been trained to provide these services
- These services are provided to around 20 crore eligible couples

Progress under Family Planning Programme *(Source: HMIS)*					
	2017-18	**2018-19**	**2019-20**	**2020-21**	**2021-22 (till Oct.2021)**
Sterilization (lakh)	35.7	35.4	34.57	26.98	9.89
Total IUCD (lakh)	58.7	56.6	58.38	54.72	32.64
PPIUCD (lakh)	20.9	22.9	25.45	27.43	16.32
PPIUCD Acceptance (%)	15.2	16.4	16.5	21.0	23.1
Injectable MPA (lakh)	1.5	9.9	19.53	18.81	12.78
Centchroman (lakh)	10	14.1	34.50	57.11	43.80

1.5.4 Key Strategies under Family Planning and Achievements

1.5.4.1 Introduction of new contraceptive choices

- In FY 2020-21, 18.81 lakh doses of Injectable MPA were administered and 57.11 lakh Centchroman tablets were distributed all over the country. In FY 2021-22 (up to Oct 2021), 12.78 lakh doses of injectable contraceptive and 43.80 lakh Centchroman tablets were distributed
- All over India, 7241 Medical 37,536 Nursing Personnel (Staff Nurses/ LHV/ANM) have received training on Injectable contraceptives

1.5.4.2 Mission ParivarVikas

Mission ParivarVikas (MPV) was launched in 2016 for substantially increasing access to contraceptives and family planning services in 146 high fertility Districts of seven high focus States (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) having TFR of 3 and above. It has now been extended to remaining Districts of these States and all Districts of six North-Eastern States (Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland and Mizoram) for intensified Family Planning Services and initiatives.

Following Key Strategic Initiatives have been undertaken in MPV Districts:

➢ **Delivering Assured Services**:

o Roll out of Injectable Contraceptive: MPV districts contributed 32.3% of the total MPA doses administered in the country in FY 2020-21

o Augmentation of PPIUCD services across all Delivery Points: PPIUCD acceptance has increased to 13.8% in FY 2020-21 from 11.9% in FY 2019-20

o PAIUCD numbers in MPV districts contribute to 16.2% of total PAIUCD numbers in the country

o Augmentation of Sterilization services through HFD compensation Scheme: With 5,22,023 sterilizations reported in FY 2020-21, 63% sterilizations in these 7 States have been contributed by MPV Districts. In FY 2021-22 (upto September, 2021), 0.7 lakh sterilizations have been reported

o Condom boxes at strategic locations in health facilities: Condom Boxes were installed in 85% facilities across 146 MPV Districts with distribution of 4.5 crore pieces (in FY 2020-21). In FY 2021-22 (upto September, 2021), 33,299 facilities installed condom boxes with distribution of 1.62 crore pieces of condoms

o Mission ParivarVikas campaigns.

➢ **Promotional Schemes:**

o New Contraceptives have been made available till Sub-Center level

o **NayiPehel Kit (NP Kit):** A family planning kit to the newly-wed couple is being distributed through ASHA. 3,52,031NayiPehel Kits were distributed in FY 2020-21. In FY 2021-22 (upto September, 2021), a total of 86,199 kits were distributed.

o **SaasBahuSammelans (SBS):** It facilitates and encourages communication between young married women and their mother-in-laws, to freely discuss matters related to family planning and reproductive health. 92,140Saas BahuSammelans were organized in FY 2020-21. In FY 2021-22 (upto September, 2021), a total of 62,404 SaasBahuSammelans were conducted

o **Saarthi:** Family planning mobile van offering information and services at community level. The awareness activities have increased tremendously. The Saarthivans helped in counselling around 2.6 lakh beneficiaries on Family planning and distributed 30.5 lakh pieces of condoms and 7.7 lakh oral pill cycles in MPV Districts in FY 2020-21. In FY 2021-22 (upto September, 2021), the Saarthi vans helped in counselling 1,29,309 beneficiaries, distributed 3.89 lakh condoms and 18.9 lakh oral pill cycles in MPV Districts.

➢ **Ensuring Commodity Security through Family Planning Logistics Management Information System (FP-LMIS)**

➢ **Increasing Service delivery through clinical outreach teams (COT)**

o The scheme is operational in Mission ParivarVikas States for providing family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas

o Robust advocacy has been undertaken and guidelines have been released for assigning clinical outreach teams for providing services in Mission ParivarVikas States.

1.5.4.3 Strengthening Logistics and Supply Chain Systems for Family Planning Commodities (FP-LMIS)

➢ A dedicated Family Planning Logistics Management Information Systems (FP-LMIS) to manage distribution of contraceptives and strengthen family planning commodities supply chain management system is operational

- FP-LMIS is a web, mobile App and SMS based application developed to manage supply chain operations, reduce supply disparities and to regulate the flow of family planning commodities from national level to the end user
- The software connects over 8 lakh ASHAs, 1.5 lakh ANMs and over 46,000 facilities across all States and Union Territories in India.

1.5.4.4 Sterilization Services

- In FY 2020-21,24.91 lakh sterilizations have been reported. Interval female sterilization contributes the maximum share in total sterilization. In FY 2021-22 (upto October, 2021), 9.89 lakh sterilization were done
- In FY 2020-21, 43.018 and in FY 2021-22 (upto October, 2021) 24,266 post abortion sterilizations were reported
- In FY 2020-21, 6.65 lakh and in FY 2021-22 (upto October, 2021) 3.63 lakh Post-partum sterilizations were reported.

1.5.4.5 Post pregnancy/Abortion Contraception:

- Post-Partum IUCD (PPIUCD) Services

The program was initiated in 2010 as a strategy to meet the unmet need of family planning specifically in the immediate post-partum period. Acceptance of PPIUCD is on the rise across the country. At present, India is a global leader in PPIUCD services. Nearly 1.5 crore insertions have been done in the country since inception. In FY 2020-21, there were 27.43 lakh PPIUCD insertions, while in FY 2021-22 (upto October, 2021) 16.3 lakh PPIUCD insertions have been reported.

- Post-Abortion IUCD (PAIUCD) Services

MoHFW is laying considerable emphasis on Post-Abortion Family Planning. Post-pregnancy contraception services, covering both post-partum and post-abortion contraception have been strengthened. In line with PPIUCD services, an incentive package has also been conceived for PAIUCD services, which covers service provider and ASHA incentive, and beneficiary compensation.

PAIUCD services are available in all States/UTs. Training and orientation of both nurses and doctors is also being carried out. 65,737 PAIUCD insertions were reported across the country in FY 2020-21. In FY 2021-22 (upto October,2021) 39,885 PAIUCD insertions have been conducted.

- Post-partum IUCD (PPIUCD) and Post-abortion IUCD (PAIUCD) Incentive Scheme

The service provider as well as ASHA who escorts the client to the health facility for facilitating the IUCD insertion is paid Rs.150 per insertion. The scheme has helped in providing a thrust to the PPIUCD/PAIUCD program. The scheme also includes beneficiary incentive of Rs.300/insertion/client.

1.5.4.6 Compensation Scheme for Sterilization services

Under the scheme, MoHFW provides compensation for loss of wages to the beneficiaries on account of undergoing sterilisation. The Compensation Scheme WAS revised in the year 2014 in high focus States, and further in 2016 in Mission Parivar Vikas States.

Family Planning Indemnity Scheme

The scheme indemnifies clients with a compensation amount in the unlikely event of death, complications or failure following a sterilization process. The providers/ accredited institutions are indemnified against litigations in those eventualities. As per Hon'ble Supreme Court's directives, the indemnity coverage has been doubled with the additional amount being paid by State Government funds.

1.5.4.7 ASHA Schemes

- **Ensuring Spacing at Birth**

The scheme promotes spacing between the birth of first child and between two children through the medium of ASHAs. The scheme is for ensuring delay in 1st birth

and spacing of 2 years after marriage, ensuring spacing of 3 years between 1st and 2nd births and adoption of limiting method after 1st or 2nd child.

- **Home Delivery of Contraceptives**

The scheme ensures doorstep delivery of contraceptives to eligible couples through the medium of ASHAs.

- **Pregnancy Testing Kit**

The aim of the scheme is to make available the Pregnancy Testing Kits (PTKs) with ASHAs at the Sub-Centre level for early detection of pregnancy and availing of other reproductive and child health services. The PTKs are a part of ASHA drug kit and are distributed free of cost to the clients in field by ASHAs.

1.5.4.8 Scheme for ensuring drop back services to sterilization clients:

The scheme was launched in 2015 whereby the States provide for drop back tosterilization clients.

Observation of World Population Fortnight

- The World Population Fortnight is held across all the States/UTs, Districts and Blocks every year from 27th June to 24th July. This year, it was extended till 31st July on request of the States/UTs
- Keeping in mind the COVID-19 situation, this year the theme for World Population Day 2021 was ***"Aapda mein bhi Parivar Niyojan ki Tayari, Saksham Rashtra aur Parivar ki Poori Jimmedari"***
- As a result of the intensive push given by the Government in the family planning arena, it is a matter of great satisfaction that this year's WPD campaign marked a record performance.
- Despite challenges posed by the pandemic, the States actively organized advocacy and IEC campaigns right up to village level which provided a thrust for adoption of services and created an enabling environment
- The performance not only reached pre-pandemic levels but surpassed the performance of pre-pandemic year 2019
- A total of 1.68 lakh sterilizations, 5.64 lakh IUD insertions, 1.83 lakh PPIUCD insertions were done and 3.14 lakh injectable MPAs were administered during the WPD 2021 which is the highest performance during WPD in last 5 years.

Observation of Vasectomy Fortnight for promotion of male engagement in Family Planning

During the Fortnight, facilities were operationalized for rendering vasectomy services, IEC mobile vans were deployed, sensitization meetings at District / Block level were organised, vasectomies conducted, condom boxes installed and condoms pieces distributed.

Quality assurance in Family Planning

Ensuring adherence to quality standards is one of the prime strategies under Family Planning Program. Efforts have been augmented for improving quality in sterilization services provision. In 2014, the manual on Standards and Quality Assurance in Sterilization Services was updated. The Quality Assurance Committees have now been established across all States and districts.

Development of technical guidelines and capacity building materials:

Integrated RMNCAH+N counseling manual: Counseling is a crucial component of integrated service delivery. The pandemic has further accentuated the need for effective counseling to address the challenges in uptake of services.

The Handbook of Reproductive, Maternal, Neonatal, and Child Health Counselors developed in 2012 for counselors was revised by the Family Planning Division incorporating new components in all RMNCAH+N programs. The integrated Counseling manual is a one-stop solution for providing programmatic and technical guidance across RMNCAH+N programme strategies. The manual was launched on World Patient Safety Day, 17th September 2021, by the Hon'ble Union Minister of Health & Family Welfare.

· **E-modules**: In order to meet the challenges posed by the pandemic, E-modules for virtual training were developed. E- Module for Injectable contraceptive 'Antaraprogram' and E-module for Oral Contraceptive Pills have already been developed and disseminated to all States/ UTs.

National Family Planning Helpline (Toll Free No. 1800-11-6555)

- The **National Helpline** was launched in 2008, under the JansankhyaSthirataKosh (JSK) (an erstwhile autonomous body under MoHFW), for providing reliable, confidential and authentic information on reproductive and child health issues. Since September, 2020, the Helpline is approved to 'Go Live' under the aegis of the Ministry of Health & Family Welfare. First of its kind, toll-free number 1800-116-555 can be accessed from anywhere in India from 9 am to 6 pm except national holidays.
- **State-wise Calls received:** The highest number of calls were received from Delhi (4,092) followed by Uttar Pradesh (1,641), Bihar (962) and Madhya Pradesh (512) during Sept. 2020-March 2021.
- Maximum number of queries dealt with emergency contraception followed by female sterilization, pregnancy testing kits and male sterilization.

Family Planning Services during COVID-19 pandemic

Essential family planning services have been ensured during COVID-19 pandemic. Detailed guidelines were prepared for enabling delivery of essential health services during the COVID-19 outbreak. The following strategies were adopted for ensuring availability of Family Planning services:

- Static services for sterilization and IUCD were provided on demand for walk-in beneficiaries.
- Postpartum family planning services were ensured for beneficiaries who were already in the facility. PPIUCD was continued to be promoted as a postpartum family planning method.
- Post abortion IUCD was provided as a post abortion family planning method concurrent with surgical abortions.

- Injectable MPA services were provided on demand to walk-in beneficiaries at the facility.
- Routine activities such as observance of World Population Day and Vasectomy Fortnight were conducted as per prevailing MoHFW and MHA guidelines, even during the pandemic.
- Detailed Review meetings with all the States/UTs, to assess programme performance and cross learnings of best practices during the pandemic were conducted.

All the services were provided as per existing guidelines, avoiding overcrowding and maintaining social distance.

1.5.4 PROCUREMENT AND SUPPLY OF CONTRACEPTIVES

Contraceptives in the National Family Welfare Programme

The Department of Health and Family Welfare is responsible for implementation of the National Family Welfare Programme by, inter-alia, encouraging the utilization of contraceptives and distribution of the same to the States/UTs under Free Supply of Contraceptives Scheme and through Public-Private Partnership (PPP) under Social Marketing of Contraceptives Scheme. Family planning allows people to have desired number of children and determine the spacing of pregnancies which is achieved through use of contraceptive methods. Under Free Supply, contraceptives, namely, Condom, Oral Contraceptive Pill (OC Pill), Intra Uterine Contraceptive Device (IUCD), Emergency Contraceptive Pill (EC Pill), Tubal Rings, Injectable Contraceptive (under Antara Programme), Centchroman Weekly Contraceptive Pill and Pregnancy Testing Kit (PT Kit) are procured and supplied free of cost to theStates/UTs.

Procurement procedures: Orders for 75% of the requirement in case of condoms and 55% of requirement for other contraceptives are placed on HLL Lifecare Ltd. (a PSU under the Ministry of Health & FW) for procurement of contraceptives being manufactured by them as per captive status awarded to them. For the remaining quantities, open tenders were floated through Advertised Tender Enquiries for procurement from private firms. In case of Injectable Contraceptives, 100% quantities are procured from private firms through opentender.

Quality Assurance: Manufacturers do in-house testing of stores before offering them for inspection. At the time of acceptance of stores, random samples from all the batches are picked up and tested in approved certified lab and on receipt of positive reports stocks are supplied to theconsignees.

Free Supply of Contraceptives Scheme: Under Free Supply contraceptives viz. Condoms, Oral Contraceptive Pills, Intra Uterine Contraceptive Device, Emergency Contraceptive Pills, Tubal Rings, Injectable Contraceptive (under Antara Programme), Centchroman Weekly Contraceptive Pill and Pregnancy Testing Kits are procured by the Central Govt. and sent to State/UTs as per their demand and distributed to the clients through the chain of public health facilities viz. Medical College, District Hospital, Sub-divisional Hospital, Community Health Center, Public Health Centers, Urban Health Centers, Sub Centers and ASHA at no cost to theclient.

Condom and Oral Contraceptive Pill(OCP): **Approximately following quantities of condoms (brand name Nirodh) and Oral Contraceptive Pills (brand name Mala-N) were procured for supply to States during 2020-21 and 2021-22 (Including procurement by CMSS):**

Item	2020-21		2021-22 (upto 30th Sep., 2021)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
Condoms (MillionPieces)	397.10	63.54	205.01	32.80
OCPs (Lakh Cycles)	427.63	19.93	184.38	08.59

Intra Uterine Contraceptive Device(IUCD)

Under the National Family Welfare Programme, Cu-T-200B was being supplied to the States/UTs. From 2003-04, advanced version of Intra Uterine Contraceptive Device i.e.Cu-T-380-A has been introduced in the Programme. This Cu-T has longer life of placement in the body and thus provides protection from pregnancy for a period of about 10 years. From the year 2012-13 IUD 375 (improved version) are also procured by this Ministry for supplies to the States/UTs.

Approximately following quantity of IUCD was procured for supply to States during the year 2020-21 and 2021-22 (Including procurement by CMSS):

Item	2020-21		2021-22 (upto 30th Sep., 2021)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
Copper – T (Lakh pcs.) (IUD 380A,IUD 375)	73.79	18.54	27.75	05.01

Tubal Rings

Approximately followingquantitiesof Tubal Ring were procured for supply to States during the year 2020-21 and 2021-22 (Including procurement byCMSS):

Item	2020-21		2021-22 (upto 30th Sep., 2021)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
Tubal Ring (Lakh Pairs)	22.43	4.32	0.97	0.20

Emergency Contraceptive Pill (ECP)

Department of Health & Family Welfare introduced 'Emergency Contraceptive Pills' brand name Ezy Pill in the National Family Welfare Programme during the year 2007- 08.This contraceptive is to be used within 72 hours of un-protected sex and is supplied free of cost to theState/UTs.

Approximately following quantities of EC Pills were procured for supply to States during the years 2020-21 and 2021-22 (Including procurement by CMSS):

Item	2020-21		2021-22 (upto 30th Sep., 2021)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
ECP (Lakh Packs)	131.72	3.16	2.47	0.06

Centchroman Weekly Contraceptive Pill (Weekly Pill)

The Centchroman Weekly Pill brand name Chhaya has been introduced in 2016-17 under Free Supply Scheme under the National Family Planning Programme. It is best known as a non-hormonal, non-steroidal oral contraceptive which is taken once perweek.

Approximately following quantities of Centchroman Weekly Pills were procured for supply to States during the year 2020-21 and 2021-22 (Including procurement by CMSS):

Item	2020-21		2021-22 (upto 30th Sep., 2021)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
Centchroman Contraceptive Pill (Lakh Strips)	117.69	30.48	143.16	27.11

Injectable Contraceptive (under Antara Programme)

The Injectable Contraceptive (under Antara Programme) has been introduced in 2016-17 under Free Supply Scheme under the National Family Planning Programme. Injected into a muscle (usually buttock or upper arm) to stop pregnancy by releasing progestogen into the body. It works for three months at atime.

Approximately following quantities of Injectable Contraceptive were procured for supply to States during the year 2020-21 and 2021-22:

Item	2020-21		2021-22 (upto 30th Sep., 2021)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
Injectable Contraceptive (Lakh Doses)	29.27	9.57	0.00	0.00

Pregnancy Test Kit (PTK) (brand nameNishchay)

The pregnancy Test Kits are supplied free of cost for timely and early detection of pregnancy. These kits are easy to use and can be used at home.

Approximately following quantities of PTKs were procured for supply to States during the year 2020-21 and 2021-22 (Including procurement by CMSS):

Item	2020-21		2021-22 (upto 30th Sep., 2021)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
PT Kits (Lakh Kits)	343.84	13.51	72.51	2.61

Social Marketing Scheme

National Family Welfare Programme initiated Social Marketing Scheme of condoms in 1968 with the objective of making condoms available to those who can afford to pay nominally for it. Similarly, Social marketing of Oral Contraceptive Pills (OCPs) was launched in 1987 on the same line. Under this scheme, Government brand OCP Mala - D and other Social Marketing brands of SMOs are sold throughSMOs.

The SMOs are issued Condoms and OCPs on subsidized rates and allowed to sell them on higher price subject to the MRP approved by the Government. The present issue price and MRP allowed are as below:-

Item	Issue price in Rs. per piece/ per cycle	MRP allowed per piece/ cycle
Deluxe Nirodh condom (piece)	0.40	1.00
SMO brand condom (piece)	0.40	3.33
Mala-D (Cycle)	1.60	5.00
SMO brand OCPs (cycle)	1.60	10.00

Presently six SMOs are registered viz. M/s HLL Lifecare Ltd., M/s PHS(I), M/s PCPL, M/s Janani, M/s DKT(I), M/s PSS and through them one Government brand (Deluxe Nirodh) and different SMOs brands of condoms (i.e. Rakshak, Ustad, Josh, Mithun, Style, Thril, Kamagni, Sawan, Milan, Bliss, Ahsaas and Zaroor) are sold in the market. Similarly for Oral Pills, one Government brand (Mala-D) and different SMOs brands of Pills (i.e. Ecroz, Apsara and Smartt Cycle) are sold. SMOs have sold the following quantities during 2020-21 and 2021-22:

Tale of Condoms (Quantity in Mpcs.)

Sl. No.	Social Marketing Organization	2020-21	2021-22* (upto 30th Sep, 2021)
1.	HLL Lifecare Ltd, Thiruvananthapuram	119.19	85.50
2.	Parivar Seva Sanstha, Delhi	12.95	4.92
3.	Janani, Patna	23.55	4.56
4.	Population Health services (I) Hyderabad	31.00	0.00
5.	Pashupati Chemical Pharmaceutical Ltd., Kolkata	01.00	0.00
6	DKT (I), Mumbai	57.62	31.13
	Total	**244.31**	**126.11**

** Figures are Provisional*

Sale of Oral Contraceptive Pills (Quantity in Lakh Cycles)

Sl. No.	Social Marketing Organization	2020-21	2021-22* (upto 30th Sep, 2021)
1	HLL Lifecare Ltd., Thiruvananthapuram	132.24	0
2	Janani, Patna	20.24	4.56
3	Population Health Services, Hyderabad	43.50	0
	Total	**195.98**	**4.56**

* Figures are Provisional

Centchroman (Oral Pills)

Since December 1995, a non-steroidal weekly Oral Contraceptive Pill, Centchroman (Popularly known as Saheli), to prevent pregnancy is also being subsidized under the Social Marketing Programme. The weekly Oral pill is the result of indigenous research of CDRL, Lucknow and is available in the market at Rs.3.125 per tablet (Rs. 25/- per strip of 8 tablets). The Government of India provides a subsidy of Rs.2.52 per tablet towards product and promotional subsidy.

Central Medical Services Society (CMSS)

With a view to assure smooth and on time procurement and distribution of supplies an autonomous agency viz. Central Medical Services Society (CMSS) had been setup. A statement showing the quantities of contraceptives procured from private manufacturers during FY 2019-20 and 2020-21 by CMSS is given below:

Sl. No.	Item	2019-20		2020-21(upto 31st October, 2020)	
		Quantity Procured	Value (Rs. in Crore)	Quantity Procured	Value (Rs. in Crore)
1.	Condoms (in Million Pieces)				
(a)	Free Supply	94.53	15.06	0.00	0.00
I(b)	SMO Brand	0.00	0.00	10.00	1.49
(c)	Free Supply for NACO	38.32	5.86	0.00	0.00
2.	OCP (in Lakh Cycles)				
	Free Supply	5.89	2.61	0.00	0.00
3.	**EC Pills (Lakh Packs)**	10.08	0.24	0.00	0.00
4.	**IUCDs/Copper–T (in Lakh Pieces)**	0.00	0.00	30.19	8.04
5.	**Tubal Rings (in Lakh Pairs)**	0.00	0.00	10.09	2.08
6.	**Pregnancy Test Kits (PTK) (in Lakh Pieces /Kits)**	44.53	1.95	0.00	0.00
7.	**Centchroman Contraceptive Pill (in Lakh Strips)**	38.42	9.95	0.00	0.00
8.	**Injectable Contraceptive (in Lakh doses)**	18.04	5.90	29.27	9.57

1.5.6 POPULATION STABILIZATION

Introduction:

India is the second largest country in the world and houses 17.5% of the world's total population on 2.4% of the world's surface area. The population of the country increased from 36 Crores in 1951 to 121 crores in 2011 as per Census data. The country is still witnessing a population growth and recent estimations from RGI reveals that the current population is around 136 crores.

A look at the census figures of the last four decades indicates a perceptible decline in the growth rate of the population of India: Though India's population has increased over years, the country has witnessed significant decline in both fertility and mortality. The crude birth rate, which was recorded at 40.8 per 1000 in 1951, has declined to 19.7 in 2019 (SRS), as per the estimates available from the Sample Registration System (SRS). Total Fertility rate has come down from 6.0 in 1951 to 2.0 in 2019-21 (NFHS-5).

Trend in Population Growth- India

As indicated in the graph, the growth of India's population since independence was "RAPID" and the average annual population growth rate hovered around 2% per year for almost four decades. The average annual population growth rate shot up from around 1.25% during 1941-51 to very close to 2% during 1951-61 and to an all-time high of more than 2.2% during 1971-81. This rapid growth rate of the population for almost 3 decades (from 1951 to 1980s) resulted in doubling of India's population (from 36 crore to 78 crore). After 1981, the trend in the population growth rate was reversed. There has been a slowdown in the population growth in the recent past but the net addition to the population continued to increase. In another 2.5 decades the population tripled and reached at around 121 crores in 2011.

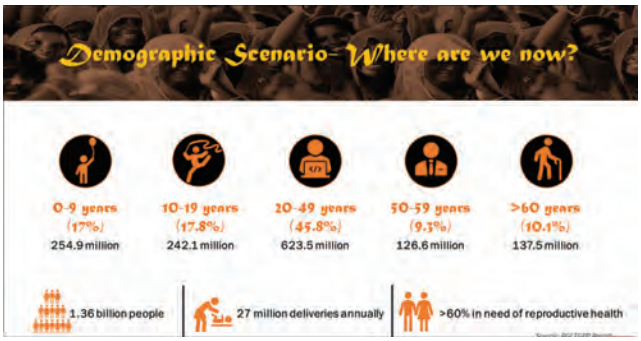
Hon'ble MoS, Dr. Bharati Pravin Pawar, at Population Research Centre, Institute of Economic Growth, New Delhi on 10.09.2021

Inauguration of Population Clock by Hon'ble MoS, Health & Family Welfare on 10.9.2021

India has achieved replacement level fertility (TFR 2.0 in NFHS-5). Out of 36 States/UTs, 31 States/UTs have achieved TFR of less than 2.1. NFHS-5 (2019-21) shows significant improvementin family planning.

The pace of population growth in India has been slowing down over the decades. The percentage decadal growth during 2001-2011 fell by 3.9% compared to 2.5% in the previous decade - the sharpest decline since independence. Average annual exponential growth rate in 1991, 2001 and 2011 were 2.16%, 1.97% and 1.64%, respectively.

Current Demographic Scenario:



A sizable proportion of India's population is in the younger age group. As per Census 2011 report, approx. 17% of the population is in the age group 0-9 years, 17.8% in the age group of 10-19 years and 9.3% in 50-59 years of age group while the percentage of 60 and above years of age group is approx. 10.1%.

As per an estimate, India accounts for 27 million deliveries annually, out of which more than 60% of the recently added population would need to access reproductive health services in the upcoming years. Though the government has drawn out comprehensive national and state roadmaps and district action plans focusing on the delivery of the services yet many women continue to have an unmet need for modern contraceptives. Integration of services at all stages of life with family planning services is imperative which would not only help India achieve its national TFR goals but also help ensure the provision of quality reproductive health care in a holistic manner.

Factors that influence population growth

Key indicators that influence population growth are Crude Birth rate, Total Fertility rate, Unmet need for Family Planning, Contraceptive Use, Spacing between Births, Age at marriage and first child birth. The current status, as per the latest available data, is as follows:

Unmet need for Family Planning has declined from 12.9% (NFHS-4) to 9.4% (NFHS-5). India has an unmet need of 4.0% (spacing) and 5.4% (limiting). The urban rural differential is minimal (8.4%-Urban and 9.9%-Rural). The unmet need is highest in Meghalaya (26.9%) and lowest in Andhra Pradesh (4.7%).

Modern Contraceptive Use: India's mCPR is 56.5%. The lowest mCPR is in Manipur (18.2%) and highest in Andhra Pradesh (70.8%).

NFHS-5 results have shown encouraging trends in modern contraceptive use key among which are:

- Use of modern contraceptives has increased substantially
- Overall positive shift towards spacing methods (increase in all spacing methods).
- IUCD use has shown an increase for the first time since NFHS-1.
- Injectable MPA use has also shown an increase across India.
- 29 States have >70% eligible couples in need of contraception (as against 12 states in NFHS 4) which shows that the FP demand generation activities has shown a positive result.
- Women married before age 18 declined from 26.8% (NFHS-4) to 23.3% (NFHS-5). Moreover, out of the total births, 6.8% (NFHS-5) are among teenagers i.e. 15-19 years which has declined from 7.9% (NFHS-4).
- Healthy Spacing between two childbirths (recommended period of 3 years or more) has

increased from 42.6% (SRS 2012) to 50.4% (SRS 2018).

Population projections for India:

As per RGI Technical Group of Population Projections Report (2020), The population of India is expected to increase from 121.1 crores to 151.8 crores during the period 2011-2036 - an increase of 25% in twenty-five years at the rate of 1.0% annually. The density of population will increase from 368 to 462 persons per square kilometer.

According to UN estimates, 75% of the population growth during 2001-2026 will be on account of population momentum. Population momentum is expected to contribute to 100% of the population increase in eight states (Andhra Pradesh, Karnataka, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu, WestBengal); 95-98% of the population increase in three States – Gujarat, Assam, Haryana and only 50% of the population increase in Uttar Pradesh and between 60-70% in Bihar, Madhya Pradesh and Rajasthan.

Population Stabilization is a stage when the size of the population remains unchanged. It is also called the stage of zero population growth. There is often a gap of a few decades between achieving replacement level fertility i.e. TFR of 2.1 (two children per couple) and population stabilization.

Population Momentum refers to the tendency of the population to continue growing beyond the time when the replacement fertility is achieved. Because of population momentum, there is a time lag between achieving replacement fertility and achieving population stabilization.

Additional increase in the population, which is between 30-50%, is because of unmet needs and unwanted pregnancies in the high focus states.

Window of Opportunity:

'Window of opportunity' is closed for the southern States of Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, as well as for Delhi, Himachal Pradesh, Punjab, West Bengal. For Gujarat, Maharashtra, Haryana, Odisha, North East except Assam the demographic window is likely to be closed within a year or so. On the other hand, it is likely to be open for another 10 years - Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, and Uttarakhand. While States have different levels of demographic advantage, the Districts within the States are at different stages of demographic transition. These are due to differential rates of fertility and child mortality, experienced by the Districts in a State.

India's demographic advantage stems from its large young and economically active population. With 35.6 Crore 10-24 year-old, *India has the world's largest young population.* Investing in enhancement of human capabilities of young people can positively influence economic growth. Expanding social and economic opportunities for young girls and women in particular can further accelerate development. India's youth have the potential to shape social and economic development, contribute to progress in social norms and values, and build the foundation of India's sustainable development. Furthermore, urban population growth and urbanisation can also be harnessed for contributing positively to sustainable development.

India's policy response for addressing the population growth

India was the first country to have a National Program on Family Planning in 1952. Various policy interventions were taken from time to time to address the increasing population.

The National Population Policy (NPP) was devised in the year 2000 with the immediate objective to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective was to bring the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the

requirements of sustainable economic growth, social development, and environmental protection.

The Government of India has been implementing the National Health Mission (NHM) in line with the policy framework of population stabilization as envisaged in NPP-2000, by helping to create a robust service delivery mechanism to address the unmet need for family planning. Government of India is also addressing the social determinants of health, paramount among which are female literacy, women's empowerment and age at marriage.

The following commitments have been earmarked in the **National Health Policy 2017**, highlighting the Government's focus in aiding the process of Population Stabilization:

- Reduction of TFR at National & Sub national level to 2.1 by 2025
- Reduction in MMR from current level to 100 by 2020
- Reduction in infant mortality to 28 by 2019

The Government is committed to give focused attention to demographically weak performing states through provisioning of all kinds of support including public awareness program under NHM, for which the States are free to project their priorities depending on the local needs to further the task of population stabilization in the State specific project implementation plans.

India's strategic actions for utilizing demographic dividend:

As indicated in the sections above, owing to its high population India also has a demographic advantage. The country is strengthening its efforts to address the challenges of population growth and strategizing in all fronts to address it.

Increasing Youth Bulge- With increasing demographic window, the adolescent's cohort would be increasing. Close to 30% of India's population is in the age group 0-14 years. The proportion, however, varies from 23% in Kerala to 37% in Bihar, indicating variation in young dependency ratio.

Adolescent health has been included in India's RMNCAH+N strategy for Reproductive, Maternal, Child, Adolescent Health and Nutrition to improve the national health outcomes with dedicated RKSK program in place.

Addition of Newer contraceptives in the available method mix has also given chance to young population to exercise their choice

Need of Geriatric Care- In southern States with the closure of window of opportunity the dependency ratio will increase rapidly in contrast to other States. The elderly in the 60+ age group constitute a small proportion (8.6%). This proportion varies from around 6% in Delhi to 13% in Kerala.

MoHFW is implementing the *National Program on Non Communicable Disease (NCD) and National Program for Health Care of the Elderly (NPHCE)* for improving access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach.

The country is also advancing to Universal Health Coverage model.

Increased Urbanization- Urban agglomeration is increasing due to migration inclusion of new areas under urban and increase in urban population. The extent of urbanization varies enormously across the country. Bihar is the least urbanized state with 11% urban population and Delhi the most with 98%. Close to 50% of the urban population is concentrated in the six relatively high-income states of Gujarat, Karnataka, Maharashtra, Punjab, Tamil Nadu and West Bengal. Urban health mission is now an integral part of National Health Mission.

Family Planning strategies to address the reproductive health needs:

- Special focus through MPV strategies in 146 high fertility Districts to improve access to modern contraceptives and service provision thereby reducing the fertility levels.

- Expansion of basket of choice for enhanced service provision
- Dedicated FP commodity software pan India for ensuring commodity security till the last mile
- Community based schemes (HDC, ESB, PTK) for better accessibility of contraceptives

Stabilizing population is an essential requirement for promoting sustainable development. Making reproductive health care accessible is the foundation for stabilizing population. In addition to various other parameters, population stabilization helps in strengthening human capital by focusing on health inclusive of sexual and reproductive rights of the masses.

Perceptible Decline in Population and related indicators (Over the last 5 decades)

The improved quality and coverage of health care coupled with technologically advanced care and the penetration of various health programmes across the country, both rural and urban, have resulted in a rapid fall in the Crude Birth Rate (CBR), Total Fertility Rate (TFR) and growth rate.

The last 5 decades have seen significant improvements in the indicators:

- Crude birth rate has declined from 40.8 per 1000 in 1951 to 19.7 in 2019
- Infant mortality rate has decreased from 146 in 1951-61 to 30 in 2019
- Total Fertility rate has declined from 6.0 in 1951 to 2.0 in 2019-20
- Steepest decline in decadal growth rate was recorded between 2001 and 2011 from 21.54% to 17.64%
- Decline in 0-6 population by 3.08% compared to 2001
- 18.14 crores population was added during 2001-2011 as compared to 18.23 crores during 1991-2001.
- After decades of stagnation, there was a 4.1 percentage point fall in the growth rate of population, from 24.99% in 2001 to 20.92% in 2011 among the EAG States of Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Orissa and Uttarakhand.

The Government of India, through its multiple programs and policies, is well on the way to attaining population stabilization in a reasonable time.

1.6 HEALTH POLICY AND HEALTH INSURANCE

1.6.1 Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana

Over the past few decades there has been improvement in various health indicators of lndia. However, the Out-of-Pocket Expenditure, which pushes millions of people into poverty every year, still remains a concern. In order to address this and provide health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to poor and vulnerable section of the population, Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched, subsuming the erstwhile Rashtriya Swasthya Bima Yojana, on 23.09.2018. The scheme aims to improve affordability, accessibility, and quality of care for the poor and vulnerable section of the population.

Salient Features

- Around 10.74 crore poor and vulnerable families (approximately 50 crore individuals) are entitled under AB-PMJAY for cashless and paperless access to services at the point of service i.e. empanelled hospitals. This health cover includes 3 days of pre-hospitalisation and 15 days of post-hospitalisation expenses. There is no cap on family size, age or gender to ensure that all members of the beneficiary families are covered. Also, benefits are portable across the country.
- The funding of the scheme is shared between Central and State Governments. The ratio of central share to state share for all States, except

North-Eastern States and Himalayan States and Union Territories with legislature, is 60:40. For North-Eastern States and Himalayan States, the ratio is 90:10. In the case of Union Territories without legislatures, the Central contribution of premium is 100%.

- The entitlement of households is based on the deprivation and occupational criteria of the Socio-Economic Caste Census (SECC) data for rural and urban areas, respectively. Further, the families covered in the erstwhile Rashtriya Swasthya Bima Yojana (RSBY) but not in the targeted SECC database are also covered under AB-PMJAY.

Beneficiaries covered as per SECC data	
Rural Areas	**Urban Areas**
I. Automatically included households (based on fulfilling any of the 5 parameters of inclusion): a. Households without shelter. b. Destitute, living on alms. c. Manual scavenger families. d. Primitive tribal groups. e. legally released bonded labour **II.** Families based on Standard Deprivation Parameter a. Only one room with kucha walls and kucha roof (D1) b. No adult member between age 16 to 59 (D2) c. Female headed households with no adult male member between age 16 to 59 (D3) d. Disabled member and no able bodied adult member (D4) e. SC/ST households (D5) f. Landless households deriving major part of their income from manual casual labour (D7)	11 defined occupational categories are entitled under the scheme - I. Rag picker II. Beggar III. Domestic worker IV. Street vendor/ Cobbler/hawker / Other service provider working on streets V. Construction worker/ Plumber/ Mason/ Labor/ Painter/ Welder/ Security guard/ Coolie and other head-load worker VI. Sweeper/ Sanitation worker / Mali VII. Home-based worker/ Artisan/ Handicrafts worker / Tailor VIII. Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller IX. Shop worker/ Assistant/ Peon in small establishment/ Helper/ Delivery assistant / Attendant/ Waiter X. Electrician/ Mechanic/ Assembler/ Repair worker XI. Washer-man/ Chowkidar

- The scheme is entitlement-based and registration or enrolment of beneficiaries under the scheme is not required for availing of benefits. However, in order to create awareness amongst the beneficiaries and facilitate availing of benefits, e-cards have also been issued to the beneficiaries.

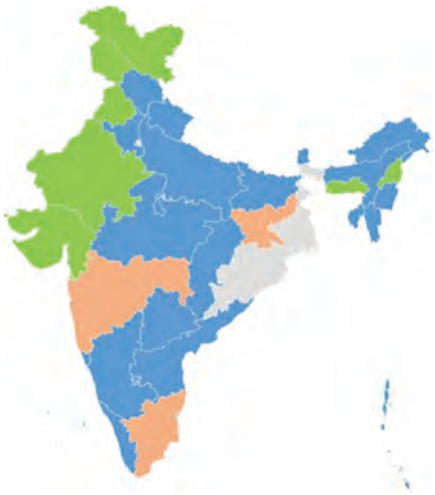
- States/UTs implementing AB-PMJAY have the flexibility to add other categories of beneficiaries at their own cost under the State Schemes, which are being implemented in alliance with AB-PMJAY.

Implementation Structure

- At the central level, National Health Authority (NHA) has been set up as an attached office to Ministry of Health and Family Welfare for implementing AB-PMJAY. NHA is headed by a full time CEO in the rank of Secretary to the Government of India. An 11 member Governing Board (GB), headed by the Minister for Health and Family Welfare, has also been established as the decision making body of the NHA.
- State Health Agency (SHA) is the nodal agency responsible for implementation of AB-PMJAY in the state. In addition to the state level posts, District Implementation Units (DIUs) have also been setup to support the implementation in districts.

Implementation Modes in States/UTs

- States under AB-PMJAY are free to choose the implementation mode and can implement the scheme either through a Trust, or Insurance Companies or a combination of both in a mixed mode. States can also cover a greater number of families than those defined as per SECC data. For these additional families, the cost needs to be borne by the States. These State Schemes work in alliance with the AB-PMJAY.
- At present, 33 States/UTs are implementing the scheme. The following diagram depicts the list of States with respective models of AB-PMJAY implementation:



Modes of Implementation (#States/UTs)	% of beneficiaries covered
Trust (22)	59.7%
Hybrid (3)	21.4%
Insurance (8)	18.9%

Journey of Ayushman Bharat - PMJAY

Hon'ble Prime Minister Shri Narendra Modi had launched PM-JAY on 23rd September 2018 from Ranchi, Jharkhand. Prior to launch of the scheme, on February 1st, 2018, the announcement was made in union budget of India. NHA was incorporated in the month of May and PM announced the launch of Scheme on the 71st Independence Day.

Progress of the Scheme

As on 17th November 2021, 33 States and Union Territories are implementing the scheme, where 17.11 Crore Ayushman cards have been issued under the Scheme including those issued by the States using their own IT platforms. Approximately 2.4 Crore hospitalizations amounting to almost Rs.28,300 Crores have been authorized under the scheme.

Operational model

States/UTs have been accorded considerable flexibility towards the design and implementation of the scheme. Including, State Health Agencies have flexibility with respect to the mode of implementation, expansion of beneficiary base, scheme co-branding, increasing the coverage beyond 5 lakhs, revision in package numbers and pricing (albeit within a limit) and choosing the IT platform.

Partnerships

NHA has entered several partnerships with government, non-government, multilateral and not-for-profit organisations. The goal is to synergise knowledge and skills in order to make the implementation of AB-PMJAY more effective. NHA has actively collaborated with the following organizations in order to make with implementation of AB-PMJAY more effective. These include German Agency for International Cooperation (GIZ), The World Bank, World Health Organisation, Bill and Melinda Gates Foundation, Clinton Health Access Initiative, National Skill Development Corporation, ICICI Foundation for Inclusive Growth, Asian Development Bank, Akshaya Patra Foundation, Bharti Foundation, Novartis Social Business, NATHEALTH, WISH Foundation, Health Systems Transformational Program - Public Health Foundation of India, Insurance Institute of India, Department of Health Research - National Cancer Grid, Quality Council of India, International Innovation Corps - University of Chicago.

Key initiatives undertaken in Ayushman Bharat - PMJAY in 2021-22

Beneficiary Identification

The BIS is one of the components of NHA's information technology backbone. It facilitates verification of eligibility for beneficiaries through SECC or additional datasets through Application Programme Interface (APIs) and supports Aadhaar eKYC (electronic Know Your Customer) and non-Aadhaar based KYC for authentication. Towards this end, NHA launched a mission mode campaign "Aapke Dwar Ayushman". Under this campaign NHA signed MoUs with leading service providers such as CSC e-Governance Services Ltd. and UTIITSL Ltd. to ensure free issuance of cards to (SECC 2011) beneficiaries undergoing verification for the 1st time. NHA actively collaborate with State Health Agencies to establish grassroots network of Health Care Workers (HCWs) and Front-Line Workers (FLWs) to mobilize beneficiaries. NHA also worked to create convergence with Panchayati Raj institutions by enlisting them to mobilize beneficiaries.

Creation of Hospital Network

The supply of health care services under AB-PMJAY are ensured through pre-selected, well equipped and well-prepared hospitals to deliver the benefits. Also, the hospitals must be distributed widely enough over the geography so as to ensure optimal accessibility to the eligible families. In order to cater to the increased demands under AB-PMJAY and also to ensure quality care to the beneficiaries, it is imperative to maintain and grow a network of hospitals that also conform to the quality standards and criteria. Considering the supply side characteristics, two types of empanelment criteria have been evolved. These criteria have been developed based on the experience of the prevalent practice in other Government-funded health insurance schemes, State-specific regulations related to the quality of care and Clinical Establishment Act 2011. These criteria are listed as follows:

- General criteria – For hospitals that provide non-specialised general medical and surgical care with or without ICU and emergency services.

- Special Criteria (for clinical specialties) – For each specialty, a specific set of criteria has been identified. However, in order to offer a specialised clinical service, the hospital must have necessary specific infrastructure and HR in place as mentioned in the special criteria developed under AB-PMJAY for the same.

As on 18th November 2021, a total of 24,157 hospitals have been empanelled under AB-PMJAY. The various initiatives taken with regard to the creation of hospital network are as follows:

- Empanelment of hospitals under Central government ministries: In order to ensure that beneficiaries are able to seek treatment closer to their homes NHA has empanelled all eligible hospitals under Government of India with AB-PMJAY. These include hospitals from Ministry of Coal, Ministry of Defence, Ministry of Power, Ministry of Railways among others.

- Direct empanelment for private hospitals: Beneficiaries sometimes desire to get treated in States which are not implementing AB-PMJAY. For this purpose, NHA introduced the process of directly empanelling private healthcare organisations in such States.

- Revision of empanelment policy: NHA revised existing guidelines for empanelment and de-empanelment under AB-PMJAY. Bearing in mind that dialysis is a procedure which needs to be performed regularly for patients suffering from chronic renal disease, NHA has decided to empanel standalone dialysis centres for better facilitation of the necessary services to the AB-PMJAY beneficiaries.

Quality Assurance

One of the primary goals and a key focus area of the Scheme is to provide quality healthcare to its beneficiaries. To ensure that quality services are delivered via EHCPs, NHA has developed the following:

- Monthly Quality Audit Checklist: This has been developed for Empanelled Health Care Providers for periodic assessment and monitoring of the quality of services provided.

- AB-PMJAY Quality Certification: NHA has partnered with Quality Council of India (QCI) to develop a portal for online quality certification of empanelled hospitals. These quality certifications include Bronze/Silver/Gold Quality certifications.

- AB-PMJAY Quality dashboard: This was launched to aid States/UTs to monitor the progress of EHCPs who have applied for AB-PMJAY quality certification. As of 18.11.2021, a total of 239 empanelled hospitals have been certified under these quality guidelines.

Health Benefit Packages

To ensure that the hospitals do not overcharge, and rates do not vary across hospitals, empanelled healthcare providers (EHCP) are paid based on specified package rates. A package consists of all the costs associated with the treatment, including pre- and post-hospitalisation expenses. The specified surgical packages are paid as bundled care, where a single all-inclusive payment is payable to the EHCP by insurer/SHA.

To begin with, AB-PMJAY had 1393 treatment packages. These were reviewed and rationalised and HBP 2.0 came into existence with the approval of Governing Board of NHA. The HBP 2.0 has 874 treatment packages containing 1,592 procedures, expanding access to various treatments and a scientific integration of implants and high-end consumables within the packages. HBP 2.0 has brought in multiple new concepts in the package design such as cross-specialty procedures, add-on procedures, stand-alone procedures, follow-up procedures, stratifications,

special conditions. HBP 2.1 led to enhancements with the inclusion of transplant packages. In November 2021, NHA launched HBP 2.2 with rate revision in 400+ packages to align them with stakeholders' expectations.

Standard Treatment Guidelines (STGs)

A total of 625 Standard Treatment Guidelines (STGs) have been developed by the team covering around 1592 AB-PMJAY procedures, and 599 of these STGs have been integrated into the AB-PMJAY Transaction Management System (TMS) to aid the Pre-authorising Panel Doctor (PPD) and Claims Panel Doctor (CPD) of third party administrators (TPAs), insurance companies, SHAs while processing a pre-authorisation or a claim by specifying the mandatory documentation required and specific information to look for in these documents for the prescribed procedure. This will help in preventing and controlling fraud and abuse too.

Beneficiary Awareness and Empowerment

A detailed communication strategy has been developed by NHA, which is implemented at the national and regional levels. Various modes of communication such as leaflets, booklets, hoardings, TV, radio spots, interpersonal communication, etc., have been used as important elements for creating a comprehensive communication strategy for disseminating the desired messages across the target audience. Some of the key actions undertaken are listed below:

- **Celebration of Arogya Manthan**

Ayushman Bharat – Arogya Manthan is organized around 23rd September of every year to celebrate the launch day of the AB-PMJAY scheme. In the year 2020, since the country was undergoing nationwide lockdown due to COVID-19 pandemic, the event_ Ayushman Bharat Arogya Manthan 2.0 was conducted virtually from 22nd to 25th September 2021. International Public Health experts from various South Asian countries and from different corners of the world participated in the event as guest speakers.

- **Diwali Campaign - #Gift of Health**

On the festival of lights, NHA launched a digital campaign with #GiftOfHealth. 'COVID Or Cancer Whatever The Illness, This Festive Season AB-PMJAY Will Ensure Your Wellness.'

- **Launch of Ayushman Bharat - PMJAY Sehat**

Jammu and Kashmir Sehat Scheme a Universal Health Coverage Scheme was launched by Hon'ble Prime Minister in Jammu and Kashmir.

➢ **Social media campaign on Ayushman CAPF initiative**

Launch of 'आयुष्मान भारत–कहानियाँ करोड़ों मुस्कानों की' Podcast Series

➢ **Collaboration with SBI**

AB-PMJAY ATM screensaver was deployed at more than 38,000 ATM sites across the country

- AB-PMJAY digital banner advertisement has been deployed on SBI's YONO app with more than 2.5 Crore users.

➢ **Kumbh Mela**

- For the promotion of AB-PMJAY scheme during the Kumbh Mela numerous activities like hot-air balloons, pole kiosk, press campaigns, electronic media campaigns, newspaper advertisements in major national dailies were conducted by the IEC Division.

➢ **CoWIN Global Conclave**

The Government of India on 5th July organised a virtual meet - Co-WIN Global Conclave - to share India's learnings and experiences with regards to planning, strategizing and executing the world's largest vaccination drive through Co-WIN, an indigenously developed, tech-based platform for universal Covid-19 vaccination. The conclave was jointly organised by the Ministry of Health & Family Welfare (MoHFW) and National Health Authority (NHA).Ministry of External Affairs (MEA) and National Health Authority (NHA) with an objective to extend the Co-WIN platform as a digital public good to the world at no cost. The conclave was attended by over 403 health and technology experts from around 142 countries including European Commission, 20 embassies and UN Offices in India. Extensive social media campaign was done for the event.

➢ **e-RUPI Launch event**

- On 2 August, the Prime Minister Shri Narendra Modi virtually launched the e-RUPI, a cashless and contactless digital payment solution developed by the National Payments Corporation of India (NPCI) on its UPI platform, in collaboration with the Department of Financial Services (DFS).

- The event was jointly organised by the National Health Authority (NHA), National Payments Corporation of India (NPCI), Department of Financial Services (DFS) and Ministry of Health & Family Welfare (MoHFW). The programme commenced with the welcome remarks by Dr RS Sharma, CEO, National Health Authority who delivered the introductory speech.

Arogya Dhara 2.0 : The National Health Authority (NHA) organised 'Arogya Dhara 2.0' to mark the occasion for 2 crore authorised hospitalisations under the AB-PMJAY scheme since its inception on 23rd September 2018. Shri Mansukh Mandaviya, Hon'ble Union Minister of Health & Family Welfare virtually inaugurated 'Arogya Dhara 2.0'.

Virtual Inauguration of Aarogya Dhara 2.0 on 18.08.2021

Adhikar Patra: Adhikar Patra, will be issued to the beneficiaries during their hospital admissions for treatment under AB-PMJAY scheme to make them aware about their rights so that they can claim free and cashless healthcare services upto Rs 5 lakhs under the scheme.

Abhinandan Patra: Abhinandan Patra—a 'thank you note' will be issued to the beneficiaries during their discharge after the treatment under AB-PMJAY for availing the benefits of AB-PMJAY scheme. The Abhinandan Patra is also accompanied by a feedback form to be filled in by the beneficiary regarding the service they received under the scheme.

Ayushman Mitra: Another key initiative launched was 'Ayushman Mitra' which provides an opportunity to all citizens to contribute to the vision of Ayushman Bharat by helping eligible people to get their Ayushman Cards created and bring them under the ambit of the scheme. While getting Ayushman Cards and while availing treatments under the scheme the Ayushman Mitra ID can be shared by beneficiaries to CSC/ empanelled hospital.

'Arogya Samvad' Newsletter: IEC Division publishes a monthly newsletter 'Arogya Samvad' to communicate about the progress and updates under the scheme.

Capacity Building

Capacity-building activities under AB-PMJAY attempt to address more than just training and cover all aspects of building and developing sustainable and robust institutions and human resource. Capacity building in AB-PMJAY has three components: a.) Setting up sustainable institutional structures, b.) Building and strengthening the human resource and institutional capacity, and c) sustaining knowledge and skill through knowledge management and use of appropriate tools.

Some of the key initiatives and achievements under capacity building is given below-

a. SHA capacity need gap analysis

The SHA Capacity Need Gap Analysis was started last year to help SHAs understand their institutional capacity and take appropriate measure to improve the conditions. During the current reporting year, the exercise was completed in Jharkhand (December 2020). The online tool with the support of GIZ, a development partner was prepared for administering the study in the States.

Promotion of Cascade Model of Training through Training of Trainers (ToT): To decentralise the capacity building initiatives under AB-PMJAY, a

cascade model of strategy was developed and approved last year. Under this model, a cadre of master trainers and state/ district level trainers will be developed who will systematically train rest of the stakeholders.

Joint Certification Programme with I.I.I.: -

NHA in collaboration with Insurance Institute of India (I.I.I.) supported by World Bank launched a joint certification programme for the stakeholders involved in claim processes of AB-PMJAY. The programme is comprised of three courses 1) Claim Adjudication, 2) Medical Audit, and 3) Field Investigation.

Summary of Training sessions

Interventions	Number of Participants	Total trainings conducted
Convergence	904	28
I.I.I.	248	4
BIS/TMS/ Grievance/ STG/ NAFU	2130	10
Nirantar Shiksha	845	9
Non-PM-JAY Hospitals	68	3
SHA	1298	11
COWIN Portal	2022	1
Development Partners of NHA	11	1
NHCP	89	2
ESIC Hospitals	21	1

A new initiative titled "BODHI" for internal skilling of NHA divisions will help to strengthen the existing system, identify skill gaps, re-skill and up-skill employees based on their roles and competencies.

Fraud prevention, detection and control

For a programme of the scale and complexity of AB-PMJAY, it is critical to put in place strong anti-fraud mechanisms not only from a financial perspective but also to safeguard people's health from unethical malpractices. AB-PMJAY is being governed on a zero-tolerance approach towards any kind of fraud, and the anti-fraud framework rests on 3 key pillars: a) Prevention, b) Detection, and c) Deterrence.

Some of the key activities carried out listed below to achieve zero tolerance:

a) Strengthening the Anti-Fraud Policy Framework

NHA has laid down a comprehensive set of Anti-Fraud Guidelines for prevention, detection, and deterrence of different kinds of fraud that could occur in AB-PMJAY at different stages of its implementation. All the health benefit packages that are prone to fraud are reserved for public sector healthcare providers.

b) Monitoring empanelled hospitals

The transaction data generated in empanelled hospitals is monitored on a real-time basis through advanced analytics and interactive dynamic dashboards. The key aspects of hospital monitoring include the following:

- ***Advanced Analytics and Forensics***: Based on the above monitoring, utilization data is analysed for over utilization based on different triggers and the results are shared with State agencies in real time.
- ***Joint Medical Audits***: Regular joint medical audits are also conducted by NAFU along with SAFU to identify any wrongdoing. For all suspected cases identified through data analysis, medical audits are undertaken to ascertain if the procedure was needed and was actually done following quality protocols.
- ***Use of Advanced Data Analytics Leveraging Machine Learning/Artificial Intelligence***: NHA has partnered with renowned analytics firm SAS to develop algorithms and risk scoring models leveraging artificial intelligence and machine learning techniques to identify suspect transactions & entities. Using advanced tools such

as Natural Language Processing and Optical Character Recognition and Image Analytics, unstructured data such as images, documents and clinical notes submitted are analysed to detect cases of potential fraud and abuse. SAS also supported NHA in the development of Fraud Analytics Control and Tracking System (FACTS) to detect fraud proactively, develop advanced analytics algorithms to identify suspect transactions, entities and e-cards.

- ***Advisories and Manuals***: A total of 23 anti-fraud advisories have been issued to guide SHAs on fraud detection
- ***Monitoring Tool RADAR (Risk Assessment, Detection and Analytical Reporting):*** RADAR is an analytics tool developed by NAFU which closely monitors transactions across States and Districts and has the capability to drill down to the most granular level to detect fraud done by specific outlier entities. RADAR has a series of dashboards for anomaly and outlier detection, related to utilization and e-card generation under AB-PMJAY.
- ***Action against errant entities***: A total of 207 hospitals have been de-empanelled as a result of audits undertaken by NAFU and SAFU and total penalties worth approximately Rs. 16.55 Crores were levied on the errant entities till date as on 17.11.2021.

Service Provider Engagement

Being the largest Public Health Insurance scheme across the globe, the gamut of AB-PMJAY is vastand requires a constant improvement and engagement with all stakeholders for scheme's success. Thus SPE-IITE (Service Provider Engagement- IC/ ISA/ TPA Engagement) team has been an integral element of PMJAY. Some of the key tasks undertaken are:

a. IMPACT Portal

- Launch of IMPACT Portal: It is a comprehensive portal displaying information related to infrastructure and human resources availability at State and District level along with various operational dashboards
- All 25 TMS using States have been on-boarded on impact portal and are regularly using it.
- SHA manpower and infrastructure details are also incorporated on IMPACT portal
- New enhanced dashboards are incorporated for enhanced user experience as follows-
  - i. Claim pending at CPD
  - ii. Claims pending for payment after CPD approval, bifurcated into pending at ACO/SHA/Bank.

b. Improved Claim Settlement Turnaround Time (TAT): Highest number of claims settled was recorded for the month of May 2021 at total of 6,96,069. Since the inception of the scheme this has been achieved through constant monitoring and stakeholder engagements.

c. Monitoring claim adjudication through adjudication audit

i. Claim Adjudication Audit (CAA) is carried out to ensure efficient, accurate and error-free processing of claims, so that necessary due diligence is exercised at the preauthorization panel doctor, claim executive and claim panel doctor level deployed by insurance companies, ISAs or SHA,

ii. SPE Division carried out 29 audits and findings were shared with the State Health Agencies for compliance and necessary actions against errant entities.

d. Auto-Adjudication POC completed: As the volumes of claims under AB-PMJAY are growing, it is critical to minimize the errors and omissions and develop in built system capabilities

which can either support or replace human intervention to the extent possible. Various Artificial Intelligence and Machine learning techniques were tested during Proof of Concept (POC) for Auto Adjudication of claims conducted by NHA.

i. Successful pilot testing of auto claim adjudication by two vendors.

ii. RFP is under process for integration of auto claims adjudication tool with existing IT system.

iii. Pilot testing provided detailed insights to improve the system to make it compatible with auto adjudication.

e. New IT enhancements: For effective communication between the adjudicators and the hospitals pivotal for transparent and fair claim settlement below enhancements were introduced in NHA IT platform:

i. New query and rejection template integrated in TMS for better analysis of query and rejection trends

ii. Query response visible to processing doctor on the same tab.

f. Empanelment of agency for Providing Human Resources for AB-PMJAY implementation: Skilled HR with SHAs is a critical parameter for success of AB-PMJAY. To support the SHAs and to ensure smooth implementation of the scheme, SPE Division is conducting first round of empanelment of HR agencies which will be ready 'off the shelf' for SHAs to enter commercial contract for providing appropriate HR.

g. Insurance pilot for covering Missing Middle/ Non-Poor Population

i. Fulfilling its commitment to expansion of coverage and working towards UHC, NHA has announced insurance pilots for which effort is being made to cover the uncovered population comprising of varied sections of non-poor population spread across occupations, geography, and income strata on pilot basis.

ii. Two insurance companies have submitted expression of interest to run pilot in selected states, proposal for the same is under review for implementation.

h. Automation of the payment process at ACO and SHA level: The Division is working on the process in which the claims will move to SHA bucket form ACO if not acted in 2 days by ACO, also form SHA's bucket it will move to payment if not acted in 3 days' time frame. The Green-channel payment Implementation will automate the workflow of Claims Adjudication and EHCPs meet the issue of blockage of their working capital during the intervening period from the time of treatment of beneficiary to payment of claim.

Hospital Operations

The Hospital Operations (HO) Division has been established as an eminent section of NHA to improve the engagement with empanelled healthcare providers so that two-way communication between NHA and EHCPs could be established.

The functions of the division: -

HO Division liaisons with SHAs, DIUs & central ministries for providing the required support in many areas. For effective liaising and coordination HO division conducts electronic engagement with EHCPs (mass SMS, emails etc), regular video conferences, webinars, field visits, and direct calling to understand the operational issues & suggest possible solutions.

HO division is also responsible for providing direct support to empanelled healthcare providers situated in states/ UTs currently not on-boarded for the AB-PMJAY scheme.

Key achievements

As of August 2021, total 119 inactive hospitals since January 2021 and 209 low performing hospitals have

initiated raising pre-auth. The division has conducted capacity building session to strengthen 350 District Implementation Unit (DIUs) on operationalization of EHCPs.

Monitoring and Evaluation

Timely and reliable monitoring and evaluation makes it possible to identify trends, strengths, and areas for improvement as the scheme progresses The M&R Division at NHA provides updates on the process and output indicators through a strong real-time Management Information System (MIS). Real-time dashboards continuously keep track on coverage, benefits and financial protection aspects of the scheme. This year, updating/ merging of existing dashboards and creation of new dashboard as per the requirement of various stakeholders was undertaken. Presently seven main dashboards are available on the insight's platform.

In addition to these, twenty-three separate need-based dashboards like Apke Dwar Ayushman Campaign, Central Armed Police Force (CAPF), CGHS, CoWIN, Standard Treatment Guidelines (STG) were developed for various stakeholders.

Working papers and policy briefs based on AB-PMJAY packages utilisation and data triangulation with state specific disease patterns are regularly developed based on the important topics identified at NHA. These working papers and policy briefs are used to disseminate the learning and experience under the scheme with broader audience.

During last one year, three TAC meetings were held and a total of 29 working paper/ policy brief/ evaluation studies were approved. These research studies provide critical inputs for evidence-based decision-making and carrying out mid-course corrections. However, most of these research studies are under process at the moment.

Beneficiary Empowerment

Beneficiary empowerment is critical to a scheme such as AB-PMJAY. Given below are the various ways in which NHA empowers its beneficiaries.

a) **Call Centre Operations AB-PMJAY Helpline (14555)**: NHA's National Call Centre acts as the primary point of contact for various stakeholders of AB-PMJAY through its toll-free helpline 14555. It provides beneficiaries information related to their queries which and informs them about their entitlements under the Scheme. Beneficiaries can also register complaints through the 14555 helpline. The call centre deploys more than 500 agents for in-bound and out-bound calls. From October 2019 till date NHA's call centre has answered more than 14 lakh calls and dialled 71 lakh calls under various AB-PMJAY out-bound calling campaigns.

b) **Grievance redressal under AB-PMJAY**: A three-tier grievance redressal structure has been developed under AB-PMJAY to ensure redressal of the grievances based on principles of natural justice, transparency and promptness. NHA has developed a bi-lingual web-based grievance redressal system which enables a person to register their grievance on the designated portal or mobile application. Under AB-PMJAY, more than 97% of the grievances are resolved through efforts made at District, State and National level. NHA has streamlined the process of redressal by developing a web portal and grievance redressal guidelines. Since 1st September 2020 till 31st July 2021 total 7,982 grievances registered on CGRMS portal and 1,079 grievances registered on CPGRAMS, wherein 88% and 96% grievances resolved on CGRMS and CPGRAMS.

c) **Quality audit of closed grievances**: With the aim of enhancing the quality of closed grievances, quality parameter such as action taken report, evidence, resolution within TAT and closure intimation sent to the complainant are defined to assess the quality of closed grievances.

COVID-19 Response

National Health Authority (NHA) has also been playing its part in various ways, including assistance to States

in their response to the COVID-19 pandemic. National Health Authority (NHA) has provided following support related to COVID management:

a. **Testing and Treatment:** NHA worked tirelessly to ensure that people do not fall below poverty line due to COVID and also non-COVID hospitalizations. Even through Government facilities are providing testing and treatment for COVID free of cost, with help of AB PM-JAY, access to private facilities was provided free of cost to the scheme beneficiaries. In order to achieve this, on April 4, 2020, NHA notified specific packages for Testing for COVID and Treatment for COVID. A total of 64 packages have been notified under AB-PMJAY for testing and treatment for COVID. Looking at the need of hour, NHA provided flexibility in design the packages to the States. As on 18th November 2021, approximately 20.5 Lakh tests and 8.3 Lakh treatments have been authorized under AB-PMJAY for COVID-19.

   NHA undertook changes to the AB-PMJAY IT system allowing State Governments to extend treatment to non-AB-PMJAY beneficiaries on NHA's IT platform. Few States like Madhya Pradesh are availing this facility. NHA also introduced a Direct Lab Empanelment (DLE) module for empanelment of ICMR registered labs to increase the number of testing facilities for AB-PMJAY beneficiaries.

b. **Improved hospital empanelment:** To ensure continued supply of essential healthcare services especially for non COVID critical illnesses and to balance out the reduction in supply of these services due to the lockdown, NHA launched an express empanelment mechanism, Hospital Empanelment Module (HEM) Lite.

c. **Call Centre support:**

   - National COVID Helpline 1075: NHA leveraged its experience in running a state-of-the-art call centre by establishing, operating and managing the National COVID Helpline -1075 set up by the Government of India to provide citizens with all necessary information and guidance. This was a centralized toll-free helpline to ensure all incoming queries are addressed and redirected to the respective states for action. More than 34 lakh calls were handled by the centre during mid-March 2020 to 30th September 2020.

   - Tele-calling: Keeping in mind the need for taking precautions and measures and to be safe during the current COVID pandemic, National Health Authority initiated a campaign on automatic voice-enabled tele-calling for COVID precaution advisory. The main objective of this campaign was to disseminate important information to beneficiaries over 60 years of age across the country. A total of 5 Crore numbers were reached out to.

   - ICMR Calling: NHA also extended support to the government by conducting a detailed verification of patient as per the data shared by ICMR. A team of over 300 tele-callers was fully engaged towards this exercise. A total of 31.36 Lakh calls were attempted by NHA on the data shared by ICMR till early August 2020.

   - Arogya Setu: NHA also undertook the cleansing and verification of Aarogya Setu data whereby data that was provided in the 'Aarogya Setu' application by the citizens was validated through a 3-step process to obtain accurate and complete information. NHA also handled over 20 Lakh calls on behalf of the Aarogya Setu application.

Scheme Convergence

National health authority launched an initiative to converge Ayushman Bharat - PMJAY with various national schemes to allow various ministries to leverage

NHA's robust and versatile platform to augment healthcare outcomes. Convergence reduces implementation costs by preventing duplication of efforts and resources while providing a more accessible and standardised quality service to beneficiaries across all schemes. The salient benefits of convergence are outlined below:

Without convergence	With convergence
Duplication of efforts and resources	Optimized & de-duplicated beneficiary
	base
Decrease in efficiency due to multiple platforms	Expanded set of common service providers
Fragmented health systems & purchasing power	Uniform service standards for beneficiaries
Sub-optimal utilization of healthcare network	Increase in bargaining power
Lack of adequate risk pooling in schemes	Reduced implementation costs

The following are various achievements of the scheme:

- Hospital admissions worth INR 1.5 Cr in more than 157 districts across the nation in Employee State Insurance Scheme (ESIS)
- Convergence of Ayushman CAPF for more than 35 Lakh beneficiaries including serving CAPF personnel and their dependents along with printing and distribution of more than 7 lakh beneficiary cards.
- Complete migration of the Central Government Health Scheme (CGHS) to the AB-PMJAY IT platform with the onboarding of 1600+ healthcare providers across the nation who have provided cashless service to CGHS pensioners raised claims worth more than Rs. 764 crores.
- Fully migrated Rashtriya Arogya Nidhi and Health Minister's Discretionary Grants to PMJAY IT system ensuring faster turn-around times by optimising scheme workflow.
- Converged program for Building and Other Construction Workers' Scheme (BoCW) for Bihar, Chandigarh and Uttar Pradesh and verified over 70,000 beneficiaries.

Funds Utilization

Funds are released by Ministry of Health & Family Welfare, Government of India to National Health Authority under three categories. Releases made to National Health Authority and expenditures incurred during 2021-22 (till 15.11.2021) -

Particulars	Description	Grant received	Grant Utilised
NHA Head Quarter Grant	NHA's primary operating fund, which accounts for all financial resources of the Administration expenses for running the scheme	85.01	75
Grant-in-Aid for administrative Expenses	Operating fund for State Health agencies. It accounts for all financial resources of the general administration expenses of the State offices to run the scheme	100	24.09
Grant-in-Aid for Implementation Purpose	Fund for core activities of the scheme under AB-PMJAY, i.e. for paying central share of premium	3100	1552.55
	Total	**3285.01**	**1651.64**

1.6.2 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Central Government Health Scheme (CGHS) is a health scheme mainly for serving / retired Central Government employees and their families. The scheme was started in Delhi in the year 1954. Over the time it has spread to 74 cities. It shall be extended to 7 more Cities soon. It serves nearly 13.58 lakh primary cardholders and about 39.33 lakh beneficiaries.

Salient Features of CGHS/Facilities available to CGHS beneficiaries

- CGHS provides comprehensive OPD facilities and medicines through its large network of Wellness Centres, polyclinics and labs – **Details thereof are at Annexure –A**
- CGHS has empanelled 1536 Hospitals and 240 Diagnostic Centres in different cities for carrying out investigations and indoor treatment facilities - **Details thereof are at Annexure –B**
- CGHS refers the beneficiaries to Government hospitals /specialists of empanelled Hospitals for expert consultation and on the basis of their recommendation the patients are referred to private hospitals as per their choice for indoor medical treatment.
- CGHS beneficiaries are permitted for seeking OPD consultation from specialists at Private hospitals empanelled under CGHS after being referred by any Medical Officer/CMO of CGHS Wellness Centre.
- Direct Consultation from Specialists at empanelled hospitals in respect of elderly CGHS beneficiaries aged 75 years and above.
- Medicines are issued against the prescription of CGHS doctors and other Government doctors and as per the prescribed formulary and are supplied from the dispensary store. The medicines not available in the dispensary are procured through Authorized Local Chemist and provided to patients.
- CGHS provides specialist consultation through CGHS Specialists at Poly Clinics, Central Government Hospitals and also from Specialists of empanelled hospitals after referral from CGHS. In addition GDMOs with Specialist qualifications also provide specialist advice.

Subscription rates for CGHS membership

Contribution for CGHS card depends upon the level of Pay of the serving/pensioner beneficiary:

Level	Contribution Per Month	Contribution Per Year (Pensioner)	Contribution For Life Time (Pensioner)
LEVEL 1 TO 5	250/-	3000/-	30,000/-
LEVEL 6	450/-	5400/-	54,000/-
LEVEL 7 TO 11	650/-	7800/-	78,000/-
LEVEL 12 & ABOVE	1000/-	12,000/-	1,20,000/-

Details of CGHS hospitals and Wellness Centres:

The Central Government Health Scheme (CGHS) has 4 hospitals and 430 CGHS Wellness Centres and Units (333 Allopathic and 97 AYUSH) in the country at different locations / cities providing medical care to its members in Allopathic, Homeopathic, Ayurvedic, Unani and siddha systems of medicine.

The four hospitals running under CGHS are as indicated below:-

- Maternity and Gynae Hospital, R.K. Puram, New Delhi - a 40 bedded hospital.
- Timarpur General Hospital, Timarpur, and Delhi - a 10 bedded hospital.
- Kingsway Camp Hospital, Delhi - a 10 bedded hospital.
- Ayurvedic Hospital, Lodhi Road, New Delhi - a 25 bedded hospital.

In addition to the allopathic dispensaries CGHS also operates 97 AYUSH dispensaries/units and 2 Geriatric clinics for the welfare of CGHS members.

Procedure for taking treatment at CGHS empanelled private hospitals and diagnostic centres:

The beneficiary has the option to decide about the institution where he / she wants to take treatment or undergo diagnostic test after a Government Doctor has prescribed the same without any requirement of any other referral (permission) letter.

For listed investigations there is no requirement of any other permission after a specific investigation has been advised by a Government Specialist or a Medical officer of CGHS Wellness centre. The investigation may be undertaken from any of the empanelled diagnostic labs.

In case a beneficiary has been referred to a private empanelled

For unlisted investigations/treatments procedure CMO I/c shall submit the prescription to competent authority for consideration in case of pensioner beneficiaries. Serving CGHS beneficiaries shall seek permission from their Department for the same.

Private empanelled hospitals and diagnostic centres are required to provide cashless treatment facility to the following categories of beneficiaries:

- Members of Parliament
- Pensioners of Central Government drawing pension from central Civil estimates
- Ex-Members of Parliament
- Freedom Fighters
- Serving employees of the Ministry of Health & Family Welfare (including attached / subordinate offices under the Ministry of Health & family Welfare
- Such other categories of CGHS cardholders as notified by the Government

These hospitals are also required to extend credit facility to all CGHS beneficiaries in case of emergency treatment.

Serving employees of other Ministries / Departments are required to make payment at the time of treatment and obtain medical reimbursement from their respective Ministries / Departments.

The Ministry has taken following recent initiatives for improvement of CGHS:

i. Simplification of referral system under CGHS

ii. Provision for OPD consultation from Specialists of CGHS empanelled hospital after referral from CGHS Wellness Centre / CGHS Specialist

iii. Direct Consultation from Specialists at empanelled hospitals in respect of elderly CGHS beneficiaries aged 75 years and above.

iv. Fortnightly Webinar for health Education for the CGHS beneficiaries is started since 28th October 2020.

v. Post-operative treatment in respect of critically ill beneficiaries is simplified and one time permission without the need for revalidation from time to time.

The consultation /investigations are permitted under these follow-up cases. The conditions covered are:

a. Post Cardiac Surgery Cases including Coronary Angioplasty

b. Post Organ Transplant Cases (Liver, Kidney, Heart, etc.,)

c. Post Neuro Surgery Cases/Post Brain Stroke cases requiring regular follow-up treatment

d. End Stage Renal Disease/follow up cases of Liver Failure

e. Cancer treatment

f. Auto-immune disorders like Rheumatoid Arthritis requiring regular follow-up

g. Neurological disorders like Dementia, Alzheimer's disease, Parkinsonism, etc.,

vi. Guidelines for consideration of reimbursement in excess of the approved rates pertaining to medical claims have been revised.

vii. A High Powered Committee for grievance redressal of CGHS beneficiaries pertaining to medical claims has been constituted in compliance of Hon'ble Supreme Court of India in the case of Shiv Kant Jha Vs UOI.

viii. Similarly timelines of 30 days for settlement of Medical claims of Pensioner CGHS beneficiaries (normal claims) have been prescribed in compliance of Hon'ble Supreme Court of India in the case of Shiv Kant Jha Vs UOI

ix. 33 Postal Dispensaries have been taken over by CGHS wef 1.4.2019

x. Online transfer of CGHS card on account of transfer from one CGHS covered city to another CGHS covered City.

xi. Approval has been received from DOE for opening of at least one Ayurvedic (26)and One Homeopathic unit (27) in CGHS Cities, where such facilities do not exist- 12 units are already functional.

xii. Approval of DOE for 16 new Allopathic Centres (includes 7 in new Cities) has been received- 6 are already functional.

COVID -19 related

1. CGHS Medical Officers and Staff have been part of the fight against COVID-19 Infection – performing duties at Air-ports and Quarantine Centres.

2. Special Provisions to CGHS beneficiaries in view of the COVID-19 Infection:

- Option to purchase OPD Medicines for Chronic illnesses till 31st October 2021 and claim reimbursement
- Directions to open separate 'Fever Clinic' at Wellness Centres for screening beneficiaries for Fever and other suggestive symptoms and referral to Nodal Centres
- Directions to CGHS Wellness Centres to provide assistance to COVID 19 +ve CGHS beneficiaries under Home Quarantine and permission to such CGHS beneficiaries to purchase one Pulse Oxymeter (@ Rs1200/-) per family
- Tele- consultation facility with Govt. Specialists through e-Sanjeevani

ANNEXURE-A

CGHS Wellness Centres according to different Systems of Medicine

S.No.	City	Allopathic Dispensaries	Poly Clinics	Labs	Ayush
1	AGARTALA	1		1	
2	AGRA	1			
3	AHMEDABAD	8	1	1	2
4	AIZWAL	1			
5	AJMER	1			
6	ALIGARH	1			
7	ALLAHABAD (PRAYAGARAJ)	7	1	1	2
8	AMABALA	1			
9	AMRITSAR	1			
10	BAGHPAT	1			
11	BANGALURU	10	1	3	4
12	BAREILLY	1			
13	BERHAMPUR	1			
14	BHOPAL	2			1
15	BHUBANESWAR	3		1	2
16	CHANDIGARH	1			0
17	CHENNAI	14	2	4	4
18	CHHAPRA	1			
19	CUTTACK	1			
20	DARBHANGA	1			
21	DHANBAD	1			
22	DEHRADUN	3			0
23	DELHI & NCR	100	4	34	37
	DELHI				
	FARIDABAD				
	GHAZIABAD				
	GREATER NOIDA				
	GURGAON				
	INDIARAPURAM				
	SHAHIBABAD SONIPAT				

24	DIBRUGARH	1			
25	GANDHINAGAR	1			1
26	GANGTOK	1			
27	GAYA	1			
28	GORAKHPUR	1			
29	GUWAHATI	5			1
30	GUNTUR	1			
31	GWALIOR	1			
32	HYDERABAD	13	2	2	6
33	IMPHAL	1			1
34	INDORE	1			1
35	JABALPUR	5		1	1
36	JAIPUR	7	1	4	2
37	JALANDHAR	1			
38	JALPAIGURI	1			
39	JAMMU	2			0
40	JODHPUR	1			
41	KANPUR	9		3	3
42	KOHIMA	1			
43	KOLKATA	19	1	5	4
44	KOTA	1			
45	LUCKNOW	9	1	3	3
46	MEERUT	6		2	2
47	MORADABAD	1			
48	MUMBAI	26	2	4	5
49	MUZZAFARUPUR	1			
50	NAGPUR	12	1	1	3
51	NELLORE	1			
52	PANAJI	1			1
53	PATNA	5	1	1	2
54	PUDUCHERRY	1			
55	PUNE	9	1	2	3
56	RAIPUR	2			2
57	RANCHI	3		1	0

58	RAJAHMUNDRY	1			
59	SAHARANPUR	1			
60	SHILLONG	2			1
61	SHIMLA	1			
62	SILCHAR	1			
63	SILIGURI	1			
64	SRINAGAR	1			
65	VADODARA	1			
66	VARANASI	2			
67	VIJAYAWADA	1			
68	TIRUCHIRAPALLI	1			
69	TIRUNELVELI	1			
70	THIRUVANANTHAPURAM	3			2
71	VISAKHAPATNAM	2			
72	KOCHI	1			
73	KOZHIKODE	1			
74	KANNUR	1			
	TOTAL:	**333**	**19**	**73**	**97**

Annexure- B

List of the HCOs empanelled under CGHS in all CGHS

Name of City	Number of Pvt. Hospitals empanelled under CGHS	Diagnostic Centres
Ahmedabad	40	5
Gandhinagar	2	0
Vadodara	7	1
Allahabad	34	2
Varanasi	18	0
Bangalore	48	4
Bhopal	45	0
Indore	4	0
Bhubaneshwar	16	0
Cuttack	2	0
Berhmpur	0	0
Chandigarh	28	10

Ambala	8	1
Amritsar	39	0
Jallandhar	22	0
Jammu	2	0
Shimla	0	0
Srinagar	0	0
Chennai	27	6
Tiruchirapalli	1	0
Tirunelveli	1	0
Puducherry	5	0
Dehradun	21	4
Delhi	308	92
Gurgaon (NC R)	43	9
Faridabad (NCR)	32	1
Ghaziabad (NCR)	43	7
Noida (NCR)	39	5
Sonipat(NCR)	7	1
Guwahati	5	6
Silchar	0	0
Dibrugarh	0	0
Aizwal(mizoram)	0	0
Gangtok(sikkim)	0	0
Kohima(nagaland)	0	0
Hyderabad	75	8
Guntur	4	0
Nellore	2	0
Rajahmundry	1	0
Vijaywada	3	0
Vishakhapattanam	27	2
Jabalpur	40	2
Jaipur	55	4
Ajmer	2	0
Jodhpur	8	0
Kota	0	0
Kolkata	27	15

Siliguri	0	0
Jalpaiguri	0	0
Kanpur	55	11
Gwalior	4	3
Lucknow	44	12
Agra	4	0
Gorakhpur	1	2
Bareilly	5	0
Meerut	40	2
Bagpat	1	0
Aligarh	1	0
Moradabad	4	0
Saharanpur	1	0
Mumbai	66	4
Goa	0	0
Nagpur	80	11
Raipur	6	0
Pune	67	1
Patna	38	3
Darbhanga	0	0
Gaya	0	0
Chapara	0	0
Muzzafarpur	0	0
Ranchi	12	1
Dhanbad	2	0
Shillong (Meghalya)	2	1
Imphal (Manipur)	0	0
Agartala (Tripura)	1	1
Trivandrum	9	5
Kochi	2	0
Kozikode	0	0
Kannur	0	0
Total	1536	240

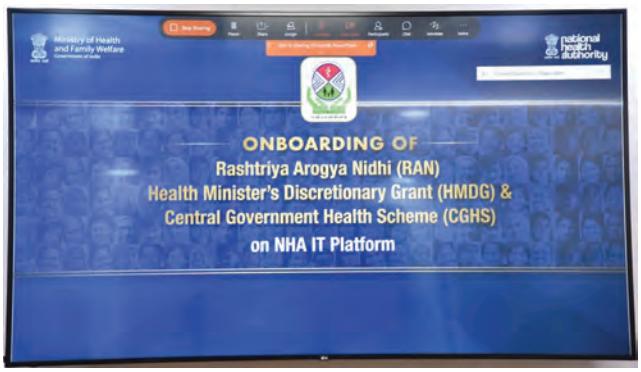
1536 Hospitals, Exclusive Eye care Centers and Dental Clinics and

240 Diagnostic Centers are empanelled in different Cities under CGHS

1.6.3 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG):

Financial assistance upto a maximum of Rs.1.25 lakhs is provided to the indigent patients from the Health Minister's Discretionary Grant to defray part of the expenditure on hospitalization in Government hospitals for treatment of life threatening diseases. During FY 2021-22 (upto 31.12.2021), financial assistance totaling Rs.1,03,33,282 has been released for treatment of 87 patients.

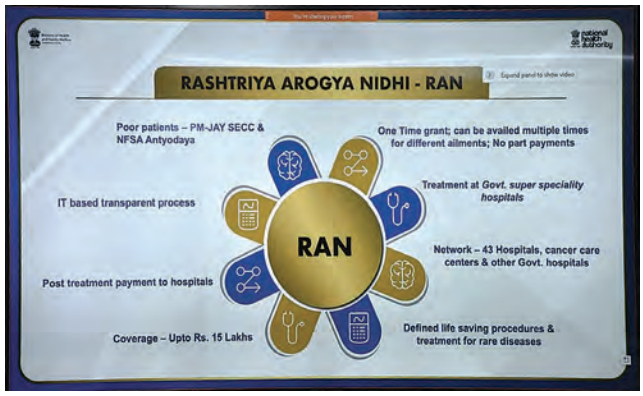
The scheme is being implemented through National Health Authority's IT platform alongwith Rahtriya Arogya Nidhi (RAN) and Central Govt. Health Scheme (CGHS)



1.6.4 UMBRELLA SCHEME OF RASHTRIYA AROGYA NIDHI (RAN)

Under the Umbrella Scheme of Rashtriya Arogya Nidhi, one-time financial assistance upto Rs. 15 lakh is provided to patients belonging to poor patients living below threshold poverty lines and suffering from major identified life-threatening diseases for medical treatment at Government hospitals.

The scheme has three components, namely (i) Rashtriya Arogya Nidhi (RAN) – to provide financial assistance to patients suffering from life threatening diseases other than Cancer, (ii) Health Minister's Cancer Patients Fund (HMCPF) - to provide financial assistance to patients suffering from Cancer; and (iii) Scheme for financial assistance for patients suffering from specified rare diseases.



Details of funds released during 2021-22 (upto 31-12-2021) under the three components of Umbrella Scheme of Rashtriya Arogya Nidhi are given below:

Component	Amount Released (Rs. in crore)	No. of patients
Health Minister's Cancer Patient Fund	**4.8905**	**54**
Rashtriya Arogya Nidhi	**9.7390**	**59**
Rare Disease	**3.00***	**-**

*Released as per Court directions.

Rare Diseases:

Ministry of Health and family Welfare, Government of India has finalised the National Policy for Rare Diseases, 2021 and put in public domain on 30th March, 2021 which can be accessed at https://main.mohfw.gov.in/documents/policy.

➢ **Centres of Excellence**:

Eight premier Government tertiary hospitals with facilities for diagnosis, prevention and treatment of rare diseases have been notified as Centre of Excellence :

a) All India Institute of Medical Sciences, New Delhi

b) Maulana Azad Medical College, New Delhi

c) Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

d) Post Graduate Institute of Medical Education and Research, Chandigarh

e) Centre for DNA Fingerprinting & Diagnostics, Hyderabad

f) King Edward Medical Hospital, Mumbai

g) Institute of Post-Graduate Medical Education and Research, Kolkata

h) Center for Human Genetics (CHG) with Indira Gandhi Hospital, Bengaluru

These centre are mandated to :

- Conduct Education & Training at all levels
- Screening – Antenatal, neonatal (specified disorders), High risk screening (both antenatal & in newborns and children)
- Diagnostics- Cytogenetic, molecular, Metabolic
- Prevention by prenatal screening & diagnosis
- Research in the area of low cost diagnostics & therapeutics.
- Treatment of rare diseases.

A "Digital Portal for Crowd Funding & Voluntary Donations for Patients of Rare Diseases" has also been launched and can be accessed through http://rarediseases.nhp.gov.in. In order to receive financial assistance for treatment of rare disease, the patient of the nearby area may approach the nearest Centre of Excellence to get him assessed and registered on the digital portal.

1.6.5 INDIAN RED CROSS SOCIETY

Introduction

The Indian Red Cross is the largest humanitarian organization in India. It has always been at the forefront of humanitarian activities and works tirelessly to alleviate suffering during any manmade or natural disaster. It is a huge family of 26 million volunteers, members and more than 3500 staff. It reaches out to the community through a network of over 1100 branches spread throughout the country. It attempts to reduce vulnerabilities among affected people and empower them and their community to mitigate the impact of disasters.

New Initiatives

Installation of Solar Energy Plant at IRCS, NHQ

The Indian Red Cross Society, NHQ is located in a plot area of 2.5 Acres. The total complex comprises of main building (Grd+5), annexe building (Grd+2), Disaster Management Centre (Grd+1) and a rear side block (Grd+4). Presently, the source of electricity in the complex is through New Delhi Municipal Council, (NDMC) and average consumption of electricity has been 70,000- 1,00,000 units per month i.e. approximately 12,00,000 Units per year. IRCS is paying approx. Rs.130 Lakhs (1.3 Crores) per year to NDMC for power consumption.

IRCS approached Solar Energy Corporation of India Ltd, a Govt. of India Undertaking, to facilitate installation of Solar energy plant. Work was awarded to M/s Geo Power India Ltd on their panel for 150 KW roof top Solar Power Plant.

The Solar Power plant will produce 2,00,000 units approximately resulting into saving of Rs.17 lakhs per year. The expenditure incurred on the same may be covered in 2- 2½ years time.

Nucleic Acid Testing (NAT) Testing Facility, **two mobile blood collection vans and one passenger transportation**

Indian Red Cross Society, National Headquarters started a Nucleic Acid Testing (NAT) facility at the IRCS, NHQ, Blood Centre. Three fully equipped vehicles, including two mobile blood collection vans and one passenger transportation bus have been added to the existing IRCS fleet.

COVID-19 Response

Indian Red Cross Society scaled up preparedness & response to tackle Corona pandemic by initiating a myriad of activities namely, distributing food, dry ration, masks, sanitizers, gloves, PPE kits, test kits, ventilators etc. During the outbreak, volunteers were trained, and awareness & prevention programs were conducted to sensitize people & vulnerable communities. During Covid-19 pandemic, IRCS was also designated by the Ministry of Health as the sole consignee for all the foreign aid in kind.

Major highlights are as follows-

1. Volunteers deployed 50,000
2. Awareness campaigns & community surveillance
3. Arrangement of multiple oxygen related equipment (2800 oxygen concentrators, 20,000 oxygen cylinders, 230 ventilators, 9 oxygen generation plants)
4. Ambulance deployed 250 nos,
5. Isolation/quarantine & Covid Care Centers (32 hospitals/temporary Covid treatment facilities, 79 polyclinics/diagnostic centres, 77 quarantine/ isolation centres)
6. Ensuring availability of blood/blood component 2 lakh units collected
7. Testing & vaccination (ongoing) (9 lakh people vaccinated/supported for vaccination, 5.5 lakh people supported for testing)
8. Helplines: 200+

Disaster Management

During the year 2021 heavy rainfall, cyclone, cold wave and incidents of fire have affected many States. States namely West Bengal, Bihar, U.P, Uttarakhand, Kerala, Telangana, Maharashtra, Gujarat, Punjab and Himachal Pradesh were affected badly by intense floods and cyclones. IRCS

Flagging of Red Cross Trucks for Donation of Blankets & Medicines to Ladakh, J&K and Uttarakhand

immediately responded to the disasters and dispatched relief materials from existing stocks from different warehouse.

Non-food items released included 1950 nos. of bed sheets, 1.5 crore masks, 62394 soaps,150 woollen blankets, 2000 cotton blankets,4750 ladies sari, 2035 gents' dhotis, 2700 mosquito nets, 4200 kitchen sets, 1900 towels, 3500 plastic buckets, 17615 tarpaulins, 213 family tents, 2 nos. of water purification units (Aqua Plus), 7 Aluminum boats,12 Oars, & 275 shelter tool kits were released.

- 2.46 lakh hygiene kits have been delivered to 32 States all across India.

Report from M&CW centres in Uttarakhand

- About 7600 doses of Covid-19 vaccines administered to the villagers.
- Creating awareness among the villagers about Covid-19 pandemic and vaccination.
- Staff of Red Cross Hospital, Nagthat and Red Cross Hospital, Chamma have visited the villages and conducted awareness program on Dengue, Malaria, Hygiene & Sanitation.
- Masks, Soap and Sanitizer etc. were also distributed.
- Tailoring course was conducted for the villagers and certificates were given to the trainees.
- Rs. 48 lakhs given to IRCS, Uttarakhand State Branch for Construction of Warehouse.

Blood Program

- The Blood Centre at IRCS National Headquarters collected more than 18946 units of blood, held 257 camps and issued over 37669 units of blood and blood components during the period.
- Blood Donation Camp was organized by Ministry of Health & Family Welfare on the occasion of National Voluntary Blood Donation Day-1st Oct. 21. A total number of 113 blood units were collected.
- This year, from 1st Oct. 2021 requests for Platelet Concentrate has increased manifold and necessary steps have been taken to meet the enhanced demand by organizing 1-2 blood donation camps everyday. The average Platelet Concentrate issued from Indian Red Cross Society, Blood Bank is around 100-150 units per day as against the normal requirement of 12-15 per day.
- Fully Automated ELISA equipment has been installed in TTI lab of Blood Centre of IRCS, NHQ.
- **IRCS (NHQ) is working to start 22 New Blood Centres and to provide them with the essentially required equipments.**

TB Project

During the year 2021, 1800 patients have been covered in the project districts in the states of Gujarat, Haryana, Karnataka, Punjab and UP with the adherence rate of above 95%. The project covered awareness meetings, care and support, patient counseling, IEC activities and discussion sessions at the government health facilities in their TB units.

Flood Early Warning Project

Indian Red Cross has embarked on a **community-based flood EW alerting system** in Assam and Bihar. Based on verified data from Google the flood alert system aims to inform at-risk people to take actions to save their lives and livelihoods. This project is being implemented by IRCS and being supported by Google.

ECoDRR Project The EcoDRR India project aims to reduce water-related risks in Banaskantha district of Gujarat by implementation of contextual EcoDRR measures like Training and Capacity building of Gram Panchayats, Women farmers, Self Help Groups and CBOs on agroforestry, Water Harvesting, Soil Mulching, Drought Resistant Crops and MNREGA, Awareness Campaigns on Plantations, water harvesting and EWS, Promoting thermal-insensitive, drought-resistance crops and fodder.

MOUs with Universities

IRCS has signed tripartite MOUs with 5 Universities. The students of the University shall learn humanitarian principles, disaster management, get sensitized about first- aid, learn hygiene & sanitization & IRCS shall help them become responsible global citizens.

Emergency Health Response Sensitisation Program

IRCS has launched a sensitization Program on "Emergency Health Response" spread over 7 days (3 hours per day). This program primarily aims to fill the gap of patient care attendants who would work under the supervision of paramedics. It is also desired through this program to engage underprivileged youth of society in useful activity. While Indian Red Cross Society is a technical partner in this endeavour ground implementation is accomplished by Sewa Bharati and National Medicos Organization. Approximately 600 candidates have been covered through EHR sensitization Program.

1.6.6 ST. JOHN AMBULANCE (INDIA)

Mandate, Governing Structure and Activities of St. John Ambulance (India)

The St. John Ambulance (India) is one of the largest philanthropic, non-sectarian voluntary, charitable humanitarian organization engaged in providing relief to the distressed, sick and injured- irrespective of their nationality, race, sex. religion, belief, language and class or political inclinations. St. John Ambulance (India) boasts of a strong network of State & Union Territory Centres and brigades in Railways and security forces. It has a large number of volunteers spread throughout the country.

St. John Ambulance (India) has two wings- Association Wing and Brigade Wing.

The Association Wing imparts training in First Aid, Home Nursing, Hygiene & Sanitation and Mother Craft & Child Welfare. St. John's first-aid training reaches schools. colleges, aerodrome, staff in mines, scouts, NCC, factories, railways, drivers & conductors, Civil Defence & Home guards, Police Personnel, prisons and reformatory schools and the public at large.

The Brigade Wing is a body of disciplined, dedicated. and trained volunteers who are ready to provide support and help in times of natural calamities and emergencies.

During COVID-19 its volunteers provided disinfection services in offices & colonies, community level social distancing services, food to poor & migrant labourers and awareness on do's & don'ts. Also, the volunteers provided first aid cover in public congregations, festivals, Republic Day, Independence Day. and other such occasions. The services were also provided during emergencies like accidents, fires, floods, earthquakes, and other catastrophic situations. During the year. Special guidelines were framed with the help of experts in the wake of COVID pandemic for First -Aid training. At present the trainings are conducted following these protocols to prevent spread of virus. So far this year, IRCS NHQ has issued 10943 First-Aid proficiency certificates.

1.7 DISEASE CONTROL PROGRAMMES (NHM)

1.7.1 National Vector Borne Disease Control Programmes (NVBDCP)

The National Vector Borne Disease Control Programme (NVBDCP) is an umbrella programme for prevention and control of vector borne diseases

namely Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. Out of these six diseases, three diseases namely Kala-azar, Lymphatic Filariasis and Malaria are targeted for elimination. The States/UTs are responsible for implementation of programme, whereas the Directorate of NVBDCP, Delhi provides technical assistance, policies and assistance to the States/UTs in the form of cash & commodities, as per approved pattern. Malaria, Filaria, Japanese Encephalitis, Dengue and Chikungunya are transmitted by mosquitoes whereas Kala-azar is transmitted by sand-flies. The transmission of vector borne diseases depends on prevalence of infective vectors and human-vector contact, which is further influenced by vector bionomics, ecological and social factors like climate, sleeping habits of human, type of vector, density and biting of vectors, migration of human population and development activities.

Strategies for prevention and control of Vector Borne Diseases (VBDs) under NVBDCP are as follows:

(i) Integrated Vector Management includes Indoor Residual Spraying (IRS) in selected high risk areas, Long Lasting Insecticidal Nets (LLINs) in high malaria endemic areas, use of larvivorous fish, anti-larval measures in urban areas including bio-larvicides and minor environmental engineering and source reduction for prevention of breeding.

(ii) Disease Management involves early case detection with active, passive and sentinel surveillance followed by complete and effective treatment, strengthening of referral services, epidemic preparedness and rapid response.

(iii) Supportive Interventions aim at Behaviour Change Communication (BCC), Inter- Sectoral Convergence and Human Resource Development through capacity building.

(iv) Vaccination only against Japanese Encephalitis.

(v) Annual Mass Drugs Administration (MDA) against Lymphatic Filariasis.

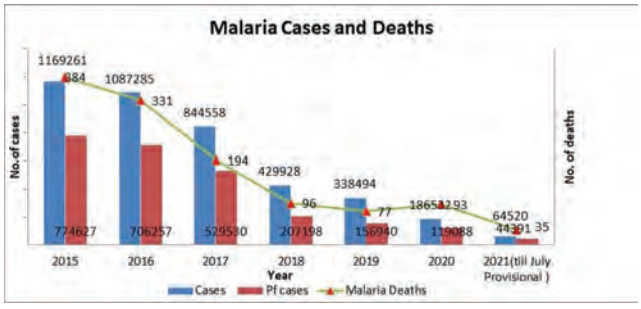
Malaria:

Malaria is a potentially life threatening parasitic disease caused by parasites known as *Plasmodium vivax (P.vivax), Plasmodium falciparum (P.falciparum), Plasmodium malariae (P.malariae) and Plasmodium ovale (P.ovale)*. It is transmitted by the infective bite of female Anopheles mosquito. Two types of parasites of human malaria, Plasmodium vivax and P.falciparum are commonly reported from India. P.falciparum is the cause for complications and leads to death, if not treated immediately.

Epidemiological Situation

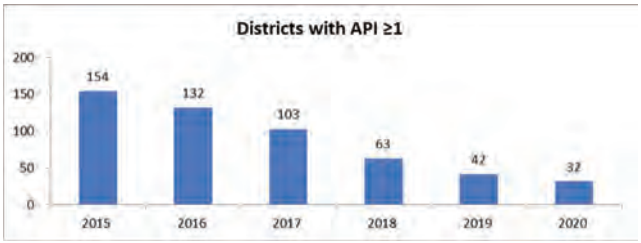
- In 2020 total 186532 cases (119088 Pf cases) and 93 deaths were reported.
- In 2021*(P) a total of 64520 cases of malaria and 35 deaths have been reported till July 2021 as compared to 89776 cases and 49 deaths reported during the same period in 2020 amounting to 28.13% decline in malaria cases and 31.13% decrease in falciparum malaria.

Trend of malaria, pf cases and deaths, 2015 to 2021 (Till July)



Above fig. shows significant reduction in malaria cases from 1169261 in 2015 to 186532 in 2020 and deaths have decreased from 384 in 2015 to 93 in 2020.

Districts reporting API e" 1 from 2015 to 2020



Above fig. shows the number of high endemic districts having API e" 1 has decreased considerably to 32 in 2020 as compared to 154 in 2015.

Road Map for Malaria Elimination

- Launch of National Framework for Malaria Elimination (NFME) 2016- 2030 in February, 2016 by Hon'ble Union Health Minister.
- Dissemination of NFME 2016- 2030 to all States and UTs with instructions to initiate key actions.
- Launch of Operational Manual for Malaria Elimination - April,2016
- The National Strategic Plan (NSP) 2017-2022 for Malaria Elimination was launched in July 2017 by Hon'ble Health Minister.

Actions initiated under National Framework for Malaria Elimination (NFME) in India

Government of India envisages eliminating malaria by 2030 in a phased manner with 15 states targeted for sub-national elimination by 2020, another 11 States by 2022 and 10 high burden States by 2027. Thus, the entire country is envisaged to attain the status of 'Zero indigenous cases' by 2027 maintain this status up to 2030 and get the WHO certification of malaria free India by2030.

Achievements

- India has made considerable progress in Malaria reduction.
- The country has achieved a reduction of 91% in malaria morbidity and 90% in malaria mortality between 2000 and 2020. If we compare the decline in malaria in 2015 and 2020, there was decline of nearly 84% in malaria cases and 76% in malaria deaths.
- India has achieved National Annual Parasite Incidence (API) less than 1 per 1000 population in 2012. In 2020, National API was 0.14 per 1000 population.
- In 2020, total 34 States/UTs have achieved API less than 1 except Chhattisgarh (1.19) and Mizoram (6.82) have API more than1.
- In 2020 only 32 districts have Annual Parasite Incidence (API) one and above.
- In 2020, 116 districts in the country have reported 'zero malaria case'.
- Among 177 tribal districts, there has been 86.6% reduction in malaria morbidity and 83.4% reduction in malaria mortality between 2015 and 2020.
- Malaria has been made notifiable in 31 States/ UTs (Andhra Pradesh, Arunachal Pradesh, Assam, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Manipur, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Tripura Uttar Pradesh, Uttarakhand, West Bengal, Pudducherry, Chandigarh, Daman &Diu, D&N Haveli and Lakshadweep).
- Till September 2021, 28 States have constituted State Task force and District Task Forces for Malaria Elimination. Remaining States/UTs are under process of constituting State Task Force and District Task Force.
- Malaria microscopy, the gold standard for malaria elimination has also been strengthened by National Refresher trainings and certification of a core group of Laboratory Technicians from different States. There are 10 L-1 and 17 L-2 WHO certified Laboratory technician for strengthening

microscopic activity and laboratory capacity building.

- Award to Districts/States for achieving 'Zero indigenous case status' and maintaining it for three consecutive years on attaining sub-national malaria elimination, instituted for Year 1 and Year 3.

Mass screening and Treatment (MSAT) campaign has been initiated in the high burden districts of Tripura, Mizoram and Chhattisgarh to break the ongoing transmission cycle of malaria in asymptomatic carriers.

Availability of Bivalent Rapid Diagnostic Tests (RDTs) and anti-malarials with ASHAs for early diagnosis and prompt treatment at community level.

During the last 6 years, 9.7 crore LLINs have been distributed in the high malaria endemic areas of various States/UTs.

High Burden and High Impact (HBHI) initiative of WHO has been started in four States i.e. West Bengal, Jharkhand, Chhattisgarh and Madhya Pradesh in July, 2019 for intensification of malaria elimination activities in these States. Initiative has been adopted by States in 2020-21 also. States have prepared strategic plans and projected the budget in the PIPs of 2020-2021 for implementation.

Setting up of health web based reporting system for the whole country on Integrated Health Information Platform (IHIP) – malaria included and mapping of high malaria-prone areas using GIS maps and hotspots.

Research and Training activities in 2020-21

- Virtual training on malaria for Additional Public Health Officers (DMO) and Vector Borne Disease (VBD) Consultants of all districts of Odisha on 15th and 18th March, 2021
- Dte. NVBDCP in collaboration with WHO organized World Malaria Day virtually on 23rd April, 2021
- Virtual Training of District Vector Borne Officers (DMOs), State Consultants & District VBD Consultants and MTS of Manipur, Mizoram and Nagaland on 29th July, 2021. Organized by ROHFW Imphal.
- Dte. NVBDCP in collaboration with WHO and National Institute of Malaria Research organized the Malaria Microscopy Training for certification of the LTs from different States w.e.f. 24-28 August, 2021 (1st Batch) and 31st August-4 September,2021 (2nd Batch) on malaria Microscopy'' at NIMR, Delhi.
- Dte. NVBDCP in collaboration with WHO and National Institute of Malaria Research organized the External Competency Assessment (ECA) for certification of the LTs from different States from 6-10 September 2021, on malaria Microscopy by WHO ECAMM Facilitator at NIMR, Delhi.

International Meetings

- Attended 18th virtual International Training Course on Management of Malaria, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand from 23-27 November, 2020.
- Attended virtual meeting "High-Level Roundtable on re-thinking malaria: Innovation in service delivery for acceleration of malaria elimination in WHO South-East Asia Region", on 19 April, 2021.
- Attended virtual meeting regarding International Malaria Symposium "Glimpse of Malaria Research and Strategies" on 26th April,2021.
- Attended Virtual meeting to participate in the informal consultation on UNGA Malaria Resolution which is to be adopted by 74th World Health Assembly on 5th and 11th May, 2021

Important Review Meetings and Advisories issued during 2021

- Dte. NVBDCP conducted virtual State Review meetings (Gujarat, Maharashtra, Odisha West Bengal, Daman Diu, Dadar & Nagar Haveli, Goa, Kerala, Karnataka, Andaman & Nicobar Islands,

Lakshdweep, Andhra Pradesh and Tamil Nadu) of cyclone affected States on VBD situation and monsoon preparedness activities on 11th,14th and 15th June, 2021.

- State Review Meeting (virtually) of Assam and Nagaland on 1st July,2021.
- State Review Meeting (virtually) of Mizoram, Chhattisgarh and Odisha on 2nd, 5th & 6th July, 2021.
- Advisories issued to States to intensify the surveillance and take prompt action on containment of outbreak, if any by district rapid response team.

State Initiatives:

In 2020-21, WHO Certified Level-1 and Level-2 Laboratory Technicians conducted total 35 Malaria Microscopy trainings in different batches at their respective States/UTs and RoH&FW (Chandigarh, Haryana, Bhubaneswar, Pudducherry, Karnataka, Andaman & Nicobar

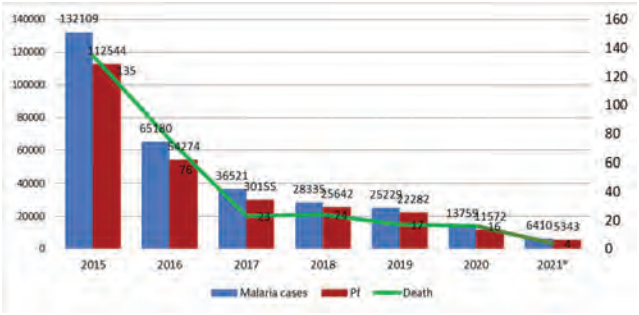
Islands, Tripura, Shillong, Rajasthan and Andhra Pradesh) and 1005 participants trained under the programme.

Global Fund Supported Malaria Elimination Project

- The Global Fund to fight AIDS, Tuberculosis & Malaria (GFATM) is supporting malaria control in India since 2005. GF supported Intensified Malaria Control Projects (IMCP) I to III were implemented from July 2005 - December 2017. From January 2018 – March 2021 Intensified Malaria Elimination Project (IMEP) was implemented in 7 North-Eastern States and Madhya Pradesh. At present, Intensified Malaria Elimination Project-2 is being implemented in 7 North-Eastern States (Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur& Tripura), Odisha, Jharkhand and Chhattisgarh, covering 166 million population in 155 districts within the existing framework of National Vector Borne Disease Control Programme (NVBDCP).
- At present Global Fund supports for LLINs, Human Resource, capacity building, monitoring & supervision including mobility support. Continuous support fromGlobal

  Fund has helped in substantial reduction in morbidity and mortality in 7 NE States as shown in the given graph. Till 2020 in comparison to 2015, there was 81% reduction in cases, 80% reduction in Pf cases and 87% reduction in deaths. In 2021 (Provisional till August), there is reduction of 28.1% in Malaria cases, 31.1% in Pf cases and 28.6% in deaths compared to2020.
- At present, under IMEP-2, it has been planned to procure 11.34 million LLINs. Also, microscopes would be supplied to the States & ROHFWs to strengthen infrastructure for microscopy and training. Further, entomological units are also planned to be strengthened- streo zoom and compound microscopes along with entomological kits are planned to be procured for the units. Support for mobility to the field and necessary training would also be provided. Vehicles are planned to be procured to intensified mobility to the field for intense monitoring and supervisory visits. In addition to this, funds for mobility has been provided to States/ districts/ block (MTS) and entomological units.
- Budget has been approved for periodic review meetings at regional and State levels.

Trend of malaria in 7 NE states, 2015 to 2021* supported by GFATM



Kala-azar

Kala-azar or Visceral Leishmaniasis is a complex disease, caused by the parasite *Leishmania donovani* and is transmitted by female sand fly *Phlebotomus argentipes*. The disease is fatal, if not treated timely. In India, Kala-azar cases are mainly reported from 54 districts of 4 States i.e.

Bihar (33 districts), West Bengal (11 districts), Uttar Pradesh (6 districts) and Jharkhand (4 districts). Government of India has targeted Kala-azar elimination by reducing the annual KA case incidence to <1 per 10,000 population at block level by 2021.

To achieve this goal, following strategies have been implemented in the programme-

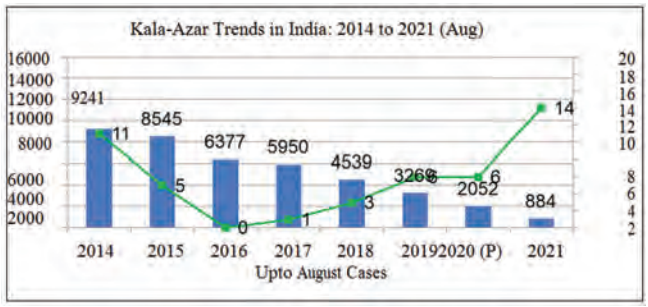
Strategy:

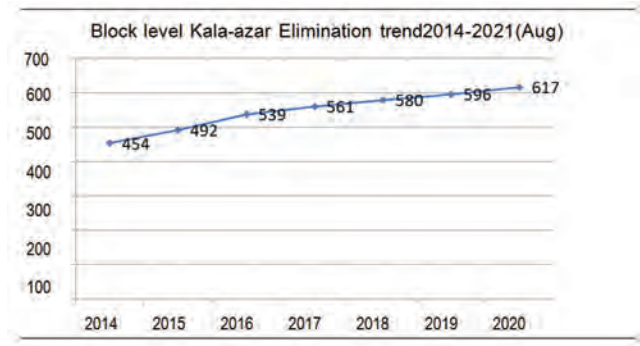
- Early diagnosis & complete treatment (EDCT)
- Integrated Vector Management with Indoor residual spraying (IRS) and construction of pucca houses.
- Advocacy, Communication for Behavioral Impact and Inter-sectoral convergence
- Capacity Building.
- Supervision, Monitoring andEvaluation

In 2019, an intensified action plan was developed in consultation with endemic States and other stakeholders. The action plan defined the role and responsibility of all the stakeholders involved in the programme, with clear timeline for accelerated activities. High focus has been given to strengthening of surveillance activities, six rounds of active case detection to be carried out in endemic areas with special attention on 277 villages persistently reporting KA/PKDL cases over few years.

Achievements

- In 2020, out of 633 endemic blocks, only 16 blocks (12 blocks in Jharkhand & 4 blocks in Bihar) reported above elimination threshold. Remaining 97.5% blocks achieved the elimination target. Till August 2021, only two blocks of Jharkhand have reported above elimination threshold.
- West Bengal and Uttar Pradesh states have sustained the elimination target since 2017 & 2019, respectively.
- There has been 40% decline in KA cases up to August 2021, compared to corresponding period of 2020. PKDL cases have increased in 2021 (Aug) by 17% compared to corresponding period of 2020.





Programme Implementation & Initiatives

Lymphatic Filariasis

Filariasis is the common term for a group of diseases caused by parasitic nematodes belonging to super family Filarioidea. The adult worms of these parasites live in the lymphatic system of the human body. The three nematode parasites causing LF in human are Wuchereria bancrofti, Brugia malayiand Brugia timori. Among these, only Wuchereria bancrofti and Brugia malayi are found in India and Wuchereria bancrofti,

transmitted by the ubiquitous vector, Culex quinquefasciatus, has been the predominant infection contributing to 99.4% of the problem in the country. The infection is prevalent in both urban and rural areas. The vector species breeds preferably in dirty and polluted water.

Lymphatic Filariasis (LF), commonly known as elephantiasis is a disfiguring, disabling disease, usually acquired in childhood but generally there are no symptoms. Infect a vast majority of individuals may remain asymptomatic though all of them would have subclinical lymphatic damage. Disease manifestation appears in a small proportion of infected individuals, commonly over 10 years of age. Lymphoedema or elephantiasis and hydrocele are the main clinical symptoms of chronic filariasis that disrupt the normal daily activities to a large extent among the infected persons.

Disease Burden:

The disease has been endemic in 272 districts {15 districts (Odisha-7, Jharkhand-4, Telangana-4) included in 2020} across 20 States/UTs[1] (16 States &4 UTs). The estimated population at risk from the filaria infection is about 670 million.

State-wise Situation of ELF:

A total of 6,43,933 Lymphatic Filariasis cases were reported from 16 States and 4 UTs, wherein, Lymphoedema and Hydrocele cases are 4,94,979 and 1,48,954 respectively. A total of 10,201 Hydroceletomy operations were performed in 2020 across all endemic States/ UTs (Source: Data for LF from all states/ UTs updated annually at the end of calendar year).

Strategy for Elimination of Lymphatic Filariasis

India adopted the twin pillars strategy for elimination of LF as per recommendation of WHO. This strategy includes:

- Transmission control – Interruption of transmission through annual Mass Drug Administration (MDA): To prevent the occurrence of new infection and disease, annual single dose (Mass Drug Administration – MDA) of anti-filarial drugs i.e., DEC + Albendazole (DA)/ Ivermectin + DEC + Albendazole (IDA), is administered to the entire eligible[2] population of the endemic districts.
- Disability Prevention and Management –For those individuals who already have the disease: Home based management for lymphoedema and surgical correction for hydrocele in hospital/camps are being provided.
- The number of States/ UTs reduced by 1 after merger of Dadar and Nagar Haveli and Daman and Diu UTs into 1 since January 2020.
- Pregnant women, children below 2 years and critically ill people are excluded

Key events:

Key achievements Status 2020

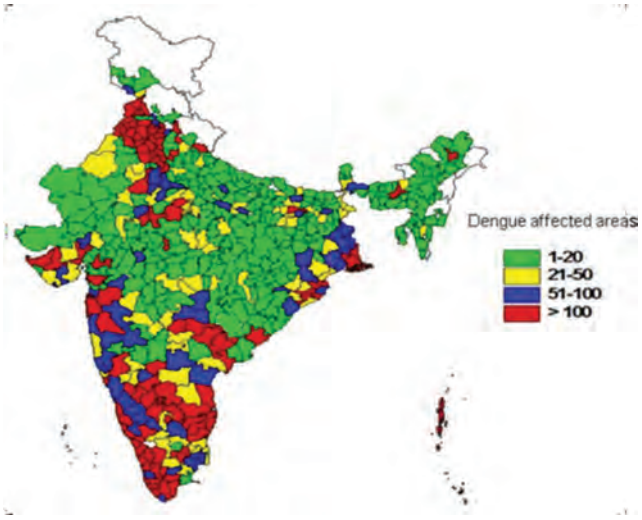
Stage in the program	Total endemic districts in 2020
Total Lymphatic Filariasis endemic districts	272
Districts conducted MDA in 2020	97
DA done	89
IDA done	8
Districts cleared 1st Transmission Assessment Survey (TAS) and Stopped MDA	98
Districts cleared 2nd Transmission Assessment Survey (TAS)	88
Districts cleared 3rd Transmission Assessment Survey (TAS)	42

Virtual Sensitization Meeting, under Chairmanship of Dr Vinod Paul, Hon'ble Member NITI Aayog, on 28th January, 2021

Dengue & Chikungunya

a. Dengue

Dengue is the fast spreading outbreak prone arbo-viral disease. Dengue Fever is transmitted by Aedes mosquito which is a day-biting mosquito and prefers to rest in hard to find dark areas inside the houses. Aedes aegypti is the principal vector; however, at present Ae. albopictus, has also been reported to play a role in Southern and NE States. There is no drug available to cure the dengue infection.



Disease Burden

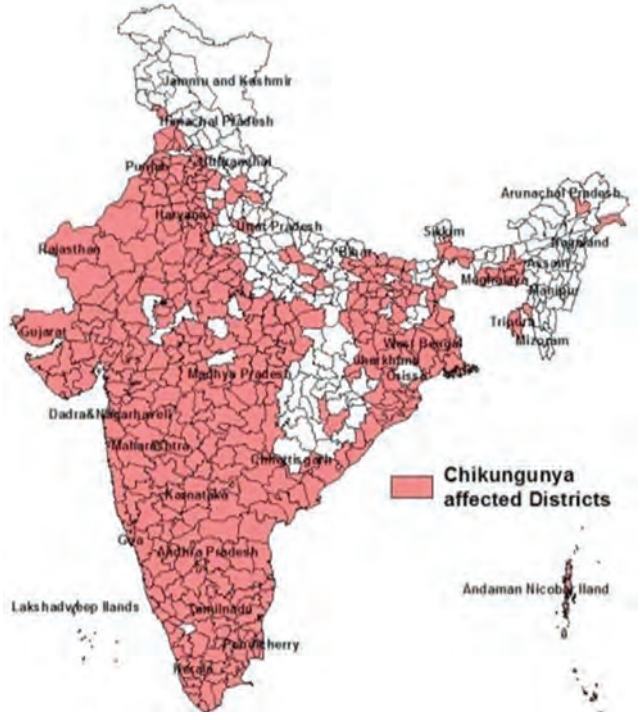
Dengue is endemic to all States/UTs (except Lakshadweep and Ladakh). Recurring outbreaks of Dengue have been reported from Andhra Pradesh, Assam, Delhi, Goa, Haryana, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Puducherry, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal.

Every year during the period of July-November, there is an upsurge in the cases of Dengue in northern parts of the country. However, in the southern and western parts of the country, the disease has become perennial. During 2020, a total of 44585 cases and 56 deaths were reported from 28 States and 7 UTs, whereas, in 2021 (till 30th September), a total of 60112 cases and 30 deaths were reported from 26 States and 7 UTs. Maximum cases were reported from Uttar Pradesh (8977) followed by Maharashtra (8302), Madhya Pradesh (5690), Telangana (4610), Gujarat (4938), Odisha (4505), Karnataka (3572), Rajasthan (3473), Punjab (3103), Kerala (3027, Tamil Nadu (2875), Andhra Pradesh (2463), Goa (846), Chhattisgarh (670), Delhi (455) and Puducherry (455). Deaths are reported from Maharashtra (14), Rajasthan (7), Uttar Pradesh (6) and one each from Gujarat and Jharkhand. Case Fatality Rate (CFR, deaths per 100 cases) which was 3.3% in1996 has come down to 0.34 % in 2014, 0.22 % in 2015, 0.19 % 2016, 0.17% in 2017 & 2018, 0.11% in 2019, 0.14% in 2020 and 0.1% in 2021 (till 30th September) because of better management of Dengue cases.

Dengue situation in the country since 2010 to 2021 (till 30th September)

b. Chikungunya

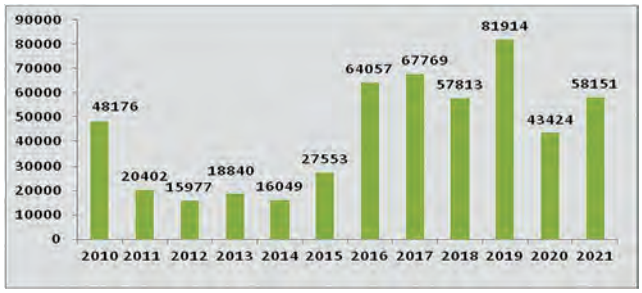
Chikungunya is a debilitating viral illness caused by Chikungunya virus. The disease re- emerged in the country after a gap of almost three decades. This disease is also transmitted by Aedes mosquito, both Ae. aegypti and Ae. albopictus can transmit the disease. Symptoms of Chikungunya fever are most often clinically indistinguishable from those observed in dengue fever. It is characterized by fever with severe joint pain (arthralgia) and rash. Joint pains sometimes persist for a long time even after the disease is cured.There is neither any vaccine nor drugs available to cure the Chikungunya and the cases are managed symptomatically.



Disease Burden

After re-emergence of Chikungunya in 2006, the cases of Clinically Suspected Chikungunya cases were reported every year but gradually declined till 2014. However, due to the report of increased numbers of cases by few States, the disease showed an upward trend in 2015 (Karnataka) and 2016 (Delhi and nearby States). Currently, Chikungunya is endemic to 26 States and 6 UTs. During 2020 a total of 43424 suspected Chikungunya cases were reported from 25 States/ UTs, whereas in 2021 (till 30th September), a total no. of 58151 clinically suspected Chikungunya cases were reported from 23 States/UTs. The maximum cases were reported from Karnataka (19579) followed by Gujarat (15150), Maharashtra (13077), Puducherry (3374) and Madhya Pradesh (1722).

Chikungunya situation in the country since 2010 to 2021 (Prov. till 30th September)



Activities carried out by Government of India in 2021 (till 30th September)

During 2021, for prevention and control of Dengue and Chikungunya in the Country following activities were undertaken:

Reviews

- The Committee of Secretaries (CoS) reviewed Dengue situation on 17th September, 2021
- On 29th June, 2021 Hon'ble HFM reviewed the status virtually with HE Lieutenant Governor, State Health Minister and Senior State Health officers. Mayors of all 3 DMCs, Chairperson, NDMC, Commissioners, all senior districts officers etc. participated in the meeting

- DGHS reviewed Dengue situation on 16th and 21st September, 2021
- Director, NVBDCP reviewed VBDs situation including Dengue in Cyclone affected States on 11th June & 14th-15th June and Odisha on 1st - 4th September, 2021

Advisory issued to the States/UTs

- Secretary, HFW issued advisory to Chief Secretary, GNCT of Delhi for VBD control including Dengue in Delhi on 22nd March, 2021 and to all States/UTs for prevention and control of Zika on 3rd August, 2021 and to Chief Secretary all States/UTS on surge of VBDs cases such as Dengue on 10th September, 2021. In addition to that after sudden cases upsurge of Dengue cases in Mathura and Firozabad districts, Secretary HFW issued an advisory to Chief Secretary, UP on 6th September, 2021.
- Joint Secretary (VBD) to 3 DMC Commissioners and Chairperson NDMC on 31st May, 2021
- Director, NVBDCP issued an advisory to DHS all States/UTs on VBDs prevention and control including Dengue on 9th April,2021 for observance of National Dengue Day on 5th May, for prevention and control of Vector Borne Diseases including Dengue in 'Tauktae' cyclone affected States on 20th May, 2021; & to Director Health Services of 21 States for strengthening of entomological infrastructure on 31st May, 2021; to Director Health Services of all States/UTs for prevention and control of Zika on 2nd August and to all States/UTs for observance of world mosquito day on 18th August, 2021; to DHS of all States on 8th September, 2021
- Additional Director, NVBDCP issued advisory to all States for ensuring diagnostic facilities and functioning of SSHs on 29th January, 2021, for observation of 'World Environment Day' on 4th June and to observe 'Anti Dengue Month' on 27th June
- Central Teams visited to Kerala in July, Maharashtra, Telangana & Gujarat in September, Uttar Pradesh (districts Firozabad in September and Mathura in August, 2021)
- Trainings: Provided technical support during training on entomological surveillance and vector control organised by Punjab (1st & 2nd March, 2021) and Uttar Pradesh (4th & 5th March, 2021)

Diagnosis

- **Strengthening of diagnostic facilities:**

For augmenting diagnostic facilities, numbers of Sentinel Surveillance Hospitals (SSHs) with laboratory support has been increased to 713 across the country in 2021 (till date) from 110 in 2007 and linked with 17 Apex Referral laboratories (ARLs) with advanced diagnostic facilities for back up support for Dengue and Chikungunya.

Kit supply: IgM test kits are provided to these institutes through National Institute of Virology, Pune. Cost is borne by NVBDCP. In 2021 (till 30th September), a total no. of 5118 Dengue (1 kit= 96 tests) and 1815 Chikungunya kits were provided by GoI to the SSHs and ARLs across the country.

ELISA based NS-1 test for early detection of cases from 1st day of disease, is a decentralized item, for which funds are provided to the States under PIP for procurement as per the technical guidelines provided by NVBDCP.

Funding to SSHs and ARLs: Annual Contingency grants to each SSH (@ Rs. 1.00 Lakh) and ARL (@ Rs. 3.00 Lakhs) are provided through States to meet the operational cost.

Dengue notifiable disease: States have been requested to declare Dengue as notifiable disease, by MOHFW vide letter No.7-165/2016/NVBDCP/DEN dated 9th June, 2016 and the same has been uploaded on the NVBDCP website for taking action accordingly by all the States and UTs. Dengue is notifiable at present in 26 States/UTs (Assam, Andhra Pradesh, Chandigarh, D&N Haveli, Goa, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka,

Kerala, Maharashtra, Manipur, Madhya Pradesh, Meghalaya, Nagaland, Odisha, Punjab, Puducherry, Rajasthan, Sikkim, Tripura, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal)

- **IEC/BCC**

Focused **IEC/BCC** activities were carried out to generate awareness of the community:

- 'National Dengue Day (NDD)' observed on 16th May, messages were disseminated through Social media. States have observed NDD through Advocacy following COVID protocol. Audio campaign released through All India Radio, FM channels and community radio across the countryin August and September on prevention and control of Dengue.

c. Japanese Encephalitis

Japanese Encephalitis (JE) is an outbreak prone arbo-viral disease transmitted by infected *Culex vishnui* group of mosquitoes which primarily breeds in rice fields mainly in rural areas. JE is reported under Acute Encephalitis Syndrome (AES) which is characterized by rapid onset of high grade fever, headache, neck stiffness, disorientation, coma, seizures, and ultimately death. The other causes of AES may be wide variety of viruses, bacteria, protozoa, etc. Safe and effective vaccines are available to prevent JE.

Epidemiological Situation: JE is endemic to 336 districts of 24 States/UTs. During recent years the disease is spreading to newer districts also. Around 50-80% of disease burden is contributed by 5 States i.e. Assam, Bihar, Tamil Nadu, Uttar Pradesh and West Bengal. High case fatality and disability are major concerns associated with JE.

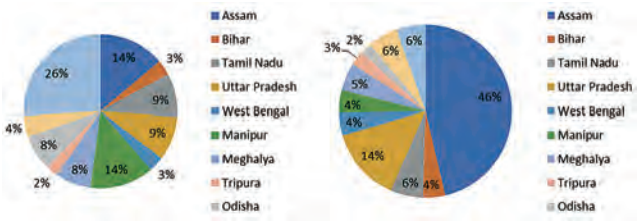
Achievements:

JE Vaccination:

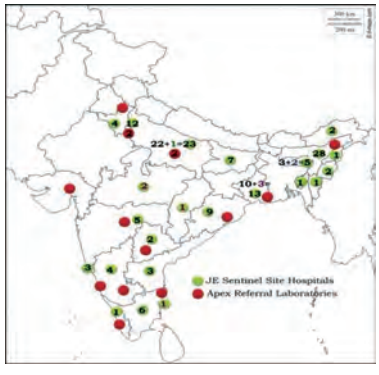
Out of six vector borne diseases, JE is the only disease against which vaccination is available. This is most effective preventive tool available for JE. At present States are provided with live SA-14-14-2 JE vaccine for Routine Immunization under Universal Immunization Programme (UIP). It has now been decided that killed JE vaccine manufactured by Bharat Biotech Ltd. (BBL) will also be provided for use in all JE endemic districts as per availability under the program where campaign has already been carried out and its inter-changeability with other JE vaccine will be allowed as per NTAGI recommendation under routine immunization programme.

- JE vaccination campaign in children (1-15yrs) has been completed in 297 districts till date. 39 more districts are planned to be covered.
- Adult vaccination completed in all 31 identified districts in the State of Assam, Uttar Pradesh & West Bengal.
- 9 blocks in 3 districts of Assam have been identified for the Adult JE vaccination campaign.

2019 2020



Graph showing JE case burden in different state in 2019 & 2020 Strengthening of Diagnostic Services:



JE test kit (MAC ELISA) supplied free of cost to the endemic states. Following achievements have been made in this area:

- 144 JE Sentinel Sites
- 15 Apex Laboratories
- 437 JE IgM Mc ELISA Kits Supplied in2020.
- 394 JE IgM Mc ELISA Kits Supplied in 2021 (till 21.9.2021).

Strengthening of Critical Care services:

The intervention resulted in significant decline in case fatality rate due to JE from 17.6% in 2014 to 11.2 % in 2021 (till 19 Sept.).

- **Early Referral of AES/JE cases:** To strengthen early referral services, provisions have been made to incentivize ASHA with Rs.300/- case for the referral of AES/JE cases to the higher center.
- **Establishment of Pediatric ICUs (PICUs):**

44 PICUs have been made functional in identified districts of 5 States (Assam, Bihar, Uttar Pradesh, Tamilnadu and West Bengal.

Strengthening of rehabilitative services; Establishment of Physical Medicine & Rehabilitation (PMR):

Funds have been provided for establishment of identified 10 Physical Medicine & Rehabilitation (PMR) Department in identified 10 Medical Colleges of five high burdened States. At present, 8 PMR Departments are functional (2 in Assam, 1 in Tamil Nadu, 3 in Uttar Pradesh and 2 in West Bengal).

Reviews/ trainings and advisory:

- Advisories have been sent to the States for preparedness and action plan for Prevention and Control of AES including JE from NVBDCP on 9.04.2021.
- Virtual Meeting to review the preparedness and action plan for the prevention and control of JE/ AES of 12 most affected States on 25.06.2021 under the Chairmanship of Director, NVBDCP
- Training: Provided technical support during training on entomological surveillance and vector control organized by Punjab (1st & 2nd March, 2021), Uttar Pradesh (4th & 5th March, 2021) and Odisha (March, 2021), MP (25th March, 2021)
- Virtual Sensitization Programme on Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES) for Functionaries of Anganwadi Services Scheme on 29 January,2020.
- Virtual training cum sensitization programme of AWW and ICDS functionaries (North Eastern States) for the prevention and control of JE/AES organized by NIPCCD, M/O WCD on dated 12.08.2021

1.7.2 National Leprosy Eradication Programme

Introduction

National Leprosy Eradication Programme (NLEP), India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). The

programme provides technical and financial assistance to states for all activities related to detection, diagnosis, treatment and post treatment care of persons affected by leprosy. The Programme also aims at spreading awareness about the disease, and at reducing stigma attached with the disease.

The major objective of the Programme is to detect the cases of leprosy at an early stage, and to provide complete treatment, free of cost, in order to prevent the occurrence of Grade II Disability (G2D) in the affected persons. Under NLEP, it is aimed to reduce Grade II disabilities to ZERO among new cases of leprosy.

Recent developments:

- Introduced new Operational strategy for Active Case Detection and Regular Surveillance both in rural and urban areas in order to ensure detection of leprosy cases on regular basis and at an early stage in order to prevent grade II disabilities.
- Further, with a view to scale up the screening, leprosy has been converged under Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishore Swasthya Karyakram (RKSK) for screening of children (0-18 years). Besides, population based screening of women and men of age 30 years and above has been included in Comprehensive Primary Health Care under Ayushman Bharat at the Health and Wellness Centres.
- With a view to encourage the States and the Districts in their local endeavors to achieve the goal of zero leprosy, Central Leprosy Division has introduced guidelines for certification and award to the well performing Districts for achieving potential leprosy elimination/ leprosy elimination status.

Achievements:

India has achieved enormous success in leprosy control, particularly in the last four decades. Leprosy elimination, which means Prevalence Rate <1 case/ 10,000 population, was achieved at the National level in 2005. The MoHFW is constantly taking steps to achieve elimination of Leprosy at the sub-national level, i.e. upto the district level. A few major achievements under NLEP are as follows:

1. Prevalence rate has decreased to 0.41per 10,000 population in 2020-21.
2. Annual New Cases Detection Rate has declined to 4.58/100000 in 2020-21
3. Child cases percentage among new cases detected has reduced to 5.76 % in 2020-21.
4. Percentage of Grade 2 Disability among new cases detected has decreased to 2.48 % in 2020-21.
5. The G2D amongst new cases per million population is decreased to 1.14 per million population in 2020-21.
6. District level Representatives from 34 States/UTs have been trained for data entry into NIKUSTH web-based reporting system for leprosy cases. A total of 1822 participants have been trained.
7. State wise key indicators of NLEP starting from January 2021 in prescribed format are present in **Annexure I**

Annexure –I

S. No.	State/UT	Estimated population as on Octust, 2021	New Cases Detected (Jan.21 to Oct.21)	Cases discharged as cured (Jan.21 to Oct.21)	Delition of other cases RFT (Jan.21 to Oct.21)	Cases on record under treatment (Jan.21 to Oct.21)	Prevalance Rate
1	Andhra Pradesh	55451408	1456	1631	48	1304	0.24
2	Arunachal Pradesh	1782730	18	10	2	24	0.13
3	Assam	37035392	407	454	67	464	0.13
4	Bihar	132733465	8132	6686	499	8313	0.63
5	Chhattisgarh	31271802	4907	4310	228	4592	1.47
6	Goa	1589524	56	50	15	60	0.38
7	Gujarat	73238042	2108	2017	66	1978	0.27
8	Haryana	30950233	328	249	15	379	0.12
9	Himachal Pradesh	7826376	103	62	2	99	0.13
10	Jharkhand	41166538	3547	2616	202	3212	0.78
11	Jammu & Kashmir	15553912	94	64	23	96	0.06
12	Karnataka	77369697	1482	1248	104	1548	0.20
13	Kerala	35193472	302	296	61	383	0.11
14	Madhya Pradesh	87989803	4954	4202	96	4771	0.54
15	Maharashtra	132226238	8639	9044	284	9137	0.69
16	Manipur	3283365	17	13	2	20	0.06
17	Meghalaya	3884862	5	12	2	7	0.02
18	Mizoram	1366816	12	1	0	4	0.03
19	Nagaland	1973281	13	16	0	11	0.06
20	Odisha	48456451	6156	5408	300	4949	1.02
21	Punjab	31722323	240	462	10	209	0.07
22	Rajasthan	84227908	697	575	120	971	0.12
23	Sikkim	690637	12	11	7	9	0.13
24	Tamil Nadu	84608366	1929	1376	238	1767	0.21
25	Telangana	39906082	1572	1339	10	1378	0.35
26	Tripura	5874695	18	28	5	20	0.03
27	Uttar Pradesh	244092585	8743	7806	968	7705	0.32
28	Uttarakhand	12270397	264	178	41	275	0.22

29	West Bengal	105407307	4702	3513	592	4896	0.46
30	A & N Islands	408009	8	7	0	8	0.20
31	Chandigarh	1254538	64	35	57	71	0.57
32	D & N Haveli	497041	99	127	5	75	1.51
33	Daman & Diu	406115	3	2	10	3	0.07
34	Delhi	20651532	829	774	282	1325	0.64
35	Lakshadweep	68886	0	0	0	0	0.00
36	Ladakh	255674	14	17	0	2	0.08
37	Puducherry	1629344	12	10	0	12	0.07
	Total	**1454314847**	**61942**	**54649**	**4361**	**60077**	**0.41**

Leprosy Case Detection Activity at Village Level by ASHA and Male Health Volunteer

1.7.3 THE NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

The National Tuberculosis Elimination Programme (NTEP), is an on-going centrally sponsored programme, implemented under the aegis of the National Health Mission, with an ambitious target of achieving the Sustainable Development Goal (SDG) of eliminating Tuberculosis (TB) by 2025, five years ahead of the Global Targets.

The onset of the COVID-19 pandemic triggered lockdowns, restrictions in movement, repurposing of available NTEP and health system resources, infrastructure, diagnostics, treatment centers and manpower to fight this emerging threat, disrupting ongoing TB elimination efforts and services all over the country. NTEP's response plan and mitigation efforts included integrated TB-COVID bi-directional screening, diagnostic and treatment capacity upgrades, and co-located testing for TB (among COVID-19 patient as well as ILI/SARI patients) and testing for COVID-19 (among notified TB patients) apart from a plethora of periodically updated advisories, directives, and guidance documents issued to the States.

Large scale active TB case finding campaigns were undertaken with massive screening and testing in communities, health outreach workers and community volunteers were engaged to facilitate surveillance of symptoms within households, doorstep collection of samples and delivery of monthly medicine stock to help patients stick to treatment regimens, and tele-consultations with patients. Private sector TB care facilities were reopened, call centres were fully activated, digital tools were rolled out along with support like direct cash transfers and supplementary food provisions were delivered to people's home. Contact tracing systems and testing for TB linked to COVID-19 contact tracing were also quickly set up throughout the country.

By December 2020, NTEP had managed notifying a total of 18,05,670 patients which was 11% more than the estimated projections made in April 2020 in view of the ongoing COVID-19 pandemic. The private sector too contributed notification of 5.49 lakh patients (31% of total notifications), 3% more than in 2019. Despite the pandemic, 95% of total patients notified were put on treatment during 2020. During the year 2021, a total of 15,79,410 (Jan-Sep) patients were notified with 95% of patients put on treatment. Treatment Success Rate of TB notified patients remains at 81% in 2021 despite the pandemic.

Honourable Speaker of Lok Sabha Shri Om Birla delivering his address to Members of Parliament on Tuberculosis at the Parliament Annexe

Over the past few years, the NTEP has seen a significant increase in notification from the private sector. Patient Provider Support Agencies (PPSAs) through domestic budgetary resources were approved for a total of 447 districts in 24 states. Through the available modalities, 484 NGOs and Private Provider engagements were made countrywide.

The NTEP has also initiated Sub-National Certification of Districts/States/UTs for achieving "Progress towards TB Free Status" under Bronze, Silver and Gold categories measured with graded milestones of decline in TB incidence compared to 2015 levels. Districts/States/UTs are certified under the categories upon independent verification by a national team comprising of National Institute of Epidemiology, WHO India and Indian Association of Preventive and Social Medicine. A total of 3 States/ UTs and another 67 districts across the country laid claims under various categories. The UT of Lakshadweep and the district

of Budgam in Jammu & Kashmir has been declared as the First TB Free UT and District in the country.

Molecular diagnostic capacities were swiftly expanded and additional machines for rapid molecular testing for TB and Drug Resistant TB (DR-TB) had been deployed in 2020-21. The NTEP has also initiated transition to replace smear microscopy with upfront molecular testing using NAAT for diagnosis of TB at 8,000 high-workload DMCs. A total of 3,164 CBNAAT/ TrueNat machines are now available under NTEP with at least one rapid molecular diagnostic facility available in each district. The Programme is working diligently to further decentralize this capacity down to block levels. ~ 17.00 lakhs molecular tests were performed during the Jan- June 2021 with an additional 19,3130 first line LPA, 32,600 second line LPA and 1,70,203 liquid culture tests performed. Due to easy availability of molecular diagnostics, 88,446 children were diagnosed with TB disease this year. The proportion of TB patients with known HIV status has increased and 1.05 lakh PLHIV have been tested using NAAT with 94% of notified TB patients having been screened for HIV.

In addition to the 87 Culture & DST laboratories certified by NTEP, 18 new laboratories are being developed with 28 laboratories being upgraded with LPA facility. Liquid culture-based DST has been expanded to Linezolid and Pyrazinamide across India and DST capacities are being built for Bedaquiline, Delamanid, and Clofazimine at NRLs.

Five Whole Genome Sequencing Platform and one Pyrosequencer has been deployed at national and state level TB laboratories to be initially used for sentinel surveillance of drug resistance. Automated solutions using Artificial Intelligence for LPA result interpretation through Machine Learning (ML) are also being developed.

793 DR-TB centers were made functional to offer decentralized Drug Resistant TB (DR-TB) treatment services which include 173 Nodal DR-TB centers. This decentralization empowers districts to minimize the gap between diagnosis and treatment, reduce cost of travel and expedite early care of MDR/RR-TB patients within their respective districts. The access of injection free longer oral MDR-TB regimen with new drugs was expanded in all States/UTs in India. During the year, (Jan -Sep) 37,005 MDR/RR-TB patients were diagnosed and 33,224 (90%) were put on appropriate treatment. This included 10,105 M/XDR-TB patients put on longer oral MDR-TB regimen between January and September 2021.

Under the TB-Diabetes collaborative services, 86% of the TDCs are now co-located with diabetes screening facility. 82% of all notified TB patients have been screened for diabetes in 2021 (Jan – Sep).

The Government of India provides financial support to all TB patients for their nutrition needs under the Nikshay Poshan Yojana (NPY) through direct benefit transfers (DBT) into the bank account of the beneficiary since 2018. Till Oct 2021, the NTEP has cumulatively disbursed ~Rs. 1,373 Crores under NPY to over 52.53 lakh beneficiaries. The NTEP is one of the first health programs in India to use DBT to transfer monetary benefits to eligible patients and providers at scale.

NIKSHAY, the NTEP's online portal for patient-based TB notification and information management system, was completely integrated with the Public Financial Management System (PFMS) and is now updated with the latest PFMS Bank Master on a real time basis. Till July 2021, about 616 districts have moved to DSC based approvals in PFMS. Work is ongoing on integrating Nikshay with SOCH (Strengthening Overall Care for HIV beneficiaries) and with the Ayushman Bharat HWC-CPHC portals.

TB preventive treatment has been prioritized under the pillar of "Prevent" in the National Strategic Plan to end TB in India by 2025. Scaling up TB preventive treatment is of utmost importance to break the chain of transmission and breakdown of those with TB infection into full-blown active TB disease. TB Preventive Treatment (TPT) was implemented in limited population like children less than six years and people living with HIV with an increasing trend in

treatment coverage over the years. The NTEP has now expanded TPT to include children above five years, adolescents and adult household contacts of index TB patients. This is being systematically expanded to cover all states by 2022. Between Jan – Sep 2021, preventive chemoprophylaxis was given to 47,695 child contacts of TB patients.

A community-led response for TB has been incorporated as one of the key strategies to reach the un-reached and to support TB patients through their treatment and recovery phase. The National TB Forum and TB Forums in all States and Districts have been constituted with most of them convening their meetings. Given the restriction due to COVID-19, a 3-hour online module was also developed of the standardized 3-day training curriculum for empowering TB Survivor to TB Champions and ~1,500 TB survivors were trained as TB Champions using this module.

To expand community-based services for prevention and management of TB and to bring services closer to the community, TB has now been integrated with AB-HWCs. The NTEP completed training of ~ 3,326 CHOs to provide TB services through HWCs. 829 CHOs were trained on Active Case Finding.

To address the social determinants of health beyond medical interventions, the NTEP has successfully engaged with other Ministries, departments, PSUs, corporates, industries, professional associations, medical colleges and institutions, private healthcare providers, development partners and the community in critical areas of the TB care cascade like treatment, diagnostics, logistics and supply chains, Surveillance and Monitoring, technology-driven interventions, operational research etc. Improved collaboration amongst different sectors, and establishment of an inter-ministerial coordination committee, are landmark initiatives undertaken by the Programme. These engagements are expected to increase the width and depth of TB services through health facilities present in other Ministries and reach more vulnerable populations.

Hon'ble Union Ministers of Health and Family Welfare, discussing TB issues with State Health Ministers

NTEP in partnership with the Confederation of Indian Industry (CII), launched a 3-year long pan-India 'TB Free Workplaces Campaign' to engage the business leadership and provide a forum for convergence for the industry's response to TB. NTEP also, along with the USAID and The Union, launched the "Corporate TB Pledge" (CTP) to provide the private sector an opportunity to join the fight against TB. Between both campaigns, NTEP has managed to reach out to over 400 organizations with 130 of them signing the CTP.

This year, despite the raging pandemic, NTEP launched the TB Mukt Bharat Abhiyaan (TMBA) as a Jan Andolan or People's Movement for TB to further build awareness about TB, address the deep-seated stigma around the disease in the community, raise awareness about the available TB services under the Programme, and generate demand for TB services in the community.

Sensitization Meeting for Hon'ble Parliamentarians on 9th August, 2021 Address by Hon'ble Vice President of India

Sensitization Meeting for Hon'ble Parliamentarians on 9th August, 2021

The TMBA campaign aims to involve all 134 crore people of the country from all walks of life, including elected representatives and state government leaderships, to create a mass movement and drive community ownership of the government's efforts.

Estimated TB Burden in India as per WHO Global TB Report 2021

Estimates of TB Burden (2020)	Rate	Numbers	% Global Burden
Incidence of TB	188/lakh pop.	25.9 Lakh	26%
Mortality of TB (incl. TB-HIV)	37/lakh pop.	5.04 lakh	33%
Incidence of TB-HIV	4/lakh pop.	53,000	7%

NTEP Performance Over 3 years			
Indicators	**2019**	**2020**	**2021***
Total TB cases notified (In lakhs)	24.0	18.05	15.82
Proportion of patients with known HIV testing	81%	92%	94%
% of TB notified patients tested for UDST	58%	67%	55%
Success Rate	81%	82%	81%
Proportion of Children <6 years initiated on IPT	20%	34%	39%
NTEP Performance Over 3 years			
Indicators	2019	2020	2021*
Total TB cases notified (In lakhs)	24.0	18.05	15.82
Proportion of patients with known HIV testing	81%	92%	94%
% of TB notified patients tested for UDST	58%	67%	55%
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Success Rate	81%	82%	81%
Proportion of Children <6 years initiated on IPT	20%	34%	39%

***Jan-Sep**

Budgetary Allocation (In Crores)

BE 2017-18	RE 2017-18	BE 2018-19	BE 2019-20	BE 2020-21	BE 2021-22
1840.00	2,791.00	2,770.91	3,333.21	3,109.93	3,409.94

1.7.4 National Iodine Deficiency Disorders Control Programme (NIDDCP)

In order to prevent and control the problem of Goitre in the country, GOI launched National Goitre Control Programme (NGCP) in 1962. Subsequently, the Programme was renamed as National Iodine Deficiency Disorders Control Programme (NIDDCP) in 1992 so as to cover all Iodine Deficiency Disorders and is being implemented in all States/UTs. The Objectives of NIDDCP are to bring down the prevalence of IDD to below 5% in the country and to ensure 100% consumption of adequately iodized salt (>15ppm) at the household level.

Activities under NIDDCP:

- Surveys to assess the magnitude of the Iodine Deficiency Disorders in Districts.
- Monitoring supply of iodized salt in place of common salt.
- Resurveys to assess Iodine Deficiency Disorders and the impact of iodized salt consumption after every 5 years in Districts.
- Laboratory monitoring of Iodized salt and Urinary Iodine Excretion.
- Health education and publicity (IEC).
- Monitoring quality of iodized salt by Salt Testing Kit through ASHAs at Community/ household level.

Significant achievements of NIDDCP:

1. The production and supply of iodized salt in the year 2020-21 was 78.58 lakh tonnes and 75.66 lakh tones, respectively.
2. For effective implementation of National Iodine Deficiency Disorders Control Programme, 34 States/UTs have established Iodine Deficiency Disorders Control Cells in their State Health Directorate.
3. In order to monitor the quality of iodized salt and Urinary Iodine excretion, 34 States/UTs have set up Iodine Deficiency Disorders monitoring laboratories.
4. Global IDD Prevention day was observed throughout the country on 21st October,2021. IDD Messages were released on the Ministry of Health & Family Welfare's (GOI) Twitter handle.
5. For estimation of iodine content in salt, a total of 37,308 salt samples were collected and analyzed by States/UTs in FY 2020-21, out of which 32,154 (86%) salt samples were found to be conforming to the standard (Iodine content > 15 ppm). During FY 2021-22 (upto December, 2021), 2,76,300 salt samples were collected and analyzed, out of which 203131 (73%) salt samples were up to the standard (Iodine content > 15 ppm).
6. For estimation of Urinary Iodine Excretion (UIE), a total of 8895 urine samples were collected and analyzed by States/UTs in FY 2020-21, out of which 8,030 (91%) samples having urinary iodine level > 100µg/L (optimal). During FY 2021-22(upto December, 2021), 1280 urine samples were collected and analyzed out of which 1231(96%) samples having urinary iodine level > 100µg/L (optimal).

7. For ensuring the quality of iodized salt at consumption level, a total of 2,77,31,009 salt samples were tested by Salt Testing Kits (STK) by ASHAs in endemic Districts in FY 2020-21 and presence of Iodine (adequate) was found in 2,60,06,761 salt samples (94%). During FY 2021-22 (upto December, 2021), 21,75,441 salt samples were tested and presence of iodine (adequate) was found in 20,14,431salt samples (92%).

IEC Activities through the State Health Directorates

State/UT Governments have also been provided grants for undertaking IEC activities at the local level in their regional languages to make the impact of IEC activities more effective including celebration of Global IDD Prevention Day in all Districts. Most of the States/UTs had conducted various IEC activities to observe Global IDD Prevention Day on 21st October, 2021.

1.8 NATIONAL AIDS CONTROL ORGANIZATION (NACO)

NACO has implemented four phases of National AIDS Control Programme (NACP) including extended phase IV (2017-21) and currently, NACP Phase-V (April 2021- March 2026) is under implementation as a 100% Central Sector Scheme. NACP response to HIV/AIDS epidemic in India comprises a comprehensive strategy of Prevention, Testing, Treatment, Retention in care & Viral Suppression; supported through critical enablers of Information Education Communication (IEC), Laboratory Services and Strategic Information Management. Communities are at the centre of response, and equity, gender and respect for the rights of communities were continuously adopted as guiding principles.

Prevention: Targeted community led interventions for High Risk Groups (Female Sex Workers-FSW, Men who have Sex with Men-MSM, Transgender/Hijra-TG/H and Injecting Drug Users-IDU) and Bridge Population (Migrants, Truckers) as well as inmates of closed settings like prisons, swadhar homes etc. is fundamental to AIDS response and aims to keep these population HIV free through awareness generation, safe behaviour promotion, Sexually Transmitted Infection (STI) management, condom promotion, harm reduction, HIV testing etc.

IEC activities focus on awareness generation on prevention, testing & treatment and continue to be the mainstay of NACP through a vibrant multi-media approach comprising social media, mass media, mid-media, on-ground mobilization, interpersonal communications, advocacy and partnerships in the country.

People who have STIs have higher risk of HIV infections and accordingly prevention and control of STI/Reproductive Tract Infection (RTI) is also a mandate of NACP. These services are made available through the Designated STI/RTI Clinic (DSRC), branded as Surakhsa Clinic across the country.

Testing: NACP provides HIV testing services for early detection of HIV infections at more than 34,500 facilities. HIV testing is mandatorily accompanied by counselling making it a unique feature of the programme. HIV screening has also been decentralized through community-based screening (CBS), so as to enhance the uptake of these services by those at risk for HIV. Free counselling and testing of pregnant women is also provided towards enabling early detection of HIV infection during pregnancy; so as to prevent HIV transmission to infants born to HIV positive pregnant women. Further Early Infant Diagnosis (EID) programmes provide the early diagnosis of HIV infection among new-born babies of HIV Infected Pregnant women. Finally, it formulates the way to Elimination of Mother to Child Transmission of HIV (EMTCT).

Treatment: NACP provides free standardised Anti-Retroviral Therapy (ART) for all People living with HIV (PLHIV) as well as comprehensive management of opportunistic infections. NACO has adopted the 'Test and Treat' policy to enhance the uptake of treatment services. Along with the first line; second and third line ART regimens are also being provided

for PLHIV who fail on the first and second line regimen. Single window delivery of TB and HIV services has also been initiated across all ART centers. Molecular diagnosis/testing (e.g. Cartridge Based Nucleic Acid Amplification Test-CBNAAT) is being offered to PLHIV identified as presumptive tuberculosis (TB) cases for early diagnosis of TB in collaboration with National Tuberculosis Elimination Program (NTEP).

Laboratory Services: The state of health of a PLHIV on treatment can be safely determined by measuring the number of copies of HIV virus in the blood. It also indicates his/her response to treatment. Since its launch on 26th February 2018, the programme has progressively introduced routine viral load testing for all PLHIV, initially through a public private partnership and thereafter, through 64 molecular laboratories set up by the Government in the public sector. Quality testing under NACP is ensured through a hierarchical network of laboratories for HIV diagnosis and monitoring of cluster of differentiation 4 (CD4) count and viral load testing of PLHIV as well as deoxyribonucleic acid (DNA) polymerase chain reaction (PCR) testing for early infant diagnosis.

Stigma and Discrimination: The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 towards protecting and securing the human rights of persons who are infected or affected by HIV/AIDS or are vulnerable to the disease is under implementation. The Act prohibits discrimination or unfair treatment of HIV-infected people on any grounds.

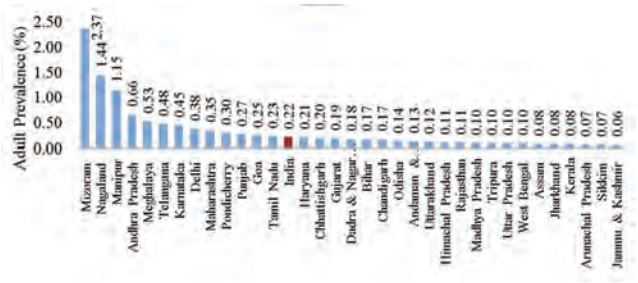
1.8.1 Overview of HIV Epidemic in India

1.8.1.1 National Summary of the HIV/AIDS Epidemic 2020

		Estimate (Lower Bound-Upper Bound)
Adult (15-49 Yrs.) Prevalence	**Total**	**0.22% (0.17-0.29)**
	Male	0.23% (0.18-0.34)
	Female	0.20% (0.15-0.26)
Number of people living with HIV	**Total**	**23,18,738 (18,33,277-29,77,830)**
	Adults (15+ years)	22,37,308 (17,73,563-28,69,016)
	Women (15+ years)	9,88,279 (7,82,107-12,67,941)
	Children (<15 years)	81,430 (58,650-1,09,358)
New HIV Infections	**Total**	**57,548 (28,510-1,13,695)**
	Adults (15+ years)	51,802 (25,154-1,04,339)
	Women (15+ years)	21,953 (10,595-45,101)
AIDS-related deaths	**Total**	**31,944 (20,467-52,007)**
	Adults (15+ years)	28,361 (18,377-46,197)
	Women (15+ years)	7,201 (4,046-12,837)
PMTCT need	**Total**	**20926 (15328-29075)**

Nationally, as per India HIV Estimation 2020 report there were an estimated 23.19 lakh (18.33 lakh – 29.78 lakh) PLHIV, with an adult (15–49 years) HIV prevalence of 0.22% (0.17%–0.29%) in 2020. This includes around 81 thousand CLHIV (<15 Years) accounting for 3.4% of the total PLHIV estimates. The national prevalence continued to decline from its peak level of 0.54% in 2000-2001 through 0.33% in 2010 to 0.22% in 2020. State/UTs wise estimated adult prevalence is given below.

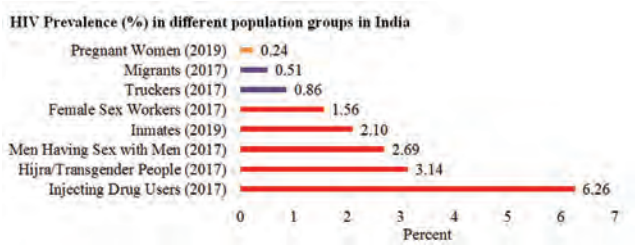
State/UTs wise estimated adult prevalence: India HIV Estimation 2020



There were 57.55 thousand (28.51 thousand – 113.70 thousand) new HIV infections in 2020, which has declined by 48% since 2010 as baseline and by 89% since attaining the peak in 1997.The HIV incidence was 0.04 (0.02-0.09) per 1,000 uninfected population in 2020 which declined from 0.57 per 1,000 uninfected population in 1997 through 0.09 -0.10 per 1,000 HIV uninfected individuals in 2009-10 to 0.04 per 1,000 HIV uninfected individuals in 2020.

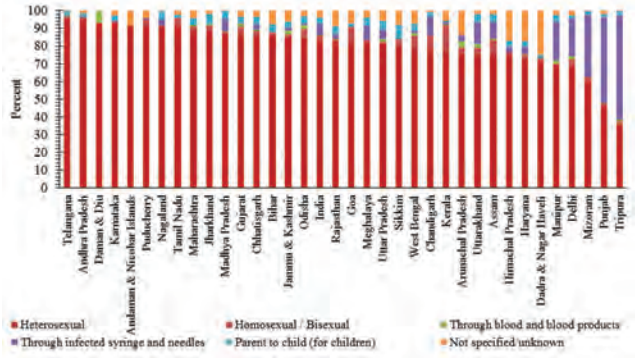
There were approximately 31.94 thousand (20.50 thousand – 52.01 thousand) AIDS-related deaths estimated in 2020 which has declined by 82.24 % since 2010. The estimated AIDS-related mortality per 100,000 population was peaked at 24.34 per 100,000 in 2005 and declined from 15.13 in 2010 to 2.37 in 2020.

HIV Prevalence (%) in different population groups in India



1.8.1.2 Route of transmission – HIV/AIDS is transmitted by sexual contact across mucosal surfaces, by maternal-infant exposure, and by percutaneous inoculation. In 2020, an estimated 57.55 thousand people became newly infected by HIV. The state/UTs wise percentage distribution of route of transmission is mentioned in figure below

State/UTs wise Route of Transmission in percentage, Self-Reported, 2020-21



1.8.2 Expenditure 2020-21 (Rs. in crore)

Financial	Revised Year	Expenditure Estimates
2020-21	2,900	2815.47

For continuation of the NACP for a period of 5 years from 1st April 2021 to 31st March 2026, Expenditure Finance Committee (EFC) Memo with an outlay of Rs.15,471.94 Crore has been appraised under the Chairmanship of Finance Secretary and Secretary (Expenditure) on 21st September 2021. During the current Financial Year (2021-22), BE for National

AIDS Control Organization (NACO) is Rs.2,900.00 crore, out of which an expenditure of Rs.1,445.75 crore has been incurred upto 29th December, 2021.

1.8.3 Targeted Community LED Interventions

Under the Targeted Intervention (TI) programme, the preventive efforts are targeted primarily towards sub-groups of the population identified to be at high risk of acquiring HIV infection. These include FSW, MSM, TG/H, IDU, inmates of prisons and other closed settings and Bridge Populations such as Migrant and Long-Distance Truckers.

These high-risk population groups are provided with several prevention services through 1461 Non-Governmental Organization (NGO)/ Community-Based Organization (CBO) led Targeted Interventions (TI), 137 Link Worker Scheme (LWS), 232 Opioid Substitution Therapy (OST) full-fledged centres and 1350 prison interventions at present.

TI projects provide a package of prevention, support and linkage services to High-Risk Groups (HRGs) through drop-in-centre (DIC) and outreach-based service delivery model which includes :

1) Behaviour Change Communication (BCC)
2) Screening and treatment of STI and syphilis
3) Free condom and lubricant distribution
4) Linkages to ICTC and CBS for HIV testing
5) Linkages with ART centres and care and support services for HIV positive HRGs,
6) Creating an enabling environment with community involvement and participation
7) Community mobilization, ownership building
8) Specifically, for IDUs
    a) Free distribution of clean needles and syringes
    b) Abscess prevention and management
    c) Opioid Substitution Therapy (OST) and
    d) Referral to detoxification/rehabilitation services.)

The entire program is built on the peer-led approach in partnership with NGOs/CBOs. Individuals from high-risk communities (peer educators) are engaged to deliver services and act as catalysts linking their peers to services and commodities. These peer educators identify the HRGs and provide the services and information through various IPC sessions. Technical Support Units (TSUs) have been directed to provide on-site assistance and handholding to revise the outreach plan regularly to cover hard-to-reach and hidden populations. SACS and TSUs extend mentoring, hand-holding, and technical support to the TIs to ensure quality service delivery and enhance the overall programme performance.

Revamped and Revised Elements of Targeted Intervention for HIV Prevention and Care Continuum among Core Population

To achieve the Global HIV target of 2030 to provide comprehensive prevention, testing, and treatment packages to vulnerable populations, the strategy of TI has been revamped and a comprehensive TI Revamping Strategy Guide has been developed. The key program elements of the TI have been retained and the newer activities incorporated into the ongoing TI program in the context of the specific key populations, bridge populations and special groups, to achieve more within the same inputs.

The overarching principle for the revamped and revised targeted intervention strategy is the "differentiated approach" to prevention with the premise that 'one size does not fit all', and re-categorises the key population on individual risk and vulnerability indicators based on evidence to optimise service delivery.

Following are the new activities under Revamped TI approach:

1) Strengthened Outreach Activity
2) Community Based Screening and Bio-Medical Waste Management
3) Peer Navigation
4) Index Testing

5) Mapping and Population Size Estimation

6) Secondary Distribution of Needle and Syringes

7) Satellite Opioid Substitution Therapy Centers and

8) Community Scorecard

Progress on Quarterly Score Card for TIs

The table below shows the progress made in two quarters from January to June 2021. The percentage of TIs scoring "very good" has decreased from 67 % during the period of Jan to March 21 to just 13 %. This is observed to be due to COVID-19 pandemic and it is expected to improve as the restrictions are taken off by the Government.

Summary of Scorecard for the period of January to June 2021

Quarter	Poor	Average	Good	Very Good
Jan to March 2021	4%	7%	22%	67%
April to June 2021	37%	26%	24%	13%

Based on the evidence of risk and vulnerability, more than 85 % of the core group HRGs have been covered through TIs with primary prevention services such as treatment for STI, condoms, needles/ syringes, BCC, enabling environment with community engagement and linkages with care and support services during this reporting period.

Considering the period of association of HRGs in the TI, the population is segregated into active and dynamic. The Dynamic population/ HRG refers to the HRGs who are aware of their risk and vulnerability because of their long-term association or exposure with the TIs. Therefore, the new population identified within the same geography would replace this dynamic population in the TIs, while TIs would continue to offer their routine services.

In the reporting period, the coverage of TI for HRGs among FSW, MSM, IDU and TG/H was 95%, 80%, 91% and 83% respectively. The coverage and number of TI for the calender year are presented in the table below.

State and Typology-wise distribution of Targeted Interventions (TIs) supported by NACO as on September 2021

State/ UTs			Core TIs			Bridge TIs		Total
	FSW	MSM	IDU including FIDU	TG/H	CC	Migrant	Truckers	
Andhra Pradesh	8	0	3	0	73	9	3	96
Arunachal Pradesh	5	1			8	5	0	19
Assam	12	1	1		20	3	2	39
Bihar	1	1	6		8	0	1	17
Chandigarh	4	2	2		1	2	1	12
Chhattisgarh	9	0	4		17	4	3	37
Delhi	31	11	10	6		12	3	73
Goa	6	3	2		1	2	2	16
Gujarat	11	13	2	1	35	28	3	93

Haryana	3		7	0	22	0	0	32
Himachal Pradesh	6		1		9	1		17
Jammu and Kashmir	2	1	5	0	4	4	5	21
Jharkhand	14		2		7	3	2	28
Karnataka	32	15	1	2	9	7	4	70
Kerala	20	13	5	6	0	15	4	63
Madhya Pradesh	14	3	3	1	39	5	3	68
Maharashtra	52	10	3	9	26	54	11	165
Manipur	1		37	0	14	2		54
Meghalaya	3		4		4			11
Mizoram	1	1	20	0	8	4	0	34
Nagaland	2	2	21	0	16	1	1	43
Odisha	9	2	5		21	9	2	48
Puducherry	1	1			2	1		5
Punjab	5	1	27		26	5	2	66
Rajasthan	4	0	2	1	19	5	1	32
Sikkim	3		3					6
Tamil Nadu	15	8	1	7	43	7	4	85
Telangana	10	0	1	1	30	6	2	50
Tripura	0	0	3		9	2	1	15
Uttar Pradesh	2	1	8	1	59	7	4	82
Uttarakhand	5	0	5		8	6	3	27
West Bengal	22	4	6	5	2	1	3	43
All India	313	94	200	40	540	210	70	1,467

*Destination migrant, note: The blank cell represents no intervention Source: MITR

State and typology wise coverage of HRGs under the programme, from January to September 2021

State/UT	FSW	MSM	IDU	TG	Migrant	Trucker
Ahmedabad	2,095	1,495	400	108	85,371	10,000
Andhra Pradesh	1,33,447	25,690	1,510	4,157	11,639	30,000
Arunachal Pradesh	4,925	609	2,413	-	16,600	-
Assam	12,876	4,259	2,163	405	4,906	15,000
Bihar	7,297	1,675	3,264	-	-	10,000
Chandigarh	4,676	2,818	1,845	197	20,464	10,000

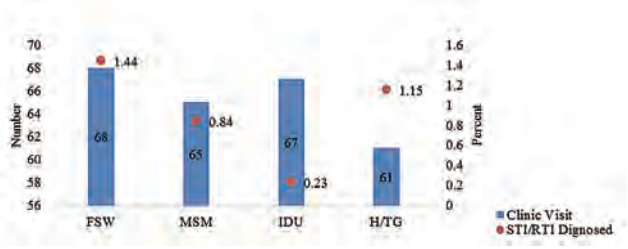
Chhattisgarh	14,476	2,309	2,990	859	36,312	25,000
D&N Haveli & Daman & Diu	-	-	-	-	-	-
Delhi	46,787	17,027	11,279	9,415	1,85,045	35,000
Goa	4,991	3,593	475	92	20,211	10,000
Gujarat	23,947	24,621	471	1,549	2,08,710	45,000
Haryana	11,455	4,601	4,164	113	16,005	35,000
Himachal Pradesh	5,231	468	553	-	15,813	10,000
Jammu and Kashmir	-	-	3,159	-	-	-
Jharkhand	13,481	1,591	833	337	22,749	24,000
Karnataka	1,16,288	34,988	657	3,554	1,27,288	80,000
Kerala	18,950	15,677	2,356	2,419	1,39,451	30,000
Madhya Pradesh	43,138	15,003	8,791	661	65,042	51,194
Maharashtra	59,785	22,509	369	8,989	6,06,689	1,45,000
Manipur	6,445	1,680	24,671	140	4,019	-
Meghalaya	1,922	208	1,175	-	-	-
Mizoram	833	763	14,048	-	4,271	-
Mumbai	18,576	2,323	406	3,144	63,431	20,000
Nagaland	3,655	2,016	23,398	64	3,028	10,000
Odisha	15,442	3,672	4,149	3,768	11,922	15,000
Puducherry	3,490	2,646	-	188	6,651	-
Punjab	19,573	4,298	19,333	765	56,467	25,000
Rajasthan	14,469	5,066	1,459	666	51,375	20,000
Sikkim	1,010	-	1,591	-	-	-
Tamil Nadu	65,886	46,859	408	7,872	21,240	40,000
Telangana	1,00,818	22,349	1,016	2,024	26,759	52,900
Tripura	4,585	530	3,445	-	2,106	5,000
Uttar Pradesh	22,060	10,040	19,792	4,681	27,559	65,000
Uttarakhand	5,119	2,358	2,673	173	17,189	40,000
West Bengal	17,327	1,725	1,588	1,594	17,458	45,000
Total	8,25,055	2,85,466	1,66,844	57,934	18,95,770	9,03,094

Source: MITR

STI Diagnosed & Treated against Clinic Visit

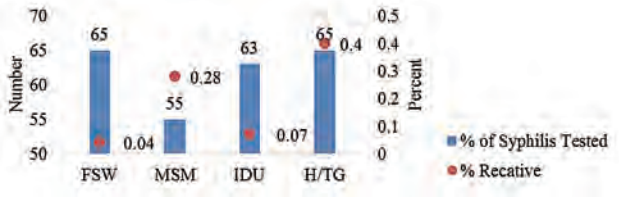
The clinic footfall for STI screening was found in the range of 61% to 68 % among all core groups. However, STI/RTI cases diagnosed and treated was high among FSWs at 1.4 % while TG population has recorded more than 1.15%. The clinic footfall among Truckers and Migrants was recorded at 52 % and 30 % respectively from January to September 2021. STI/RTI diagnosed and treated was 2.3 % and 2.7 % among Truckers and Migrants respectively.

STI Diagnosed & Treated against Clinic Visit in Percentage among HRGs, January to September 2021)

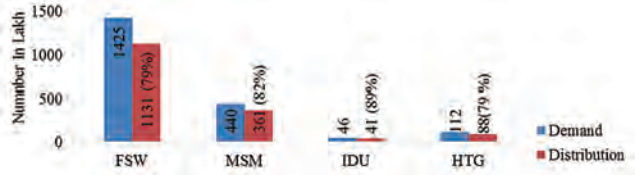


Syphilis testing and rea

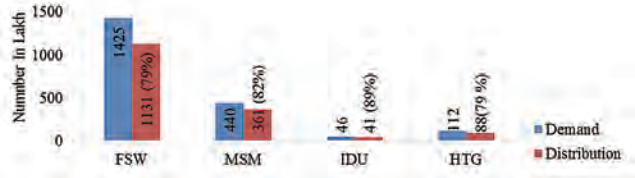
Syphilis testing and reactivity among HRGs (January to September 2021)



Condom distribution among HRG January to September 2021



HRGs tested for HIV and positivity (January to September 2021)



Community Based Screening (CBS):

Typology wise coverage of CBS (January to September 2021)

S.No	Typology	Screened for HIV	Confirmed Positive		Linked to ART	% of Linked
			Number	%		
1	HRG	193820	482	0.25%	416	86.3%
2	HRG (non-TI)	11860	138	1.16%	84	60.9%
3	Spouses	6587	39	0.59%	33	84.6%
5	Migrant	232251	195	0.08%	174	89.2%
6	Truckers	70656	70	0.10%	55	78.6%
	Total	515174	924	0.18%	762	82.5%

Source: MITR

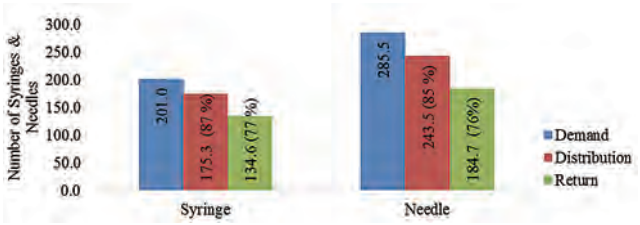
PLHIV HRG currently registered at ART Centre

Alive PLHIV (in numbers) HRG currently registered at ART Centre (January to September 2021)

HRG/Bridge Population	PLHIV identified and registered to ART	Currently on ART	Achievement (in %)
FSW	9,418	9,042	96%
MSM	6,218	6,041	97%
IDU	11,008	10,320	94%
TG/H	2,097	2,040	97%
Migrant	3,543	3,143	89%
Trucker	772	707	92%
Total	33,056	31,293	95%

Source: MITR

Distribution and Return of Needles & Syringes in Lakhs (January to September 2021)



Opioid Substitution Therapy (OST) Programme for IDUs

Since the inclusion of Opioid Substitution Therapy (OST) as part of the overall harm reduction package for injecting drug users in the country in FY 2007-8, there has been a massive scale-up of OST delivery under the NACP. From initial 56 centres in FY 2007-8 covering around 5,500 IDUs, the OST program has been scaled up to 232 standalone centres covering about 39,888 active clients in 2021.

There are two models of OST service delivery in India namely the NGO Model and the Collaborative Model. In the collaborative model, the OST services are delivered at the Government Health Facilities in coordination with the link IDU-TIs. Additionally, satellite OST centres have been rolled out with a total of 110 Satellite centres currently functional across 7 States under NACO as part of the TI revamped strategies. NACO has also conducted a Training of Trainers (TOT) on OST to create a national cadre of Master Trainers in September 2021. The list of Master Trainers include faculty from the Psychiatry departments of premier institutes such as AIIMS, NIMHANS as well as senior medical officers from the OST program.

Link Worker Scheme (LWS) - Reaching-out to Rural Populations

NACO has been implementing Link Worker Scheme (LWS) since 2006 to address HIV infection in the rural sector. The scheme was then scaled up with GFATM round 7 funding and today the scheme is being implemented under the overall National AIDS Control Programme. In this FY 2021-22, 162 numbers of LWS were approved in AAP. As of September 2021, 137 Link Workers Scheme is implemented in 143 districts in 16 states. The objectives of the LWS are:

1. Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction. This entails:
2. Increasing the availability and use of condoms

among HRGs and other vulnerable men and women.

3. Establishing referral and follow up linkages for various services including treatment for STIs, testing and treatment for TB, ICTC/PPTCT services, HIV care and support services including ART.

4. Creating an enabling environment for PLHA and their families, reducing stigma and discrimination against them through interactions with existing community structures/ groups, e.g. Village Health Committees (VHC), Self Help Groups (SHG) and Panchayat Raj Institutes (PRI).

As of September 2021, LWS is covering approximately 1500 vulnerable villages in 143 districts across 16 states under the scheme, over 49,990 FSW, 7,573 IDUs, 7,676 MSMs, 456 TGs were reached in rural areas nationally. In addition to this, the scheme also covered nearly 2.10 lakh migrants, 48,628 truckers and 3.34 lakh other vulnerable populations. The programme also reached out to 25,788 PLHIV; 65,181 ANC and around 9,135 TB cases. Around 2.57 Lakh population were tested for HIV, and 7,939 cases have sought treatment for STI.

Number of Population Covered under LWS from the period January to September 2021

Population	Line Listed	Covered
FSW	55,448	49,990
IDU	8,573	7,573
MSM	8,543	7,676
TG	554	456
Migrant	4,38,043	2,10,368
Trucker	75,170	48,628
Other-Vul. Pop	5,85,151	3,34,107
TB cases	23,081	9,135
ANC	88,517	65,181
PLHIV	34,265	25,788

Employer Led Model (ELM)

The Employer Led Model (ELM) has been designed to provide HIV/AIDS prevention to care services to informal labourers including migrants and truckers, who are linked to the industries directly or indirectly, the major objectives of ELM model are:

- Increase awareness and access to HIV and AIDS prevention to care services for the informal workers
- To create an enabling environment by reducing stigma and discrimination against PLHIV
- To encourage and help prospective employers to integrate and sustain the HIV and AIDS intervention Programme within existing systems and structures.

Under this model, efforts were undertaken to involve major industries and associations to integrate comprehensive HIV/AIDS prevention to care programme within their existing structure. State-wise mapping was conducted by SACS/TSU to find out the prospective employers and MOUs were signed by the SACS with the respective employers. SACS/ TSU have adequately built the capacity of the employers and supported them in conducting different activities for the informal labourers.

The ELM is envisaged as a win-win situation for both employers as well as for the National Program. An employer does add value by addressing the HIV/AIDS risk and vulnerability of their own workers as well as workers in the supply chain. This not only fulfils the commitments under MDG but also makes their leadership keen about the National priorities.

With the support of and concerted efforts by SACS and TSU toward the end of September 2021, NACO has been able to partner approx. 766 industries across 22 States, covering 5.1 lakh workers/ migrants for various HIV AIDS related services.

TB-HIV case linkage activities in Targeted Intervention Programme

Early identification of presumptive tuberculosis (TB) cases through screening among the High-Risk population would be an important complementary strategy to meet the national urgency in accelerating case detection to achieve the goals of the 'End TB' strategy. Active Case Finding activities have yielded additional cases in different vulnerable groups in India thus the High-Risk Groups (HRGs) are also included in this, and steps were taken to include the population into the screening. The yield of cases depends on the screening high-risk groups and bridge population.

The TB screening has been initiated by TI and Link worker Scheme working under NACP with robust guidelines.

TB services are provided as referral services to most vulnerable populations which include Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Transgender/Hijra (TG/H), Injecting Drug Users (IDUs) and Bridge Populations such as migrants and truckers. During routine outreach services, the peer educator (PE) and other outreach team members screen HRGs and bridge populations for TB symptoms and refer them to the nearest TB centre for confirmation and treatment. To promote intensified TB case finding at TIs, increase awareness and reduce stigma for both TB and HIV, four different models are proposed, based on the location and facilities available at TI level.

It is expected that all HRGs are screened four times in a quarter and the bridge population is screened while visiting the clinic. From January to September 2021 a total of 19.17 Lakh core HRGs and 6.7 Lakh Bridge Population were screened for TB. The yield rate was found 2.0 % among HRG and 4.6 % among bridge populations. The details are mentioned in the below table.

TB Screening and Treatment Cascade (January to September 2021)

TB Screening & Treatment	Population		Total
	Core	Bridge	
a. No. of HRGs Screened for TB	18,57,163	15,23,989	33,81,152
b. Out of a, No. of HRG referred for TB Testing	58,559	42,877	1,01,436
c. Out of b, No. of HRGs tested for TB	21,900	6,530	28,430
d. Out of c, No. of HRGs diagnosed as TB	443	298	741
e. Out of d, No. of HRGs on TB treatment	368	187	555

Source: MITR

Intervention in Prisons & Other Closed Settings

During this reporting period, 25,1871 prison inmates were provided HIV counselling and testing services of which 1504 inmates (0.59 %) were diagnosed with HIV, 1183 (78%) registered on ART. 510 TB cases and 1386 STI cases were diagnosed and treated successfully.

Prisons & Other Closed Settings Cascade (January to September 2021)

Settings	Prison	Other Closed Settings	Total
Total sites	1,350	455	1,805
No. of sites covered	910	344	1,254
Total inmates	5,73,630	5,316	62,676
Tested for HIV	2,51,871	3,017	2,54,888
Found positive	1,504	18	1,522
Initiated ART	1,183	18	1,201

Hep-C positive Linked for HCV treatment	193 38	0 0	193 38
Screened for TB	81,707	1,479	83,186
Diagnosed TB	510	24	534
Initiated DOTS	308	0	308
Treated for STI	1,386	69	1,455

Overall, the Prison and closed settings intervention program has provided HIV Counselling and testing services to more than 2.5 lakh inmates (2,54,888) of which 1522 HIV positive cases (0.59 %) were identified, and 1,201 positive cases (78 %) were successfully initiated on ART.

Technical Support Units (TSUs):

State Technical Support Units (TSU) were set up during the NACP-III in 2007 with assistance of donor partners. TSU is setup in States to complement and enhance the effectiveness of SACS with focus on HIV prevention, testing and treatment program under NACP and complement the programme with evidence. Currently 17 TSUs (10 TSUs as per the new structure and 7 TSUs as per the old structure) are supporting 24 SACS which are managed by different agencies. This is besides the eight North Eastern States being catered by North East TSU.

The National Strategic Plan for HIV/AIDS and STI 2017 – 24, expanded the terms of reference of TSU to cover all technical areas of the programme under National AIDS Control Program (NACP) in State AIDS Control Societies (SACS). The scope of TSU work has been expanded to provide technical input beyond the prevention activities and 10 TSUs with expanded mandate were procured by NACO in September 2018.

District AIDS Prevention and Control Units (DAPCU)

Using the HIV Sentinel Surveillance data (2004-2006), all the districts in the country were divided into four categories (Category A, B, C and D) based on the disease burden. As per this, there were 156 Category A and 39 Category B districts (total 195 districts) across the country that required priority attention. NACO as part of major structural reform, established DAPCUs in 188 such districts to provide programmatic oversight through decentralized facilitation, monitoring and coordination of HIV/AIDS programme activities in the district.

This pandemic witnessed migration and reverse migration of informal labours/ workers on a large scale. This opportunity was utilised to reach out to them, wherever possible to conduct ICTC and STI camps.

DAPCUs also contributed significantly to the distribution of PPE Kits and dry ration to the sex workers enrolled under NACP, as per the guidance given by NACO based on the directions of Hon'ble Supreme Court. Timely coordination with the local food and civil supplies and other line departments ensured accomplishing the task.

Condom Programme

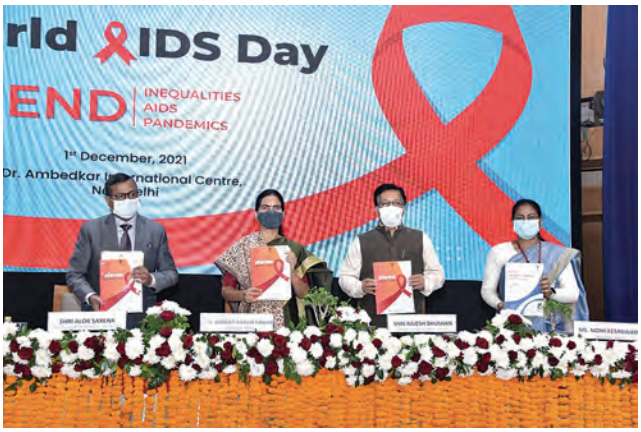
Distribution of Free Condoms to the High Risk Group population has been the mainstay of prevention programmes under the NAACP. In this FY 2021-22, efforts have been made to distribute free condoms through HIV facilities also, apart from the Targeted Intervention project settings. The budget allocation of 46 Crores have been made to meet the demand of free condoms for HRGs at HIV facilities like ICTC, DSRC and ART Centres.

1.8.4 Information, Education & Communication (IEC), Youth & Mainstreaming

Information, Education & Communication, Youth & Mainstreaming are important components of the NACP. With the expansion of services for counselling, HIV testing, Anti Retroviral Treatment, Sexually Transmitted Infection Treatment and condom promotion, the demand generation campaigns will continue to be the focus for the NACP communication strategy.

Observance of World AIDS Day

The **World AIDS Day, 2021** with the theme 'End Inequalities. End AIDS. 'End Pandemics' was observed by the National AIDS Control Organization on 1st December, 2021. The observance was done in a hybrid mode where both physical and virtual participations were made by the participants. Dr. Bharati Pravin Pawar, Minister of State, Health & Family Welfare chaired the event and also interacted with the students from across the country and discussed with them the activities undertaken through Red Ribbon Clubs in their respective institutions and areas. She reiterated that youth 'bhagidari' is instrumental in spreading awareness about HIV-AIDS



Dr. Bharati Pravin Pawar, Minister of State, Health & Family Welfare chaired the event World's AIDS Day on 1st December, 2021

Mass Media Campaigns:

NACO as well as SACS has undertaken 360-degree multimedia campaigns on various thematic areas related to HIV i.e. Youth & HIV, Promotion of HIV counselling and testing, Condom Promotion, Elimination of Mother to Child Transmission, Stigma & Discrimination, Sexually Transmitted infection & promotion of Voluntary Blood Donation on Doordarshan, Cable and Satellite channels, All India Radio (AIR), and FM radio networks. To amplify the reach of mass media campaigns, innovative technologies were also utilized like dissemination of advertisements through internet.

Outdoor Activity:

Outdoor activities like hoardings, bus panels, pole kiosks, information panels, and panels in railways and metro trains were implemented by the State AIDS Control Societies to disseminate information on HIV prevention and linking them to HIV related services. Wall writings have been emphasized in many States to maximize the reach of HIV awareness to rural population. The National Toll Free Helpline no. 1097 has also been promoted in all the outdoor activities.

Social Media:

Digital interventions in present times are the cheapest mean of communication and certainly most powerful to increase the reach to masses.

To optimally utilize this opportunity, NACO is presently active on Facebook, Twitter, Instagram & Youtube as @NACOINDIA. Through all its Social Media Platforms, NACO has tried to develop, upload and share content around different themes such as safe behaviour, condom usage, stigma and discrimination, myths and misconceptions about HIV and AIDS, important health days observed around the globe, and days of other national and international significance.

The idea behind exploring these digital platforms has been to bring upfront the issues related to well being of people living with HIV and to eliminate the stigmata and discrimination attitude against people living with and affected by HIV.

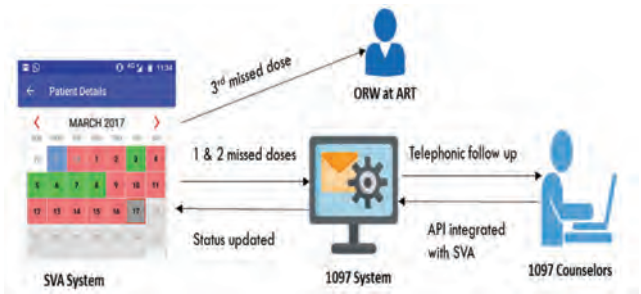
Glimpses of Social Media Campaign carried out by NACO to celebrate Phase I of NewIndia@75 under the aegis of *Azadi Ka Amrit Mahotsav*.

National Toll-Free AIDS Helpline – 1097

The helpline recorded a number of 3,39,206 calls from January 2021 to September 2021. High call volume is recorded in the months of March, April, and May 2021 during the second wave of COVID-19 in India. During this time the helpline service played a crucial role in linking the clients to the services, social protection schemes and also provided psychosocial counselling for distress callers.

Till 30th September 2021, the Helpline has recorded a total of 3.8 million calls on the server since inception in 2014.

Capacity Building for Helpline Counselors:



NACO ensures that the counsellors placed at the helpline hubs are trained on a regular basis as per the programme need.

A capacity building session was held on 6th August 2021 through virtual mode, wherein, the counsellors of the helpline were trained on the HIV & AIDS (Prevention & Control) Act 2017. The background of the Act, provisions and section-wise details were disseminated to the counsellors. The names and contact details of Ombudsman currently designated in 17 states has been provided to the counsellors for sharing with the callers on helpline who raise issues pertaining to stigma and discrimination.

Youth Interventions

Adolescence Education Programme (AEP) is a key intervention to build life skills of young people and help adolescents to cope with negative peer pressure and develop positive behaviour cultivating awareness on sexual health and preventing HIV infections. Programme is implemented in collaboration with NCERT and Education Department.

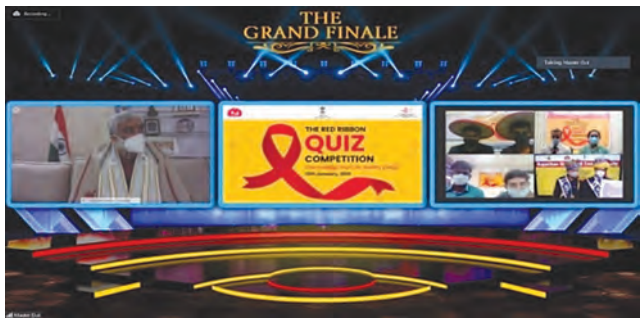
16-hour curriculum is taught in the schools to adolescent students of class VIII, IX and XI. Currently, the programme is functional in more than 50,000 schools in the country. Due to the COVID situation, online training of nodal teachers has been conducted.

Red Ribbon Club (RRC)

Currently there are 12,546 Red Ribbon clubs constituted/functional in colleges under the programme.

Activities undertaken by the members of RRCs are:

- Observance of important events (International Youth Day, Rally and awareness of VBDD, RRC competition, World AIDS Day, National Youth Day, College fest)
- Community outreach and mobilization of youth



- Training of Peer Educators
- Constitution of Joint Working Group Committee (JWG) at State level.

RRC Quiz Competition:

National level quiz competition was conducted on 12th Jan 2021 on the occasion of National Youth Day. This year, SACS have started organising district level and state level quiz competitions. It is planned to organise National level quiz competition on the occasion of National Youth Day, once regional competitions are successfully completed.

Out of school youth (OSY) intervention aims to sensitize school dropouts who are not covered under AEP. This year, SACS has conducted most of the training through virtual mode in coordination with *Nehru Yuva Kendra Sangathan* and a few NGOs identified by SACS. The program is functional in 21 states i.e. Arunachal Pradesh, Bihar, Chhattisgarh, Gujarat, Jammu & Kashmir, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Mumbai, Manipur, Mizoram, Meghalaya, Nagaland, Puducherry, Rajasthan, Sikkim, Tripura, Telangana, Uttarakhand and West Bengal.

New India@75:

Background

The New India@75 initiative is to commemorate India's 75th Independence Day as a mega mass mobilization and engagement movement. For the same, NACO has been entrusted with the task of organising three major awareness campaigns on HIV/AIDS, Tuberculosis and Voluntary Blood Donation. To align with the 75th year of Independence, it was envisioned to fruitfully engage 75 schools and 75 Red Ribbon Clubs (RRCs) in phased manner throughout the year to spread awareness about HIV, TB and Voluntary Blood Donation Day.

Launch of Phase I

In this line, the 1st phase of the campaign was launched on 12th August 2021 on International Youth Day by Hon'ble Union Minister of Health & Family Welfare. The event was virtually joined by more than 1,23,000 students from different schools and colleges across the country. After the launch event, students from 25 schools and 25 colleges from each state participated in awareness activities on HIV & AIDS, Tuberculosis and Voluntary Blood Donation for two months.

Virtual Engagements in the launch of Phase I of Azadi ka Amrit Mahotsav

Mainstreaming and Partnership

NACO signed 18 Memoranda of Understanding (MoUs) with key Ministries/ Department of Government of India aiming for a multi-sectoral response to accelerate efforts toward ending the HIV/AIDS epidemic. Mainstreaming & partnership efforts have impacted positively in vulnerability reduction through inclusion in programme & policy, awareness generation through training and sensitization, expansion of HIV related services in existing health services of non-health Ministries and of the Public Sector Undertakings.

Joint Working Group meeting between NACO & Ministry of Road Transport & Highways

A Joint Working Group meeting was held between NACO and Ministry of Road Transport & Highways (MoRT&H) under the Chairmanship of Deputy Director General (IEC & MS), NACO on 2nd February 2021 with the objectives to strengthen partnership between NACO and MoRT&H and evolve workable strategies for prevention and extending services related to HIV/AIDS primarily among truckers, transport and highway workers and associated populations.

National Level Orientation of Ombudsman

Taking cognizance of the urgent need of the State AIDS Control Societies, NACO conducted the first National Level Orientation on Roles and Functioning of Ombudsman under the Chairpersonship of AS&DG, NACO on 9th July, 2021. A total of 31 Ombudsmen from 16 States i.e. Chhattisgarh, Punjab, Madhya Pradesh, Bihar, Karnataka, Himachal Pradesh, Jharkhand, Haryana, Goa, Sikkim, West Bengal, Puducherry, Tamil Nadu, Gujarat, Odisha and UT of Andaman and Nicobar Islands joined the orientation. The objective of the orientation was to acquaint the Ombudsmen with the duty imposed on them under the HIV and AIDS (P&C) Act, 2017; for them to have a clear understanding on the legal rights of PLHIV and identify any violation which is prohibited under the Act.

The HIV and AIDS (Prevention and Control) Act, 2017 provides for the appointment of Ombudsman by respective State Governments to inquire into the violations of the provisions of the Act (Section 3 and providing healthcare services). Sections 23, 24, 25, 26, 27, 28 under Chapter X and Section 38 of the HIV and AIDS Act, 2017 deal with the authority of the Ombudsman, detailing the powers of the Ombudsman, the procedure of complaint and the orders of the Ombudsman.

National Level Multi-Stakeholder Consultation on Finalization of HIV and AIDS Policy for Establishments:

NACO organized a National Level Multi-Stakeholder Consultation on Finalization of HIV and AIDS Policy for Establishments under the chairpersonship of AS&DG, NACO on August 26, 2021.

1.8.5 Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) Control & Prevention

Currently, there are 1,167 NACO supported DSRC across the country (at least one DSRC per district). There are two arms of DSRC are

a) Obstetrics & Gynaecology OPD and

b) STI OPD under dermato-venereology clinics and provide services through existing public health care delivery system.

STI/RTI testing and sero-prevalence at DSRCs (January to November, 2021)

Indicator	All India
Number of Individual availed RPR/VRDRL Service	**35,72,228**
Number of Individual Reactive	16,144
Percentage of individual reactive	0.45%
Number of Individual referred to ICTC for HIV test	29,10,371
Number of Individual Found HIV positive	10,562
Percentage of individual Found HIV Positive	0.36%
Total ANC registration reported in STI/RTI centre	36,25,515
Number of PW tested for Syphilis	31,58,469
Percentage of PW tested for Syphilis Number of PW found Syphilis reactive	**87%*** 5,605
Percentage of PW found Syphilis Reactive	0.18
Number of PW Treated for Syphilis	2,628
Percentage of PW treated for Syphilis	47%

(Source: SIMS DSRC data), * out of total registration at DSRCs

NACO target is to manage 100.15 lakh episodes of STI/RTI in 2021-22, out of which the program has achieved 55.04 lakh (55 %) till November 2021.

Pre-packed STI/RTI colour-coded Kits

The colour coded STI/RTI kits have been provided for free supply at all DSRCs and TI NGOs to standardize the treatment. The pre-packaging of the drugs is being recognized as one of the global innovations in STI programme management. The drugs used to treat common STI/RTI are included in the National/State List of Essential Drugs.

STI/RTI colour-coded Kits

Regional STI/RTI Training, Research and Reference Laboratories

There are 10 functional Regional STI Training, Reference and Research Laboratories supported & strengthened by NACO. These are located at

1) Osmania Medical College Hyderabad,
2) Medical College Kolkata and Institute of Serology Kolkata,
3) Government Medical College Nagpur,
4) Government Medical College Baroda,
5) Institute of Venereology, Chennai,
6) Maulana Azad Medical College, New Delhi,
7) BYL Nair Hospital, Topiwala National Medical College, Mumbai
8) Government Medical College, Guwahati, Assam,
9) Post Graduate Institution of Medical Education and Research, Chandigarh
10) Safdarjung Hospital, New Delhi which acts as the Apex Centre as well as Regional Laboratory for the country.

The key functions of these laboratories are to provide etiologic diagnosis of common STI/RTI syndromes, validation of syndromic diagnosis, monitoring of drug sensitivity of gonococci and implementation of Syphilis External Quality Assessment Service (EQAS).

The provision of a standardized package of STI/RTI services to HRG population is an important component of the TI projects

1.8.6 HIV Counseling and Testing Services (HCTS), Including HIV TB Collaboration and PPTCT

The HCTS include the following components:

- HIV Counselling and Testing Services of General Individuals, Prevention of Parent-To-Child Transmission of HIV (PPTCT) & Early Infant Diagnosis of HIV Exposed babies.
- Community Based Screening (CBS)
- HIV/TB collaborative activities

HIV Counselling and Testing Service Centre (HCTS)

As on September 2021, there are 34,500 HCTS facilities established in all over India. Some PPP HCTSc levied charge for HIV Testing due to usage of their own test kits

HIV Counselling and Testing Services of General Individuals

During 2021 (till September), around 104 lakh general individuals have been tested for HIV, out of which 55,524 were diagnosed HIV Positive.

Prevention of Parent to Child Transmission of HIV (PPTCT) and Achieving Elimination of Mother to Child Transmission of HIV (EMTCT)

The transmission of HIV from HIV Positive Mother to their children is during pregnancy, labour, delivery, or breastfeeding. For addressing this issue in India, the PPTCT programme was started in the country in the year 2002 with the aim of offering HIV testing to every pregnant woman (universal coverage) in the country. As on September, 2021 this service is offered through more than 34,500 HCTS centres in entire country. The aim of the HCTS centres, which offers PPTCT services, is to identify all estimated HIV positive pregnant women and eliminate transmission of HIV from mother-to-child. NACO is implementing EID service through 5,235 SA-ICTCs.

During 2021 till September, about 124 lakh of pregnant women were tested for HIV, and 3,548 new cases (includes 219 PNC mothers) were diagnosed and 3,490 known cases were reported (Source MPR CST) out of total (7,038) HIV pregnant women reported, 91% (6,439), were initiated lifelong ART. During the same period, around 7,669 HIV exposed live births were reported, out of which 6,524 (85%) babies received ARV prophylaxis.

Early Infant Diagnosis (EID)

A child may acquire HIV from the HIV infected mother-in-utero (during pregnancy), peri-partum (during delivery), post-partum (through breastfeeding) or via parenteral exposure through infected needles and syringes. In children who acquire HIV in-utero and peri-partum, disease progression occurs rapidly in the first few months of life, often leading to death. Studies suggest that in the absence of diagnostics, care and treatment, about 35% of HIV-infected children die in the first year of life, 50% by their second birthday, and 60% by their third birthday.

The HIV exposed infants born to infected pregnant women have to undergo TNA-PCR tests using Dried Blood Spot (DBS) test. During 2021 Apr-Sept.4,185 babies were undergone TNA PCR test with 6 weeks to 6 month under first visit and out of which 30 were confirmed HIV positive Further, during the same period 4,617 HIV exposed babies who attained 18 months of age were undergone antibody test, out of which 149 babies were confirmed HIV Positive and 131 were put on ART.

Achieving Elimination of Mother to Child Transmission of HIV (EMTCT): - It is estimated 20,517 (2019 estimates) women living with HIV become pregnant in the country. If those were untreated, there have 15-45% chance of transmitting the virus to their children during pregnancy, labour, delivery or breastfeeding. However, the risk drops to just over 1% if ARV medicines are given to both mothers and children at the stages when chances of transmission can occur. As treatment for prevention of mother-to-child-transmission is not 100% effective, elimination of transmission is defined as a reduction of transmission to such a low level that it no longer constitutes a public health problem.

1.8.6.2 Community Based Screening approach: CBS is an important approach for improving early diagnosis, reaching first-time testers and people who seldom use clinical services, including men and adolescents in high-prevalence settings and HRG populations. To improve HCTS access and coverage, community-based HIV screening is carried out through various approaches such as: -

Mobile HCTS; Screening by ancillary health-care providers (ANC); Screening for HIV by TI (TI-ICTC); HCTS for prison inmates and HCTS at the workplace.

Currently the bulk of CBS efforts are through targeting HRGs via TIs and Other Development Partners and CSO.

- Standard Operating Procedures for CBS and training manual "Testing through TI" for Community Based HIV testing under National HIV Counselling & Testing Services Guidelines, 2016 has been shared with all the States.
- As on September 2021, in India 2,861 CBS sites were established under different settings as

mentioned above and reporting to NACP through SIMS.

As per the current SIMS Report, 34 states are implementing CBS and provided HIV testing/screening services to 2,402,274 individuals including pregnant women from Apr 21-Sept 21).

HIV/TB Collaborative Activities

Tuberculosis (TB) and HIV are major public health problems globally and particularly so in India. These two diseases are leading causes of morbidity and mortality among all infectious diseases. In 2019, India accounted for estimated 71,000 (49,000-98,000) incident HIVTB co-infected patients against the previous estimate of 92,000 HIV-TB co-infected patients (63,000–1,26,000) in 2018 (WHO's Global TB report 2020).

The Launch of Phase 2 Awareness Campaigns on HIV & TB by Hon'ble MoS, Dr. Bharati Pravin Pawar on 12.10.2021

Achievements:

a. For early detection of HIV among presumptive TB patients, Provider Initiated Testing and Counselling (PITC) is being implemented across country. Total no. of presumptive TB examined (smear microscopy) Jan-June 2021. is 33,37,833 and Presumptive TB patients found to be HIV positive is 17,429 (0.005%).

b. Nearly 64% of Designated Microscopy Centres (DMCs) are co-located/located in proximity to HIV testing facilities.

c. Out of total Number of PLHIV reported in the period of Jan-June, 73,977 were accessed rapid molecular testing via NAAT for TB diagnosis.

d. No of TB patients who know their HIV status-1,484,418/1,579,971 (94%) (Jan-Sept 2021)

e. Single window TB and HIV services are being implemented through existing 645 ART centers and these services are being further scaled up. With the ongoing COVID-19 pandemic, Multi-Month Dispensation (MMD) of medicines, tele consultations and newer ways of service delivery are being considered.

f. The services include counselling of PLHIV, Opportunistic Infection (OI) management and ART/CPT provision, TB screening among ART center attendee using 4 symptoms tool. Based on TB status, PLHIV are being offered TB treatment or TB preventive therapy after careful evaluation by ART medical officer.

g. More than 95% of PLHIV visiting the ART centres every month are screened about any existing TB symptoms.

h. The linkage of HIV-TB co-infected patients to Co-trimoxazole Preventive Therapy (CPT) and Anti-Retroviral Therapy are 94% & 93% respectively (Jan to Sept'21).

i. More than 13 lakh PLHIVs initiated on TB Preventive Therapy since Dec'16.

j. To further expand the service delivery, central government has issued Gazette Notification by GoI dated June 27, 2019 about mandatory requirement of ART centers and Drug Resistant TB services in all medical colleges.

The following are the key interventions being undertaken to strengthen HIV-TB Collaborative activities:

I. Intensified TB Case Finding (ICF)

- **ICF at ICTC:** Under ICF, all ICTC clients are screened by ICTC counsellors for presence of TB symptoms at the time of pre and post-test counselling. Clients who have symptoms or signs of TB, irrespective of their HIV status, are referred to NTEP diagnostic facility located in nearest/co-located institution. During FY 2021 (Jan-Sep) 734,462 (7%) of general clients (except pregnant women) receiving pre-test counselling/information have been referred for TB testing from ICTC, and 37,517 were detected as TB cases, 5% of out of those referred.

- **ICF at ART Center:** PLHIV diagnosed with Tuberculosis are linked to first line anti TB drugs daily regimen for TB patients diagnosed in the respective ART centers while those with need for second line drugs are linked to nearest Drug Resistant TB site (District/Nodal DRTB site).

96% (9,08,711 out of 9,38,969) PLHIV attending ART centre were screened for ICF for 4 TB symptoms at ART centres and subsequently 5.1% (46774 out of 908711) were identified as Presumptive TB cases & 83% (38707 out of 46774) presumptive TB cases were referred to NTEP, among whom 97.5% (37725 out of 38707) were tested for TB and 2,575 PLHIVs were diagnosed with TB.(Source: MPR-Sep.2021).

II. Use of molecular diagnostic (CBNAAT or TrueNAAT) for early diagnosis of TB and Rifampicin drug resistance among People living with HIV(PLHIV):

Nucleic Acid Amplification Test (NAAT) in the form of CBNAAT or TrueNAAT is preferred, and sensitive rapid TB diagnostic tool recommended for TB diagnosis in PLHIV and is available in all districts of the country.

TrueNAAT is a new diagnostic tool recently added for providing TB and DRTB detection at block level apart from existing network of 1285 CBNAAT laboratories in the country. The scale up of this diagnostic modality will further help in early diagnosis of TB and Rif Resistance among People living with HIV.

Quality Improvement activities for Basic Services under NACP

I. Supervision and Monitoring Mechanism: Regular Supportive Supervisory visit conducted by NACO Official to NACP facilities to review on ground implementation of the NACP services. The monitoring and supervision visits are aligned to cover testing services, PPTCT services, HIV-TB coordination activity and STI RTI services provided under NACP. Supervision and monitoring of HCTS activities is done at National and State level with the help of SIMS, PALS and IMS/SOCH softwares.

II. Quality assurance and EQAS: The diagnostic services provided through ICTCs across the country are strictly monitored by a strong Internal and External Quality Assurance Scheme (EQAS).

III. Supply Chain Management: A robust inventory management system with a strong supervision of supply chain activities at National and State level is in place for ensuring timely supply of the diagnostic kits with proper maintenance of cold

chain for HIV Testing Kits for HCTS facilities and colour coded kits for STI management at DSRCs. The inventory status for all commodities at the State, District and Facility level is monitored on monthly basis at the National level.

IV. **Review meetings:** As part of program, the BSD, NACO has been conducting review meetings on BSD components at regular intervals both at National and State level on virtual platform, which includes, review meeting for SACS (ICTC/ PPTCT) and STI components, National TB HIV Joint review meetings, National TB HIV Coordination committee (NTCC) and, National TB HIV Technical Working Group (NTWG) meetings. The main purpose of the meeting is evaluating the performance of the States/UTs under NACP.

Operational correction of linkage loss from F-ICTC to SA-ICTC: To increase the access of at-risk populations to HCTS in a cost-effective manner, NACO in addition to establishing SA-ICTC at the CHC and higher levels, has evolved a strategy with the RCH programme for integrating HIV screening at all primary health centres (PHCs) and delivery points across India. They are labelled as Facility Integrated Counselling and Testing Centres (F-ICTCs) linked to the nearest SA-ICTC (confirmatory facility). HIV screening at all F-ICTCs is implemented through their existing staff with due sensitization, orientation, guidance, monitoring and supervision by the linked SA-ICTC.

This mechanism of taking HCTS closer to the people has increased the uptake of services while reducing transportation costs and waiting times. Further, integrating HCTS into the general health system will ensure sustainability, cost-effectiveness and facilitate the mainstreaming of HCTS. This will also ensure achievement of the national objectives of eliminating HIV and syphilis among newborns.

BSD, NACO organised an assessment with the support of partner organizations (SAATHII & PLAN) to investigate the reasons and suggest corrective measures to fill the gaps in confirmation of screened reactive pregnant women for programmatic improvements.

Based on the recommendations from the findings from Root cause analysis of linkage loss analysis done in 12 identified States, Standard Operative Procedures for correction of linkage loss are being drafted and will be disseminated to the States.

1.8.7 Care, Support and Treatment

The Care, Support and Treatment (CST) component of the NACP aims to improve the survival and quality of life of People Living with HIV with universal access to comprehensive, equitable and stigma free HIV care.

CST services include free and universal access to lifelong standardized Anti-Retroviral Therapy (ART), free diagnostic and monitoring services (baseline laboratory investigations, CD4 testing, viral load testing, etc.), facilitating long term retention in care, prevention, diagnosis and management of opportunistic infections, linkage to care and support services and linkage to social protection schemes.

Facilities for ART Service Delivery:

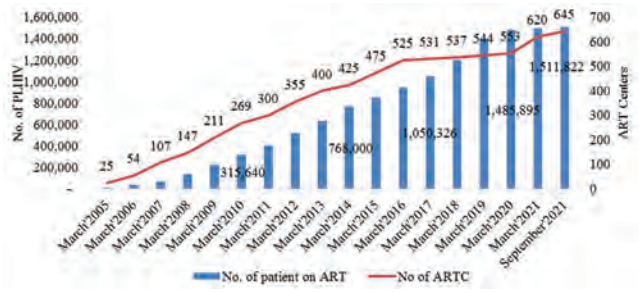
Care, Support and Treatment services are provided through a spectrum of service delivery facilities including Stand Alone ART Centres (SA-ARTCs), Centres of Excellence (CoEs), Paediatric Centres of Excellence (pCoEs), Facility Integrated ART Centres (FI-ARTCs), Link ART Centers (LACs), Link ART-Plus Centres (LAC Plus) and Care & Support Centres (CSCs). There are active linkages and referral mechanisms between these centres to provide decentralised treatment and specialized care for the PLHIV.

Types of Facilities for ART Service Delivery (as on September, 2021)

ART Centres	645	CoE	11
	(includes CoE, pCoE,	pCoE	07
	ART plus, FI-ARTc,	ART Plus	93
	& PPP ARTc)	PPP	12
Link ART Center (includes LAC-Plus centres)	1,261		
Care & Support Center	310		
Beneficiaries of ART services			
Beneficiaries (Government Sector)	**Cumulative No. (as on September, 2021)**		
PLHIV on ART	14,06,055		
PLHIV on Second Line ARV drugs	101069		
PLHIV on Third Line ARV drugs	4,528		

Achievements:

Scale up of facilities and services (FY 2005 - 2021 & to September 2021)



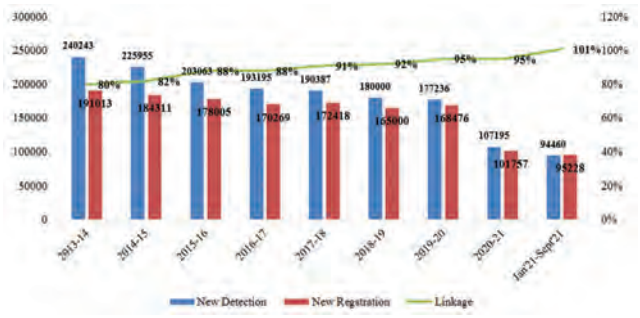
Improvement in ART retention cascade: 'ART retention cascade' refers to the sequential steps of patients from diagnosis of HIV to linkage with ART care, ART initiation and retention of patients who are on ART. After introduction of the 'Test & Treat Policy' in 2017, overall ART retention across the country has improved significantly through intensified outreach activities (Mission Sampark & Intensified Mission Sampark) and through interventions like implementation of Differentiated Service Delivery Models, quarterly feedback to States and ART centres based on 'Score-card' analysis of identified indicators, etc. NACO is closely monitoring the ART retention cascade as a quality indicator of State and facility level performance. Over the previous three years the programme had seen noteworthy improvement in treatment retention. But due second wave of pandemic in the starting months of year 2021 and the subsequent lock downs, it has affected the testing services and all the subsequent indicators of the care cascade of the programme. The unlocking of the States for regular activity which started in July showed improvement in the indicators. The number of PLHIV alive on-ART has been also risen and has shown positive trend in comparison to the last year.

The three major stages in ART retention cascade are as follows:

- Linkage of Diagnosis to ART Registration at Treatment site
- Treatment Initiation
- Retention

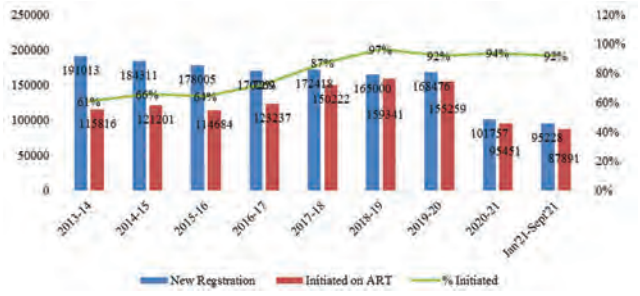
1. HIV Diagnosis to ART Registration linkage: Those diagnosed positive at ICTC have to be linked to ART centres for treatment and care. The programme has been making efforts to minimise this linkage loss and has shown positive trends over years.

Linkage of Diagnosis to Registration at Treatment site



2. ART Initiation Rate: The programme has achieved remarkable improvement in the ART initiation rate, from 61% in 2013-14 to 94% 2020-21. From January to September 2021, the ART initiation rate is 92%

Trend of ART Initiation



3. Twelve-months retention: The data received from ART centres shows that the 12-month retention was 72% in the year 2017-18 and improved to 75% in 2018-19 but has gradually decreased since then. The 12-month retention of the PLHIV was impacted due to the COVID-19 pandemic and at the end of the March 2021 it has been recorded as 71%.

Differentiated Care

The ART centre infrastructure under NACP has expanded from 8 ART centres in 2004 to 645 ART centres till September 2021. Currently, the national HIV program provides free first line, second line and third line ARVs to approximately 14.06 lakh PLHIV. The implementation of "Test and Treat" policy since 2017, has resulted in expanded access to life saving ART but resulted in the following challenges:

- Overcrowding at the ART Centers
- Ensuring 12-month retention levels
- Enhancing adherence amongst On-ART patients

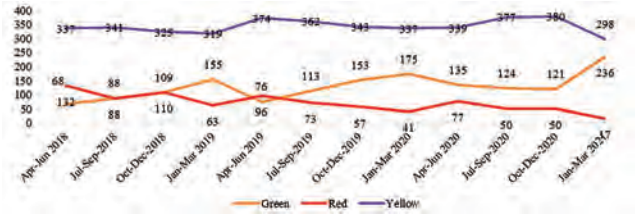
These challenges were overcome through adoption of a 'Client centric' 'Differentiated Care' approach to service provision at the ART centres.

Monitoring and Feedback Mechanism

Along with quantitative scale up under the programme, NACO has been working consistently towards maintaining the quality of services provided under the programme. The Score Card is being used to provide feedback every quarter. The performance of ART centres is reviewed at regular intervals.

Score Card: The tool is developed with an intention to provide performance status of each ART centre on pre-decided critical indicators in an individual state at a single glance to the programme managers at SACS. The performance under the indicators are denoted by colour coding wherein green colour denotes good performance, yellow as in average and red denotes the performance deficit. These Scorecards are being sent quarterly to all the SACS/ART centres.

Number of ARTCs in different colour zones based on their performance



Review of Special-25 ART Centres: This year total 50 ART centers across the country catering to high/ medium load of PLHIVs on ART were identified to be having poor performance consistently. These centers will be provided special monitoring and technical support by two of the technical partners jointly with senior NACO officials. 25 ART centers by each of the two implementation partners will be

providing the special support. The programme is to prepare ART center wise action plans and monitor each center for next 6 months for its improvement on the critical indicators of the programme i.e adherence to ART, reduction in loss to follow up and deaths of PLHIV on-ART. The activity went on pause for some time in starting of the year and restarted in August 2021.

Key Achievements in this year:

Transition of PLHIV to DTG based regimen: NACO introduced Dolutegravir based ARV regimen in India under the NACP in 2020. In keeping with the recommendations of WHO and the ART TRG (Adults & Adolescents), Dolutegravir based ARV regimens were started to be prescribed for PLHIV in India from the month of April 2020 and currently more than 9.78 lakh patients have been transitioned to DTG regimen which is approx. 70% of the total PLHIV on ART under the programme.

Rapid Initiation Algorithm: With the adoption of 'Test & Treat' policy, all People Living with HIV (PLHIV) are eligible for ART initiation, irrespective of their CD4 counts or WHO staging. Under the current system a PLHIV is required to make multiple visits to ART centers before ART initiation, particularly for lab investigations. Considering the issue, a special algorithm was released for all ART centers to be followed for ART initiation among PLHIV. The Algorithm considered that same day/rapid initiation of ART is facilitated, wherever possible.

This initiative will help to avoid unnecessary delay in ART initiation and inconvenience to PLHIV leading to some patients becoming LFU even before the initiation of ART.

Other Activities:

1. 16th Meeting of Technical Resource Group, ART (Adult & Adolescents: ART TRG meeting for Adult and Adolescents was held through virtual platform on 16th October 2021, to review ART strategies and ARV regimens for people living with HIV.

2. 13th Meeting of Technical Resource Group, ART (Paediatrics): ART TRG meeting for paediatrics was held through virtual platform on 1st October 2021, to review ART strategies and ARV regimens for children living with HIV.

3. ARV Forecasting and Quantification Working Group Meeting: ARV drug forecasting and quantification meeting for adult and paediatric regimens was held through virtual platform in the months of February and December 2021 to discuss methodologies and assumptions related to ARV drug forecasting and to calculate drug requirements under NACP. The meeting was attended by working group committee members, NACO officials and representatives of development partners.

4. Constitution of National Technical working group for engagement of private sector engagement under NACP: Two meetings of the group have been conducted in the months of July and October 2021 and the group has identified the fields for collaboration with the private sectors, which will contribute towards achievement of countries goal of ending HIV/AIDS as a public health threat by 2030.

5. Annual Review Meeting of Care Support and Treatment Services under NACP: The meeting was held in hybrid mode at Vishakhapatnam under the chairmanship of AS & DG, NACO. The meeting was attended by representatives of all states, representative of NTEP, NVHCP, NVBDCP, NPCDCS, NOTP, NMHP, NTCP, professional medical associations implementation partners, physically or through virtual mode.

6. National operational guidelines for ART services 2021 and National Technical Guideline on Anti Retroviral Treatment 2021 were released on 1st December 2021.

7. Other initiatives:

I. Verbal Autopsy to assess cause-specific mortality rate among PLHIVs. Understanding the causes of death among the PLHIV could provide newer insights and help to generate evidences and directions for future interventions and strategies.

NACO conducted an exercise of verbal autopsy to ascertain the cause of death among a sample of the deceased PLHIV registered in the ART Centers. Under the activity National Consultation and capacity building workshop were done for the ART staff consisting of SMO/ Medical Officers, Counsellors, Regional Coordinator and TSU from the North & North-East region along with the CST NACO Officials.

A total of more than 1000 verbal autopsies have been conducted. The activity had to be stopped due to the restrictions imposed by the COVID-19 scenario due to which the reported preparation got delayed and is now under process for release.

II. Self-Verified Adherence (SVA): Adherence to treatment is the most important factor which determines the treatment outcome. Based on the program data, it has been observed that maximum loss to follow up and poor pill pick up is observed in the first 6-12 months. Hence, there was a felt need to have more intensive tools for adherence monitoring to trigger early support during these crucial time period.

NACO implemented second phase of SVA in year 2021. In this phase programme expanded the SVA pilot to 30 more facilities including 20 from last year, making total pilot sites to 50 across country. The programme also utilized its help line number 1097 by integrating it with SVA platform in this phase. The SVA intervention utilizes the following strategy:

- **Augmented pill box packaging:** One Toll Free number will be pasted on the existing medicine bottles. The patients call on the Toll free number at the time they take the medicine and gets recorded at the dashboard. The calls made are used for adherence monitoring.
- For patients who are not calling on toll free number, SMS or IVR reminders are sent to patients to remind them to take medications, A call from the helpline number is initiated to remind patients about aadherence. In case the client does not call even after a reminder, the outreach worker pays the client a visit for intervention.

With this intervention, the program plans to build the habit formation of the client on drug consumption behaviour and avoid missing doses through reminder SMS. This will further lead to real time monitoring of the adherence of the patient thus, enabling early support action when the patient misses a dose.

III. Gazette of India notification regarding establishing ART Centers in Medical Colleges: Gazette of India has published a notification on 25 June 2019 regarding establishing ART Centers in all government and private Medical Colleges; the Amendment Notification in "Minimum Standard Requirement MBBS Admissions Annually Regulation, 1999" following addition has been done in Clause A.1.24 as "Every Medical College should have ART Centre and facility for management of MDR-TB at the time of 4th renewal for admissions of 5th Batch of MBBS students".

In reference to this, NACO is pursuing all Medical Colleges (Government and Non-Government) to establish ART Centres and as of September 2021, 67 ART centers have been established in the Medical colleges across India.

1.8.8 Laboratory Services

Under NACP, routine access to quality assured HIV related laboratory services is made universally available. The testing laboratories are assessed for their performance under the External Quality Assurance (EQA).

Apart from EQA Laboratory Services oversees 1) Early Infant Diagnosis by HIV-1 TNA PCR on Dried Blood Spot (DBS) samples 2) CD4 testing through flow-cytometry and 3) routine viral load testing to monitor the efficacy of the treatment in PLHIV and its quality assurance

Viral Load (VL) Testing:

Viral Load test in the national programme is useful for early and accurate detection of treatment failure. The test is used for the following purposes:

- **Prognosis**: predicts disease progression in the body. High HIV-1 viral load indicates a fast progression of the disease in body and vice versa
- **Prevention**: predicts the risk of transmission of virus from person to person. High HIV-1 viral load indicates a high risk of transmission and vice versa
- **Therapy management**: demonstrates the effectiveness of ART for a person. It varies from patient to patient. A high HIV-1 viral load might indicate a need to switch the regimen

Additionally, it helps in quantification of Third 95 goals towards achieving suppressed viral load in 95% of PLHIV initiated on Anti- Retroviral Treatment.

NACO has scaled up routine viral load testing through a two-pronged approach:

- **Public Private Partnership**: From January 2021 to November 2021, a total of 8,08,187 viral load tests have been done with a viral suppression of 83%.
- **Scale-up of Public Sector VL laboratories**: From January 2021 to November 2021, 2,42,766 tests have been done with a viral suppression of 88%.

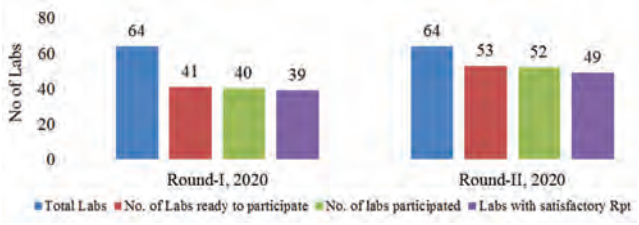
HIV-1 Viral Load EQA:

Indian Council of Medical Research (ICMR) - National AIDS Research Institute (NARI), Pune has been identified as an Apex laboratory for executing the countrywide Viral load (VL) Proficiency testing (PT) programme. Proficiency testing is an essential component in a comprehensive laboratory quality assurance program.

In the FY' 2020-2021 two PT rounds (R) were conducted. In Round 1, 41 VL labs participated. Out of these 41 labs, 31 labs scored acceptable results.

In Round 2, 52 VL labs participated. Out of these 52 laboratories, 38 labs scored acceptable results.

Graph depicts that the average participation and performance of VL laboratories in both the rounds conducted in FY' 2020-2021



Early Infant diagnosis (EID): HIV-1 PCR laboratories for children under 18 Months

HIV exposed infants can't be tested using standard HIV antibody tests due to the presence of maternal antibodies (transferred during pregnancy or breast feeding) and absence of self-generated antibodies early in life (antibodies typically develop around 4-9 months).

For detection of HIV-1 infection in infants and children below 18 months of age, it is recommended that HIV-1 virological assay should be used for testing at 6 weeks of age or thereafter. Nucleic acid detection gives direct evidence of presence of infection.

The current test of choice is the HIV-1 TNA (Total Nucleic Acid) PCR from Dried Blood Spot samples (DBS) which detects HIV pro-viral DNA & RNA and is done at six EID reference labs in the country. From January 2021 to November 2021 a total of 14,074 tests were conducted

3 CD4 Testing

CD4 cells are a type of lymphocyte also known as T helper cells which get activated and generate an effective immunological response to the invading pathogen. CD4 cells have specific receptors on their cell membrane which are the primary target of Human Immunodeficiency Virus (HIV). HIV infection results in a decline in CD4+ T cell numbers and thus, loss of cell-mediated immunity leading to increased susceptibility to opportunistic infections.

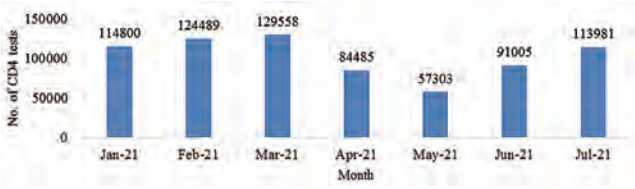
At present, there are total 478 CD4 testing machines under NACP which are installed at 465 CD4 testing centres.

Timing of CD4 testing: CD4 testing is done at the time of first visit of PLHIV to the ART centre. CD4 testing is not a mandatory test for ART initiation but is used for monitoring of immunological response in PLHIV (for this purpose it is done at baseline and thereafter every 6 months), management of OI (opportunistic infections and Immunological failure) and additionally as per clinical condition and at the discretion of treating physician.

To strengthen the implementation of Quality Management System, all Lab Technicians of CD4 labs undergo annual training conducted by NACO and SACS.

A total of 12,49,306 tests were performed from January 2021 to November 2021.

Total CD4 tests done from January 2021 to November 2021



External Quality Assurance (EQA) for HIV and CD4:

Laboratory quality can be defined as accuracy, reliability, and timeliness of the reported test results. Laboratories produce test results that are widely used in clinical and public health settings, and health outcomes depend on the accuracy of the testing and reporting. If inaccurate results are provided, the consequences can be very adverse:

1) incorrect treatment; treatment complications
2) failure to provide the proper treatment
3) delay in correct diagnosis
4) additional and unnecessary diagnostic testing.

Quality is an integral part of Lab Services Division and emphasis on quality assured laboratory service delivery is important to the success of the NACP. Universal availability and routine access to quality assured HIV related laboratory services is ensured at all service delivery points through Lab Services division. The assurance of quality in HIV testing services and molecular testing is ensured through the implementation of External Quality Assessment (EQA). The EQA ensures high reliability and quality under the programme.

The laboratories are categorized into four tiers, as follows:

- Apex Laboratory (first tier) - National AIDS Research Institute, Pune
- National level: 13 (NRLs) (second tier).
- State level: 117 State Reference Laboratories (SRLs) (third tier)
- Districts-level: all standalone ICTC

NRLs

In-country EQA for HIV Serology, CD4 and Viral Load Testing laboratories under NACP is depicted in the picture given below:

Panel Testing: Well Characterized coded panels are sent biannually from Apex to NRL (8-member panel), NRL to SRL (8-member panel) and SRL to SA-ICTC (4-member panel). The average participation of NRLs in panel testing was 100% with no discordance observed

Out of 130 referral laboratories (13 NRLs and 117 SRLs), 93 laboratories (13 NRLs and 80 SRLs) have

been accredited by National Accreditation Board for Testing and calibrating Laboratories (NABL) as per ISO 15189: 2012 standards.

NACO has extended QMS implementation among the viral load testing laboratories. The standard checklist for the assessment of QMS implementation has been developed. As on today 14 VL laboratories are NABL accredited. Now, all viral load testing facilities are functional, and it is envisaged to achieve ISO15189 accreditation for the remaining VL labs.

Accreditation status of HIV Reference and viral load testing laboratories

S. No.	Type of laboratory	No of laboratories	No. Accredited
1	National Reference laboratory	13	13
2	State Reference laboratory	117	80
3	Viral load laboratory	64	14

Improvement and Implementation of Quality Management System (QMS) at Standalone (SA) ICTCs in cluster districts

Anticipating the need to maintain and enhance quality at SA-ICTCs level also, NACO introduced QMS (Quality Management System) in ICTCs. ICTCs are graded based on their performance and are awarded certificate of excellence. Further, in order to bring quality at grass root level of health system in India, NACO with the support of NABL introduced a Quality Assurance Scheme (QAS) for Basic Composite (BC) Medical Laboratories (Entry Level) under which SA-ICTCs are eligible to apply for NABL. The following tables shows the achievement of QMS at SA- ICTCs in cluster districts:

Number of ICTCs awarded Certificate of Excellence by NACO

S. No.	Name of the State	No. of ICTCs in the state	ICTCs awarded Certificate of Excellence by NACO
ICTCs in Cluster district			
1	Manipur	27	25
2	Mizoram	18	18
3	Nagaland	34	26
4	Mumbai	49	23
5	Maharashtra	41 (Pune)	36
		41 (Thane)	24
6	Andhra Pradesh	54 +12 (Non cluster)	60
	Total	281	212
ICTCs in Non-Cluster			
7	Puducherry	12	5
8	Tamil Nadu	150	19
	Total	162	24

Number of ICTCs who have achieved NABL

S. No.	Name of the State	No of ICTCs applied for NABL (Entry level)	No. of ICTCs awarded certificate
1	Andaman & Nicobar Islands	1	1
2	Chhattisgarh	1	1
3	Kerala	15	15
4	Maharashtra	15	15
5	Meghalaya	1	1
6	Nagaland	2	2
7	Puducherry	5	5
8	Sikkim	2	2
9	Uttar Pradesh	2	2
	Total	44	44

1.8.9 Strategic Information

Use of data is fundamental to National AIDS Response. The evidence-based decision making is ensured through complementary systems of IT enabled client centric programme monitoring, epidemic monitoring and research focusing on high quality data collection, analysis and dissemination.

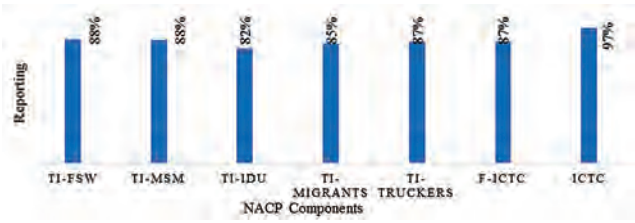
India's successful response to the HIV/AIDS epidemic has been strongly guided by a robust strategic information (SI) management system.

Programme Monitoring and Evaluation is vital to evidence-based National AIDS response. As country moved towards attaining of 2030 SDG of ending AIDS as a public health threat, it is crucial to assess the progress towards stated targets and goals for evidence driven decision making.

For programme Monitoring and evaluation, there are various information management systems being implemented under NACP. Among all, Strategic Information Management System is backbone of the programme monitoring. The SIMS is hosted on the NIC MeghRaj Cloud of Govt. of India. Every Month more than 35000 NACP facilities submits consolidated reports. These facilities include 1,459 Targeted Interventions, 1,841 Designated STI/RTIC Clinics, 5,424 Standalone -Integrated Counselling and Testing Centres, 29,091 - Facility Integrated Counselling & Testing Centres and 645 Anti-Retroviral Treatment Centres.

The reporting is 80% or more across the key components. The component wise reporting during the FY 2021-22 (April to November 2021) is presented in below figure.:

SIMS Reporting Status during FY 2021-22 (April to November 2021)



Achievement on Key Indicators under NACP during FY 2021-22:

The key indicators across the domain of Output, Outcome and Impact have been summarised below. These indicators are used to report to various forums including NITI Aayog's Output Outcome Monitoring Framework.

Achievement on Key Indicators under NACP during FY 2021-22 (April to November 2021):

S. N.	Indicator(s)	Annual Target (2021-22)	Achievement (April- November 2021)
1.	No. of High-Risk Group and Bridge Population covered through Targeted Interventions	83.87 lakh	41.17 Lakh
2.	No. of High-Risk Groups & Vulnerable Population covered through LWS	18.53 lakh	7.59 lakh
3.	No. of STI/RTI patients managed as per national protocol	100.16 lakh	53.94 lakhs
4.	No. of persons trained under mainstreaming training programmes	1.49 lakh	1.44 lakh
5.	No. of condoms free distributed (in pieces)	30.19 crore pieces	17.02 crore pieces
6.	No. of General Clients tested for HIV	252 lakh	145.0 lakhs
7.	No. of Pregnant Women tested for HIV	252 lakh	162.2 lakhs
8.	No. of HIV-TB cross referrals	35 lakh	18.32 lakh
9.	No. of PLHIV on ART* (Cumulative)	15.30 lakh	15.21 lakh
10.	No. of opportunistic infections treated	3.5 lakh	2.00 lakh
11.	No. of viral load test conducted among PLHIV on ART	11.00 lakh	6.55 lakh

*Inclusive of 1.06 lakh PLHIV on ART in private sector

Progress on Output and Impact Indicators during 2020:

S.No	Indicator(s)	Target	National Achievement	Global Achievement
1.	Decline in annual new HIV infections (%)	75%	48%	31%
2.	People living with HIV (PLHIV) who know their HIV status (%)	90%	78%	84%
3.	PLHIV who know their HIV Positive status and are on Antiretroviral Therapy (%)	90%	83%	87%
4.	PLHIV on Antiretroviral Therapy and virally suppressed (%)	90%	85%	90%
5.	Decline in annual AIDS-related deaths (%)	75%	82%	42%
6.	HIV positive mother on Antiretroviral Therapy (%)	95%	52%	85%

Capacity Building/Training:

SACS M&E Officers are the focal person for implementing and monitoring the Programme Monitoring and Evaluation activities including Management Information System. Capacity building cum review meeting is being conducted periodically of SACS M&E officers on NACP Programme Monitoring Systems, implementation of M&E activities and data quality dimensions of data being reported by the NACP facilities.

Sankalak : Status of AIDS Response:

'Sankalak: Status of National AIDS Response' is the bulletin under NACP aiming to report progress of national AIDS response on select key indictors as relevant to the 2020 fast track targets. It summarizes the data, at national and State/UT level, on epidemic and shows progress made under prevention, detection, and treatment components. Sankalak contributes to regular and systematic analysis and dissemination of the progress on critical indicators informing the policymakers, programme managers and all other stakeholders informing them what is working well and what more to be done to achieve fast-track targets.

Capacity Building workshop of SACS & TSU M&E officers was also convened to develop the district specific bulletin in standard format. These bulletins are critical to prepare the data driven district-specific action plan. During the workshop, 91 SACS & TSU M&E officers were trained.

Digital Information Management System under NACP

NACO has developed an integrated information management system which is beneficiary-centric with embedded supply chain functions for all the reporting units under the programme. In addition, four Mobile Applications (for Beneficiaries, FICTC, TI-ORW and OST-Nurse) have been developed which are linked to this integrated IT-system. Around 10,000 reporting units (including ICTC, TI sites, DSRC, ARTC, OSTC, EID & VL labs) have been registered for real-time data entry. To impart quality training on data entry and report generation through this IT platform, a Learning Management System has been developed for users of the reporting units.

Epidemic Monitoring

17th round of HIV Sentinel surveillance (HSS) Plus across 35 States/UT in India- Epidemic

surveillance under NACP is done through a robust institutional mechanism under the leadership of Technical Resource Group (TRG) of HIV Surveillance and Estimation. The current 17th round of HSS plus 2021 is implemented at 1448 sites including 856 ANC sites and 54 prison sites.

Consultation meeting on Integrated and Enhanced Surveillance and Epidemiology- The current 17th round of HIV Surveillance in 2021 was implemented in almost 1448 sites collecting almost half a million samples across 8 population groups, having a very specific tool on behavioural data collection, and testing the samples for up to 4 biomarkers of HIV, STIs, Hepatitis B and Hepatitis C.

Consultation Meeting on Integrated And Enhanced Surveillance and Epidemiology

Research and Evaluation

Research & Evaluation is a vital component of Strategic Information Management.

- During the FY 2021-22, 14 research studies are ongoing to generate evidence through operational research on critical gaps in programme implementation. These areas vary from STI Prevalence Study, Airborne Infection Control in NACP facilities, HIV Drug Resistance in India, Treatment literacy and adherence, Risk Perception among the youth, Evidence based Guidelines for Opportunistic Infections etc.
- Under the Global Fund Grant 2021-2024, a third party evaluation component has been added to undertake minor and major evaluation of various programme components and intervention under NACP. The objective is to conduct concurrent, mid-term and end line evaluations to understand the progress, implementation and gaps under the programme. This evaluation component is being undertaken by Tata Institute of Social Sciences, Mumbai.
- NACO Ethics Committee, one of the pillars of the research ecosystem within NACO was reconstituted. As a next step, Training on Good Clinical Practices and Ethics in HIV/AIDS Research for NACO Ethics Committee members" was organised by NACO in collaboration with CDC-WHO through ICMR–NARI, Pune on 13-14 September, 2021 via virtual platform. Shri Alok Saxena, AS&DG, NACO addressed during the inaugural and provided his guidance. The training was attended by all the NACO Ethics Committee Members, NACO's senior leadership, distinguished dignitaries, senior experts and partner representatives.
- A meeting of the Expert Group on Pre-Exposure Prophylaxis (PrEP) was held on 29th June, 2021 at NACO and via virtual platform. The purpose of the meeting was to finalise NTG on Pre-Exposure Prophylaxis developed by NACO. The meeting was chaired by AS&DG, NACO and was attended by Senior NACO officials, Programme managers from NACO, senior experts, representatives from the civil society and community, development and implementing partners.
- **Promoting Operational Research at local levels** - This year, there was a consolidated effort to promote Operational Research at SACS and involving the States in programme formulation, data generation, evidence, and planning processes. Programme Managers from SACS were involved in identifying priority areas, conducting operational research studies for finding localised solutions to programmatic gaps at state and district

levels. Funds have been allocated to SACS to conduct Operational Research. Priority areas have been sought from all the States. Guidelines on undertaking Operational Research and Evaluation have been developed by NACO.

Synergies with other Key Stakeholders

- Technical collaboration on Indo-foreign collaborative research proposals referred by Health Ministry's Screening Committee, and intra-mural research projects under Project Review Committee on STI & HIV, Indian Council of Medical Research
- Technical collaboration on DBT-ICMR programme for integrating the treatment cohorts through NACO and initiating activities for integrating with the proposed national bio-repository in this programme and enabling storage of treatment samples; towards the same initiating policy and funding integration; and exploration of joint studies towards common goals in socio-behavioural and epidemiological research through the platform
- India-Africa (India-SA MRC) platform through partnership in scientific areas of common interest, initiating policy integration; and research knowledge exchange across regions;
- Indo-US Joint Working Group for technical collaboration on HIV research

Exposure visits

To build advocacy for HIV/AIDS research and orient young post graduate medical students on the NACP, the Division facilitated exposure-cum-training visits for Armed Forces Medical College, Pune on 17th August 2021. Interactive discussions and presentation on NACO overview, NACP and Research & programme activities was held with the visiting students/faculty and NACO officers at NACO. This was followed by a field visit facilitated by Delhi SACS.

AS&DG, NACO, MoHFW with AFMC Delegates at NACO, New Delhi

NACO Internship Programme

NACO has initiated the Internship Programme in 2018 for young students who wish to engage with the Government. The internship programme envisages an opportunity for young students to get familiar with and understand the various dimensions of policy making & implementation of the (NACP). It serves as an exposure for the interns regarding functioning of GoI. It is mutually beneficial for the organization as well as students to have a structured internship programme under the aegis of NACO, MoHFW.

Six interns successfully completed their internship in the year 2021 (till July 2021) and have submitted project reports on varied priority areas such as Developing external quality assessment schemes for Targeted Interventions and Facility-Integrated Counselling and Testing Centers, Pilot study to increase employment opportunities for People Living With HIV (PLHIV), Analyse the trend of Opportunistic Infections Pre and Post Implementation of the 'Test and Treat' Strategy.

Data Analysis and Use: NACO focuses on NACP data security, quality, use and management.

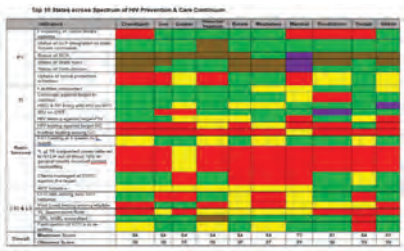
Key activities done in the year 2021-22:

Programme Data Analysis: Routine programme data analysis is one of the most important activity for measuring the programme performance and take informed decision and course correction, if any. During the year 2021-22, analysis on risk assessment of clients attending ICTCs, Prison Intervention and comparison on viral load suppression rate in outsourced laboratory and public sector laboratories has been done. Special data analysis i.e. National Data Analysis Plan round III is also envisaged in this financial year.

NACP Status Note of all States/UTs: Monthly

NACP status note is the consolidated progress on the key indicators in the financial year and state specific key issues, which is used during all review meetings and visits of NACO officials and other Government Officials to different States/UTs.

STATE/UT SCORECARD



State/UT Scorecard (performance of States in NACP implementation, FY 2020-21): One of the NACP success stories is effective use of Strategic Information at all levels i.e. National, State and District levels. Now we are in the 'decade of action' to achieve SDG end of AIDS as a public health threat by 2030. There is various monitoring mechanism under the programme catering requirement of the programme. In addition of these existing mechanism, Scorecard of SACS has been prepared in January 2021 and in September 2021 and shared with all States/UTs. The scorecard provides overall picture of states performance on National AIDS Control Programme implementation across the HIV care cascade. It also provides big pictures of areas need for more efforts to achieve NACP targets in the financial year and which state leadership needs to reinforce. Based on scorecard, components specific and overall ranking has been done

4. NACP Data Management:

Data Security: The National Data Management Committee at NACO is the internal committee and the role of the Committee is (i) to review data requests received at NACO, (ii) to provide inputs on disposal of physical file/ computer equipment containing HIV related information at NACO, (iii) to consider all adverse event related to NACP data reported to the committee, (iv) review of data access and data security at NACO and SACS and any other matter related to NACP data management. In the year 2021-22, two meetings of National Data Management Committee were held.

Data Quality Management: Under NACP, there are inbuilt validation in all information management systems for data quality at data entry points. In addition of this, routine programme data analysis is being done to find data errors, guidance on data quality management at reporting units and there is provision of quarterly review of NACP data quality at State/UT level under the chairpersonship of PD/APD.

National Data Hub: Under NACP Data Management, it is also envisaged to create a National Data Hub which will be central digital repository of key reports, documents, publication, and approved data points at the central level.

NACP Data Sharing: NACO encourage the use of NACP data at all levels under the programme and outside the programme, for this there is robust mechanism of NACP data sharing at National and State level is in place.

5. Draft NACP Data Management Guidelines: The NACP Data Management Guidelines is the comprehensive guidelines which covers all aspects of data protection measures, which includes protecting information from disclosure, procedures for accessing information, provision for security systems to protect the information stored in any form and mechanisms to ensure accountability and liability of persons in the establishment. Two consultation meetings on finalization of draft NACP Data Management Guidelines were done in the year 2021-22.

1.8.10 Procurement

Procurements are largely done by NACO through Central Medical Services Society (CMSS) and in few cases, through direct contract management by NACO as well. CMSS has been associated with NACO as a Procurement Agency since 2016.

1.8.11 Supply Chain Management:

The Supply Chain Management plays a vital role under the programme and routinely monitor, track, and manage the supply of the NACP Commodities. The details of the activities done from January to September 2021 are as follows:

- Demand vs Supply Monitoring- Keep a regular track on the ongoing consumption process in a Weekly, Monthly and Quarterly basis to avoid any wastage, over stocking and stock outs.
- Pre-Supply Monitoring- Review of the stock status according to the trending consumption pattern and gives inputs to the division about the next course of action to be taken i.e., every state warehouse should ensure minimum 6 months and maximum 12 months' stock with them, and every ARCTC/Facilities/Centre should have a minimum 3 months and maximum 6 months' stock with them.
- Forecasting- Provides inputs to the division in the forecasting process and helps in rationalizing the commodities within the ARCTC/Facilities/Centre.
- Post Supply Monitoring- Once the commodities are procured SCM ensure proper distributions according to the plan to avoid any such circumstances.

1.8.12 Sampoorna Suraksha Strategy

Sampoorna Suraksha Strategy (SSS) envisions stopping the spread of HIV by providing targeted services to individuals deemed "at risk" for HIV. The key component of SSS is provision of comprehensive package of services for beneficiaries, who are at risk of HIV, STI and other opportunistic infections, including periodic testing and counselling support, linkage with other programs, outreach, etc. The primary beneficiaries of SSS initiative are direct-walk in Clients at ICTC/DSRC.

Activities done in the year 2021-22

1. National Consultations was organised in a hybrid mode (physical and virtual) on 12th -13th August 2021 at New Delhi. The aim of the consultation was to provide a platform for dialogue with stakeholders, including experts, partners, states, civil society and community for shaping the Sampoorna Suraksha Strategy.

National Consultation on Sampoorna Suraksha Strategy, 12-13 August, 2021 at New Delhi

2. Based on the recommendation of consultation, a working group for Sampoorna Suraksha Strategy has been constituted consisting of programme expert, technical experts, partners and community. First Meeting with Working Group Members on Sampoorna Suraksha Strategy was held on 14th October 2021 with an objective to seek inputs from the Working Group Members on the Sampoorna Suraksha Strategy Guidance Note for development of the Implementation Plan for roll-out of Strategy in the selected States /Districts.
3. Taking the initiative forward NACO has organised a two day workshop to "consolidate and roll out the Sampoorna Suraksha Strategy (SSS)" on 14th and 15th December 2021 at New Delhi. The Strategy is proposed to be rolled out in 10 districts of 3 states i.e. Gujarat, Punjab and Telangana as a Pilot by March 2022, followed by 65 districts of 10 states in the year 2022-23 in the first phase.

1.8.13 Under Programme Management and Review activities done in the year 2021-22

1. State review meeting held under the chairpersonship of AS &DG NACO in January 2021 and August 2021
2. Approval and piloting of new structure for districts level monitoring in the form of District Integrated Strategy for HIV/AIDS (DISHA). In first phase Assam, Delhi, Gujarat and Uttar Pradesh were selected for pilot
3. Ensuring continuation of forming Technical Support Unit (TSU)

4. Management and review of SRs of NACO under GFATM for 2021-24

5. Establishment of Capacity Building unit in NACO and formulation of training module for the program managers

6. Formulation of Integrated Action Plan (IAP) for states for monitoring the implementation of NACO activities in set of districts.

1.8.14 NACP Services During Covid-19 Pandemic

During the COVID-19 pandemic, NACO took swift and timely action by involving SACS, communities, civil society, development partners to reach out to the last mile with a robust implementation plan for ARV dispensation. The Government linked key populations and PLHIV to various social welfare schemes. Advisories and guidance notes were issued by NACO from time to time aligned with global guidelines in this context. NACO facilitated use of virtual interaction platform for NACO officials to engage regularly with SACS. Following key activities were taken up during the period:

By way of background, it Hon'ble Supreme Court of India vide Case No: IA 80140 / 2020, in Criminal Appeal No (S). 135/2010, regarding support to Sex workers during COVID – 19 pandemic and vide order dated 29/09/2020 has directed the States as follows: *"It is incumbent on the Central Government and the State Governments/ Union Territories to rescue the sex workers who are in dire straits. Starving sex workers are entitled to be provided with dry rations. Therefore, we direct the State Governments and the Union Territories to provide dry rations to the sex workers who are identified by National Aids Control Organization (NACO) without insisting on proof of identity. The District Legal Services Authorities are directed to take active steps in assisting the distribution of dry rations to the sex workers without insisting on proof of identity".*

"The State Governments and Union Territories are directed to file compliance reports within a period of four weeks from today giving details of the distribution of dry rations to the sex workers".

- Pursuant to receipt of this order, NACO developed a 'Standard Operating Procedure' (SOP) with due consultations with all divisions of NACO to facilitate distribution dry rations to sex workers. Thereafter, communications were sent to all State AIDS Control Societies (SACS) and line departments for sharing the details of TIs/LWS for facilitating the compliance to the order of the Hon'ble Supreme Court of India along with the SOP

- As per the Standard Operating Procedure, SACS have initiated facilitating of distribution of dry ration to FSWs through the TI/LWS implementing NGOs by sharing the details of FSWs to the concerned line departments after getting their consent

- The activities have been started from November 2020 in the SACS. As on date, a total of 7.52 lakh Sex workers were provided dry rations in the respective States.

1.9 OTHER NATIONAL HEALTH PROGRAMMES

1.9.1 Natioal Programme for Prevention and Control of Cancer, Diabetes, Cardio-Vascular Disease and Stroke (NPCDCS)

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases (NCD) surpassing the burden of Communicable diseases like water-borne or vector-borne diseases, TB, HIV, etc. The Non-Communicable Diseases like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes and other NCDs are estimated to account for 63% of all deaths, thus making them the leading causes of death. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths related to heart diseases, stroke and diabetes are also projected to increase over the years.

In order to prevent and control major NCDs, Government of India is implementing the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all States across the country with the focus on strengthening of infrastructure, development of human resource, emphasis on health promotion, population based screening (age 30 years & above) early diagnosis, management and referral. For activities up to district level and below under NPCDCS, States are given financial support under the umbrella of NHM. The funds are being provided to States under NCD Flexi-Pool through State PIPs of respective States/ UTs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10).

Broad Activities permissible under NCD flexi-pool for NPCDCS are as follows:

1) Health promotion including, IEC / BCC / SBCC
2) Screening and case detection including Population-based screening
3) Management of NCDs
4) Integration with other programmes
5) Monitoring & Evaluation
6) Capacity Building and
7) Public Private Partnership

2. Up to District level interventions

2.1 In order to prevent and control major NCDs, the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is being implemented with focus on strengthening of infrastructure, development of human resource, emphasis on health promotion, population based screening (age 30 years & above) early diagnosis, management and referral. Under the programme, NCD Clinics are being set up at District and CHC levels, to provide services for common NCDs (Diabetes, Hypertension and common Cancers viz. Oral, Breast and Cervical Cancers). In identified districts, Cardiac Care Units (CCU) and Day Care Centres are also being set up for providing facilities for emergency Cardiac Care and Cancer Chemotherapy respectively. Intervention on COPD, CKD and NAFLD are also included in the programme.

2.2 During the year 2020-21 (up to 31/03/2021): 684 District NCD Cells, 640 District NCD Clinics, 194 District Cardiac Care Units, 239 District Day Care Centre for cancer patients, 5148 CHC NCD Clinics are established.

Comparative Position of infrastructure in past 5 Years is as under:

S. N.	Type of facility	Cumulative no. of facilities established	
		As on 01.04.2014	As on 31.03.2021
1	State NCD Cell	21	36
2	District NCD Cells	96	684
3	District NCD Clinics	95	640
4	Cardiac Care Units (CCU)	61	194
5	District Day Care Centres	38	239
6	CHC NCD Clinics	204	5148

2.3 During the year 2021-22, a total of 4,66,15,704 persons got screened through opportunistic screening.

Comparative position of persons attended the NCD Clinics and screened under NPCDCS for following years is as below:

Year	Total Number Screened	Number of persons diagnosed with			
		Diabetes	Hypertension	CVDs	Common Cancer
2014-15	59,24,567	5,59,718 (9.45%)	7,15,382 (12.02%)	61,302 (1.03%)	11,385 (0.19%)
2015-16	1,29,00,368	10,67,774 (8.28%)	14,92,996 (11.57%)	89,922 (0.70%)	13,262 (0.10%)
2016-17	2,24,27,125	21,75,145 (9.70%)	27,12,204 (12.10%)	1,04,633 (0.47%)	39,081 (0.17%)
2017-18	4,65,75,176	37,28,436 (8.00%)	45,55,231 (9.78%)	1,83,548 (0.39%)	71,911 (0.15%)
2018-19	6,79,62,186	41,48,681 (6.1%)	50,67,912 (7.4%)	1,77,112 (0.26%)	1,45,430 (0.21%)
2019-20	6,60,95,757	49,96,389 (7.55%)	58,42,446 (8.83%)	2,26,411 (0.34%)	77,293 (0.12%)
2020-21	4,66,15,704	37,54,055 (8.05%)	44,17,013 (9.47%)	1,48,873 (0.32%)	58,602 (0.12%)

Screening

CPHC NCD app training

2.4 Other Achievements under NPCDCS:

i. Media Campaigns were organized on special day pertaining to NCDs i.e. World Cancer Day, World Kidney Day, World Stroke Day, National Cancer Awareness Day, World Diabetes Day, etc. on risk factors, prevention, management of NCDs and promotion of healthy lifestyle through use of print, electronic and social media for continued community awareness.

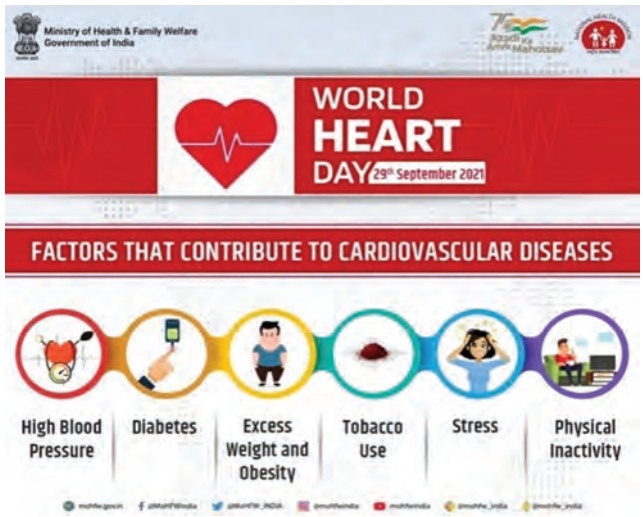
ii. "**National Framework for Joint Tuberculosis-Diabetes collaborative activities**" has been developed to articulate a national strategy for 'bi-

directional screening', early detection and better management of Tuberculosis and Diabetes co-morbidities.

iii. To leverage mobile technology, an application called **m-Diabetes** is being used to generate awareness, to promote adherence to treatment and inculcate healthy habits among the masses with special focus on target groups. This application is being integrated with national software for NCD service delivery under Comprehensive Primary Health Care (CPHC).

iv. **Integration of NPCDCS with NUHM:** For integration with NPCDCS, convergence is being developed between NUHM and NPCDCS to promote comprehensive primary health care to reduce morbidity, mortality and DALY related to NCDs in urban areas. After NCD screening of the urban population, the suspected persons will be referred to UPHC for registration, laboratory tests and management of uncomplicated cases if a Medical Officer is available and resources permit, or else, they will be referred to the NCD Clinic in CHC/District Hospital. The NCD patients can, however, visit UPHCs for regular monthly drug-refills and investigations. The follow-up at community level will be done by ANM/ ASHA/MAS.

v. To leverage and strengthen the ongoing efforts of hypertensive control interventions by NPCDCS

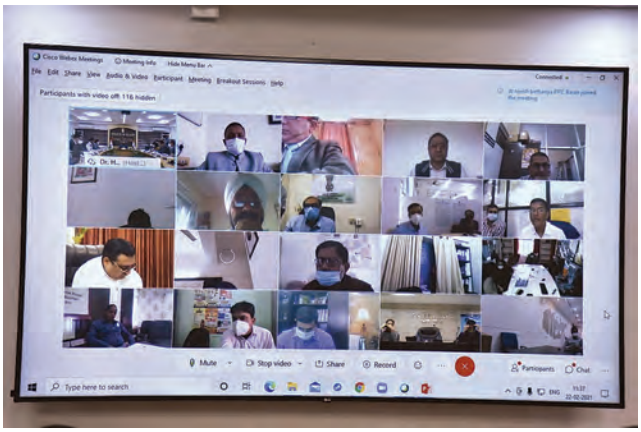


under NHM and improve the linkages between population based screening initiative with health care, India Hypertension Control Initiative **(IHCI)**, a collaborative project of MoHFW, ICMR, State Governments and WHO India has implemented in 87 districts of 18 States .

a. The initiative mainly focuses on five critical components of effective hypertensive care which include standard treatment protocol, continuous medication supply, community-based treatment, patient centered care, and strengthened information system to ensure follow up and patient tracking. Till 31st July 2021, IHCI has been implemented in nearly 9908 health facilities with over 15,34,862 patients being registered.

vi. **Chronic Obstructive Pulmonary Diseases (COPD):** COPD and asthma are major public health problems. Chronic respiratory diseases resulted in 10.9% of all deaths in India (ICMR 2016). Tobacco use, air pollution, allergen, occupational agents, unhealthy diet, physical inactivity, obesity are few of the risk factors. Early detection, management, appropriate referral and continuum of care, the care for COPD patients under the NPCDCS programme is initiated. Main focus of awareness is on indoor air pollution. Support has been provided to the States/UTs for equipment and drugs under NHM.

vii. **Non-Alcoholic Fatty Liver Disease (NAFLD)** is now a known and leading cause of liver failure globally as well as in India. Various epidemiological studies from India suggest prevalence of NAFLD around 9% - 32% of the general population in India. Obesity and Diabetes are the major risk factors for NAFLD.



Launch of Integration of NAFLD with NPCDCS and Operational Guidelines 22.2.2021

NAFLD interventions have been included within the broad structure of NPCDCS in 2020 to guide a range of strategies including health promotion activities which are crucial to prevent NAFLD. An operation guidelines for NAFLD to enhance the capacity of the program managers at the state, district and sub- district level to operationalize the introduction of NAFLD interventions under the overall ambit of NPCDCS programme was developed and disseminated.

3. Population-based Screening Initiative (PBS):

3.1 Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and cancer viz. Oral, Breast and Cervical Cancer) is being implemented as a part of comprehensive primary health care under Health Wellness Centre in National Health Mission (NHM). Under this initiative, persons more than 30 years of age are targeted. Prevention, control & screening services are being provided through trained frontline workers (ASHA, ANM & MPWs), and the referral support and continuity of care is ensured though PHC, CHC, District Hospitals and other tertiary care institutions. PBS can help in better management of diseases by the way of early stage of detection, follow up, treatment adherence. It will also generate awareness on the risk factors of NCDs. The initiative has linkages with NPCDCS and Tertiary care institutions like SCIs and TCCCs.

3.2 Training Modules have been developed for training of various categories of health staff viz. ASHAs, ANMs, Community Health Officers, Nurses, and Medical Officers. So far, 5,66,266 ASHAs, 1,71,391 ANM/MPWs, 26,622 Staff Nurses, 46,395 CHOs and 27,372 Medical officers have been trained on Universal screening of common NCDs. (as reported Health Wellness Centre portal till 28th September 2021).

3.3 CPHC-NCD application: Software has been developed in collaboration with MoHFW, Tata Trusts and Dell Technologies for implementation of PBS for prevention, control, Screening and management of the population-based screening of common NCDs. It has tablet/mobile based application for ASHA/ANM and web based software for PHC and above facilities. National level training of trainers for software was conducted in April, 2018, followed by state level training. Since the launch of the application, states have started procuring the tablets. Till 28th September 2021: 1,89,451 tablets have been procured, trained 78,712 Health Professionals on NCD Application across Pan India, total enrolment through NCD application is

20.04 crore and 8.5 crore were screened and their record maintained in NCD application (including State NCD Application).

4. Strengthening of Tertiary Cancer Care Centres scheme under NPCDCS.

4.1 Under the Strengthening of Tertiary Cancer Care Centre (TCCCs) facilities Scheme of NPCDCS, financial assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Cancer Care Centres (TCCCs) in different parts of the country. Under the scheme, there is provision of providing one time grant up to Rs. 120 crore for SCI and up to Rs. 45 crore for TCCC including State share. This grant is meant for procurement of equipment and building construction. The funds, sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10.

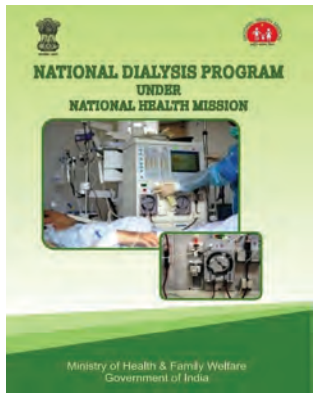
4.2 Under the programme, 19 SCIs and 20 TCCCs were approved in different states/UTs. Continuation of the scheme till 2020 was approved by the CCEA in February 2019. Further, the approval was extended upto March 2024.

5. National Multi-sectoral Action Plan (NMAP):

National Multi-sectoral Action Plan **(**NMAP) for prevention and control of NCDs has been developed through series of consultations with various stakeholders including other Ministries/Departments. The plan offer a road map and menu of policy options to guide multi-sectoral efforts towards attaining the NCD targets mentioned in the National Health Policy, 2017 and National NCD Monitoring Framework. The action plan has identified action points for 39 Ministries/ Departments.An Inter-Ministerial Committee (IMC), to coordinate the multi-sectoral actions has been setup. Nodal Officers have been appointed in many Ministries for NMAP.

6. Pradhan Mantri National Dialysis Program (PM-NDP)

6.1 Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during year 2016-17 to support in all district hospitals in a Public Private Partnership (PPP) mode under NHM. Haemodialysis services were provided under the program. Peritoneal Dialysis is also included 2020 onwards.

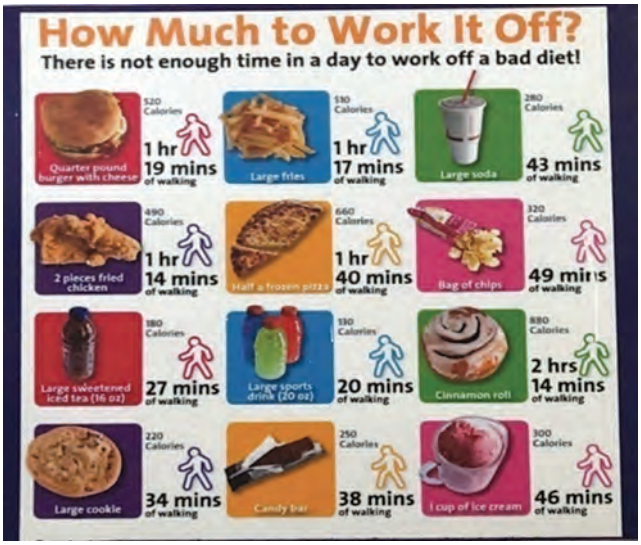


6.2 **Under Public Private Partnership for Haemodialysis services, the roles are defined as under:**

- Service Provider should provide medical human resource, dialysis machine along with RO water plant infrastructure, dialyzer and consumables.
- Payer Government should provide space in District Hospitals, Drugs, Power and water supply and pay for the cost of dialysis for the poor patients.

6.3 PMNDP has been implemented in total 35 States/ UT in 557 Districts at 1011 centres by deploying 6858 hemo-dialysis machines. Total 11.78 lakh patient availed dialysis services and 120.37 Lakhs Hemo-dialysis sessions held- as on 31st August 2021.(Source: State Reports/DVDMS)

Management of NCDs at DH Panchkula



IEC Display at Kot PHC

1.9.2 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

National Tobacco Control Programme (NTCP) was launched in 2007-08 with aims to create awareness about the harmful effects of tobacco use & second hand smoke; to implement the tobacco control laws and to provide affordable, easily accessible and evidence-based cessation services or treatment to tobacco addicts. 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. The NTCP is being implemented in 677 districts across 36 States/UTs.

A. National Programme for Tobacco Control and Drug Addiction Treatment [NPTCDAT]

With an aim to streamline the tobacco cessation facilities for providing seamless services to all substance abuse including tobacco and drugs, the tertiary component of Tobacco Control and Drug Addiction Treatment [NPTCDAT] have been converged under the umbrella scheme of Financial support for Tertiary Care Programme for non-communicable diseases and e-Health, 2017-2020 (being extended under umbrella of Tertiary care Programmes by Department of Expenditure).

B. Tobacco Control:

Tobacco is the foremost preventable cause of death and disease in the world today, killing half of the people who use it. 26.7 crore adults (15 years and above) in India use tobacco in some form or the other with the overall prevalence of tobacco use is 28.6% [1] wherein overall tobacco use among males is 42.4% and that among females is 14.2%. The tobacco-attributable deaths are about 13 lakh per year in India[1]. Majority of the cardiovascular diseases, cancers and chronic lung diseases are directly attributable to tobacco use.

Undoubtedly, tobacco epidemic is a major public health challenge in India, and is notable for the variety of smoked and smokeless products. The Government has been putting tremendous efforts to discourage the use of tobacco products in order to reduce the prevalence of tobacco use amongst the population. A comprehensive Act called Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003) has been enacted, under which sale of cigarettes or any other tobacco products to and by persons below the age of eighteen years and within 100 yards of educational institutions; promotion/advertisement of cigarettes or any other tobacco products; and smoking in public places are banned. There is a provision to display large specified health warning covering 85% of the principal display area of tobacco product packs along with Quitline number on tobacco packs.

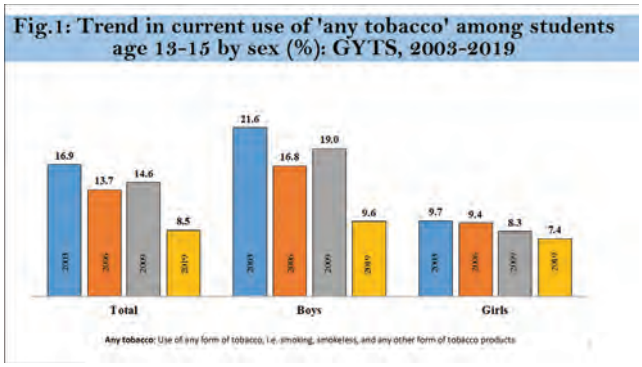
C. Major Achievements during 1st January, 2021 to 31st December, 2021:

- **Rotation of Specified Health Warning**: **Rotation of Specified Health Warning**: The Ministry under the COTPA, 2003 has notified the new specified health warnings to be displayed on all tobacco product packs, which came into effect on 1st December, 2020. The Image 1 has been effective from December 2020 and as per the Rules, Image 2 is being displayed from 1st December 2021. The graphic health warnings are a potent tool to create awareness about the serious

and adverse health consequences of tobacco usage especially among the youth, children and illiterate persons. There is ample evidence to show that effective warning labels increase knowledge about risks associated with tobacco use and can decrease intentions to use tobacco among adolescents, persuade tobacco users to quit, and prevent ex-users from starting again.

- **Amendment to COTPA, 2003:** Ministry of Health & Family Welfare drafted a draft Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution), Amendment Bill, 2020 and as part of pre-legislative procedure, the draft Bill was placed in the public domain for eliciting stakeholder comments. The representations received in response, are being examined.

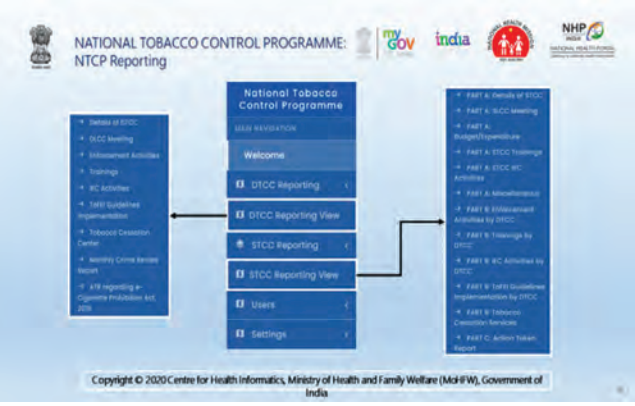
- **Release of Fact Sheets of Global Youth Tobacco Survey – 4th Round:** Global Youth Tobacco Survey (GYTS) is a school-based survey that collects data on students aged 13–15 years using a standardized methodology for constructing sample frame, selecting schools and classes, and processing data. This school-based survey has been designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programmes. MoHFW has entrusted the responsibility of fourth round of GYTS to International Institute of Population Sciences (IIPS), Mumbai. For the first time States estimates have been analysed. There has been 42% decline in tobacco use among 13-15 years school going children in last decade (2009-2019).



Release of fact sheets of the 4th Round of Global youth Tobacco Survey (GYTS-4) by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya on 10.8.2021

Union Health Minister Dr. Mansukh Mandaviya presided over the release of Global Youth Tobacco Survey (GYTS-4), India, 2019 National Fact Sheet on 10th August, 2021.The North East States Fact Sheets were released by Hon'ble Minister of Health & Family Welfare on 16th August, 2021 at Guwahati. The State estimates of GYTS-4 of other States/UTs is also being released in partnership with the respective States and Union Territories.

- **Online Reporting Mechanism**: The National Tobacco Control Programme (NTCP) was launched in 2007-08 during the 11th Five Year Plan and is being implemented in three tier structure viz. National level; State Tobacco Control Cell and District Tobacco Control Cells. Currently, the NTCP is being implemented in all States/UTs covering 685 districts. To streamline the reporting of NTCP activities from States/UTs, the MIS was launched on 10th August, 2021 by Hon'ble Minister of Health & Family Welfare. This Online reporting would help in monitoring of implementation of various elements of the NTCP, such as the extent of enforcement of COTPA 2003, progress in implementation of Guidelines for Tobacco Free Educational Institutions (ToFEI), efforts of the States/UTs towards creating awareness about harm due to tobacco use and the status of provision of cessation services etc. Hands-on-training withStates/UTs have been held for providing orientation on the functioning of MIS reporting.



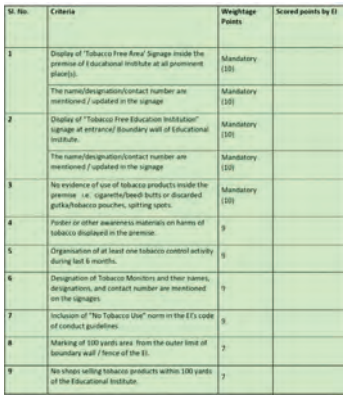
- **Global commitments**: India has been pioneering as the global leader in tobacco control measures. India is the Member of the Working Group on Tobacco advertising, promotion and sponsorship: depiction of tobacco in entertainment media and is also the Key Facilitator in development of specific guidelines on Tobacco advertising, promotion and sponsorship: depiction of tobacco in entertainment media under Article 13 of WHO FCTC. India has participated in various Online trainings on tobacco control viz. Legal Training course on Law and Non-communicable Disease by McCabe Centre for Law and Cancer, Melbourne; John Hopkins Global Leadership Training Programme to build capacities in tobacco control. Taking forward the agenda and pursuing the international commitments, India participated in the deliberations held for ninth session of Conference of Parties (COP 9) of the World Health Organization –Framework Convention for Tobacco Control (WHO FCTC) at Geneva from 13th- 18th November, 2021, followed by Second Meeting of Parties (MOP2) to the Protocol to Eliminate Illicit Trade in Tobacco Products. India also assumed the Presidency of the Meeting of Parties (MOP) Bureau, to support Parties (countries) to implement the Protocol to Eliminate Illicit Trade in Tobacco Products.

The National Tobacco Testing Laboratories (NTTLs) have been accepted as Member of the World Health Organization's Tobacco Laboratory Network (TobLabNet). TobLabNet is a global network of tobacco testing and research laboratories that provide expert advice for overall scientific and technical guidance on issues of tobacco product testing relevant to public health.

- **World No Tobacco Day:** This year, the theme of World No Tobacco Day 2021 is "'Commit to Quit". on 31st May, 2021, following the COVID-19 appropriate behaviour guidelines, a "No Tobacco pledge ceremony" was organized, wherein the then Hon'ble

Minister for Health & Family Welfare and the then Hon'ble Minster of State for Health & Family Welfare administered virtual "No Tobacco Pledge". To celebrate World - No Tobacco Day activities, Ministry of Health has collaborated with MyGov platform to organize online competitions viz. essay writing; video making and poster/slogan competitions for young children, youths and all the citizens.

➢ **Implementation of Guidelines for Tobacco Free Educational Institutions**: The Guidelines for Tobacco Free Educational Institutions (ToFEI) are being implemented by States and Union Territories with the objective of providing fresh momentum to implementation of tobacco control initiatives in educational institutions, including schools, colleges/institutes for higher or professional education and universities, both in public and private sector. A joint letter with Department of School Education & Literacy and Department of Higher Education was communicated to all States and Union Territories for effective coordination between State Education and Health Departments. The effective implementation of ToFEI will go a long way in shaping the behavior of children and young adults, by sensitizing them to the harmful effects of tobacco use and create a healthy and tobacco free environment.



Sl. No.	Criteria	Weightage Points	Scored points by EI
1	Display of 'Tobacco Free Area/ Signage inside the premise of Educational Institute at all prominent place(s).	Mandatory (10)	
	The name/designation/contact number are mentioned / updated in the signage	Mandatory (10)	
2	Display of "Tobacco Free Education Institution" signage at entrance/ Boundary wall of Educational Institute.	Mandatory (10)	
	The name/designation/contact number are mentioned / updated in the signage	Mandatory (10)	
3	No evidence of use of tobacco products inside the premise i.e. cigarette/beedi butts or discarded gutka/tobacco pouches, spitting spots.	Mandatory (10)	
4	Poster or other awareness materials on harms of tobacco displayed in the premise.	9	
5	Organisation of at least one tobacco control activity during last 6 months.	9	
6	Designation of Tobacco Monitors and their names, designations, and contact number are mentioned on the signages	9	
7	Inclusion of "No Tobacco Use" norm in the EI's code of conduct guidelines	9	
8	Marking of 100 yards area from the outer limit of boundary wall / fence of the EI.	7	
9	No shops selling tobacco products within 100 yards of the Educational Institute.	7	

An Action Plan has also been circulated to all States for completing the self-assessment score card.

➢ **Projections/estimates for (January, 2022) 01.01.2022 to (March, 2022) 31.03.2022:**

- To launch ToFEI App for monitoring of ToFEI guidelines.
- To develop tobacco cessation counseling modules for peer support counselors
- To undertake the measures for implementation of rules related to Over-The-Top Media platforms
- To take appropriate measures for enforcing the provisions of ban on advertising under COTPA for tobacco products and under the Prohibition of electronic cigarettes Act for e-cigarettes, on online platform through the designated nodal officer under the "Information Technology (Intermediary guidelines and Digital Media Ethics Code) Rules, 2021" [referred as IT Rules, 2021] under the IT Act, 2000,

1.9.3 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

In order to augment the existing mental healthcare manpower in the country, the Government through NIMHANS, Bangalore, CIP, Ranchi and LGBRIMH, Tezpur, Assam has established a Digital Academy, as a virtual university. Till September 2021, a total number of 5467 professionals have been enrolled in the Digital Academy for training.

To address the burden of mental disorders, the Government of India is supporting implementation of the District Mental Health Programme **(DMHP)** under

the National Mental Health Programme (NMHP) in 692 districts of the country were supported under the Programme for detection, management and treatment of mental disorders/illness with the major components of counselling in schools and colleges, work place stress management, life skills training, suicide prevention services and IEC activities for generation of awareness and removal of stigma associated with Mental Illness.

Under manpower development Scheme A& Scheme B of National Mental Health programme, 25 Centres of Excellence and 47 PG Departments across 19 institutes are being supported.

Improved Mental Health services through e-health Initiatives:Up to 12,24,354 new patients were provided mental health services via e-health platforms in the year 2020-21.

Mental Health in times of COVID-19

Realizing the impact that COVID-19 may have on the mental health of the people, the Government has taken a number of initiatives to provide psychosocial support during COVID-19. These initiatives include:

- A 24/7 helpline was set up through NIMHANS, Bangalore, to provide psychosocial support, by mental health professionals, to the entire affected population, divided into different target groups viz children, adult, elderly, women and healthcare workers. Later other two Central Mental Health Institutions namely LGBRIMH, Tezpur and CIP, Ranchi along with various States/UTs were also on-boarded to extend the services in regional/ local languages also.
- Issuance of guidelines/ advisories on management of mental health issues, catering to different segments of the society.
- Advocacy through various media platforms in the form of creative and audio-visual materials on managing stress and anxiety, and promoting an environment of support and care for all.

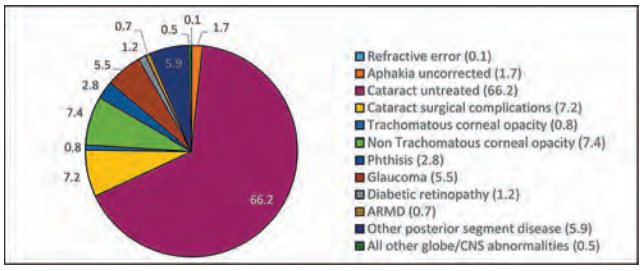
Programme on Mental Health Awareness Week Green Ribbon Inititive 8.10.2021

- Issuance of detailed guidelines by the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru - "Mental Health in the times of COVID-19 Pandemic - Guidance for General Medical and Specialized Mental Health Care Settings";.
- All the guidelines, advisories and advocacy material can be accessed on Ministry of Health and Family Welfare website under "Behavioural Health – Psychosocial helpline" (https://www.mohfw.gov.in/).
- **Online capacity building of health workers** by NIMHANS in providing psychosocial support and training through (iGOT) - Diksha platform.

1.9.4 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCB&VI)

National Programme for Control of Blindness was launched in the year 1976. Primary and secondary eye care services under the programme are provided within the NHM framework with 60:40 cost sharing between Centre and State (90:10 in NE States and other hilly States). Under the National Health Policy (NHP), the target is to reduce the prevalence of blindness to 0.25% by 2025. The National Blindness Survey (2015-19) has shown reduction in the prevalence of blindness from 1% (2007) to 0.36% (2019).

The main Causes of blindness(PVA<3/60 better eye) as per the latest blindness survey (2019) are Cataract (66.2%), Corneal opacity (7.4%), Cataract surgical complications (7.2%), Posterior segment disorders excluding diabetic retinopathy and age related macular degeneration (5.9%), Glaucoma (5.5%).



Major activities under the Programme

1. Primary eye care services

- Preventive and promotive eye care services: under comprehensive primary health care Health and Wellness Centres (HWC) are providing preventive and promotive eye care services.
- IEC activities for promotion and preventive eye care and eye donation.

2. Secondary eye care services

- Cataract surgeries: Reduction in the backlog of cataract by performing cataract surgeries in Governmental, Non-Governmental Eye Hospitals and private practitioners.
- Screening for Refractive errors and Distribution of free Spectacles: Screening of Children for identification and treatment refractive errors and distribution of spectacles to those who are suffering from refractive errors through school eye screening programme.
- Distribution of free spectacles to old persons suffering from presbyopia to enable them for undertaking near work as a new initiative under the programme.
- Management of Visual impairment: The programme is now geared to take care of all categories of visual impairment including low vision cases. Apart from cataract, now the focus of the programme is on treatment and management of other eye diseases like glaucoma, diabetic retinopathy, vitreo retinal diseases, Corneal blindness and childhood blindness.
- Use of Mobile Ophthalmic Units and Tele-ophthalmology network to expand coverage and reach of the programme in disadvantaged and hard to reach areas.
- Eye banking Services: Strengthening of eye banking services and collection of donated eyes.

Tertiary Eye care Services: Under the tertiary care component of NPCB&VI

- Grant in Aid for strengthening of Regional Institute of Ophthalmology and Medical Colleges to provide super-speciality eye care services
- Hands on Training of Govt. Eye Surgeons for upgradation of their clinical and surgical skills.
- IEC campaigns
- Research and surveys

Infrastructure Development and Capacity building

- Grant in Aid for strengthening of eye care units at primary and secondary level.
- Training of Paramedical Ophthalmic Assistant and Eye donation counsellors.

Newer Initiatives/ Focus Areas under the program

- Revision of NPCBVI guidelines to provide Comprehensive eye health care through AB-Health and Wellness Centers
- "Standards of eye banking in India 2020" have been launched for improvement in eye donation, collection, processing, and maintenance of quality standards, equitable distribution of scarce corneal tissue, strengthening of institutional capacity for corneal transplantation, community awareness and training of health personnel.
- Development of a network of eye banks and eye donation centres and linked with medical colleges and RIOs to promote collection and timely utilization of donated eyes in a transparent manner
- Focus on other causes of Visual impairment, besides Cataract, treatment/management of other eye diseases like Diabetic retinopathy (DR), Retinopathy of prematurity (ROP). Corneal Blindness and glaucoma has been increased. DR screening and glaucoma clinics have been made integral part at district and sub-district hospitals.
- In order to achieve elimination of trachoma by the year 2020 as per WHO global action plan, surveillance, case detection and treatment of *Trachoma trichiasis* (TT) is being executed which will be followed by TT only survey in all previously trachoma endemic districts.
- Issuing of COVID 19 guidelines to all stakeholders for safe ophthalmology practices to minimize and avoid the spread of COVID 19 in eye care facilities.
- Setting up of super-specialty clinics for all major eye diseases including diabetic retinopathy, glaucoma, retinopathy of prematurity etc. in state level hospitals and medical colleges all over the country.
- Linkage of tele-ophthalmology centres at PHC/ Vision centres with super-specialty eye hospitals to ensure delivery of best possible diagnosis and treatment for eye diseases, especially in hilly terrains and difficult areas.

Progress report in respect of NPCBVI for the period from January 2021 to March 2022

Activities	Average Target 2020-21	Achievement January, 2021 to August, 2021	Projection (September 2021 to March, 2022	Total Achievement Actual + Projected
Cataract Operation	55,00,000	2773110	21,00,000	48,73,110
No. of free spectacles provided to school children suffering from refractive errors	9,00,000	208178	72862	2,15,460
No. of donated eyes collected	60,000	28728	14364	43092

Note: The report is provision as final reports for the month of September, 2021 are awaited from most of the State/UTs due to time taken in collection of data from lower units and further consolidation at State Headquarters before reporting to the Central Programme Division.

Data for the period from September 2021 to December, 2022 will be updated later on

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

Hearing loss is the fourth leading cause for 'Years lived with Disability' (YLD), affecting 1.27 billion people (GBD study, 2016) globally. According to WHO (2018) data, the prevalence of hearing impairment (HI) in India is around 6.3% (63 million people suffering from significant auditory loss). The estimated prevalence of adult-onset deafness in India is 7.6% and childhood-onset deafness is 2%.

National Programme for Prevention and Control of Deafness (NPPCD) was launched in 2006-07 under 100% Centrally Sponsored Scheme during 11th Five year Plan.

Objectives:

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

Strategies

- To strengthen the service delivery for ear care.
- To develop human resource for ear care services.
- To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.
- To develop institutional capacity of the district hospitals, CHCs and PHCs selected under the Programme.

Components

- Manpower Training & Development - for prevention, early identification and management of hearing impaired and deafness cases, training would be provided from medical college level specialists (ENT and Audiology) to grass root level workers.
- Capacity building - for the district hospital, CHCs and PHC for ENT/Audiology infrastructure.
- Service provision – Early detection and management of hearing and speech impaired cases and rehabilitation at different levels of health care delivery system.
- Awareness generation through IEC/BCC activities – for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness.

Program status:

The program is being implemented in 595 districts. The funds are being provided to the States under NCD Flexi-Pool through State PIPs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10).

The data for January to September 2021:

- Total number of cases examined with Deafness – 4,50,759

- Total number of person referred for rehabilitation – 29,574
- Total number of ENT Surgeries performed – 15,374
- Total number of hearing aids fitted – 10,666

Rehabilitation:

Hearing aids are being provided to identified hearing impaired persons as per terms and conditions of Scheme of Assistance to Disabled persons for Purchasing/ Fitting of aids/ appliances **(ADIP Scheme)** under the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment.

ENT care in Ayushman Bharat: Comprehensive Primary Health Care

ENT care along with ophthalmic care is now part of Ayushman Bharat – Comprehensive Primary Health Care and the Operational guidelines Ear, Nose and Throat (ENT) Care at Health and Wellness Centres has been issued in 2020.

National Hearing Awareness Campaign:

- On the occasion of World Hearing Day, 03rd March, 2021 Dr. Harsh Vardhan, Union Minister for Health and Family Welfare released the WHO's World report on hearing emphasized the need to raise awareness for importance of good ear health.
- On the occasion Nationwide Guidelines were circulated across the country and Gram Sabhas were held on 3rd March with the help of Panchayat &Village Health and Sanitation Committee :
- Message from District Magistrate (Read by Gram Sabha Pramukh)
- Appeal from Gram Sabha Pramukh
- Success story/ thought sharing by persons affected/ treated for hearing impairment, if available.
- Questions and answers session based on FAQ provided.

International Week of the Deaf People (IWDP) 2021

The International Week of the Deaf People (IWDP) 2021 was celebrated in the last week of September. The International Week of Deaf People (IWDP) is an initiative of the World Federation of the Deaf (WFD) and was first launched in 1958 in Rome, Italy. It is celebrated annually to commemorate the same month the first World Congress of the WFD was held.

Hon'ble MoS, Dr. Bharati Pravin Pawar, at Symposium during International Week of the Deaf People on 24th Sepember, 2021

During the week various activities for deaf communities are organised. The National Program for Prevention and Control of Deafness (NPPCD), Directorate General of Health Services organised a symposium on 24th Sept, 2021 with Dr Bharati Pravin Pawar, Ministry of State for Health and Family Welfare, Govt of India as the Chief Guest. Various activities were planned in the form of health awareness talk by Dept of ENT of different Govt. hospitals in Delhi i.e. Safdarjung Hospital, Dr RML Hospital, LHMC, LNJP, MAMC. They help to sensitise the community for early detection of hearing issues as well as understand the needs of deaf people.

1.9.6 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF)

Fluorosis, a crippling disease is caused by excess intake of fluoride mainly through drinking water. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis. To tackle the problem, GoI launched the National Programme for Prevention and Control of Fluorosis (NPPCF) in 2008-09 (11thFive Year Plan) under NHM and the same is now being expanded in a phased manner. Desirable limit for Fluoride in drinking water, as per BIS standards, is 1.0 mg/ litre and the permissible limit is 1.5 mg/ litre. As per the Integrated Management Information System from Department of Drinking Water and Sanitation (Ministry of Jal Shakti), with respect to excess fluoride levels in ground water, there are 8,415 habitations which are yet to be provided with safe drinking water. So far, 163 districts of 18 States and one UT have been covered under the Programme (Annexure - A)

Programme Objectives

- To assess and use the baseline survey data of Fluorosis provided by Department of Drinking Water and Sanitation, Ministry of Jal Shakti
- To comprehensively manage Fluorosis in the selected areas
- To undertake capacity building for prevention, diagnosis and management of Fluorosis cases

Intervention Strategies

- Surveillance in the community to identify cases
- Capacity building and training of human resources to provide manpower support where needed
- Establishing diagnostic facilities in the district
- Providing health education for prevention and control of Fluorosis cases
- Managing Fluorosis cases including supplementation, surgery and rehabilitation

Programme Components

Through NPPCF Programme support is being provided at the district level

1. Strengthening manpower: In endemic districts manpower support is provided for a Consultant (1), Laboratory Technician (1) and Field Investigators (3) for a period of six months.
2. Purchase of equipment: Labs are upgraded with Ion metres for water and urinary analysis of fluoride levels
3. Training and capacity building: Training is being provided to medical and paramedical workers at various levels
4. Health Education and Publicity
5. Treatment: Supplementation with vitamins and minerals are offered as part of treatment protocols including Reconstructive Surgery and Rehabilitation

Key Highlights and Achievements during 2020-21 and 2021-22

- During the year 2020-21 and till date 6 new districts were added under NPPCF. The programme is now being implemented in 163 Districts of 19 States/ UTs.
- As part of the IEC strategy, posters on prevention and control of Fluorosis and Arsenicosis circulated to the States as part of ongoing activities.
- In 85 districts, labs were established with procurement of Ion meter.
- 73 districts reported trainings for Medical officers, Paramedical, ASHA/AWWs, teachers, VHSNC members.
- 73 districts carrying out water and urinary analysis for fluoride levels
- 40 districts undertaking supplementation with Vitamins and Minerals.

Annexure-A

States / Districts under National Programme for Prevention and Control of Fluorosis (NPPCF)

Sl. No.	State	Total districts in the State	No. of districts under NPPCF	Districts under NPPCF
1.	Andhra Pradesh	13	9	Nellore, Guntur, Prakasam, Ananthapur, Kurnool, Krishna, Chittoor, Visakhapatnam Srikakulam
2.	Assam	27	7	Nagaon, Kamrup, Karbi Anglong, Dhubri, Nalbari, Karimganj, Udalguri
3.	Bihar	38	11	Nawada, Banka, Aurangabad, Bhagalpur, Gaya, Jammui, Nalanda, Shekhpura, Kaimur, Munger, Rohtas
4.	Chattisgarh	27	7	Durg, now shifted to Balod, Kanker, Kondagaon, Korba, Mahasamund, Koriya and Raipur
5.	Gujarat	33	4	Jamnagar, Sabarkantha, Vadodara, Banaskantha,
6.	Haryana	21	4	Mehendragarh, Mewat, Jind and Rewari.
7.	Jammu & Kashmir	22	1	Doda
8	Jharkhand	24	13	Palamu, Garhwa, Chatra, Hazaribagh, Ranchi, Pakur, Sahebgann, Ramgarh, Jamtara, Simdega, Dhanbad, Giriih, Godda
9.	Karnataka	30	19	Ballary, Mysore, Chikballalpur, Koppal, Davangere, Tumkur, Bagalkote, Bangaluru (Urban), Bangaluru (Rural), Bijapur, Raichur, Chitradurga,Gadag,Gulbarga, Hassan, Kolar, Mandya, Ramanagara, Shimoga
10.	Kerala	14	2	Palakkad, Alapuzha
11	Madhya Pd.	51	15	Ujjain,Chindwada, Mandla, Dhar, Seoni, Betul, Jhabua, Raigarh, Sehore, Alirajpur,Dindori, Khargoan, Raisen, Shajapur, Ratlam
12	Maharashtra	34	7	Nanded, Chandrapur, Latur, Washim, Yavatmal. Beed, Nagpur
13.	Odisha	30	3	Nayagarh, Angul, Nuapada
14	Punjab	22	5	Sangrur, Firozepur, Patiala, Fatehgarh Sahib and Fazilka.

15.	Rajasthan	33	30	Nagaur, Ajmer, Bhilwara,Churu (Ratangarh) Dausa, Dungarpur, Rajsamand, Tonk, Bikaner, Jalore, Jaisalmer, Jodhpur, Jaipur, Pali, Sikar Udaipur, Swaimadhopur, Banswara, Karauli, Chittaurgarh, Ganganagar, Jhalawar, Jhunjhunu, Barmer, Alwar, Bharatpur, Kota, Sirohi, Bundi, Pratapgarh
16.	Tamil Nadu	31	1	Dharmapuri
17	Telangana	30	9	Mehboobnagar, Nalgonda, Karimnagar, Jagityal, Sircilla,Suryapet, Yadagiri, Wernaparthy, Nagarkurnool
18.	Uttar Pradesh	75	10	Unnao, Rae Bareli, Pratapgarh, Firozabad, Mathura, Sonbhadhra, Ghazipur, Jhansi, Varanasi, Agra
19.	West Bengal	19	6	Bankura, Purlia, Birbhum, Dakshin- Dinajpur, Malda, Uttar-Dinajpur
	TOTAL		**163**	

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

"National Programme for the Health Care of Elderly" (NPHCE) launched during 2010-11 is State oriented program with the basic thrust to provide comprehensive and dedicated health care facilities to the elderly persons above 60 year of age at various level of primary, secondary and tertiary health care.

Achievements of NPHCE in 2020-2021

Expansion of Primary &Secondary Geriatric Care Services:- The program commenced with 100 districts in the 11th plan period. In the 12th plan period 321 districts and in 2019-2020, 114 districts were additionally sanctioned to provide dedicated geriatric OPD, IPD, Physiotherapy and lab services. Presently 725 districts have been sanctioned for geriatric primary & secondary care services.

Tertiary level activities of NPHCE:- As on date, 19 Regional Geriatric Centres (RGCs) in selected Medical Colleges of 18 States, are sanctioned for tertiary care service delivery under NPHCE in the form of specialized OPD's,30 bedded wards in RGC including earmarking beds in various specialties like urology, orthopedics, ophthalmology etc, manpower development & research activities. Presently OPD services are being provided through 18 RGCs, inpatient services in 14 RGC's, Physiotherapy services in 14 RGCs & laboratory services in 13 centers.

Two National Centre for Ageing (NCA) has also been developed as Centre of Excellence for Geriatric Care services. 200 bedded NCA at Madras Medical College, Chennai has been developed and operational for Covid ward and another NCA at AIIMS, New Delhi is in advance state of Construction. OPD services are expected to initiate by December 2021. A 250 Bedded Geriatric Care and Rehabilitation Centre is approved (in-principle) at PGIMER Chandigarh.

Progress in Operationalization of the Programme activities 2021-22:-

(As per Progress Report- April to June, 2021)

S. No	Institutions	Sanctioned	Operational			
			OPD	Indoor wards	Physiotherapy services	Laboratory services
1	RGCs	19	*18*	*14#*	*14*	*13*
2	District hospitals	725	*595*	*510*	*459*	*540*
3	CHCs	4875	*3111*	-	1131	*2439*
4	PHCs	18444	*10231*	-	-	-
5	SCs providing home based care & supportive appliances	90932	*14320*			

 # Due to Covid situation many Geriatric units at RGCs have been occupied for Covid ward till further orders.

Daily Geriatric OPD services are being provided in 595 DH, 3111 CHCs and 10231 PHCs along with special OPDs in 18 RGCs. Inpatient services are being provided in 510 DH, along with 14 RGCs. Physiotherapy services are being provided in 459 DH, 1131 CHCs along with 14 RGCs. Laboratory services are being provided in 540 DHs, 2439 CHCs, along with 13 RGCs.

Geriatric care service provision in 2020-21

(As per Annual Progress Reports- 2020-2021)

S.N.	Services	RGCs	Distt. Hospitals	CHCs	PHCs	SCs	Total
1	OPD care services	26793	4500307	5668156	16001879	2676228	**288,73,363**
2	In-door admissions	6495	456763	110442			**5,73,700**
3	Physiotherapy care	7413	436322	428657			**8,72,392**
4	Lab Tests	34894	2801916	1721497	3984510		**85,42,817**
5	No of Elderly Screened & given Health card		829783	625755	515946	614363	**25,85,847**
6	No of Elderly Provided Home care services		8274	395921	130327	181309	**7,15,831**
7	No of Elderly Provided supportive devices		1814	7496	14450	2540	**26,300**
8	Cases referred		21704	25581	20111	20119	**87,515**
9	Cases died in hospitals		14060	1510	250		**15,820**

Overall 288.73 lakhs elderly have been provided OPD care, 5.73 lakh elderly admitted to indoor wards, 8.72 lakh elderly provided Rehabilitation sessions and 85.42 lakh elderly received Lab. Services under NPHCE.

Geriatric care service provision in 2021-22

(As per Progress Reports- April to June 2021)

S.N.	Services	RGCs	Distt. Hospitals	CHCs	PHCs	SCs	Total
1	OPD care services	18885	696566	593955	1219908	684165	**32,13,479**
2	In-door admissions	2806	79199	28339			**1,10,344**
3	Physiotherapy care	3578	56946	72468			**1,32,992**
4	Lab Tests	15666	523656	247787	326235		**11,13,344**
5	No of Elderly Screened & given Health card		76876	101408	141767	128696	**4,48,747**
6	No of Elderly Provided Home care services		1480	7185	29769	19095	**57,529**
7	No of Elderly Provided supportive devices		539	1953	788	406	**3,686**
8	Cases referred		5134	9553	9353	14079	**38,119**
9	Cases died in hospitals		2701	700			**3,401**

Overall 32.13 lakh elderly have been provided OPD care, 1.10 lakh elderly admitted to indoor wards, 1.32 lakh elderly provided Rehabilitation sessions and 11.13 lakh elderly received Lab. Services through the various institutions operationalized for geriatric care services.

Trainings: Due to COVID situation only Orientation & Sensitization Trainings pertaining to Comprehensive Geriatric Care and also specific to COVID care among elderly patients have been undertaken by various states. Five sets of Training modules for Medical Officers, Nurses, CHO, MPW and ASHA to deliver Comprehensive Geriatric care at PHC & Health & Wellness Centre has been developed by NHSRC in coordination with Central Programme Division. Training of National Trainers also conducted through NHSRC for Medical Officer Module. And State level Training of Trainers for all categories of staff has also been under taken by NHSRC which are being observed by CPD.

IEC: Audio/Video spots on different topics of elder care, print material-folder, posters etc. have been developed. The regional language version of IEC material is being developed. https://nphce.nhp.gov.in/video-spot/

Release of Longitudinal Ageing Study in India (LASI) WAVE-I Report:-The LASI is a nationally representative survey of older persons in India is being undertaken through IIPS, Mumbai. LASI wave-1 survey (2017-18) covers all 30 States and 6 Union Territories of India with a panel sample size of 72,250 older adults aged 45 years including 31464 people

above 60 years of age and above and their spouses regardless of age. LASI collects data on four major subject domains:

1. Health: Disease Burden & Risk Factors (Reported and Measured)
2. Health Care and Health Care Financing
3. Social: Family, Social Network and Social Welfare Programmes for the Elderly
4. Economic: Income, Wealth, Expenditure, Employment, Retirement and Pension

The first wave of LASI has been completed and the final report of LASI wave-I released by Hon'ble Union Health Minister on 6th January 2021. Longitudinal Ageing Study in India- LASI Wave-1 Report along with India & States/UTs Fact Sheets is available at-

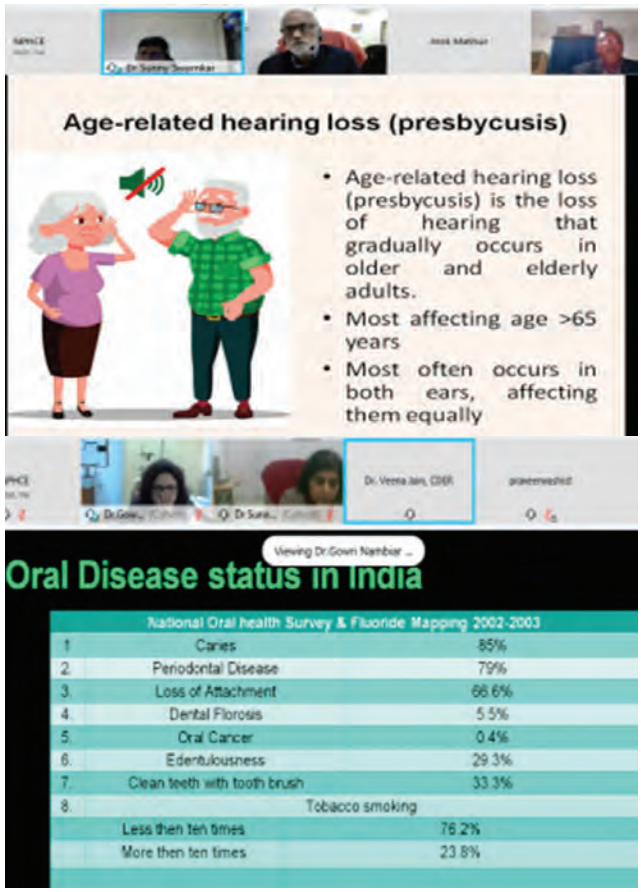
https://main.mohfw.gov.in/sites/default/files/linkforLongitudinalAgeingStudyinIndiaLASIWave1Reportalongwit hIndia%26StatesUTFactSheets_0.pdf

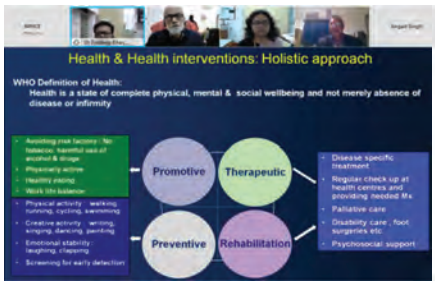
The evidence from LASI is to be used to further strengthen and broaden the scope of National Programme for Health Care of the Elderly and also help in establishing a range of preventive and health care programmes for older population and most vulnerable among them

Workshop to address Comprehensive Geriatric Care Assessment & Delivery through Various National Health Programmes (Virtual):-

The years 2020-2030 has been declared as "Decade of Healthy Ageing" by WHO. One of the mandates of the Decade of Healthy Aging is to develop a multisectoral Implementation Framework for delivering comprehensive geriatric care services by harnessing the available healthcare services, streamlining the service delivery and ensuring continuum of care at all levels under various National Health Programmes (NHP's).

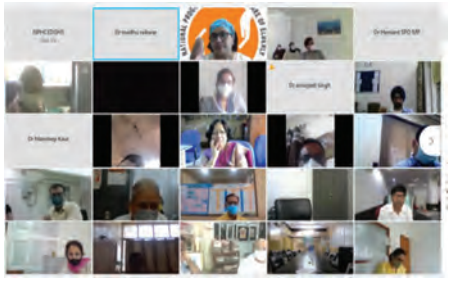
During the release of LASI WAVE -1 Report an Exploratory Workshop to understand the various National Health Programmes for delivering Comprehensive Geriatric Care at various level of service delivery followed, was conducted with the expert groups and the National Programmes; National Program for Control of Blindness and Visual Impairment (NPCBVI), National Program for Prevention and Control of Deafness (NPPCD), National Program for prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), National Oral Health Programme (NOHP), National

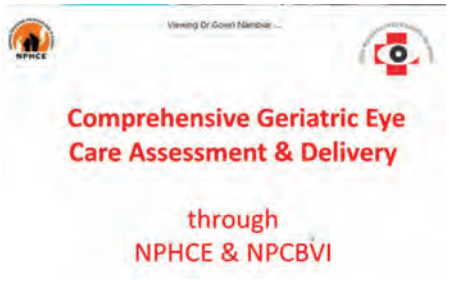


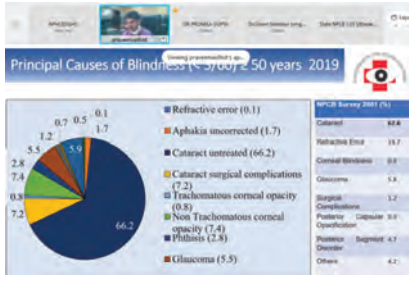


Mental Health Program (NMHP) and National Programme for Palliative Care (NPPC).These National Health Programmes are providing few facilities for geriatric care under their programmes. Subsequently six different workshops (Programme wise) also planned to conduct for development of collaborative implementation framework for elderly care services.

In this line, the first collaborative workshop between NPHCE & NPCBVI was conducted on 3rd June 2021.







This workshop aims to identify eye related issues and solutions for delivery of opthalmological care to all categories of elderly i.e. mobile elderly, elderly with restricted mobility and homebound/bedbound elderly. As per LASI Findings overall 55.3 % Elderly people have self reported EYE or Vision Related Conditions. 37.5 % of People age 60 & above use Spectacles/ Contact lenses as assistive device. 32.0 % people have reported with Hypertension & 14.2 % with Diabetes which later leads to Eye related issues.

Performance Review of the Tertiary Care Services: The Review meeting of Tertiary care activities of the National Program for Healthcare of Elderly (NPHCE) was held to review the physical & financial progress of the Regional Geriatric Centers (RGCs) and two National Centers for Ageing (NCAs).

These meetings were conducted in 5 groups and Nodal officers of concern RGCs participated as per schedule from 16th July to 2nd September, 2021.

Activities Conducted by States/UT to commemorate International Day for Older Persons:-

- Health Camps for elderly with COVID protocols and Distribution of Aids procured through social welfare department.
- Awareness Programme on Healthy Ageing, NCD Screening, Demonstration of Physical exercise/ Yoga, Distribution of Elderly Diaries, Counseling sessions etc.
- Felicitation the elderly person in various States including NGOs & Institutions.
- Awareness generation through Hoardings at prominent places, wall paintings, posters, pamphlets, Radio programmes, announcements, News Paper Advertisement, community programs through IEC van.
- Sensitization /workshop for all working staff for

implementation of NPHCE programme at District and CHC level.

- Month long campaign to broadcast awareness messages regarding available services of NPHCE, Awareness Activities at old age homes and PHC level.

Glimpse of the Activities Conducted by States/UT

1.9.8 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

The programme was initiated in 2014-15 to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. The Program has two components: - NHM/ State component and Tertiary/Central Component.

Under the Program, the support is provided to States for recruitment of the dental manpower (dental surgeons, dental hygienists, dental assistants, dental technicians), procurement of dental equipment, and consumables required for treatment of dental diseases. Support is also provided for training and IEC activities for generating awareness and capacity building. The Programme is operational across 36 States/UTs.

The Center for Dental Education and Research at AIIMS, New Delhi is identified as the National Center of Excellence for implementation of NOHP. The following National Resource Centres has been established under the Program for capacity building of dental manpower across the country:-

- Oral Potentially Malignant Disorders at LHMC, New Delhi,
- Tobacco Cessation and Oral Health at MAIDS, New Delhi
- Oral health of children and elderly at PGIMER, Chandigarh.

An interactive website and mobile application for oral health awareness, eDantSeva, has been developed. All the dental facilities of the country are mapped on

the website. Also, an Operational Guidelines to develop tobacco cessation centres in all dental colleges has been developed and the same has been established in 301 dental colleges out of 313 dental colleges.

To support and facilitate research in the field of Oral Health, A National Referral and Research Institute for higher Dental Studies (NARRIDS) has been established at CDER, AIIMS.

1.9.9 NATIONAL PROGRAMME FOR PREVENTION AND MANAGEMENT OF TRAUMA AND BURN INJURIES (NPPMTBI)

A. Trauma Care component:

1. Background and Introduction:

1.1 Worldwide, accidental trauma is a major yet unrecognized public health problem. India ranks 1st in the number of road accident deaths across the 199 countries reported in the World Road Statistics, 2018 followed by China and US. As per the WHO Global Report on Road Safety 2018, India accounts for almost 11% of the accident related deaths in the World. Road traffic injuries are one of the leading causes of mortality in people aged 5-29 years. It is the 8th leading cause of death for all age groups surpassing HIV/AIDS, tuberculosis and diarrheal diseases.

1.2 In India, road traffic crashes are one of the major causes of disability, morbidity and mortality. As per the Road Accident Report for 2019, a total number of 4,49,002 accidents took place in the country during the calendar year 2019 leading to 1,51,113 deaths and 4,51,361 injuries. In percentage terms, the number of accidents decreased by 3.86 % in 2019 over that of the previous year, while the accident related deaths decreased by 0.20 % and the persons injured decreased by 3.86. The decline in road accidents and injury reported during the calendar year 2019 appear to have been a result of the Motor Vehicle Act implemented in States from September 1st 2019 which focused on road safety and included, inter-alia, stiff hike in penalties for traffic violations as well as electronic enforcement.

1.3 The programme for trauma care started during 9thand 10th Five Year Plans as "Pilot Project for Strengthening Emergency Facilities along the Highways". During the 11thFYP, the programme was approved as "Assistance for Capacity Building for Developing Trauma Care Facilities in Government Hospitals on National Highways" for developing a network of trauma care facilities (TCFs) in the Government Hospitals along the Golden Quadrilateral highway corridor as well as North-South & East-West Corridors wherein 116 TCFs were approved in 17 States on these corridors on 100% Central assistance.

1.4 The scheme was further extended during 12th FYP as **"**Capacity Building for Developing Trauma Care Facilities in Govt. Hospitals on National Highways "wherein 80 Hospitals/Medical Colleges were approved for financial assistance in addition to other interventions. The scheme is being extended since then and presently approval on Cabinet Committee of Economic Affairs (CCEA) from 1.4.2021 to 31.3.2026 is under submission for continuing support to already approved TCFs as per the new norms of the programme approved under the "National Tertiary Health Care Programmes" and undertaking parallel activities for capacity building of human resource involved in providing critical care, developing a database for injuries/accidents/burden of Emergency care at public health facilities, developing standard guidelines, performance indicators for trauma care facilities and continue working towards awareness generation etc.

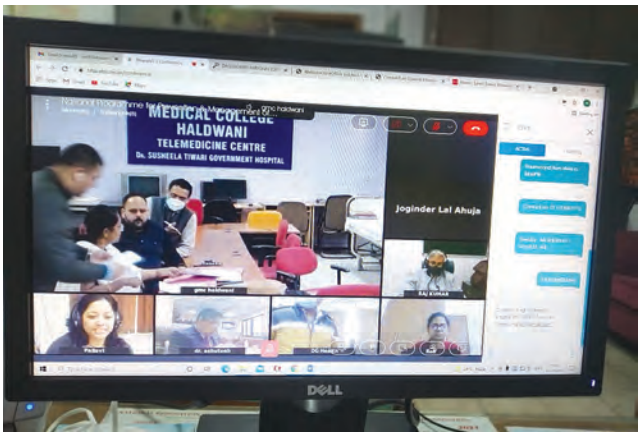
2. Objectives of the programme are as follows:

- To establish a network of Trauma Care Facilities on National/State Highways in order to reduce the incidence of preventable deaths and disabilities due to road traffic accidents by observing golden hour principle.
- To develop Surveillance, Trauma Registry and Capacity Building Centre for collection, compilation, analysis and dissemination of information for policy formulation and preventive interventions.

- To improve the awareness about trauma care among the general masses and vulnerable groups by developing and disseminating IEC material.

Key Highlights and Achievements (upto 31.12.2021) are:

1. Financial support to the tune of Rs. 269 lakhs has been utilized including release to the State of Andhra Pradesh, West Bengal, Gujarat, Arunachal Pradesh and Dadra and Nagar Haveli on reimbursement basis and as first instalment respectively.
2. In order to review the progress of programme implementation, Review Meetings via video-conferencing were held with 5 State Governments.
3. Out of 196 Hospitals/Medical Colleges supported for setting up of Trauma Care Facilities so far, 126TCFs have become functional and are providing services to trauma victims.
4. Draft EFC document for continuation of the programme has been developed keeping in view the recommendations/observations of Evaluation report by NITI Aayog for centrally sponsored schemes, wherein strategies have been suggested to improve the outcome of the programme.
5. IEC material developed (Audio-visuals) on prevention and first aid in drowning.



Review-cum-Orientation Workshop on Tertiary Care Programmes in November, 2021

B. Burn Injuries component:

1.1 Globally, burns are a serious public health problem. An estimated 265 000 deaths occur each year from fires alone, with more deaths from scalds, electrical burns, and other forms of burns, for which global data are not available. Over 96% of fatal fire-related burns occur in low- and middle-income countries.

1.2 India has one of the largest burdens of burns with an estimated 7,000,000 burn injuries per year, and an estimated 1.4 lakh deaths and 2.4 lakh disabilities, making burn injuries the second largest group of injuries after road accidents. (*National Health Portal, India*). These figures translate to a mortality rate of over 8.3/100,000 population, disfigurement and permanent disability in 250,000 people annually, and a loss of 5 million disability-adjusted life years (DALYs).

1.3 This high incidence has been attributed to illiteracy, poverty, and low safety consciousness in the population. The epidemiology of mortality after burns is unique in India; most burn injuries are in young adults and deaths are more common in women than men, contrasting trends observed in other low- and middle-income countries. Burns survivors are also known to

be financially distressed, vocationally challenged and socially excluded. Death and disability due to burn injury are preventable to a great extent provided timely and appropriate treatment is provided by trained healthcare professionals.

1.4 Keeping in view the magnitude of the problem, a pilot programme on burn care was initiated in the year 2010 by Ministry of Health & Family Welfare in the name of "Pilot Programme for Prevention of Burn Injuries" (PPPBI). This was initiated in three Medical Colleges and six Districts Hospitals. The goal of PPPBI was to ensure prevention of Burn Injuries, provide timely and adequate treatment in case of burn injuries, so as to reduce mortality, complications and ensuing disabilities and to provide effective rehabilitative interventions if disability has set in.

1.5 The pilot project continued as full-fledged programme for tertiary care level during the 12th Five Year Plan period. The financial assistance towards District Hospital component was undertaken under National Health Mission (NHM). The scheme is being extended since then and presently approval on Cabinet Committee of Economic Affairs (CCEA) from 1.4.2021 to 31.3.2026 is under submission for continuing support to already approved Burn Units as per the new norms of the programme approved under the " National Tertiary Health Care programmes" along with other activities of the progarmme.

2. The objectives of the programme are as under:

- To establish a network of burn units with adequate infrastructural facility for burn management and rehabilitation in all identified Govt. Medical Colleges and District Hospitals.
- To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- To establish Burn data registry under NPPMBI
- To carry out Research for assessing behavioural, social and other determinants of Burn Injuries in the country to facilitate effective need based program planning, monitoring and evaluation.
- To organize burn Injury training Programmes for doctors, nurses and paramedical staff associated in management of burn injuries from the identified District Hospitals and Govt. Medical Colleges.

Highlights and Achievements (upto 31.12.2021) are:

1. As informed in review meetings, out of 50 Burn Units, Burn Units in 9 Medical Colleges have become functional and construction is in progress in 20 medical Colleges.
2. Draft EFC of the Continuation of the scheme as a separate programme has been prepared in view of the data/recommendations received from the situational analysis report, NITI Aayog report of an evaluation study conducted through E&Y LLC for all CSSs and suggestions given by the stakeholders.
3. Project on "Situational Analysis of Burn Injuries in India" undertaken by the Programme Division in collaboration with AIIMS, New Delhi has been finalized and report has been submitted.
4. Standard Treatment Guidelines for management of Burn Injuries has been developed.
5. Continuous Review Meetings are being held with State Governments via video-conferencing to review the progress of implementation of Burn Programme .

1.9.10 NATIONAL ORGAN TRANSPLANT PROGRAMME (NOTP) TRANSPLANTATION OF HUMAN ORGANS AND TISSUES ACT 1994

Transplantation of Human Organs and Tissues Act, 1994

To regulate the removal, storage and transplantation

of human organs for therapeutic purposes and for the prevention of commercial dealings in human organ the government of India enacted the Transplantation of Human Organs Act (THOA), 1994. The said Act is applicable in all States and UTs except State of Andhra Pradesh and Telangana which both have their own Acts.

The Act was amended in 2011. The amended Act is named Transplantation of Human Organs and Tissues Act (THOTA), 1994.The amended Act is applicable in 17 States of Goa, Himachal Pradesh, West Bengal, Rajasthan, Sikkim, Jharkhand, Kerala, Orissa, Punjab, Maharashtra, Assam, Haryana, Manipur, Gujarat, Bihar, Uttar Pradesh, Tamil Nadu and all UTs.

National Organ Transplant Programme (NOTP):

A huge gap exists between patients who require organ transplants and organ donors. Therefore, there is a need to promote deceased organ donation. After natural cardiac death, only a few tissues can be donated (like cornea, bone, skin) whereas after brain stem death, a person can donate many vital organs like kidney, liver, heart, lungs, intestine and pancreas and tissues like corneas, skin, bones and heart valves etc. One organ donor can save up to 8 lives and improve the quality of life of many others.

Brain Stem death is recognized as a legal death in India under the Transplantation of Human Organs and Tissues Act, since 1994 like many other countries, which has revolutionized the concept of organ donation after death.

Government of India is implementing NOTP for promotion of organ donation from deceased persons so as to increase the availability of organs for transplant in order to improve access to organ transplant in the country. An apex level organization, National Organ and Tissue Transplant Organization (NOTTO) has been established at Safdarjung Hospital Campus, New Delhi for setting a country wide networking of Transplant and Retrieval Hospitals and Tissue Banks and maintaining National Registry of Transplant cases, Organ Donors etc. NOTTO has a dedicated website www.notto.gov.in for providing information on organ donation and transplantation and online facility for registration of hospitals for networking and creation of National registry. So far, 516 hospitals performing organ/tissue transplantation have been registered with the NOTTO website and allocated a unique ID. Online and offline pledging facility for organ and tissue donation has been made functional. A 24x7 days Helpline is operational with toll free No. 1800114770. The organ allocation policies, Standard Operative guidelines are available on the NOTTO website https://notto.gov.in/guidelines.htm.This networking is important for successful procurement and distribution of organs in a transparent manner.

Five Regional Organ and Tissue Transplant Organizations (ROTTOs) have been established for leading the States in their respective regions. These ROTTOs have been set up in medical institutions that are champion institutions in the field of Organ Donation Transplantation at Chennai, Mumbai, Guwahati, Kolkata and Chandigarh.

Likewise, State level organizations are also being set up with one planned for each state. So far 15 State Organ and Tissue Transplant Organizations (SOTTOs) have been sanctioned by Govt. of India for the States/UTs of Madhya Pradesh, Rajasthan, Goa, Kerala, Orissa, Haryana, Punjab, Gujarat, Bihar, Jharkhand, Uttar Pradesh, Jammu and Kashmir, Andhra Pradesh, Himachal Pradesh and most recently Puducherry.

The focus is to improve infrastructure and availability of trained manpower for organ transplant especially in Government institutions and facilitate all States to onboard their data on web portal of NOTTO.

Transplant Data

(Source: NOTTO, ROTTOs, SOTTOs and State Appropriate Authorities)

	1st January 2021 – 31st October 2021	1st January 2020 – 31st October 2020
Total number of deceased donors:	**408**	**276**
Total number of Deceased donor transplants:	**1165**	**741**
Total number of living donor transplants:	**7827**	**4437**
Total number of transplants:	**8992**	**5178**
Total Number of kidney transplants:	**6744**	**3817**
Total Number of deceased kidney transplants:	**616**	**406**
Total Number of living kidney transplants:	**6128**	**3411**
Total Number of Liver Transplants:	**2058**	**1236**
Total Number of Deceased Liver Transplants:	**355**	**210**
Total Number of Living Liver Transplants:	**1703**	**1026**
Number of Heart Transplants:	**109**	**62**
Number of Lung Transplants:	**111**	**41**
Number of Pancreas Transplants:	**11**	**20**
Number of Hand Transplants:	**02**	**03**

Key Achievements of NOTTO:

- NOTTO received a total of 2,33,568 Pledges through online & offline modes between (1st Jan,2021 to 31st October,2021) taking the total pledges to **16,29,621**as on 31st Oct 2021.
- NOTTO formulated the **"National transplant specific guidance for COVID-19"**and **"FAQs for transplant patients during COVID-19"** to help guide clinicians and transplant recipients during COVID-19. The revised version of this document is available on ***https://www.notto.gov.in/WriteReadData/Portal/News/714_1_SPECIFIC_GUIDANCE_FOR_COVID-19_27.05.2020.pdf.***
- Training was organized for Transplant Coordinators andnursing personnel of various Govt. hospitals in NCR Delhi area. Webinar for Nursing Personnel on "Brain Death & Organ Transplantation" was organized.
- The 12th Indian Organ Donation Day was celebrated on 27th November, 2021 at Dr. Ambedkar International Centre, New Delhi and Hon'ble Union Minister for Health and Family Welfarewas invited as Chief Guest & Hon'ble Minister of State for Health and Family Welfare as the Guest of Honour.

12th Indian Organ Donation Day celebrated on 27th November, 2021

The deceased donors were remembered with reverence for their selfless contribution to humanity. Eminent transplant professionals from pan India were also felicitated for their exemplary performance in the field of deceased organ donation and transplantation. Awards were presented to the best State/SOTTO, ROTTO, hospital and transplant coordinator.

The Hon'ble HFM appealed to every Indian citizen to come forward and pledge their organs & tissues to alleviate the gap between the demand and supply of organs. The Hon'ble Guest of Honor emphasized on the need for organ donation and expressed concern for those who are suffering from end stage organ failure and appealed to the States & SOTTOs to upload data on the NOTTO web portal & impressed on the need to strengthen NOTTO as an organization.

The following awards were given on the occasion

- Best State/SOTTO : Maharashtra
- Best ROTTO : ROTTO West (located at KEM Hospital, Mumbai)
- Best Hospital : Velammal Medical College Hospital & Research Institute (Tamil Nadu)
- Best Transplant Coordinator : Priyadarshini Samir Shah, IKDRC Gujarat

ROTTOs and SOTTOs also organized parallel programs on the occasion.

1.9.11 NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME (NVHCP)

National Viral Hepatitis Control Program (NVHCP) is one of the world's largest programs to benefit about 5 crore people infected with hepatitis B and C by providing free drugs & diagnostics, and management to all types of viral Hepatitis. India is committed to combat viral hepatitis as a public health threat by 2030 in line with Sustainable Development Goal (SDG) target. The key strategies adopted under the program include preventive, promotive and curative interventions with the focus on awareness generation, increasing access, promoting diagnosis and providing treatment for viral hepatitis.

Coordination and collaboration with other ministries, national programs and schemes is one of the key strategies to augment efforts in achieving the program's objectives.

Achievements (1st January- 30th June 2021):

- 866 treatment sites established for the management of Viral Hepatitis across 701 districts
- Serological tests done for diagnosis of Viral Hepatitis C : 28,00,000 (Approx.)
- New patitents undergoing treatment for Viral Hepatitis C : 29,000 (Approx)
- Serological tersts done for diagnosis for Viral Hepatitis G : 79,00,000 (Approx)
- New patients undergoing treatment for Viral Hepatitis : 7,200 (Approx)

CHAPTER -

02

Emergency Response

2.1 DISASTER MANAGEMENT CELL

A Disaster Management Cell was established in MoHFW in December 2020 with the mandate of planning for prevention, mitigation and to remain prepared to manage public health emergencies (of international and national concerns), major epidemics and pandemics. It has also been tasked with response to public health emergencies (major epidemics and pandemics) as well as addressing the health consequences of natural and man-made disasters.

1) Response to disasters

Disaster Management Cell closely followed the IMD alerts on cyclogenesis. Various cyclonic storm that occurred during the period (1st January 2021 to 28th September 2021) include:

a) Extremely Severe Cyclonic Storm 'Tauktae' that impacted Goa, Karnataka, Kerala, Maharashtra, Gujarat, Lakshadweep, Daman & Diu and Dadra & Nagar Haveli, Tamil Nadu during May 2021

b) Very Severe Cyclonic Storm 'Yaas' that impacted Odisha, West Bengal, Andaman & Nicobar, Tamil Naduand Jharkhand during May 2021

c) Cyclone Gulabthat impacted Odisha and Andhra Pradesh during September 2021

Quick response medical teams and public health teams were kept ready for deployment. Advisories were issued to States/UTs likely to be impacted by the cyclones and resulting floods to take necessary public health actions to avoid risk of outbreak of communicable diseases including COVID-19.

The State of Maharashtra witnessed heavy rains and floods during July-August 2021 which impacted Kolhapur, Sangli, Sindhudurg, Raigad, Ratnagiri and Satara. The State Government was supported with drugs and medical consumables amounting to Rs. 2.39 crores.

2) Disease outbreaks

a) COVID-19

COVID-19 trajectory in the country witnessed a spike staring in mid-February 2021, which reached a peak in May 2021 followed by a sustained and considerable decline (till September 2021).

Actions taken by DM Cell:

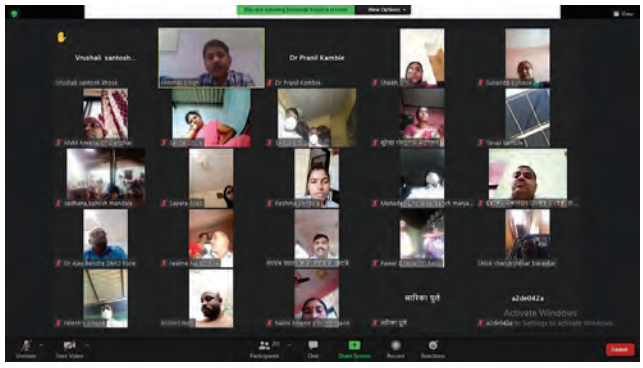
- Daily monitoring of COVID-19 trends in the country. Formal communications were sent out to States/UTs to maintain continuous vigil over the evolving situation and limit any surge of COVID-19 cases and deaths being reported. Virtual review meetings on COVID-19 with high focus States and Districts under Hon'ble Health Minister and senior officials were also coordinated.
- Preparation of technical guidance including domestic and international travel guidelines, SOPs for offices, religious places, shopping malls, entertainment parks, hostels & restaurants, yoga institutes & gymnasiums, clinical management protocols, home isolation etc. These technical guidance documents were hosted on the website of MoHFW and widely circulated. From January to September 2021, in all, a total of 17 guidelines/ SOPs/advisories were issued by the Cell.

- Coordinated capacity building of doctors in States/UTs on COVID-19 clinical management protocol under MoHFW's Center of Excellence initiative under aegis of AIIMS, New Delhi.
- Deployed multi-disciplinary Central teams to States/UTs to provide requisite support and supervision to States in managing COVID-19. From January 2021, a total of 93 Central Teams have been deputed to 22 States and UTs reporting an upsurge of cases to provide technical support and guidance to States in COVID-19 management. Observations and recommendations of the teams were conveyed to respective State Health Departments to take necessary public health actions.

- Undertook capacity building initiatives for Central teams visiting the States as well as for State and district level health functionaries
- Provided technical inputs in matters of International Cooperation (IC)/ International Health (IH).
- Provided technical support to Ministry in policy matters, monitoring of COVID-19 response, parliamentary, public grievances, VIP references, PMO references, RTIs and court matters.

b) Zika Virus Disease outbreaks

During the period January to September 2021, two outbreaks of Zika Virus Disease were reported from Kerala (July 2021) and Maharashtra (July 2021). In all a total of 64 cases of Zika Virus Disease were reported from Thiruvananthapuram, Ernakulam and



Kottayam districts in Kerala. One case of Zika virus disease was reported from Pune district of Maharashtra.

Actions taken by DM Cell:

In order to support State Health Departments in control and containment measures, multi-disciplinary Central teams were deployed to affected Districts. The teams undertook capacity building for vector control and supported successful implementation of National Zika Action plan in all these locations.

c) Nipah Virus Disease outbreak

District Kozhikode, Kerala reported an outbreak of Nipah virus disease in September 2021. A multi-disciplinary Central team was immediately deployed to the affected district to assist State Health Department in control and containment measures. The Central Team supervised the field work, interacting with health functionaries and visited local Panchayats and Municipality in the containment zone as well as visited the health facilities. A total of one case (and death) was reported and the outbreak was contained successfully.

3) Programme areas: The division implements 2 Central Sector Schemes

a) Human Resource Development for Emergency Medical Services (HRDEMS): The scheme provides for setting up of skill centers to provide training to doctors, nurses and paramedics in emergency life support.

b) Health Sector Disaster Preparedness and Response (HSDPR): The scheme provides for (a) various capacity building initiatives in the area of disaster preparedness and response [including chemical, biological, radiological and nuclear (CBRN) emergencies] and (b) Infrastructure activities including setting up of secondary and tertiary level CBRN medical management centers.

Both schemes have been granted approval for extension for the period 2021-26.

2.2 Management of COVID-19 Pandemic

As on 25th November 2021, a total of 3,45,44,882 confirmed cases and 4,66,980 (Case Fatality Rate 1.35%) have been reported in India. As many as 3,39,67,962 (98.33%) cases have recovered. As on 25th November 2021, the top five States contributing to over 80% active cases of India are Kerala, Maharashtra, Tamil Nadu, West Bengal and Karnataka.

With India's endeavour to manage COVID-19 through a whole of Government & whole of society approach, India has been able to limit its cases and deaths per million to 25,032 cases per million and 338 deaths per million population respectively, which is one of the lowest in the world as compared to similarly affected countries.

In India about 92% of the cases are reported to be having mild disease. In only about 5.8 % of cases where oxygen therapy is required, and the disease may be severe enough to require intensive care in only 1.7% cases.

The increasing magnitude of this outbreak in India called for a pre-emptive, pro-active, graded, whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

Inauguration of Oxygen Generator Plant at Sir T. Hospital Bhavnagar 12.7.2021

Hon'ble Prime Minister has been in regular interactions with the Chief Ministers of all States and UT administrations and all stakeholders to regularly understand issues and collaborate with the States for effective COVID management. Group of Ministers

under the Chairmanship of Hon'ble Health and Family Welfare Minister consisting of Minister of External Affairs, Minister of Civil Aviation and Minister of State for Home Affairs, Minister of State for Shipping and Minister of State for Health & Family Welfare met 29 times since its inception on 3rd February 2020. Committee of Secretaries under Cabinet Secretary took regular reviews with all related Ministries of Health, Defence, Ministry of External Affairs, Civil Aviation, Home, Textiles, Pharma, Commerce and other officials including with State Chief Secretaries.

Ministry of Home Affairs, Govt. of India, under extant provisions of Disaster Management Act, 2005 had constituted 11 Empowered Groups on 29th March 2020 for informed decisions for COVID-19 management. Based on the evolving needs and scenario in the country, on 11th September 2020, these groups were condensed into six larger empowered groups (EGs). On 8th January 2021, another Empowered Group on Vaccine Administration has been constituted to take all necessary measures for effective implementation of CO-WIN platform created for inventory management and delivery of COVID-19 vaccine. On 29th May 2021, these were reconstituted in 10 Empowered Groups. These 10 Empowered Groups are tasked with (i) Emergency Management Plan and Strategy, (ii) Emergency Response Capabilities, (iii) Augmenting Human Resources and Capacity Building, (iv) Oxygen, (v) Vaccination, (vi) Testing, (vii) Partnership, (viii) Information, Communication and Public Engagement, (ix) Economic and Welfare Measures and (x) Pandemic Response and Coordination.

Hon'ble Union Minister for Health & Family Welfare Dr. Mansukh Mandaviya Interacting with COVID-19 War Room Team in Nirman Bhavan 0n 21.10.2021

The Health Ministry continues to work closely with the States and has held regular video conferences with States regularly. 117 video conferences were held with State Health Ministers, Health functionaries and district level officials. The Joint Monitoring Group (JMG) under the Chairmanship of DGHS and National Task Force on COVID-19 under ICMR continue to assess the risk, review the preparedness & response mechanisms and finalize technical guidelines.

Government of India, based on its experience of successfully managing pandemics and epidemics in the past, provided the requisite strategy, plans and procedures to the State Governments and UT administrations. This included containment plans and guidelines on a wide range of subjects related to travel, behavioural & psycho-social health, surveillance, laboratory support, hospital infrastructure, clinical management, rational use of Personal Protective Equipment (PPE) etc. including inspirational guidance for healthcare personnel. Taking note of spread of the disease to peri-urban and rural areas in many districts, Ministry of Health and Family Welfare on 16th May 2021 issued an "SoP on Covid19 Containment and Management in Peri-Urban, Rural and Tribal Areas".

The laboratory network is continuously being strengthened. As of 24th November 2021, a total of 1346 Government laboratories and 1701 Private Laboratories are conducting COVID-19 Testing. A total of 63,59,24,763 samples have been tested till 24th November 2021. At present India is testing around 10-11 lakh samples a day. The cumulative confirmation percentage of samples tested is currently at 5.43%.

A three-tier arrangement of health facilities was created for appropriate management of COVID-19 cases, [(i) COVID Care Center with isolation beds for mild or pre-symptomatic cases; (ii) Dedicated COVID Health Centre (DCHC) with oxygen supported isolation beds for moderate cases and (iii) Dedicated COVID Hospital (DCH) with ICU beds for severe cases] has been implemented. Tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces, Steel Ministry etc. have been leveraged for case management.

As on 25th November 2021, there are a total of 23,665 COVID treatment facilities with 18,15,213 dedicated isolation beds (including 4,92,436 oxygen supported isolation beds) and 1,38,071 ICU beds (including 63,773 ventilator beds)

Guidelines on Clinical Management of COVID-19 continues to be updated with emerging scientific evidence. The treatment protocol for adults was last updated on 24.05.2021 and has been widely circulated. The mainstay of treatment is supplemental oxygen and other supporting therapy. No specific antivirals have been proven effective. However, drugs like Ivermectin, Hydroxychloroquine, inhalational Budesonide, Dexamethasone, Methylprednisolne and Low Molecular Weight Heparin have been recommended. In addition, provisions for Investigational Therapies have also been made using Remdesivir, and Tocilizumab for defined sub-group of patients under medical supervision.

Workshop on National Oxygen Stewardship Program 22.12.2021

Guidelines for management of COVID-19 in children was also updated on 18th June 2021. The guideline covers guidance on management of acute presentation of COVID-19 as well as Multisystem Inflammatory Syndrome (MIS-C) in children and adolescents found temporally related to COVID-19.

Guidelines and checklists on prevention and clinical management of Mucormycosis have also been formalized and disseminated to all States/UTs.

AIIMS, Delhi and similarly placed institutions of the States are designated Centers of Excellence for wider dissemination of latest advancements in COVID management. Telemedicine services using 'e-Sanjeevani' for tele-consultation is one among the best practices during COVID times.

To study more about COVID sequelae, follow up clinics have been established in AIIMS and other Central Government hospitals. A Comprehensive Guidelines for Management of Post-Covid Sequelae was also issued on 21.10.2021 covering post-COVID complications affecting respiratory, cardiovascular, gastroenterological, nephrological and neurological systems.

States are being supported in terms of supply of logistics including PPE kits, N-95 masks, drugs, ventilators, oxygen cylinders, oxygen concentrators etc. States are also being supported in terms of installation of Oxygen concentrator plants / PSA (Pressure Swing Adsorption plants) plants. Till 25th November 2021, 1225 PSA plants have been commissioned.

Hon'ble Prime Minister inaugurated PSA Oxygen Plant at AIIMS, Rishikesh on

In order to extend on-ground support to the State and District Health Authorities, Central multi-disciplinary teams are also being deployed to States from where upsurge of cases has been reported. Till date 170 such teams have been deployed by Ministry of Health & FW to 33 States/UTs.

India made a remarkable turnaround to the Covid pandemic with tremendous efforts matching the challenge. By the end of October 2021, India emerged as the first country to administer 100 crore doses of vaccines to its citizens.

In terms of financial support to States, During the FY 2020-21, funds to the tune of Rs.8257.88 crore has been released to the States/UTs towards the India COVID-19 Emergency Response and Health System Preparedness Package.

In addition, 'India COVID-19 Emergency Response & Health System Preparedness Package: Phase-II' has also been approved by the Cabinet with Rs 23,123 crores (with Rs. 15,000 Cr as Central Component & Rs 8,123 Cr as State component) and is being implemented from 1st July 2021. This includes support to State/UT level for ramping up Health Infrastructure including those in rural, tribal and peri-urban areas closer to the community, providing support for procurement of drugs and diagnostics to enhance service delivery at district and sub district levels for management of COVID-19 cases (including pediatric care) and for maintaining a buffer of drugs, support for IT Interventions such as implementation of Hospital Management Information System and expanding access to tele-consultations in all districts, and support for capacity building and training for all aspects of management of COVID-19.

Government through National Disaster Management Authority (NDMA) has issued 'Guidelines to provide for ex-gratia assistance to kin of the deceased by COVID-19'. NDMA has recommended an amount of Rs. 50,000/- per deceased person including those involved in relief operations or associated in preparedness activities, subject to cause of death being certified as COVID-19. The ex-gratia assistance shall be provided by States from State Disaster Response Funds.

2.3 COVID-19 VACCINATION

The first case of COVID-19 was detected in December 2019 in China and it soon spread across the World. The outbreak was declared a Public Health Emergency of International Concern in January 2020, and a pandemic in March 2020. The Govt. of India took proactive steps to respond to the pandemic and initiated the preparedness of the health system to respond to all aspects of COVID-19 management. With consistent collaborative efforts between Centre & States/UTs, country has managed to maintain lowest positivity and mortality rates coupled with one of the highest recovery rate globally during the pandemic.

Country's public health efforts were strongly supported by its research and development capacity in developing vaccines against COVID-19. With early indications of possible availability of vaccines as potent tool against the pandemic, the planning of vaccination drive started well in advance based on scientific evidence and concurrent global practices.

Scientific Guidance on Vaccination Program

The policy decisions and strategic guidance to the vaccination program are guided by ***National Expert Group on Vaccine Administration for COVID-19 (NEGVAC)***, which was constituted in August 2020 and is co-chaired by Member (Health) NITI Aayog and Union Health Secretary. NEGVAC has representation of Secretaries from Ministry of External Affairs, Department of Expenditure, Dept. of Biotechnology, Dept. of Health Research, Dept. of Pharmaceuticals, Ministry of Electronics and Information Technology, representative from five State Governments and technical experts. NEGVAC reviews the scientific evidence and concurrent global practices to provide guidance on all aspects of COVID-19 vaccination including prioritization of population groups, procurement and inventory management, vaccine selection, vaccine delivery and tracking mechanism etc.

An ***Empowered Group on Vaccine Administration for Covid-19*** has also been constituted in January 21, to facilitate optimal utilization of technology so as to make COVID vaccination all inclusive, transparent, simple and scalable, headed by CEO, National Health Authority.

The ***National Technical Advisory Group on Immunization (NTAGI)***, through its Standing Technical Sub-committee (STSC) and COVID-19 Working Group, has been providing advice to NEGVAC on technical matters with respect to COVID-19 vaccination like dosage interval, contraindications, vaccination of specific groups like pregnant & lactating women, AEFI surveillance etc.

Launch of National COVID-19 Vaccination Programme by Hon'ble PM

Prioritization of Beneficiaries and Operationalization of Vaccination Program

India's National COVID-19 Vaccination Programme was launched by Hon'ble Prime Minister of India on 16th January 2021 which started initially with Health Care Workers, which included service providers & other workers in health facilities of both Government & private sectors. From 2nd February 2021, Frontline Workers were made eligible for vaccination. These comprised State and Central Police department, Armed Forces, Home Guard and Civil Defence Organization including disaster management volunteers, municipal workers, prison staff, Railway Protection Force, revenue officials and officials of Panchayati Raj Institutions involved in COVID-19 containment & surveillance activities and poling officials in poll going 5 States. From 1st March 2021, vaccination was expanded to persons above 60 years of age and persons above 45 years with associated specified 20 comorbidities. This was further expanded to all people above 45 years of age from 1st April 2021 and later to all persons aged 18 years and above from 1st May 2021.

Dr. Vinod Paul, Hon'ble Member NITI Aayog receiving COVID Vacccine

Government of India has been providing free supply of Covid vaccines in enough quantity to States/UTs for administration to prioritized beneficiaries as recommended by NEGVAC.

The CoWIN portal, which has incorporated various features & flexibilities based on previous experience, has enabled real time monitoring of status of vaccination drive, vaccine availability and utilization. It helps in registration, tracking of every beneficiary for second dose, generation of digital certificates etc. This allows category wise visualization of coverage among various categories and between States and UTs. Co-WIN is also the channel for reporting of adverse events following immunization (AEFI). The registration and vaccination of people without access to digital technology can be done through walk-in registration and vaccination of either single individual or groups of individuals at COVID-19 Vaccination Centre (CVC), Facilitated cohort on–site registration and vaccination, Assisted registration through Common Service Centers (CSCs) or 1075 helpline/State's Call Center, Special sessions for people who don't have any of the specified identity cards, [migrants, seers, nomads etc.].

Screenshot of Co-WIN Portal

In areas without internet connectivity, the vaccination sessions can still be organized. In such cases, the vaccination records are prepared manually by the vaccinator and are entered into the Co-WIN system for generation of vaccination certificates, up to 5:00 pm on the day after the date of such session.

The vaccination drive has constantly evolved as per the scientific evidence and ground situation of the pandemic, providing the best possible solutions and guidance for people-centric implementation.

Launch of Audio Visual Song on Vaccination

During the course of time, strategic interventions were instituted to make the vaccination program and its process more people centric, convenient and more pragmatic. These include the following guidance and interventions issued to the States/UTs:

- Vaccination of people at workplace for employees above 18 years & their dependents
- Vaccination of beneficiaries without prescribed identity cards
- Revision in dosage interval of Covishield vaccine based on growing evidence, recommendation of COVID-19 vaccine for lactating women

Review meeting on COVID-19 Vaccination chaired by Hon'ble HFM with Hon'ble Health Ministers and Senior Officials of all States/UTs at Vigyan Bhawan, New Delhi on 27th October 2021

Hon'ble Prime Minister chaired Virtual Review Meeting with Districts having low Vaccination Coverage on 3.11.2021

- Vaccination recommendations for lactating mothers and pregnant women
- Near to Home COVID vaccination centres (NHCVCs) for elderly & differently abled citizens
- Vaccination at the place of residence for persons who are bed-ridden or have extremely restricted mobility or disability and/or special needs that may hamper their accessibility even to NHCVCs.
- 'Har Ghar Dastak' Campaign to identify and vaccinate missed beneficiaries for 1st dose and due beneficiaries for 2nd dose through house-to-house activity from 3rd November 2021 to 30th November 2021.
- CoWIN portal is updated regularly to reflect the key policy decisions and guidelines

COVID-19 Vaccines Landscape

As per the provisions of New Drugs and Clinical Trials Rules, 2019 under Drugs and Cosmetics Act, 1940 and in light of urgent need due to COVID pandemic in the country, Central Drugs Standard Control Organization (CDSCO) has granted permissions to following six COVID-19 vaccines for restricted use in emergency situation:

- ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant) (Covishield) manufactured by M/s Serum Institute of India Pvt., Ltd., Pune
- Whole Virion Inactivated Corona Virus Vaccine (Covaxin) manufactured by M/s Bharat Biotech International Limited, Hyderabad
- Gam-COVID-Vac Combined vector vaccine (SPUTNIK-V) imported by M/s Dr. Reddy's Laboratories Ltd, Hyderabad OR manufactured by M/s Ra (biologicals) Panacea Biotec Ltd., New Delhi,
- mRNA-1273 COVID-19 vaccine (Moderna) imported by M/s Cipla Limited, Mumbai
- Adenovirus vector platform based Vaccine manufactured by M/s Johnson & Johnson
- ZyCoV-D, a DNA based COVID-19 vaccine manufactured by M/s Zydus Cadilla Ltd.

Currently, three COVID-19 vaccines are being used under the vaccination program namely Covishield manufactured by M/s Serum Institute of India, Covaxin manufactured by M/s Bharat Biotech International Limited and Sputnik V vaccine developed by Gamaleya Research Institute, Russia (imported by Dr Reddy's Lab and is being administered in few private hospitals, presently).

Besides these, COVID-19 vaccine of Biological E is in advanced trial stage and is expected to get necessary regulatory approval.

Manufacturing of COVID-19 Vaccine

Performance of Vaccination Drive:

India started COVID-19 vaccination in the country from 16th January 2021. The Day 1 witnessed vaccination of the highest number of beneficiaries covered anywhere in the world on the first day. The vaccination drive in our country has also been the fastest in the world to achieve 1, 2, 3, 4, 5, 6, 7, 10 million vaccinations and is amongst the top countries in terms of vaccine doses administered. Recently, unparalleled milestones have been achieved by administration of 1.03 crore, 1.33 crore and more than 2.5 crore beneficiaries on singular days through establishment of more than 2.62 lakh COVID-19 Vaccination Centres (CVCs) across the country.

A beneficiary being vaccinated at a session site in Manipur

As on 25th November 2021 (7 am), a total of 119.38 crore doses had been administered across the country resulting in a coverage of more than 82% of the adult population with at least one dose of COVID-19 vaccine while around 45% of the adult population has been fully vaccinated against COVID-19.

Celebrations of Reaching 100 Crore Vaccination mark

Hon'ble Prime Minister visited differently abled citizens and encouraged frontline healthcare workers on achieving 100 Crore Vaccination Mark

Eight States/UTs have achieved 100% coverage of 1st dose to all eligible beneficiaries namely Lakshadweep, Chandigarh, Goa, Himachal Pradesh, A & N Islands, Jammu & Kashmir, Sikkim and Dadra & Nagar Haveli.

The focus now is to ensure maximum coverage of 1st dose amongst the eligible beneficiaries and providing 2nd dose to all the due beneficiaries. 'Har Ghar Dastak campaign' being implemented from 3rd November 2021 which is expected to make significant contribution towards achieving this objective.

CHAPTER -

03

Training & Training Institutions

3.1 TRAINING AND TRAINING INSTITUTIONS

3.1.1 The National Institute of Health and Family Welfare (NIHFW)

The NIHFW, an autonomous organization, under the MoHFW, acts as an 'apex technical institute' as well as a 'think tank' for the promotion of health and family welfare programmes in the country.

➢ **Educational Activities:**

- **Post-Graduate Education:** The following educational activities of the Institute are organized to meet the basic public health education requirements and promote academic excellence in the fields of health and family welfare programmes in the country.

(i) M.D. (Community Health Administration): Three-year Post Graduate Degree in Community Health Administration M.D. (CHA) is affiliated to University of Delhi and recognized by the Medical Council of India (MCI). This course has been continuing since 1969. There are ten seats each year. Over the years, this course has become very popular among the health professionals in the country. Hitherto, a total of 310 students have passed out this course.

During 2021-2022, 15 students are enrolled including seven in the third year, and eight in the second year and eight in the first year. Admissions for first year MD (CHA) for the year 2021-22 will be initiated after the declaration of result of NEET (PG) through Delhi University.

(ii) Diploma in Health Administration: The two-year Post-Graduate Diploma in Health Administration (DHA), is affiliated to University of Delhi and is recognized by the Medical Council of India (MCI). This course has an intake capacity of six students every year. During 2021-2022, 3 students are enrolled and all of them are in the final year. Admissions for first year DHA for the year 2021-22 will be initiated after the declaration of result of NEET (PG) through Delhi University.

(iii) Post-Graduate Diploma in Public Health Management (PGDPHM): NIHFW in collaboration with the Ministry of Health and Family Welfare, Government of India (GoI) and Public Health Foundation of India offers a Post-Graduate Diploma in Public Health Management. The objective of the course is to enhance the capacity of middle level in-service health professionals. The GoI gives fellowships for ten international students facilitated by Partners in Population and Development (PPD). The Course has 30 seats for national candidates. Six national students from India enrolled for the year 2020-21 & eleven students for the year 2021-22. Seven international students were nominated by PPD of which three students (each from Gambia, Bangladesh and Zimbabwe) have joined the course.

(iv) Three AICTE approved Diploma Courses through Distance Learning Mode :

a) Post-graduate Diploma in Management (Executive) with specialization in Health and Family Welfare Management: 51 students. 39 students are enrolled for the year 2020-2021.

b) Post-graduate Diploma in Management (Executive) with specialization in Hospital Management: 111 students. 78 Students are enrolled for the year 2020- 21.

c) Post-graduate Diploma in Management (Executive) with specialization in Health Promotion: 9 students: 9 students

d) Admission for the year 2021-22 is in the process.

(v) Ph. D. Programme: Under Ph.D. Programme, four students have completed their Doctoral work from different Universities in various disciplines of Public Health/Biomedical Research. At present there is one PH.D. student with the NIHFW.

(vi) Summer Training Programme: 18 students have completed summer training till 2021-22. Under this programme, students from various Universities pursue their project work in various specialized areas of public health.

(vii) Educational Visits: Nursing and Medical students visit the Institute from various Govt. and Private Nursing and Medical colleges from all over the country as part of their course curriculum. This year 6 such visits were made and 75 students visited NIHFW.

➢ **Training Activities:**

In order to enhance the capacity of health personnel across the country, every year the Institute organizes about 50-55 short duration courses on various specialized areas in public health and family welfare. In year 2021 during April to Sept 2021, 24 Training programmes were conducted either virtually or physically and 2564 participants have been trained.

In the year 2021, Two Webinars were conducted in collaboration with ECHO on "Achieving Universal Health Coverage by Strengthening Human Resources for Health in India" and 'Medical Doctors and Migration: Driving factors implications and policy measures'.

NIHFW has been entrusted by MOHFW to conduct two key Foundation training programmes :

- **Foundation Training course on General and Hospital Administration for newly recruited Directors and Deputy Directors (Admn.)**

22 new AIIMS have been announced so far under the 'Pradhan Mantri Swasthya Suraksha Yojna' (PMSSY) scheme. Each AIIMS has a post of Director. NIHFW organized four-weeks foundation training for the newly recruited Directors from 19 April to 15 May, 2021. 4 participants were nominated by MOHFW. Similarly for the position of D.D. (Admn.) NIHFW organized a four-weeks 2nd foundation training for the newly recruited DD(A) from 13th September to 08th October, 2021. 14 participants were nominated by MOHFW.

- **NIHFW conducted 2 Training courses for the officials of AYUSH Ministry in Sept 2021.**

1. Administrative and Financial Skills for AYUSH Officials

2. Training Course on Leadership and Management for the Directors/ in-charges of AYUSH Institutions under Ministry of AYUSH and 45 participants were trained

➢ **Important COVID-19 related activities**

Vaccination centre for Covid -19 has been started at NIHFW Clinic for general public. MD/DHA students are deputed at the NIHFW Covid Vaccination Centre. NIHFW has organized seven webinars on COVID-19 related health issues in 2021. The presentation was given by the MD/DHA and PGDPHM students for the same.

National Documentation Centre (NDC): The library facilities available at NDC are probably one of the best in India in this field. Over a period of two decades, the NDC has developed a well-balanced and up-to- date collection of over 62,000 documents including books, periodicals, technical reports, annual reports, statistical reports, conference proceedings,

modules, and non-book materials and special collection in the field of health, population and family welfare and allied areas carrying worldwide information.

Computer Centre Facility: The institute has provided computer and internet access to all its faculty, students, research and administrative staff through Campus Wide Area Network. The whole network is connected with five servers hosted in the Computer Centre, connecting 400 nodes in the institute through a 1 GB bandwidth connectivity provided by National Knowledge Network (NKN). The Computer Centre has two well-equipped computer labs for teaching/ training purposes and for the use of students. The intranet software developed in the institute is used for providing information on salary, pensions, and billings. The Institute has its own dynamic website www.nihfw.org and e-mail facilities for the officials. The Computer Centre has a state of the art video-conferencing facility that is used for e-learning and meetings. The Conferencing room can accommodate up to 20 participants. Various online/virtual mode trainings and webinars have been supported by computer center in the year under review.

- **Specialised Projects and Consortium Activities:** The NIHFW manages the various activities of many specialized projects:

a) The Centre for Health Informatics (CHI) of the National Health Portal: Centre for Health Informatics established at NIHFW, has been managing the activities of the National Health Portal (NHP) for providing authenticated health information to citizens, students, healthcare professionals and researchers. NHP has been operational for serving as a single point access for authenticated health information for citizens across the country. **(http://www.nhp.gov.in).** CHI has initiated and achieved various milestones to transform healthcare to a digitally enabled continuum of healthcare.

Currently, CHI is managing Covid-19 Dashboard/ portal for monitoring the preparedness and situation of COVID in the country.

Apart from the above, CHI is maintaining many more dashboards and m-Health activities of the MOHFW. NHP is connected with people through social media providing information about health, diseases healthcare, health services and activities of MoHFW in the response to COVID pandemic.

b) National Cold-Chain and Vaccine Management Resource Centre (NCCVMRC): NCCVMRC is an apex resource centre for Government of India, established in 2013 as a joint initiative by the NIHFW, Ministry of Health & Family Welfare (MoHFW) and UNICEF, with the objective to facilitate the establishment of high quality, effective and efficient immunization supply chain (ISC) to ensure universal immunization coverage with safe and potent vaccines.

NCCVMRC with support from UNICEF and with the approval of MoHFW, has developed a training platform named "Virtual Learning for Immunization (VL4i)" which has various features for conducting virtual training like suitability for conducting blended training (facilitator-led + self-paced), break out rooms for group work, feature to upload resource materials, session recording, unlimited participants for unlimited duration etc. A pilot training batch of T-VaCC was conducted on the platform and received encouraging feedback from participants. The platform may be used for conducting all the UIP trainings in a virtual mode. In the long term, the use of platform may be expanded to other RCH as well as COVID trainings.

The following are the few key activities which were conducted during the year under review:

1. To build the capacity of State and District level staff of Jharkhand as master trainers in vaccine and cold chain handling amid COVID-19 pandemic, Virtual Training of two batches on Vaccine and Cold Chain Handler (VCCH) Module for Jharkhand State were conducted in the month of September and October 2020. A total of 55 participants were trained. Virtual training

for one batch for Cold Chain Technicians was conducted on ILR/DF/VS module in October.

2. Vaccine Cold Chain Space Calculator for COVID-19 vaccine was developed by NCCVMRC, along with UNICEF, for calculating the additional cold chain space in the country at all levels for storage of the COVID-19 vaccines. Based on this, the allocation of new Cold Cain Equipment was done for the States.

3. NCCVMRC is supporting the MoHFW in drafting various training modules for medical officers, Vaccinators and Cold Chain Handlers for COVID-19 vaccine introduction

4. NCCVMRC-NIHFW, on the request of States, conducted virtual trainings on NCCMIS and Supportive Supervision mobile application (RI & Cold Chain monitoring) for 14 States from 01 January 2020 to 11 November 2020.

5. As desired by MoHFW, Landscape analysis for assessment of private cold chain and logistics companies for COVID-19 vaccine storage and transportation.

6. GMSDs space assessment for COVID-19 storage: NCCVMRC-NIHFW team did a detailed assessment of four GMSDs i.e. Karnal, Mumbai, Chennai and Kolkata for identifying their space requirement for COVID-19 vaccine management.

7. Report writing on Preparedness of India's Immunization Supply Chain for COVID-19 pandemic.

c) The National Technical Advisory Group on Immunization (NTAGI): The National Technical Advisory Group on Immunization (NTAGI) was established in 2013and NIHFW provides techno-managerial support to NTAGI and Standing Technical Sub Committee (STSC) and its working groups.

The NTAGI secretariat has provided techno-managerial support for 21 meetings against a target of 15 meetings. 3 more meetings are planned in December 2021. During January-March 2021, the Secretariat has planned one NTAGI meeting, one STSC and 4 Working Group meetings.

d) DAKSH –National Skills Lab Training: National Skills Lab - DAKSH at NIHFW was established on 9th March 2015 by Government of India in collaboration with LSTM, UK and the Maternal Health Division of MOHFW to upgrade the skills of healthcare providers such as ANMs/ LHVs/SNs/MOs/nursing supervisors and faculty/ obstetricians and paediatricians working at delivery points for providing quality RMNCH+A services. This training programme aims to reduce maternal and newborn mortality and morbidity by increasing availability and improving the quality of Skilled Birth Attendance (SBA) and Emergency Obstetric and New-born Care (EmONC). The skill lab training covers training requirements of ANMs, Staff Nurses, Medical Officers and Obstetricians. Four batches of doctors and nurses from six States have undergone this training during January – September 2020, a total of sixty two personnel have been trained.

Budget:

Approved Budget Estimate 2021-22 and provisional expenditure up to 31st Sept., 2021

Major Head	Approved Budget Estimate 2021-22 (Rs. In lakhs)	Provisional Expenditure up to 30th Sept (Rs. in lakhs)
Salary	3370.00	1720.00
General	2693.00	1806.00
Capital	311.00	38.00
Skill Development	2.00	0.00
SAP	2.00	0.15
Total	6378.00	3564.15

3.1.2 National Institute of Public Health Training & Research (NIPHTR), Mumbai

National Institute of Public Health Training & Research (NIPHTR) (erstwhile known as Family Welfare Training & Research Centre (FWT&RC),) Mumbai is the first Family Planning Training Centre under MoHFW established in June 1957. As a Central Training Institute, it conducts in-service trainings for Medical and Para- medical personnel across the country in key Public Health Issues to enhance their knowledge and skills for better delivery of health care services. NIPHTR is also involved in capacity building of Public Health workforce in Primary Health Care, Family Welfare, Reproductive & Child Health, HIV/ AIDS and other National Health Programmes.

NIPHTR regularly conducts two residential one year duration training courses :

(i) Diploma in Health Promotion Education (DHPE)

(ii) Post-graduate Diploma in Community Health Care (PGDCHC) for para-medical workers.

Both the courses are affiliated to the International Institute for Population Sciences (IIPS), Mumbai, a Deemed University under MoHFW. Various Skill Development Training Programmes have been started by NIPHTR in 2017.

New Public Health courses namely **Master of Public Health (MPH)** and **Post Graduate Diploma in Hospital Management (PGDHM)** have been launched in current academic year.

NIPHTR is involved in community-based research work in the field of Health & Family Welfare, Population Science, HIV/AIDS etc. in rural and urban areas. Training programmes, workshops and seminars are conducted for the medical and para-medical personnel from the Governmental and Non-governmental Organizations. The Centre also accepts the international students sponsored by WHO for the formal training programmes.

➢ **Activities conducted-**

A. Training:

i) Regular courses-

a) Diploma in Health Promotion Education (DHPE): Twenty-eight trainees have successfully completed the course in academic year 2020-21. In 2021-22, another Twenty-eight trainees have been admitted for the course belonging from the States of Maharashtra, Odisha, Telangana, Nagaland and Madhya Pradesh.

b) Post-graduate Diploma in Community Health Care (PGDCHC): The 11thbatch of PGDCHC completed the course in 2020-21. The current academic batch has started from July 2021 comprising of students from Maharashtra, Andhra Pradesh, Bihar, Rajasthan and Madhya Pradesh.

***c) Skill development training courses*:** NIPHTR is conducting five Skill Development Training Programmes as identified by MoHFW namely-

- Sanitary inspector – 12 months duration
- Diabetes Educator -3 months duration
- Home Health Aide -4 months duration
- General Duty Assistant -4 months duration
- First responder – 4 days

Four batches of Sanitary Inspectors course have already been completed so far and the fifth batch of 27 students has commenced since July2021. In addition, 295 teachers, MTS staff, Anganwadi Workers have been trained at NIPHTR in First Responder Course. Nominations for other skill development courses for academic year 2021-22 have been called for.

d) New Public Health Courses: To augment the pool of well-trained and competent public health professionals at various levels in the health sector, NIPHTR has launched New Public Health Courses with the available manpower and infrastructure :-

- **Master's in Public Health (MPH)-** It is a two-year duration course affiliated to Maharashtra University of Health Sciences (MUHS), Nashik. The first batch has been started in October 2021 with intake capacity of 10 seats which will be increased to 20 in subsequent years.

Inauguration of First Batch of MPH course by, Secretary H&FW

The course was inaugurated by Shri. Rajesh Bhushan, Secretary (H&FW), MoHFW on 3rd October 2021.

- **Post Graduate Diploma in Hospital Management (PGDHM)-** It is a one-year duration course affiliated to International Institute of Population Sciences (IIPS), Mumbai a deemed university under MoHFW. The first batch has been started in October 2021 with intake capacity of 30 seats.

B. Webinars/Trainings/Workshops/Seminars/ International Health Days/Internships:

During the COVID-19 pandemic lockdown, various webinars were organized by faculties of NIPHTR on COVID-19. The webinars were organized in collaboration with UNICEF, State Govt and other NGOs.

National Webinar on "Complacency with COVID-19 pandemic in India" was organized as a part of Annual Day function of the institute. Dr. Raman Gangakhedkar, Former Head, Epidemiology and Communicable disease, ICMR, New Delhi was the Chief Guest and delivered the Oration.

NIPHTR developed the "Super Saver Training on COVID 19", a special training program on COVID 19 for the frontline health workers, workers of Community bases organization, Faith based organization, and volunteers of peri-urban and tribal areas. More than 10,000 participants throughout the country were trained online. These trainings were also telecasted live on social media platforms like You tube and Facebook.

National Consultations-

- **National Consultation Meet on Post Graduate Diploma in Hospital Management Course (PGDHM)** was organized on 24th March 2021 in online mode for developing the model course curriculum. The meet was chaired by Joint Secretary, MoHFW and eminent panelists from well-known institutions participated in the meeting.
- **National Consultation Meet on Master of Public Health (MPH)** for enriching the Model Course Curriculum of MOHFW was organized in online mode for 2 days on 28th& 29th April 2021. The technical experts and panelists from various disciplines of Public Health from all over the country participated in the discussion.
- Online National Consultation Meet on MPH
- **National Consultation Meet on Diabetic Educator course** was conducted in online mode to improve the curriculum. Eminent experts participated in the discussion.
- **National Consultation on "Standardization of State Institute of Health & Family Welfare (SIHFW) in Country"** was organized by NIPHTR. Principals from 13 SIHFWs participated in the meeting.

Internships

Six interns of Masters in Public Health and Masters in Nutrition were placed at this institute for one-month period during which they were oriented with the

working of health care system at Rural Health Training Centre of NIPHTR. They were also involved in conducting research, health camps and other institutional activities.

International Health Days

Important International Health Days were being observed regularly at NIPHTR. During the year yoga day, constitution day and vigilance week were organized. Poster exhibition for faculty and general public were also arranged.

C. IEC activities:

i. IEC activities on prevention of COVID 19 were carried out in the community around both campus of NIPHTR. Distribution of Pamphlets, posters were done at the field demonstration area of both the campus. Health talks on various preventive aspects of COVID 19 were given by the faculty of NIPHTR.

ii. Three days' poster exhibition on COVID-19 was organized at Rural Health Training Center and PHC, Ajivali, Panvel.

iii. Health exhibition was organized on COVID 19 at Sub-District Hospital of Panvel in presence of Municipal Commissioner.

iv. Health exhibitions were organized on COVID-19 at various villages of Ajivali PHC.

v. Health Check-up Camp was organized in Panvel for Anganwadi workers during which general screening was carried out. Demonstration of variety of recipes made up of Take- Home-Ration Kit for pregnant and lactating mothers along with poster exhibition was organized.

D. Research/Evaluation activities:

i. Community based study was conducted on Covid-19 vaccination hesitancy among people residing in rural as well as urban areas of Panvel and people attending Covid- 19 Vaccination Centre at NIPHTR.

ii. Study for assessment of facilities and services of Anganwadi Centers at Aajivali PHC were conducted.

iii. NIPHTR is identified as a participating agency in the ICMR study on Multi Centric Community based study to find the prevalence of risk factors and causes of Domestic burn injury and assessment of knowledge, attitude & practice of burn prevention & First aid.

E. Clinical Services:

NIPHTR, Mumbai caters RMNCH+A services through its clinic at Khetwadi and Panvel Campuses with attached laboratory which provides basic investigations.

➢ **Khetwadi Campus:** Following outpatient services were offered to patient free of cost-

i. Mother & Child Health services: ANC, PNC, Family Planning services including IUD insertion, RTI/STI management, management of common childhood illness etc.

ii. Counseling to patients and their family members on family welfare.

iii. Immunization to under five children as per the Universal Immunization Programme.

iv. Adolescent, Reproductive & Sexual Health services.

v. Laboratory services.

vi. Health talks during immunization sessions on various aspects of antenatal & post- natal care, nutrition, personal hygiene, sanitation and communicable diseases.

➢ **Panvel Campus**

The newly opened campus has started clinical services in a phased manner. The services available at present are-

COVID 19 Vaccination Centre: The Centre has been started at Panvel campus in May 2021 in

collaboration with the Panvel Municipal Corporation. The till date more than six thousand persons have been administered the Covid vaccines (Covishield and Covaxin).

MCH Clinic has been started at Panvel campus for providing services to mother and child including Laboratory services for ANC women.

Inauguration of MCH Clinic at Panvel Campus

- **Yellow Fever Vaccination Centre:** NIPHTR, Mumbai is one of the four authorized Yellow Fever Vaccination Centres in Mumbai identified by MoHFW for yellow fever vaccination to facilitate international travelers visiting to Yellow Fever endemic countries. Presently, the Yellow Fever vaccination Centre is not functioning because of the renovation works.
- **Repair, Revamping and Up-gradation works at NIPHTR, Mumbai:** The repair, revamping and up gradation works of existing building at Girgaun of NIPHTR isbeing done by CPWD, Mumbai and is likely to be completed by the end of the year 2021. Majority of the work has been completed and only minor interior work is pending which will be completed soon.
- **New NIPHTR Staff Quarters:** The construction work of residential staff quarters of NIPHTR at New Panvel is under progress and is expected to be completed by end of the financial year.
- **Institute website**: The official website of NIPHTR, i.e. www.fwtrc.gov.in has been redesigned recently. It is a bilingual website which provides information about infrastructure and facilities available in the Mumbai and Panvel campus. The website facilitates online admission for regular courses as well as skill development courses for students. Online registration of Yellow Fever vaccination passengers including slot booking & payment facility is available.
- Up-gradation of NIPHTR: To achieve Sustainable Development Goals 2030, the Public Health System in India needs to be strengthened through deployment of well-trained and competent public health professionals at various levels in the health sector. In this regard, NIPHTR has submitted proposal for up-gradation of the institute with additional manpower requirement which is under consideration by MoHFW.

3.1.3 The Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFWT), Tamil Nadu

A. Health and Family Welfare Training Centre:

Under National Health Mission (NHM), Skill based training are conducted in the major Government hospitals or medical college hospitals through six Regional Health Training Institutes (RTIs), Knowledge based trainings are conducted by the HFWTC and by the District / Block training teams and Community based training-through the district /block training teams coordinated and supervised by the HFWTC.

The HFWTC conducted 40 batches of trainings viz. BEmOC, Immunization District Level Orientation, Block Level Cold Chain Handlers, G-IMNCI, MCH Skill Lab, NSSK, RMNCH+A, with 657 trainees. Less number of candidates trained than as planned due to low deputation of candidates from the HUDs, the lock down due to COVID-19 and training centre was also used as a quarantine / treatment centre for COVID-19 cases by the local District Administration. 71 batches of 17 types of trainings are planned till Mar, 22

Dr. Jaya Vanithamani, Resource person taking a session for Immunization training

Group work presentation during G-IMNCItraining

B. Department of Health Promotion and Education:

The Post Graduate Diploma in Health Promotion and Education Course) was commenced in 1964 and affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai. After completion of the PGDHPE course, the 57th batch (2020-21) course trainees were relieved on 31.08.2021. The 58th batch (2021-22) commenced on 20.09.2021 through online classes. There are 21 trainees enrolled in the 58th batch and classes are going on.

Supervisory Field Training (SFT)

Media Practicals

C. Regional Health Teachers' Training Institute (RHTTI) :

The 9th batch of Health Visitor Course [Promotional Training for ANM/ MPHW(F) was conducted with 12 trainees. Regular theory sessionswere takenand Hands-on practical trainings were given in Government Hospital and in the village. The Govt. Board examinations were conducted by the Directorate of Public Health & Preventive Medicine, Chennai, and the trainees were relieved after completion of the course on 16.06.2021.

Two batches of short term training on Middle Level Health Care Provider (MLHP) with 45 students, were conducted for the B.Sc.(N) IV-year students of Sara College of Nursing, Dharapuram, Tamil Nadu. As per the instructions of the District Collector, Dindigul, the hostel rooms of Regional Health Teachers Training Institute (RHTTI) were allotted as COVID-19

Quarantine Care Centre (QCC) and Isolation Wards.

10th batch of Health Visitor course was commenced from15.12.2021 with 18 trainees. Short term training on community Health Nursing and Middle Level Health Care Provider were not conducted due to COVID-19 pandemic. The short term training programs are planned from January 2022 onwards.

Nutrition Demonstration during well babyclinic in Sakkayanayakanur village

Assessment of Under-5 years Children inthe village

D. Central Unit (Media & Management)

3 Months IEC training was conducted for 14 District Extension Educators working under DFW, Government of Tamilnadu. Health communication trainings for Multipurpose Health worker (M) /Sanitary Inspector/Health inspector course was conducted with 29 students, Communication, Education Technology for B.Sc(N) students was conducted with 38 students, Public Health Management course for HI/SI students(with HFWTC) with 38 students and Trainings on Proposal writing and Survey & Data Analysis for NGOs with 38 participants were conducted. Production of IEC materials includes Flex banner, posters and stickers were designed for the District Social Welfare department, Production of a short film on COVID-19 for the District collectorate and display of IEC messages on COVID-19.

3-months IEC Training for DEEs, Training on Preparation of Teaching aids, Capacity building training on Communication and Education Technology, Demography Training program for statistical personnel and Public Health Management course, Certificate Course in Digital Photography and Fine arts are planned to be conducted till Mar.22

3 months IEC course trainees

Media Practicals for CET Training

E. Other Programs

a) Vaccine Camp for Covid-19 was organized by our Institute on 26.7.2021 with the co-operation of GCHC-Chinnalapatti. There were 204 doses of vaccine administered for the staff members and public.

b) To mark the 75th Independence Day celebration, tree saplings were planted in Munnilaikottai village of Athoor block, Dindigul District, Tamil Nadu.

COVID19 Vaccination Camp

Director Planting a Sapling

3.2 CENTRAL MEDICAL INSTITUTIONS AND AIIMS

3.2.1 All India Institute Of Medical Sciences (AIIMS), New Delhi

All India Institute of Medical Sciences (AIIMS), New Delhi established in 1956 by an Act of Parliament is an Institution of National Importance and a Centre of Excellence.

AIIMS has discharged its role as patient care provider, research institute and teaching institution with considerable accolades over the past 6 decades. AIIMS has always maintained the high standards of meritocracy and learning.

AIIMS has been empowered to grant medical, dental and nursing degrees/ diplomas and other academic distinctions and titles under AIIMS Act, 1956. AIIMS is offering education to the students in various undergraduate and post graduate courses. The undergraduate courses include MBBS, B.Sc. (Hons.), Medical Technology in Radiography and Ophthalmic Techniques, B.Sc Nursing (Post certificate) and B.Sc. (Hons) Nursing. Post graduates courses include PhD, DM, MCh., MD, and M.Sc. courses in different disciplines.

Hon'ble Union Ministers for Health and Family Welfare visited AIIMS during 66th AIIMS Foundation Day Celebrations

66th AIIMS (Delhi) Foundation Day Celebration 25.9.2021

2. Patient Care

Despite the restrictions caused by the COVID-19 pandemic on normal functioning of the Institute, in the year 2021-2022 up to September 2021 about 8.29 lakh people visited OPDs, 33,830 surgeries were performed. 67,961 people got admission in AIIMS, New Delhi. Details are as below (Table A):

Table A

Hospital/ Centre	Outpatients (including casualty)	Admissions	Surgery (Operations/ procedures)	Beds		
				General	Private	Total
Main Hospital	1,83,626	18,971	8,352	997	165	1,162
Dr. R.P. Centre for Ophthalmic Sciences (Dr. RPC)	1,11,074	12,127	12,715	288	22	310
Dr. Bhim Rao Ambedkar Institute Rotary Cancer Hospital (Dr. BRAIRCH)	52,816	17,028	3,033	167	15	182
Neuro Science Centre (NSC)	55,958	1,175	590	174	31	205
Cardio Thoracic Centre (CTC)	32,375	142	480	226	33	259
National Drug Dependence Treatment Centre (NDDTC)	1,02,136	105	Nil	50	Nil	50
Centre For Community Medicine(CCM)	2,22,439	6,153	1,092	72	Nil	72
Jai Prakash Narayan Apex Trauma Centre (JPNATC)	30,734	3,812	3,125	105	22	127
Centre For Dental Education & Research (CDER)	6,639	291	233	20	Nil	20
National Cancer Institute (NCI), Jhajjar	31,502	8,157	4,210	710	Nil	710
Total	**8,29,299**	**67,961**	**33,830**	**2,809**	**288**	**3,097**

3. Medical Research

The Research Section initiated several research funding proposals calls, held workshops and created infrastructure to stimulate research milieu amongst the faculty, scientists and students at the Institute. Earlier the focus of intramural funding support had been on single investigators from AIIMS. With the objective of creating a more vibrant research environment and to lay down lines for future long-term collaborations, the funding call proposals now have shifted their vision on catalyzing the synergic 'cross-research activity' by having collaborative projects with other institutions like IIT and THSTI. For the first time at AIIMS, faculty could compete for intramural collaborative funding opportunity with an international university.With the objective of enhancing interdisciplinary and collaborative research interest between University College, London (UCL) and AIIMS, New Delhi, a joint research seed fund has been established and it funded joint project proposals from faculty members from both institutions. Impetus to infrastructure and capacity building exercise was through operationalization of twin facilities of Centralized Core Research Facilities (CCRF) and Clinical Research Unit (CRU).

3.1. Extramural Projects: The total funding of Rs.76,66,20,127.00 received for 844 projects from several Agencies viz. ICMR, DST, DBT etc.

3.2. Intramural Projects: The Research Section launches intramural schemes for promoting research for COVID. Two calls for intramural grant for **Long COVID** as well as a specific call for projects related to **mucormycosis**. This ensured that faculty members had access to fast tracked seed money for conducting research related to COVID. Overall intramural sanction as given to 99 COVID projects, 11 Long COVID projects and 26 COVID mucormycosis projects. A project review meeting detailing the progress of these projects was also initiated where the investigators had to present the progress and this would become a norm for all intramural schemes now.

3.3. Clinical Research Unit: AIIMS has started a new research facility viz. Clinical Research Unit (CRU). Clinical Research Unit (CRU), AIIMS New Delhi aims to provide high quality technical expertise and assistance in planning, designing, implementation and analysis of investigator-initiated clinical research, in compliance with the global best practices.

4. Budget

A Budgetary Support of Rs. 3,800.00 crore (BE) under Grant-in-Aid was provided by the Government during the financial year 2021-2022. The major-heads of expenditure include Creation of Capital Assets, Salary and General Expenses.

3.2.2 POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH

Introduction

The Postgraduate Institute of Medical Education and Research, Chandigarh was declared as an "Institute of National Importance" and became an Autonomous Body by an Act of Parliament, on 1st April, 1967. The Institute is fully funded by the Union Ministry of Health and Family Welfare. The main objectives of the Institute are:-

I. To develop patterns of teaching of undergraduate and postgraduate medical education in all its branches so as to demonstrate a high standard of medical education.

II. To bring together, as far as may be, in one place educational facilities of the highest order for training of personnel in important branches of health activity; and

III. To attain self-sufficiency in postgraduate medical education to meet the country's need for specialists and medical teachers.

Hospital Services

The patient care services in PGIMER have expanded from Nehru Hospital to a number of independent Centres like New OPD Block, Advanced Pediatric

Centre, New Emergency Block, Advanced Eye Centre, Drug De-addiction Centre, Advanced Cardiac Centre and Advanced Trauma Centre.

The total bed strength of the PGIMER is 2210 beds. **The number of patients who attended the outpatients' departments and those admitted for treatment during this year is as under**:

Patients Attendance (including Emergency)	Year 2020-21	Year 2021-22 (April, 2021 to September, 2021)		
Outdoor	7,43,831	6,09,760		
Indoor Admissions	57,336	Non-covid	Covid	Total
	33943	3051	36994	

The number of minor and major surgeries during this year is as under:

Surgeries	Year 2020-21	Year 2021-22 (April, 2021 to September, 2021)
Minor	25,101	7,223
Major	9,327	17,004

Emergency and critical patients were attended to round-the-clock.

Emergency Services

The Emergency Complex and Advanced Trauma Centre provide all medical and surgical emergency services including investigations and operations under one roof. The Emergency services are supervised by the Assistant Professor, Department of Hospital Administration and assisted by Senior Medical Officers (Casualty). They are responsible for dealing with medico-legal cases, providing poor free services to deserving patients and supplying life saving medicines and consumable items. MHA Residents assist in day-to-day administrative working. The Emergencies are managed by medical/surgical and super-specialty consultants and senior residents. A disaster area having cupboards containing equipment and life saving drugs has been earmarked and is used for treating mass casualties. A well-equipped VIP room is maintained to meet any emergency situation in case VIPs are brought to the Emergency. The statistics given below presents an over view of the workload at emergency services in PGIMER (These figures are despite COVID-19 pandemic crisis).

Surgeries	Year 2020-21	Year 2021-22 (April, 2021 to September, 2021)		
OPD	1,06,012	Non-covid	Covid	Total
		63582	2103	65685
Emergency Observation admission of Covid		683		
Admission	32,551	19666		
Major Surgeries	13,378	7,659		
Minor Surgeries	1,326	644		

Research

This Institute continues to excel in quality of Research. In order to achieve these targets 38 Intramural Research projects to the tune of rupees 1,32,75,7,92/- and 66 extramural projects (DST, DBT, SERB, ICMR, WHO) were granted/awarded to the faculty members of this Institute to the tune of rupees 7,45,43,8,54/- during the period 1st April, 2021 to 30th September, 2021.

Academic Activities

PGIMER has been empowered to grant medical, dental and nursing degrees, diplomas and other academic distinctions and titles under the PGIMER, Chandigarh

Act, 1966. During the period from 01.04.2021 to 30th September, 2021, the number to pass out candidates of various degree courses, are as under:-

- 19 Ph.D degrees
- 138 MD degrees
- 49 MS degree
- 46 DM degree
- 27 M.Ch degrees
- 11 M.Sc/M.Sc Medical Lab. Technology degrees
- 10 Master of Public Health degrees
- 09 Fellowships PGI
- 11 MDS degrees
- 26 M.Sc Nursing degrees

Information Technology Initiatives

- The Hospital Information System (HIS) has been upgraded to the next version i.e. Multihospital version HIS 2.0 with more capabilities and features.
- The institute has developed many softwares viz. Project Information Management System, EMR System for Dept. of Ophthalmology, Online Commercial site management System.
- Complete IT Infrastructure including server storage, network components have been upgraded for the current and upcoming need in respect of running IT applications. The Network has also been upgraded.
- Laboratory Information System (LIS) is being successfully Implemented in the Medical Microbiology Lab, Neurology Department EEG in the Institute.
- Covid-19 Dashboard was developed and successfully implemented/ hosted on PGIMER's website wherein up to date information w.r.t. COVID-19 is being displayed on the dashboard.
- Automatic scheduling of the patients being registered (New/Old) on real time basis depending upon the number Doctors sitting/available in the specific OPD.
- To save patients from hassles of standing in long queues for getting registered token system has been introduced. Patient after obtaining token can relax in waiting area and on display of his/her token number will come to window for getting registered.

Ongoing projects of the Institute:

The details of ongoing projects of the Institute is as under:

Sr. No.	Details of the Project	Project Cost
1	Advanced Neuroscience Centre	Rs. 495.31 Crores
2	Advanced Mother and Child Care Centre	Rs. 485.00 Crores
3	Satellite Centre-Sangrur	Rs. 449.00 Crores
4	Satellite Centre—Una	Rs. 495.30 Crores
5	Satellite Centre-Ferozepur	Rs. 490.54 Crores

Budget:

Budgetary Support of Rs. 1613.82 Cr under Grant-in-Aid was provided by the Government of India during the financial year 2021-22. The major-heads of expenditure include infrastructure, machinery and equipment, salary payments and consumables.

3.2.3 JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER), PUDUCHERRY

JIPMER traces its origin to the 'Ecole de Medicine de Pondicherry', which was established by the then French Government in Puducherry in 1823. In 1956, the Government of India decided to replace this with

a new medical college, and a new hospital was constructed and was inaugurated in 1964. JIPMER was initially a part of the Directorate General of Health Services under the Ministry of Health, Government of India. In 2008, with the passage of the JIPMER Act, it acquired the status of an autonomous body under the Ministry of Health and Family Welfare, Government of India, and was also declared as an "Institution of National Importance".

JIPMER is charged with the responsibility of providing teaching facilities and patient care services of the highest order and of undertaking high-quality research in the field of healthcare. Its main campus is located in Puducherry, and is spread over 192 acres. A second campus, located nearly 150 Km south of the main campus, at Karaikal, a part of the Union Territory of Puducherry, has been functioning since 2016.

JIPMER is one of the few public-sector institutions in the country that provide teaching at undergraduate, post-graduate and super-specialty levels, conducts high quality research and provides specialty care of the highest order in nearly all specialties and sub-specialties of medicine.

Overview of Institute Activities 2021-22:

Academic Activities:

JIPMER conducts over 100 courses at Graduate, Post graduate, Doctoral and Post-doctoral levels in medical, nursing and allied health science subjects. The medical courses cover virtually all disciplines of healthcare and span from MBBS to super-speciality level. Admissions to MD/MS/MDS courses was undertaken through Institutions of National Importance- Common Entrance Test (INI-CET) for the year 2021. Entrance examination and admissions to MSc, MPH, PDF, and PDCC courses were conducted successfully.

It has been proposed that admissions to DM/MCh courses will be held through a common entrance examination, Institutions of National Importance – Super-speciality (INI-SS) for the year 2022.

Research Activities

JIPMER has brought about nearly 260 scientific publications during the year 2021 with 35 ongoing extramural funded projects. JIPMER has received Rs. 10.15 crores as grants through new projects during 2021. Intramural research grant given to 89 projects at the cost of 1.83 crores. During the period from April 2021 to September 2021, 40 programmes were conducted by various Committees under Research Division.

Patient care activities

JIPMER has managed the COVID pandemic efficiently in 2020 and was restarting all the other services to reach the pre COVID stage when the 2nd wave of COVID started from March 2021 onwards. SSB Annex Block was converted into a full-fledged COVID Hospital. As the number of COVID patients increased more wards in WCH, main Hospital Block were converted into COVID wards. Staff from all departments were re-deployed to take care of COVID patients. Only emergency services including emergency Surgeries, Dialysis, and Cancer treatment were managed along with COVID. Contractual staff were engaged to tide over the crisis for Lab services, Nursing care, Anesthesia Technicians for ICU care.

Tele consultation continued throughout the year for the benefit of patients.

Along with COVID, a lot of patients with Mucormycosis started coming with very serious conditions. A separate ward and separate designated OT for Mucormycosis was started on 09.06.2021 (ward) & 06.06.2021 (OT). Total No. of Mucormycosis cases treated till date - 200 Cases.

Besides a 6 bedded ICU was operationalized from 29.07.2021 to treat patients with post COVID complications needing admission. Both the Post COVID clinic & ICU are being managed by Faculty from the Department of Medicine and Pulmonary Medicine.

From April 2021 to September 2021, 29716 patients were admitted in the Institute which includes 3571 COVID and 26145 Non-Covid.

Ongoing projects of the Institute

The details of a few major ongoing projects of the Institute are as under:

Sr. No.	Details of the Project	Project Cost
1	JIPMER Karaikal	Rs.404.46 Crores
2	100 bedded Multi-specialty consulting unit at Yanem	Rs.48 Crores
3	110 KV Gas-insulated substation	Rs. 62.89 Crores

Budget:

Budgetary Support of Rs.1000 Cr under Grant-in-Aid was provided by the Government during the financial year 2021-22. The major-heads of expenditure include infrastructure, machinery and equipment, salary payments and consumables.

3.2.4 Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi

Introduction

Safdarjung Hospital is very old institute founded in 1942 which was taken over by M/o Health in 1954. Since then the Hospital has been regularly upgrading its facilities in all the specialties. The hospital provides medical care to millions of citizens not only from Delhi but also the neighboring States, free of cost. The hospital has also a Medical College named Vardhman Mahavir Medical College and a Sports Injury Centre (SIC) which provide integrated surgical, rehabilitative and diagnostic services. The Hospital has been upgraded with starting up of functioning of New Emergency Block and Super Specialty Block in June 2018 and both the Blocks are now functional. Besides, there is a round the clock laboratory services/facilities.

2. Safdarjung Hospital has been actively involved in the management of COVID-19 patients as per the guidelines of the appropriate authorities i.e ICMR, MOHFW etc.

3. The following achievements/infrastructural works are made/being made by the Hospital:

- Makeshift hospital consisting of 44 Covid beds has been constructed
- Geriatric Dentistry Clinic has been inaugurated on 18th August,2021
- Sunday OPD has been started w.e.f. 10.10.2021 in almost all the focal Departments
- Construction of Badminton court, basket ball court and volleyball ground at SJH staff campus for the staff of hospital as well as residents
- One Oxygen concentrator plant with the capacity of 1000 litre per minute has been installed
- A PSA Plant having projected capacity of 3000 litre per minute has been installed

Hon'ble HFM is observing PSA Plant having projected capacity of 3000 litre per minute

- Up-gradation of Emergency MTOT. Now two emergency OTs are available for maternity purposes
- Providing & fixing brail switches in various lifts to make them Divyang friendly
- Providing digital queue display system for OPD dispensary at SJH
- CCTV units installed at Boys & Girls Hospital at various locations in SJH & residential colony as well
- Construction of live demonstration room for Deptt. of Forensic Sciences
- Under CSR scheme POCOSO has constructed one waiting hall for patients' attendants.
- The OPD building has been made fully air-conditioned with the implementation of VRF system. Many new patient areas are made air-conditioned as well
- The hospital has converted 100% of areas with fitting and fixtures of LED
- Construction of 100 Type-II and 40 Type-IV residential staff quarters at Dwarka for which work is in progress.
- Child Abuse and Elderly Abuse Care Centres established

Hon'ble HFM inaugurated Child Abuse and Elderly Abuse Care Centres on 16.09.2021

- Comprehensive Resuscitation Training Centre has been established

Inauguration of the Comprehensive Resuscitation Training Centre by Hon'ble MoS on 20.10.2021

4. Status of Admission/Operations:

Total number of In-patients and operations conducted (January to October-2021)

Admissions	Major Operations	Minor Operations	Total Operations
105778	20250	12991	33241

5. OPD Attendance:

January to October, 2021	1618815

6. Sports Injury Centre : Patients attendance/surgeries:

Period	Ortho OPD	Physiotherapy OPD	IPD	O.T
January to Oct.,2021	57395	37492	1647	1357

3.2.5 ATAL BIHARI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES & DR. RAM MANOHAR LOHIA HOSPITAL & NEW DELHI

Introduction

PGIMER at ABVIMS started functioning from the Academic Year 2008-2009 with an objective of providing post-graduate teaching in modern medicine and other allied sciences. The Institute is affiliated to the Guru Gobind Singh Indraprastha University, Delhi. In the year 2008, the Government of India sanctioned a total of 28 PG degree/diploma seats and two seats in Super Specialty courses. At present, it has 203 seats of PG degree/diploma courses, 43 seats for Super Specialty courses and 5 seats for DNB courses. The Institute is already on the board of the National Medical College Network.

From the academic session 2019-20, undergraduate course with annual intake of 100 students was started. The name of the Institute was changed from Post Graduate Institute of Medical Education & Research (PGIMER) to Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS). The Institute was inaugurated by the Union Minister for HFW on 16.08.2019.

Construction of a New Hostel Block in ABVIMS is underway at a cost of Rs 178 core with 824 rooms. M/s HSCC has been brought in as a Project Management Consultant. Almost 40% of work has now been completed. To construct a Super Specialty Block with an outlay of Rs 572.61 crore, an approval has been sought by EFC in its meeting on 18.02.2019. The tender has been awarded by the CPWD, the Project Management Consultant. The SSB includes about 623 beds and 18 Operation Theatres.

The Institute is doing some good research. The Institutional Ethical Committee received a total of 113 research proposals in 2021, out of which 71 research proposal have been approved by the Committee and are ongoing. The IEC also approved 221 PG theses.

Covid Vaccination Centre: Prime Minister launched the largest vaccination drive of the world on 16th January 2021. Since beginning, the ABVIMS and Dr. RML Hospital participated in the vaccination drive by opening three sites. The facilities created for the vaccination centre are of world class which have been appreciated by all including various Union Ministers. India observed its 100 crore vaccination mark on 21.10.2021 and Hon'ble Prime Minister Shri Narendra Modi visited the site on the day to mark the occasion.

3.2.5.1 DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Introduction

The Hospital, originally known as Willingdon Hospital and Nursing Home since 1932 and later renamed as Dr. Ram Manohar Lohia Hospital. The hospital has been expanded to on 1532 bedded hospital, spread over an area of 37 acres of land. The hospital caters to the needs of C.G.H.S. beneficiaries and Hon'ble MPs, Ex-MPs, Ministers, Judges and other V.V.I.P. dignitaries besides other general patients. The Nursing Home, including Maternity Nursing Home, has 75 beds for the CGHS and other beneficiaries.

The Hospital has round-the-clock emergency services and have policy not to refuse any patient requiring emergency treatment irrespective of the fact that beds are available or not. All the services in the hospital are free of cost excepting nursing home treatment and some nominal charges for specialized tests.

Services

The hospital provides services in various specialties and super specialities covering almost all the major

disciplines such as Accident & Emergency Services, Anaesthesia services, Dermatology, STD & Leprosy, Eye, ENT, Family Welfare, General Medicine, General Surgery, Gynaecology & Obstetrics, Orthopaedics Paediatrics, Psychiatry, Physiotherapy, Physical Medicine and Rehabilitation, Dental, Neonatology, Neuro-surgery, Burns & Plastic Surgery, Cardiology, Cardio-Thoracic & Vascular Surgery, Gastroenterology, Neurology, Paediatric Surgery, Psychiatric Social Worker, College of Nursing, B.Sc, DPN, Urology, Nephrology, Endocrinology, Rheumatology, Respiratory Medicine, Diabetic Clinic, ARC Clinic, Heart Clinic/Hypertension / CAD Clinic, Prostate clinic, Tumor board, etc. In addition, the hospital diagnostic services like Microbiology, Hematology, Cytology, Biochemistry, Blood Bank etc.

Paediatric Cardiac Cath Lab

On 20th June 2021 Dr. RML Hospital added exclusively dedicated Paediatric Cardiac Cath Lab to the armamentarium of Paediatric Cardiac Care in the country. This is the first dedicated Paediatric Cath Lab in Delhi and the second in the country developed under the Department of Paediatrics and the first dedicated Paediatric Cath Lab for children under the Ministry of Health & Family Welfare, Govt. of India.

- Dr. RMLH is in the process of procurement of a Robotic system that will be used by different surgical specialties to complex operations. This will give enormous benefit to patients, who have to undergo difficult and complicated surgeries.
- Doctors of Dr. RMLH have already been trained for Liver Transplantation and this will be started in near future after getting all necessary approvals.
- An E-office has been started in Dr. RMLH
- Swachhta Pakhwada was observed in Dr. RML Hospital and Disable friendly toilets are under construction in the Central Park.
- Video conferencing facility has been started in the Medical Record Department.

3.2.6 LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS

Introduction

Lady Hardinge Medical College is a prestigious, 105 year old institution that started in 1916. It's one of a kind institution, that admits only girls in its undergraduate course. It has over 25 Departments, and admits 240 undergraduate students per year and over 150 postgraduate students per year annually. It is currently undergoing a comprehensive development in terms of adding new facilities and new Departments which hopes to commission and operate within the next 10 years. Recently Dr. Ram Chander has taken over as Director of the institute since 21st September 2021.

Comprehensive Redevelopment Programme (CRP) of LHMC:

Radiotherapy Block and Academic Block have been completed and are to be handed over to the Institution after fulfilling formalities by Civic authorities. However, the radiotherapy block is being used for: (a) Vaccination centre of COVID vaccination (b) Providing OPD services to patients with cancers. The academic block has a 300 seated auditorium, besides 4 state of art lecture theatre with capacity to seat 250 students each. It also has dedicated skill lab areas for undergraduate and post-graduate students. Apart from this work is going on in the IPD, OPD & Emergency blocks as well and they are now likely to be commissioned by 1st January, 2022. The institution hopes to start using the OPD block by Dec., 2021.

3. The entire hospital worked tirelessly throughout the COVID second wave. The hospital could commission 350 oxygen beds for the second wave of COVID and admitted and treated 930 patients of COVID from 1st January,2021 till date. Further, there is an additional state of Art 240 oxygen bedded facility available and ready in the new IPD block of any eventuality. The hospital continued with all its regular OPD and emergency services including emergency services. The hospital continued to provide day care services to adult patients with thalassemia during and after COVID. Further, Deptt. of transfusion medicine continued to make available an uninterrupted supply of blood despite COVID pandemic. After the COVID second wave, the hospital has handled, admitted and performed surgeries as given below:-

Total number of In-patients handled, admitted and operations conducted (July-Sept.-2021):

Total patient handled	Patient admitted	Major surgery performed
137647	9771	2125

4. Post Covid Clinic and institutional Mental Health Group for care of mental health is operational in the Institute.

5. Lady Hardinge Medical College was among the first institution to initiate telemedicine and it still continues successfully and has an added help from the E-Sanjeevani platform of the Govt of India. From the initiation till date about 34,000 patients have benefitted from this initiative of the Govt. of India..

6. The Institution has undertaken a number of new clinical initiatives. These include:

   (i) Initiatives for Prevention & Management of Cancer.

   (ii) Development of Accident & Emergency services.

(iii) Availability of Therapeutic Plasmapheresis & Convalescent Covid plasmas collection facility.

(iv) New Medical Clinics namely Thalassemia prevention clinic, Nephrology Clinic, Cardio-metabolic Clinic, Adult Art Clinic, Endocrine Clinic (added to the Diabetes Clinic), Hepatology Clinic (added to Gastro-enterology clinic).

(v) Successful organization of Breast=Feeding Week.

(vi) New Clinic by Deptt. of Obstetrics & Gynaecology- Reproductive Endocrinology Clinic, Infertility clinic, Colposcopy clinic, Gynae Oncology Clinic, Near Miss Clinic, Post-natal Clinic, Adolescent Clinic & Fetal Medicine Clinic.

(vii) New procedures like Selective Laser Trabeculoplasty, Keratoplasties and Collagen Cross linking were started by the Deptt. of eye this year.

(viii) Paediatric haemodialysis Services in Division of Pediatric Nephrology started at KSCH.

(ix) New Investigation started/initiated: include COVID-19 inflammatory markets (D-dimer, Ferritin, CRP (Quantitative), IL-6 and LDH Sepsis marker Procalcitonin by Deptt. of Biochemistry, advance virology (RTPCR lab) and mycosis laboratory by deptt. of Microbiology, C3, C4 levels, C-reactive protein, Serum ADA, Beta-2 micro-globulin assay by Deptt. of Pathology and state of art digital fluoroscopic facility, by the Deptt. of Radiology.

(x) Till date RTPCR Lab has tested more than 88500 samples for COVID.

7. Academic Achievements: COVID did not deter the Institution from achieving academic excellence. The Institution easily and comfortably migrated to online teachings through a free license of Microsoft teams, that still continues successfully. All Departments successfully continued their undergraduate and post-graduate teaching, while taking new innovative initiatives. Simultaneously, the faculty continued to enrich itself academically through webinars. Close to 200 publications were contributed were contributed by the enterprising faculty during this period. The Deptt. of Medicine launched the first edition of its online journal 'Medicine Clinics from the Tropics' at www.meditropics.com. Further, Deptt. of Physiology has successfully organized online "All India Online Physiology QUIZ," in which 77 teams from Medical Colleges from different part of India have participated.

8. Lady Hardinge Medical College has been conducting online classes on Microsoft Teams using educational Licenses, having 200 plus students and around 300 faculty using the platform and conducting more than 15,000 teaching activities on the platform in the last one year. The Institution is looking at acquiring an advanced Learning Management System to replace Microsoft Teams, which will go a long way in improving online teaching and assessment. The Institute is also looking at acquiring an up-to-date advance license for all faculty and students that will go a long way in improving patient care and online upgradation of knowledge and clinical skills. Besides, the Institution is looking at acquiring Wolter Kluver online journal for all faculty and student that will also go a long way in improving patient care and online upgradation of knowledge and clinical skills.

3.2.7 NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO-SCIENCES (NIMHANS), BANGALURU

NIMHANS is a tertiary care hospital in the fields of Psychiatry, Neurology and Neurosurgery with their

allied fields and teaching, research and community oriented activities being the main thrust of the Institute. the objective of the Institute is to provide comprehensive patient care services and to promote the growth and development of Mental Health and Neuro-Sciences. During the year 2020-21 a total of 3,32,382 patients from various parts of the country and across the world received specialized medical care at the Institute for psychiatric and neurological problems.

NIMHANS has emerged as the fourth best medical institute in the NIRF rating and in the India Today MDRA best university rating 2021 and has received a certificate of commendation under the Kayakalp award scheme. NIMHANS has become the first INI to be accredited by the NABH.

New initiatives have included state of the art Gamma Knife facility for precision neurosurgery, initiation of the centre for Integrative Medicine [Yoga, Ayurveda and Modern medicine for mental health and neurosciences], Centre for Consciousness studies and the Centre for Psycho Social Support in Disaster Management.

E-Manas, an online solution to facilitate comprehensive mental health services, with a potential for expansion at the national level has been initiated.

The institute has taken up several new research initiatives in psychiatry [Accelerator programme for Discovery in Brain disorders using Stem cells], addiction [Consortium on Vulnerability to Externalizing Disorders and Addictions], dementia [Advancing Approaches to Dementia Associated Research], genomics [INSACOG] and neuromodulation.

To enhance human resource capacity, the NIMHANS Digital Academy has trained doctors, psychologists, social workers, nurses and other health professionals throughout the country. SAMVAD, a collaborative programme with the Ministry for Child Protection by training officers throughout the country.

3.2.8 CENTRAL INSTITUTE OF PSYCHIATRY, RANCHI

The Central Institute of Psychiatry, Ranchi is a premier Institute in the field on Mental Health in India. It provides clinical services for mental and neurological disorders, trains manpower in the field of mental health and carries out research programmes. The Institute has a bed capacity of 643. Inpatient admission in 2021 (up to September) was 2701 and total OPD attendance was 57,574. The services provided by the Institute include clinical care, special clinics including addiction psychiatry, child and adolescent psychiatry, geriatric psychiatry, post-covid clinic and 15 such other clinics, community outreach programmes, emergency services, etc. An award was won at 47th National Annual Conference of Indian Association of Clinical Psychologists (47th NACIACP 2021) held from 28th-30th May 2021 at AFMC, Pune. The Institute has published first patent from the CCN Lab in collaboration with team from Dept. of Computer Sciences at BIT, Mesra. Sixty three national and international research papers were presented and published.

3.2.9 PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting the imbalances in the availability of affordable tertiary healthcare facilities in in different parts of the country in general, and augmenting facilities for quality medical education in the underserved States in particular. The PMSSY is a Central Sector Scheme and it has two components, namely, (i) setting up of *All India Institutes of Medical Sciences* (*AIIMS*) ; and (ii) upgrading existing Government Medical Colleges.

The setting up of new AIIMS involves creation of hospital, trauma centre facilities, medical college, nursing college, residential complexes and allied facilities/services, broadly on the lines of AIIMS, New Delhi and other six AIIMS taken up under phase-I

of PMSSY. The objective is to establish the AIIMS as Institutions of National Importance that can provide quality medical education and nursing education along with tertiary health care facilities to the people.

During the last 15 years, construction of 22 new AIIMS and upgradation of 75 Government Medical Colleges have been approved under this scheme.

Setting up of new AIIMS

Six AIIMS under Phase-I:

In Phase 1, six AIIMS were set up at Bhopal, Jodhpur, Bhubaneswar, Patna, Raipur and Rishikesh at an approved cost of Rs. 820.00 crore per AIIMS.

These AIIMS are fully operational. At each of the six AIIMS, MBBS and B.Sc (Nursing) courses have been running successfully since September, 2012 and September, 2013 respectively and the present annual intake is - MBBS seats and - B.Sc(Nursing) seats .

All key hospital facilities and services such as Emergency, Trauma, Blood Bank, ICU, Diagnostic and Pathology are also functional.

The total bed capacity of the six AIIMS is at present 5738 and is likely to reach the sanctioned bed capacity of 5760 during the year.

Present status of facilities and services of six AIIMS established under Phase – I of PMSSY

S. No.	AIIMS	Hospital Facilities				
		No. of Beds functional (Out of 960)	No. of MOT Sanctioned	Functional	No. of Super Specialty Functional (Out of 17)	No. of Specialty Functional (Out of 18)
1.	Bhopal	938	24	24	14	18
2.	Bhubaneswar	960	25	25	17	18
3.	Jodhpur	960	30	30	15	18
4.	Patna	960	28	28	13	18
5.	Raipur	960	28	28	14	18
6.	Rishikesh	960	25	25	17	18
		5738	**160**	**160**		

Hospital services in these 6 AIIMS are operating with substantial capacity as all Specialties and most of Super-specialties are functional. The basket of services have been expanded and presently, on an average, more than 16,000 patients are visiting OPD daily besides another 18,000 patients getting treatment in IPD every month. Also, about 4,500 major surgeries are performed every month. Dedicated hospitals blocks for treatment of COVID-19 patients and COVID-19 test Labs have been made functional during this year.

Operationalization of dedicated hospital beds, and beds with ventilators

Sl.	AIIMS	17-06-21		
		Non-ICU Oxygen Beds	ICU Beds incl. Ventilator	Total
1	AIIMS Bhubaneswar	295	62	357
2	AIIMS Bhopal	300	200	500
3	AIIMS Jodhpur	120	190	310
4	AIIMS Patna	330	60	390
5	AIIMS Raipur	406	81	487
6	AIIMS Rishikesh	150	250	400
7	AIIMS Mangalagiri	90	10	100
8	AIIMS Nagpur	120	20	140
9	AIIMS, Raebareli	30	20	50
10	AIIMS, Bathinda	45	25	70
11	AIIMS, Bibinagar	70	0	70
12	AIIMS, Gorakhpur	30	0	30
13	AIIMS, Kalyani	20	0	20
		2006	**918**	**2924**

Other New AIIMS under Phase-II, IV, V, VI &VII

In addition to the six AIIMS sanctioned in Phase–I, as many as 16 more AIIMS have been sanctioned/ approved by the Cabinet. Following facilities and services have been made functional in these institutes:

With the operationalization of limited OPD services at two AIIMS at Deoghar in Jharkhand and Bilaspur in Himachal Pradesh during this year, limited OPD services are now operational at Nine new AIIMS which includes AIIMS at Nagpur, Raebareli, Mangalagiri, Gorakhpur, Bathinda, Bibinagar and Kalyani. IPD services with 300 beds has also been started at AIIMS Gorakhpur w.e.f. 7-12-2021. Limited IPD facilities for treatment of COVID -19 patients is already available at AIIMS Mangalagiri, AIIMS Nagpur and AIIMS Bathinda. COVID-19 test Lab facility was also made functional at AIIMS Mangalagiri, AIIMS Nagpur and AIIMS Bathinda.

In addition to Undergraduate MBBS course with 100 seats a year already started for each of the eight new AIIMS viz. Mangalagiri, Nagpur, Raebareli, Kalyani, Gorakhpur, Bathinda, Deoghar, Bibinagar, the MBBS course with 50 seats each at AIIMS Guwahati, Jammu, Rajkot and Bilaspur has been started since the Academic year 2020-21.

Construction is in advanced stages in eight AIIMS, viz. AIIMS Raebareli, Nagpur, Mangalagiri, Kalyani, Gorakhpur, Bathinda, Bilaspur, and Deoghar. Also construction work is in progress for AIIMS at Guwahati (Assam), Sambha (Jammu), Rajkot (Gujarat) and Awantipura (Kashmir).

Details of 16 New AIIMS Under Pradhan Mantri Swasthya Suraksha Yojana:

S. No.	Phase	Location of AIIM Sunder PMSSY	Date of Cabinet Approval	Approved Outlay (Rs Cr)	Cabinet Approved Date of Completion	Expected Date of Completion	Remarks
1	Phase-II	AIIMS, Raebareli	05.02.2009 RCE approved by EFC on 22.06.2017	823	April, 2020	Completed	OPD services started in August, 2018 IPD services started in July, 2021 Medical College/ Hospital buildings completed Undergraduate MBBS course with 100 seats per annum is functional
2	Phase-IV	Mangalagiri in Andhra Pradesh	07.10.2015	1618	Sep, 2020	Jan 2022	Undergraduate MBBS course with 100 seats per annum is functional.OPD started in March, 2019. IPD for COVID-19 treatment with COVID Lab functional.
3		Nagpur in Maharashtra	07.10.2015	1577	Sep, 2020	Jan 2022	Undergraduate MBBS course with 100 seats per annum is functional OPD started in July, 2019IPD for COVID-19 treatment with COVID Lab functional
4		Kalyani in West Bengal	07.10.2015	1754	Sep, 2020	Jan 2022	Undergraduate MBBS course with 100 seats per annum is functional.OPD services started in Jan, 2021
5		Gorakhpur in Uttar Pradesh	20.07.2016	1011	April, 2020	Jan, 2022	OPD services started in 2019 Undergraduate February, MBBS course with 100 seats per annum is functional300 bed IPD started w.e.f. 7-12-2021.
6	Phase-V	Bathinda in Punjab	27.07.2016	925	June, 2020	Jan 2022	OPD services started in December, 2019 Under-graduate MBBS course with 100 seats per annum is functional
7		Guwahati in Assam	24.05.2017	1123	April, 2021	Sep, 2022	Undergraduate MBBS course with 50 seats per annum is functional

8		Bilaspur in Himachal Pradesh	03.01.2018	1471.04	Dec, 2021	June, 2022	Undergraduate MBBS course with 50 seats per annum is functional OPD started in Dec, 2021.
9		Madurai in Tamil Nadu	17.12.2018	1977.8	Sep, 2022	Oct, 2026	Loan Agreement signed with Govt of Japan.Appointment of project Management Consultant (PMC) in process.
10		Darbhanga in Bihar	15.09.2020	1264	Sep, 2024	Sep, 2024 (likely to be revised)	Encumbrance free land yet to be handed over by State Govt.
11		Samba in Jammu	10.01.2019	1661	Jan, 2023	Jan, 2023	Undergraduate MBBS course with 50 seats per annum started in 2020
12		Awantipura in Kashmir	10.01.2019	1828	Jan, 2025	Jan, 2025	Construction work started.
13	Phase-VI	Deoghar in Jharkhand	16.05.2018	1103	Feb, 2022	June, 2022	Undergraduate MBBS course with 100 seats per annum is functionalOPD started in Aug, 2021
14		Rajkot in Gujarat	10.01.2019	1195	Oct, 2022	Oct, 2022	Undergraduate MBBS course with 50 seats per annum started in 2020
15	Phase-VII	Bibinagar in Telangana (Hyderabad)	17.12.2018	1028	Sep,2022	Nov, 2023	Master plan finalized and tender for award of construction work is in process.Undergraduate MBBS course with 100 seats per annum is functional
16	P hase - VIII	Manethi in Haryana	28.02.2019	1299	Feb, 2023	-	Encumbrance free land yet to be handed over by State Govt.

Progress and functional status of all 22 AIIMS

Fully functional AIIMS (6)	AIIMS where MBBS classes / OPD operational (6)	AIIMS where only MBBS classes are running (2)	AIIMS where only MBBS classes started during the current year (4)	Activities in progress (4)
1. Bhopal 2. Bhubaneswar 3. Jodhpur 4. Patna 5. Raipur 6. Rishikesh (MBBS Seats : 125each)	Raebareli* Gorakhpur* Mangalagiri* # Nagpur*# Bathinda*# Bibinagar 13. Kalyani* 14. Deoghar* (MBBS Seats : 100 each)	15. Bilaspur* 16. Guwahati * 17. Rajkot * 18. Samba (Jammu)*	Bilaspur* Guwahati * Rajkot * Samba (Jammu)*	19.Awantipura* (Kashmir) 20. Madurai 21. Manethi** 22. Darbhanga (Bihar)
	# IPD for COVID-19 treatment and COVID Lab functional * Construction for main building in progress/ started. ** Alternative site being selected;			
These 22 AIIMS projects envisaged to add more than 2200 MBBS seats, 1200 Nursing Seats and 18000 beds (with average 15 super – specialties in every AIIMS).				

Upgradation of Existing State Government Medical Colleges/ Institutions (GMC)

The upgradation programme broadly envisages improving tertiary health infrastructure in existing Government Medical Colleges / Institutions (GMCIs) through construction of Super Specialty Blocks / Trauma Care Centres and/or procurement of medical equipment. A total of 75 Upgradation Projects have been approved till date and each upgradation project involves addition of on an average of 8-10 Super Specialty Departments and 150-250 beds. Presently, sharing of funds for upgradation project between Centre and State is 60:40.

Projects for upgradation of GMCs have been approved under different Phases. Out of a total 75 of GMC upgradation projects approved under PMSSY, 49 projects were completed upto 2020-21 and 4 projects have been completed in 2021-22 (upto November, 2021), adding more than 12000 Super Specialty Beds and 2000 ICU Beds. The Super Specialty Blocks /Trauma Centres constructed in these upgradation projects are also being used as COVID Hospital Blocks. The Phase-wise details of upgradation projects are as under:

Progress and current status of GMCs

Phase	Cabinet / CCEA approval	GM Cscovered	Current Status of GMCs
I	Original- March, 2006 Revised- February, 2010 (Revised Estimates)	13	All Completed
II	2009	06	All Completed
III	November, 2013	39	28 Projects completed upto March, 2021 03 Projects completed in 2021-22 07 Projects likely to be completed in 2021-22 01 Project likely to be completed in 2022-23
IV	August, 2016	13	01 project completed09 Projects likely to be completed in 2021-2203 Projects likely to be completed in 2022-23
V(A)	IMS, BHU (December, 2016)	1	Completed in 2019-20.
	SCTIMST (February, 2017)	1	In progress.
V(B)	RIO at IMS, BHU (September, 2018)	1	Completed in 2021-22
	IGIMS, Patna (February, 2019)	1	In progress
		75	

Upgradation Projects of GMCs completed during 2021-22 (Till November, 2021):

S. No.	Name of the GMC/ Institute	Name of the State	Phase	Type of facility	Total Beds	ICU Beds	No. of Super Specialties
1	Goa Medical College, Panaji	Goa	III	SSH	527	87	11
2	Rajiv Gandhi Institute of Medical Sciences, Adilabad	Telangana	III	SSH	210	42	8
3	Agartala Govt Medical College, Tripura	Tripura	III	SSH	169	29	7
4	Regional Institute of Ophthalmology (RIO), IMS, BHU, Varanasi	Uttar Pradesh	V (B)	OC	-	-	1

Goa Medical College, Panaji, Goa

Rajiv Gandhi Institute of Medical Sciences, Adilabad, Telangana

Agartala Govt Medical College, Tripura

RIO, IMS, BHU, Varanasi

FINANCIAL PROGRESS

The Budgetary allocation and utilization percentage under the PMSSY scheme has substantially increased over the years as brought out in the following table:

(Rs. Crores)

Financial Year	Budget Estimates	Revised Estimates	Budget Expenditure	EBR HEFA)** (Funding	Total Expenditure
2017 - 18	3975.00	3175.00	3159.81	Nil	3159.81
2018 - 19	3825.00	3825.00	3796.53	1015.79	4812.32
2019 - 20	4000.00	4714.90	4683.49	2191.02	6874.51
2020-21	6020.00	7517.25	6839.80	481.77	7321.57
2021-22	7000.00	7500.00	4314.54*	Nil	4314.54*

*As on 23.11.2021

** EBR(HEFA) – Extra Budgetary Resources (Higher Education Financing Agency)

In the current financial year (2021–22) around 57.53 % of the Budget allocation has already been utilized by first Eight months i.e. upto 23.11.2021.

NEW UPCOMING AIIMS AT DIFFERENT PLACES -

AIIMS NAGPUR

AIIMS KALYANI

AIIMS MANGALAGIRI

AIIMS RAEBARELI

AIIMS GORAKHPUR

AIIMS BATHINDA

AIIMS DEOGHAR

AIIMS BIBINAGAR

AIIMS BILASPUR

AIIMS RAJKOT

AIIMS GUWAHATI

AIIMS JAMMU

AIIMS AWANTIPORA (KASHMIR)

3.3 OTHER HEALTH INSTITUTIONS

3.3.1 All India Institute Of Physical Medicine And Rehabilitation, Mumbai

All India Institute of Physical Medicine and Rehabilitation, established in 1955 as a Pilot Project with technical expertise and manpower support from United Nations Organization, came under the administrative control of MoHFW in October, 1961.

This apex Institute of Physical Medicine and Rehabilitation is well recognized for its commitment to provide comprehensive rehabilitation services to persons with locomotor disabilities. Along with this, the Institute runs training courses. Most of them are Post Graduate level courses, in Physical Medicine & Rehabilitation and allied rehabilitation fields.

The Institute is actively involved in disability rehabilitation related research work and is recognized by Department of Science and Technology (DST), Govt. of India as a research institute.

VISION

To actualize the potential of every person with Locomotor Disability to ensure for him/her equal opportunities, protection of rights and full participation in the society.

MISSION

To optimally enable Persons with Locomotor Disability by quality interventions that go beyond their medical needs, so as to achieve social and economic independence, train Rehabilitation Professionals and undertake Research.

OBJECTIVES

- To create and provide comprehensive medical rehabilitation services for all categories of Neuro - musculo - skeletal disorders including chronic disorders.
- To create and provide services through interdisciplinary approach with emphasis on Disability Prevention and Rehabilitation.
- To train Rehabilitation Professionals through short term orientation courses and long term Graduate and Post Graduate Courses.
- To train Health Functionaries at community level.
- Fabrication of aids and appliances.
- To conduct research in the field of Physical Medicine and Rehabilitation.
- Collaboration and co-ordination with government and NGOs for providing consultative services for formulating improvement and monitoring of rehabilitation services from time to time.

Facilities

- The Institute is one of the best equipped Rehabilitation Centre in India. It provides comprehensive rehabilitation services to Persons with Disability (PWDs) with departments that include: Physical Medicine & Rehabilitation, Radiology, Pathology, Anaesthesiology, Physiotherapy, Occupational therapy, Prosthetic & Orthotic, Speech Therapy, Medical Social Work, Vocational Guidance, Academic section with E-library, Vocational Training, Administrative and Hindi department.

1.2 Annual Statistics Actual Data - (January, 2021– September, 2021)

		OPD	**Physio therapy**	**Occupational Therapy**	**Radiology**	**Pathology**	**Speech Therapy**
1	**No. of PWD (Assessed & Intervened)**	16335	10822	2814	No. of patients X-rayed - 1594 No. of USG done - 320	No. of investigation done-10446	334
2	**No. of Certificates issued**	**Disability Certificates**		**Driving Certificates**		**Railway Cert.**	**Other Cert.**
		86		293		160	41

3	**Surgeries performed (Major & Minor)**	**Major**	**Minor OT Procedures**
		24	569
4	**No. of Aids & Appliances delivered by Prosthetic and Orthotics**	**Orthoses**	**Prostheses**
		1666	310
5	**Sitting / Mobility Devices and Adaptation Prescribed and Supplied**	180	
6	**VTW deptt.**	**No. of PWDs assisted for training & employment**	**Fabrication of Mobility aids and seating devices**
		Due to Covid-19 pandemic students were not admitted for training	22
7	**MSW deptt.**	**No. of PWDs given financial assistance and ambulatory aids**	**No.of PWD's Counselled and benefited from other activities**
		13	350

Special Achievements:

The Department of Prosthetics & Orthotics has filed a Patent for "Trans-Tibial Prosthesis with Provision for Squatting" with Office of Intellectual Property Rights Office, Mumbai, Government of India. This prosthesis is designed taking into consideration the lifestyle of majority of Indian trans-tibial amputee population. It will help them to adapt to their needs as majority of the people in India perform their activities of daily living at the floor level. The existing designs of prosthesis are basically adapted from the western countries, where all the activities of daily living are performed at the table or bench level. This design helps the Trans-tibial amputees to use the Indian toilets as western toilets are rarely available for common people. It will also help to work in the farms, perform domestic activities like cleaning utensils, washing clothes, working in the farms etc. A clinical study with this design of prosthesis is carried out on 15 amputees and the results are promising.

All India Institute of Physical Medicine and Rehabilitation, Mumbai.

3.3.2 All India Institute of Speech and Hearing (AIISH), Mysuru

The All India Institute of Speech and Hearing (AIISH), Mysore, is a leading autonomous organization under the Ministry of Health and Family Welfare, Government of India, providing training, research, patient care, and public education in communication disorders. The major activities carried out by the Institute from 1st January to 30th September 2021 are given below.

Highlights of the Year

- The Institute opened six new outreach centres across the country, further strengthening its ambition to reach out and serve people with communication disorders. With this, the number of outreach service centres of the Institute reached twelve.
- In commemoration of Mahatma Gandhi's historic Dandi March, the Institute organized speech and hearing screening camps in six villages of Gujarat from 21st to 23rd March 2021. In addition, 42 camps were organized in different parts of the country during the period.
- The Institute was awarded membership in the prestigious World Hearing Forum, an organ of the World Health Organization, in recognition of its contribution to the promotion of the World Hearing Day, 2021 through various programmes and activities over a span of one month.
- To mark World Hearing Day, the Institute distributed hearing aids to needy people, free of cost on 5th March 2021. On the occasion, Sri. Pratap Simha, Hon'ble Member of Parliament, Mysuru-Kodagu Constituency, presented the aids to 70 beneficiaries from Mysuru, Mandya, Chamarajanagar, and Kodagu districts
- The Institute could get all its staff and students vaccinated against the corona virus in the early days of vaccine availability in the country.
- The institute made extensive effort to reach to the unreached through social media by creating the awareness videos.

Infrastructure Development

The Institute carried out several infrastructure development works. The major ones are given below.

- **Upgradation of LAN Network Cables**: The existing CAT 5 network cables were replaced with the advanced CAT 6A cables. The Cat 6 supports upto10 Gigabit Ethernet.
- **Server Upgradation:** The existing server computer of the Institute was upgraded with advanced technologies like active directory service, link load balancer, server load balancer, web security proxy server, central storage, backup, patch management, VM ware etc.
- **Therapy Park:** To facilitate independent play skills in children with communication disorders and to facilitate motor skills of adults and elderly with communication disorders, the Institute constructed an 'Inclusive Therapy Park' adjacent to the pre-school in the main campus at the cost of Rs. 60 lakhs.

3.3.3 All India Institute Of Hygiene & Public Health (AIIH&PH), Kolkata

All India Institute of Hygiene & Public Health, established in 1932 as a first school of Public Health in South-East Asia region, has been a Pioneer Institute of its kind dedicated to teaching, training, and research in various disciplines of Public Health and allied sciences to ensure capacity building in the area of Public Health. The teaching, training, and research at AIIH&PH have the unique support of its field laboratories, namely, Urban Health Center, Chetla and Rural Health Unit & Training Center, Singur.

The teaching, training and research is conducted through multidisciplinary approach by contribution from diverse disciplines. The Institute has been serving as the nodal Institute for the North Eastern States of India in Integrated Disease Surveillance Program (IDSP) under Ministry of Health & Family Welfare.

The regular courses conducted by the Institute are as follows:

NMC Recognized Courses:

- MD (Community Medicine),
- Master in Public Health (MPH) (Epidemiology)

Other Courses:

- M.Sc. in Applied Nutrition
- Master in Veterinary Public Health (MVPH)
- Diploma in Health Promotion and Education (DHPE)
- Diploma in Dietetics
- Diploma in Health Statistics (DHS)
- Post-Graduate Diploma in Public Health Management (PGDPHM)

A total of 131 Post Graduate students are enrolled in the various courses in the Year 2021.

In addition to the regular courses, the Institute also conducts various Short Courses/Training Programmes on a regular basis for Capacity Development in the field of Public Health. 32 short training programmes and 6 workshops/Seminars were conducted. This year 75 dissertations/research and 53 short-studies in the field of Public Health were conducted and 36 articles/ papers contributed to different journals during the year.

Contribution in containment of Covid-19 pandemic in different States of India by the Institute:

Since the beginning of second wave of Covid-19 pandemic in the month of March, 2021 in India, 12 experts from the Institute were posted by the EMR division, DGHS on several occasions in different states of India viz. Assam, Tripura, Sikkim etc. as Team leaders/ Team members of central team for providing assistance to the State Government in the containment of Covid-19.

Faculty were also involved in awareness generation talk on "Prevention of Covid-19" conducted by All Indio Radio.

New Initiatives

- Booklet on COVID 19 information in English and Bengali for ASHA workers and health professionals was published and e-Booklet is available in www.aiihph.gov.in
- COVID-19 vaccination was started in field practice area of RHUTC, Singur and around 21,023 doses were administered till date.

Other Achievements

- The Institute has been functioning as an International Centre for Yellow Fever Vaccination for travellers of Yellow Fever-endemic areas since the initiation of the program of vaccination by the WHO. During the reference period 803 travellers got vaccinated at the centre.
- Awareness campaign conducted for **"Covid-19 appropriate behaviour"** in the field practice area of RHU& TC, Singur and UHU& TC, Chetla.
- The Institute has been functioning as Drinking Water Potability Testing Centre as per international guidelines.
- Postgraduate students of the Institute received 7 awards in different categories for best paper presentation/e-concept research note writing in National level conference conducted by professional association and organization viz. IAPSM, IPHA and PGIMER, Chandigarh
- One of the MD (CM) student stood second in the University final examination.

Percentage of PWD employees: According to current strength 6 employees are PWD i.e. 1.60 %

Gender Issues:

"A study on nutritional status and intra-household food distribution among reproductive age group women in a slum area of Hooghly District, West Bengal"

Study won 2nd Prize in Poster Paper Presentation (Theme- Miscellaneous) at IPHACON 2021

Active surveillance team at containment zone of Nonglum Village, Ri Bhoi District, Meghalaya by the experts from AIIH&PH, Kolkata

3.3.4 Central Leprosy Teaching And Research Institute (CLT&RI), Chengalpattu

1. Introduction:

Central Leprosy Teaching and Research Institute (CLT&RI), Chengalpattu was established in 1955 under a Governing Body by taking over Lady Wellington Leprosy Sanatorium (Estt. 1924). It was made a Subordinate Office of the Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India in 1974, with an objective to provide diagnostic, treatment and referral services to Persons affected with leprosy (PAL), train manpower for NLEP, Monitoring & Evaluation and to conduct basic and operational research. The Institute has a 124 bed hospital catering to both indoor and outdoor patients with four technical divisions: - Clinical, Surgical, Laboratory and Epidemiology & Statistics.

2. Training activities:

Training / Capacity building of human resources involved in National Leprosy Eradication Programme (NLEP) remain the core activity of the institute, with the main objective of strengthening the capacity of programme personnel from district to field level, to effectively implement NLEP services. The institute also provides resource persons for various training activities of Medical Officers and paramedical staff as requested by the States. Due to COVID-19 pandemic, the NLEP trainings were conducted online and the response from the stakeholders was encouraging. The training activities undertaken from January 2021 to October 2021 are as under:

S. No	Name of the Training Course	Batches	Total Participants
1.	NLEP Training for State/District Leprosy Officer (5 days)	03	93
2.	NLEP Training for Post Graduates in Community Medicine(3 days)	02	90
3.	Training in Tertiary Care Management of Leprosy (5 days)	01	33
4.	NLEP Training for Health Supervisors (5 days)	01	73
5.	Internship training in Laboratory Diagnostics (5 days)	04	19
6.	Internship for Clinical Posting of Bachelor of Physiotherapy (BPT) Students	12	94
7.	NLEP Training for Data Entry Operators/ MIS Officials	02	70
8.	Training of DMLT/ B.Sc. MLT students	01	17
9.	Compulsory Rotatory Residential Internship (CRRI)Training (5 days) for MBBS	02	02
10.	Outreach training for Medical officers and other healthworkers	02	120

3. Patient Care Services:

Clinical Services

The institute provides quality health care services to persons affected with leprosy from all over the country for diagnosis, treatment and management of complications with round the clock services. All the patient care services were provided uninterruptedly during the COVID pandemic. The Out- patient & In-patient services during the year (till Oct 31st 2021) are given below:

S. No	PARTICULARS	Total
Out-patient Services:		
1.	Total No. of patients attended outpatient clinic	4605
2.	New leprosy patients detected (Pauci-bacillary –3 & Multi-bacillary - 21)	24
3.	Old patients affected with leprosy attended	3237
4.	State Govt. Leprosy Centre/block	738
5.	General patients patients	606
In-patient Services:		
1.	Total Admissions	351
2.	Total Discharges	346
3.	Bed occupancy rate	79%

Surgical Services:

The institute is a referral centre for Re-Constructive Surgery (RCS) for persons affected with leprosy having deformities. A total of 19 major surgeries including 11 RCS were performed during the year. About 286 minor surgeries and four special surgical procedures were also performed.

4. Disability Prevention and Medical Rehabilitation (DPMR) services:

DPMR activities are carried out at the institute for the benefit of persons affected with leprosy and to support and supplement the services of State governments. The institute also has a manufacturing unit for Micro Cellular Rubber (MCR) sheets and dedicated footwear and artificial limb unit to produce different types of footwear and prosthetics as per the requirement of beneficiaries with necessary modifications, free of cost.

Physiotherapy services	Total No.
New case assessment	140
Follow up assessment	60
Hand & Foot Exercises	1190
Wax Therapy	831
Electro-therapy/radiation	819
Splints & Slabs	599

MCR & Footwear Particulars	Total
MCR Sheet Production (Sheets)	620
CLTRI use (Footwear section)	300
Supply to other Govt. & Non Govt.organizations	202
Total MCR Foot wear provided (pairs)	638
No. of Orthosis and Prosthesis produced	18

Outreach disability prevention and medical rehabilitation camps are also conducted to provide ulcer care, self-care demonstration and kit issue, MCR footwear issue with measurements and identification of beneficiaries for RCS in coordination with state governments and Non-government organizations. During 2021, about eight DPMR are conducted in the districts of Chennai, Thiruvallur, Chengalpattu and Thiruvannamalai.

A total of 218 persons cured of leprosy benefitted from the outreach camps, with 152 receiving self- care kits, ulcer care management done for 64 patients, spiral splints given to 54 patients and 49 PAL received MCR footwear. The patients were assessed for disability

status, with provision of disability certificate for receiving monthly pension and railway travel concession certificate.

Laboratory Services:

The Laboratory division in the institute is well equipped with essential facilities ranging from basic services to molecular biology, including PCR to support clinical and research activities. A separate Animal House with mice colonies with provisions for drug susceptibility testing, animal experimentation and investigations for viability of *M. leprae* is also available. The total number of investigations carried out is given in table below:

S. No	Sections		Total No. of investigations
1.	Clinical Pathology	Skin Smear for *M. leprae*	1242
		Nasal Smear for *M. leprae*	40
2.	Biochemistry		8528
3.	Haematology / Serology		5189
4.	Bacteriology & Mycobacteriology		819
5.	Histopathology& Molecularbiology		172

5. Monitoring and Evaluation (M & E) of NLEP Activities:

CLTRI is involved in Monitoring and Evaluation of NLEP activities at district level in the States/UTs of Andhra Pradesh, Telangana, Karnataka, Kerala, Tamil Nadu, Puducherry and Lakshadweep. Hassan district in Karnataka and Prakasam district in Andhra Pradesh were monitored during July and August 2021.

The new strategy of active case detection and regular Surveillance (ACD&RS) launched by GOI for leprosy screening is implemented by the States and the institute provides technical support to the allotted States for effective implementation of the activities. The action plan for six thematic areas of supporting NLEP activities to allotted States is prepared and sent to DGHS. The ACD&RS monitoring has been initiated in the State of Tamil Nadu and planned to systematically cover the ten allotted States/UTs by March 2021.

6. Field / Outreach Activities:

CLTRI is carrying out various outreach activities in the specific field practice area, like case detection surveys, contact screening, hot spot survey, case holding activities, field trials and field training activities with conduction of special activities like Medical / Skin / Prevention of deformity camps. During April 2021, as part of NMS filed training programme in Villupuram district, 8548 houses were surveyed with 5507 people examined and among them, two suspects were identified. In September 2021, a hotspot survey was conducted in a village located in Thirukazhukundrum Taluk reporting cases to the institute. Out of 284 houses surveyed, one MB was detected among 244 population examined.

7. Other activities:

- Anti-leprosy Day and Fortnight celebrations 2021: The key activities conducted include, Medical / Skin camps with Information Education and Communication programme in industrial establishments, Outreach prevention of deformity camps, continuing medical education, training programme for laboratory technicians, drawing competition for school students and recreation activity for persons cured of leprosy with distribution of welfare aid and appliances.
- The COVID -19 Prevention and Control activities were sustained with minimal exposure to infection. The COVID-19 vaccination was actively taken up for the in-patients, cured leprosy patients residing in the blocks and also for employees in the institute.

8. Budgetary Allocation:

The budget estimate (BE) for the year 2021-22 is given below:

Section	BE 2021-22	Revised BE 2021-22
Revenue Section	20.07 Cr	19.46 Cr
Capital Section	1.67 Cr	1.67 Cr

Major events conducted during Jan 2021 – Oct 2021

NLEP Training for Laboratory Technicians

Outreach camp for Prevention of Deformity

Screening of workers in industrial

Distribution of Welfare aids and establishment appliances to persons cured ofleprosy

3.3.5 Regional Leprosy Training and Research Institute (RLTRI), Raipur, Chhatisgarh

Regional Leprosy Training and Research Institute (RLTRI), Raipur established in the year 1979, is one of the 3 RLTRIs in the country, established with the aim to provide specialized care to the leprosy cases, undertake research in the field of leprosy and develop specialized manpower by imparting training to vertical leprosy staff, deployed all over the country.

In the year 2005, Government of India decided to merge NLEP activities with the General Health Services. Post integration, RLTRI Raipur continued to provide specialized quality clinical services to manage complicated cases of leprosy and support State health services.

The Institute is contributing in capacity building of all categories of health personnel so that they will be enable to suspect and diagnose the case at an early stage.

Objectives:

1. Training : Regional Directors, State Leprosy Officer, District Leprosy Officers, Block Medical Officer, AMO, Para Medical Personnel, Laboratory staff, Physiotherapist and other

categories of staff from general health care system of various States

2. Monitoring, Evaluation of NLEP. Providing feedback
3. Services Outpatient, inpatient care and DPMR including RCS.
4. Research : need based and Operational
5. Collaboration and Coordination among the stakeholders

Activities:

- RLTRI, Raipur undertakes technical monitoring and evaluation on regular basis as a representative of the Directorate General of Health Services, New Delhi. The institute also continued to impart training to various health functionaries viz. Regional Directors, State Leprosy Officer, District Leprosy Officers, Block Medical Officer, Para Medical Personnel, Laboratory staff, Physiotherapist and other categories of staff from general health care system of various States
- Recently Central Leprosy Division of the Directorate General of Health Services have allocated 10 States/UTs (Chhattisgarh, Madhya Pradesh, Jharkhand, Himachal Pradesh, Haryana, Punjab, Rajasthan, Chandigarh, Laddakh and Jammu and Kashmir) to extend support in Capacity Building, Technical Supervision and Monitoring
- The dedicated Orthopaedic Surgeon of this Institute with other staff performing Reconstructive Surgery (RCS) regularly at the Institute as well as in camp mode as per the direction of Directorate General of Health Services, New Delhi (GoI, MoHFW) letter No. Z.14020/06/2021 – Lep. Dated 8 April 2021 to clear the backlog of Grade-II deformity cases due to leprosy as early as possible, so far the team has conducted camp in Chhattisgarh, Maharashtra, Agartala. At present the team is performing RCS camp (20-27 November 2021) at Ranchi, Jharkhand. In the month of December 2021, team will perform RCS in camp mode at Moradabad, Uttar Pradesh during 3-10 December 2021 and in Bhopal in the month of January 2022
- The RLTRI, Raipur team led by Dr. Krishnamurti Kamble with its limited manpower and resources with the support of Central Leprosy Division is committed to clear the backlog of eligible deformity cases fit for Surgery in camp mode as well as at the Institute level
- In the past Institute has undertaken operational and need based research in the field of leprosy. Nationwide evaluation of leprosy has been done by the institute after integration of NLEP in General Health care system. As a subordinate office of Central Leprosy Division (CLD) the Institute has been involved actively in special leprosy case detections campaigns like MLEC, SPARSH and LCDC etc.
- Institute also has hospital including OPD, 75 bedded indoor wards, a laboratory to undertake Microscopy confirmation of *M.Leprae* by skin smear examination and an OT to undertake reconstructive surgeries for leprosy related deformities. Institute has also been designated as one of the Centre for RCS in the State of Chhattisgarh. DPMR services are provided to Persons affected with Leprosy (PAL) in the institute and during the camps.
- The institute is committed to the goal of leprosy free nation by empowering the health manpower and the community through competency based training and IEC, undertaking need based research and providing quality care to Person affected with leprosy (PAL)

Historical & Milestones in the Development-

The institute has been designated as Regional Office of Health and Family welfare for the State of Chhattisgarh and has been given responsibility of monitoring various National Health Programmes including NVBDCP, RNTCP, RMNCHA+, HIV,

AIDS, NPCDCS, NBCP, IDSP, Disaster Management. Thus at present the Institute is holding dual responsibility of RLTRI and ROHFW.

Ongoing Activity of RLTRI, Raipur

- Imparting Training to the Rural Medical Assistant, Rural Health Organizer posted at the block level and working at the ground level, so that they will be able to suspect and detect the cases at the early stage and put them on treatment early, to reduce the deformity case load in future.
- We are seeking information from the 10 States/ UTs allocated to RLTRI, Raipur about their training needs. After receiving information from the States, training of all categories of personnel will be planned
- The RLTRI team led by Dr. Krishnamurti Kamble is committed to clear the backlog as early as possible
- Technical monitoring of all 10 States allocated to RLTRI, Raipur by the CLD.

Field Activity by RLTRI and RoHFW, Raipur

- WHO country office has undertaken a special project on Leprosy in 4 districts of Chhttisgarh. As a part of the team/as team leader, officers of this Institute visited 4 districts of Chhattisgarh namely Baloda Bazar, Mahasamund, Kabirdham and Durg in the month of August 2021
- As RoHFW, MDA Evaluation has been conducted by the team of this Institute in the 4 districts of Chhattisgarh namely Baloda Bazar, Gariaband, Raigarh and Raipur in the month of October 2021
- As Team Member/Team Leader of the Joint Supportive Supervision Mission of the NTEP, officers of this Institute have visited 2 districts of Chhattisgarh State namely Bilaspur and Mahasamund in the month of October 2021.

RLTRI Activity (January – October 2021)

OPD services:	**Achievement**
New Leprosy Cases detected	323
No. of MB cases in newly detected cases	248
No. of PB cases in newly detected cases	75
No. of old cases provided treatment	1085
General Patients	1196
Total patients attended OPD	2604
IPD Services:	**Achievement**
No. of patients admitted for RCS & Physiotherapy	129
No. of patients admitted having Ulcers	5
No. of patients admitted having ENL reaction	2
Total No. of patients admitted in the Wards	136
Lab Services:	**Achievement**
No. of Microbiological investigation undertaken	773
No. of clinical pathological investigation undertaken	1
No. of bio-chemical investigation	190
Cross checking of Malaria Slides	2702
Total No. of investigation done	3666
OT Services	**Achievement**
No. of Surgeries conducted	65
No. of Surgeries conducted in camp mode	51
Total Surgeries undertaken	116

Training Conducted:

No of batch	No. of Days	Cadre Trainees	No of	Description
1	3	Assistant Medical Officer/ Rural Medical Assistant	12	Chhattisgarh Government Health Department
1	1	AIIMS, Raipur MPH Students	7	AIIMS Raipur
4	3	Rural Health Organiser	186	Chhattisgarh Government Health Department
1	1	Master Trainer (Mitanin / ASHA)	72	
7		Grand Total Participants	277	

Budget Allocated 2021-22:

Institute has total sanctioned budget of Rs. 6,43,30,000/- for RLTRI and Rs. 56,000/- for ROHFW for the year 2021-22.

Infrastructure: The institute has a fenced campus with a land area of about 14 acre. Inside it has:

1. Administrative block-Director office, Auditorium with A & V facility.
2. Hostel Block-28 double bedded rooms with common toilet facility with Kitchen and dining hall facility.
3. Hospital block- 3 wards (75 beds), OPD Cubicles, Well equipped Laboratory for Leprosy patients, Laboratory for NVBDCP work, Pharmacist room, Stores, Physiotherapy unit, Operation Theatre (Presently under renovation). One ward given to State Tuberculosis Department where IRL under RNTCP is functioning.

3.3.6 Regional Leprosy Training And Research Institute (RLTRI), Aska, Odisha

This Institute was established in the year 1977. At present there are only 26 Officers & staff (Gr.-A-3, Gr B-0 & Gr. C-13 & Gr. C (MTS)-11) in position out of 62 sanctioned posts. It has a 50 bedded hospital and average bed occupancy is about 27.64% in year2020-21. The Institute provides both out-door and in-door services to leprosy patients. The Institute also works as a referral center for management of difficult to diagnose leprosy cases and problematic, complicated cases of reaction and ulcers. Thalidomide is also given to recurrent ENL reaction cases. Physiotherapy measures and MCR chappals are provided to needy patients. Amputation and various other surgical procedures are carried out regularly and RCS (reconstructive Surgery) camps have been done in the past. It also works as a nodal training and research center for the cause of leprosy eradication. Brief activities performed by this Institution: - (1st January 21 to 30thSept. 21)

1. OPD Attendance- 1200 (Leprosy-770, Non-leprosy -430)
2. In-door- Total admissions : 125
3. Reaction cases managed (OPD) - 258 episodes of reaction (Type I- 203& Type II -55)
4. Major surgeries - 00& Minor Surgeries-95.
5. DPMR- MCR Chappals –New-86 and Repair - 122
6. Total attendance for Physiotherapy :- 32 (OPD-8, IPD- 24)

Training, visits and other activities

Faculties of the Institute have participated as resource persons in the following training programs/meetings:

- NIKUSTH online training for BDMs and BNLWs on 4/1/2021 of Kandhamal district of Odisha in which 16 people have participated.
- NLEP Medical officers training of state of Tripura for 6 days from 04-1-2021 to 09-01-2021 in 3 batches (each batch for 2days). 50 medical officers including 6 DLOS and 6 physiotherapist of different district of Tripura participated.
- Training of BNLWs & BDMs on NIKUSTH training of Ganjam District of Odisha on 30-31 March 2021 at Berhampur A total of 50 participants participated in both day.
- Virtual C.M.E organized WHO (NTD) Odisha on the subject of "Lepra Reaction and Management".
- Virtual meeting on 18-05-2021 as a state level observer and resource person for NLEP review of Bargarh district.
- Online training in NLEP being conducted by CLTRI, Chengalpattu from 31st May 2021 to 4th June, 2021. About 40 post-graduate doctors of different medical colleges from different states of India participated.
- District NLEP review of Bolangir district on 08-06-2021 by Zoom virtual platform where Block indicators were reviewed /analyzed along with SLO, WHO-, NTI coordinator, NLEP consultant along with district functionaries (DLO, BNLW etc.)
- NLEP Partners meeting, Odisha on 8-9 June 2021 along with SLO, WHO-NTI coordinator and NLEP consultant for forthcoming VC by CLD on brainstorming issues on virtual mode.
- DLO's review meeting of all the dist. Of Odisha on 11-06-21 through virtual mode (Zoom) along with SLO, WHO-NTI and NLEP consultant.
- CME on ACD &RS and implementation status in Odisha along with WHO State /Zonal co-ordinator, ILEP consultant and SLO, Odisha on 16/6/21 by virtual mode.
- Preparatory meeting of Special Project on Leprosy in Chhatishgarh and Odisha on 21-06-21 by virtual mode chaired by JS (R.S).
- SLO/DLO's training on NLEP organized by CLTRI, Chengalapattu by virtual mode between 21-06-21 to 25-06-21, where 30 DLO's were trained.
- State coordinator meeting /Partners meeting for upcoming special project in Odisha (Boudh/ Sambalpur) by WHO-NTD at Lepra office, BBSR along with SLO, State PT, State coordinator, WHO-NTI, NLEP consultant on 24-06-2021
- DLO,s training project conducted by CLTRI, Chengalpattu by virtual mode on 10-08-2021, where 40 nos of DLO,s have participated.
- NLEP district monthly review meeting of Khandhmal district on 27-08-2021 in which 11 BNLWs and DLO Kandhmal were present.
- NLEP Review conducted virtually by CLDunder Chairmanship of JS, DDG(L), ADG(L) for the state of Odisha, UP, Bihar, Andhra Pradesh, Telangana, Uttarakhand, Dadra Nagar Haveli and Daman Diu from 24/08/2021 to9/9/2021.

Faculties of the Institute have visited following districts/ States:

- Visited CHCs Municipenttha, Khandadeuli, Kabisuryanagar and Polasara Blocks of Ganjam district of Odisha to Supervise SLCDD (Special Leprosy Case Detection Drive) on 19-01-2021 and 22-012021 respectively.
- Visited 28-29 Jan 2021 to Nayagarh and Kurdha Districts DLO office and CHCs Mahipur and Khandapara and their field areas to supervise SLCDD(Special Leprosy Case Detection Drive).
- Sambalpur and Boudh for baseline survey for special Project to make Nodal service delivery

blocks with support of WHO-NTD along with CLD officers, SLO, ILEP patners from 2- 6 August and debriefing at Bhubaneswar on 6th August 2021 with MD NHM, Odisha.

- Visited Andhra Pradesh for ACDRS monitoring from 22/9/2021 to 25/09/2021.
- Monthly review meeting on 21/09/2021 for Ganjam and Nayagarh district.

***Other activities*:**

- As scheduled by CLD and WHO to prepare a virtual training module, a video suiting team has visited RLTRI, Aska on 8/2/2021. Three training videos were shouted at RLTRI, Aska.
  - ➢ How to diagnose leprosy,
  - ➢ Demonstration of Tools for Leprosy diagnosis
  - ➢ Treatment of leprosy and its side effects of MDT for ASHA workers.

3.3.7 Regional Leprosy Training And Research Institute, (RLTRI), Gouripur, West Bengal

Regional Leprosy Training and Research Institute, Gouripur, Bankura, in short, RLTRI, Gouripur, a 50 bedded leprosy hospital, has been set up by Govt. of India in 1984 with the objectives as mentioned below:-

a) To create sufficient trained work force of different categories including Medical Officers, for best implementation of NLEP in different Indian states, especially, in the North-Eastern States of India to eradicate/eliminate leprosy and

b) To carry out operational research on leprosy towards better understanding of the disease.

In the changing scenario of NLEP management, presently, the institute has been conducting 'Training of Trainers' course for DLOs & BMOs.It also conducts Medical Officers' course of three days and Para Medical Worker course of five days duration throughout the year as per schedule for state Govt. sponsored participants with a view to develop requisite skill as required towards better implementation of NLEP. This institute, also, arranges one day orientation training on leprosy (NLEP), on request, for M.Sc./ B.Sc./GNM Nursing students, AYUSH students from different Govt. /Non-Govt. institutes. Besides, the institute offers regular OPD services, mainly referral, thrice in a week, running an Indoor ward of 30 beds at present, as a tertiary center, towards management of complicated ulcer and reaction cases. Furthermore, towards diagnosis and quality care, the institute runs one laboratory, one X-ray unit and one physiotherapy unit. Last but not the least, the institute has an ideal infrastructure for clinico-epidemiological studies towards evolution of leprosy considering its' location and resources.

In this connection, the performance report which has been affected badly because of Covid-19 & ongoing repairing works at Out Patient Department, IPD & in the laboratory of the institute for the year 2021-22 (1st January, 2021 to 30th September, 2021) are as below-

1) **Indoor** :- Admissions - 77, Discharges – 66 Bed Occupancy Rate - 52%, Bed Turn Over Rate – 2.2

2) **O.P.D**:- New Cases detected – 07, Other Cases –01, Old leprosy patients attended- 355, MDT given – 28 blisters packs, Referral Patients attended – 818, General Patients attended – 222, RFT made –02 Nos, Relapse – 00

3) **Laboratory Unit:-** Slit Skin Smear done – 236nos, (Included referred cases from other hospitals for smear also.) Bio-chemistry done- 84 nos, Clinical Pathology – 10 nos.

4) **Physiotherapy Unit :-** Plaster – 02, Exercise – 2428, Muscle stimulation – 00, Infra Ray – 00, Wax Therapy -389 .

5) **Trainings Imparted:-**

a) NLEP Training (Virtual) of 02 days duration

imparted to 20 Nos. M.Sc. Nursing Students from Govt. Nursing College, BSMCH Bankura.

b) NLEP training planned for 90 Nos. Medical Officers from Govt. of W.B. in three batches in Nov.,2021 Dec., 2021& Jan., 2022 as per request from SLO, W.B.

c) Other training: - One Day Orientation Training on leprosy (NLEP) given to 33 nos. BHMS students and 09 Nos. M.Sc Nursing students, 54 B.Sc Nursing students & 93 nos. GNM Nursing students from Govt. Homoeopathic college, Midnapore and Nursing colleges BSMCH, Bankura respectively.

3.3.8 Vallabhbhai Patel Chest Institute (VPCI), Delhi

The Vallabhbhai Patel Chest Institute (VPCI) is a unique research institution devoted to the study of Chest Diseases and allied sciences. The VPCI is funded by MoHFW. This is a maintained Institution of University of Delhi under Ordinance XX(2) and administered by a Governing Body constituted by the Executive Council, University of Delhi. During financial year 2021-22, Govt. of India sets Budget Estimates as Grants-in-aid and Amount of Swachhta Action Plan to the tune of Rs. 67.63 crore to VPCI.

The Institute continues to conduct post-graduate courses [Diploma in Tuberculosis & Chest Diseases (DTCD) MD, DM in Pulmonary Medicine, MD in Biochemistry, Microbiology, Pharmacology, Physiology and Phd in Pulmonary Medicine, Microbiology, Pharmacology, Physiology] in chest diseases in India. Dedicated Patient care facilities include Viswanathan Chest Hospital, DOTS Centre, National Centre of Respiratory Allergy, Asthma and Immunology, National Tobacco Quitline, Cardio-Pulmonary Rehabilitation Clinic, Yoga Therapy Centre etc. The Institute also has a state-of-art Library, Animal House, Auditorium, Indoor Sports Complex, PG Students Hostel and Gymnasium. The Specialized investigations available at VCH include Pulmonary function tests, Arterial blood gases, Polysomnograms (Sleep Laboratory), Fibreoptic bronchoscopy, Respiratory Allergy Skin Tests, Clinical Immunology, Computed Tomography, Guided FNAC, BACTEC System for Tuberculosis, diagnostic facilities in Mycology and Virology.

Post-graduate students are trained for DM and MD degrees in Pulmonary Medicine; for MD Degree in Biochemistry, Physiology, Microbiology and Pharmacology, and for PhD degree in Chest Medicine and Allied sciences. VPCI has 15 MD students on rolls (under Session 2019-22=07, 2020-23=08) and 04 DM students (2019-22 =02; 2020-23 =02).

The Institute has 13 ongoing research projects by various governmental agencies, namely, AYUSH, DHR, CCRUM, DST, DIPAS, ICMR, NIF to the tune of 166.00 Crores. Despite COVID pandemic situation, VPCI has continued to function normally. Several requisite measures like providing personal protection gears to health workers and other staff; management of visitor, patient inflow and outflow; creation of screening facilities, Isolation Ward and Isolation Emergency, conducting training etc. VPCI has continued providing telemedicine services started in September 2020. Further, home-based Pulmonary Rehabilitation for post-Covid patients has been started in June 2021. VPCI has also started Post-Covid Respiratory Management Centre which was inaugurated by the Hon'ble Vice Chancellor of the University. VPCI is an empaneled hospital under the Ayushman Bharat Pradhan Mantri Jan Arogya Yogana (PMJAY).

During 2021-22, over 8500 new patients registered at our OPD for consultation and over 17100 old patients came to OPD for follow-up. The Indoor General Ward admitted over 800 patients and the Emergency Ward admitted and provided treatment to over 4,500 patients. The RICU admitted 132 patients for intensive care.

During the period, the National Tobacco Quit Line Service (NTQLS) (toll-free no. 1800-11-2356) attended to more than 11.05 lakh calls landed on the Interactive Voice Response (IVR) with success rate

of 27%. At the Pollen Count Station at VPCI, over of 700 slides were mounted and analyzed during this period.

The Institute was approved for a multi-disciplinary Research Unit (MRU) by Department of Health Research, Govt. of India and is functional since 2015-16. The MRU at VPCI is actively involved in various research activities since its inception. In 2021-2022, 6 projects are functional and 2 have been completed; and reports have been submitted to the DHR. Regularly Quarterly progress Reports of these projects are sent to DHR.

3.3.9 National Institute of Tuberculosis And Respiratory Diseases (NITRD), New Delhi

National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi, an autonomous institute of Ministry of Health and Family Welfare, began its journey as a TB Sanatorium in 1952 and risen to the level of an Institute in 1991 followed by national recognition in 2013

The Institute is a tertiary care centre which provides high quality preventive, diagnostic curative and rehabilitative services to the patients with Respiratory Diseases especially Tuberculosis. The total number of patients attending the Institute (pre-COVID lockdown as per the recent annual report figures) had risen to nearly 2.9 lakhs (average total number per day being 960), more than 50% increase in the last five years. NITRD also continues to support the National Tuberculosis Elimination Programme in framing policies and guidelines as per the need of the country and to carry out the academic in the form of teaching, training and research in the field of TB, as well as, non-tubercular Respiratory Diseases.

The Institute runs a daily OPD for diagnosis of TB and Respiratory Diseases. Special Clinics like Sleep Clinic, Lung Cancer Clinic, Thoracic Surgery Clinic, Allergy Clinic, Tobacco Cessation Clinic, Pulmonary Rehabilitation Clinic, Laser Therapy Clinic and Pre-Anaesthesia Check-up Clinic focus on various Non-Tubercular Respiratory Diseases. The Institute provides indoor treatment to the seriously ill patients of Tuberculosis and Respiratory Diseases through 470 beds in various wards, Emergency and ICU. Institute runs Post-Graduate DNB (Respiratory Diseases) Degree Course since 1999 and is now admitting 19 DNB students per year. In addition, two students per year are being admitted each to DNB (Thoracic Surgery-Super-speciality course) and DNB (Microbiology) courses.

The Institute is also providing COVID services to the patients and public at large. A total of 20,569 Rapid Antigen Tests and 20,005 RTPCR Tests have been done for the diagnosis of COVID-19. 282 patients have been found positive for COVID-19. The Institute also started COVID wards (Total beds-111) for treatment of COVID-19 patients on 27.04.2021, and 126 COVID patients have been admitted till December 2021. Vaccination for COVID-19 is also going on in the Institute, and 19,164 vaccine doses have been administered till December 2021. The Institute also received a number of equipment in donations, including Bi-pap Machines, Oxygen concentrators, HFNC, ventilators, PSA oxygen plant, PPE kits, etc. The total value of all donations is more than Rs. 55.8 million.

Fifteen new research projects (including those of DNB students as well as of Institute faculty) were initiated during the period in addition to the ongoing projects. About ten scientific publications of the Institute Faculty were published in various journals and books during the period. The Institute continues to publish its 3-monthly Newsletter regularly. Many of the senior faculty members represented the Institute in various Technical/Expert Committees on TB and Respiratory Diseases and contributed towards defining the policies of TB Programme at National Level. As reviewers of the reputed National and international journals, the faculty also fulfilled its editorial responsibilities.

During the above period 48,654 new patients attended OPD averaging 164 per day. Total OPD attendance was 212,807 averaging 720 patients daily. 10,906 TB cases were diagnosed and referred to the respective

DOTS Centres for treatment. A total of 55,605 microscopy tests, 14,090 pulmonary and 4337 extra-pulmonary MGIT liquid cultures, 3035 CB-NAAT tests, 10,573 line probe assays and 4,374 MGIT DST were done. Other investigations carried out were 156,177 haematology tests, 3,80,243 biochemistry tests, 4,036 cytology tests, 523 histopathology tests, 78,104 X-Rays, 2595 Ultrasounds, 1474 PFT, 477 Bronchoscopies, 10,813 ECGs and 72 Sleep studies. There were 5,010 Indoor admissions, 38,576 Emergency patient visits, 464 ICU admissions, 460 Major Thoracic surgeries, and 13,864 patients visited ART centre.

Achievements of Institute

1. Institute observed Swachhta Week from **15th to** 21st January 2021 and Swachhta Pakhwada from 01.04.2021 to 15.04.2021.
2. Daily Camp for COVID-19 Vaccination is being organized in the Institute since 11/2/2021.
3. The Institute conducted "**Difficult to Treat TB Clinic**" on 17-2-2021.
4. Admission of COVID positive patient started w.e.f. 26.04.2021.
5. **NITRD Mobile App** was launched during World TB Day event on 24th March 2021 by Union Minister for Health and Family welfare, Dr Harshvardhan.
6. External Assessment of the Institute under Kaya Kalp Award Scheme 2020-21 was performed by 3-member team from NIHFW, New Delhi on 6th & 7th April 2021. Cleanliness and quality of sanitation services for the public in the Institute were highly appreciated by the team.
7. Department of Thoracic Surgery started "ECHO ISTST monthly meet - Difficult to treat case presentation" w.e.f. 22nd July, 2021.
8. F.A.T. Examinations for DNB (Respiratory Medicine) and DNB (Thoracic Surgery) were conducted at NITRD on 20.08.2021 and 27.08.2021 respectively.
9. Institute organized "India Freedom Run 2.0 - Fit India Mission" run for staff and their family members on 19.09.2021. Around 100 participants attended the programme.
10. NITRD in collaboration with Doctors Without Borders/ Médecins Sans Frontières (MSF) celebrated "NITRD MSF TB Day" on 25th September, 2021 at India Habitat Centre, Lodhi Road, New Delhi.
11. NITRD organized health camps with the help of Rotary Delhi Ridge at Amar Colony near Lajpat Nagar, Delhi on 07/08/2021
12. NITRD in collaboration with GGS Indraprastha University, University School of Medicine & Para-Medical Health Services, has started two weeks certificate Course for Health Assistants for Class 12th pass candidates

Institute continues to get global recognition and is functioning as a WHO Collaborating Centre for carrying out TB training and research and conducted specialized courses for South East Asia Region countries. Doctors, technicians and health workers from across the world approach the Institute for trainings and interactions, facilitating mutual collaborations.

Institute endeavours to reach greater heights towards global excellence through high quality patient care, teaching, training and path breaking research. In order to support this effort, the expansion and the Master Plan of the Institute is already underway.

3.3.10 National Tuberculosis Institute (NTI), Bengaluru

National Tuberculosis Institute (NTI), Bangalore is an organization under Ministry of Health and Family Welfare, Government of India, established in 1959. This is a premier Institute in the field of Tuberculosis control in South-East Asia, which caters to the human resource needs for TB control and operational research on various components of TB control. Since 1985,

the Institute has also been functioning as a WHO Collaborative Centre. The Bacteriological Wing of the Institute is recognized as a National Reference Laboratory for External Quality Assessment in the TB bacteriology. It also assists in establishing Intermediate Reference Laboratory for Culture and Drug Sensitivity tests across the country to support Programmatic Management of Drug Resistant TB (PMDT).

Some of the important activities carried out by Divisions/Units during the year 2021-2022 are as given below:

1) HRD and Documentation

One of the salient activities of the Institute is to facilitate human resource development for the National TB Elimination Programme (NTEP) and thereby sustain the capabilities of programme managers through relevant skill development. The objective of the NTEP training programmes is to ensure that the programme managers, teachers of Medical Colleges, Medical Officers and Paramedical Staff are equipped with the skill set and knowledge required to implement successfully the TB control activities. These include quality assured diagnosis of TB, management of TB-HIV co-infection, management of drug resistant TB, data management and forging partnerships with all sectors involved in TB control activities.

2) Laboratory

The laboratory at NTI has been designated as one of the National Reference Laboratories, which assesses the quality of sputum smear microscopy, culture and drug susceptibility testing by phenotypic and genotypic methods in the laboratory network under RNTCP.

Achievements during 1st Jan 2021 to 31st Dec 2021:

- NABL Accreditation of laboratory in March 2021
- National TB Prevalence Survey (NTBPS) in the State of Karnataka Culture and DST. Microscopy and CBNAAT of samples, data compilation and reporting to NIRT (completion of activities and closure of study in August 2021)
- Prevalence Survey for Microbiologically Positive Pulmonary NTM- Culture and identification, data compilation, reporting and isolate transport to JALMA Agra (closure of project in July 2021)
- National Sero-survey for Covid-19 – 4th round completed in Karnataka
- Performance evaluation of BD max instrument for MTB RIF/INH Detection completed (September 2021)
- Extra Quality Assurance (EQA) Conducted desk review and post-EQA visits for the fourth phase of the first round of EQA of 1500 CBNAAT sites across the country including and report writing, Conducted pilot EQA of 50 TrueNAAT sites in 50 selected districts, EQA of smear microscopy for Karnataka, Maharashtra and Rajasthan States
- Annual panel testing for culture and DST for 29 laboratories certified under NTEP.

3) Epidemiology and Research Division (ERD)

The Division is involved in conducting epidemiological and operational research studies on TB, mentorship and imparting training with technical support to other Organizations /Institutions in the country, organizing research dissemination workshops periodically to improve programme performance based on the findings and to facilitate and advocate policy modifications. The research activities of the division are briefed as under:

➢ **Intramural Studies:**

- *Diagnosis and treatment practices among treating clinicians for the management of Extra-Pulmonary TB in selected tertiary health care facilities in Bangalore city – an evaluation based on mixed methods*

  Status: Completed

- *Implementation of the New Integrated Algorithm for diagnosis of Drug Resistant Tuberculosis in Karnataka State, India: how well are we doing?*

  Status: Completed

➢ **Extra-Mural Studies :**

- *A Phase III, Randomized, Double-blind, three arm Placebo controlled Trial to Evaluate the Efficacy and Safety of two vaccines VPM1002 and Immuvac (Mw) in Preventing Tuberculosis (TB) in Healthy Household Contacts of Newly Diagnosed Sputum Positive Pulmonary TB Patients*

Status: The enrolment under this Phase III Regulatory Clinical Trial approved by CDSCO (DCGI) is completed and the follow-up is under progress.

Total enrollment details are as follows:

Total Smear positive (**S+**) Index cases approached: 389, Total Household contacts (HHCs) identified for vaccination:1257, Total eligible HHCs: 1133, Total consented and Screened: 951, Total screen failure: 85, Dropout after 1st visit : 63, Total enrolled: 803, Total vaccinated 1st Dose (V2)- 803, Total vaccinated 2nd Dose (V4): 739 and as on 30th September 2021, 2336 follow up visits were done by the study team at both the sub-sites under NTI.

4) Monitoring & Evaluation Division (M&E)

The M&E Division of the Institute plays an essential role of supporting the Central TB Division in conducting Joint Supportive Supervision (JSS), Central Internal Evaluation (CIE) of NTEP and supervision & monitoring of NTEP lab network throughout the country. The Division provided training on electronic case base web-based monitoring of NTEP data (Nikshay) to programme managers during modular training and there is plan to train more officials from the programme in the year. The statistical needs of all the research and other activities in the Institute were provided.

5) ACSM Division

The main objective of the Division is to develop Information, Education, Communication (IEC) and advocacy skills among specific target groups to combat the TB disease. The Division has sensitized scores of medical and paramedical students, schoolchildren and teachers, PU College students, Garments Workers, Self Help Groups and various other professional groups regarding TB Control activities.

6) New Initiatives:

- During the COVID-19 Pandemic, virtual orientation/sensitization trainings on TB & NTEP for paramedical and basic life science students were initiated; 1296 students in nine batches were sensitized virtually till September 2021.
- A webinar on TB and NTEP for para medical and life science faculty was conducted on 24th March 2021 on World TB Day and approximately 70 faculty members participated.

7) Administration Division

The Administration Division of NTI caters to all the administrative requirements of the Institute. The five units under this Division are Establishment, Accounts, Hostel, Stores and Transport Units. Details of expenditure for the year 2021-22 is as follows:

2021-22	**Expenditure for 2021 & 2022 (Rs.)**			**Projection for October 2021- to March 2022**
	January 2021 to March 2021	April 2021 to September 2021	Total (January 2021 to September 2021)	October 2021 to March 2022
Revenue	2,58,69,689	7,77,56,765	11,20,31,765	6,95,43,235
Capital	28,00,000	43,00,000	71,00,000	64,00,000

3.3.11 New Delhi Tuberculosis Centre (NDTBC), New Delhi

The New Delhi TB Centre, a grantee institute of MoHFW, has completed 81 years of its glorious journey in the field of TB control activities. The Centre is not only providing patient care for TB and respiratory diseases cases, but also contributing in TB elimination activities by providing laboratory support of rapid diagnostics, doing research both basic and operational in TB control activities and providing monitoring and supervising support in implementing National TB Elimination Programme (NTEP) services in Delhi State. During the Covid-19 pandemic in the current year, the Centre also provided training and supervising support for Covid-19 diagnosis both in public and private sector in Delhi State. As TB patients could not attend DOT Centre, the Centre provided adherence support to patient by providing telephonic consultation.

During 2021-22, the centre was involved in the following activities**:**

Clinical:. A total of 4,636 patients attended the OPD of which 2,432 were new outpatient attendance. A total of 543 patients were enrolled and followed up in COAD clinic. This year a new digital X-ray machine has been added in the section which will help in providing radiological support to OPD as well as Active Case Finding cases.

Laboratory: Laboratory of the Centre is equipped with all diagnostic facilities starting from microscopy to whole genome sequencing. More than 51,000 tests were done in the laboratory. This year laboratory also added the testing for Covid-19. The laboratory not only provided diagnostic facility for Covid-19 cases, but also trained microbiologists and laboratory technician of both public and private sector laboratory to set up Covid-19 diagnostic facility.

Teaching and training: Centre has trained 3520 personnel, many virtual sessions have been taken on ECHO platform. Efforts are on to make use of e-module and frequent use of ECHO platform so as to reduce the time and POL expenses for personally attending the training and review sessions.

Supervision and monitoring: 25 chest clinics were supervised on virtual platform due to COVID-19.

Research Activities: The faculty of the Centre is actively involved in conducting research activities in programme related aspects. During the year, 21 papers were published in journals and 2 were communicated for the publication.

3.3.12 National Centre For Disease Control (NCDC), Delhi

National Centre for Disease Control (NCDC) erstwhile NICD had its origin in Central Malaria Bureau, established at Kasauli (Himachal Pradesh) in 1909.The Institute has its headquarters in Delhi and had 8 branches located at Alwar (Rajasthan), Bengaluru (Karnataka), Kozhikode (Kerala), Coonoor (Tamil Nadu), Jagdalpur (Chhattisgarh), Patna (Bihar), Rajahmundry (Andhra Pradesh) and Varanasi (Uttar Pradesh).

There are 10 technical Centers/Divisions at the headquarters of the institute i.e. Centre for Epidemiology and Parasitic Diseases (Dept. of Epidemiology, Dept. Parasitic Disease), Division of Microbiology (including Centre for AIDS & related Diseases and Biotechnology), Division of Zoonosis, Centre for Medical Entomology and Vector Management, Division of Malaria and Coordination, Division of Climate Change & Occupational Health, Division of Bio-Chemistry & Bio-technology and Division of Non-Communicable Diseases.

Hon'ble Union Ministers of Health and Family Welfare at 114th NCDC Day

114th NCDC Day on 30th July, 2021

NCDC is envisaged as a Centre-par-excellence to give further impetus to the advancement of knowledge in prevention and control of communicable/ Non-Communicable diseases with specific focus on:

A. Technical achievements

S. No.	Division	Key activities undertaken
1.	IDSP	• Surveillance and response through DSOs and SSOs of Over 3000 outbreaks. IT based real time reporting portal IHIP developed and rolled out in all the states. • 371 District laboratories are being strengthened, Media alerts investigated,134 SRLs made functional. key role in monitoring different CoVID-19 parameters through MoHFW's CoVID-19 portal (www.covid19.nhp.gov.in). The DSUs are collecting and entering a major part of the data available on the portal including the surveillance data of Mucormycosis. • Investigation and control of outbreaks of Nipah (in Kerala), Avian influenza, Zika in Rajasthan, Gujarat, MP and UP, AES in Bihar
2.	Epidemiology	• IDSP and Bio-technology coordinating flow of samples from States, WGS, Clinico-epidemiological correlation as National nodal unit of *Indian SARS CoV2 Genomics Consortium (INSACOG)*. • Capacity building: FETP, Epidemiological intelligence, 3X3 Basic epidemiological trainings, Central teams during cyclone in Orissa, Land borders at Nepal, Bangladesh and Bhutan. Developed Technical guidelines for covid.
3.	Division of parasitic diseases	• Capacity building in NFCP, STH, Surveys to assess the STH prevalence in various ecological zones, STH prevalence re-survey conducted at Kerala(5 sites), Meghalaya(2 Sites), Sikkim (2 Sites), Odisha (7 sites), Maharashtra(12 sites) and Andhra Pradesh(6 sites) • Processing of collected field data from these states were completed and the reports have been submitted to Child Health Division, MoHFW, Other parasitic infections like GW disease, Yaws etc.
4.	Microbiology (including HIV/ AIDS	• Supported lab diagnosis of H1N1, Hepatitis markers, External Quality Assessment Schemes (EQAS) for HIV serology, HIV DBS testing and CD4/ CD4% T- Lymphocyte count achieved 100% concordant results in 2019-21. • Surveillance for H1N1: NCDC has a network of around 12 labs for regular influenza surveillance. RT-PCR for over 2 lakh samples for Covid 19 from various states. Sero-surveillance of COVID-19 for detection of Antibodies for SARS COV-2. More than 5000 samples received under Delhi Sero-surveillance tested since July 2020 till date. • HIV sero-status confirmation through Western Blot test of indeterminate and discordant serum samples from State Reference Laboratories from 2019-21. • Trainings for over 200 lab HR in lab procedures on Zoonotic and Covid 19. • Kit quality testing of HIV, HBV and HCV kits used under NACO programme as part of Consortium of NRLs (National Reference Laboratories).

5. Zoonosis	• Nipah, AES, Zika, JE, Plague, Rabies, Kala-azar, Arboviral infections (Dengue, JE, Chikungunya, Zika virus & CCHF) Toxoplasmosis, Brucellosis, Leptospirosis, Rickettsiosis, Hydatidosis, Neuro-cysticercosis, SARS Cov2 and Anthrax.
6. NVHP	• Surveillance, testing for Hepatitis B and C
7. Polio, MMR	• Sewage surveillance for wild polio
8. National Programme on Antimicrobial Resistance Containment	• National AMR surveillance Network, till April 2019 there were 20 state medical college labs in 18 states which has been expanded to 30 state medical college labs in 24 states by May 2021. Trainings in HAI, Antibiotic consumption. WHONET, antibiogram preparation and specialized lab techniques like Micro-both dilution of Colistin and Vancomycin. • Surveillance data for last 2 years has been analysed and uploaded onto Global AMR Surveillance System (GLASS).
9. Training and Malariology	• Cross checking of 339 bloods slides at Malaria Clinic of this Division. In which 46were found positive (*P. falciparum*-13 and *P.vivax*-33). • 14 training sessions were organized by this division for nursing, medical students from the country during the period. • Officials actively engaged in COVID-19 National Control room duties and Public Health Team for COVID-19 Sample collection and management.
10. Bio-technology and Bio-chemistry	• Supports, INSACOG and NIDP and NCD
11. Others	• COEH & CCH, NCD and IHR capacity building

- Faculty was involved as a part of central outbreak team in important outbreaks investigation and surveillance support on Cyclone Fani-2019 (Orissa), AES Muzaffarpur (Bihar), AES/JE Assam (Bihar), Nipah Virus Disease-2021 (Kerala),
- In these years National Referral Diagnostic Services for various diseases was provided by testing a total of approx 10,000 number of samples/year for various zoonotic diseases.
- COVID-19 related training – Trained more than 500 participants from various institutes and organizations, viz. BSF, ITBP, INMAS, DRDO, ICMR, MAMC, LHMC, Delhi Government, Supreme Court of India, National Human Rights Commission, etc. for various aspects of COVID-19 Diagnosis and Management including RT-PCR testing, rapid card testing, BMW management, Sample collection & transport, PPE donning & doffing, Maintaining hand and respiratory hygiene, etc.

WHO Collaborative Centre for Rabies Epidemiology

Provision of Anti rabies vaccine and Anti rabies Serum through National free drug Initiative of NHM to the states.

Revision National Rabies post exposure guidelines based on WHO recommendations. Establishment of Human Rabies Surveillance and Animal bite data through finalising recording and Reporting Formats.

- Development of Draft National Action plan of Dog Mediated Rabies Elimination in consultation with Stakeholders.

National Action Plan for Dog mediated Rabies Elimination from India by 2030 on World Rabies Day, 28th September, 2021 in August presence of Hon'ble Union Ministers for Health & Family Welfare and Fisheries, Animal Husbandry & Dairying

Leptospirosis:

- Hands training for strengthening diagnostic capacity of Leptospirosis and strengthening of Regional Leptospirosis Diagnostic Laboratory.
- Advisory is issued to States with heavy rain or flood affected areas for preparation for Leptospirosis outbreak.

Other zoonotic diseases like KFD, Scrup typhus, AES:

- Health department advocated to collaborate with veterinary and agriculture department for rodent control and animal vaccination
- A National Consultation on KFD at Bengaluru, Karnataka

Climate Sensitive Illnesses: Air and heat related illnesses

- Strengthen health preparedness, Heat Related Illness (HRI) surveillance was established in 23 vulnerable states and Air pollution Related Illnesses (ARI) surveillance were expanded to 317 hospitals nationwide and for better response health action plans on HRI and ARI were prepared and disseminated.
- Health vulnerability assessment related to climate change was initiated in the country and completed for three states. Organizational set up, 18 States have constituted Governing bodies, 25 have established Environment health cells and State level task force, 26 have identified district nodal officers, 28 have prepared at least first draft of the state health action plan on Climate Change and Health, and all 36 have state nodal officers.

A. Restructuring of NCDC:

1. Establishment of 5 new buildings administrative block, Centre for Epidemiology, Lab block, Hostel and Guest house
2. Establishment of 30 branches in States/UTs: NCDC Jharkhand building 80% complete: MoU& lease deed has been signed with Andhra Pradesh, Tripura & Maharashtra Land identified in the States of Tamil Nadu, MP, Kerala, Odisha, Andaman & Nicobar Islands, Assam, Arunachal Pradesh, Jammu & Kashmir, and Mizoram.

COVID-19 pandemic:

The role during COVID-19 pandemic deserves special mention as National level Institute NCDC not only developed the National surveillance strategy, technical documents, SOPs butprovided the support for diagnosis and epidemiological intelligence.

Apart from the key divisions of IDSP, Microbiology, Epidemiology, Bio-technology & other divisions were involved in a phases manner as the pandemic spread to various States & districts. During 2020 since January immediately after the receipt of the information on threat of COVID-19 from China and other countries. Key surveillance and response activities supported by NCDC

1. In the initial phase:

a. IDSP Program supported the surveillance of International traveler (who had history of exposure/travel to COVID affected Countries)

Launch of IDSP module of the Integrated Health Information Platform 05th April 2021

b. All the suspects were kept under quarantine.

c. Coordinated with Defence and para-military forces in managing quarantine of returnees from Wuhan and Iran in ITBP / Army quarantine facilities.

d. ILI & SARI Surveillance cases were detected by active house to house searches by field teams in non-affected areas to detect hidden transmission

e. Key epidemiological investigation into super-spreader events. Important events were:

i. Italian tourist group related suspects in 7 districts of Rajasthan

ii. Famous artist related contacts in Lucknow and other cities

iii. Tabligee Jamat related spread into 18 States

iv. Vegetable market spread in Chennai and 8 other districts.

2. Technical guidelines for contact tracing, quarantine in home & health facilities, surveillance in containment zones, house-to-house case search,

Trainings at land border crossing, District control room, Dead body management, Disinfection of health facilities and quarantine centers.

3. To enhance the testing in districts with high Positivity State and District level surveillance officers were regularly monitored.

4. Laboratory testing capacity was significantly enhanced by new COBAS-6800, automated RNA extractors and Next Generation Sequencer for Genome sequencing.

5. Periodic review of surveillance and containment measures in high case load districts.

6. Special strategy planned for Delhi state within-depth review and modified containment strategy with involvement of IT was rolled out in June 2020. This led to substantial decline in Delhi cases

7. Sero surveillance in Delhi, Indore (MP) and Gujarat to assess the infection exposure.

8. Online trainings for competency building for use of IT tools like Arogya Setu and ITIHAAS in States of Delhi, Punjab, Srinagar, Maharashtra, etc.

9. Coordinated regular data uploading on IT portal for regular situation assessment and planning effective containment strategies.

10. IEC: technical review of IEC material for community awareness. Preparing IEC material and various guidelines to help the States in various phases of the pandemic

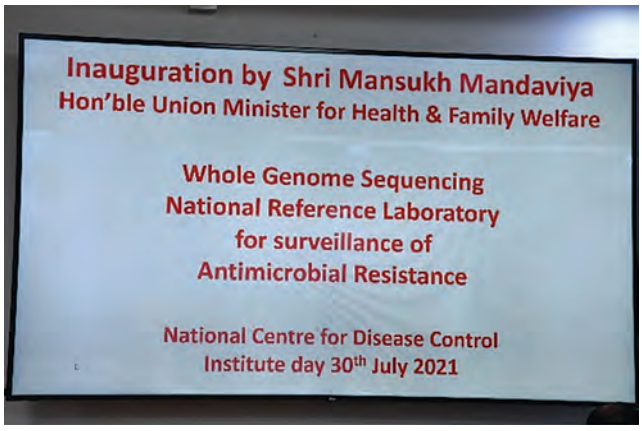
11. VCs from NCDC Strategic Health Operations Centre with States & Districts to discuss the pandemic spread and assisted in implementation of containment operations.

12. Operationalization of high capacity National Call Centre in early part of response.

13. Participated in Joint Monitoring Group and National Task Force for periodic review, planning & preparing the testing strategies.

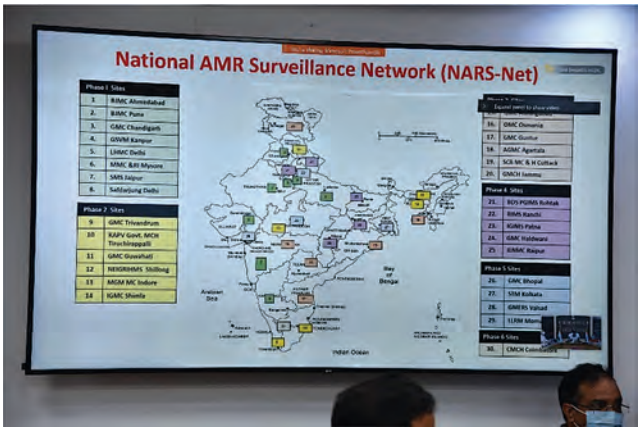
Whole Genome sequencing:

Government of India established Indian SARS-CoV2 network for whole genome sequencing with NCDC as the National Nodal Unit for coordinating correlation of genomic and clinico epidemiological data. Initially, it was targeted for the new variants of Public health significance which appeared in UK, South Africa and Brazil.



Inauguration of Genome Sequencing Reference Laboratory for Surveillance of Antimicrobial Resistance on 30th July 2021

The sequencing network has been enhanced with inclusion of 18 more labs for Whole Genome sequencing by sentinel surveillance across various states for identifying any new variant/mutant of public health significance.



Samples are being collected by around 300 sentinel sites and are submitted to 28 labs. The individual case data is uploaded on integrated health information portal by the field unit and similarly, the labs are also entering the results for being available for surveillance e& response in real time.

Further, the genomic data is analyzed with clinico-epidemiological correlation for assessing the public health relevance of mutants / variants such detected. In this manner, the Delta variant was identified as variant with high transmission potential. Similarly, Delta plus (AY.1, AY.2 & AY.3) variant is also detected by the sequencing labs. It has also been assessed that there has not been any substantial rise in transmission due to this variant.

WGS is also targeting breakthrough infections and re-infections along with super spreader events for assessing role of any variant. INSACOG is also coordinating the culture of new variants in specialized labs for assessing immune escape and impact on therapeutics and diagnostics.

Genomic and epidemiological surveillance are coordinating with International such networks for regular follow-up of SARS-CoV2 mutations/variants and their potential public health impact.

This network is providing important inputs for guiding policies and strategies for effective control

Microbiology (including RV & TB Lab):

- Supported lab diagnosis of H1N1 & other influenza subtypes, SARS-CoV-2 and teratogenic viruses (Rubella, CMV, HSV-1&2).
- Surveillance for H1N1: NCDC has a network of around 12 labs for regular influenza surveillance. RT-PCR for over 2 lakh samples for COVID-19 from various states. Sero-surveillance of COVID-19 for detection of Antibodies for SARS COV-2. More than 5000 samples received under Delhi Sero-surveillance tested since July 2020 till date.
- Participated in WHO EQAS for SARS-CoV-2 and Influenza and achieved 100% score. Trainings of lab personnel from different institutions in lab procedures on COVID-19 testing.

Centre for AIDS & Related Diseases:

- External Quality Assessment Schemes (EQAS) for HIV serology, HIV DBS testing and CD4/ CD4% T- Lymphocyte count - achieved 100% concordant results.
- HIV sero-status confirmation through Western Blot test of indeterminate and discordant serum samples from State Reference Laboratories (SRLs).
- Counseling and testing in ICTC for walk in clients for HIV and syphilis and training to SRLs and EQAS panel preparation for HIV serology for distribution to 13 SRLs and 424 ICTCS.
- Kit quality testing of HIV, HBV and HCV kits used under NACO programme as part of Consortium of NRLs (National Reference Laboratories).

Establishment of 30 branches in states/UT: MoU has been signed with 14 states: Jharkhand, Nagaland, Manipur, Himachal Pradesh, Bihar, Kerala, Arunachal

Pradesh, Tripura, Gujarat, Madhya Pradesh, Uttar Pradesh, Andhra Pradesh, Maharashtra and Tamilnadu. **MoU** has also been signed with state Govt. of Madhya Pradesh, Telangana and Rajasthan for setting up NCDC branch on Temporary basis. **Lease deed/ Land transferred** has been done in the state of Tripura, Kerala, Nagaland, Bihar, Uttar Pradesh, Manipur, Jharkhand and Tamilnadu. **Land identified** at Andaman & Nicobar (Port Blair), Chhattisgarh (Raipur), Jammu & Kashmir (Jammu), Haryana (Ambala), Mizoram (Aizawal), Rajasthan (Jaipur), Odisha (Khorda), West Bengal (Kolkata), and Karnataka (Bangalore).

3.3.13 Central Research Institute (CRI), Kasauli,

Central Research Institute, Kasauli was established on 3rd May, 1905. It is a subordinate office of Directorate General of Health Services under the Ministry of Health & Family Welfare of India, Government of India. The institute has a huge complex which is divided into seven sub-sections i.e. Establishment, Academic, Auxiliary Facilities, Production Division, Quality Control Division, Animal House and Research & Surveillance Division. It has a network of large number of laboratories engaged in manufacturing of vaccines/ sera and research activities.

Central Research Institute is engaged in the following activities:

i) Production of Vaccines & Sera.

ii) Production & Supply of diagnostic reagents.

iii) Research and Development in the field of Immunology and Vaccinology

iv) Teaching and Training in Vaccinology and Microbiology

v) Quality Control of Immunological.

The Institute has a sanctioned strength of 648 and is headed by Director. Out of 648 posts, 45 are of Group 'A' category, 87 are of Group 'B' category and 516 are of Group 'C' category.

Manufacturing and Supply of Vaccines and Anti-sera:

During the year (2021-22) (upto 27.12.2021), the Institute has manufactured and supplied the following lifesaving products i.e. Sera & Vaccine:

S. No	Name of Vaccine	Opening balance as on 01.04.2021	Demand	Production	Supply	Lab use
1	D.T.P. Doses (UIP)	0	1,11,03,900	47,45,240	47,45,240	-
2	Anti Rabies Serum (ARS) (Vials)	9,350	560	0	9,160	190
3	Anti Snake Venom Serum (ASVS) (Liq) (Vials)	501	1,020	1,092	1,020	16
4	DATS (Liq)(Vials)	6,433	240	991	1,380	0
5	NHS (Vials)	96	14	0	14	2
6	DIAG. AG. (ML)	12,500	45,500	42,050	45,500	1,500
7	Yellow Fever Vaccine*	25,148*	20,378	0	20,378	800

*imported from WHO to cater the need of general public.

CRI, Kasauli is also mandated to produce and supply D.T. and T.T. vaccine.

Other activities:

In addition to manufacturing of vaccines and anti-sera, the institute is also engaged in other important activities such as:

- Quality Assurance and Quality control activities
- National Salmonella and Escherichia Coli Centre.
- National Influenza Surveillance Centre
- Rabies Research Centre
- National Polio Laboratory for Surveillance
- Experimental Animal House
- Medical Treatment Centre & Diagnostic Laboratory.
- Academic & Research Activities
- M.Sc. (Microbiology) classes are running under Himachal Pradesh University, Shimla.
- Certificate course in Production of Immunobiologicals and Animal Care is running. At present, 50 candidates are undergoing training under skill development programme of Govt. of India.
- Post Graduate Diploma in "Vaccinology and Immunobiologicals" are running in the Institute.
- COVID testing laboratory has been established in the Institute with the help of Indian Council of Medical Research (ICMR).

3.3.14 National Institute of Biologicals (NIB), Noida

National Institute of Biologicals (NIB) is a scientific autonomous institute under the administrative control of Ministry of Health & Family Welfare (MoHFW), Government of India. NIB is making concerted efforts to ensure the quality service in the Healthcare Sector of the country in the area of biologicals. NIB continues to strive to fulfil its mandates viz.

i) to ensure quality of Biological and Biotherapeutic products, both imported and manufactured indigenously moving in the Indian market.

ii) to contribute in finalizing the specifications for biological products to be incorporated in Indian Pharmacopoeia,

iii) to prepare National Reference Standards for biological products,

iv) to train technical personnel in the public and private sectors in the field of Quality Control of Biological products and Haemo-vigilance programme,

v) to collaborate with other National and International Scientific Institutions/ organizations in upgrading technologies and keeping abreast of scientific advances made in the field of quality assessment of Biological and Biotherapeutic products.

vi) to extend technical expertise during joint inspections of manufacturing premises of biological products with the officers of CDSCO

vii) to implement the Haemo-vigilance Programme of India to promote safe blood transfusion practices.

NIB's response to COVID-19 pandemic:

NIB's role in protecting public health in the COVID-19 pandemic: NIB continues to remain in solidarity in our nation's battle against COVID-19 and is constantly devoted for the cause of public health safety of its compatriots.

a. COVID-19 Sample testing: NIB became the first high throughput laboratory in India to initiate testing for COVID-19 suspected clinical samples on an automatic platform cobas 6800. NIB has tested over 2 lakh COVID-19 suspected clinical samples with untiring efforts 24x7 by the NIB COVID warriors' team and still continuing.

b. Quality evaluation of COVID-19 Diagnostic kits: NIB is also carrying out the Validation and Batch Testing of COVID-19 Diagnostic Kits

including COVID-19 RT- PCR kits, RT-LAMP kits, RNA extractions kits, VTMsand antibody kits.

c. Quality Control testing of COVID Vaccines: NIB is notified to perform the function of Central Drugs Laboratory for COVID-19 vaccine. Quality Control testing of three COVID Vaccines - COVAXIN, COVISHIELD & ZYCOV-D has been standardised till date.

Notification and Accreditation

The Institute is notified Central Drugs Laboratory and Central Medical Device Testing Laboratory under the provisions of Drugs & Cosmetics Act 1940 and Rule 1945 amended from time to time and Medical Device Rule 2017. Institute is accredited as per ISO/IEC 17025:2017 by NABL as per the scope defined for discipline of Biological testing and Chemical testing. Few NIB scientists are also notified Government Analysts and Medical Device Testing Officers for biological products as per Statutory Norms. NIB continues to retain its NABL accreditation status as per ISO/ IEC 17025: 2017 till 15 Aug 2023 after audit (virtual) on 7-8 August, 2021 for the discipline of Chemcial Testing (under the group Drugs & Pharmaceuticals) and Biological testing (under the group Biologicals Derived Pharmaceuticals) of variety of Therapeutics, Diagnostics and Vaccines products in the scope.NIB is WHO Collaborating Centre for Quality Control of HIV, HCV, HBsAg and syphilis in-vitro diagnostic assays and Support Cell for WHO PQ for IVDs.

Quality Evaluation of Biologicals

NIB is performing its primary statutory function of Quality Control of wide spectrum of indigenous and imported Biologicals in its State- of- the Art laboratories e.g. Insulin, erythropoietin, blood products, diagnostic kits e.g. HIV, HBV, HCV, therapeutic monoclonal antibodies like Trastuzumab and Rituximab used in cancer treatment etc. in accordance to standards laid down in Indian Pharmacopoeia or relevant pharmacopoeia or International norms. The samples are forwarded to NIB from office(s) of CDSCO and its zonal/ port office(s) and government procurment agencies throughout the country.The reporting of Not of Standard Quality (NSQ) biological samples to the National Regulatory Authority highlights the role of the Institute in protecting and promoting public health.

The Institute during the year 2021 evaluated 1335 batches of different types of indigenous and imported biologicals & biotherapeutic products viz. Albumin, normal and specific immunoglobulin, coagulation factor VIII & IX, insulin and its analogues, erythropoietin, Filgrastim, Interferon, Streptokinase, Follicle Stimulating hormones, Growth Hormone, Glucose Test strip, Immunodiagnostic kits (HIV-Ab, HCV- Ab, HBsAg, Syphilis) and Blood grouping reagents. Out of total samples tested, 4.6% (i.e. 61 batches out of 1335) were found to be of Not of Standard Quality (NSQ) thus highlighting the role of the Institute in protecting and promoting public health by reporting Not of Standard Quality (NSQ) to the National Regulatory Authority- CDSCO. Further, the capacity of NIB to test different types of biologicals has increased during the financial year 2020-21 to 268 from 262 as in 2019-20. Every month a Biomedical Waste Management Report of the amount of biomedical waste generated, segregated and disposal by NIB is submitted to MoHFW, Environment, and Climate Change Cell, Government of India.

Haemo-vigilance Programme of India

NIB has been contributing towards safety of blood transfusion as the National Coordinating Centre for HvPI. During the year 2021, NIB conducted 05Continued Medical Education (CMEs)/ National level workshops (online)for 1741 blood centre officials, clinicians, nurses, blood donor motivators and blood centre technical staff for creating awareness on importance of reporting adverse transfusion and donor reactions. During this period 73 Blood Banks have been enrolled under HvPIand there has been 3182 reports under recipient Haemo-vigilance software and 5534 reports under donor Haemovigilance software. HvPI is a member of International Haemo-vigilance

Network (IHN) and Head-HvPI has been designated as Secretary of International Haemo-vigilance Network (IHN) for the 2nd term i.e. 2020-2022.

Training and Academic activities

(i) The institute provided opportunity in Quality Control of Biologicals in various NIB laboratories to carry out 6 months' project work to 09 Post Graduate Students and 6 weeks summer training to 10 Post Graduate Students of various Universities and Institutes. The training on various analytical platform makes them proficient, help in their future research endeavours and enable them to get good job opportunities, and

(ii) NIB in collaboration with Blood Cell, National Health Mission (NHM), imparted Residential Hands-on Training Program on "Training of Trainers for Strengthening of Blood Services" for 51blood bank officials from Haryana in various aspects of blood banking, quality management, and haemo-vigilance and includes a visit to model blood bank.

(iii) NIB is in the process of signing Memorandum of understanding (MoU) with Academy of Scientific and Innovative Research (AcSIR) for initiating Ph.D programme at NIB.

(iv) NIB is involved in intra-mural and extra-mural research projects which help in Quality Control of Biologicals.

Other Activities

i) NIB's participation in various International/ National EQAAS/ PT and Collaborative studies in the field of diagnostics, Blood products, Therapeutic Monoclonal antibodies by various external agencies like European Directorate for the Quality of Medicines (EDQM) - France, WHO- NIBSC, National Serology Reference Laboratory (NSRL) - Australia, Christian Medical College- Vellore, National Institute of Virology (NIV)- Pune in order to assess and strengthen the laboratory's testing performance has been successful and complying to the ISO/ IEC 17025 clause 7.7.2 (a) and (b).

ii) Publication of Research papers: NIB scientists continue to publish papers in scientific journals based on empirical scientific analysis of the QC work undertaken on variety of biological products. 10 scientific papers have been published in 2021.

iii) NIB scientists are associated with various scientific institutions/ bodies wherein they share their technical domain expertise and knowledge from time to time, and in turn helps them to keep themselves abreast with scientific advancements. Scientists are also contributing in development of new pharmacopoeial monographs or revision of the existing pharmacopoeial monographs. Scientists have been sharing their knowledge by providing technical inputs on invitation in expert committee meetings of CDSCO, IPC, DBT, AIIMS, ICMR, BIS technical committee, CPCSEA, and participation as Technical expert in Joint inspections of the manufacturing facilities for grant of licence etc. and as invited speaker for Haemo-vigilance Programme of India.

All this has been possible due to the diligence and dedication of the staff using their scientific and technical expertise in the area of Quality Control of Biologicals in independent testing, and strengthening blood transfusion services through Haemo-vigilance. The Ministry has been the constant pillar of support, encouragement and motivation in the continued implementation of quality control testing of biologicals.

3.3.15 BCG Vaccine Laboratory (BCGVL), Guindy

BCG Vaccine Laboratory was established on 1st May, 1948 to manufacture and supply of BCG Vaccine. It is a sub-ordinate office under Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India. The Institute is, at present, involved in the manufacture and supply of Freeze Dried BCG Vaccine to Universal Immunization Programme

of Government of India for control of Childhood Tuberculosis.

The Institute has a sanctioned strength of 112 and is headed by Director. Out of 112 posts, 5 are of Group 'A' category, 15 are of Group 'B' category and 92 are of Group 'C' category.

New cGMP facility established for manufacturing BCG Vaccine:

- A new Goods Manufacturing Practice (GMP) compliant facility with a project cost of Rs. 64.73 crore has been established in the year 2016 with an installed capacity of 800 lakh doses.
- After the inspection of State Licensing Authority (SLA) and National Regulating Authority (NRA), manufacturing license for commercial production of BCG Vaccine was received on 01.10.2019.

Production of BCG Vaccine:

- As a part to supply BCG vaccine to Universal Immunization program (UIP), the Institute supplied 161.45 lakh doses of BCG vaccine to different states of the country in the year 2020-21 and the Institute is committed to supply 270 lakh doses BCG vaccine to UIP in the financial year 2021-22.

Revenue earned:

- Institute has earned an income of Rs. 8.54 crore for the financial year 2020-21 towards supply of 161.45 lakh doses of BCG Vaccine and will earn an income of Rs. 15.93 crore (approximately) in the financial year 2021-22 towards supply of 270 lakh doses of BCG vaccine.

Other activities:

- Joint Inspection by the Drug Inspectors were carried out from 05/10/2021 to 07/10/2021.
- Special Campaign drive on cleanliness from 1st to 31st October 2021 and Vigilance Awareness Week from 26th October to 1st November 2021 was observed in the Institute.

3.3.16 Pasteur Institute of India (PII), Coonoor

Pasteur Institute of India, Coonoor was originally established as Pasteur Institute of Southern India on 6th April 1907 and the after registering as a Society under the Societies Registration Act, 1860, Institute was renamed as the Pasteur Institute of India. Thereafter, the Institute started functioning as an Autonomous Body under the Ministry of Health and Family Welfare from 10th February, 1977. The affairs of the Institute are governed by a Governing Body.

This Institute is mandated to produce DPT group of vaccines and Tissue Culture Anti Rabies Vaccines (TCARV).

The Institute has a sanctioned strength of 303 and is headed by Director. Out of 303 posts, 15 are of Group 'A' category, 46 are of Group 'B' category and 242 are of Group 'C' category.

Present activities:

- State of the art seven new Goods Manufacturing Practice (GMP) facilities have been established with a total non-recurring expenditure of Rs. 149.16 crore in 2019 for the manufacturing of DPT group of vaccines.
- The installed capacity of the Institute is 130 Million Doses of DPT group of vaccine.
- The newly established facilities i.e. Animal Breeding Block, Animal Experimental Block, Microbiology Block, Ware House, Formulation & Filling facility, Tetanus production block and Diphtheria production blocks are qualified.
- Institute has initiated the trial batches and in the process of manufacturing process validation batches.

Other Activities:

- Since the inception in 1907, PII, Coonoor has been running an Anti-Rabies Clinic for rabies prophylaxis. About 222 patients from various

parts of Tamil Nadu, Kerala and Karnataka visited to the clinic for Anti Rabies treatment and for prophylaxis.

- PII, Coonoor is also running a Rabies Diagnostic Lab which is equipped with diagnosis of Rabies Virus from the suspected cases and Antirabies antibodies in serum. About 38 samples were received for the estimation of Rabies Antibodies.
- In commemoration of World Rabies Day observed on 28th Sep. 2021, a webinar was organized.
- Institute also celebrated 'International Yoga Day' on 21.06.2021 and 'Fit India Freedom Run 2.0' on 29.09.2021.

3.3.17 Institute Of Serology (IOS), Kolkata

Institute of Serology, Kolkata was established in the year 1912 and it functions as a sub-ordinate office of Directorate General of Health Services under Ministry of Health & Family Welfare. The Institute is involved in the following activities:

1. Production of quality diagnostic reagents like Venereal Disease Research Laboratory (VDRL) Antigen, Species specific Antisera, Anti H Lectin which are supplied to the Government Institutions all over India
2. Determination of blood group serology and to give expert opinion on different types of Medico-legal exhibits or biological materials sent to the Institute.
3. Regional STD Reference Centre which functions in collaboration with NACO and West Bengal State AIDS Prevention & Control Society (WBSACS) and Control Society to provide laboratory support to STI and RTI Training programme and related projects.
4. Polio Virus isolation from stool samples of suspected Polio Cases and sewage water from different sites of Kolkata and Guwahati as the part of National Polio Surveillance Programme (NPSP).
5. Isolation of SARS-CoV2 from sewage samples collected from identified sewage treatment sits of Kolkata, West Bengal.
6. National Measles Laboratory to diagnosis measles and rubella serologically in the state of West Bengal and Eastern Region and report it to WHO.
7. The VDRL Section conducts VDRL tests on blood samples collected from different Medical Colleges & Hospitals in Kolkata.

The Institute has a sanctioned strength of 95 and is headed by Serologist & Chemical Engineer. Out of 95 posts, 11 are of Group 'A' category, 6 are of Group 'B' category and 78 are of Group 'C' category.

Achievements (January 2021 to December 2021):

Forensic Serology: 1900 items are tested for species determination.

V.D. Serology: 1700 samples were tested.

Antibody Section: 3015 mls of Antisera were produced. 267 mls of Antisera and 2700 mls of Anti H Lectin supplied.

Quality Control and Diagnostic Laboratory: Examination performed on 57 lots of samples of Standardization of Anti H Lectin, 5 samples of Standardization of Species Antiserum and 2 samples of Standardization of VDRL.

BGRC Section: 2650 ml Anti H lectin (Freezed Dried) produced.

Measles Laboratory: 2568 of samples were tested for Measles and 2350 for Rubella.

Antigen production Section: V.D.R.L. antigen production unit produced 2160 ampoules and supplied 2100 ampoules.

National Polio Laboratory: 7533 samples were tested.

Other Activities:

- The Institute also observed 28.10.2020 as

'Vigilance Awareness Week', 01.10.2021 as 'Fit India Freedom Run 2.0' and 14.09.2021 as 'Hindi Pledge'.

3.3.18 International Institute For Population Sciences (IIPS), Mumbai

IIPS is a leading demographic research and teaching Institute with a global recognition. Since its inception in 1956, Institute for Population Sciences, conducts teaching, training and research in the field of demography and health. Its scope considerably widened with the University Grants Commission (UGC) conferring the Deemed University Status on August 14, 1985. Both the teaching and research areas of the Institute substantially expanded over the last decade with launching of two new Master's degree programmes, widening the scope of National Family Health Survey (NFHS) for deriving estimates at district level conducted periodically under the overall supervision of MoHFW, undertaking studies on emerging areas of ageing through Longitudinal Ageing Study of India (LASI) etc.

Undertaking large scale surveys for deriving reliable demographic and health indicators at the state and district levels are a major strength of IIPS. The field survey for the National Family Health Survey 5th round (NFHS-5) was launched during 2019-20. In the Phase I field work was completed which covered all the districts in 17 states and 5 Union Territories. Phase II field work in the remaining states and UTs were launched by following the COVID-19 protocols towards the end of the year 2020. In addition, IIPS was also designated as the nodal Agency for conducting Longitudinal Ageing Study (LASI) wave-1 report and preparation of factsheets of Global Youth Tobacco Study (GYTS) during the last year. Moreover, IIPS has been actively engaged in research relating to contemporary issues of demography and health in India.

The critical area of research at IIPS last one year included issues of fertility and family planning, reproductive and child health issues, nutrition, gender equity and health, Population projection and ageing. The research students of the Institute are also actively involved in studying various dimensions of population change such as migration, epidemiological transition, nutrition, health issues of elderly etc in India. The dissemination of research findings to policy makers and other interested groups is a focus area of the Institute. Institute held several seminars/workshops and training programmes with a motive of dissemination and capacity building in the area of population and health. Moreover, several research papers were published or presented in various seminars and conferences for wider discussion and debate on policy issues.

IIPS also has collaboration with leading demographic and health institutions both in India and abroad. IIPS collaborates with Population Research Centres (PRC) and other Institutions for carrying out field surveys and for other research studies. The Institute works closely with Tata Memorial Hospital and Baba Atomic Research Centre Hospital, Mumbai for research and student exchange. In addition, IIPS is having research collaboration with Harvard University, USA; University of California, San Diego, USA; University of Southern California USA, Max Plank Demographic Research, Germany and University of Manitoba, Canada.

IIPS is expanding both in terms of its infrastructural facilities and in the thrust areas research and teaching. A committee is looking into expanding its teaching and research activities by maintaining highest standard of quality in line with the National Education Policy (NEP) 2020. MoHFW continues to provide all the necessary support in taking the Institute to a global standard by engaging in research, teaching and training with direct policy and programme relevance and positive outcomes.

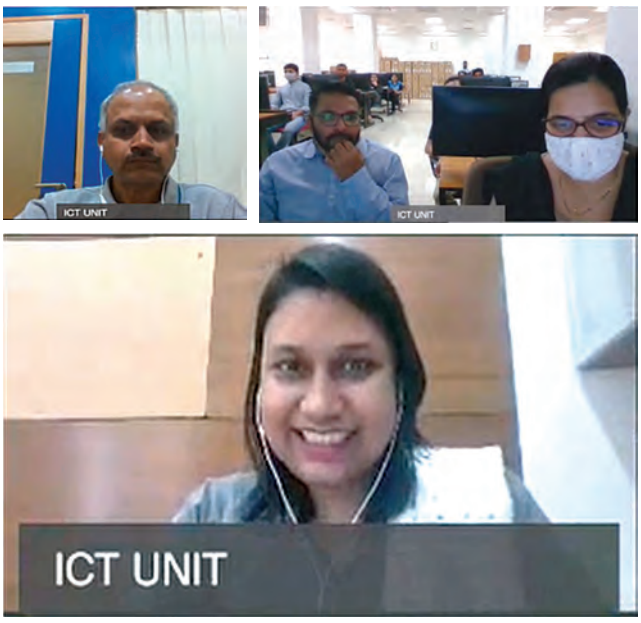
Teaching:

During the academic year 2020-21, the Institute offered the following regular courses: (a) Doctor of Philosophy in Population Studies/Biostatistics & Demography (Ph.D.), (b) Master of Philosophy in Population Studies/Biostatistics & Demography (M.Phil.), (c) Master of Arts / Science in Population

Studies (M.A./M.Sc.), (d) Master of Science in Biostatistics and Demography (MBD), (e) Master of Population Studies (MPS), (f) Diploma in Health Promotion Education (DHPE), and (g) Post Graduate Diploma in Community Health Care (PGDCHC). Apart from these programmes, the Institute also offers MA/MSc in Population Studies through distance learning and a postdoctoral fellowship programme.

Training Programs/ Workshops/ Seminars

The Institute also held several Training programme/ Workshops/ Seminars during the year 2020-21. These include 6 training programme on (i) Programme for Officials of Population Research Centers on Research methods and techniques; (ii) Programme on Qualitative Research Methods in Demography and Health; (iii) Family Planning Estimation Tool (FPET) training Program; (iv) Workshop on Data Visualization and Analytics; (v) Training Workshop on Big Data using Machine Learning; and (vi) Training on Applied Econometric Methods.



Workshop on Data Visualization and Analytics

The Institute also organized 4 Memorial lectures inviting distinguished scholars during the same period. They are:

(i) 10th Professor Asha A. Bhende Memorial Lecture by Prof. Sujata Patel

(ii) 19th Dr. C. Chandrasekaran Memorial Lecture by Prof. Arvind Pandey

(iii) 13th Professor P.N. Mari Bhat Memorial Lecture by Prof. Vikram Patel; and

(iv) 5th Professor John Caldwell Memorial Lecture in collaboration with Indian Association for Social Sciences and Health (IASSH) by Prof. Tim Dyson.

In addition, a symposium on the topic "Demography and Pandemics: Lessons Learned and Way Forward of COVID – 19 Pandemic for India" was held as part of the World Population Day Celebration.

1. IIPS International Seminar, 2021

IIPS organised an international seminar on "Pandemic and Population Dynamics" during 18-20 March 2021 using a virtual platform. The seminar had six plenary sessions and 18 technical sessions. Altogether nearly scientific 120 papers were presented with a participation of nearly 300 members.

Seminar coordinators, IIPS faculties and renowned guest speakers during IIPS International Seminar, 2021

2. Release of NFHS-5 Phase I Factsheet and Dissemination Webinar

Union Minister of Health and Family Welfare, Government of India, released the Fact sheets of key indicators on population, reproductive and child health, family welfare, nutrition and others for 22 States/UTs of the first Phase of the National Family Health Survey (NFHS-5) carried out in 2019-20 on December 12,

2020. A dissemination webinar entitled "Technical Deciphering of NFHS-5 Results - Methodological Perspectives" was conducted on December 24, 2020 through virtual mode.

3. Release of LASI Report and Dissemination Webinar

Hon'ble Union Minister for Health & Family Welfare, Government of India, released the Report and fact sheets of the Longitudinal Ageing Study in India (LASI) on January 6, 2021. A dissemination webinar on the scope, methodology and major findings of Longitudinal Ageing Study in India **(**LASI**)** Wave 1 was held on January 27, 2021 through virtual mode.

Release of Longitudinal Ageing Study in India (LASI) Wave-1 Report by Dr. Harsh Vardhan, Hon'ble Union Minister of Health & Family Welfare, Govt. of India,

Publications:

The members of faculty along research staff/ students published several research papers in reputed journals and prepared number of project reports during the year 2020-21. The number of books, Research Papers, Articles, Chapter in Books, Published Research Reports, Monographs, Research Briefs, Factsheets of IIPS Faculty along with Research Staff published during the year 2020-21 is given in the table below. In addition, IIPS brings out working papers and newsletters time to time.

S. No.	Particulars	No.
1.	Books	1
2.	Research Papers/ Articles/ Chapter in Books	130
3.	Published Research Reports / Monographs / Research Briefs / Factsheets	90

Library

The International Institute for Population Sciences library has a collection of resources taking into consideration the course contents and research needs of the Institute. It holds about 86,749 books, 17,943 bound volumes of periodicals, 17,151 reprints and 640 audio-visual materials and subscribes to over 300 (Print + Online) journals. There are 27,420 research articles from the core journals and edited books indexed and made available through Online Public Access Catalogue (OPAC). The library has the collection on population studies and its principlal domains including, philosophy, psychology, religion, sociology, statistics, economics, education, mathematics, anthropology, public health, history, geography, etc. The library provides a host of information services to its users like Current Awareness, New Additions, Selective Dissemination of Information, Online Public Access Catalogue (OPAC), Document Delivery Service, Photocopy facilities, Reference Service, Bibliographic service, metadata interpolation and so on.

The library has a special collection of all the census volumes of published in the pre-independence period (Census of India 1872 to 1941 in PDF format) till the latest Census 2011. The library provides access to the several online databases like JSTOR, SCIENCE DIRECT (social science collection), SCOPUS, INDIASTAT and other leading publisher's online collection relevant to health and population sciences. The library provides remote access through iProx21 for 2000+ online (full-text) journals to the authorized users.

The IIPS library has an institutional membership with INFLIBNET (UGC), DELNET, IASLIC, NIRD, IASSI and exploring maximum services for the benefit of the Institute. The Institute is an active member of Shodhganga, Indcat programmes of the INFLIBNET of UGC.

The library has reading hall equipped with comfortable furniture, air-condition and Wifi facility. The library working hours are 8 a.m. to 11.00 p.m. (Mon-Fri)

and 9.30 a.m. to 6.00 p.m. on Saturdays. The library is in the process of creating Institutional repository i.e. digitizing the Institute publications to provide remote access to its patrons. An introduction of Radio Frequency Identification (RFID) to the library, Identification of Core Collection of Population Studies; digitization of State level Census Volumes of India are the major activities of the IIPS library by 2021.

Information Communication and Technology (ICT)

Information, Communication, and Technology (ICT) Unit provides an effective and developmental ICT service to faculty, staff, and students of the Institute. The unit manages the information technology infrastructure to provide IT services; the ICT division evaluates and installs the proper hardware and software necessary to keep the network functioning properly. Under the National Knowledge Network project, the Institute has acquired a 1-GBPS internet link from NIC. The IIPS Local Area Network comprises both wired (fibre-optic) and wireless (Wi-Fi) networks and connects all computers and mobile devices in the Institute. Students, staff, and faculty have 24*7 internet access on the campus. Unit monitor the network for security breaches, respond to cyber-attacks, keeping organizations safe from malicious digital attacks, implementing and running security software, scanning for abnormalities, upgrading systems Monitor and configure networks to optimize performance, and resolve faults.

The ICT unit is equipped with the latest core i7 or higher generation computers. Moreover, the necessary statistical software, such as IBM SPSS Version 26, STATA Version 16, SAS 9.4, and ArcGIS Pro 2.x, NVIVO required to analyse demographic datasets are installed with a multiuser license. In addition, important software such as MORTPAK, Endnote X7, and ATLAS.ti have also been installed. The IT department creates, maintains, and updates information on the institute's website & Social media account regularly. The webmaster and professionals in the ICT division design the website's layout, write the programming code, and test its usability. The unit provides webmail service enabling remote access to its users, technical support to the eGovernance (eOffice) application and Video Conferencing tools for online training programs, workshops, seminars, meetings and classes including Moodle, a learning management system.

Data Center

The Institute has a robust Data Centre comprising network-attached to the server to enable storing and disseminating demographic datasets. The Data Centre currently has all relevant datasets such as census, various rounds of large-scale surveys conducted by IIPS, which can be directly accessed by IIPS users. Through a web portal, online databases of surveys by IIPS are also disseminated to the registered users. The ICT unit has one primary computer lab equipped with 48 personal computers and three LCD projectors and another small lab with 16 personal computers all connected via the internet.

A grant-in-aid for salaries of Rs.11,69,05,000/- grant-in-aid for general of Rs.19,31,69,000/- and grant-in-aid for creation of capital assets of Rs.21,26,00,000/- totaling to Rs.52,26,74,000/- was released by MoHFW to the Institute during the year 2020 –21.

3.3.19 Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram Maharashtra

The Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram is India's first rural medical college located in rural surroundings and administration. Kasturba Hospital has the distinction of being the only hospital in the country which was started by the Father of the Nation himself. Nestled in the *karmabhoomi* of Mahatma Gandhi, in Sevagram, MGIMS was founded by Dr Sushila Nayar in 1969 in the Gandhi centenary year.

As regards funding pattern of the Institute, the annual recurring expenditure is shared by the Government of India, Government of Maharashtra and the Kasturba Health Society in the proportion of 50:25:25

respectively. The Government of India set Budget Estimate of Rs. 72.99 crore in Grant-in-aid to meet recurring expenditure of the Institute during the financial year 2021-22.

In the spirit of its founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram is committed to pursuit of exemplary standards of professional excellence in medical education, research and clinical care by evolving a pattern of integrating value-based medical education with accessible and affordable health care, especially to underprivileged rural communities.

Health Care

Kasturba Hospital has 934 beds: 690 teaching beds, 100 service beds, 32 private rooms and 62 beds in different intensive care units. The institute also runs a 50-bedded Dr Sushila Nayar Hospital, in the tribal areas of Utawali, in Melghat in Amravati district. Almost three-fourths of the patients who visit our hospital come from rural backgrounds. The patient load comes to MGIMS from Vidarbha in Maharashtra, and from the adjoining areas of Andhra Pradesh, Telangana, Madhya Pradesh and Chhattisgarh. Kasturba Hospital offers the benefits of modern technology with affordable costs and compassionate health care.

In 2020-21, 321619 patients attended the hospital as outpatients and 30410 patients were admitted for various ailments. The Hospital has state-of-the-art intensive care units in Medicine, Surgery, Obstetrics and Gynecology and Pediatrics which provide excellent critical care. The Institute also has a Linear accelerator which is used for treatment of cancer patients. The Pathology, Microbiology and Biochemistry laboratories have in-house facilities to conduct a battery of diagnostic tests. All departments of the hospital are connected by an advanced Hospital Information System and have wi-fi access. The Institute has also added digital subtraction angiography, brachytherapy and a cath lab to its armamentarium.

The Institute's commitment to the community is well known. Community-based programmes have consistently been implemented to enhance health care services. The institute has adopted four primary health centres and developed a model of decentralized healthcare delivery at village level through Community-based Organizations and the Panchayati Raj Institutions. It has formed 203 Self-help groups, 5 *Kisan Vikas Manch* and 90 *Kishori Panchayats* in the adopted villages.

Covid Pandemic and MGIMS

In April 2020, Kasturba Hospital, Sevagram was identified as one of the two dedicated COVID Hospitals for the district. The hospital put up a well-designed response to the COVID-19 pandemic: it leveraged pre-existing infrastructure to adopt collective combat to the outbreak; repurposed and upgraded its existing 300- bedded inpatient block exclusively for the care of Covid inpatients and equipped its 30-bed intensive care unit (ICU). The hospital used its resources-health care professionals, labs, equipment and support services-to care for patients with Covid19.

From 10 May 2020 till 30 April 2021, the hospital admitted 3822 Covid patients. These patients represent an entire spectrum of Covid- mildly symptomatic patients admitted to the general wards, and moderately severe and severely ill patients admitted to the ICUs.

The hospital also delivered a little over 150 babies, born to mothers infected with, and admitted to, the Covid ward. The hospital is also conducting surveillance of COVID in Pregnancy, a research funded by the WHO India Country Office.

The Microbiology Department started the lab doing an RTPCR test for Covid-19 from 27 April 2020. The lab tested 48761 samples, 6200 of whom tested positive. In May 2020, the hospital upgraded the existing facilities. Sample collection kiosk was set up in the hospital.

SOPs for quarantine and mask policy were developed for health care providers of the Institute. The department of Community Medicine coordinated biomedical waste management, sanitation. The department of Community Medicine continued to operate Kiran Clinics in 25 villages during the lockdown.

Covid Vaccination

MGIMS launched a COVID vaccination programme on 16th January 2021. A vaccination centre was also started at Urban Health Centre, Wardha.

The department of community medicine is a part of the ongoing multicentric COVID Vaccine trial and randomized 177 volunteers for the trial. Also, the Department enrolled participants for the phase 2/3 trial for COVOVAX trial.

Promotion of Gandhian Values through Village Health Nutrition and Sanitation Committee under "Azadi Ka Amrit Mahotsav"

- During 15th March 2021 – 30 July 2021, 98 Villages are covered.
- Swachhata se Prabhuta, Yoga and Nature cure, Prohibition, Shramdan and Promotion of women empowerment for Gender equity were the activities covered under the programme.
- Virtual meeting, Print media, Social media, Institute website were the platforms used for awareness creation.

3.3.20 CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI)

Central Bureau of Health Intelligence (CBHI), established in 1961, is the Health Intelligence wing of the Directorate General of Health services in the Ministry of Health & Family Welfare. Government of India with the vision to have "A strong Health Management Information System in entire country".

Mission: "To strengthen Health Information System in every district of the country up to facility level, for evidence based decision making to improve population health"

Activities undertaken by CBHI

- Publication National Health Profile and its Analytical Report: CBHI collects primary as well as secondary data on various communicable and non-communicable diseases, human resource in health sector and health infrastructure from various Government Organizations Departments to maintain and disseminate Health Statistics through its Annual Publication **"National Health Profile"** which highlights most of the relevant health information under 6 major indicators viz. Demographic, Socio-Economic, Health Status, Health Finance, Health Infrastructure and Human Resources.
- Capacity Building: For capacity building and Human Resources Development in Health Sector, CBI conducts Long Term and Short Term In service Training Programme for the Officers and the Staff working in various Medical Record Departments & Health Institutions of the Central State Governments, ESI, Defense and Railways as well as Private Health Institutions through its various Training Centers and Field Survey Units.

Function as WHO Collaborating Centre on Family of International Classification (ICD-10 & ICF) in India with the following major objectives:

- To promote the development & use of the WHO Family of International. Classifications (WHO FIC) including the International Statistical Classification of Diseases and Related Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF) and other derived and related classifications and to contribute to their Implementation and improvement in the light of the empirical experience by multiple parties as a common language.
- Networking with current and potential users of the WHO FIC and act as reference center.
- Work in at least one related and / or derived area of the WHO - FIC: Specialty based adaptations, primary care adaptations, interventions / procedures, injury classification (ICECI).

National Health Resource Repository (NHRR) Project:

· Central Bureau of Health (CBHI), DGHS envisaged setting up of consolidated platform of healthcare resource information - "National Health Resource Repository (NHRR)" to develop a single source of healthcare resource information of both public and private sector in the country. CBHI conceptualized the framework of making a health resources repository, a nation-wise census was aimed.

3.3.21 Central Health Education Bureau (CHEB), Dte General of Health Services, Ministry of Health & family Welfare, New Delhi

The "Central Health Education Bureau" (CHEB) was set up in 1956 as a part of Directorate General of Health Services, MoHFW with a mandate to generate & disseminate health awareness among the community. It also develops capacity of medical, paramedical and other non-health personal to take care of the health needs of the community enhancing public health capacity to achieve health equity and health of all.

Achievements

Training Programmes:

- Conducted 10 orientation training Programmes (Physical and Online webinar) for capacity & skill development of medical & paramedical personnel sensitizing 634 Medical and Nursing students from different parts of country about health awareness through Health Education & Health Promotion.
- Facilitated technical and administrative support for the "Nationwide online training of Doctors for management of COVID 19 in children" organized by Dte.GHS for 3500 participants registered for the training.
- Conducted two Internship programmes of five days duration each for MD (CHA) and DHA (Junior Residents), NIHFW on health education and health promotion.
- Organised a Dissemination workshop "Mixed Method, Exploratory Study on Policy, Perception & Practices of Health Promotion in Government Health Care Facilities of Delhi"

Publications:

- Prepared draft messages for Union Health Secretary and provided inputs for the DGHS Bulletin.
- Reviewed and provided inputs on training module for Health Care Providers to deal with post-COVID mental Health issues – For Doctors &Nurses, Paramedical Staff, community Health workers &others.
- Reviewed 5 guidelines on post-COVID i.e., Cardiology, Gastroenterology, Nephrology, Neurology and Respiratory.

IEC/Media Activities

- Managed the twitter handle @DGHSIndia especially on National Breastfeeding Week, National Mosquito Day and National Eye Donation Fortnight and regularly tweeting from the DGHS Official Twitter Handle along with designing Banner for 75th Independence Day
- Developed IEC material for Effective Promotion of Blood Donation at Colleges and dissemination of information for awareness Generation at School level under "NACO on India @75" campaign
- Provided technical inputs regarding action plan for implementation of IEC at CGHS dispensaries and IEC development for family planning and on National Healthcare Volunteer Force of DGHS.
- Initiatives undertaken for IEC Campaigns for NACO@75 pertaining to "Effective Promotion of Blood Donation at Colleges and Dissemination of information and awareness Generation at School"
- Prepared guidelines to incorporate IEC component in their respective Health/ Disease

Control Programmes to be followed by the National Health Programmes

Research Activities:

- Reviewed and provided inputs on IEC materials developed for the WHO assisted pilot project PRATAP (Programme for Risky Behaviour and Attitude in Trauma Prevention) undertaken by CHEB along with Trauma division

Health Day Celebration:

- Organised Symposium for the Celebration of International Week of Deaf people under the Chairpersonship of Hon'ble MoS at CHEB, New Delhi

Collaborations and Coordination:

- Collaborated with Director National Institute of Health and Family Welfare (NIHFW) for posting of MD and diploma CHA students for Internship at CHEB.
- Coordinated with around 68 Medical &. Nursing colleges for organising online webinar programmes by CHEB.
- Coordinated and provided inputs on 98th DU Annual Report for the period from 01.04.2020 to 31.03.2021 to University of Delhi by CHEB

Nominations and Meetings:

- Director (CHEB) has been designated as Member Secretary for IEC committee Technical Resource group (TRG) for Preventive components of COVID-19
- Director (CHEB) is a member of editorial board for COVID 19 bulletin of DGHS.
- Participated in a consultative meeting on Catalyzing Senior care reforms with Stakeholders under the chairmanship of Dr. Vinod K Paul, Hon'ble Member NITI Aayog.

Other Activities:

- Submitted & co-ordinated for provisioning of DGHS-GOI Telemedicine centre at CHEB with support from WHO-Country Office India and other partners.
- Re-development of CHEB website – the content, design & GIGW compliance was undertaken.
- Prepared and revised recruitment rules for the post of Health Education Officers in CHEB.

3.3.22 REGIONAL OFFICES OF THE HEALTH AND FAMILY WELFARE, NEW DELHI

1) Introduction

Regional Co-ordinating Organizations (RCOs) were established in 6 States in 1958 to co-ordinate between the Centre and the States for National Malaria Eradication Programme (NMEP) activities. Another office, named Regional Health Office (RHO) came into being in 1963 to co-ordinate and supervise the Family Welfare activities in 11 States. Later on in 1978, when the need was felt for an office of the Government of India in the States to supervise, monitor and co-ordinate the matters of all Centrally sponsored Health and Family Welfare programmes, the RCOs and RHOs were merged to form 17 Regional Office for Health and Family Welfare (ROHFW). Further, to supplement the activities of Central Bureau of Health Intelligence (CBHI), four (4) Health Information Field Units (HIFUs) were established within ROHFWs in 1981 and two more HIFU units were added in 1986, subsequently making total of 6 HIFUs units. Further, Regional Leprosy Training Institute (RLTRI), Raipur was designated as Regional Directorate of Health & Family Welfare to look after the work of State of Chhattisgarh in 2005. Furthermore the work of ROHFW in the State of Assam was assigned to the Deputy Director, Regional Drug Testing Laboratory (RDTL) in 2005 till August 2020. Thereafter, the charge of ROHFW Guwahati has been assigned to Sr. RD, ROHFW Shillong. The Sub-units of the ROHFW are as follows:

- o Health & Family Welfare (HFW)
- o Entomological & Malaria section (NVBDCP)
- o Regional Evaluation Team (RET)
- o Malaria Operation Field Research Scheme (MOFRS) and
- o Health Information Field Unit (HIFU)

All the ROHFWs do not have all the sub units and so, the organizational structure of the ROHFWs is not uniform. Details showing the distribution of ROHFW and their sub-units is at **Table 1**.

Table 1: Location of ROHFW and its sub-units in the field

S. No	RD Office	States/UTs under jurisdiction	HFW	NVBDCP	RET	MFORS	HIFU	Total
1	Hyderabad	Andhra Pradesh and Telangana	1	1	-	1	-	3
2	Guwahati	Assam and Arunachal Pradesh	-	-	-	1	-	1
3	Patna	Bihar and Jharkhand	1	-	1	1	1	4
4	Chandigarh	Haryana, Punjab & Chandigarh	1	1	-	1	-	3
5	RLTRI Raipur	Raipur	1	-	-	-	-	1
6	Ahmedabad	Gujarat, Dadra & Nagar Haveli	1	1	-	1	-	3
7	Shimla	Himachal Pradesh	1	-	-	-	-	1
8	Srinagar	Jammu and Kashmir	1	1	-	-	-	2
9	Bangalore	Karnataka	1	-	1	1	1	4
10	Trivandrum	Kerala and Lakshadweep	1	-	-	-	-	1
11	Bhopal	Madhya Pradesh	1	1	1	1	1	5
12	Pune	Maharashtra, Goa, Daman and Diu	1	1	-	-	-	2
13	Imphal	Manipur, Nagaland & Mizoram	1	1	-	-	-	2
14	Shillong	Meghalaya	1	1	-	1		3
15	Bhubaneswar	Odisha	1	1	-	1	1	4
16	Jaipur	Rajasthan	1	1	-	1	1	4
17	Chennai	Tamilnadu and Pondicherry	1	1	1	-	-	3
18	Lucknow	Uttar Pradesh and Uttra Khand	1	1	1	1	1	5
19	Kolkata	West Bengal, Sikkim, Tripura and Andaman & Nicobar Islands	1	1	1	1	-	4
	Total		18	13	6	12	6	55

2) Budget allocation and utilization at ROHFW:

Table2: Budget allocation and utilization (up to December, 2021)

S. No	Budget Head	Plan (MH-2211)/ Plan (MH-2552)
1	BE 2021-22	48.34 Cr.
2	RE 2021-22	45.00 Cr.
3	Actual Expenditure up to Oct, 2021	32.43 Cr.
4	% Utilization	72.07 %
5	BE 2022-23 (proposed)	51.16 Cr.

3) Staff Strength

The sanctioned strength of staff in the Regional Offices as on November, 2021 across various cadres is 585 and the staff in-position is 263. The senior most officers in the respective ROHFWs are designated as Senior Regional Director/Regional Director depending upon their ranks/grade pay. Category-wise availability of the staff in the Regional offices is as below:

Table 3: Cadre wise staff status in ROHFW (as on December 2021)

S. No	Category of staff	Sanctioned posts	In-position post
1	GDMOs	34	34
2	Public Health Specialists	4	4
3	Non-CHS officer	16	4
4	Technical staff	237	89
5	Ministerial staff	294	132
	Total	**585**	263

4) Roles and Functions:

The offices have been established with the primary objective of ensuring proper liaison and coordination between the Centre and State Governments in the context of the implementation of National Health and Family Welfare Programmes such as monitoring and evaluation, review and assessment of data, and to provide feedback to the Centre and activities specifically pertaining to National Health Programmes, etc.

ROHFWs are also involved in Family Welfare related activities such as checking of records and registers in respect of family welfare acceptors and family welfare programmes. Centre-State co-ordination activities such as liaison and coordination, accompanying of VIPs & other dignitaries and inter sectoral co-ordination between different Government departments. ROHFWs are also involved in organizing training for para medical staff for various National Health Programmes (NHPs).

5) Technical Activities:

The details of the technical activities undertaken By ROHFW are given below:

a) Covid Related activities:

i) Daily reporting (all 7 days) of COVID19 data received from across the States through Regional Directors and submitted to HFM:

During the process of planning and action for managing COVID19 situation at Dte. GHS, it was decided to collect the State-wise daily reports of patients hospitalized, discharged, admitted in ICU and deaths (in last 24 hours and cumulative) since 30th March 2020. However, since 12th April 2020 two more parameters i.e. patients on ventilator and oxygen support have been added, accordingly, the reporting format has been revised on 19th Apr 2020 and all 19 Regional Office of Health & Family Welfare are collecting & compiling the information and sharing to the Dte. GHS on daily basis (all 7 days) without fail.

Further, all ROHFWs are supporting their respective States/UTs for any improvement and interpretation of the information. This information has helped

the Centre understand the current situation and also to plan the future management for tackling the issues arising on account of COVID19. Such intensive mechanism is being minutely monitored by RD cell at Dte. GHS on daily basis. Moreover, the available information is also being shared to Hon'ble HFM on daily basis.

ii) During COVID Pandemic, RDs have been involved extensively in visiting various health facilities for establishing Quarantine Centres and COVID hospitals in their States.

iii) ROHFW has also been coordinating the visits from Centre and supporting their States in managing the COVID situation by providing technical support.

iv) A massive exercise has been under taken by the ROHFW for assessing the readiness of the States for the COVID care management by the hospitals. The ROHFW were assigned the responsibility along with the WHO representative. The activity was successfully conducted by the RDs, which led to assured provision of quality care in the respective States.

b) Liaison & Coordination

All Regional Directors undertake liaison and coordination activities between the States and National Programme Officers. Consolidated number of liaison activities undertaken by the ROHFW are as below in table 4.

Table 4: Liaison and coordination activities from January, 2021 to December, 2021

S. No.	Liaison & Coordination	Number
i.	National Level Meeting attended	785
ii.	State level Meeting attended	521
iii.	Issues addressed/sorted out including UCs	328
iv.	Court cases coordinated	803
V	No. of Institutions visited to assess feasibility of New Initiatives	80
vi.	Monthly Review Meetings with State Programme officers	347

c) Training activities

NVBDCP and CBHI related trainings are being organized by the ROHFW. These are need based training programmes organized on demand from the states. ROHFW are conducting training in malaria microscopy under NVBDCP and training on ICD-10 and HIS under CBHI. These activities too have been hit by the ongoing pandemic.

d) Research studies undertaken

Research studies are undertaken by the specialized units created in selected ROHFW. These specialized units are Malaria Operation Falciparum Research Scheme (MOFRS) that undertake therapeutic efficacy studies on the directions of the NVBDCP, Regional Evaluation Teams (RETs) that undertake evaluation studies on eligible couples on the directions of the H&FW programme, and Health Information Field Units (HIFUs) undertake research project on HIS on the directions of the CBHI. The number of such research activities undertaken has also gone down since the onset of the pandemic.

e) Monitoring Peripheral Institutions for Indian Public Health Standards (IPHS).

Regional offices are responsible for supervision and monitoring of the centrally sponsored schemes and the

functioning of the peripheral institutes. However, during 2010-11 in a review meeting of the RDs at Srinagar, it was decided that ROHFW should also undertake assessment of the IPHS in the peripheral institutes. DGHS issued instructions that each ROHFW should undertake assessment of the IPHS in at least one District Hospital, one CHC, one PHC and one SHC. All the ROHFW have completed the assessment of IPHS in the given peripheral institutes. ROHFW are regularly visiting the peripheral institutes for monitoring and supervision. However, this activity is compromised due to COVID-19 pandemic. The consolidated number of institutes visited are as below in table 5.

Table 5: Monitoring of Peripheral Institutes for IPHS from Jan, 2021 to Dec, 2021

S. No.	Institutions visited for IPHS monitoring	Number
1	DH & SDHs	147
2	CHCs	127
3	PHCs	296
4	SHCs	155

f) Review of the National Health Programmes

Traditionally, the ROHFW are responsible for review of the NVBDCP and the H&FW programmes from their very inception. Now, the review of all the National Health Programmes being implemented in the states is also being undertaken. ROHFW are also reviewing the progress in the implementation of the newer initiatives of the MOH&FW. More than 100 districts were visited for review of the major National Health Programmes during Jan to Dec 2021. RD Offices are regularly involved in inspection of Medical Colleges/ hospitals for deciding on the suitability of initiating organ/ tissue transplant and subsequent renewal. However, the aforementioned activities have seen a lull in the wake of COVID 19 pandemic.

g) Activities of the NVBDCP

An important task undertaken by ROHFW under NVBDCP is cross-checking of blood slides and undertaking therapeutic efficacy studies. The activities undertaken by ROHFW under NVBDCP are given below in Table 6.

Table 6: Activities under NVBDCP from January, 2021 to December, 2021

S.No.	Activity	Number
i	Blood slides collected in Malaria Clinic in ROHFW	1497
ii	Blood slides found positive by ROHFW	80
iii	Blood slides Cross-checked	124648
iv	Blood slides with discrepancies	764
v	% discrepancies	0.61%

5.8

REGIONAL EVALUATION TEAMS - FIELD VERIFICATION

Regional Evaluation Teams are the specialized component of the ROHFW. These units undertake evaluation studies on the genuineness of the clients practicing contraceptive methods under H&FW programme. In addition, they also field verify the work carried out by the Health workers, children for fully immunization, mothers covered under RCH programme. The teams also conduct satisfaction of work by ANM & ASHA with mothers and PRI. More than 40 districts have been visited for review and performance verification of field records during Jan to Dec 2021. However, this activity has also been affected by the ongoing COVID 19 pandemic.

6) Annual review Meeting

a) With the view to assess the performance and budget utilization of ROHFWs, a total of three performance monitoring meetings and review of Annual Action Plan (AAP)/ Annual Expenditure Plan (AEP) were held in the months of March, July and August, 2021 at Kolkata, Chandigarh

and New Delhi, respectively. These in turn laid the foundation for organization of the Conclave of Sr. RDs/RDs of ROHFWs.

b) Moreover, a virtual review meeting of ROHFWs was also held on 17th and 30th June, 2021 in order to address the major issues faced by the offices.

c) As an ongoing effort to strengthen ROHFWs, a Conclave of Sr. RDs/RDs was held on 3rd and 4th September, 2021 at Udaipur with the following objectives:

- Formulate vision, mission and objectives of ROHFWs.
- Redefining roles and responsibilities of ROHFWs.
- Formulation of Key Performance Indicator (KPIs) for ROHFWs.
- Undertake SWOT analysis of ROHFWs.

d) Following the successful completion of Conclave, the Report on strengthening of ROHFWs, which has been drafted with a goal to revamp the current structure and functioning of ROHFWs, has been finalized and submitted to the Ministry for the consideration of the recommendations mentioned thereon.

7) MAJOR ACHIEVEMENTS OF SOME ROHFWs

A. ROHFW, Jaipur:

- Coordination with central health team and state health authorities during Covid 19 pandemic regarding Covid 19 preparedness and public health measures in the state. Visit to Bhilwara, Kota, Tonk, Pali, Jodhpur, Ajmer, Jhunjhunu districts and Jaipur districts along with central team to check Covid-19 preparedness, suggestions extended as per guidelines applicable to individual districts and situations.
- Inspected J. K. LON Hospital, Kota as a part of central team in December 2020 to find out cause of sudden rise in number of death of infants in the hospital. Inspection visit was done to Skill center set up at S.M.S Medical College for civil and electrical work and fund utilization and to enable 2nd installment to be released for it. Inspection of Paliwal Eye Hospital, Jodhpur and I Max Hospital, Sikar for empanelment of CS (MA) Rules 1944 regarding.
- Organized video conference for monitoring of NHM programmes for 6 districts of Rajasthan (Jaipur zone) due to Covid 19 pandemic restrictions on physical field visits.
- Liaison and coordination with airport health authorities regarding establishment of counters for Covid 19 screening of passengers coming from international flights at Jaipur international airport. Total 636 international flights from which 87954 passengers were screened in 2020 for Covid 19.
- Liaison with State IDSP cell for daily Covid 19 report, collection, and its dissemination to DGHS, GOI, Delhi. Participation in IEC activities for Covid 19 public health preventive measures, and awareness for Covid 19 vaccination drive by delivering sessions via Doordarshan.
- Dengue outbreak investigation was conducted by ROHFW, Jaipur team at block Sahawa, Churu District on urgent basis for assessment of situation and suggestions including technical inputs were extended for containment measures with all precautions as per the guidelines of safety measures for Covid 19.

B. ROHFW, Thiruvananthapuram:

- Attended State (28) and National level (22) meetings, 10 Court cases were being coordinated, 29 Review meetings were conducted with SPO and a total of 11 Entomological surveys were done in Thiruvananthapuram district covering International Airport, Domestic Airport, its premises, rural and City Corporation area.
- Public Health Specialist participated as team

member/ lead for 2 Central Team for CoVid-19 Kerala, 1 Central Team for CoVid-19 Lakshadweep and 1 Central Team for Avian influenza Kerala outbreak investigation.

- As APHO for Trivandrum International Airport and Kozhikode international airport, managed CoViD 19 screening. Also provided technical inputs on SOPs or any revisions required, Passenger Flow and Infection Control practices, also, coordinated with State and District Health authorities, district administration, APDs for resource mobilization and adherence to SOPs. APHO Trivandrum screened 1,13,523 passengers in 769 flights and 311 suspected CoViD cases were sent for isolation and APHO Kozhikode screened 1,72,794 passengers in 1142 flights and 423 suspected cases were sent for isolation as on 31/03/2021.
- Samples from 1307 batches of contraceptives (Condom, Cu-T 380 A and 375 and tubal ring) manufactured by HLL were sent for quality testing and results shared

C. ROHFW, Pune:

- This office has reviewed National Health Programmes in 15 districts of Maharashtra.
- TAS training was given to state officials in districts of Osmanabad and Latur along with monitoring and supervision and subsequently in both the districts TAS was successfully passed and both the districts are now filaria free. Supervised MDA/ IDA programme in Nagpur, Bhandara, Chandrapur, Gadchiroli, Nanded, Palghar, Thane,dist. (Increase in consumption rate of IDA observed.) Post monsoon Aedes larval survey carried out at Mumbai Airport/Seaports & Pune Airport
- Inspected 14 private hospitals for empanelment under PMNRF/CSMA and submitted reports to the concerned sections of MoHFW
- More than 50 Central teams have been coordinated and accompanied deputed to Pune and Mumbai and all over Maharashtra for Covid 19.
- Sr. RD was a member of Inter-Ministerial Coordination Team (IMCT) deputed to Pune for Covid 19.
- Sr. RD was the member of the Central team to visit Jalgaon and solapur district as per directives from Health Secretary, MOHFW and accordingly suitable recommendations were given to the state viz.to increase testing capacity, increase in facilities like CCC, DCHC, DCH, increase in Oxygen bed, ICU, Ventilator, reduce death mortality etc.
- Sr. RD was member of central team to visit Beed and Hingoli districts for investigation of possible epidemic of Avain Influenza (H5N1).
- Accompanied and assisted Crimean Congo Hemorrhagic fever Central team for entomological field work in Palghar district of Maharashtra

D. ROHFW, Srinagar:

- Conducted an inspection of Associated Chest Disease Hospital of Government Medical College, Srinagar, District Hospital Pulwama, Ganderbal, Anantnag, Kupwara and Government Kashmir Nursing Home, Srinagar in the month of April 2020 in order to assess the readiness of dedicated COVID Hospital as per the checklist provided by the MOHFW.
- Visited Srinagar International Airport for scanning of passengers coming from International Destinations via Air India Flights. A total of 2567 passengers were screened for COVID-19 and samples were taken for testing.
- A daily report is being compiled in the office of Sr. RD regarding the number of daily cases of COVID-19, deaths, number of patients on oxygen, ventilator and in ICU. The report is being collected from the concerned nodal officers of the covid centers.

- A visit was conducted to the NCDC site at Jammu for establishing a laboratory. A team of officers from NCDC Delhi also visited the site at village Chowadi, Jammu for establishing NCDC branch in the UT of J&K.

E. ROHFW, Ahmedabad:

- Due to Covid -19 Pandemic situation online review of NHP of 11 districts &UT of DNH was carried out as per annual action plan submitted.
- As member of JSS of NTEP organised by Central TB Division visited Vadodara & Chhattisgarh in october.
- Training on Filaria Microscopy under NVBDCP provided to 20 Participants of the state in February.
- This office carried out independent evaluation of Mass drug administration under Elimination of of Lymphatic Filariasis at UT of DNH in Jan21.
- Member of Central Multidisciplinary Team for preparedness of Covid 19 at Surat &Rajkot in April 21 and submitted the report.
- Carried out inspection and issued licences to 6 FBO located in domestic and International Airports.
- Member of Central team to assess Dengue & Chikunguniya Situation in Gujarat from 17th to 18th September 21.
- Till date completed inspection of about 16 PSA plants under PM CARE FUND.

F. ROHFW, Shillong:

- District Hospitals, PHCs, CHCs and SCs of different districts of Meghalaya were visited till date & various NHPs and Covid-19 activities were monitored, evaluated.Gaps and shortcomings were brought to the notice of the State Health Directorate for remedial measures.
- Attended VCs of National & State Review Meetings of National Health Programmes as well as other important VCs.
- Coordinated with the Central Monitoring Team for Covid 19 assessment in the states of Meghalaya in the month of July 2021.
- Coordinated with the Central Team for a Joint Supportive Supervision Mission (NTEP) in the districts of South Garo Hills & East Garo Hills in the month of October 2021.
- Blood Slides Cross-checked till October 2021 - 3941

G. ROHFW Chennai:

- The ROHFW team continued to support the visit of one more high level multi-disciplinary Central team deputed to Tamilnadu to assist the State Health department in COVID-19 control and containment measures. The team visited COVID-19 hospitals, CCCs, containment zones and vaccination centres in March 2021.
- 4 COVID-19 vaccination camps were organized by ROHFW Chennai between April and July 2021 in coordination with CPWD and the local State health authorities to vaccinate all employees of Rajaji Bhavan, the CGO in which this office is situated.
- The ROHFW Chennai team supported the installation of a Mass Thermal Scanner at Coimbatore International Airport in May 2021 and a Mass Thermal Scanner at Madurai International Airport in October 2021
- As members of Central team for managing the Dengue outbreaks, Senior CMO and Consultant Epidemiologist of ROHFW, Chennai visited Greater Chennai Corporation and Tiruvallur districts in Tamilnadu in November 2021.
- ROHFW, Chennai inspected 7 PSA plants (4 in Chennai and 3 in Coimbatore district) installed under PMCARE fund in Tamilnadu in November 2021.

H. ROHFW Bhopal:

- It is proposed for accommodation the Office of ROH&FW, Bhopal in the proposed CGHS building (SWASTHA SADAN, BHOPAL). Fifth floor has been allocated for ROH&FW, Bhopal. Construction of the building will commence after budgetary allocation. Thereby, the office of ROH&FW, Bhopal will function from the own Government building.
- Covid-19, reporting on daily basis to RD Cell.
- Revision of house rent: the office of ROH&FW, Bhopal is functioning from rented building with a monthly rent amounting to 1,25,000/-. Rent revision was initiated and the same building was taken on monthly rent at Rs. 86,908/- thereby reducing the rent and saving the ex-checker an amount of Rs. 38,092/-
- ICD-10 coding is successfully implemented in all Medical Colleges in Madhya Pradesh.

I. ROHFW Bhubaneswar:

- ROHFW Bhubaneswar prepared Blood Slide Bank for Malaria, Filaria and Kala azar in which around 3000 good quality both thick and thin blood slides are being kept of all five species of malaria found at the global level for training and research purpose, around 1000 blood slides of Lymphatic Filariasis Microfilaria of both species i.e. Wouchereria Bancrofti and BrugiaMalayi commonly found in India are kept and also provided on a regular basis to various states, ROHFW and to academic institutions for training.
- Functionalization of APHO Bhubaneswar with dedicated 225 sq. feet space within terminal building at BPIA Bhubaneswar and International Flights from Malasiya and Thailand are being screened as per IHR 2005.
- Daily reporting of COVID data, inspection of various health facilities for COVID preparedness and monitoring of COVID situation in the state of Odisha.
- As a member for training and capacity building in COVID management and awareness building in the community on COVID appropriate behaviour in 2020-21 during COVID-19 epidemics.
- Monitoring of NLEP, NMEP, NTEP, NPCDCS, NPCCHH through webinar of this state of Odisha with participation of all 30 districts programme officers & state programme officers of each programme.

J. ROHFW, Kolkata:

- Review and training in Leprosy of ACD and RS in the states allotted to ROHFW Kolkata
- Training of Laboratory Technicians in Filaria microscopy and monitoring of TAS for filaria elimination activities and its smooth conduct and cross-checking including assisting RMRC Dibrugarh with program research coordination. Entomological surveillance in the states allotted as well as training of Entomologist of West Bengal at ROHFW and expert for RMRC research
- Monitoring of Covid 19, MIS-C and Mucor mycosis activities with daily reporting and review with state
- Budget utilization – 62% till November
- Monitoring and review of TCCs at Sikkim and Tripura and review of NTEP in the states of HP and A&N Islands
- Members of various expert committees under DGHS and expert member of NVBDCP WHO team for Kala azar elimination assessment

K. ROHFW, Chandigarh:

- 14 Tours conducted to Review of National Health Programmes - In Punjab - 11 districts, Chandigarh – 2 and Haryana – 1 district were visited. During the tours visited 14 DH/SDH, 6 CHCs, 7 PHCs, 12 SCs, 7 other institutes and medical colleges and 6 Peripheral Labs. During the tours Field verification of 34 beneficiaries

for ANC & PNC, JSY benefits was conducted. Conducted 16 Entomological Surveys.

- Inspections Conducted- Skill Centres – 2 (GMCH, Faridkot, Punjab & PGI Rohtak, Haryana). PMNRF – 1 (Haryana). PPPBI – 1 ((Punjab, Govt Medical College & Hospital, Faridkot). THOTA- 2 (Chandigarh). CSMA- 4 (Punjab-2, Haryana- 2). PSA plants under PM cares fund – 2 (Chandigarh)
- Coordinated 10 Central Team Visits to Punjab, Haryana & UT Chandigarh- Participated as Member to Joint Supportive Supervision Team of NTCP to Punjab & UT Chandigarh. Participated as Senior Member to Dengue activities Supervision of NVBDCP to Punjab
- Trainings Conducted- Malaria Microscopy for Lab Technicians Haryana – 7 Batches (123 LTs). CBHI training at RHSTC Mohali (ICD 10) 1 Batch, 11 participants.
- APHO- Chandigarh is functional at Chandigarh International Airport from 24.02.2021 and Thermal Scanner Installed in October 2021.
- Monthly NCD Clinic started in March 2021 for screening of NCDs and maintaining Health record of office and Kendriya Sadan employees.

L. ROHFW, Guwahati:

- 01 No. Mass Thermal Scanner was installed at the LGBI Airport Guwahati, supplied by the NCDC & UNICEF under the supervision of the Sr. R.D., ROH, Shillong & Guwahati.
- Coordinated with the Central Monitoring Team for Covid 19 assessment in the states of Arunachal Pradesh & Assam in the month of July 2021, coordinated with the Central Team for a Joint Supportive Supervision Mission (NTEP) in the districts of Kamrup & Darrang, Assam in the month of October 2021.
- Coordinated with the state Govt. of Assam for identification of land at Boko, Kamrup district for setting up of Laboratory NCDC, Branch, Assam in the month of January 2021 and in October 2021.
- Blood Slides Cross-checked till October 2021 – 2639.

M. ROHFW, Hyderabad

- Acted as team members in various central teams and suggested the actionable points in better preparedness of the Pandemic.
- Community awareness was brought with the help of social media like All India Radio, TV etc.
- During COVID affect the whole ward of the isolated patients of Gandhi Hospital, developed suicidal tendencies. On phone call, a team with Psychologists and officials of GHMC were deputed in time and their lives of the patients were saved.
- APHO Hyderabad is 100% paper less work with 4 mass thermal screeners covers all the gates of passenger entry for thermal screening.
- Advised to RGIA, Hyderabad to form a committee on Bio Medical Waste disposal management, the same committee has been formed and APHO Hyderabad is one of the committee members of it. Bio Medical Waste disposal management committee meetings are conducted regularly on monthly basis.
- As per the Directorate's orders, IPV has been procured from the Govt. of Telangana with the coordination of ROHFW Hyderabad.
- Participated in the Joint Supportive Supervision Mission planned by the Central TB Division and visited states of Andhra Pradesh (West Godavari district) and Telangana (Ranga Reddy district) for ensuring its activities.
- Coordinated between the Center and States of Andhra Pradesh and Telangana and participated in visits for establishing NELS Skill Centers at

Andhra Medical College (Visakhapatnam), Gandhi Medical College (Secunderabad), Osmania Medical College (Hyderabad) and Kakatiya Medical College (Warangal).

N. ROHFW, Bangalore

- Development and training for Apthamitra App / Call center, Development and training for ILI / SARI /Suspect Covid surveillance by private doctors have been done.
- SOPs have been prepared for the Rural Development and Panchayat Raj Department regarding establishment and maintenance of quarantine centers in small towns and villages. SOPs have been prepared for the Urban Local Bodies (ULB) regarding screening of passengers at the airport and seaports, people coming to Karnataka from other states, people moving between districts in Karnataka.

3.3.23 National Medical Library (NML), New Delhi

National Medical Library is the Apex Medical Library of India. One of the greatest strength is its richest collection of Medical books, journals, reports and computer databases. National Medical Library was established on 7th April 1966 on the recommendation of Bhore's Committee on Health Survey and Development headed by Sir Joseph Bhore in 1946. It occupies an important position in country's health care information delivery system. It has a huge collection of more than 6.5 lakhs of books, bound volume of journals, reports, etc.

MISSION:

National Medical Library has a mission to be a Center of Excellence in Health Science Information Processing and dissemination. It has core competency in development of information resources and database creation in the field of health sciences.

AIMS AND OBJECTIVES:

- Digitize the library services, bring the library to the user.
- Procure a Copy of Each Costly and Infrequently Used Reading Material which is uneconomical for each Medical College Library / Institute to procure.
- Build an Exhaustive Collection of Medical and Biomedical Books, Journals,Reports, etc.
- Form a Repository Medical Library for the Country.
- Provide Expert Consultation Services to other Medical Libraries/ Institutions in the Country.

Activities and Services:

Reprography Services:

Library provides electronic document delivery to the Health Science professionals across the country. Multiple copies are not be provided. Request for article dissemination service are sent through e-mail.

Lending Service:

Borrowing of books for all registered members. All doctors and faculty working in government hospitals and medical colleges in Delhi can become borrowing members. Private practitioners who are residents of Delhi /NCR can also become borrowing member by depositing a refundable security deposit of Rs. 5000/-. Only one book is issued at a time for a maximum period of 14 days.

Reference and Consultation Services:

It provides free access to all Health Science professionals for reference and consultation. It is one of the heavily used libraries in New Delhi. A large number of users which includes PG students, medical teachers, research scholars, practicing doctors/ surgeons, health administrators, drug manufacturers, pharmacists visit the library every day. Library also receives a number of reference queries and provides quick reference service on e-mail/ telephone.

NML-ERMED Consortium:

NML ERMED Consortium is a prestigious initiative taken by the Directorate General of Health Services

& MoHFW to develop nationwide electronic information resources in the field of medicine for delivering health care resources. It was started in 2008, currently NML subscribes 235 e-journals from five foreign publishers for NML-ERMED Consortium which can be accessed through www.ermed.in. The following 70 members (Medical Colleges/ Institutes) in 27 states across the Country are members of NML-ERMED consortium:

1. Andaman & Nicobar (1)
2. Andhra Pradesh (3)
3. Assam (5)
4. Bihar (1)
5. Chandigarh (2)
6. Chhattisgarh (2)
7. Delhi (12)
8. Gujarat (2)
9. Haryana (1)
10. Himachal Pradesh (1)
11. Jammu & Kashmir (1)
12. Jharkhand (1)
13. Karnataka (1)
14. Kerala (2)
15. Madhya Pradesh (2)
16. Maharashtra (7)
17. Manipur (1)
18. Meghalaya (1)
19. Mizoram (1)
20. Odisha (2)
21. Puducherry (2)
22. Rajasthan (3)
23. Tamil Nadu (2)
24. Telangana (2)
25. Uttar Pradesh (6)
26. Uttarakhand (1)
27. West Bengal (5)

At present 8,81,643 (Eight lakhs eightyone thousand six hundred forty three) articles were accessed/ downloaded from e-resources from Jan to Sept. 2021.

Webinar Trainings:

Due to the COVID-19 pandemic, physical training-cum- awareness programmes of NML-ERMED Consortium resources was not possible. Hence, the NML organized 06 Webinar Training during June-August, 2021 (22nd June, 6th & 7th July, 15th July, 23rd July and 16th August) with the coordination of the respective publishers to facilitate optimum utilization of e-journals subscribed for NML-ERMED Consortium by the end users of the member Institutes. More than 900 participants registered and attended the webinar training. It is expected that the search skills of the users will become more efficient in future to make use of the ERMED resources.

Print Medical Journals and Books: National Medical Library (NML) has been providing a wider variety of Health Information dissemination activities focused on reaching out to Health Care Professionals of the country. NML is known for its rich collection of books, serials, reports, monographic publications and bound volumes of journals.

3.3.24 Rural Health Training Centre (RHTC), Najafgarh, New Delhi

Rural Health Training Centre, Najafgarh, New Delhi was set up as health unit in 1937 with the financial support and guidance of Rockefeller Foundation at Najafgarh to cover an area of about 162 sq. miles having a population of 44,000 scattered over 35 villages for rendering primary health care services through dispensary and team of Para-medical staff.

The population of the Najafgarh Block, situated on South-West of Delhi, at present is 1.05 million. The registered population with the Rural Health Training Centre, Najafgarh is nearly 500,000. Rural Health Training Centre, Najafgarh, PHCs of Najafgarh, Palam and Ujwa and 16 sub centres is spread over an area of 432.6 kms covering 73 villages.

The Government of India allocated Grant-in-aid of Rs. 26.82 crore to meet expenditure of the Institute during the financial year 2020-21. In 2020-21, 164453

patients attended the Hospital as outpatients and 45,859 patients were admitted for various ailments and in emergency. The Major Activities of RHTC Najafgarh are as follows:

1. **Trainings**

- Training to Medical Interns under ROME Scheme. Around 350 unpaid Medical Interns undergone rural posting from this Centre.
- Training to ANM 10+2 (Voc.) Students with intake capacity of 40 students per academic session.
- Community Health Nursing Training to BSc/MSc/ GNM students of various Nursing Institutions like College of Nursing, Safdarjung Hospital, RML Hospital, Lady Hardinge Medical College, Holy Family Hospital, Batra Hospital, Apollo Hospital and various other Govt./State Govt./Pvt. Instititutions. Nearly 1000 trainees were trained during the period.
- Promotional Training to Nursing Personnel.
- One Day Observation Visit.

2. **Delivery of Health Services:**

Providing Primary Health Care, Preventive, Promotive and Curative Services to the low socio-economic group of people of 64 villages and 9 town of Najafgarharea through its three Primary Health Centres and 16 Sub-Centres including 24x7 Emergency Services in PHC Najafgarh.

3. **Field Studies :**

Conducts field studies aspects of Health & Family Welfare, RCH, Nutrition, Health Education and Communicable Diseases and also provides field services for research work to the various health institutions, i.e. NIHAI, AIIMS in public health.

The following activities were also organized/performed in the Institute:

RCH Camps:

RCH camps were organized under PHC Najafgarh. Following services were provided in the RCH Camps:

(i) General OPD

(ii) Antenatal care including immunization

(iii) Immunization to the children below five years of age Family Planning Services

(iv) Female Genital Tract Diseases

(v) Contraceptive Counseling

(vi) Laboratory Investigations

(vii) Drug/Medicine distribution to the patients

(viii) Specialist services of Dental, Ophthalmology and Pediatrics.

Village Health Nutrition Days (VHND):

Village Health Nutrition Days were organized in different sub-centres under PHC Najafgarh and PHC Ujwa. VHNDs were organized with the help of Anganwari workers at Sub-centre level. Key services provided by RHTC Najafgarh in the VHND: (i) Maternal Health check up, (ii) Check up of Child Health Infant upto 1 year, Children aged 1-3 yrs. and all children below 5 yrs. (iii) Family Planning, RTI/STDs, (iv) Sanitation (v) Communicable Disease (vi) Health Promotion (vii) special emphasis on Nutritional Demonstration-Diseases due to malnutrition and its precaution (viii) Hygienic & correct cooking practice (ix) weighing of infants & children and (x) Importance of nutritional supplement. Nutritious food items also demonstrated to the community keeping in view the above points. So far 21 VHND camps have been organised.

Janani Suraksha Yojna:

Janani Surakhsha Yojna has already been implemented in PHC Najafgarh. Rs. 600/- are earmarked to be paid to all the eligible deliveries. In the year 2018-19, 79 cases and in 2019-20 a total 60 cases of JSY were identified.

Well Baby Show:

Well Baby Show organized in PHC Najafgarh during the Immunization Week celebrated and children were checked for immunization, height-weight and their IQ was also judged. The main motive of the show was to educate the parents regarding the immunization and nutritional food.

HIV Counselling Workshop:

Two Workshops on HIV Counselling have been organized during the last year. About 250 medical and paramedical staff/trainees attended the workshops. The main motive of the workshops was to sensitize paramedical staff.

Construction of 100 bedded Hospital at RHTC Najafgarh :

Construction work of 100 bedded Hospital is already at an advance stage**.** It is expected to be fully operationalized 2021-22.

Future Vision and Mission:

A proposal for starting B.Sc.(Nursing.at RHTC Najafgarh is under consideration

Audit :

Sl. No.	Year	No. of Paras /PA reports on which ATNs have been submitted to PAC after vetting by Audit	Details of the Paras/PA reports on which ATNs are pending		
			No. Of ATNs not sent by the Ministry even for the first time	No. Of ATNs sent but returned with observations and Audit is awaiting their resubmission by the Ministry	No. Of ATNs which have been finally vetted by audit but have not been submitted by the Ministry to PAC
1.	As on 22.11.2021	33	0	0	0

Note:- Audit Paras pending with respect to RHTC, Najafgarh, New Delhi-43 : 0 (Nil report)

3.3.25 HLL LIFECARE LIITED (HLL)

HLL Lifecare Limited (HLL), under the administrative control of Ministry of Health & Family Welfare, was incorporated in the year 1966. HLL's first plant began operations on 5th April 1969 at Peroorkada in Thiruvananthapuram District in the State of Kerala, in technical collaboration with M/s Okamoto Industries Inc. Japan. Today, with seven manufacturing plants, HLL has grown into a multi-product, multi-unit organisation addressing various public health challenges facing humanity.

HLL is a Mini Ratna, Schedule B Central Public Sector Enterprise. Over the years, HLL has transformed from a Condom company to a Contraceptives company and thereafter to a Healthcare delivery company. While focusing and expanding the core areas i.e. Reproductive Healthcare, HLL diversified into other healthcare segments like Hospital products, Hospital infrastructure management, Medical equipment procurement consultancy, Diagnostic services etc. The purpose of business at HLL is 'to provide high quality products and services at affordable price.

Financial Results 2020-21

The Company's financial performance, for the year ended March 31, 2021 is summarized below:

(Rs.in lakhs)

Financial Particulars	Standalone		Consolidated	
	2020-21	2019-20	2020-21	2019-20
Revenue from operations	5,08,131.02	1,67,764.97	5,37,532.27	1,98,051.00
Other Income	5,753.28	6,148.94	4,599.97	3,737.31
Total Income	5,13,884.30	1,73,913.91	5,42,132.24	201,788.31
Profit/(Loss) before Tax	15,154.61	12,458.28	14,460.98	13,422.62
Tax Expenses	3,921.61	1,409.75	4,297.81	2,308.87
Profit/(Loss) after Tax	11,233.00	11,048.53	10,163.17	11,113.75

The major highlights of the Company's performance is given below:

- Revenue from operations for the year 2020-21 was Rs.5081.31 Cr, out of which Revenue from Normal Operations is Rs.1513.03Cr as against Rs.1677.65 in 2019-20, recording a dip of 9.81%.
- Profit Before Tax is Rs.151.54 Cr in 2020-21 compared to a profit of Rs. 124.58 Cr in 2019-20 reflecting a growth of 21.64% mainly due to COVID related operations.
- Profit After Tax is Rs.112.33 Cr in 2020-21 compared to a profit of Rs. 110.48 Cr in 2019-20.
- Net Worth has increased from Rs.298.08 Cr as at 31.03.2020 to Rs.385.73 Cr as at 31.03.2021 during the year. Due to demerger of HLL Biotech Limited with effective from 01.04.2019, HLL share capital has reduced to Rs.15.53 Cr from Rs.290.41Cr.
- MOHFW on 21st Feb 2020 nominated HLL as the nodal agency for procurement of emergency medical supplies to combat COVID-19, to enable government to deal with the pandemic. The emergency medical supplies covered Personal Protective Equipments Kits consisting of Coverall (Garments), N95 mask, Goggles, Nitrile Gloves, Face Shield, Triple Layer Surgical mask and other products like Ventilators, Hand sanitizers etc. HLL as per directions from MoHFW, initiated the procurement of above products from both India and abroad. During January 2021, MOHFW entrusted the responsibility of procurement of Vaccine also to HLL.
- During the FY 2020-21 COVID business line has contributed Rs.3,568.28 Cr to HLL Revenue.

Physical Performance: 2020-21

A review of HLL's manufacturing activities during 2020-21 is given below:

S.N.	Product	Unit	Installed Capacity	Quantity Manufactured (Current year)	Capacity utilization (%)	Quantity Manufactured (Previous Year)
1	Condoms	Mpcs	1947.00	1302.27	67%	1269.40
2	Blood Bags	Mpcs	12.50	4.83	39%	11.00
3	Suture	L.Doz	6.00	0.82	14%	0.80
4	Copper - T	Mpcs	5.50	7.96	145%	6.20
5	Sterioidal OCP	M.Cycles	98.66	70.01	71%	48.54
6	Non-Steroidal OCP (Saheli)	30.00 M.Tabs	145.13	484%	121.30	
7	Sanitary Napkin	Mpcs	392.00	211.61	54%	87.80
8	Diagnostic Test Kits	Mpcs	26.00	15.77	61%	16.50

Subsidiaries and Joint Ventures

As on date, HLL has three subsidiary companies and one joint venture Company. The summary of performance of the subsidiary and joint venture companies is provided below:

a) Goa Antibiotics & Pharmaceuticals Limited [GAPL]

GAPL was incorporated on 9th December 1980 as a joint Venture between Hindustan Antibiotics Ltd. (HAL) Pune and EDC Ltd (Govt. of Goa Undertaking), a premier financial institution of Goa. The shareholdings of HAL in GAPL were transferred in favour of EDC Ltd. in the year 1987. In March 2014, HLL acquired 74% equity stake in GAPL and the remaining stake of 26% is retained by EDC Ltd. GAPL has capacity to manufacture high quality; affordable generic drugs as per Govt. of India 'essential drug list'. The Pharma Manufacturing unit and Registered office of the company is located at Tuem, village of PernemTaluka in North Goa. GAPL is engaged in Marketing of Life-Saving Drugs catering to major Central/State Government Institutions across the country. The company is having strong product acceptance in all therapeutic range of medicines in premier Government Institutions. The company is also diversified in Ayurvedic Siddha, Unani and Homoeopathic Segment. The company is also operating a chain of Retail Pharmacy Outlets in the State of Goa to provide quality medicines at affordable price to the needy.

The authorized and paid up share capital of GAPL as on 31st March, 2021 is Rs.25.00 Cr. and Rs.19.02 Cr.

b) HLL Infra Tech Services Limited. [HITES]

HITES is a wholly owned subsidiary of HLL incorporated on 3rd April 2014. HITES is specialized to carry on the business of providing services viz., Infrastructure Development, Facilities Management, Procurement Consultancy and allied services, foreseeing the enormous scope of business in these segments.

The authorized and paid up share capital of HITES as on 31st March, 2021 is Rs.2.00 Cr. each respectively.

c) HLL Mother & Child Care Hospitals Limited [HMCCHL]

HMCCHL is a wholly owned subsidiary company of HLL incorporated on 1st August, 2017 for operationalization of 100 bedded Mother & Child Hospital (MCH) wings at 20 district hospitals in Uttar Pradesh. HLL has incorporated HMCCHL as a wholly owned subsidiary company of HLL for Operationalization of 20 MCHWs on EFOMT basis.

The authorized and paid-up share capital of HMCCLL as on 31st March 2021 is Rs.10 lakh each.

HMCCHL was formed as a SPV to implement the Mother & Child Care Hospitals project, however could not serve the objective for which the SPV was set up. Considering the fact that maintaining a shell company will necessitate incurring administrative cost and legal compliance cost among other incidental costs, the Board of Directors in their 12th Board meeting held on 23rd July, 2021 approved the proposal to remove the name of the Company from the records of Registrar of Companies in accordance with the provisions of Section 248 of the Companies Act 2013 by adopting procedure for voluntary removal after extinguishing all its liabilities. Additionally, HLL Board of Directors in their 280th Board meeting held on 27th July, 2021 approved the proposal to submit the application for removing the name of HMCCHL from the records of ROC.

d) Life Spring Hospitals (P) Limited [LSH]

LSH is a 50:50 joint venture company between HLL and Acumen Fund Inc., USA. With the aim of providing dignified maternal healthcare at affordable costs to low-income mothers across LSH was formed in 7th February 2008. LSH is an alternative to constrained government hospitals and expensive private hospital care. It seeks to lessen the burden of rising health costs on the nation's low-income communities thereby increasing their disposable income. Maternity Care Hospitals in Hyderabad with Prices, 30 – 40 per cent lower than the market prices in private sector. LSH helped 65,000 women to deliver their babies since inception

The authorized and paid-up share capital of LSH as on 31st March 2021 is Rs.20.00 Cr and Rs.17.16 Cr respectively.

Strategic Disinvestment of HLL Lifecare Limited

The Cabinet Committee on Economic Affairs (CCEA), Government of India, in its meeting held on 1st November 2017 had granted 'in-principle' approval for hiving off the Vaccine venture and Medipark project of HLL Lifecare Limited [HLL] as separate SPVs within a period of three months and thereafter sale of 100% of Government's equity in HLL via a two-stage auction process. Both HBL and HML have ceased to be subsidiary companies of HLL consequent to Demerger.

Legal Due diligence Report: On 31st May 2019, Legal Advisor had shared the final Due Diligence Report after examination of all property related documents submitted by HLL. On 7th June 2019, HLL had forwarded Due Diligence Report received from LA to MoHFW for consideration.

Share Purchase Agreement: On 30th July 2019, M/ Crawford Bayley & Co., Legal Advisors engaged by the DIPAM, Government of India had shared the draft Share Purchase Agreement [SPA] of HLL Lifecare Ltd. by and among (i) Government of India, (ii) Purchaser(s) of HLL and (iii) HLL.

Asset Valuation: M/s Adroit Technical Services, Asset Valuer had completed the valuation in August 2019 after visiting the facilities of the company.

The Transaction Advisor has in consultation with HLL and the Legal Advisor prepared the draft Preliminary Information Memorandum [PIM] and after review shared the PIM with DIPAM on 16th November, 2021.

Periodic review meetings are held by Ministry of Health & Family Welfare in association with Department of Investment and Public Asset Management to discuss about the proposed disinvestment and actions required in this regard.

I. Demerger of HLL Biotech Limited and HLL Medipark Limited from HLL Lifecare Limited

Demerger of HBL

HLL and HBL had submitted applications / petitions for Demerger of HBL to the Ministry of Corporate Affairs [MCA] on 6th March 2019 and thereafter on 7th June 2019. Based on the applications / petitions submitted by the companies, multiple hearings were held by the MCA. Eventually, the MCA issued order dated 22nd March, 2021 sanctioning demerger of HBL from HLL. Subsequent to this, HLL and HBL submitted certified copy of the MCA order with the Registrar of Companies, Kerala as stipulated by law and consequently HBL ceased as subsidiary of HLL with effect from 10th April, 2021.

Demerger of HML

HLL and HML had submitted applications / petitions for Demerger of HML on 6th March 2019 and thereafter on 7th June 2019. Subsequently, HLL and HML had submitted a joint supplementary petition and revised Scheme of Demerger of HML on 19th August 2019. However, the MCA advised HLL and HML to submit a fresh comprehensive petition regarding proposed demerger of HML. Accordingly, HLL & HML submitted the fresh petition on 19th December 2019. Based on the applications / petitions submitted by the companies, multiple hearing were held by the MCA. Eventually, the MCA issued order dated 31st March, 2021 sanctioning the demerger of HML from HLL. Subsequent to this, HLL and HML submitted certified copy of the MCA order with the Registrar of Companies, Kerala as stipulated by law and consequently HML has ceased as subsidiary of HLL with effect from 21st April, 2021.

II. Procurement of Goods from MSMEs

During the year 2020-21, the Company has procured goods of value of Rs.10,007 lakhs from Micro, Small and Medium Enterprises (MSMEs) out of the total procurement of Rs.26,370 lakhs which is about 38% against the target of 25%.

CHAPTER -

04

Medical, Dental, Nursing & Allied Healthcare Education

4.1 INTRODUCTION

The Centre has set up regulatory bodies for monitoring the standard of medical, dental and nursing education, promoting training and research activities. This is being done with a view to sustain the production of medical and allied health care manpower to meet the requirements of health care delivery system at the primary, secondary and tertiary levels in country. This chapter discusses the status of these sectors and various reforms therein.

4.2 MEDICAL COUNCIL OF INDIA

The Medical Council of India was established under the provisions of the Indian Medical Council Act, 1956. The main functions of the MCI were to make recommendations to the Central Government in matters of recognition of medical qualifications, determining the courses of study and examinations required to obtain such qualifications, inspection of examinations and maintenance of register of medical practitioners, etc. The working of MCI has been under scrutiny for a long time and the same was examined by various expert bodies, including the Department related Parliamentary Standing Committee on Health and Family Welfare, which in its Ninety-second Report, in March, 2016, severely indicted the said Council. The Committee observed that the MCI failed to keep pace with time and recommended that the Govt. should bring a new comprehensive Bill in Parliament at the earliest so as to restructure and revamp the regulatory system of medical education and medical practice and thereby reform the MCI. In September, 2018, the MCI was superseded and placed under the administrative control of a Board of Governors for a period of two years. The Board of Governors consisted of 11 eminent professionals in the field of medical sciences.

4.3 NATIONAL MEDICAL COMMISSION (NMC)

The National Medical Commission Act, 2019, for setting up a National Medical Commission and to repeal the Indian Medical Council Act 1956 received the assent of the President on 08.08. 2019. The said Act provides for constitution of a National Medical Commission along with four Autonomous Boards namely – Under Graduate Medical Education Board (UGMEB), Post Graduate Medical Board (PGMEB), Medical Assessment and Rating Board (MARB) and Ethics and Medical Registration Board (EMRB).

The National Medical Commission was constituted with effect from 25.09.2020 repealing the erstwhile Indian Medical Council Act, 1956. This is a historic reform that will steer the direction of medical education towards a transparent, qualitative and accountable system. The basic premise and principled change that has happened - is that the Regulator is now 'selected' on merit, as opposed to an 'elected' Regulator. The professionals with impeccable integrity, experience and stature have been now placed at the helm to steer the medical education reforms further. The coming into being of NMC paves the way for continuation and deepening of reforms. The NMC Act provides for holding of an Exit Exam namely-the National Exit Test (NEXT) for medical graduates that will also serve as a licentiate exam, Screening Test for foreign medical graduates and also an exam for entry to post graduation. The NEXT would be an outcome based assessment of medical colleges that will ensure common standards for medical education. To promote affordable

education, the NMC Act, 2019 empowers the Commission to frame guidelines for determination of fee and all other charges in respect of 50% seats being charged by private medical colleges and deemed universities. The said Act also provides for rating of medical colleges which would help the students aspiring to pursue medical education to choose the college in a better-informed manner. Further, to boost the primary and preventive health care in the country, the NMC Act provides for creation of a cadre of Community Health Providers who would have limited prescribing authority at the primary and preventive health care level to correct the regional imbalance and enable an efficient utilization of health care resources.

National Medical Commission (NMC) has made a significant step towards affordable medical education and notified Minimum Requirements for Annual MBBS Admissions Regulations, 2020 and Establishment of Medical Colleges Regulations, 2000. These regulations allow optimization and flexibility in utilizing available resources, and facilitating quality education and shall be applicable to all new medical colleges proposing to be established, and to the established medical colleges proposing to increase their annual MBBS intake from the academic year 2021-22. There are other important reforms that have been made. There are as under:-

i. **District Residency Programme :-**The District Residency Scheme has been notified on 16th September, 2020 which provides for compulsory three months training of PG medical students at District Hospitals. The Scheme will be implemented from the current year. All the PG students pursuing MD/MS in broad specialties in all Medical Colleges (Govt./Private) shall undergo a compulsory residential rotation of three months in District Hospitals/District Health System as a part of the course curriculum. The objective of the programme is to provide learning and practice experience to all the PG medical students pursuing broad specialities, who are future specialists in real life settings of the District Health System. In doing so, the PG students would also be contributing towards strengthening of services of the District Health system as specialty resident doctors working as members of the district teams, Moreover, all of them would also gain first-hand experience in the continuum of care across the health system pyramid. Thus, placing specialty medical students in district hospitals is a win-win situation in the service of people.

ii. **Launch of Diploma courses:-** National Board Examinations (NBE) has launched PG diplomas in eight disciplines to cater to the need for specialists, especially in peripheral areas. This is a historic reform that will, in addition to increase in PG seats, enhance service delivery in district hospitals. Also, in view of the reservation for in-service candidates in the diplomas, there is an opportunity for the doctors to enhance their skills.

iii. **Scheme regarding Establishment of Medical College through PPP Mode:-**The Department of Economic Affairs (DEA) has approved Viability Gap Funding (VGF) for setting up of new medical colleges in PPP mode by upgrading the district hospitals. The DEA vide its notification dated 20.07.2020 has allowed Viability Gap Funding to Medical Colleges for setting up in PPP mode by utilizing the existing District Hospitals subject to the condition that: -

   i. States fully allow the facilities of the hospital to the medical college;
   ii. States provide land to the medical college at a concession.

The Scheme provides the following:

Sub Scheme - 1: VGF support for CAPEX upto 60% of the TPC will be provided to Health & Education sectors. The projects eligible under this category should have 100% Operational cost recovery. The Central Government will provide VGF support for CAPEX upto maximum 30% of the TPC of the project and State Government / Sponsoring Central Ministry/ Statutory Entity may provide further VGF support upto maximum 30% of the TPC.

Sub-Scheme - 2: It will be limited to support demonstration pilot projects in the Health and Education sectors only. The projects eligible under this

category should have at least 50% Operational Cost recovery. The Central Government will provide VGF support for CAPEX upto maximum 40% of the TPC of the project and State Government Sponsoring Central Ministry/ Statutory Entity may provide further VGF support upto maximum 40% of the TPC. In addition, the Central Government and State Government / Sponsoring Central Ministry /Statutory Entity can provide upto 50% (25% + 25% each) of Operational & Maintenance costs for the first five years after Commercial Operation date.

4.4 NATIONAL BOARD OF EXAMINATIONS (NBE)

The National Board of Examinations in Medical Sciences is an Autonomous Organisation under the Ministry of HFW, GoI, registered under the Societies Registration Act, 1860, with the objective of conducting postgraduate examinations in the field of modern medicine on an all-India basis, formulating basic training requirements for eligibility and developing patterns of teaching in postgraduate medical education. The NBE conducts the DNB Final examinations for the candidates undergoing training in various accredited hospitals. In the current year, the Objective Structured Clinical Examination (OSCE) pattern of DNB Final Examination was introduced in view of the COVID-19 pandemic.

The NBE has been entrusted with the responsibility of conducting the National Eligibility cum Entrance Test-PG (NEET-PG) for admission to MD/MS & Post-graduate Diploma Courses and National Eligibility cum Entrance Test (NEET-MDS) for admission to Post-graduate Dental Courses. During the year, NBE successfully conducted computer-based tests at 169 cities across the country. The NBE has also conducted the National Eligibility cum Entrance Test (NEET-SS) for admission to Super Specialty Courses. NBE also conducts Screening Test i.e. Foreign Medical Graduate Examination (FMGE) for candidates who have undergone medical training abroad. NBEMS conducts examinations in more than 80 disciplines and sub specialties of modern medicine which includes DNB programme in 43 broad and 31 super specialties including direct 6 year courses.

The prime objectives of NBEMS is to elevate the standards of post graduate medical education in modern medicine and conducting examinations of high standard on all India basis. NBEMS has under its purview more than 800 accredited institutions all over the country, which are importing training in more than 80 subjects, covering both broad (Post MBBS & Post Diploma) and super specialties with more than 10,000 students enrolled every year for various types of courses. NBEMS is also conducting Fellowship programme in 18 sub-specialties for MD/MS/DNB/ DrNB/MCh. Speciality who have completed their training in the concerned specialties. Selection to the fellowship programme is based on an entrance test which is conducted by NBEMS and admission to the courses is through centralized merit based counselling. The National Board of Examinations in Medical Sciences also celebrated its first Foundation Day on 1st March, 2021. During the same day, the Sardar Vallabh Bhai Patel awards were also introduced and awarded.

Celebration of First Foundation Day On 1st March, 2021

As on date, the total number of NBEMS Accredited Hospitals is 942 which are accredited with 3609 departments having the accredited seats in various hospitals and specialties across the country are as follows:

DNB Seats		DrNB Seats	FNB Seats	Post MBBS Diploma Seats	Total
Post MBBS	Post Diploma				
4704	2924	1998	246	1615	11487

4.5 MEDICAL COLLEGES AND UG/PG SEATS

At present, there are 313 Government M.B.B.S Colleges with an intake of 46,380 students, 283 Private M.B.B.S. Colleges with an intake of 41,740 students. Apart from that there are 361 Government PG (MD/MS/Dip.) Medical Colleges with a capacity or 24,245 PG students and 360 Private PG Medical Colleges with a capacity of 16,281 PG students. With regard to Super Specialty Courses (DM/MCH), there are 235 Govt. Medical Colleges with an intake capacity of 3,622 and 89 Private Medical Colleges with an intake capacity of 878.

4.6 SCHEMES FOR MEDICAL EDUCATION:

With a view to upgrade and further strengthen medical education institution in the country, the Ministry administers the following schemes:-

i) **Schemes for strengthening and upgradation of State Government Medical Colleges for Increase of PG Seats (Phase I & II):**

(a) <u>Phase-I</u>

The Phase-I of the scheme was launched in XIth Five Year Plan with the objective to strengthen and upgrade State Government Medical Colleges to create new PG seats. A total of 72 Government Medical Colleges in 21 States/UTs have been approved under the scheme for increasing 4058 PG Seats, out of which 1746 PG seats have been created. Funds to the tune of Rs.1049.3578 crore have been released under the scheme, till date.

(b) <u>Phase-II</u>

The scheme was launched in February, 2018 with the objective of increasing 4000 more postgraduate seats in Government medical colleges in the country. The Ministry of Health & Family Welfare is implementing Phase-II of the Centrally Sponsored Scheme for Up-gradation of existing State Government medical colleges to increase PG seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. A total of 16 Government Medical Colleges have been approved under the scheme for increasing 1741 PG seats till date. Funds to the tune of Rs.694.534 crore have been released under the scheme till date.

ii) **Scheme For Establishment of New Medical Colleges Attached with Existing District/Referral Hospitals (Phase I & II):**

(a) <u>Phase-I</u>

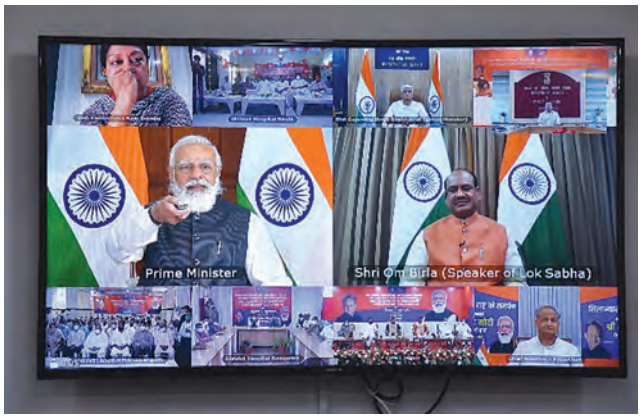
Under the scheme, it was proposed to establish 58 medical colleges in underserved areas of the country with intake capacity of 100 MBBS seats in each medical college to create an additional annual intake capacity of 5800 seats at undergraduate level in Government sector. The objective is to utilize the existing infrastructure of district hospitals for increasing additional undergraduate seats in a cost effective manner by attachment of new medical college with existing district/referral hospitals. Fund sharing between the Central Government and States is in the ratio of 90:10 for NE/special category States and 60:40 for other States. . The total cost of establishment of one Medical College under the scheme is Rs.189 crore.

(58 districts in 20 States/UT have been identified and approved under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals). Funds to the tune of Rs.7541.10 crore have been released to the State/UT Governments for the approved districts under the Scheme. Out of 58 approved medical colleges, 49 have become functional, out of which, 03 have been granted LoP for the academic year 2021-22.

(b) Phase-II

With the objective to ensure the availability of one medical college for every 3 Parliamentary Constituencies and at least one Government Medical College in every State of the country, the requirement of 24 new medical colleges in 8 States have been identified under Phase-II of the Scheme with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category States and 60:40 for other States. The total cost of establishment of one Medical College under the scheme is Rs.250 crore. 24 new medical colleges in 8 States have been identified under this Scheme to establish new Medical Colleges attached with existing district/ referral hospitals. All 24 Medical Colleges have been approved. Funds to the tune of Rs. 3675.00 crore have been released to the State Governments for the approved medical colleges under the Scheme. 08 medical colleges have become functional, which have been granted LoP for the academic year 2021-22.

Inauguration of CEPIT IPT Jaipur and Laying of Foundation Stone of four new medical colleges in Rajasthan by Hon'ble Prime Minister on 30th September, 2021



Inauguration of CEPIT IPT Jaipur and Laying of Foundation Stone of four new medical colleges in Rajasthan by Hon'ble Prime Minister on 30th September, 2021

(c) Phase-III

With an objective to provide at least one medical college or an Institute with facilities for Post Graduate medical education in each district of the country in a phased manner through public or private participation, phase III of the scheme for establishment of 75 new medical colleges attached with district/referral hospitals has been approved by the Union Cabinet on 28.8.2019. The medical colleges would be established at an estimated cost of Rs 325 Crore per medical college. Under Phase III, all 75 medical colleges have been approved**.** Funds to the tune of Rs.6719.11 crores have been released to the State Governments. 13 Medical College have become functional, out of which 12 have been granted LoP for the academic year 2021-22.

iii) **Strengthening and Up-Gradation of State Government Medical Colleges for Increase in Intake Capacity of MBBS Seats**.

With the objective of creating 10,000 MBBS seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Centrally Sponsored Scheme for Up-gradation of existing State Government/Central Government medical colleges to increase MBBS seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crores per seat. 48 Medical Colleges in 15 States have been approved under the scheme to increase 3325 UG seats. Funds to the tune of Rs.2451.1 Crores have been released to the State Governments till date under this scheme.

4.7 COUNSELLING FOR ADMISSION TO MEDICAL DENTAL SEATS

National Eligibility cum Entrance Test (UG) for admission to 15% All India UG Quota & Deemed/ Central Universities Seats – 2020 Online Counseling conducted by CBSE, New Delhi

Counseling for the academic year 2021-22 is yet to be done.

4.7.1 National Eligibility cum Entrance Test (PG) 2020 for admission to 50% All India PG Seats – 2020 conducted by NBE, New Delhi

Counseling for the academic year 2021-22 is yet to be done.

4.8 ALLOCATION OF MEDICAL/ DENTAL SEATS FROM CENTRAL POOL

(i) MBBS and BDS seats

A central pool of MBBS and BDS is maintained by the Ministry of Health & Family Welfare by seeking voluntary contribution from the various States having medical colleges and certain other Medical Education

Institutions. Allotment for the academic year 2021-22 is yet to be done.

4.9 DENTAL COUNCIL OF INDIA

The Dental Council of India (DCI) was established as a statutory body under the provisions of the Dentists Act, 1948 (XVI of 1948) with the main objective of regulating the standards of dental education, dental profession and dental ethics in the country and for making recommendations to the Central Government for opening of new dental colleges, starting of new or higher courses of studies and increase in admission capacity. For this purpose, the Council periodically carries out inspections to ascertain the adequacy of courseandfacilitiesavailable for the teaching of dentistry.

➢ Dental Colleges

At present, there are 316 dental colleges in the country, out of which 50 are in Government Sector and 266 in private sector with annual admission capacity of about 27498 Under Graduate seats and 6696 Post Graduate seats. Under EWS scheme promulgated under 103rd constitutional amendment, 2019, the DCI has recommended 498 additional seats at UG level at 30 Govt. Dental Colleges and 43 PG Seats at 15 Govt. Dental Colleges for the academic session 2021-22.

➢ Reforms in Dental Education:

The Draft National Dental Commission Bill: The Government has initiated a series of reforms in the sector of medical education over the last six years. As part of these reforms and in order to revamp the Dental Education System in the country to bring it at par with global standards, a draft National Dental Commission Bill (the Bill), to replace the existing Dentists Act, 1948, has been prepared and was placed in public domain on 28.01.2020 for inviting comments of State Governments, general public and other stakeholders. The 2372 suggestions/comments received from various stakeholders have been examined by a Committee of Dental Experts under the Chairpersonship of Chief of the Centre for Dental Education & Research, AIIMS, New Delhi. The suggestions of the committee have been duly considered and incorporated appropriately in the Bill.

The Bill provides for constitution of a National Dental Commission (the Commission), four Autonomous Boards, a Dental Advisory Council and State Dental Councils. The Commission shall be a corporate body. The Bill further provides for constitution of four Autonomous Boards namely Undergraduate Dental Education Board (UGDEB), Postgraduate Dental Education Board (PGDEB), Dental Assessment and Rating Board (DARB) and Ethics and Dental Registration Board (EDRB) – to regulate the education, examination, training and services of dental professionals and dental auxiliaries like dental hygienists, dental technicians and dental operating room assistants. A provision for National Dental Advisory Council has also been kept in the Bill to have representation of States/UTs at National level. The Bill also provides for creation and maintenance of digital and live National and State Registers of all licensed dental professionals and dental auxiliaries.

As per the Bill, the Commission shall lay down policies for maintaining high standards in dental education, and shall also exercise appellate jurisdiction with respect to the decisions of the Autonomous Boards. The Commission shall frame guidelines and conduct a uniform entrance test at undergraduate level i.e. National Eligibility cum Entrance Test, a uniform exit test i.e. National Exit Test (Dental), common counselling for admission to undergraduate and postgraduate dental courses etc.

The Bill empowers the Central Government to give directions to the Commission and the Autonomous Boards on questions of policy and also to the State Governments for carrying out all or any of the provisions of this Act.

The draft Bill is still under consideration.

➢ Other Achievements

One Nation and One Registration: The DCI is under process to create a digital network for keeping/

providing latest real time data of all the registered dentists in India by providing unique registration ID to all the dentists. The DCI is working to create a platform where all the States can keep and update their data of dentists at one place for keeping various aims in mind like at one place, tracing the dentists location, to eradicate duplicity, their employment status, etc. The database will not only help the Government towards making policy decisions but will help to the Dentists and the general public at large.

4.10 PHARMACY COUNCIL OF INDIA (PCI)

The Pharmacy Council of India (PCI) is a body constituted under Section 3 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy. The objective of the Council is to prescribe minimum standards of education required for qualification as a pharmacist, uniform implementation of educational standards, approval of course of study and examination for pharmacists, withdrawal of approval of qualifications granted outside India and maintenance of Central Register of Pharmacists.

The Council arranged 261 inspections of diploma, degree and Pharm D.,,M. Pharm and B. Pharm (Practice) institutions during the period. At present 3333 Institutions with 1,99,800 admissions for Diploma in Pharmacy (D.Pharm) and 2411 Institutions with 1,74,971 admission for Degree in Pharmacy (B.Pharm) were approved by PCI.

The Notification for "Pharmacy Practice (Amendment) Regulations, 2021" has been published in the Gazette of India. "Pharmacy Practice (Amendment) Regulations, 2021" provides for duties and responsibilities of four categories of registered pharmacists viz. Community Pharmacist, Hospital Pharmacist, Drug Information Pharmacist and Clinical Pharmacist.

During the year 2020-21, an amount of Rs.18.00 lakh was released to PCI as Grant-in-Aid.

4.11 ALLIED HEALTH SERVICES

➢ National Commission for Allied and Healthcare Professions Act, 2021

In the absence of any central regulatory body for Allied and Healthcare Professions and continuing with the ongoing reforms in the sector of medical education, the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021 has been enacted on 28th March, 2021 after the assent of the President of India. The NCAHP Act proposes a common Regulatory Body for 56 allied and healthcare professions that have been categorized under 10 broad categories represented through their respective professional councils to support and assist the National Commission.

The Act provides for constitution of a National Commission, corresponding State Councils and four autonomous boards under each State Council for regulating the education and services of the allied and healthcare professionals; assessment and rating of all allied and healthcare institutions to ensure uniform standards and quality assurance; maintenance of live National and State Registers for registration of all allied and healthcare professionals, thereby facilitating their career growth and improving their employment potential both within and outside India; and regulating their professional conduct and code of ethics.

The Act has come into effect vide gazette notification dated 25.05.2021. The Rules under NCAHP Act have been notified on 27.05.2021. Notification for constitution of Interim Commission having composition as contained in Section 20(2)(a) to (j) of NCAHP Act, 2021, has been published on 23.09.2021.

4.12 NURSING EDUCATION

In order to improve the quality of Nursing Services, the following ongoing programmes are being implemented during 2021-22.

➢ **Strengthening of Nursing Education / Services**

The Government has taken steps for the Strengthening & Upgradation of Nursing Education and Services through the Central Sector Scheme of Development of Nursing Services with the following sub components:

- Training of Nursing Personnel in identified domains/topics. Out of the total allocation of Rs. 1.74 Crore an amount of Rs. 1.42 crores has been sanctioned for conducting 62 short term training courses for the year 2021-22.
- Upgradation of Schools of Nursing to Colleges of Nursing by giving one time financial assistance of Rs. 7.00 Crore per institution for upgrading School of Nursing attached to a medical college. The financial assistance is towards civil works in existing Nursing Schools/Hostel building; Procurement of A.V. Aids; Library Books, Laboratory Equipment, Transport etc. An amount of Rs. 14.30 crore allocated under BE 2021-22.
- National Florence Nightingale Awards are being conferred on 51 nursing personnel by Hon'ble President of India every year as a mark of highest recognition for meritorious services in the nursing profession in the country. Each award carries a medal, Certificate of Merit and Cash Award of Rs.50,000/. The Award ceremony for the year 2020 was held virtually on 15th September, 2021. An amount of Rs. 1.50 Crore has been allocated in BE 2021-22.

National Florence Nightingale Awards conferred on nursing personnel in ceremony by Hon'ble President of India held virtually on 15th September, 2021

➢ **Reforms in Nursing Education**

In tune with the reforms in Medical Education sector, the Government proposes to strengthen the Nursing Education Sector by constitution of a National Nursing and Midwifery Commission.

4.13 INDIAN NURSING COUNCIL (INC)

The Indian Nursing Council (INC) is an autonomous body under the Govt. of India, Ministry of Health & Family Welfare. Indian Nursing Council Act, 1947 enacted by giving statutory powers to maintain uniform standards and regulation of nursing education all over the Country. The prime responsibility is to set the norms and standards for education, training, research and practice with in the ambit of the relevant legislative framework.

(a) Inspections

On receipt of proposal to start any nursing program or for enhancement of seats in ongoing nursing programmes, INC conducts inspection of the Institute. INC also conducts re-inspections for those institutions, which are found unsuitable/ not permitted by it. In addition to these, periodic inspections are conducted to monitor the standards of nursing education and the adherence of the prescribed norms.

(b) Institutions recognized by Indian Nursing Council

The course wise number of Nursing Institutions that were found suitable by the Council under Section 13 and 14 of Indian Nursing Council Act, 1947 are as follows:

S. No.	Programme	Total
1.	ANM	1949
2.	GNM	3275
3.	B.Sc (Nursing)	2127
4.	P.B.B.Sc (Nursing)	802
5.	M.Sc (Nursing)	701
6.	Post Basic Diploma Programme (PBDP)	236
7.	Nurse Practitioner in Critical Care (NPCC)	58

(c) Activities that have been undertaken by Indian Nursing Council.

(i) Live Register of Nurses

To achieve a Live Register of Nurses, Indian Nursing Council launched the Nurses Registration and Tracking System (NRTS) in 2016-17. After verification and approval of the nurses data by concerned Registrar of the State Nursing Councils, each nurse is issued a Nurse Unique Identification Number (NUID) card and Nurse Passbook indicating Nurse Profile. Primary Registration and Reciprocal Registration have been started in Arunachal Pradesh, Chhattisgarh, Delhi, Himachal Pradesh, Manipur, Nagaland, Sikkim, Tripura, Uttarakhand, and West Bengal State Nursing Councils and a total of 10,21,000 nurses have been enrolled in NRTS till date.

(ii) Nurse Practitioners in Midwifery

The Government of India is implementing the "Midwifery Initiative" in the country in order to improve the quality of care and ensure respectful care to pregnant women and newborns. This initiative aims to create a new cadre of midwives titled "Nurse Practitioners in Midwifery" (NPM) who are skilled in accordance with ICM competencies, knowledgeable and capable of providing compassionate women centered, reproductive, maternal and newborn child health services (RMNCH). The duration of Nurse Practitioner programme is 18 months.

(iii) National Consortium for Ph.D. in Nursing

National Consortium for Ph.D. in Nursing has been constituted by Indian Nursing Council to promote research activities, in various fields of Nursing in collaboration with Rajiv Gandhi University of Health Sciences. A total number of 153 students were awarded the doctorate degree.

(d) Income

An amount of Rs. 19.00 lakhs has been allocated for Indian Nursing Council under BE 2021-22. The Council had an internal receipt of an amount of Rs. 18,93,43,848.57 from the nursing education institutions towards inspection /affiliation fee and publication sales during the year 2020-21.

4.14 RAJKUMARI AMRIT KAUR COLLEGE OF NURSING, DELHI

The Rajkumari Amrit Kaur College of Nursing is a pioneer Institute for Nursing Education in India and South-East Asian Region, established 72 years ago with the objective to develop model programmes in Nursing Education. The College offers regular programmes in B.Sc. (Hons.) Nursing and Master of Nursing. Besides these, College also conducts short-term continuing education courses. The institution works in close association with Ministry of Health & Family Welfare, Hospitals, Health Center and Allied agencies.

➢ **Admissions and Graduation**

The admission to B.Sc. (Hons.) Nursing and Master of Nursing are made on the basis of merit in the selection test as laid down by the Academic Council of the University of Delhi. 22 Post-Graduate Nursing students and 66 Graduate Nursing students passed out in 2021.

➢ **Teaching and Research**

The college has implemented the revised curriculum for B.Sc.(Nursing) and M.Sc. (H) Nursing Programme

as per Indian Nursing Council Guidelines. The B.Sc (Hons) Nursing and M.Sc. Nursing programme were conducted as per the schedule for a total of 306 students. Theory classes were conducted in online mode during Covid-19 pandemic and clinical experience was provided in hospital / health centres. Faculty and Students participated actively in providing health care services during COVID-19 Pandemic.

➢ **Scholarship and Financial Aids**

55 B.Sc. (Hons) Nursing Students and one M.Sc Nursing student, on the basis of merit, received scholarship by the Department of Welfare for SC/ST/ OBC & Minority, Government of N.C.T of Delhi. Mr. Mathew Varghese, a M.Sc Student was awarded president Gold Medal for Standing 1st inM.Sc (N) in Delhi University.

➢ **Continuing Education**

Two national level short-term workshops on "Bicentenary: A period of transformation in Nursing" and on "Patient Safety, A global Health Agenda" were conducted. A total of 59 Nursing personnel participated in these workshops. Trainings Webinars have been organized for faculty and students on COVID 19.

➢ **Rural Field Teaching Centre, Chhawla:**

The Rural Field Teaching Centre was established in 1950 for the purpose of providing objective oriented rural community health experience to the students. It covers a population of 22,000 and is situated 35 kms away from the college. Special emphasis is given on MCH services, family planning, immunization, family welfare services, nutrition, adolescent girl's health and health education programme by the students and staff of rural unit in collaboration with the staff of RHTC, Najafgarh. The Centre is also a "Team Movement Point" for National Pulse Polio Programme.

4.15 LADY READING HEALTH SCHOOL, DELHI

Lady Reading Health School, Delhi established in 1918 under the Countess of Dufferin Fund for training Nursing personnel for M.C.H. service program is considered as one of the pioneer institutions and first of its kind for training Health Visitors. In 1931 it came under the administrative control of the Indian Red Cross Society (Maternity & Child Welfare Bureau). In 1952 the Government of India took over the school and attached Ram Chand Lohia MCH Centre to it. Total capacity of the school was 24 Health Visitor trainees from all over India, even these candidates were not available at that time. Duration of the course was of one and a half year for matriculates who were qualified midwives, which was replaced by two and half years integrated course for health visitor in 1954.

The School has now been merged with Rajkumari Amrit Kaur College of Nursing. The school offers training facilities to various categories of Nursing Personal in community health as well as M.C.H. and family welfare services through the attached Ram Chand Lohia MCH and Family Welfare Centre.

The Institution is imparting the following courses at present:

(i) **Auxiliary Nurse-Cum-Midwife Course:** This course is under Indian Nursing Council and eligibility criteria for the course is 12th pass. 41 students were admitted in November, 2020. 41 students of ANM 1st year and 2nd year respectively appeared in final examination in September, 2021. Admission for the year 2021-23 batch is already in process and batch will commence from 1st December, 2021.

(ii) **Certificate Course for Health Workers (Female) under Multipurpose Workers Scheme:** This course is of six months duration. Students are admitted twice a year i.e. in January and July every year with admission capacity of 20 in each batch. 20 students were admitted in January, 2021 batch and completed their training in June, 2021. 16 students have been admitted in July, 2021.

Clinical Experience: The students are sent for their clinical experience in Rural and Urban Health Centre,

different Hospitals like Safdarjung Hospital, RML Hospital, Lady Hardinge Medical College and Kalawati Saran Children's Hospital in Delhi.

Ram Chand Lohia MCH and Family Welfare Centre: Students are also posted for Urban Health Experience through Ram Chand Lohia MCH and Family Welfare Centre. The Centre gives integrated MCH Family Welfare Services to over 40,000 population. Weekly clinics are conducted like Antenatal Care, Post Natal Care, Well Baby Clinics for Immunization, Family Planning Clinics, Covid-19 Vaccination Centre, General Outpatient Department specially for Diabetes, Hyper-tension, Respiratory problems. The students are also posted for their clinical experience in Rural and Urban Health Centres and various hospitals.

Pulse Polio Programme: The students and staff participate in all the Pulse Polio programs organized in Delhi.

SNA Activities: Regular SNA activities are done at LRHS as extracurricular activities.

Budget: The total budget allocation for the year 2021-22 for the institution and welfare of staff is Rs. 4,53,00,000 (Rs. Four crore fifty three lakh only).

4.16 NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

National Academy of Medical Sciences (NAMS India) was established on 21st April, 1961 with the objective of promoting the growth of medical sciences. It was inaugurated at New Delhi on 19th December 1961 by Pandit Jawaharlal Nehru, the first Prime Minister of India. The NAMS fosters and utilises the academic excellence of health professionals in the countryas its resource to promote excellence in medical education and skill development in the field of medicine and allied sciences.

The Academy has been recognized by the Government of India as a Nodal Agency for promoting the Continuing Medical Education for medical and allied health professionals and is advising the Government of India in several matters of National Health Policy and Planning. National Academy of Medical Sciences encourages and sponsors nation-wide CME programmes, Symposia and Workshops in basic sciences and applied clinical disciplines.

NKN line is available in the NAMS. Smt. Kamla Raheja Auditorium to organize CME & Scientific Symposia. The details of the NAMS Convocations, academic activities, Journals Monographs, CME and other conferences are available on website**.** YouTube Channel, is freely available for wide circulation of CMEs/Workshops/ Symposia organized under aegis of NAMS.(www.nams-india.in).

The Academy has a council of 23 members, elected by the Fellows of the Academy from India and overseas. NAMS President is the Head of the Council. The Academy confers the Fellowship and Memberships, selected through a peer review rigorous process. Presently, Academy has 990 Fellows (FAMS), 2333 Members (MAMS) and 8015 Members by DNBE (MNAMS). Dr. APJ Abdul Kalam was an elected Fellow of the Academy.

Presently, several Academy Fellows are playing pivotal role in policy managementofhealth services, research and teaching viz. Dr. Vinod K. Paul, Member, NITI AYOG; Dr. Balram Bhargava, Director General, ICMR, NewDelhi; Dr. Randeep Guleria, Director, AIIMS, New Delhi.

The Academy Fellows have been the recipients of highest Civilian Awards of the country, Bharat Ratna–2 (Dr. B.C. Roy, Dr. A.P.J. Abdul Kalam); Padam Vibhushan -6 - Drs. J.S. Bajaj, Bal Krishna Goyal, Padmavati Sivaramakrishna Iyer, Prakash Narain Tandon, M.S Valiathan, B.M. Hedge; Padma Bhushan–19 and PadmaShri–52.

Each year the Academy elects Honorary Fellows and Members who are the eminent persons and the source of inspiration The Honorary Fellowship was conferred on 20 eminent persons including Pt. Jawaharlal Nehru, Dr. BC Roy, Dr. Sushila Nayar, Smt. Indira Gandhi, Dr.Karan Singh, Dr. U KoKo, Shri PV Narasimha

Rao, Dr. CP Thakur and others. The Academy Emeritus Professors visit other centers to promote academics, teaching and research.

Fifteen (15) named Orations and 8 Awards are bestowed upon eminent bio-medical scientists each year. The Academy has sent 205 Junior Scientists to Centres of excellence for training in advanced methods and technologies. To inspire the best minds in medical education towards research and innovations especially from the NE states, J & K, Odisha and other less developed States, with 5 annual fellowships of Rs.20,000/- each, and 2 awards of Rs. 1 Lakh each, have been started recently. NAMS-AIIMS collegiums have been formed. Links are being established with other National and International Academies including the World Medical Academy.

Academy publishes Annals of NAMS, 4 volumes each year through Thieme Publisher. The Journalis indexed in Directory of Open Access Journals (DOAJ), IMSEAR, Listed in EBSCO and Proquest, in ROAD Link.

Academy is keen to develop new biomedical technologies (robotics and AI) and address the major health hazards in the country due to: Weak Primary Healthcare; Air Pollution, Climate Change; Non-communicable diseases; Communicable diseases (TB) and Corona pandemics/Ebola and high-threat pathogens, Dengue, HIV, Vaccine hesitancy, Antimicrobial resistance; Fragile and vulnerable settings such as regions affected by drought and human conflict activities; Bio-terrorism; New Drug development; Pharmaco-vigilance, including the need forfamily medicine, Emergency services utilizing its skilled resource man power to plan, survey and advise the Government.

Academy Fellows have also protected the interest of the country by sending the appropriatehitting rebuttals (vol. 397, p.2464-65, June 26,2021) in Journal Lancet criticizing the Indian political system on 08 May issue 2021. The rebuttal was published in the Lancet "Science first than politics", (June 26, 2021, vol 397, pages 2464-65). Lancet had earlier published adverse comments criticizing the Indian Government in managing the Covid -19, Pandemic in its issue of May 08, 2021. The policies to manage the Covid crisis in India had rather been appreciated by the WHO, especially in the most populous State of UP.

NITI Aayog in 2018 had recommended that NAMS, New Delhi may continue with enhanced government support, recognizing that NAMS pioneers academic leadership in the medical field through a highly sophisticated IT network and provides Continuing Medical Education (CME) to upgrade the knowledge of medical practitioners in government, private sector & medical colleges about national programs.

CHAPTER -

05

REGULATION

5.1 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)

1. Food Safety and Standards Act,2006 was enacted with the objective to consolidate the laws relating to food and for laying down science based standards for articles of food as well as to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto. The Food Safety and Standards Authority of India (FSSAI) was established in September, 2008 as the apex authority on all matters of food safety and to ensure safe and wholesome food to consumers.

2. Standards and Regulations

Globally benchmarked food standards

2.1 FSSAI has constituted 21 subject specific scientific panels under Section 13 of the FSS Act which consist of independent scientific experts to act as the risk assessment bodies and provide their considered scientific opinion. There is also a Scientific Committee under Section 14 of the FSS Act, whose mandate includes providing scientific opinion to the Food Authority, general co-coordination necessary to ensure consistency of the scientific opinion and in particular with regard to the adoption of working procedures and harmonisation of working methods of the Scientific Panels, opinion on multi-sectoral issues falling within the competence of more than one Scientific Panel and setting up working groups on issues which do not fall within the competence of any of the Scientific panels. These Forums meet as often as required to give scientific opinions and recommend on development of food standards.

2.2 Development of standards is a dynamic process based on the latest developments in food science, food consumption pattern, new food products and additives, changes in processing technology leading to changed specifications, advancements in food analytical methods and identification of new risks or other regulatory options etc. So far, FSSAI has developed over 700 food product standards and also reviewed and amended the standards as required. It has also expanded standards for food additives that now has over 9000 provisos covering 350 additives and food processing aids by harmonizing the standards of food additives with Codex Standards.

2.3 During the period 01.01.2021 to 31.12.2021, 15 final notifications relating to amendment in the FSS (Food Product Standards and Food Additives) Regulations, 2011, FSS (Prohibition and Restrictions on Sales) Regulations, 2011, FSS (Fortification of Foods) Regulations, FSS (Nutraceuticals, Health Supplements, Food for Special Dietary Use, Food for Special Medical Purpose, Functional food and Novel Foods) Regulations, and FSS (Labelling and Display) Regulations and FSS (Import) Regulations (for Registration and inspection of foreign food facilities) have been notified in the Gazette of India.

2.4 Further, 18 draft notifications including three new Food Safety and Standards Regulations on Food Safety and Standards (Ayurveda Aahaar), Food Safety and Standards (Vegan Foods) and Food Safety and Standards (Genetically Modified or Genetically Engineered Foods) Regulations, 2021 have been published in the Gazette of India to invite comments and suggestions .

2.5 FSSAI had draft notified provisions for Front-

of-Pack labelling under the draft FSS (Labelling and Display) Regulations, 2019. However, considering the comments of stakeholders citing issues in implementation of the draft FOPL, a Consultative Group was constituted at FSSAI, which recommended conduct of a nation-wide survey-based study through an institution of excellence like IIMs to analyze major FOPL models that are available across the globe with the objective to identify ease of understanding and behavioral change in Indian consumers at a national level. Accordingly, an MoU has been signed with IIM, Ahmedabad in September, 2021 for conduct of survey-based study on 'Consumer perceptions of different front-of-pack labels for packaged food among Indian population'. The study is being funded by FSSAI and is likely to be completed by the end of February, 2022.

2.6 Owing to the changing dietary habits and popularity of 'Vegan Foods' across the globe including India, FSSAI formulated a draft provision for Vegan Foods and a logo for easy identification and to distinguish from non-vegan foods. The Draft FSS (Vegan Food) Regulations, 2021 have been uploaded on official website on 08th September, 2021 for seeking public comments. Vegan Logo has been unveiled by Hon'ble Minister of Health and Family Welfare on 20thSeptember, 2021.

The 'Green' colour and the leaf design on the proposed logo depicts that the ingredient/product is of plant origin. The letter 'V' identifies the product to be as 'Vegan'.

Inauguration of VEGAN Logo by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya

2.7 **NetSCoFAN**- The Food Safety and Standards Authority of India (FSSAI) had established a national network of research and academic institutions working in the area of food safety and nutrition. This network is referred as *"Network of Scientific Cooperation for Food Safety and Applied Nutrition (NetSCoFAN)"* and is established under the section 16(3)(e) of the Food Safety and Standards Act, 2006 which mandates the Authority to build and promote scientific co-operation, exchange of information, development and implementation of joint projects, exchange of expertise and best practices in the area of the responsibility of the Food Authority. A NetSCoFANWebsite was launched by Hon'ble Minister for Health and Family Welfare on 20th September, 2021. NetSCoFAN Website is an interactive platform for all the partner constituents wherein groups can easily update the status of their activities and also the NetSCoFAN secretariat can review the group activities at one place. The website covers different sections such as NetSCoFAN Groups, Resources, Login (for Groups and Admin).

2.8 **Manuals /Methods of Sampling and Analysis**

Based on the recommendations of the Scientific Panel on Methods of Sampling & Analysis and Scientific Committee, following manuals& methods of analysis have been approved by the Food Authority during the said period:

(i) Method for Determination of Iron Filings in Tea (Order No. 1-90/FSSAI/ SP(MS&A)/2009 dated 07.04.2021)

(ii) Revised FSSAI Manual of Method of Analysis of Foods - Oils and Fats (Order No. 11014/08/ 2020-QA dated 22.06.2021)

(iii) Revised FSSAI Manual of Method of Analysis of Foods - Spices, Herbs and Condiments (Order No. 11014/08/2020-QA dated 22.06.2021)

(iv) Revised FSSAI Manual of Method of Analysis of Foods – Mycotoxins [Order No. 11014/04/ 2021-QA (E file 1349) dated 20.07.2021]

(v) Revised FSSAI Manual of Method of Analysis of Foods – Alcoholic Beverages [Order No. 11014/04/2021-QA (E file 1349) dated 20.07.2021]

2.9 **Guidance Notes:**

Following Guidance Notes were prepared and published on FSSAI website during the said period:

i. Guidance Note on Safe handling, Processing & Consumption of poultry meat and eggs during bird flu outbreak(uploaded on 20.01.2021).

ii. Guidance Note on Safety and Quality of Meat and Poultry (uploaded on 03.02.2021).

2.10 **Codes of Practise**: In order to support primary food producers FSSAI has developed Codes of Practise aligned to the Codex Codes Practise. 12 Codes of Practise were recently released by Hon'ble Health Minister on 20.09.2021.

3. Amendment of the Food Safety and Standards Act

To address the concerns of Food Business Operators, facilitate ease of doing business, ensure consumer safety and also simultaneously enhance punishment for wrong doers as a deterrent for wrong practices, the Government has undertaken an exercise to comprehensively review the Food Safety and Standards Act, 2006. Public Notice was issued by the Government soliciting the comments/suggestions of public and stakeholders on the amendment proposals.The amendment proposals are presently under consideration. Important changes proposed in the present Act include bringing 'export' and 'animal feed' within the purview of FSSAI; harmonization of definitions with Codex and other Acts etc. ; defining the role and duties of Chairperson; review processes to ensure expeditious finalization of regulations; bring more clarity to certain existing provisions; provision for referral laboratories; protecting retailer and distributor from liability in case of untampered packaged food; rationalization of penal provisions, including strengthening in certain cases; provision for creation of fund etc.

4. Licensing and Enforcement/Regulatory Compliance

4.1 **Licensing and Registration of FBOs** -All Food Business Operators (FBOs) in the country are required to be registered or licensed under Section 31 of the Food Safety & Standards Act, 2006 to commence or carry on any food business. There is an online process for issuance of licenses to Food Business Operators (FBOs). As on 31.10.2021, 1,00,760 Central Licenses have been issued by the Central Licensing Authorities. The States/ UTs have granted 19,26,255 State licenses and registered 82,11,564 FBOs. Of these, 51,236 Central Licenses, 8,75,557 State licenses and 38,98,726 Registrations are active.

4.2 With a view to facilitate FBOs in matter of obtaining license, several steps have been taken during the period 1.1.2021 till date including:

i. A revised policy for auto generation of license and Registration for kinds of Businesses on expiry of specified period in case of non action by authority and auto rejection of applications in case of non-response within the stipulated time as per FSS(Licensing and Registration of Food businesses) Regulations, 2011 has been introduced.

ii. Food Business Operators have been allowed to migrate from State licenses to Central Licenses or vice versa without changing the FSSAI License number. Registration, which is for petty food business operators has been kept out as only one time upgradation from registration to State License is expected.

iii. Order has been issued dispensing with some documents and segregating documents as per Kind of Business and their relevance. Various declarations required to be submitted have been consolidated.

iv. Direction under Section 16(5) of FSS Act, 2006 has-been issued requiring BIS License/application receipt as a precondition while applying for FSSAI license to manufacture Packaged Drinking Water (PDW) and Mineral Water (MW).

v. Earlier, even small and medium manufacturers/ packers of Indian Sweets and Snacks & Savouries were required to take Central License under proprietary food products which was not only costly but also entailed onerous compliances for the said category. To ease the licensing/ registration for such small and medium food businesses, it has been decided to assign the Food Product Category 18 in FoSCoS under 'General Manufacturing Kind of Business' and FBOs could obtain Central / State license or registration based on their production capacity and turnover.

vi. Several representations were received from stakeholders that due to unavailability of food category mapped with the food products such as fresh fruits and vegetables including minimally processed fruits & vegetables and surface treated fruits & vegetables on FoSCoS, the FBOs are not being able to apply for license under manufacturing/re-packing kind of businesses for these products. Considering it and in order to avoid unnecessary hurdle and to facilitate trade, FSSAI issued direction dated 16.08.2021 and aligned such products with Food Category Code in FoSCoS.

4.3 Enforcement-

The State/UT Governments are primarily responsible for the enforcement of the FSS Act, 2006 in their respective jurisdictions through the institution of the Commissioner of Food Safety. The team under the Commissioner of Food Safety includes Designated Officers (DOs) and Food Safety Officers (FSOs). Food Safety Commissioners (FSCs) in various States and UTs undertake the task of licensing /registration and enforcement through DOs and FSOs. Adjudicating machinery includes Adjudicating Officers (AOs) and Appellate Tribunals, besides Special Courts and Ordinary Civil Court has been set up in States/UTs. During the period under report, some of the important steps in furtherance of effective enforcement include :

i. For transparency and accountability in enforcement activities, various provisions have been enabled in online FoSCoS portal to ensure complete digitisation of enforcement activities. It has been decided for 100% recording of enforcement activities by all authorities in FoSCos w.e.f. 1st October, 2021

ii. As per the provisions of Section 29 (1) of FSS Act, 2006 the Food Authority and the State Food Safety Authorities shall be responsible for the enforcement of the Act. FSSAI had earlier assigned the task of enforcement of provisions of FSS Act 2006 Rules and Regulations made thereunder to Commissioner of Food Safety of States/UTs with regard to both Centrally and State licensed/registered Food Business Operators. However, with the induction of Central Food Safety Officers(CFSOs) in the system, FSSAI has advised States/UTs vide letter dated 06.07.2021 that enforcement of provisions of FSS Act, 2006 Rules and Regulations made thereunder with regard to Centrally Licensed FBOs will be carried out by Central DOs/ CFSOs. Inspection of such a facility may,however, by carried out by State FSO in emergency matters to investigate food safety

incident or on the request of concerned CLA or Regional Director of FSSAI. In such cases, inspection report shall be submitted to concerned CLA and further action taken by concerned CLA. For adjudication/prosecution proceedings, mechanism shall be same i.e. Adjudicating Officers appointed by State and Food Safety Appellate Tribunals established by the respective State Governments.

iii. To enable a consumer to have access to information about a particular food business which is available on FSSAI website, an Order has been issued to mandate declaration of 14 digit FSSAI license or Registration number on cash receipts/purchase invoices/cash-memo/bills, transport challan etc. by all food businesses except for GST e-way bill and such other govt documents which are system generated This will also help consumers to complain with complete credentials of FBOs, particularly in case of non-packaged food such as in case of restaurants, mithai shops, caterers etc.

iv. On the directions of FSSAI, Commissioners of Food Safety of States/UTs have inspected premises of honey manufacturers to ensure that there is no mixing of sugar syrups in honey. Similarly, they have inspected the premises of mustard oil manufacturers to ensure that ban on blending of any other oil with mustard oil effective from 8.6.21 is being fully implemented.

4.4 MoU with States/UTs

In order to address the gaps in the food safety eco-system of States/UTs and to promote the culture of safe and wholesome food through pooling of technical knowledge and best practices, as a shared responsibility, a scheme was introduced in 2020-21 whereby funds are released upon signing of Memorandums of Understanding (MoUs) between FSSAI and States/UTs for undertaking specific activities aimed at strengthening of enforcement and compliance system; strengthening of food testing system and implementation of various initiatives under the Eat Right India movement in a focused manner; and, undertaking any other matter consequential to ensuring food safety. FSSAI released INR 64.66 crores to 24 States/ UTs as part of the MoUs in the year 2020-21. In 2021-22 as of 31.12.2021, work proposals received from 35 States/UTs have been reviewed and finalised in respect of 25 States/UTs and a sum of Rs. 49.64 crores have been released to 24 States/UTs as first tranche. Proposals in respect of remaining States/UTs are at various stage of processing.

4.5 MoA with ASCI

Screening of all Food and Beverages related advertisement appearing in various print and electronic media is a big challenge. Further, it is difficult for limited manpower with FSSAI to take recourse on all such cases wherein advertisements are found misleading and also to keep regular watch on the same. Therefore, FSSAI had signed MoA with ASCI, a self-regulatory voluntary organization of the advertising content for exclusive tracking, tracing and evaluation of all Food and Beverages advertisements appearing across various media which could be potentially violating provisions of FSS Act, Rules and Regulations made thereunder and for submission of its recommendation to FSSAI for further investigation.

4.6 Food Safety Index

FSSAI has developed State Food Safety Index to measure the performance of States on various parameters of Food Safety and to gain insight into the food safety mechanism in the country. Index is based on performance of States/UTs on five significant parameters, namely (i) Human Resource and Institutional Data; (ii) Compliance; (iii) Food Testing Infrastructure and Surveillance; (iv) Training and Capacity Building; and (v) Consumer empowerment. Appropriate weightages are prescribed for these parameters. Hon'ble Union Minister for Health and Family Welfare released the 3rd State Food Safety Index (SFSI) awards on 20.09.2021 based on the performance of States across five parameters of food safety. Among the large States, Gujarat was the top

ranking state, followed by Kerala and Tamil Nadu. Among the smaller States, Goa stood first followed by Meghalaya and Manipur and among the Union Territories, Jammu & Kashmir, Andaman & Nicobar Islands and New Delhi secured top ranks.

3rd State Food Safety Index Awards by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya

Among the large States, Gujarat was the top ranking state, followed by Kerala and Tamil Nadu. Among the smaller States, Goa stood first followed by Meghalaya and Manipur and among the Union Territories, Jammu & Kashmir, Andaman & Nicobar Islands and New Delhi secured top ranks.

Food Safety Index Awards to top ranking States by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya

5. Special Measures taken to address the situation arising from COVID-19 pandemic

As at the time of first lock down period, during the second lock down period also, the Food Safety & Standards Authority of India (FSSAI) took immediate steps to ensure uninterrupted food services/supply during the prevailing pandemic conditions. FSSAI reiterated and clarified that Import clearances of food items and testing services by FSSAI's notified laboratories (including both public and private laboratories) are Essential Services. Directions allowing certain reliefs to FBOs during lockdown were issuedon 20th April, 2021 on the following:

(i) Allowed FBOs, other than manufacturers, to temporarily operate their businesses on the basis of a valid receipt of FSSAI license/ registration application having 17- digit Application Reference Number (ARN) generated upon online application and fee payment on FoSCoS. This enabled quick expansion of logistic supply chains, warehouses, retail outlets, catering, food service establishments etc wherever required. New businesses could also start operating once they successfully file a complete application on FOSCOS. This was an interim relief measure, the licence/ registration will need to be secured before the expiry of the relaxation

(ii) Manufacturers were allowed to increase/ enhance their capacity, on the basis of a valid receipt of FSSAI license/ registration modification application having 17- digit Application Reference Number (ARN) generated upon online application and fee payment on FoSCoS. This was to enable immediate upscaling of production facilities without waiting for regulatory approvals

(iii) No routine inspections to be done except in case of high risk food product viz. Milk and milk products, slaughter houses, meat and meat products etc. However, food safety authorities can conduct inspections in case of select cases on basis of risk profiling or in case of any food emergency/ incidents and complaints. Where

feasible, inspections can be done by e-inspection

(iv) Extension of time line for submission of online Annual Returns through FoSCoS. All returns to be filed online on FOSCOS

(v) No penalty payable for late filing of application for renewal of licenses

Above concessions other than (iv) & (v) above were extended upto 30.6.2021 However, concession (iv) was relaxed upto 31st August, 2021.

Quality Assurance

6.1 Notification of Food Testing Laboratories

During 2021 01.10.2021, 43 more food laboratories have been recognised/notified under Section 43(1) of Food Safety and Standards Act, 2006 by FSSAI while 9 food testing laboratories have been denotified. This has raised the total number of notified food laboratories from 188 to 222 till date. Further, one more food laboratory has been recognised and notified as Referral Food laboratory under Section 43 (2) of Food Safety and Standards Act, 2006. This has raised the total number of notified Referral food laboratories from 18 to 19 till date.

6.2 Setting up of new laboratories by FSSAI- FSSAI had floated tender for setting up and operationalization of two more National Food Laboratories one each at Central Port Trust (CPT), Chennai & Jawaharlal Nehru Port Trust (JNPT), Mumbai on PPP model. The tender for Central Port Trust (CPT), Chennai has been awarded to M/s NCML, Gurgaon and the tender for Jawaharlal Nehru Port Trust (JNPT), Mumbai has been awarded to M/s Vimta Labs Pvt. Ltd, Hyderabad. The lab at JNPT has since been inaugurated on 29th September, 2021 and other lab at Chennai is also likely to be made operational soon

Release of Standard Specifications for Setting up of basic Food Laboratory

6.3 Strengthening of Food Testing System in the Country-

a) FSSAI is implementing a Central Sector Scheme for "Strengthening of Food Testing System in the Country including Provision of Mobile Food Testing Labs" (SOFTeL) with a total outlay of Rs. 481.95 crores. The time frame for implementation of the scheme was 2016-17 to 2018-19. The same has been extended by the Government for a further period till 31st March, 2023. During the period, a grant of Rs. one crore has been released to two States/UTs for procurement of basic/high end equipment and setting up of microbiology lab testing facilities. With this, under the Scheme, a total grant of Rs. 313.98 crore has been released to 29 States/UTs for upgradation of 39 State Food Testing labs. Further, a grant of Rs. 7.60 crore (appx) has been released to three referral labs towards procurement of high end equipment. So far, Rs. 29.93 crore has been released to 12 Referral labs for upgradation

b) During the period, 70 more modified Food Safety on Wheels (FSWs) each costing Rs. 37 lakh have been sanctioned for delivery to 11 States raising the total of sanctioned FSWs from 90 to 160 covering 33 States/UTs. 122 FSWs have already been delivered and being used for purposes of training, testing and awareness generation, particularly in remote areas. Hon'ble Minister of State for Health and Family Welfare, Dr. Bharati Pravin Pawar visited FSSAI Headquarters on 25th November, 2021. She flagged-off 12 food Safety on Wheels (FSWs) for deployment in the States of U.P., Kerala and Gujarat. She also released two recipe books viz. 'Eat Right with Low Salt' and 'History and Food'. Besides, during her visit, the Hon'ble Minister of State reviewed in detail the functioning of FSSAI. During the review, various action points were discussed to delineate the future strategic actions of FSSAI which included development of new laboratories to enhance the food testing ecosystem; finalisation of regulations including amendments in the FSS Act; reduction in clearance time of food imports and scope for surveillance activities etc.

Inauguration of Mobile Food Safety Lab on Wheels by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya

c) During the period **180** Online training programs were organized by FSSAI in co-ordination with its three training centers viz. (i) Food Safety Solution Centre (FSSC) and the (ii) Centre for Microbiological Analysis Training (C-MAT) situated at National Food Laboratory Ghaziabad; and (iii) International Training Centre on Food Safety and Applied Nutrition (ITC – FSAN), Mumbai. Total **12,270** participants from State/ UTs, FSSAI Notified laboratories, other laboratories, BFRA Officials, Food Safety Officers of various States/ UTs, Food Business Operators, Export Industry, Students and Consumers, Chefs, Research Associates, Manufacturing sector, Netprofan students, Indian Food Sharing Alliance (IFSA) Officials, Small Businesses/Retailers, Maharashtra Centre for Entrepreneurship Development (MCED) Officials attended these programs. These training programs mainly focused on Handling of common microbiological lab equipment & calibration, Critical Control Points for Mycotoxins in the Food Chain, Overcoming the challenges in the analysis of anionic polar pesticides, Sampling and sample

handling of food with trade implications , Food Laboratory Safety & Waste Disposal as GLP / ISO 17025: 2017, 4- months Regulations Program (Understanding Food Regulations of India) Basics and advancement in LC-MS/MS w.r.t. food safety applications etc. The online training programs are still a regular feature of FSSAI for imparting training due to current situation of COVID- 19. However, organising 4 training programs physically has been planned if situation permits

6.4 Sample Management System-FSSAI is implementing a Sample Management System (SMS) across the country under which cold chain facilities for storage and transportation of food samples such as Compact Cabinets, Vehicle Mounted Mobile Freezer Boxes, Portable Chill Boxes etc. are being provided to States/UTs. This would integrate the entire cold chain across all districts of India to bring in better compliance and monitoring. This facility will not only maintain desired temperature of the food samples during transportation/storage but also facilitate the FSOs to maintain the integrity of the picked up sample from the site of inspection until it reaches the laboratory. These SMS components are being distributed based on the requisition received from the States/UTs. During the period, FSSAI have provided 255 Compact Cabinets, 258 Vehicle Mounted Mobile Freezer Boxes, 203 Portable Chill Boxes and 203 Backpack Style Bags. This has raised delivery of 797 Compact Cabinets, 796 Vehicle Mounted Mobile Freezer Boxes, 2545 Portable Chill Boxes and 2545 Backpack Style Bags to 31 States/UTs. This would integrate the entire cold chain across all districts of India to bring in better compliance and monitoring

6.5 Indian Food Laboratories Network (INFoLNeT 2.0) -FSSAI has revamped the INFoLNeT 1.0 and came up with the INFoLNeT Version 2.0,which was launched on 19th March, 2021 with added advanced features as mentioned below:

i. Complete Product Vs. Parameter Mapping i.e. all food categories under FSSR are mapped to their respective parameters in the INFoLNET. The Laboratories while declaring their test parameters for the chosen product will get a whole list of parameters required to be tested for the concerned product and the laboratories only need to select it from the drop down list. In the Lab Analyst screen, the FSSR limit of test parameters will also be displayed along with test parameters.

ii. Provision of an alert system to the registered mobile no of concerned laboratories in case the validity of a Laboratory is going to expire/expired.

iii. Provision for generation of digitally signed test reports. Option to upload photograph of the Sample Received by the Sample Receiver during Sample Registration.

iv. Option for integration of InFoLNeT-FICS (food Import Clearance system) systems.

v. Functionality to register survey sample.

6.6 Rapid Testing Kits

As a part of effort to strengthen the food testing capabilities by introducing the quick and advanced Food Testing Kits /During the period, a total of 71 applications for approval of rapid food testing kit/ equipment/method were scrutinized. Out of these, 45 rapid food testing kit/equipment were finally approved for purpose of both screening and surveillance; 1 rapid food testing kit/equipment was provisionally approved for surveillance only and remaining 25 were rejected. FSSAI has, thus far, approved 65 rapid food testing kits/devices.

6.7 Food Analyst Examination-FSSAI had conducted Paper I (Theory examination) of 7th Food Analyst Examination (FAE) and 4TH Junior Analyst Examination (JAE) on 30th July,2021 at 16 centres across 10 cities. 1905 candidates had applied for the exam, out of which 1090 candidates (FAE-521, JAE-569) appeared in the exam. The result of theory examinations have been declared and practical exams of those qualifying in theory exam will be conducted soon

6.8 Surveillance activities-FSSAI carried out a baseline survey to understand the prevailing situation and the presence of industrially produced trans-fatty acid content in selected food categories in chosen cities and districts across India in partnership with Quality Council of India (QCI) on 29th June to 2nd July, 2021. Samples of various packaged food items under six pre-defined food categories (number of samples given against each product category) mentioned below were collected from 419 cities/districts across 34 States/ UTs.

- Category 1 - Sweets, Toppings and Chocolates: 1,051
- Category 2 - Fried Foods: 1,061
- Category 3 - Bakery and Confectionary products: 1,072
- Category 4 - Frozen Foods: 973
- Category 5 - Composite Foods: 1,019
- Category 6 - Oils, Vanaspati, Shortenings and Margarine: 1,069

In all, 6,245 samples of packaged products were collected on a random basis to ensure diversity and sampling of local packaged foods from different strata of food market.

The major findings of the Survey has shown that

- Out of the total 6245 samples analysed for total trans-fat content, 3.14 %(196 samples) contained trans-fat exceeding 2% and 1.34 % (84 samples) had more than 3% industrially produced trans fats
- About 90% (176 samples) of the 196 samples that exceeded 2% trans-fat belonged to the category 6(Oils, Vanaspati, Shortenings and Margarine)
- In category 6, comprising of Oils, Vanaspati, Shortenings and Margarines, 100 samples out of a total of 1,069 food products analysed had trans-fat content of more than 2% and less than 3%, while 76 samples contained more than 3% trans-fat.

This study has shown that India is well set to achieve its mandate of eliminating industrially produced trans-fats by 2022 and demolish the perception of excessive usage of industrial trans- fat in processed food products.

6.9 Gap Analysis-FSSAI is in the process of conducting a gap analysis of state food testing labs in terms of test equipment, man power, testing scope etc. This would help FSSAI in "Strengthening Food testing Laboratories in India". The job has been awarded to a duly selected firm and the final report is likely to be available by March, 2022.

7. Imports

7.1 As per Section 25 of the Food Safety & Standards Act, 2006, all imports of articles of food are subject to the provisions of the Act. It stipulates that no person shall import into India any article of food in contravention of the Act or any rules and regulations made thereunder. Exercising the power of the Act, the Central Government, on the recommendations of the Food Authority, notified the FSS (Import) Regulations, 2017 on 9th March, 2017.

7.2 With notification of 7 more Food Import Entry Points, Food import into the country is being regulated at 157 rationalised points of entry. FSSAI earlier had its presence at 22 points of entry under 6 locations namely Chennai, Kolkata, Mumbai, Delhi, Cochin and Tuticorin. However, during the period, FSSAI has brought under direct control new food import entry points and operationalized offices at Krishnapatnam, Mundra, Kandla, Hyderabad, Vishakhapatnam, Ahmedabad & Bengaluru. With this, total **54** Points of Entry of food import are now under direct control of FSSAI officials. At other **103** points of entry, Customs officers have been notified as Authorised Officers to regulate the clearance of food consignments as per the norms prescribed by FSSAI for which they have been provided requisite training. An online training portal has been developed for Customs officers which can be accessed 24x7.

7.3 FSSAI has its own food import clearance system (FICS) which is an online system, integrated with the

customs ICE-GATE (Indian Customs Electronic Commerce/Electronic Data interchange (EC/EDI) Gateway) under SWIFT (Single window interface for facilitating trade). Customs Department implements the Risk Management system (RMS), i.e. selective sampling and testing of food articles, under SWIFT in consultation with FSSAI. FSSAI has set the parameters for RMS to be applicable on imported food items. RMS is being applied in ICEGATE before sending the consignment/bill of entry (BOE) in FICS.

FSSAI conducts 3 tier scrutiny-documents, visual inspection and food sample testing in labs before issuing No Objection Certificate or Non-Conformance Report to the Customs.

7.4 To regulate imports, some important instructions issued during the period include:

(i) As compliance of FSS (Foods for Infant Nutrition) Regulations, 2020 having standards for IEM were extended upto April, 2022, it was decided to allow the import of food products for 15 IEM conditions and 2 Hypoallergenic conditions till 31st March, 2022 subject to certain conditions

(ii) To facilitate imports of pulses and edible oils to ensure timely processing and clearance, importersof pulses and edible oil may carry out advance filing of Bills of Entry in FICS of FSSAI and AO to facilitate and carry out food import clearance process on priority without delay and if required, scrutiny/visual inspection/sampling may be carried out even on weekends also to expedite the process

(iii) In view of relocation of ICS Nagpur (INNGP6) to ICD Mihan (INKPK6), an order dated 11.06.2021 was issued for notification of Authorised Officer (Custom Official of rank of Superintendent/Appraiser/Inspector/Examiner) at ICD Mihan in place of ICD Nagpur for food import clearance purpose

(iv) FSSAI has carried out Integration of SEZ Online system of NSDL operational at SEZ with Food Import Clearance System (FICS) of FSSAI which has been implemented on 01.09.2021. The Bills of Entry for food import filed at notified SEZ PoEs is now seamlessly transmitted online to FSSAI for food import clearance purposes.

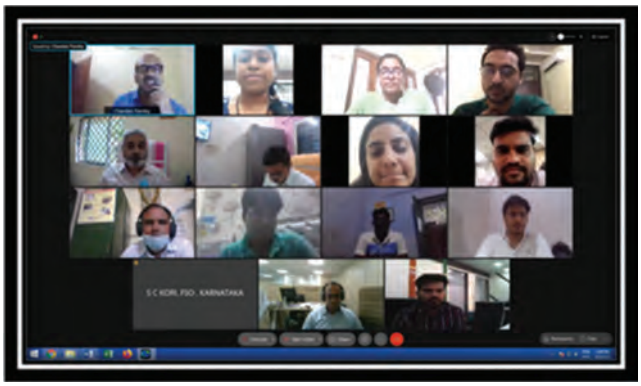
(v) FSS (Import) Amendment Regulations has been notified on 3.11.2021 with provision for licensing /registration of foreign food facilities exporting food to India.

8. Training and capacity building

8.1 Training of FBOs - Food Safety Training and Certification (FoSTaC)-FSSAI had introduced Food Safety Training and Certification (FoSTaC) Programme in May 2017 with 19 short duration programs of 4-12 hours for different kinds of food businesses with focus on good hygiene and manufacturing practices based on Schedule IV of Food Safety & Standards Regulations, 2011. It is expected that all Food Handlers irrespective of their size of the business will undergo the training and implement GHP/ GMP in their respective workstations. One hour mandatory COVID training has been incorporated in regular FoSTaC Courses in addition to the stand-alone COVID courses.

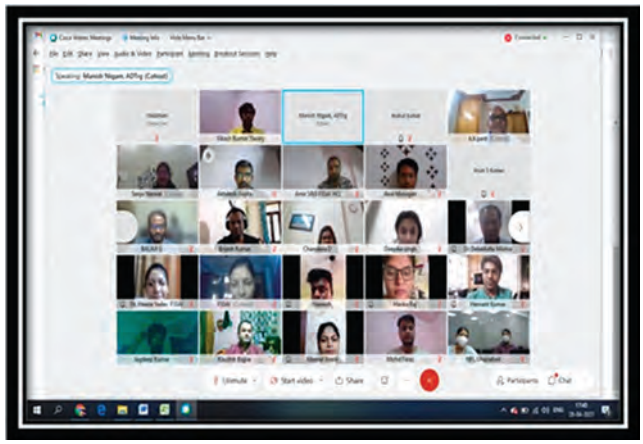
8.2 The trainings are being imparted through training partners. Currently there are 261 active Training Partners and more than 2150 trainers working for the FoSTaC programme. Considering the COVID situation, trainings are mainly being conducted through online mode. However, physical trainings are also organised. During the period viz. 1.1.21 till date, 9000 trainings of Food Safety Supervisors have been conducted and 3.17 lakh Food Handlers are trained and assessed under FoSTaC Programme. Further, during the period 81 COVID- 19 trainings were conducted and more than 1500 persons trained on Covid-19 Guidelines. It is estimated that another one lakh of food handlers will be trained by March, 2022. Besides 793 trainings have been conducted to provide basic training on hygiene and food safety to more than 27,000 street food vendors

8.3 Training of Regulatory Staff-Under its training policy, FSSAI is also conducting induction/refresher trainings for regulatory personnel. During the period, FSSAI has conducted induction training of **200** officers including Food Safety Officers of various States/UTs, Railways and Central Food Safety Officers . FSSAI also conducted training on Food Safety and Standards (Health Supplements, Nutraceuticals, Food for special dietary uses etc.) Regulations, 2016 for regulating staff/ officers of Jammu and Kashmir in which 100 officers participated. Orientation training for 70 Adjudicating Officers of Maharashtra, Uttarakhand, Himachal Pradesh, Jammu & Kashmir, Tripura, and West Bengal was also held. Induction Training/Refresher Training for 36 Designated officers is also being held in the month of October, 2021.



Online Induction Training of FSOs & CFSOs of Gujarat, Telangana, Punjab, Andhra Pradesh, Punjab, Karnataka, West Bengal, Chhattisgarh, Uttar Pradesh, and Northern Railways

8.4 Training for FSSAI's Officials- FSSAI conducted Induction training (in three batches for 245 newly recruited officers. These included 2 week class room training followed by one week field/on the job training. FSSAI also conducted Training sessions on various topics such as GFR & Purchase Policy, Noting and Drafting, RTI Act, 2005, Public Procurement, Gender sensitisation and different provisions under the "Sexual harassment of women at workplace (Prevention, Prohibition and Redressal) Act, 2013 etc. attended by large number of participants.



Virtual training session on RTI Act, 2005 Virtual training session on GFR & Purchase Policy

8.5 **MoU with Ministry of Food Processing Industries-** FSSAI has signed a MoU with Ministry of Food Processing Industries on 1.10.2021 to support micro-level food entrepreneurs and Farmer

Producer Organizations (FPOs). MoU also aims to support Self Help Groups (SHGs) and producers cooperatives to improve the standard of their food businesses. Collaboration would include food safety training and registration of micro enterprises. Food handlers of these micro level food processing units will be provided training on understanding of good hygiene, food testing process and other regulatory requirements. On successful completion of training, the food handlers will be provided 'Food Safety Supervisor' certificate. Support will also be provided in obtaining FSSAI license and registration.

9. Eat Right India

9.1 FSSAI continues to work towards transformation of the food ecosystem of the country by ensuring safe, healthy and sustainable food for everyone through its flagship initiative Eat Right India. Eat Right Challenge for Cities and Districts as well as Eat Smart Cities Challenge to galvanize a large number of stakeholders from food safety departments as well as stakeholders from smart cities have been launched. These challenges are envisioned as a competition among districts and cities to recognize their efforts in adopting and scaling up various initiatives under Eat Right India. 188 districts and 109 smart cities have participated in these challenges respectively. Earlier, Eat Right Creativity Challenge II (ERC II) was launched on the occasion of World Food Day, 16th Oct 2020 for a period of 4 months to encourage schools to create an awareness about safe and healthy food among school students. A poster and photography competition was organised where over 4,500 schools participated with 26,150 entries.

9.2 FSSAI has launched an Eat Right Mela and Walkathon, covering 75 cities across the country to commemorate 75 years of India's independence. These events aim for massive outreach to educate people and spread the message of safe, healthy and sustainable diets.A variety of foods like whole grains including wheat and rice, which are commonly consumed to millets and other indigenous grains considering the vast diversity in diet and culture are promoted through these Melas.

9.3 For consumer outreach, various initiatives under Eat Right India are currently running in different parts of the country covering Jails, Hospitals, Educational Institutions, Railway Stations, Places of Worship and unorganised food vendors to enhance the country's food ecosystem. So far, 29 Street Food Hubs have been certified and 23 in pipeline; 328 Places of Worship have been certified and 7 in pipeline. 430 Campuses have been certified as Eat Right Campus including Jails, Tea Estates and Hospitals and 490 are in pipeline. 3 Stations are certified as Eat Right Railway Stations in the year 2021, taking the tally of certified stations to 6.

9.4 A special online series via social media, *Recipe Ravivaar*, was organised covering recipes from local & seasonal vegetables.

Release of Series of Recipes namely - Recipe-Ravivar, Ghar ki Rasoi, Indi Genius Food Healthy Recipes, Plant Protein Recipes by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya on 20th September, 2021

The recipes were shared every Sunday through FSSAI's social media handles. Citizens are also nudged to make right food choices which are low in salt, sugar and fat content through various social media campaigns. Recently, 4 e-books have been created that advocates and captures recipes around local seasonal food items, indigenous millets and plant-based sources of protein.

Hon'ble Minister of State for Health and Family Welfare Dr. Bharati Pravin Pawar releasing two recipe books

9.5 FSSAI has launched the Eat Right Research Awards and Grant to have a wider collaboration with various academic and research institutions for encouraging and recognising high-quality research in the area of food safety and nutrition.

10. Food Fortification

10.1 To improve the micronutrient status of the population, Food Fortification Resource Centre (FFRC) over the last one year has coordinated with various stakeholders including line Ministries/ Government departments as well as development partners to scale up food fortification in the country. At the regulatory front, draft notification for mandatory fortification of milk and edible oil with vitamins A & D was released in December 2020 and two notifications regarding amendments in Food Safety and Standards (Fortification of Food) Regulations, 2018 have been released in August and September, 2021 for public consultation.

10.2 For advocacy, visits to the State of Assam and Mizoram were organised covering closed discussions with Chief Minister and Health Minister of Mizoram for adoption of fortified staples in the government run programs. To scale-up rice fortification and as a follow-up to Hon'ble Prime Minister's ambitious vision for distribution of fortified rice across all Government schemes by 2024, work towards convergence with all stakeholders is taking a concrete direction through strong public-private partnerships (PPPs) along with engagement of consumer organizations, industry associations, civil societies, donors, etc.

10.3 Regular training and capacity building programs have been carried out through online and offline modes for awareness generation on fortified staples across Aganwadi centres for the State of Delhi. Consumer cooperatives such as Kendriya Bhandar and NAFED have been engaged to enable them to promote fortified staples across their stores and inform consumers about the health benefits of +F products.

10.4 Extensive efforts have been made to generate awareness amongst common people through articles on fortified foods across media platforms. IEC activities in the form of radio campaign on fortified milk across 40 cities as well promotion of fortified foods through a show on the channel Zee Zest, The Grand Trunk Rasoi covering recipes using fortified foods have been planned. Pamphlets and sticker distribution via online grocery stores was done to further raise awareness among consumers.

11. Codex:

11.1 FSSAI continued to function as the National Codex Contact Point (NCCP) of India, and participate actively in the Codex work for development of international standards that are fundamental to ensuring safety and fair practices in international trade of food products.The meetings of the subsidiary bodies of the Codex Alimentarius Commission took place virtually.

11.2 The Indian delegation attended the various virtual meetings as indicated below and India made specific proposals and/or ensured that India's concerns were addressed.During the period, FSSAI participated in following meetings :

a) 80thSession of the Executive Committee of the Codex Alimentarius Commission (CCEXEC80)

b) 32ndSession of the Codex Committee on General Principles (CCGP32)

c) 14thSession of the Codex Committee on Contaminants

d) 5thsession of Codex Committee on Spices and Culinary Herbs (CCSCH5)

e) 14thsession of Codex Committee on Contaminants in Foods(CCCF14)

f) 41st session of Codex Committee on Methods of Analysis and Sampling

g) 25th session of Codex Committee on Food Import and Export Inspection and Certification Systems (CCFICS25)

h) Working Group on Priority List of Veterinary Drugs for Evaluation / Re-Evaluation by the Joint FAO/WHO Expert Committee on Food Additives (JECFA under the Codex Committee on Veterinary Drugs in Foods (CCRVDF25)

i) 25th session of Codex Committee on veterinary drugs residue in food (CCFICS25)

j) 52nd session of Codex Committee on Pesticide Residues (CCPR52)

k) Working group of the Codex Committee on Food Additives (CCFA52)

l) Working groups of the Ad Hoc Intergovernmental Task Force on Antimicrobial resistance (TFAMR) on the revision of Code of practices to minimize and contain foodborne antimicrobial resistance (COP) and Guidelines on integrated monitoring and surveillance of food-borne antimicrobial resistance GLIS'

m) 35th Session of Codex Committee on Fish and Fishery Products (via correspondence)

12. International Cooperation-

12.1 FSSAI is regularly working to explore the possibilities of developing interactions and collaborations with various countries which will help in formulating technical standards of food, sanitary, safety etc. as per international norms by conducting/ participating in meeting with various countries at different levels discussing potential areas of collaboration and understanding and implementing the best practices. Further, the bilateral meetings/interfaces are helping the countries to better understand the FSSAI mandate. A brief of important activities carried out during the period is as below:

a) Officials from FSSAI participated in the WHO Information session on Food Safety Summit held on 12th January, 2021 and briefed about the Eat Right Initiatives undertaken taken by FSSAI

b) A bilateral meeting with Mr Juan Rolando Angulo Monsalve, Ambassador, Embassy of Chile with CEO, FSSAI was held in February, 2021 wherein discussions on FSSAI's GM certificate requirement, inspection of Foreign Food manufacturing facilities and Notifications related to Alcoholic beverages were discussed

c) Officials from FSSAI participated in the "2nd Heads of Food Agencies Forum Meeting" held virtually in March, 2021

d) Officials from FSSAI participated in the OIV Expert groups' virtual Commission III and Commission IV meetings held on 7th and 8th July, 2021 respectively

e) Under the aegis of the cooperation agreement signed with New Zealand, a follow up meeting of the second virtual consultative forum between India and New Zealand held in February, 2021, a technical intersessional meeting was held in September 2021 to discuss issues relating to food safety

f) CEO, FSSAI participated in the Fourth U.S. – India Health Dialogue held in Nirman Bhawan, New Delhi, from September 27-28, 2021.

12.2 FSSAI has also held meetings with stakeholders, industry associations and exporters from countries like UK, Japan, US, Canada, New Zealand, EU, Bangladesh, Australia and Thailand for capacity building to prevent easily avoidable non compliances. Also various sector specific discussions/ trainings have been conducted by FSSAI through virtual mode.

12.3 Officials from FSSAI participated in the virtual Food Safety Webinar and risk analysis course conducted by OIE collaborating centres held from 31st May to 11th June, 2021. Officials from FSSAI participated in the 9th BfR Summer Academy on risk assessment and risk communication in food safety held virtually from 16th to 20th August, 2021.

13. Human Resource and Establishment

13.1 FSSAI has a sanctioned strength of 824. As on date, there are 280 regular employees in FSSAI. besides, 76 posts and 40 posts have been filled up on deputation and deemed deputation basis respectively. In addition, 163 persons are on contract basis.

13.2 In a major decision, the sanctioned strength of FSSAI was increased from 356 to 824 in the year 2018. First Phase recruitment process was initiated in 2019 for 288 posts at various levels which has already been completed. More than 254 selected candidates have already joined against various posts. FSSAI started recruitment process of 2nd phase of 38 number of senior posts (Pay level 11 and above) in April, 2021 and several junior posts (upto Pay level 10) in September, 2021.

13.3 FSSAI is focussing on improving the infrastructure to facilitate better functioning across levels. With the new strength, 11 new offices of the Authority and two food laboratories at Mumbai and Chennai have been/are in the process of being opened throughout the country. Of these new offices/import have already been opened during the year at Krishnapatnamm, Kandla, Mundra, Bengaluru, Vishakhapatnam, Hyderabad and Ahmedabad. These offices will facilitate food licensing, imports, surveillance and enforcement thereby benefitting food business operators and consumers, both. Further, NFL at JNPT, Mumbai has also been established under PPP mode while one at CPT Chennai under PPP mode is likely to be operational soon.

13.4 During the year, FSSAI has completely switched over to paper less functioning with introduction of e-office.

13.5 Persons with Disability –At present, 7 Persons with Disability have been appointed on direct recruitment basis against PwD quota.

13.6 FSSAI and all its Regional offices and laboratories have been brought under Treasury Single Account (TSA). The grants from the Ministry are now assigned in the TSA and all payments and salaries are being made through the Public Financial Management System (PFMS)w.e.f 01.09.2021.

14. Gender Issues-

14.1 FSSAI is sensitive to gender issues. If one goes by present strength of FSSAI, including contractual staff, number of female employees exceeds male employees.

14.2 For benefit of women employees of FSSAI, in accordance with the Hon'ble Supreme Court Judgement in the *Vishakha and others v State of Rajasthan*(1997) case and the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, an Internal Complains Committee (ICC) has been constituted in FSSAI and it is ensured that the same is effective and functional at all times. The committee did not receive any complaint during the year 2021-22 .FSSAI has recently recruited employees at various level. Training on the Sexual Harassment Act and gender sensitization has been provided to each of the newly recruited employees.

14.3 Full maternity benefits are being extended even to contractual female employees. FSSAI has also established a day –care centre at FDA Bhawan in the interest of female employees working in FDA Bhawan and in nearby Government institutions.

15. Activities under Schemes/Programmes in North Eastern States-

15.1 In order to address the gaps in the food safety eco-system of States/UTs and to promote the culture of safe and wholesome food through pooling of technical knowledge and best practices, as a shared responsibility, a scheme was introduced in 2020-21 whereby funds are released upon signing of Memorandum of Understanding (MoU) between FSSAI and States/UTs for undertaking specific activities aimed at strengthening of enforcement and compliance system; strengthening of food testing system and implementation of various initiatives under the Eat Right India movement in a focused manner and undertaking any other matter consequential to ensuring food safety. Under the MoU framework, funds (1st tranche) has been released during 2021-22 to North Eastern States as under:

1. **Arunachal Pradesh- Rs. 41 lakhs**
2. **Manipur-Rs. 1.36 crore**
3. **Tripura-Rs. 46 lakhs**
4. **Mizoram-Rs. 98 lakhs**
5. **Nagaland-Rs. 1.45 crore**
6. **Meghalay-Rs. 1.5 crore**
7. **Sikkim-Rs.95 lakh**

15.2 Under the Sample Management System being implemented across the country under which cold chain facilities for storage and transportation of food samples are being provided to States/UTs, 12 Compact Cabinets (Sikkim-4, Mizoram- 7, Tripura 1), 13 Vehicle Mounted Mobile Freezer Boxes (Sikkim-4, Mizoram-7, Tripura-2), 9 Portable Chill Boxes (Sikkim-4, Mizoram-5) and 9 Backpack style Bags (Sikkim-4, Mizoram-5) have been provided for being used by FSOs/DOs for management of samples.

5.2 REGULATORY CONTROL OVER DRUGS

Control over the import, manufacture, distribution and sale of drugs, cosmetics and notified medical devices in the country are regulated under the provisions of the Drugs and Cosmetics Act, 1940 & Rules, 1945. The manufacture, sale and distribution of drugs in the country is primarily regulated by the State Drug Control Authorities appointed by the State Governments while control over drugs imported into the country and approval of new drugs are exercised by the Central Government through CDSCO. The objective of the drug regulatory system is to ensure availability of safe, effective and quality drugs, cosmetics and medical devices based on scientific excellence and best possible regulatory practices.

Central Drugs Standard Control Organization (CDSCO)

The Central Drugs Standard Control Organization (CDSCO) headed by the Drugs Controller General (India) is the Central Authority for regulating the quality of drugs marketed in the country under the Drugs and Cosmetics Act, 1940.

Mission of CDSCO

The mission of Central Drugs Standard Control Organization (CDSCO) has been defined as under:

"To safeguard and enhance the public health by assuring the safety, efficacy and quality of drugs, cosmetics and medical devices".

Organization

The Drugs Controller General (India) is the head of Central Drugs Standard Control Organisation (CDSCO). The CDSCO with its Headquarters in New Delhi has 06 Zonal offices, 07 Sub-Zonal offices, 07 Central Drugs Testing Laboratories and 09 Air Port & 18 Sea port Offices (Including Inland Container Depots) as given below:

CDSCO (HQ) – DELHI	
ZONAL OFFICES (6) 1. North Zone-Ghaziabad 2. East Zone-Kolkata 3. West Zone-Mumbai 4. South Zone-Chennai 5. Zone-Hyderabad 6. Zone-Ahmedabad **SUB- ZONAL OFFICES (7)** 1. Sub Zone-Bangalore 2. Sub Zone- Varanasi 3. Sub Zone-Goa 4. Sub Zone-Jammu 5. Sub Zone-Indore 6. Sub Zone-Guwahati 7. Sub Zone-Baddi **LABORATORIES (7)** 1. CDL-Kolkata 2. CDL CRI-Kasauli 3. CDTL-Mumbai 4. CDTL-Chennai 5. CDTL-Hyderabad 6. RDTL-Chandigarh 7. RDTL-Guwahati **SEA PORTS (18)** 1. Mumbai 2. Nava Sheva	3. Chennai 4. Tuticorin 5. Cochin 6. Kolkata 7. Kandla 8. Hazira 9. Goa 10. Vishakhapatnam 11. Krishnapatanam 12. Mundra 13. Gandhinagar 14. Kamarajar 15. Tughlkabad (ICD) 16. Patparganj (ICD) 17. Kodhiyar (ICD) 18. Dhannad (ICD) **AIR PORTS (9)** 1. Delhi 2. Mumbai 3. Chennai 4. Kolkata 5. Hyderabad 6. Bengaluru 7. Ahmedabad 8. Goa 9. Vishakhapatnam

Regulatory Functions of CDSCO

1. Grant of permission/approvals for new drugs and subsequent new drugs in the country

New Drugs and Subsequent new drugs are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply with the requirements of the Drugs Rules, 1945 prevalent before 19.03.2019 and New Drugs and Clinical Trials Rules, 2019 effective thereafter. The applicants are required to provide technical data in respect of safety and efficacy before these could be permitted to be marketed in the country. The applications are examined in consultation with the Subject Expert Committees constituted for the purpose.

For New Drugs:

During the year 2021-22, till date, permissions have been granted to import New Drugs Formulations in 06 cases and for New bulk Drug Substances in 00 case, & to manufacture New Drug Formulations in 16 cases and for New Bulk Drug Substance in 15 cases. Also, Clinical trial permissions have been granted in 72 cases.

For Subsequent New Drugs:

During the year 2021-22, till date, permissions/ approval have been granted for manufacture & marketing of Drug Product in 195 cases and for Drug substance in 46 cases & for Import & Marketing of Drug Product in 20 cases and for Drug Substance in 01 case. Also, Clinical trials NOC have been granted in 26 cases.

2. Quality Control over Fixed Dose Combination (FDC)

Fixed Dose Combinations are included as one of the categories under New Drugs which are required to be marketed for the first time in the country and are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply to the requirements of Drugs and Cosmetics Rules.

During the year 2021-22, till date, permissions have been granted for import and marketing of FDCs in 15 cases; manufacture and marketing of FDCs in 60 cases; Clinical Trial permission in 55 cases and BE permission in 63 cases.

3. Quality Control over import of drugs

The import of drugs is regulated through registration of overseas manufacturing sites and the drug products (bulk drugs and finished formulations). Import licences are granted to the Indian importers for the import of the drugs from these manufacturers as provided under the Drugs Rules, 1945 prevalent before 19.03.2019 and New Drugs and Clinical Trials Rules, 2019 effective thereafter. The quality of imported drugs is further monitored at the port offices when the drugs are actually imported.

All application for Import & Registration are processed through online 'SUGAM' Portal. During the year 2021-22, till date total numbers of Registration Certificate and Import Licenses issued are 124 and 1560 respectively and post approval changes approved in 115 cases.

4. Quality Control over import of cosmetics

The import of cosmetics is regulated through registration process. Submission of applications for registration of cosmetics has become completely online from 16.08.2017 through SUGAM portal. During the year 2021-22, till date, Registration Certificates have been issued through online portal in 582 cases.

5. Quality Control over import of Biological products

During the year 2021-22, till date, Registration Certificates have been issued in 53 cases, Import Licenses for vaccines & r-DNA products have been issued in 71 cases, Marketing Authorization for Human Vaccines have been issued in 27 cases and Clinical trial permissions have been issued in 31 cases.

6. Quality Control over Notified Medical Devices

Medical Devices notified by the Government of India under the Drugs & Cosmetics Act, 1940 are regulated by CDSCO as 'drugs' under the provisions of the Medical Devices Rules, 2017. The quality control over these devices is regulated through the system of registration and import licences.

During the year 2021-22, till date, permissions for Test License in 1267 cases, Import License in 1197 cases, Manufacturing License in 987 cases, Clinical Performance Evaluation in 9 cases, Testing Laboratory in 6 cases and Clinical Investigation in 5 cases have been issued.

7. Quality Control over In-vitro Diagnostic Medical Devices

In-vitro Diagnostic Medical Devices are regulated by CDSCO as 'drugs' under the provisions of the Medical Devices Rules, 2017.

During the year 2021-22, till date, permission for import to RT PCR Kits (Molecular based) in 155 cases, import to Rapid/CLIA/ELISA (serology based) Kits in 95 cases, import to Antigen Kits in 37 cases, import to Antigen Home test/self test in 1 case. Permission for manufacture to PCR Kits (Molecular based) in 68 cases, manufacture to Rapid/CLIA/ ELISA (serology based) Kits in 52 cases, manufacture to Antigen Kits in 39 cases and manufacture to Antigen Home test/self test in 2 cases have been issued.

8. Grant of Written Confirmation Certificates for export of APIs

The European Union Directive, which became effective from 2nd July, 2013, requires that every consignment of Active Pharmaceutical Ingredients (APIs) from non-EU / non-listed countries must be supported by 'Written Confirmation Certificate' issued by the competent authority of the country. CDSCO was nominated as competent authority for the issue of such certificates.

During the year 2021-22, till date, CDSCO has issued 510 Written Confirmation Certificate of Active Pharmaceutical Ingredients (APIs) manufactured in the country for export to European Union and 97 Registration Certificate have been issued to BA-BE Study Centers as per provision of New Drugs and Clinical trials Rules 2019. Also, Export NOC/Special Code have also been issued in 55 cases (NOC).

9. Bio Availability/ Bio Equivalence Study

During the year 2021-22, till date, applications for conduct of BA/BE studies approved in 1510 cases and application approved for grant of license to import new drug for investigational new drug for clinical trial or BA-BE or Bioequivalence study for examination, test and analysis in 1526 cases for export purpose.

10. Clinical Trial

Clinical trials of new drugs or investigational new drugs are systematic studies in human subjects to generate data for discovering or verifying its, clinical or pharmacological including pharmacodynamics, pharmacokinetics or adverse effects with the objective of determining the safety, efficacy or tolerance of such new drug or investigational new drugs.

The New Drugs and Clinical Trials Rules, 2019 provide that clinical trials for new drug, are required to be conducted under and in accordance with the permission granted by the Drugs Controller General (India).

During the year 2021-22, till date, permission for conduct of Clinical Trials of new drug or investigational new drug in 95 cases, license to import new drug or investigational new drug for the purpose of clinical trial or bioavailability or bioequivalence study or for examination, test and analysis has been issued in 184 cases, Post approval notifications through SUGAM Online Portal in 890 cases.

11. Blood Bank

The licenses for the Blood Banks are approved by the office of DCG (I) as Central License Approving Authority (CLAA) under the Drugs Rules, 1945.

During the year 2021-22, till date, fresh grant of licenses in 204 cases; Grant of Blood Centre Licenses (Due to change in constitution/premises) in 67 cases, Grant of additional product permission in 140 cases and renewal certificate in 250 cases have been issued.

12. Drugs Technical Advisory Board (DTAB)

The Drugs Technical Advisory Board is a statutory body under the Drugs and Cosmetics Act, 1940 to advice the Central Government and the State Governments on technical matters arising out of the administration of the said Act and Rules made there under.

The Board is headed by the Director General of Health Services and Drugs Controller General (India) acts as Member Secretary. One (Virtual) meeting of the DTAB has been held during the year 2021-22, till date due to present COVID-19 pandemic:

1). 86th meeting of DTAB was held on 13th April, 2021

2). 87th meeting of DTAB was held on 8th November, 2021

In both the meetings, the DTAB has deliberated 13 & 09 proposals relating to streamlining of regulatory control over drugs, cosmetics and medical devices respectively. Based on recommendations of the DTAB, in the above meetings, the Central Government has notified various draft notifications, final notifications and Statutory Orders with respect to the Drugs and Cosmetics Act, 1940 and Rules thereunder. Details are as follows:

A. **Draft Rules**

1. Draft rules notified vide G.S.R. 98 (E) dated 05.02.2021 regarding American Standard Test Method (ASTM) in the product standards for medical devices under Rule 7 of Medical Devices Rules, 2017.
2. Draft rules notified vide G.S.R. 502(E) dated 22.07.2021 to amend rule 127 of the Drugs Rules, 1945 to permit BIS standard IS-4707 (Part I) colours in disinfectants.
3. Draft rules notified vide G.S.R. 524(E) 02.08.2021 regarding amendment in Eighth Schedule, Form CT-03 of New Drugs and Clinical Trials Rules, 2019.
4. Draft rules notified vide G.S.R. 533(E) regarding timeline for grant of licence for manufacturing for purpose of test or analysis in Form 29 under Rule 90 for deemed approval.
5. Draft rules notified vide G.S.R. 611(E) dated 01.09.2021 to amend rule 43A of the Drugs Rules, 1945 to notify Inland Container Depot Tihi, Indore in Madhya Pradesh as port of entry for drugs.
6. Draft rules notified vide G.S.R. 618(E) dated 07.09.2021 regarding amendment of rule 24 and 24A of Drugs Rules, 1945 for duplicate copy of Licence and Registration Certificate.
7. Draft rules notified vide G.S.R. 628(E) dated 13.09.2021 regarding amendment of Schedule K of Drugs Rules, 1945 for Liquid Antiseptics at Sr. no 39.
8. Draft rules notified vide G.S.R. 729(E) dated 12.10.2021 regarding amendment in rules 19B, 19C, 19D &19E of Medical Devices Rules, 2017.
9. Draft rules notified vide G.S.R. 767(E) dated 27.10.2021 to amend definition of new drug under Rule 2 of New Drugs and Clinical Trials Rules, 2019 by substituting words “stem cell derived products”, with words “cell or stem cell derived product”.

B. **Final Notifications**

1. G.S.R. 140(E) dated 26.02.2021 for amendment in Schedule K of Drugs Rules, 1945 at Serial no. 23 to include ‘Anganwadi Workers’.
2. G.S.R. 258(E) dated 07.04.2021 for inclusion of Tapentadol in Schedule H1 of the Drugs Rules, 1945 at S.No. 48.

3. G.S.R. 255(E) dated 07.04.2021 for substitution at entry no 14. of G.S.R. 578(E) dated 23.07.1983 to exclude the FDC of Tamsulosin HCl 0.4 mg (as film coated modified release tablet) + Deflazacort 30mg hard gelatin capsule from the prohibition under vide G.S.R. 738(E) dated 09.10.2009.

4. G.S.R. 605(E) dated 31.08.2021 for inclusion of provisions related to the registration of standalone bio analytical laboratories in the New Drugs & Clinical Trials Rules, 2019.

5. G.S.R. 762(E) dated 27.10.2021 for provisions with respect to import of Oxytocin API exclusively for manufacturing for export purpose only.

6. G.S.R. 766(E) dated 27.10.2021 with respect to amendment in Rule 90 of Drugs Rules, 1945 for deemed approval of the license granted in Form 29.

C. **Statutory Order**

1. S.O. 529(E) dated 04.02.2021 for notification of Dr. Sandeep Kumar Singh and Dr. Sweta Raghuvanshi as Government analyst for Haemorrhagic Septicaemia Vaccine and Ranikhet Disease vaccine.

2. S.O. 1170(E) dated 12.03.2021 for notifying Shri. Amar Jyoti Chamuah, Shri. Dilip Kr. Sarkar, Smt. Rinku Kalita and Shri. Arun Kumar Das of RDTL, Guwahati as Government Analysts.

3. S.O. 1260(E) dated 19.03.2021 for notifying Shri. Debasis Maiti and Shri. Hitesh Khare as Government Analysts at RDTL Chandigarh.

4. S.O. 1520(E) dated 07.04.2021 for notifying Shri. Raghuram Reddy Adidala, CDTL Hyderabad as Government Analyst.

5. S.O. 1521(E) dated 08.04.2021 for amendment of S.O. 2808(E) dated 30.11.2012 for including three more Government Analysts in previous list.

6. S.O. 2449(E) dated 22.06.2021 for notifying 14 Government Analysts for CDTL Mumbai.

7. S.O. 2451(E) dated 22.06.2021 for notifying Shri. Sumir Rai Bhalla as Government Analyst for CDL Kasauli.

8. S.O. 2450(E) dated 22.06.2021for notifying of Shri.Dilip Kr Panda and Smt.Suparna Maitra as Government Analysts for CDL Kolkata.

9. S.O. 2572(E) dated 25.06.2021 for notifying 172 Drugs Inspectors as Medical Devices Officer.

10. S.O. 2609(E) dated 28.06.2021 for notification of National Centre for Cell Science (NCCS), Pune for COVID Vaccine testing valid till one year.

11. S.O. 3364(E) dated 17.08.2021 for notification of National Institute of Animal Biotechnology (NIAB), Hyderabad for COVID vaccines.

12. S.O. 3596(E) dated 02.09.2021 for notification of Shri Amar Jyoti Chamuah, Shri Dilip Kr. Sarkar, Smt. Rinku Kalita & Shri Arun Kumar Das as Medical Devices Testing Officer.

13. S.O. 4326(E) dated 18.10.2021 for re-constitution of Drugs Technical Advisory Board (DTAB).

13. Drugs Consultative Committee (DCC)

The Drugs Consultative Committee is also a statutory committee under the Act, consisting of Central and State Drug Controllers to advice the Government on matters relating to uniform implementation of the Drugs and Cosmetics Act and Rules made thereunder. Two (Virtual) meetings of the Drugs Consultative Committee have been held in the year 2021-22, till date due to present COVID-19 pandemic:

1). 59th Meeting of DCC was held on 2nd March 2021

2). 60th Meeting of DCC was held on 7th April 2021

14. AYUSH Section

During the year 2021-22, till date, WHO-GMP Certificates have been issued in 19 cases, Certificate

of Pharmaceutical Product (CoPP) in 229 cases and Import of drugs for personal use in 163 cases and Institutional licenses for import of unapproved new drug for treatment of patients with life threatening disease in 03 cases.

15. Veterinary Section

During the year 2021-22, till date, Marketing Authorizations have been granted in 18 cases, Registration Certificate & Import License granted in 119 cases, and Manufacturing license granted in 06 cases.

16. Ethics Committee Registration Section

During the year 2021-22, till date, Registration Certificates have been issued in 299 cases.

17. Legal Cell

The Legal Cell renders effective legal assistance in the preparation of legal opinions, reports and correspondence, drafting of affidavit / reply, review, drafting of legal documents, as required from time to time in consultation with the office concerned with the approval of competent authority. The cases may pertains to filing Counter on behalf of Union of India on the matters arising out of the Drugs and Cosmetics Act, 1940 and Rules 1945 thereunder, administrative rules etc further matter issue if any on behalf of Central Drugs Standard Control Organisation / Ministry of Health and Family Welfare, Government of India in the Supreme Court / High Court / CAT etc.

The cell is responsible for coordinating various issues /activities referred by the Ministry or the Zonal/sub-zonal /Port Offices/ Laboratories of the CDSCO or issues coming under the purview of functioning and applicability of Drugs and Cosmetics Act, 1940 and rules made thereunder for public health and safety.

Legal Cell is handling more than 450 ongoing cases in various High Court and around 14 cases before the Supreme Court.

During the year 2021-22, till date, there are 31 ongoing cases and 19 cases have been disposed off.

Strengthening of CDSCO

During 2021-22, Ministry of Health and Family Welfare and CDSCO has also taken several regulatory measures to streamline the regulatory system in the country. Details are as under:

E-Governance

SUGAM : CDSCO had earlier launched SUGAM portal for filling of online application for various processes. In the year 2021-22, portal is being optimized for performance, feature enhancement, addition of new modules, bug fixing as and when required.

National Drugs Licensing System Portal: A common platform is being developed for submission and processing of applications for grant of license for drugs and cosmetics for all the State/UT Drugs Controlling Authorities in the country to enhance transparency, predictability and ease of doing business. Various forms associated with license for manufacture and sales are being developed in this portal for public use.

Online National Drug Licensing System (ONDLS) portal developed by CDAC in coordination with CDSCO & States has been made functional for testing with effect from 31st March 2021 for validation of the system which can be accessed through https://statedrugs.gov.in.

Services offered in ONDLS portal include Manufacturing Licenses, Sale Licenses, Test licenses, Issue of certificates like GMP, WHO-GMP, COPP, FSC, Capacity Certificate, Performance certificate, GLP, Market and manufacturing certificate, Neutral Code certificate, No conviction certificate, Validity certificate, Production certificate, Market Standing Certificate, Post Approval applications including Change in approved shelf life, change in competent person, Change in director, Change in pharmacopeia reference, etc.

A Training programme was held on 17th April 2021 for the States/UT Drugs Controllers through web

conference for providing demonstration to use ONDLS portal. Further, training on portal was also conducted on 24th April 2021 for all the Drugs Manufacturers and on 24th April 2021 separately for all the Drugs Whole sellers/retailers. During the training, various feedback/ suggestions were obtained by the Stake holders which will be incorporated in the portal before its operationalization.

Ease of Doing Business

Public Relation Office: A Public relation office created at CDSCO (HQ) in March 2018 which acts as a single window for disposal of grievances of stake holder and also provide information to the innovator regarding regulatory requirements. This office also provides guidanceand assistance to handhold investors in various phases of business life cycle as per existing focus on "Invest India/ Make in India".

From October 2019, officers from the concerned divisions of CDSCO are also available at Public relation office in specified day to provide regulatory guidance to the stakeholders.

During the year 2021-22, till date, 847 No. of visitors attended, 3321 Phone calls and 7396 e-mail communications were attended.

Training and Skill development

CDSCO in collaboration with State Drugs Controllers and Pharmaceutical Manufacturers Associations convenes training programme from time to time for providing training to the manufactures on the data requirements for drug product approval under recent amendment to Drugs Rules, 1945. Also, training from time to time is imparted to Central as well as State Drug Inspectors as per programme arranged by CDSCO.

During the year 2021-22, in the wake of COVID-19 pandemic, CDSCO has organized various virtual trainings programs for the Central Assistant Drugs Controllers and Drugs Inspectors for refreshing their knowledge of regulatory provisions with respect to enforcement of various provisions of Drugs & Cosmetics Act, 1940 and rules made thereunder in the country. Currently, the regulations are being continuously upgraded and by and large harmonizing with various established international standards. Accordingly, CDSCO is providing continuous training and up gradation opportunities to their officers.

Strengthening the Infrastructure of CDSCO:

Under this scheme, Govt. had approved setting up of 07 New drugs/Medical Devices/Cosmetics Testing Central Labs and 08 Mini Labs at Airports and Seaports for ensuring the safety, quality and efficacy of drugs, cosmetics and medical devices.

The status of new Central Labs is as under:-

(i) Chennai – New building for South Zone and a Lab is ready for possession. The possession will be taken over shortly after provision of facility management services like security, housekeeping, electrician etc. has been made.

(ii) Bhubaneswar – A new building for CDSCO's Lab is being constructed through CPWD. The work could not proceed as per expectations due to lock-down etc. arising out of Covid-19 pandemic.

(iii) Ghaziabad – The new Office-cum-Lab building which was being constructed by HLL for CDSCO is not likely to be completed shortly. This is because the contractor declared itself as bankrupt and the matter went to NCLT. Now, after intervention of NCLT, the contractor has restarted the work recently.

(iv) Indore – A new building constructed by CPWD has since been taken over by Indore Sub-Zone. A number of Lab equipment have since been delivered and action to install the equipment as per the requisite Lab furniture already fixed is underway with the help of Lab officers from CDTL, Mumbai.

The work for other Labs could not be started due to non-availability of land free of cost because as per policy, the land should be provided by States/UTs free of cost only.

Under the strengthening scheme, the work for new buildings for Baddi Sub-Zone and RDTL, Guwahati is in progress after the same was held up due to some issues with the contractors and Covid-19 pandemic.

Mini Labs (08 Nos.):

Under the scheme of strengthening of CDSCO's infrastructure, Govt. had also approved setting up of 08 Mini Labs at Airports/Seaports out of which 04 Mini Labs at Nhava Sheva (Seaport), Bangalore (Airport), Ahmedabad (Airport) and Mumbai (Airport) are functional; Mini Labs at Hyderabad (Airport) is likely to be operational soon after rent agreement with the authority managing Hyderabad Airport is finalized. The premises hired at Delhi Airport could not be furnished by CPWD due to Covid-19 pandemic. The estimates given by CPWD for furnishing have since been approved and CPWD are to start the work shortly. For Mini Lab at Chennai (Seaport), furnishing of premises is underway and for Mini Lab at Kolkata (Seaport), no suitable space could become available so far.

5.3 INDIAN PHARMACOPOEIA COMMISSION (IPC)

The Indian Pharmacopoeia Commission (IPC)is an autonomous Institute under the Ministry of Health and Family welfare having mandates of setting drug standards for their inclusion in the Indian Pharmacopoeia (IP), development of IP Reference Standards (IPRS), to promote rational use of medicinal products through publication of National Formulary of India (NFI), acting as National Coordination Centre for Pharmacovigilance Programme of India (PvPI) and Materiovigilance Programme of India (MvPI), and imparting trainings through Skill Development Programmes.

Major Achievements (1st January 2021 – till date)

1. Publication of Addendum 2021 to Indian Pharmacopoeia (IP)2018

In order to further strengthen the standards of the drugs in India, IPC has come out with publication of the Addendum 2021 to IP 2018 and the same was released on 31st March 2021 by Sh. Rajesh Bhushan, Secretary-Health & Family Welfare, Government of India.

Addendum 2021 to IP 2018 contains a total of 66 new drug monographs [including 59 Chemicals (APIs-21, Dosage Form-38) 05 Herbs & Herbal Products, and 02 Blood & Blood-Related Products] and 04 new General Chapters. Special emphasis has been given to include monographs for COVID-19 related drugs (Remdesivir, Favipiravir, Ivermectin). In addition, a total of 260 monograph revisions have also been included in the content of the IP Addendum 2021 that would further upgrade the quality of drug standards included in the IP.

Release of IP Addendum 2021 by Secretary-Health & Family Welfare and Chairperson-IPC on 31st March, 2021

2. Development of Monographs for Next Edition of IP 2022

The work for the next edition of IP 2022 has been initiated and a total of 68 new monographs have been drafted and uploaded on IPC website for inviting public comments. In addition, 13 more monographs are also considered for drafting and inclusion in next edition of IP 2022.Monographs are also being considered for their revision and modernization by including test for dissolution in dosage forms, addition of test for related substances, and analytical method up-gradations. Emphasis is given to cover monographs on Fixed Dose Combinations, Anti-retroviral drugs, and Phyto-pharmaceuticals.

3. Development of IP Reference Standards (IPRS)

IPRS are highly characterized substances that are used in the official methods prescribed in the IP for the purpose of comparison to ensure the identity, purity, strength, and quality of drug substances and drug products. These are also used by the stakeholders to qualify the working standards used for routine quantitative and qualitative analysis in the laboratories. IPRS characterization involves collaborative processes and additional procedures other than those used in routine testing to produce IPRS of the highest quality and make them readily available to the public. So far 622 IPRS and 175 impurities have been developed by IPC and are available on our website (www.ipc.gov.in)for their sale and distribution.

4. Analytical Services and Quality Assurance

(i) 561 New Drugs Samples and 491 Miscellaneous Samples were analyzed by the IPC laboratory.

(ii) Activities related to documentation include:

- SOPs Revised : 41 Nos.
- Change Control Formats : 41 Nos.
- Deviations (Planned/ Unplanned) Formats : 05 Nos.
- Repeat Analysis Formats : 25 Nos.

5. Publication of National Formulary of India (NFI) 2021

The NFI is a reference guidance book for medical practitioners, pharmacists, nurses, students and other healthcare professionals for rational and economic use of medicines.

Launch of National Formulary of India (NFI) 2021 on 28th October, 2021 by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya

The 6th edition of NFI 2021 is ready for its release after printing and its content has been finalized by Subject Review Committee experts and following Chapters/Appendices are decided for inclusion:

- New Chapters : 02 Nos.
- New Appendices : 03 Nos.
- Chapters revised : 32 Nos.
- Appendices revised : 09 Nos.

6. Pharmaco-vigilance Programme of India (PvPI)

IPC is functioning as the National Coordination Centre (NCC) for Pharmaco-vigilance Programme of India (PvPI) and also designated as 'WHO-Collaboration Centre for Public Health Programmes and Regulatory Services'. The basic objective of PvPI is to safeguard the health of India population by ensuring that the benefits of use medicine outweigh the risk associated with its use. NCC-PvPI collects and evaluates spontaneous reports of Adverse Drug Reactions (ADRs) of medicines, vaccines, medical devices & herbal products. To monitor ADRs, 395 ADR Monitoring Centres (AMCs) under PvPI have been set up all over India. The major scientific activities and achievements of NCC-PvPI during the index period are:

- NCC-PvPI received 47,561 Individual Case Safety Reports (ICSRs) of ADR from AMC/ MAH/HCP/Non-HCP etc.
- NCC-PvPI has enrolled84 new ADR Monitoring Centres (AMC) across the country taking the total AMCs to 395 AMC under PvPI as on date.
- PvPI issued 14 Drug Safety Alerts to PvPI stakeholders and advice to closely monitor these drug ADRs.
- 18th Signal Review Panel (SRP) meeting recommended the following Drug-ADR combination to DCG(I), CDSCO for the inclusion as an ADR in PIL of these products marketed in India
  - Tinidazole associated Fixed Eruption
  - Tramadol associated Urinary Retention
- Design and development of Indigenous Adverse Drug Reactions Monitoring System (ADRMS) software for PvPI is of greater importance for data collection, analysis to strengthen the evidences based decisions regarding the safety of medicines. Currently Phase-1 of software was developed and under testing.
- NCC-PvPI has initiated the focused Pharmacovigilance of Drugs used in the Management of COVID-19 as well as for Covid-19 vaccine.
- NCC-PvPI is re-designated as WHO-Collaborating Centre for Pharmaco-vigilance in Public Health Programmes and Regulatory Services up to 17th July 2025.
- NCC-PvPI celebrated first National Pharmacovigilance Week commencing from 17th-23rd September 2021 in all over India. The aim of this event is to create the awareness about the safety of medical products throughout the country. The theme for this year was "Pharmaco-vigilance: A step towards Patient Safety".
- Fifty One (51) new Medical Devices Monitoring Centres (MDMCs) have been additionally enrolled making total figure to 101 MDMCs under the umbrella of MvPI and are fully operational across the country. Total 2,186 MDAE reports have been received during January-October, 2021. The reporting has been increased by 57.9% in 2021 as compared to 2020 (1164 MDAE reports were received during January-October, 2020).

7. Signing of Memorandum of Understanding (MoU)

(i) The British Pharmacopoeia

IPC has signed a MoU with the British Pharmacopoeia Commission on 18th February

2021. Through this MOU both the parties, recognize the importance of developing close cooperation and exchange of information in the field of regulation of medicines with special reference to pharmacopoeial standards in accordance with their respective laws and regulations.

(ii) The United States Pharmacopoeia

In addition, IPC and USP agreed to renew their MoU for an additional term of two years (i.e. 17th March, 2021 to 16th March, 2023) for cooperation in areas of mutual interests.

(iii) National Institute of Pharmaceutical Education and Research (NIPER), Hyderabad

MoU signed with NIPER, Hyderabad on 28th June 2021 for a period of three years with the objective of Synthesis of Impurities as per IP requirement and Development of Modern analytical methods for quality control of drugs and pharmaceuticals.

(iv) CSIR-Indian Institute of Chemical Technology (IICT), Hyderabad

MoU renewed with CSIR-IICT on 6th August 2021 for a period of two years with the objective of synthesis of impurities as per IP requirements.

8. Accreditation and Certification at IPC

IPC is taking care in maintaining various accreditations & certifications. Onsite audits/desktop audits were successfully conducted for all the accreditation/ certification at IPC. Indian Pharmacopeial Laboratory is NABL accredited in the field of chemical and biological testing as per ISO NABL ISO/IEC 17025:2017. It has also got Reference Material Producer accreditation as per ISO 17034:2016 and Proficiency Test Provider Accreditation as per ISO 17043:2010.

9. Trainings/Skill Development Programme

NCC-PvPI successfully conducted nearly 250 training programmes and trained 18,952 Health care Professionals (HCPs). The training programmes include induction-cum-training/advance-level training/skill development programme/NABH workshop/ Regional workshop for MAH/ CME etc.

10. Revenue Generation since 01st January, 2021

Revenue Generated Through	Amount
Sale and Distribution of Official Publications	1.49 crore
Sale of Impurities, Prednisone Calibrator Tablet, IPRS, and Analytical Services	5.60 crore
Total Revenue Generated	**7.09 crore**

FUTURE PROJECTIONS (October 2021-March 2022)

- Publication of IP 2022
- Development of IP online
- Development of new impurities through tendering
- Release of NFI 2021

5.4 DRUG DE - ADDICTION PROGRAMME (DDAP)

Drug De-Addiction Programme (DDAP) was rolled out in 1987-88, with the objectives to provide affordable, accessible and evidence-based treatment for all substance use disorders and to build the capacities of health care staff, in recognition and management of substance use disorders. Through this scheme, Government hospitals are supported. The progrrame is being implemented through the health institutions under the MoH&FW viz. AIIMS, New Delhi; PGIMER, Chandigarh; NIMHANS, Bengaluru; RML Hospital, New Delhi; AIIMS, Bhubaneswar; and CIP, Ranchi. Out of these six, the centre at AIIMS,

New Delhi (NDDTC) is functioning as the National / Nodal centre. The DTC scheme is being implemented with a Hub–and–Spoke model which is coordinated by NDDTC, AIIMS, New Delhi. Under this scheme, 27 drug treatment clinics are functional in District/Civil Hospital across the country in which OPD Services are being provided.

The National Drug Dependence Treatment Centre (NDDTC) of All India Institute of Medical Sciences (AIIMS), New Delhi is an apex centre for treatment of drugs and substance abuse disorders in the country. NDDTC is situated on 10 acre campus near CGO Complex at Ghaziabad, Delhi-NCR. The Centre has a 50 bedded treatment facility with an expansion plan for the future. NDDTC has state of art facilities for de-addiction treatment and is internationally recognized. The institution has been serving as a resource centre for many government departments and ministries including the Ministries of Health & Family Welfare, Finance, Social Justice and Empowerment, Home Affairs and others. It has continuing collaborations with many international agencies like the WHO, UNODC, and others.

NDDTC, AIIMS has a multidisciplinary team of professionals from the disciplines of psychiatry, clinical psychology, clinical chemistry, biostatistics and social work. Currently, the centre has 19 faculty members including the Chief, and is supported by resident doctors, clinical psychologists, medical social service officers, nurses, laboratory personnel and other administrative support staff. Since its inception, the NDDTC has progressed well in treatment, training and research in the area of drug abuse. The centre provides outpatient and inpatient services, and additional outreach services in underserved areas of the city. NDDTC has state of the art, well-equipped laboratory to detect various drugs in body fluids and for biochemical investigations.

Annual Statistics

During the period of 1st April 2021 to 15th Sept 2021, NDDTC continued to deliver OPD services at the centre and 3 community outreach clinics and mobile methadone clinic. A total of 1,02,136 patients were seen including new patients during this period. Inpatient admissions were stopped during the pandemic for some months and were resumed from 8th July 2021. Further details of the patients seen in the NDDTC main facility and at community outreach clinics is given in the table below.

Patient care in NDDTC OPD and community clinics (1st April 2021 to 15th September 2021)

Facility	New Patients	Old Patients	Total	Inpatient admissions
NDDTC OPD	1,684	20,702	22,386	**105**
Trilokpuri Community clinic	85	17,297	17,382	
Sundernagari Community clinic	129	56,661	56,790	
Kotla-mubarakpur Community clinic	77	5,501	5,578	
Grand Total	**1,975**	**1,00,161**	**1,02,136**	

Academic Activities: NDDTC is providing postgraduate and doctoral level training in addiction psychiatry, addiction psychology and addiction chemistry. During the period of April- September 2021, most of the teaching has been conducted in the online mode. Various courses provided at NDDTC include DM in addiction psychiatry, PhD in clinical psychology and addiction chemistry. The centre also provided training to MD Psychiatry, MSc psychiatric nursing and BSc Nursing students.

Drug Treatment Clinic (DTC) Scheme: With the support of DDAP, MOH&FW, the NDDTC AIIMS is implementing the scheme 'Drug Treatment Clinic (DTC)' at the National level. *At present 27 DTCs are being supported under the scheme across the country.* With the experience of delivery of services during the pandemic times and with the help of guidance and mentoring by the NDDTC, all the DTCs have continued providing their services uninterruptedly.

Important Research Activities during the period 2021: The NDDTC faculty members are currently conducting a total 27 extramural and 6 intramural research projects. Out of the twenty extramural research projects 5 are funded by international agencies like the WHO and 22 are funded by various national funding agencies.

Clinical Services:

Patient care

The Centre for Addiction Medicine outpatient registered 2577 new patients, 10142 outpatient follow-up during 21-22. The in-patient admission was restricted because of COVID from May onwards. A total of 406 patients got admitted to the CAM in-patient facility.

Number	Outpatient	In-patient (admission)	Tele-care
2021 January onwards	12719	406	19029

Tele-Addiction services during the COVID 19 pandemic

1. Tele-follow-up services at CAM: Cloud-Based Call Centre: We believed that a solution should have the following characteristics. It must use conventional telephony as it has maximum reach, should connect the doctor directly with the patient and must protect the privacy of both parties. A traditional multiline call centre with Electronic Private Automatic Branch Exchange (EPABX) system linking doctors and patients would have served this purpose. But it will require new hardware and defeat the objective of work from home. To circumvent this, we used a cloud-based call centre. The process flow is as illustrated below. Telephonic follow ups were conducted for 18879 patients. 41783 SMS were sent.

2. E-consult (Addiction Psychiatrist to Health care providers to specialist) in Addiction Management in COVID 19: Centre for Addiction Medicine has initiated a secured online consultation **(E-Consult)** platform for the remote Health care providers i.e., Doctors, Nurses and Counsellors from 25 March. Because of lockdown, many patients have difficulty in travel to go to the treatment centers and consult specialists. Many of these specialized centers are located in far place. Hence these patients could contact the nearby health care facility and meet either a counsellor/nurse/doctor. More than 150 cases were consulted during this time.

After care Services: During the review period, 41,783 text messages/reminders (SMS) were sent and 18,879 telephone calls made to the patients expected to come for the follow-ups.

Tobacco Quit line Services: A Regional Satellite Centre for Tobacco Quit line Services at the National Institute of Mental Health and Neuro Sciences (NIMHANS) has been functioning since 2018 to help tobacco users to quit through telephone counseling services. The dedicated helpline aims to provide telephonic counseling services mainly in Kannada,

Tamil, Telugu, Malayalam, Hindi and English languages, and will cover the seven southern states Karnataka, Tamilnadu, Andhra, Telangana, Kerala, Puducherry, and Andaman and Nicobar Islands. The center is operational between 8am to 8pm every day except on Mondays. People who wish to quit any form of tobacco use can call Toll Free 1800-112-356 for counseling services in their preferred language. Since January 2021, the following are the numbers from Tobacco Quitline services:

- Total answered calls - 30,907
- Total counseling done - 10,866
- Total follow up calls - 22,386

Drug-Toxicology Laboratory: About 13,094 samples for drugs and alcohol in urine and blood were tested during 2021. One more e-machine for testing samples was added to the facility to keep up with the growing demand. The lab has been receiving requests from outside agencies for tests to be done, since it is the only facility for such testing in the region.

Psychiatric Social Work Services: CAM offers specialized addiction medicine service and care from an interdisciplinary team. The Psychiatric Social Work team works closely with those affected by drug and alcohol addiction – from treatment and recovery processes to working with patients' family.

Clinical Psychology Services: The Clinical Psychology team offers a comprehensive package to each patient and their family to meet their unique requirements. This includes psychological assessments such as cognitive, personality and interpersonal testing, neuropsychological assessments and psycho-diagnostic clarifications. A wide range of psychosocial interventions are provided including motivation enhancement therapy, relapse prevention, dialectical behavior therapy, cognitive behavior therapy, brief dynamic therapy and family therapy.

Academic activities: Total 50 seminars and case conferences were conducted during the above period as a part of Departmental teaching programmes for MD Psychiatry and DM Addiction Psychiatry residents of NIMHANS. The residents from AIIMS Rishikesh also joining regularly in the academic activities. In view of COVID 19, all the programme are conducted in a hybrid mode.

Special training programmes were conducted for doctors in Karnataka about the management of alcohol withdrawal syndrome.

Human Resource Development and Capacity Building

Onsite at NIMHANS	85
Online Certificate Courses	368
Total	**453**

Online Digital course by Virtual Knowledge Network ECHO with NIMHANS Digital Academy: The NIMHANS Digital Virtual Knowledge Network (VKN) ECHO model has been using HUB and SPOKEs knowledge-sharing networks, led by expert teams of NIMHANS who use multi-point videoconferencing to conduct virtual sessions with community providers. The focus of this weekly session/ clinic is on "*case based learning to understand the complexities*", "*following best-practices like algorithms, guidelines along with clinical wisdom for knowledge diffusion*", "*using technology to leverage scarce resources*" and "web based monitoring for the outcomes.

Awards:

- Dr. Pratima Murthy was awarded "Dronacharya Award" for Exceptional CME efforts in Psychiatry
- Dr. Prabhat Kumar Chand was awarded "Dronacharya Award" for outstanding CME contribution in Psychiatry.

PGIMER, Chandigarh, DDTC - 1ST April to 01ST October 2021

A. OPD Patient data plus Tele-consultation.

1.	Total no. of patients in Walk-in-Clinic	:	727
2.	Total no. of patients worked up (evaluated in detail)	:	265
3.	Total no. of patients for follow-up visits	:	5,862

B. No. of patients admitted in Drug De-addiction Ward : 70

C. Drug De-addiction Laboratory

1.	Biochemical Parameters	:	651
2.	Urine drug Screen	:	2,023

D. Social Work

1.	Intake evaluation in OPD	:	727
2.	Intervention – home, office, telephonic	:	60
3.	Out-patient Interventions	:	240
4.	In-patients Interventions	:	40

E. Counseling Services

1.	Tobacco Cessation Counseling (TCC)	:	60
2.	RPC	:	31
4.	MET Session	:	08
3.	MET assessment	:	552
4.	Nos. of patients informed about availing tele-consultation facility	:	5580

F. Psychological Work

1.	Psychotherapy/CBT/MET/ Biofeedback	:	10
2.	Patient Evaluation/assessment	:	29

G. Art of Living session

1.	Other community awareness programs	:	02

DATC, ABVIMS and Dr RML Hospital New Delhi - Progress Report 2021-2022

Department of Psychiatry, ABVIMS and Dr Ram Manohar Lohia Hospital is a 70 bedded facility in which 20 beds are specifically dedicated for deaddiction. The centre provides holistic treatment for deaddiction with the team consisting of Department of Psychiatry, Clinical Psychology, Psychiatric social work.

Salient features of the functioning of deaddiction center in 2021

1. Uninterrupted functioning during pandemic: Both indoor and outdoor facilities were functional throughout the year during pandemic. The census from 1/01/2021 till 30/09/2021:

	OPD New	OPD FU	IPD	Total
Total	347	465	185	997

2. Strengthening existing infrastructure and manpower

- Streamlining of outdoor de-addiction services by allowing de-addiction patients to register everyday instead of only once weekly de-addiction clinic was done.
- Improved indoor de-addiction services with customized SOPS for the de-addiction facilities.
- Intensive training of residents and paramedical staff was done.
- Process of procuring Drug Testing kits is on expected to get it soon

Drug De-Addiction Program, Department of Psychiatry All India Institute of Medical Sciences, Bhubaneswar- (January 2021 to September 2021)

1. INFRASTRUCTURE

Facilities Available:

OPD Services	IPD Services [IP beds- 20 (increased from 12, in August 2018) +10 SUD beds]
General Adult Psychiatry	ECT Services (Modified)
Child & Adolescent Psychiatry Clinic	Yoga Activities
Consultation Liaison Psychiatry	Anesthesia Workstation
Neuro-Psychiatry & Epilepsy Clinic	MBT machine
De-addiction Psychiatry	

De-addiction Services Available

Detoxification	Yoga
Psychoeducation	Family intervention
Relapse Prevention	Community camps
Pharmacotherapy	Psychosocial Intervention
OST (planned to start)	Dual Diagnosis Intervention
MET	Emergency services
Rehabilitation	Group therapy
AA/NA liaison	Activity scheduling
Lab facilities (attached with institute)	Urine toxicology screening

2. PHYSICAL PROGRESS

Clinical Activities (SUD)

Helpline Number- 8280346690 (Exclusively for SUD)

OUT PATIENT Jan 2021-Sep 30th 2020	**TELE-SERVICES Jan 2021-Sep 30th 2020**	**IN PATIENT 30 (in total) & 10 (exclusively for SUD patients)- Jan 2021-Sep 30th 2020**
1045	115	60

Drug De-addiction Program (DDAP) at Central Institute of Psychiatry (CIP) Ranchi (January to September 2021)

About Central Institute of Psychiatry: This Institute, currently known as Central Institute of Psychiatry, was established a century ago by the British during the Raj in 1918 and was given the status of an Institute in 1977. It functions under the administrative control of Directorate General Health Services/ Ministry of Health and Family Welfare, GOI, New Delhi. The campus of the Institute is spread over 211 acres. It has a current capacity of 643 beds. There are 15 wards (9 male wards and 6 female wards), an emergency ward and a family unit. Central Institute of Psychiatry is a tertiary referral centre for entire country and especially for the states of Jharkhand, Bihar, West Bengal, Orissa, parts of M.P., U.P., the North-eastern States and the state of Himachal Pradesh. It also caters to patients from the neighbouring countries of Nepal and Bhutan.

About S. S. Raju Centre for Addiction Psychiatry: Centre for Addiction Psychiatry at CIP is the only Government De-addiction Centre in the state of Jharkhand attending not only to patients from Jharkhand but also from all over India. SS Raju Centre for Addiction Psychiatry at CIP excels at providing holistic

care to the patients, which includes Pharmacotherapy, Psychotherapy, Family and Nursing interventions. Along with wholesome diet patients are motivated to visit library, take up vocational training at Occupational Therapy department, and rejuvenate themselves with sports activities including Yoga and relaxation classes. Since its inception, this Centre has been part of many national level survey on alcohol and drug abuse, capacity building programs and various projects and IEC activities.

Service utilization Report (January to September 2021): The S. S. Raju Centre for Addiction Psychiatry, CIP Ranchi provides services to individuals having alcohol and other substance related disorders. In the year 2021, till 30th September, a total of 2465 patients attended OPD, out of which 455 patients were admitted.

5.5 MEDICAL STORES ORGANIZATION (MSO)

The Medical Stores Organization (MSO) was setup in 1942 as a sub-ordinate wing of Directorate General of Health Services under the Ministry of Health & Family Welfare. MSO has 07 Government Medical Store Depots (GMSDs), in New Delhi, Mumbai, Kolkata, Chennai, Hyderabad, Karnal & Guwahati. These 07 GMSDs not only store and stock essential drugs and vaccines but also provide last mile logistic support and deliver stocks to health care units all across the country.

The GMSDs provide storage and logistic support to national programs such as Universal Immunization Program, RCH, RNTCP, Family Welfare, NVBDCP, UNICEF etc. MSO has finalized 611 Rate Contracts (RC) for generic drugs which are used by the various healthcare institutions in the country. Para-military forces and CGHS units all across the country take full advantage of these RC's and GMSDs for year-long uninterrupted drug supply. Approximately 1000 Govt. institutions depend on generic supplies from GMSDs.

Drug and Vaccine Delivery Management System (DVDMS) has been implemented with the help of CDAC. Registration of 1098 indentors, 128 vendors/ suppliers and 14 quality control laboratories has been made online through the DVDMS portal. MSO has also floated its website https://mso-gmsd.in/. Lease line connections have been provided at all divisions of MSO & E-office has been implemented, wherever possible.

MSO has created identities and roles for senior officers at each GMSD at Central Procurement Portal (CPP). MSO initiated e-tendering for procurement of about 1000+ generic drugs through CPP for greater accountability and openness in the process of e-tendering. Rate Contracts of 611 drugs have been finalized and online orders through DVDMS portal have been placed by various GMSDs on behalf of indenters and regular supplies are being made to the indenters. Procurement of Anti-malarial medicines and kits for CRPF battalions posted in malaria endemic areas has been finalized. MSO/GMSDs procured various generic and patented drugs worth Rs. 200 crores during the year 2021-22. MSO/GMSDs also handled programme stores worth approximately Rs. 1000 crores.

The Generic Drugs Formulary of 2015 recently was updated and a total of 565 new formulations have been added to the existing VMS Formulary. MSO/GMSDs have made regular & uninterrupted procurement of generic drugs & supply to CGHS and paramilitary forces pan India even during Covid Lockdown. Modernisation of Storage facilities including strengthening of Cold Chain has been a major achievement during the hour of need in Covid pandemic. A record 25% of 96 Million Covid Vaccine doses & syringes have been routed through 04 GMSD at Karnal, Kolkata, Mumbai & Chennai under MSO, helping the nation to overcome the Covid pandemic.

5.6 CLINICAL ESTABLISHMENTS ACT, 2010 & NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENTS

1) Background

The Clinical Establishments Act was enacted by the Parliament in August 2010 for registration and

regulation of the clinical establishments (except those of Armed Forces) with a view to prescribe minimum standards of facilities and services which may be provided by them so that the mandate of Article 47 of the Constitution for improvement in public health may be achieved. The Act is presently applicable in 11 States (Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, Haryana, Jharkhand, Rajasthan, Bihar, Uttarakhand, Uttar Pradesh and Assam) and 7 UTs (Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli and Daman and Diu, Lakshadweep, Puducherry, Jammu & Kashmir, Ladakh)

16 States (Andhra Pradesh, Maharashtra, Madhya Pradesh, Punjab, Odisha, West Bengal, Telangana, Chhattisgarh, Tamil Nadu, Meghalaya, Kerala, Karnataka, Manipur, Nagaland, Tripura, Goa and Gujarat) and UT of Delhi have not adopted Clinical Establishments (Registration and Regulation) Act, 2010 and have their own Act.

2) Achievements including Steps taken and Activities carried out for implementation of the Act:

- Dedicated website of the Act (www.clinicalestablishments.gov.in) is operational.
- Online registration facility for clinical establishments is available through website.
- Designated Nodal Officers and provision of posts of coordinators and data entry operators atState and District level for implementation of the Act.
- Secretariat for National Council has been set up for coordinating the work of National Council.
- Budget for implementation of the Act is provided as per State Programme Implementation Plan through National Heath Mission (NHM).
- Regular Technical Support is provided to States for implementation of various provisions of Act through Advocacy cum training workshops.
- For users of web portal, user manual, FAQs, support through help Email (help.ceact2010@nic.in) feedback system and telephone are provided.

3) Status of Registration

3.1 Online registration at present is functional through aforesaid website of the Act in 14 States/UTs. So far, 29,293 Clinical Establishments (as on 10-12-2021) have registered online forming part of digital National register, as detailed hereunder:

*** Status of Online registration of Clinical Establishments as on 10-12-2021**

CEA ONLINE DASH BOARD AS ON 10.12.2021

	State	Allopathy	Ayurveda	Unani	Siddha	Homoeo-pathy	Yoga	Natura-pathy	Sowa-Rigpa	*Total
1	Andaman & Nicobar Islands (UT)	97	23	1	1	30	6	3	0	**117**
2	Arunachal Pradesh	77	6	0	0	13	0	2	0	**92**
3	Assam	5289	740	34	16	250	72	33	1	**5521**
4	Chandigarh (UT)	645	99	3	2	37	10	7	2	**708**
5	Dadra & Nagar Haveli (UT)	277	64	1	0	68	2	1	0	**364**
6	Daman & Diu(UT)	196	48	7	0	79	4	2	0	**280**

7	Haryana	870	78	9	7	65	35	21	2	**883**
8	Himachal Pradesh	4848	2648	137	27	230	68	67	15	**7046**
9	Jammu & Kashmir	32	2	0	0	3	0	0	0	**33**
10	Jharkhand	9022	504	81	8	355	93	57	1	**9453**
11	Mizoram	15	0	0	0	6	0	0	0	**16**
12	Puducherry (UT)	813	40	0	38	31	4	4	0	**860**
13	Rajasthan	2391	185	36	17	151	75	43	6	**2515**
14	Uttarakhand	1056	252	38	1	92	55	118	0	**1405**
	Total	**25,628**	**4,689**	**347**	**117**	**1410**	**424**	**358**	**27**	**29,293**

***Difference in total of rows is as a Clinical Establishment may have more than one system of medicine operational.

3.2 2332 clinical establishments are registered offline.

Achievements including work done by National Council for Clinical Establishments:

Mandate	**Achievements**
Categorization (Classification of Clinical establishments into categories)	Completed and approved
Development of Minimum Standards for Clinical Establishments	Completed and Approved ALLOPATHY: · Major General Categories Clinics, Polyclinics, Mobile Clinics, Hospitals, Physiotherapy Centre, Health Check-up Centre, Dental Lab, Physiotherapy, Dietetics, Integrated Counseling Centre, Collection Centre
	· 34 specialties/ super-specialties (Standards for Medical diagnostic Laboratories notified)AYUSH: All 7 categories
Information & Statistics to be provided by Clinical Establishments	Formats Approved 1. OPD Form 2. IPD Form Lab and Imaging
Fixing of range of rates & charges	Approved • List of Medical Procedures • Template for costing of medical procedures
Standard Treatment Guidelines issued	Allopathy : 227 medical conditions Ayurveda : 18 medical conditions Siddha : 100 medical conditions

- Action taken for regulation of Rates Charged by Clinical Establishments
- A list of medical treatment procedures and a standard template of costing of procedures and services as approved by the National Council for Clinical Establishments have been approved by National Council for Clinical Establishments. The same have been shared with the States/UTs where the Clinical Establishments Act, 2010 is applicable, for determining the standard cost of any procedure taking into consideration all pertinent factors.
- Operational Guidelines have been developed for implementation of the Act by the State Authorities.
- Charter of patients' rights approved by National Council and the same may be seen at web link http://clinicalestablishments.gov.in/WriteReadData/3181.pdf

Other Reforms

- States have been requested to Implement reforms for ease of doing business in health sector by implementing Single window clearance, Procedures and checklists to be available online, Implement timelines for delivery of services.
- It has been recommended that only a registered clinical establishment may be permitted to provide online services and States and UTs have been requested to implement the same.

CHAPTER -

06

E-Governance & Telemedicine

6.1 E-HEALTH

Ministry of Health and Family Welfare, Government of India recognizes the potential of digital health in transforming healthcare delivery and implementing effective monitoring and evaluation platforms and promoting Digital Health i.e. use of Information & Communication Technology in the direction of **"reaching services to citizens"** and **"citizen empowerment through information dissemination"** to bring about significant improvements in the public healthcare delivery.

6.1.1 Digital Health Key Initiatives:

Ministry of Health & Family Welfare has envisaged establishing a National Digital Health Eco-system to ensure and facilitate citizen centric health service, quality of care, better access, universal health coverage. This ministry also envisioned for creation of interoperable Electronic Health Records (EHRs) of citizens, made available and accessible online to facilitate continuity of care, better affordability and better health outcome and better decision support system. Towards this goal, Ministry of Health & Family Welfare has taken following key initiatives:

➢ **National Digital Health Blueprint (NDHB)**

The National Health Digital Blueprint is an architectural framework for digital interventions in Health in India - was released in October 2019 with vision:

"To create a National Digital Health Eco-system that supports Universal Health Coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, through provision of a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensuring the security, confidentiality and privacy of health-related personal information."

For full report, please visit https://mohfw.gov.in/sites/default/files/Final%20NDHB_0.pdf

➢ **Ayushman Bharat Digital Mission (ABDM)**

On 15th August 2020, the Hon'ble Prime Minister announced the implementation of National Digital Health Mission (NDHM) (Now known as Ayushman Bharat Digital Mission) in the country with a vision to create a national digital health ecosystem as proposed in NDHB. In the first phase, NDHM was implemented in six Union Territories: Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Ladakh, Lakshadweep, and Puducherry. Services like issue of Health ID, creation of registries for Doctors & health facilities and creation of personal health record have been initiated.

Hon'ble Prime Minister announced the nationwide rollout of the Ayushman Bharat Digital Mission (ABDM) on 27th September 2021

Hon'ble Prime Minister on 27th September 2021 announced the nationwide rollout of the Ayushman Bharat Digital Mission (ABDM), which will lead to the creation of an interoperable and open network in the health ecosystem.

This mission will enable equitable and wider access to healthcare for citizens. This will create employment in the healthcare ecosystem and catalyze innovation.

Hon'ble Union Ministers of Health and Family Welfare at Nation-wide roll-out of the Ayushman Bharat Digital Mission (ABDM) on 27th September 2021

➢ **EHR Standards**

The EHR Standards (revised version of 2013 Standards) has been 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. Metadata and Data Standards (MDDS) for Health to enable semantic interoperability among healthcare applications have been notified in 2018.

➢ **National Resource Centre for EHR Standards (NRCeS)**

NRCeS is set up in order to augment facilitation for adoption of the notified EHR Standards in technical association with C-DAC, Pune for providing assistance in developing, implementing and using EHR standards effectively in healthcare IT applications in India.

➢ **Hospital Management Information System (HMIS)**

HMIS is being implemented for computerized registration and capturing EHR/ EMR of patients in Public Health facilities upto PHC level. This will also facilitate workflow management leading to better delivery of services to patients and improvement in efficiency of processes in these facilities All the States/ UTs are being provided financial assistance for implementation of HMIS application implementation. Various HMIS applications like eHospital, eSushrut, eUpchaar, GHMIS, IHMS etc. are operational across the country.

➢ **Online Registration System (ORS)**

The ORS is a framework to link various hospitals for online registration, payment of fees and appointment, online diagnostic reports, enquiring availability of blood online etc. ORS has been implemented in more than 400 hospitals and more than43 lakh appointments have been transacted online.

➢ **Mera Aspatal (My Hospital)**

This 'application is an IT based feedback system to collect information on patients' level of satisfaction using a multi-channel approach viz. Short Message Service (SMS), Outbound Dialing (OBD), Web Portal, and Mobile Application. The application automatically contacts the patient (outpatient after the closure of the OPD and the inpatient at the time of discharge) using the above tools to collect information on patients' level of satisfaction. Currently more than 8800 hospitals have been covered. Majority of the patients were satisfied with the health services they used.

6.2 TELEMEDICINE

eSanjeevani National Telemedicine Service: There are two variants of eSanjeevani telemedicine service:

eSanjeevani AB-HWC (Doctor to Doctor teleconsultation): Under the ambit of Ayushman Bharat Scheme, MoHFW is setting up 1.5 Lakh Health & Wellness Centres (HWCs) in States/UTs for providing preventive and promotive services. One of the component under services is providing Tele-medicine consultation service. CDAC Mohali has developed eSanjeevani Telemedicine application.

eSanjeevani OPD (Patient to Doctor teleconsultation): In wake of COVID 19 pandemic, MoHFW upgraded 'eSanjeevani application to enable patient to doctor tele-consultation to ensure continuum of care and facilitate health services to all citizens in the confine of their homes free of cost. Telemedicine services have been rolled out in 36 States/UTs. For more detail please visit https://esanjeevaniopd.in/

More than 1.4 crore teleconsultations have been successfully completed so far through eSanjeevani Platform.

"eSanjeevani OPD-National Telemedicine Service won Platinum Category under "Innovation in Pandemic" during Digital India Award-2020."

To increase the outreach of health services virtually, eSanjeevani OPD application has been integrated with 3.74 lakh Common Service Centres (CSCs) thereby facilitating access to equitable health care in the remotest areas of the country.

Government has also issued Telemedicine Practice guidelines on 25th March, 2020 which provide a robust framework for practice of telemedicine.More detail, please read: https://www.mohfw.gov.in/pdf/Telemedicine.pdf

National Medical College Network (NMCN) has been established with the purpose of e-Education and e-Healthcare delivery, wherein 50 Government Medical Colleges are being interconnected, riding over NKN (National Knowledge Network – high speed bandwidth connectivity). National Resource Centre (NRC) with required centralized infrastructure and 7 Regional Resource Centres (RRCs) have been established as below:

- NRC cum Central RRC -SGPGIMS, Lucknow
- RRC, North - PGIMER, Chandigarh
- RRC-Central - AIIMS, New Delhi
- RRC-South - JIPMER, Puducherry
- RRC-East -IMS, BHU, Varanasi
- RRC-West - KEM, Mumbai
- RRC-North East- NEIGRIHMS, Shillong
- RRC-South II- SCTIMST, Thiruvananthapuram

6.3 WEB-PORTALS & MOBILE APPLICATIONS

➢ **COVID-19 Dashboard** is a comprehensive real-time based IT platform 'COVID-19 India Portal' (special surveillance system) is functional since March 2020 in response to COVID -19 pandemic, for monitoring the situation, preparedness and management to control the COVID in the country. This platform provides business intelligence (BI) tools based analytics, facts based decision support system, data collection up to facility level, dashboards, reports, integration with other applications. Surveillance of COVID related complications such as mucormycosis is also done by the system.

➢ **National Health Portal (NHP):**

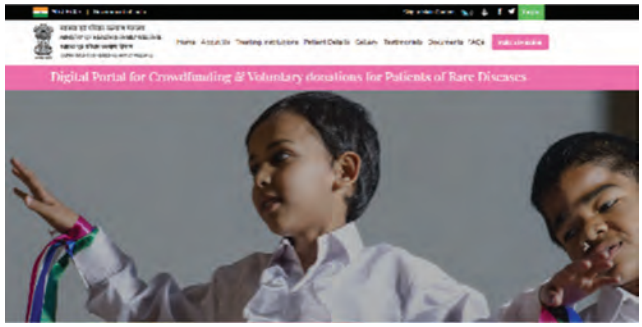
National Health Portal serves as a single point of access for consolidated information about health and health related subjects of public health importance at national and international levels, various diseases, continuum of care, healthcare services, healthy life style measures, integrated information about national health programmes, State health programmes, health policies, regulatory guidelines, new developments in health sector to students, healthcare professionals, researchers and general population in different languages (currently available in six languages -English, Hindi, Bangla, Tamil, Gujarati and Punjabi). NHP also interacts with citizens to disseminate the health information.

➢ **Ayushman Bharat-Health and Wellness Centres Portal (AB-HWCs)**

Ayushman Bharat-Health and Wellness Centres Portal (AB-HWCs) gives easy access to monitor the expansion of comprehensive primary health care in the country with the creation of Health and Wellness Centers. More than 76,000+ HWCs are functional comprising of urban primary health centers, primary health centres, sub centres under the Ayushman Bharat Programme.

➢ **Digital Portal for Crowd Funding & Voluntary Donations for Patients of Rare Diseases**

Digital Portal for Crowd Funding & Voluntary Donations for Patients of Rare Diseases is created to



facilitate the voluntary donations for the treatment of patients suffering from rare diseases. The information relating to the patients, diseases from which they are suffering, estimated cost of treatment and details of bank accounts of the treating Institutions is available on this portal.

CPHC- National NCD Program is an IT system for population based screening, prevention and control of non-communicable diseases. Huge population have enrolled across 28 States and UTs with 500+ districts are using the system so far. 3.7 Crore population over age of 30 years screened for NCD.

Various other portals/website viz. National Programme for Health Care of Elderly, Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Surakshit Matritva Aashwasan (SUMAN), Home Based Care of New Born and Young Child, Intensified Mission Indradhanush 3.0, National Tobacco Control Programme, Central Mental Health Authority website are also active to support various programmes.

Several dashboards include National Health Policy 2017, Central Dashboard (CD), MoHFW Budget, Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), Medical Education (ME), Emergency Medical Response (EMR) are working for monitoring the various programmes.

mHealth

Ayushman Bharat: Health & Wellness Centres Mobile App, MeraAspataal are few mobile applications supporting the national health services.

6.4 GLOBAL AGENDA ON DIGITAL HEALTH

1. Global Digital Health Partnership (GDHP): GDHP is the world's biggest inter-governmental and multilateral platform on Digital Health. It has been created to provide an international forum to facilitate global collaboration and co-operation and to share policy insights and evidence of best practice in the implementation of digital health services.

- India is the current Chair of GDHP.
- Currently 33 countries, Two International Organizations-World Health Organization (WHO) and Organization for Economic Co-operation and Development (OECD) and One NGO – IDAIR are the members of GDHP.

2. India is the current Chair of BRICS (Brazil, Russia, India, China & South Africa) Health Working Group

- Hosted BRICS Digital Health Summit in September 2-3, 2021
- Facilitated adoption of BRICS digital health declaration: "Digital Health for Achieving Sustainable Health for All"

3. Chair of Commonwealth Health Working Group meeting and leading Digital Health agenda.

CHAPTER -

07

International Cooperation& International Health

7.1 INTRODUCTION

The mandate of International Cooperation & the International Health (IC/IH) Division is to foster mutually beneficial partnerships with other countries of the world in multilateral as well as bilateral format. It also acts as an interface with foreign multi-lateral agencies where the Ministry of Health and Family Welfare (MoHFW) is the Nodal Ministry in Government of India for engagement with other countries on global health agenda items, for contact with the World Health Organization, United Nations and its agencies and other various International Organizations. In addition, the Division also coordinates the Ministry's interaction on health matters with other group of bodies such as G7, G20, BRICS, SAARC etc.

The role of IC/IH Division in bilateral cooperation includes processing of proposals for signing of Agreements and Memorandum of Understanding (MoUs) as well as implementing them through signings of Letter of Intent, Joint Work Agreement and Work Plans, organizing of Joint Working Group meetings, exchange of visits by subject experts, scientists, officials and relevant organizations, intergovernmental bodies, non-government organizations etc., facilitating foreign deputations of Ministers & officials of MoHFW as well as meetings of visiting foreign dignitaries in India for furthering cooperation in the field of international health.

These activities are performed in coordination with the Ministry of External Affairs and other concerned Departments.

7.2 WORLD HEALTH ORGANIZATION (WHO)

World Health Organization (WHO) is one of the main UN agencies collaborating with the Ministry of Health and Family Welfare (MoHFW), Government of India on health issues.

One of the key features of collaboration of MoHFW with WHO has been that WHO supports with the technical skills, science, and evidence to inform practice through setting globally applicable high-quality norms and standards, able to keep pace with rapid change, even in times of unfolding health crisis, such as the COVID-19 pandemic. WHO provides support for the development of normative and standard-setting products, tracking their uptake and impact at country level and enabling the mechanisms for their review and approval

Activities under WHO are funded through two sources:

(i) The Country Budget which comes out of Member States fees contribution for the WHO base programme and

(ii) Through the extra budgetary resources which come from

(a) donations from various sources for general or specific aspects of health

(b) funds routed through the WHO to countries by other member countries or institutes / agencies. India is the largest beneficiary of the country budget within the South East Asia

Region. The budget is operated on a biennium basis, calendar year wise.

➢ **Functions of WHO**

Sessions of the Executive Board of WHO: The Executive Board is composed of 34 Member States elected by the World Health Assembly. Member States are elected for three year term. The main functions of the Executive Board are to give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work. The Board meets at least twice a year; the main meeting is normally held in January with a second shorter meeting in May, immediately after the Health Assembly.

The 149th Session of the Executive Board of WHO was held virtually on 2nd June 2021. Senior Officer of this Ministry along with officials from the Permanent Mission of India to UN agencies at Geneva attended the session where India intervened on matters relating to WHO reform and Hosted Partnerships. The 150th Session of the Executive Board of WHO is proposed to be held on Monday, 24 January 2022, at WHO headquarters, Geneva, and the session would close no later than Saturday, 29 January 2022. It is further proposed that the Programme, Budget and Administration Committee of the Executive Board will also hold its thirty-fifth meeting from Wednesday to Friday, 19 to 21 January 2022, at WHO headquarters.

(i) World Health Assembly: The World Health Assembly (WHA) is the most important annual event of the World Health Organization. The WHA is held once every year to deliberate on various draft resolutions / decisions that are put up for its approval by the Executive Board of WHO.

The World Health Assembly is the decision-making body of World Health Organization (WHO). It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland. However, owing to the unprecedented situation due to the Covid-19 pandemic, this year's 74th WHA was conducted virtually during 24th – 31stMay 2021.

During the Seventy-fourth World Health Assembly, a series of Strategic Briefings were held virtually. During these sessions, WHA delegates, experts from WHO, partner agencies, and civil society discussed seventy agenda items concerning the current priorities and next solutions on vital issues for global public health following which seventeen Resolutions and thirty Decisions were adopted. The inter-governmental meetings for the same at intersessional period were conducted following the WHA74.

The sessions of the Assembly were conducted in two Committees; Committee-A and Committee-B. India actively participated in discussions and made focussed interventions on the important agenda items both before Committee-A and Committee-B, highlighting the country positions as well as its concerns and suggestions for a constructive way forward.

The agenda around pandemic preparedness and mental health stability during and post pandemic was one of the main themes for discussion and deliberation. India presented its intervention on matters concerning WHO Strengthening and Reforms; Non Communicable Diseases; Antimicrobial resistance; sustainable development; and strategic directions for Nursing and Midwifery; on public health emergencies; and mental health preparedness and response to the COVID-19 pandemic; and other related issues.

➢ **Meeting of Regional Committee of WHO for South East Asia Region (SEAR)**

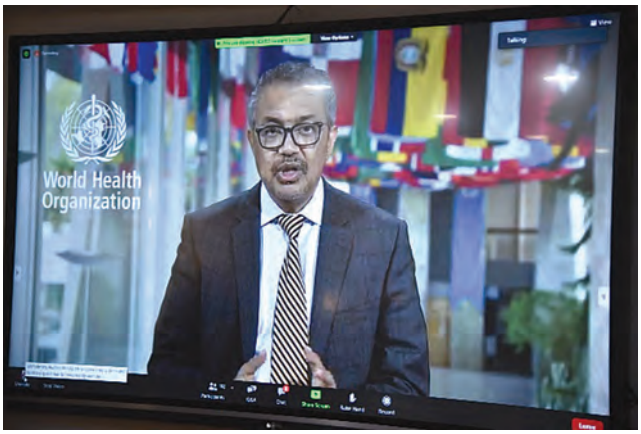
The Regional Committee (RC) of WHO-SEAR countries meets annually. The Committee is a forum to review progress made on health issues in the region and to lay down the roadmap for future action.

The 74th Seventy Fourth Regional Committee Session of WHO South-East Asia, the annual governing body meeting of WHO in the Region, is being hosted by

Nepal from 6 to 10 September was attended virtually by Hon'ble Union Minister of Health and Family Welfare along with senior officers of this Ministry.

The meeting was attended by WHO Director-General Dr Tedros Adhanom Ghebreyesus, Regional Director Dr Poonam Khetrapal Singh, Health Ministers and senior health officials of India, UN Agencies, partners, donors, and civil society representatives.

- Agenda include strengthening public health emergency preparedness and response, accelerating progress for prevention and control of non-communicable diseases, and ending viral hepatitis, HIV and STI were among other key issues discussed at the virtual annual meeting
- Monitoring progress on universal health coverage, revitalizing school-health and the regional framework for vaccine action plan for vaccine preventable diseases were discussed.



Joint Address of Hon'ble HFM & WHO SEARO Regional Director for WHO-NTEP Technical Support Network 13.4.2021

- The meeting also took stock of the progress being made in the Region on resolutions adopted at previous Regional Committee meetings. Measles and Rubella elimination by 2023, improving access to essential medical products, the South-East Asia Regional Health Emergency Fund and strengthening health systems to accelerate delivery of services for non-communicable diseases at the primary health care level, at the meeting.

While responding to the ongoing pandemic, countries in the Region are also making efforts around the eight regional flagship priorities - to eliminate Measles and Rubella by 2023, address non- communicable diseases through multi-sectoral policies and plans, accelerate reduction of maternal, neonatal and under-five mortality, advance universal health coverage, reverse antimicrobial resistance, scale-up emergency risk management capacities and eliminate neglected tropical disease and TB.

Hon'ble Union Minister of State for Health and Family Welfare at WHO -Leadership Session on 26.10.2021

➢ Contribution to WHO

As a member country of WHO, India makes regular contribution to WHO for each biennium. A WHO biennium commences in January of the first year of the biennium and ends in December second year of the biennium.

The Assessed Contribution payable by Government of India to WHO is decided on the basis of UN Scale of Assessment. India's Assessed Contribution for the year 2021 stands at USD 19,95,205 + CHF 20,37,104 and Voluntary Contribution of USD 55,000 towards the WHO Training in Tropical Diseases Research (TDR).

India remitted Euro 7,43,436 towards membership fee to International Agency for Research on Cancer (IARC), Lyon, France for the year 2020.

➢ BRICS Meetings and Workshops

BRICS is an association of the five fastest emerging economies of the world, namely, Brazil, Russia, India, China and South Africa. BRICS association comprises of 41% of the World Population and 24% of the World GDP.

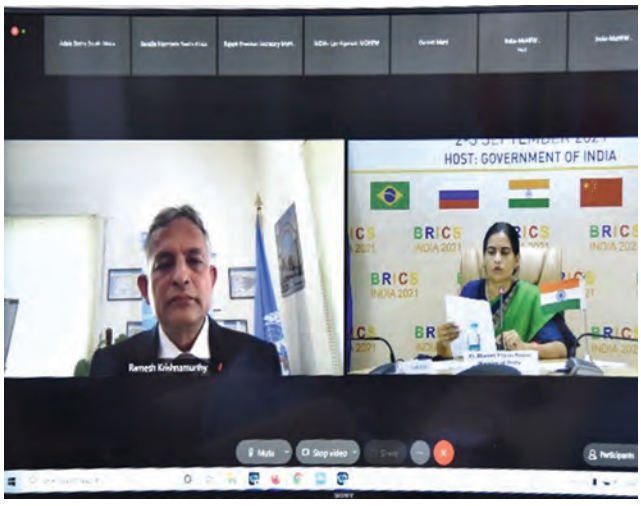
11th BRICS Health Ministers Meeting

- BRICS (Brazil, Russia, India, China, and South Africa) was chaired by India in 2021. Under the aegis of Ministry of Health and Family Welfare, BRICS Senior Officials Two-days Meetings and XIth BRICS Health Ministers' Meeting was hosted by India on 26, 27 and 28 July 2021 where the major theme of the event was "BRICS Requital to COVID-19: Towards Digitalised Holistic Framework for Pandemic Preparedness" and detailed deliberations took place on the sub-themes surrounding 'COVID-19 Pandemic Management & COVID-19 Vaccination', Digital Health, Antimicrobial Resistance, Building a Tuberculosis Free World, Pharmaceutical Cooperation, and Traditional Medicine. The XIth BRICS Health Ministers' Meeting Declaration was endorsed and accepted by all the BRICS countries. India held the Presidency till November end 2021. Following which, the BRICS Presidency to be handed over to China on mid December 2021.

- BRICS Digital Health Summit was held via video conference from September 2-3 on the theme "Building Resilient health systems for UHC leveraging Innovations and Collaboration for Sustainable digital health ecosystems". Hon'ble Union Health Minister Shri Mansukh Mandaviya

graced the second day of this Summit. This Summit was a brain child of our Hon'ble Prime Minister which was announced last year during the BRICS Moscow Leaders' Summit in 2020.

- This Summit aimed to provide a platform for the BRICS countries to share and exchange good practices, solutions and implement strategy for a sustainable recovery and to ensure preparedness against future pandemics and accelerate the adoption of digital health across the BRICS countries by driving a common agenda to strengthen effective usage of digital initiatives. India envisaged to be the torch bearer for Digital Health amongst BRICS Countries.



Hon'ble Union Minister of State for Health and Family Welfare at 11th BRICS Ministers Meeting on 2-3 September, 2021

- The other meetings of Health Track under the BRICS India Presidency 2021 were X BRICS TB Research Network on 14 May 2021 and BRICS Immunization & COVID-19 Vaccine, on 23rd July 2021.

➢ **G 20**

- G20 is a grouping of the world's 20 most economic countries. The presidency of G20, 2021 is led by Italy. There are two tracks involving health in G20, namely health track and health-finance track. The health track started under the German Presidency in 2017. The health-finance track started since Japanese Presidency in 2019. Main Agenda of G20 Italian Presidency is People, Planet and Prosperity. High priority of Presidency was tackling impact of pandemic and laying foundation for a just and equitable economic recovery.This year, there were four health working groups (HWG) under the health track with 4 health priorities.Global Health Summit was held by G20 Presidency co-chaired with the EU on 21 May 2021 to reconfirm our commitment to **global solidarity, equity, and multilateral co-operation;** to **effective governance;** to **put people at the centre of preparedness and equip them to respond effectively;** to build on **science and evidence-based policies and create trust;** and to **promote sustained financing for global health.** G20 Health Ministers' Meeting was held in Rome on 5-6 September 2021, which was attended by our Hon'ble HFM and the member States endorsed the G20 2021 Health Ministers' Declaration. A side-event on G20 Mental Health was held in a hybrid format on 3 September, 2021 where a policy paper was finalised.

- An initiative under the G20 Presidency called Public Health Workforce Laboratorium had a series of four Webinars in which MoHFW, India participated. The webinars were held on March 10, July 7, Sep 7 and the final one on Nov 20. The Laboratorium is in the process of developing different courses and testing the prototype of the platform that is meant to train public health workforce.

Hon'ble HFM had bilateral meetings with health ministers from Italy, Brazil, and UK on the sidelines of G20 Health Ministers' Meeting on matters pertaining to global health importance.

- Under the health-finance health track, an informal group of health and finance experts were formed this year and a first meeting was held on 8 September. As a result of many rounds of in depth discussions and deliberations over several weeks, G20 member States were able to reach a consensus of establishing a G20 Joint Finance-Health Taskforce which is meant to enhance the coordination between Health and Finance tracks and fill the identified gaps. G20 Joint Finance-Health Ministers' Meeting was held on 29 October 2021 and were participated by Hon'ble Finance & Health Ministers' of India. The Joint Finance-Health Ministers' Communiqué was endorsed by all the member states focusing specifically on establishing a Task force as mentioned earlier.
- India will enter the Troika in December along with Italy and Indonesia with the commencement of the G20 Indonesian Presidency and will chair G20 in 2023.

➢ **WHO Fellowship**

International Health Division invites application for nomination of health professionals from all States / UTS / autonomous institute of this Ministry for nominations under WHO fellowships in every biennium. Due to COVID-19, in 2021 this Ministry could not call for nominations from the States / UTs.

7.3 AIRPORT HEALTH ORGANIZATION, PORT HEALTH ORGANIZATIONS AND AIRPORT AND BORDER QUARANTINE CENTER (APHOS/ PHOS/ ABQC)

➢ **Introduction:**

International spread of diseases and agents responsible for various diseases from one country to another is a well-established phenomenon. The Point of Entries (POEs) means the area where any international passenger may enter legally from one country into another country. Health units responsible for undertaking measures for surveillance and response health activities at airports/seaports/Land Border in India are known as APHOs (Airport Health Organizations) / PHOs (Port Health Organizations) and LHUs (Land Health Units).

Airport Health Organization, Port Health Organizations and Airport and Border Quarantine Center (APHOs/ PHOs/ ABQC) are subordinate offices of the Directorate General of Health Services. At present, there are 19 APHOs and 11 PHOs, established at all major International Airports and Ports and 3 Border Quarantine Centres.

LIST OF EXISTING POEs(APHOs/PHOs/BORDER CROSSING HEALTH UNIT)

Name of APHO	Name of PHO	Name of Land Border Crossing
1. Chennai	1. Mumbai	1. Attari Amritsar
2. *Bangalore	2. Kolkata	2. *Petrapole
3. *Hyderabad	3. Chennai	3. *Agartala*
4. Cochin	4. Kandla	(Managed by Regional Director office)
5. *Trivandrum	5. JNPT, Sheva	
6. Delhi	6. Cochin	
7. Kolkata	7. Vishakhapatnam	
8. Mumbai	8. Marmagoa	

9. Amritsar 10. *Calicut 11. Goa 12. *Pune 13. Tiruchirappalli 14. *Lucknow 15. *Jaipur 16. *Gaya 17. *Bhubaneswar 18. *Guwahati 19. *Ahmedabad* (Managed by Regional Director office)	9. Tuticorin 10. New Mangalore Port 11. Paradip	

India is signatory and compliant to the International Health Regulations (2005), adopted by World Health Assembly and implemented in all WHO Member States, accordingly, both Indian Aircraft Public Health Rules as well as Indian Port Health Rules have been framed in agreement with the International Health Regulations. APHOs/PHOs/LBHUs are statutory organizations and are discharging their regulatory functions, as delineated under the Indian Aircraft (Public Health) Rules, 1954 and Port Health Rules, 1955, respectively.

➢ **Objectives:**

Main objective of IHR (2005), as implemented through the APHO/PHOs, prevent, protect against, control & provide a public health response to the international spread of diseases from one country to another, with minimum interference to trade and traffic.

WHO notifies a list of Yellow Fever Endemic Countries, under IHR (2005) and any passenger coming to India from these notified endemic countries is required to possess valid Yellow Fever Vaccination Certificate, failing which, they will be quarantined for a maximum period of six days by the APHOs

Other important functions of these organizations are – Clearance of Human Remains, Supervision of Sanitation, Yellow fever & Polio vaccination to International Passengers, Food, water &Vector surveillance and Control at POE premises, supervision of aircraft disinsection /disinfection ,issuance of Ship Sanitation Certificate, training of different categories of staff etc

As per FSSAI Act, APHOs/PHOs/ABQC have been authorized and are designated Officers for registration & licensing of food establishments at POEs.

Key Field Activities at PoEs

- Yellow Fever & Polio Vaccination
- Yellow fever Quarantine of Passengers
- Food and Water surveillance & Food inspections
- Attending to medical emergencies in flights
- Training Activities
- Vector surveillance & Sanitary Inspection in and around POEs
- Flight Dis-insection & Ship sanitation & disnisection /disinfection of conveyances
- Health Screening & isolation /quarantine activities during Public Health Emergency of International Concern (PHEIC).

- Coordination with stakeholders
- Periodic Review meetings

Activities of APHOs/PHOs/LBHUs (January 2021 to As on Date).

- **APHOs**

o Total **49,475** International Flights inspected at APHOs

o Total **54** International Passengers Quarantined at APHOs for Yellow Fever.

o Total **3,520** Dead Bodies Cleared at APHOs.

o Total **7,079** Yellow fever Vaccines given at APHOs

o Total **602** Food Establishment Inspected at International Airports.

- **PHOs**

o Total **13,048** Ships given Health Clearance at PHOs

o Total **3,39,242** Passenger and Crew Examined at PHOs

o Total **8,791** Yellow Fever Vaccines Given at PHOs

o Total **12** Dead Bodies Cleared at PHOs

- **LBHUs**

o Total **1165** International On-foot passengers Inspected at LBHUs

Achievements of the IH Division of Dte.GHS

- Coordinating with the PoEs for health screening of international inbound passengers.
- Coordinating with the PoE's & Yellow Fever Vaccination Centers on day to day working.
- Development of new IHPOE web portal (https://www.ihpoe.mohfw.gov.in)
- Maintenance of the IHR PoE web portal (www.ihrpoe.co.in)
- Coordination with various stakeholders for Health needs during annual Haj pilgrimage.
- Technical inputs/comments on MoU's in between countries, agenda items to World Health Assembly and other relevant technical documents etc.
- Technical clearance for International Medical Conferences in the country.
- Coordinating with the PoEs for Vector Surveillance and control activities.
- Periodic review meetings and training activities.
- Preparation of new vector surveillance guidelines is in progress.
- Development of Centralized Integrated Yellow Fever Vaccination is in progress.
- 71 thermal scanners have been installed at 32 POEs for health screening of passengers.
- Establishment of new APHOs at Kushinagar Airport and Kannur Airport.
- Three Budget scheme (SFC, PMASBY and ECRP Phase II) has been approved for strengthening, up-gradation and establishment of 70 POEs.
- New Yellow Fever Vaccination center AIIMS Rishikesh is established.

Response to COVID-19 Pandemic at Point of Entries (Airports, Seaports, Land Border Crossings)

India's response to COVID-19 has been pre-emptive, pro-active and graded. India had already put in place a comprehensive response system at its borders much before WHO declared it as a public health emergency of international concern (30th January 2020). Health Screening through Self Reporting forms (SRF) and thermal screening for all incoming International passengers were continued at all PoEs for identification of passengers who may be at risk of contracting or having contracted COVID-19 and makes immediate

access to proper medical advice, screening and testing were assured.

IEC material on COVID-19 was distributed to all incoming passengers as pamphlets. Hoarding, signages were displayed at all the common areas of the airports. Online Self-reporting forms were made mandatory for all international passengers for further follow-up for contact tracing by Integrated Disease Surveillance Programme (IDSP).

The Vande Bharat Mission (VBM), one of the largest evacuations of civilians by a country, repatriating Indians stranded abroad due to COVID-19 continued in 2021. Transport bubbles" or "air travel arrangements" were established between countries to restart commercial passenger services when regular international flights are suspended as a result of the pandemic. So far, more than 85,37,594 incoming international passengers through 67,042 flights have undergone screening (data from 1st Jan – As on Date). The surveillance activities for all inbound international passengers are coordinated by MoHFW, IDSP and State governments.

Role of IH division of Dte GHS- The pivotal role of coordination and streamlining the Health Screening, contact tracing, isolation and quarantine activities at Points of Entries was done at the Headquarters (IHR). Healthcare workers and staffs at PoEs were trained through a Structured Training program under guidance of headquarters. Guidelines and SOP's were made and shared with all the stakeholders from time to time. Daily International Arrival screening data was gathered from all the PoEs in structured formats and compiled for data analysis for policy and decision making.

Further, the Headquarters coordinated with all the stakeholders for the installation of Wall mounted Mass Thermal Scanners at all the major Airports and Seaports for seamless screening of inbound International passengers.

Development of new web portal for International Health Division to streamline the reporting, reviewing and monitoring the activities of all APHOs, PHOs and LHUs. Headquarters monitors the activities of 50 operational Yellow Fever vaccination Centers across the country including monthly stock analysis and coordinated the procurement of the vaccines.

Development of Operational guidelines for vector surveillance and control at Ports, Airports and Seaports to strengthen the core capacity and vector surveillance mechanism at POEs.

IH division has been involved in regular monitoring and evaluation of the activities at all PoEs in India through Video conferencing with all the stakeholders from time to time. Secretary (HFW), Special Secretary Health, DGHS, Add. DGHS and other officials actively monitored the situation across the country

7.4 AGREEMENTS / MOUs

The following MoUs/ MoCs were signed during 2021:

1. Memorandum of Understanding (MoU) between the Government of the Republic of India and the Republic of North Macedonia on cooperation in the field of Health signed on 21st January, 2021

2. Memorandum of Understanding (MoU) between Department of Health and Family Welfare of the Government of the Republic of India and the Department of Health and Human Services of the Government of the United States of America on Mental Health and in the field of Health and Biomedical Sciences signed on 28th September 2021. INDO-US Dialogue occurred on 28th and 29th September, 2021.

Hon'ble Union Minister of Health and Family Welfare, Dr. Mansukh Mandaviya at Indo-US Dialogue on 28th September, 2021

Secretary-HFW with US Delegates on 28th September, 2021

Hon'ble Union Minister of State for Health and Family Welfare at Indo-US Dialogue on 27th September, 2021

3. Memorandum of Understanding (MoU) between the Government of the Republic of India and the Kingdom of Denmark on cooperation in the field of Health and Medicine signed on 7th October 2021.

4. Memorandum of Understanding (MoU) between the Government of the Republic of India and the Government of the Senegal on cooperation in the field of Health and Medicine signed on 5th November 2021.

7.5 MEETINGS / CONFERENCES

The following important events were held during 2021, where Ministry of Health and Family Welfare actively participated:

1. MoU Signed between India and Republic of North Macedonia on 21st January, 2021
2. 1st JWG meeting between India and Iran on 6th April 2021
3. 1st Bilateral Health Cooperation meeting between India and Switzerland on 16th April 2021
4. 3rd JWG meeting between India and Netherlands on 20th April, 2021
5. Xth Meeting (Virtual) of the BRICS tuberculosis Research Network to be held on Trial Run on 13 May 2021
6. Xth Meeting of the BRICS TB Research Network on 14 May 2021
7. G20 Italy: Extra FCBD Meeting, High Level Independent Panel (HLIP) on Financing the Global Commons for Pandemic Preparedness and Response on 15 June 2021.
8. G20 Italia 2021 | 3rd HWG meeting on 17 June 2021
9. 1st JWG meeting between India and Brunei on 23rd June, 2021
10. G20 Italy: HLIP Report, FMCBG meeting (preparatory) on 9 July 2021
11. G20 Italy: HLIP Report, FMCBG meeting on 12 July 2021
12. G20 Italy: HLIP Report, FMCBG meeting on 13 July 2021
13. BRICS event Immunization & COVID-19 Vaccine on 23 July 2021
14. BRICS 2021 Senior Official meeting on 26-27 July 2021
15. Trial for BRICS Meeting on Health on 27 July 2021
16. 2nd Meeting of the BRICS Task Force on PPP and Infrastructure on 27 July 2021
17. BRICS 2021 Health Ministers on 28 July 2021
18. Meeting between Hon'ble HFM and High Commissioner of India to Sri Lanka on 29 July 2021
19. 2nd Meeting of the BRICS Task Force on 10 August 2021
20. 1st JWG meeting between India and Vietnam on 27 August 2021
21. Webinar on Skilling of Healthcare Workers-BRICS Perspective on 27 August 2021
22. G20 Fourth Health Working Group meeting on 31st August 2021
23. 2nd JWG meeting between India and Kuwait on 31st August 2021
24. BRICS Digital Health Summit on 2-3 September 2021
25. G20 side event on Mental Health on 3 September 2021
26. MoU Signed between India and Denmark on 03rd September, 2021
27. 4th G20 Health Working Group on 4th September 2021

28. G20 Health Ministers Meeting on 5-6 September 2021

29. Third webinar" Public Health workforce- A G20 Laboratorium for improving training in prevention, preparedness and response to Health crisis on 7 September 2021

30. First G20 Finance & Health Informal Group Meeting on 8 September 2021

31. BRICS Leaders Summit on 9th September 2021

32. Secretary (H) with Country Director of JICA on 23rd September, 2021

33. Meeting between Hon'ble HFM with Colombian Delegation on 27 September 2021

34. Indo –US Health Dialogue on 27-28th September 2021

35. 1st JWG between India and Denmark on 7th October 2021.

36. G20 Public Health Workforce Laboratorium Webinar on 19-20 October 2021

37. 1st JWG between India and Italy on 26 October 2021

38. Meeting between Hon'ble HFM with Ambassador of Switzerland to India on 28th October 2021

39. Meeting between Hon'ble HFM with Ambassador of Luxembourg to India on 1st November 2021

40. 1st JWG between India and Uzbekistan on 1st November 2021.

41. MoU Signed between India and Senegal on 05th November, 2021

42. Meeting between Hon'ble HFM with Health Minister of Singapore (Telephonic) on 16thNovemeber 2021.

43. BRICS Meeting of Drug Regulatory Authorities on 22 November 2021

44. Meeting between Hon'ble HFM with Ambassadors of Latin America and Caribbean on 25th November 2021

Hon'ble Union Minister for Health and Family Welfare and Chemicals & Fertilizers Dr. Mansukh Mandavia meeting Ambassadors and High Commissioners of Latin America & Caribbean States

45. Meeting between Hon'ble HFM with Ambassador of Kazakhstan on 26th November 2021

46. 8th ACT-Accelerator Facilitation Council meeting, 6 December 2021

47. WHO BioHub System titled 'Intellectual Property and the WHO BioHub System, 9 December 2021

48. Meeting between Hon'ble HFM with Minister of AI and Foreign Trade of Dubai in Dubai on 13-14th December, 2021

49. virtual meeting among the National IHR Focal Points (IHR NFP) in the South-East Asia Region, 14 December 2021

50. Meeting between Secretary (H) with Ambassador of India to US on 15th December, 2021

51. Meeting between Secretary (H) with Ambassador of Colombia on 15th December, 2021

52. 1st JWG between India and Qatar on 16th December 2021.

Ambassadors and High Commissioners of Latin America & Caribbean States with Hon'ble HFM

53. Programme budget 2022-2023: Extending the General Programme of Work (GPW 13), 2019-2023 to 2025, 16 December 2021

54. SEARO Building Redevelopment Project: 15th Meeting of the Project Monitoring Committee (PMC), 16 December 2021

55. First G20 Joint Finance-Health Task Force Meeting, 20 December 2021

56. Meeting between Additional Secretary (H) with First Deputy Minister of Investment and Foreign Trade of Uzbekistan on 23rd December, 2021

7.6 PERMISSION FOR INTERNATIONAL CONFERENCES

In the year 2021 (**01st January 2021 – 31st December 2021**), 3 applications were processed for grant of permissions to Organizations/ Institutions for holding health related International Conferences in India.

7.7 ISSUE OF STATEMENT OF NEED (SON) CERTIFICATE AND EXCEPTIONAL NEED CERTIFICATE (ENC)

In the year 2021 (**01st January 2021 – 31st December 2021**), 1105 applications for issuance of Statement of Need (SON) Certificate and 28 applications for issuance of Exceptional Need Certificate (ENC) were processed for undergoing higher studies/training in the USA on J-1 visa in medical specialties /super-specialties.

7.8 VISIT ON FELLOWSHIP / CONFERENCE ABROAD

During 2021 (**from 01st January 2021 to 31st December 2021**), 4 medical personnel/ doctors were permitted to participate in International Conferences / symposia etc. abroad

CHAPTER -

08

Facilities for Scheduled Castes & Scheduled Tribes

8.1 INTRODUCTION

The Scheduled Castes (SCs) and Scheduled Tribes (STs) Cell (SCT Cell) has been functioning in the Ministry of Health & Family Welfare (MoHFW) to look after the service interest of SC/ST category employees. The Cell assists the Liaison Officer for SC/ ST/PWD/EWS and OBC in the Ministry to ensure that representations from SCs/STs, OBCs, EWSs and Persons with Disabilities (PWDs) in the establishment/ services under the Ministry receive proper consideration.

The representation of SCs, STs and Other Backward Classes (OBCs) in the Department of Health & Family Welfare and its Attached and Subordinate Offices and the Central Health Services Cadre administered by Department of Health & Family Welfare is as below:

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Others
D/o Health & Family Welfare and its attached offices	12214	3037	937	2108	32	6100
Central Health Services (All Group A Posts)*	3617	611	281	599	-	2126

The representation of Persons with disabilities (PwDs) in the Department of Health & Family Welfare and its Attached and Subordinate Offices is as below:

Group of Posts		Type of disability				
	Total	A	B	C	D	E
A	1028	0	1	15	0	0
B	5191	1	3	20	0	0
C	5350	15	15	75	0	0
C (Sweeper)	645	2	2	4	0	1
Total	12214	18	21	114	0	1
Percentage		0.14737	0.17193	0.93336	0	0.00819

Where,

SC: Scheduled Castes,

ST: Scheduled Tribes,

OBC: Other Backward Classes,

EWS: Economically Weaker Section

Other: Neither SC/ST/OBC

A: Blindness and Low Vision,

B: Deaf and Hard of Hearing,

C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy,

D: Autism, Intellectual disability, specific learning disability and mental illness,

E: Multiple Disabilities from amongst A to D including deaf-blindness.

8.2 NATIONAL HEALTH MISSION (NHM)

The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable and quality health care to the rural population especially to vulnerable sections of the society. In 2013, the NRHM was subsumed under the National Health Mission (NHM) as its Sub-Mission, along with National Urban Health Mission (NUHM) as the other Sub-Mission.

In terms of infrastructure development, thrust has been given to reduce the gap in availability of facilities, particularly in Tribal areas. Overall, there has been 73% increase in health facilities available in Tribal areas compared to 10% increase for all, between 2005 and 2020:

Relaxed Norms for Tribal areas

Under NHM, tribal areas enjoy relaxed norms under several criteria and conditions.

Type of Facility	All India			Tribal Areas		
	RHS2005*	RHS2020**	%Increase	RHS2005*	RHS2020**	%Increase
SHCs	1,42,655	1,55,404	9 %	16748	29,745	78 %
PHCs	23,109	24,918	8 %	2,809	4,203	50 %
CHCs	3,222	5,183	61 %	643	1035	61 %
Total	**1,68,986**	**1,85,505**	**10 %**	**20,200**	**34,983**	**73%**

RHS-Rural Health Statistics (* As on 31st March, 2005 and **As on 31st March, 2020)

1) **Relaxed norms for health facilities**-The population norms for setting up health facilities in tribal areas are relaxed. Against the population norms of 5000, 30000, and 1,20,000 for setting up of Sub-Centres, PHCs and CHCs respectively, in tribal and desert areas it is 3000, 20,000 and 80,000 for SCs, PHCs and CHCs respectively. A new norm of "time to care" has also been adopted for setting up Sub-Health Centres in tribal areas under which a Sub Health Centre can be set up within 30 minutes of walk from habitation.

2) **Flexibility with the assigning of ASHSs**-States have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in tribal/hilly and difficult areas.

3) **Medical Mobile Units (MMUs)**-While other States had Mobile Medical Units per 10.00 lakh population subject to capping of 5 MMUs per district, for tribal and hilly states this could be relaxed as per need. The norms for MMU have been further revised to relax the norm where extra

MMU is allowed if the existing MMU exceeds 60 patients per day in plain areas and 30 patients per day in tribal/hilly areas.

4) **High Priority Districts-** All tribal majority districts whose composite health index is below the State average, have been identified as High Priority Districts (HPDs). These districts are to receive higher per capita funding, relaxed norms, enhanced monitoring and focused supportive supervision and encouraged to adopt innovative approaches to address their peculiar health challenges.

Launch of Tribal Health Collaborative 7.4.2021

8.3 NATIONAL URBAN HEALTH MISSION (NUHM)

NUHM was approved on 1st May, 2013, as a sub-mission under an overarching NHM. NUHM envisages strengthening the primary health care delivery systems in urban areas and for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population.

NUHM covers all cities and towns with more than 50,000 population and district headquarters and State headquarters with more than 30,000 population. The remaining cities/ towns continue to be covered under NRHM.

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as Health & Wellness Centres (HWCs) to provide preventive, promotive and curative services in cities closer to the communities. Sofar 4203 HWCs have been operationalized in urban areas as on 29.11.2021.

Since the beginning of the Programme in F.Y. 2013-14, support has been provided for strengthening of more than 5500 facilities in urban areas, construction of about 890 new UPHCs and 90 new UCHCs have been approved. The human resources under the programme include around 4300 Medical Officers, 530 Specialists, 19500 ANMs, 10800 Staff Nurses, 4100 Pharmacists, 4200 Lab Technicians and 750 Public Health Managers have been approved. About 81000 ASHAs and 98000 MAS have been approved for effective community participation activities. Training & capacity building activities have also been approved for building and strengthening institutional capacity.The services being provided through these facilities are available to all sections of the population including SC & ST.

8.4 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP) FOCUS ON TRIBAL AREAS

Tuberculosis has been a priority public health issue identified to be addressed by the Government of India. The National Tuberculosis Elimination Programme (NTEP) is implemented under the aegis of the NHM and provides free diagnosis, free treatment and delivers public health functions to reduce the incidence of Tuberculosis (TB) in the country. Government of India has committed to achieve targets for TB under the Sustainable Development Goals (SDGs) by 2025, five years ahead of the global timelines.

As a part of its efforts at multi-sectoral engagements, the NTEP has signed a MoU with the Ministry of Tribal Affairs (MoTA) in May 2021 with an aim to make people TB free in Tribal districts and geographies. A joint action plan was developed and released by both Ministries as a part of the TB Mukt Bharat Abhiyaan. While the overall goal of the tribal TB initiative is to

reduce TB cases and death due to TB in the tribal populations, community empowerment and mobilization, expanding services to detect, treat and prevent TB, and strengthening health systems and capacities are areas which the collaboration will look to augment.

Launch of TB Initiative Tribal Health Collaborative (THC) on 26.3.2021

To execute the joint plan, NTEP has put forward operational activities to be carried out in the next 12 months in all identified tribal districts in collaboration with MoTA. The activities will be reviewed periodically for course corrections and more activities will be added subsequently in consultation with MoTA. During this phase, out of the 176 tribal districts identified by MoTA, 'priority districts' have been selected based on high TB burden. Implementing partners working in these identified districts will also be supporting NTEP in implementing the activities.

Under NTEP, the benefits of the programme are available to all sections of the society on a uniform basis, irrespective of caste, gender, religion etc. However, in tribal, hilly and difficult areas, special provisions have been made to expand diagnostics and treatment centres, programme management units, to improve access to TB patients and coverage of TB services under NTEP.

Under the special project entitled "Targeted Intervention to Expand and Strengthen TB Control in Tribal Populations under NTEP" to reach out to the tribal population was initiated with the support of Global Fund in coordination with ICMR. The most significant aspect of the project is to deployment of Mobile TB Diagnostic Vans (MTDV) equipped with X-ray facilities and CBNAAT machines contributed significantly to the total case notification. Most importantly, the Out-of-Pocket Expenditure (OOPE) of the patients reduced drastically which is highly significant and reflects that offering services at the doorstep of the patients does improve the Standard of Care to the patients. The reduction in man days for seeking consultative, diagnostic and treatment services when being serviced by the MTDV also reflects on the improved standards of care through doorstep services. At present, a total of 80 MTDV diagnostic vans are functional across the country to cover hard to reach population including tribal area.

8.5 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

National Leprosy Eradication Programme (NLEP), India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). The major concern of the Programme is to detect the cases of leprosy at an early stage, and to provide complete treatment, free of cost, in order to prevent the occurrence of Grade II Disability (G2D) in the affected persons. Under NLEP, it is aimed to reduce G2D per million population to less than 1 per million population and to have zero G2D among new child cases aligned with the target given by Global Leprosy Strategy 2016-20.

Key Initiatives

Several initiatives have been taken to encourage early case detection, to ensure complete treatment, and to contain the onset of disease in close contacts of the index cases (persons diagnosed with leprosy). Briefly, the activities for early case detection are as follows:

For enhanced active & early case detection, so that there remain no cases of leprosy and eventually converted into Grade II Disability

a. Introduction of new Operational Guidelines 2020 "Active case Detection & Regular Surveillance" under NLEP, to ensure active case detection throughout the year.

b. Further strengthen the active screening for early case detection, on a more regular basis, convergence of leprosy screening under Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishore Swasthya Karyakram (RKSK) for screening of children (0-18 years) has been done and the detailed screening guidelines have been issued to all the States/ UTs.

c. Convergence of leprosy screening under Comprehensive Primary Health Care (CPHC), Ayushman Bharat for population based screening of women and men of age 30 years and above.

d. Urban Leprosy Screening under NUHM for peri-urban and urban slums area/ colonies' migratory population.

Stop Discrimination against People Suffering from Leprosy

Sparsh Leprosy Awareness Campaigns (SLAC) were launched at village level to create more awareness so that the level of stigma and discrimination can be reduced in the case of diseases like Leprosy.

Post Exposure Chemoprophylaxis Administration

For prevention of leprosy amongst contacts, the administering PEC has been strongly recommended. In addition, various services are being provided under the programme for Disability Prevention and Medical Rehabilitation (DPMR) i.e., reaction management, provision of MCR footwear, Aids & Appliances, referral services for management of cases and reconstructive surgery at District Hospitals and Medical Colleges/Central Leprosy Institutions.

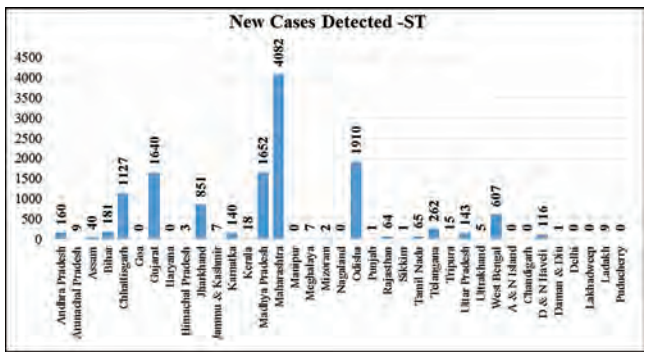
Under NLEP, it is aimed to reduce G2D per million population to less than 1 per million population and zero G2D among new child cases. As a result of focus active case detection combined with timely treatment and management, G2D per million population was 1.10 per million population and number of child patients with disability were 35 as on 31st March, 2021.

Under NELP, all the above-mentioned services are being provided uniformly to all segments of the society, including the STs and SCs population. However, statistics pertaining to the epidemiological status of STs& SCspopulation are separately collected and analysed. The same are briefly presented as follows:-

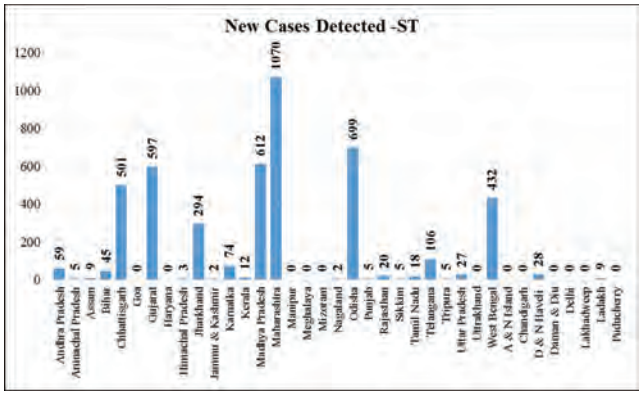
Epidemiological status of Scheduled Tribes and Scheduled Castes population

Under the programme, state wise disaggregated data of tribal population is collected on monthly basis. In the year 2019—20 (as on 31stMarch, 2020), out of total 1,14,451 new leprosy cases detected, 21,469 (18.76%) were STs and 21,184 (18.51%) were SCs. During the year 2020-21 (as on 31stMarch, 2021), out of total 65,147 new leprosy cases detected, 13,118 (20.14%) were STs and 11,557 (17.74%) were SCs. As on 31stAugust, 2021(during the year 2021-22), out of a total 26,275 new leprosy cases detected, 4639 (17.65%) were STs and 4688 (17.84%) were SCs.

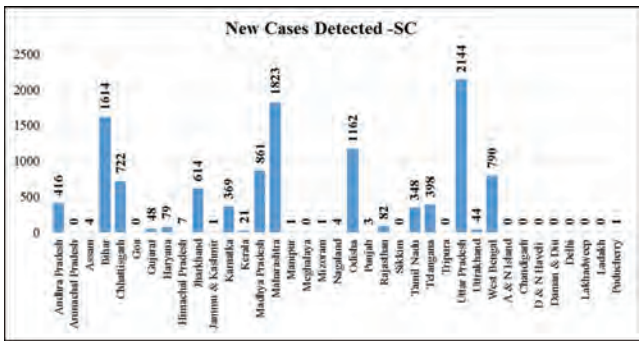
State-wise graph of Leprosy cases among STs population as on 31st March, 2021



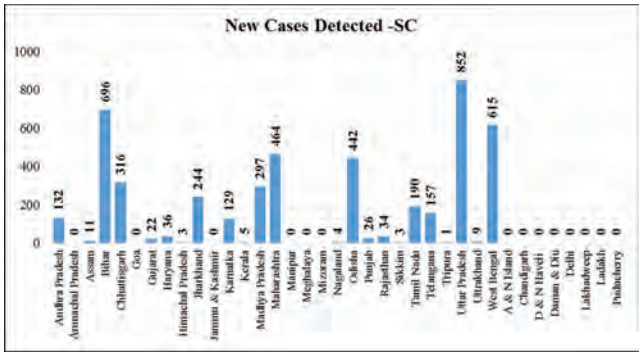
State-wise graph of Leprosy cases among STs population as on 31st, August, 2021

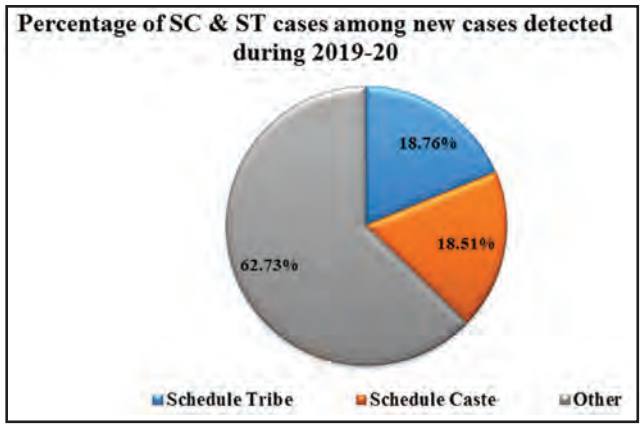


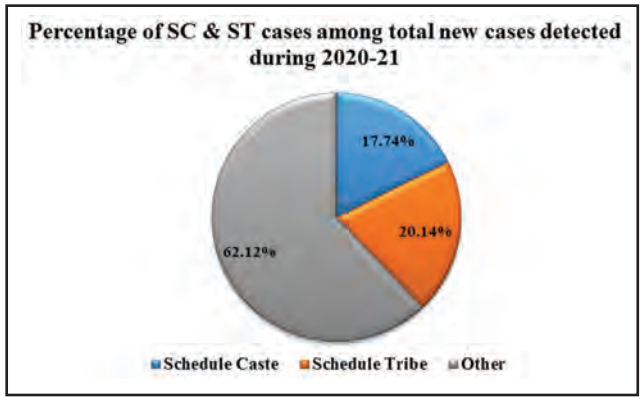
State-wise graph of Leprosy cases among SCs population as on 31st March, 2021

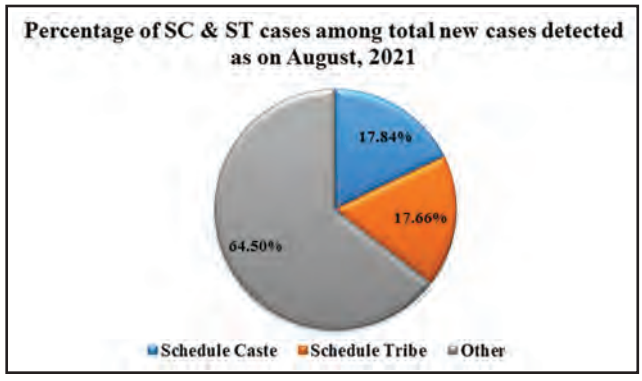


State-wise graph of Leprosy cases among SCs population as on 31st August, 2021









8.6 NATIONAL CENTER FOR VECTOR BORNE DISEASE CONTROL (NCVBDC)

The NCVBDC is an umbrella programme for prevention and control of six VBDs viz. Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. Of these, three disease namely Kala-azar, Lymphatic Filariasis and Malaria are targeted for elimination. The States/UTs are responsible for the implementation of the programme, whereas the Directorate of NCVBDC,

Delhi provides technical assistance and policy guidelines as also financial assistance to the States/UTs, as per approved norms.

Under NCVBDC, promotive, preventive and curative (diagnosis and treatment) services are uniformly made available to all segments of population including SCs and STs in all the States/UTs of the country. Strategies for VBD control are based on the endemicity of diseases. Malaria is more prevalent in North-Eastern States, and central States of Odisha, Chhattisgarh, Jharkhand, and Madhya Pradesh where SCs, STs, and low socio-economic population is more. In such areas, special anti-malarial interventions including outreach activities for malaria prevention and control are undertaken, especially in remote and inaccessible areas. Additional support is being provided through externally aided Global Fund project in these States.

A total of 25.2 million Long-lasting insecticidal nets (LLINs) have been distributed to the community residing in high malaria endemic areas (sub centres with Annual Parasite Incidence >1) in 2020-21. LLIN usage has been highly appreciated and accepted by the community at large, resulting in drastic decline in the incidence of malaria in the country. The malaria disease burden in India has declined by 84% (from 1.16 million to 0.18 million) and malaria deaths by 76% (from 384 to 93) in 2020 as compared to 2015. Among 177 tribal and Left Wing Extremist (LWE) districts, there has been 86.6% reduction in malaria morbidity and 83.4% reduction in malaria mortality in 2020 as compared to 2015.

For Kala-azar elimination, support by multilateral development partners is being provided in all four endemic States of Bihar, Jharkhand, Uttar Pradesh and West Bengal where too, there is a larger SC/ST population.

8.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT (NPCB&VI)

National Programme for Control of Blindness & Visual Impairment (NPCB&VI) is being implemented uniformly in all districts of the country. The benefits are meant for all including SC/ST population as per the approved schemes, Some initiatives are taken in NE States, Hilly States & difficult terrains which are tribal dominant like development of Mobile Ophthalmic Units for diagnosis and medical management of eye diseases, development of tele-ophthalmology units and involvement private practitioners in Sub -district, Block and Village level. However there is no separate budget allocation for SC/ST population under the Programme. Similarly, there is no separate budget allocation or facilities earmarked for SC/ST population under the National Programme for Health Care of Elderly (NPHCE).

8.8 AB- PMJAY REGARDING FACILITIES FOR SCHEDULED CASTES AND SCHEDULED TRIBES

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PM JAY) provides benefit coverage to poor and vulnerable population based upon the deprivation criteria specified in the SECC Database, 2011. The eligibility criteria is deprivation based and not income based. The Deprivation criteria adopted for rural region is as follows:

D1: Only one room with kucha walls and kucha roof

D2: No adult member between aged 16 to 59 years

D3: Female headed households with no adult male member between aged 16 to 59 years

D4: Disabled member and no able-bodied adult member

D5: SC/ST households

D6: Landless households deriving major part of their income from manual casual labour

The occupational criteria adopted for urban region is as follows:

1. Rag picker
2. Beggar

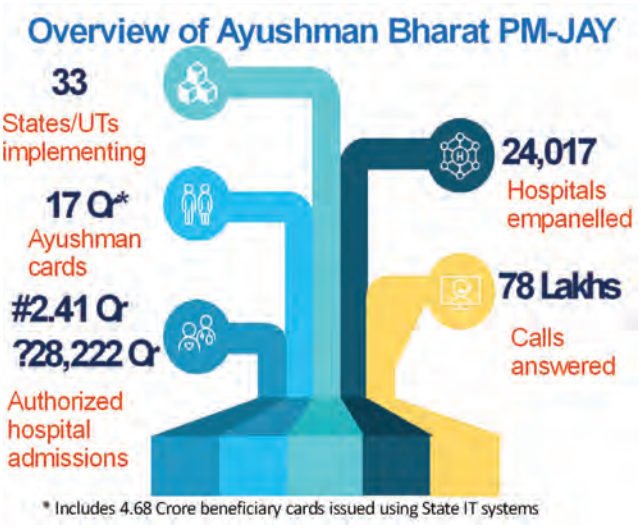
3. Domestic worker
4. Street vendor/ Cobbler/hawker / Other service provider working on streets
5. Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and other head-load worker
6. Sweeper/ Sanitation worker / Mali
7. Home-based worker/ Artisan/ Handicrafts worker / Tailor
8. Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller
9. Shop worker/ Assistant/ Peon in small establishment/ Helper/ Delivery assistant / Attendant/ Waiter
10. Electrician/ Mechanic/ Assembler/ Repair worker/ Washer-man/ Chowkidar

Salient Features of AB- PMJAY

- AB PM-JAY is the world's largest Government funded health insurance scheme
- AB PM-JAY is currently implemented in 33 State/UTs except West Bengal, Odisha and Delhi.
- AB PM-JAY provides health assurance of up to Rs.5 Lakhs per family per year for secondary and tertiary hospitalizations.
- AB PM-JAY is a completely cashless and paperless scheme.
- AB PM-JAY is completely funded by the Government and costs are shared between Central and State Governments in the ratio as per the extant directives issued by Ministry of Finance.
- As on 27th August 2021, a total of Rs. 8,651 Crores have been released by NHA as Central share of funds for the implementation of AB PM-JAY.

Beneficiary Identification under PMJAY

- Beneficiary families under AB PM-JAY have been identified from the Socio Economic Caste Census (SECC) of 2011 basis select deprivation and occupational criteria across rural and urban areas respectively.
- There is no cap of family size, or age or gender due to which there is strong gender equity
    - o *50% of approx. 11.7 Crore individuals, verified on PM-JAY IT system are women.*
    - o *Women account for 47% of total authorized hospital admissions*
- 33 implementing State/UTs have expanded beneficiary base from 8.9 Crore SECC families to 13.44 Crore families (65 Crore individuals).
- NHA has signed MOUs to issue Ayushman cards to SECC beneficiaries undergoing first-time verification, free of cost.
- NHA launched mission mode campaign "AapkeDwarAyushman"; Approx. 3 Crore beneficiaries verified in 2021 leveraging network of Panchayati Raj bodies, frontline workers, village level entrepreneurs and agents of CSC and UTIITSL respectively.



Coverage of SCs and STs in PM-JAY

Sl No	Parameter	All India Coverage	Scheduled Castes+	Scheduled Tribes+
1	No. of Ayushman cards generated	17.00 Crores*	1.22 Crores	0.78 Crores
2	No. of hospital admissions authorized	2.4 Crores	6.82 Lakhs	3.89 Lakhs
3	Value of hospital admissions authorized	Rs. 28,222 Crores	Rs. 768.67 Crores	Rs. 399.81 Crores

Note:-

+ (i) Figures provided above pertain to only Ayushman card holders verified from SECC database

+ (ii) Significant number of beneficiary cards have been issued by State / UTs using non-SECC data sources like NFSA data or other State level database; Caste-wise categorization of beneficiaries is not available with NHA for such State / UTs

** (i) Figure of 17.00 Crore Ayushman cards consists of 4.68 Crore beneficiary cards issued using State IT systems; Data from Andhra Pradesh and Rajasthan not included as beneficiary cards are issued in these States on family basis.*

8.9 BUDGET ALLOCATION

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2021-22 in respect of major health schemes/ programmes is given in the table below:

(Rs. In crores)

Sl. No.	Details of the Scheme	BE 2021-22	
		SCSP	TSP
A	**National Rural Health Mission**		
1	RCH Flexible Pool including Routine Immunization Programme, Pulse Polio Immunization Programme, National Iodine Deficiency Disorders Control Programme etc.(Support from National Investment Funds)	1331.05	644.82
2	Health System Strengthening under NRHM (PMSSN)	2480.87	1308.12
3	Ayushman Bharat- Health and Wellness Centres (PMSSN)	346.80	181.51
4	ASHA Benefits Pakages	182.84	92.24
5	Flexible Pool for Communicable Diseases	416.72	225.17
6	Flexible Pool for Non-Communicable Diseases, Injury and Trauma	148.68	75.92
7	Infrastructure Maintenance	1439.76	761.84
	Total - National Rural Health Mission	**6346.72**	**3289.62**
B	National Urban Health Mission		
1	Other Health System for activities covered under NUHM (NIF)	123.98	64.17

2	Ayushman Bharat-Health and Wellness Centres (NIF)	41.33	21.40
	Total- National Urban Health Mission	**165.31**	**85.57**
C	Strengthening of State Drug Regulatory System	36.50	18.88
D	Tertiary Care Programme		
1	National Mental Health Programme	4.75	3.25
2	Capacity Building for Trauma Centres	15.30	6.71
3	National Programme for prevention and control of Cancer, Diabetes, Cardio-vascular Disease and Stroke	37.95	21.94
	Total-Tertiary Care Programme	**58.00**	**31.90**
E	**Human Resources for Health and Medical Education**		
	Establishing of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (PMSSN)	998.78	509.97
	Total - Human Resources for Health and Medical Education	**998.78**	**509.97**
	Total- National Health Mission	7605.31	3935.94
F	Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)		
	Support from National Investment Fund (PMSSN)	1332.32	689.55
	Total-Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)	**1332.32**	**689.55**
	Grand Total	**8937.63**	**4625.49**

CHAPTER -

09

Activities in North East Region

9.1 INTRODUCTION

North Eastern Region (NER) has got a population of about 40 million in an area of about 410 hospitals Hectares.

Despite a few medical colleges in Assam, Manipur & Tripura, entire North East Region is facing acute shortage of both health infrastructure and manpower, more so in superspecialities, nursing and paramedics.

A separate North-East (NE) Division in the Department of Health & Family Welfare and a Regional Resource Centre (RRC) at Guwahati, Assam had been set up to provide capacity building support to the States in NE Region.

Launch of ICMR's drones response & outreach for North East (iDRONES) 4.10.2021

9.2 NATIONAL HEALTH MISSION IN NORTH-EAST STATES

Development of the NE States has been the Government of India's focus of attention given the difficult geography and socio-economic profiles of the eight States viz. Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The Regional Resource Centre for North East States at Guwahati, Assam was set up in 2005 to provide technical and managerial support to the NE States in planning, implementation, monitoring & supportive supervision of health programmes, capacity building and improved fund absorption under the umbrella of NHM.

Flexibilities have been provided under RCH and NRHM Flexi-pools to take care of the specific developmental requirements of the region while ensuring that national priorities are also kept in mind.

➢ **Special Provisions/Norms under NHM:** The NHM Implementation Framework has relaxed the norms for the NE States given the difficult geographical terrain and topography that marks the physical and economic scenario of the region.

- **Weightage for budgetary allocation under NHM for NE States:** There source allocation of funds under NHM-RCH Flexible Pool provides an additional weightage to the NE & Hilly States on account of socio-economic backwardness and health lag as compared to other States
- **Infrastructure Development:** 33% of Resource Envelope under NHM can be utilized for the development and strengthening of infrastructure in NE States which otherwise is 25% for non-high focus States.
- **Relaxed population norms for establishment of different health facilities:** For the CHCs it is one per 80,000 population against 1,20,000 in other States;for PHCs it is one per 20,000 population against 30,000 in other States; for SC it is one per 3,000 population against 5,000 in other States. A new norms of "time to care" for setting up of SC within 30 minutes by walk from a habitation has been adopted for hilly districts, taking into account the wide dispersal of population.
- **States are under NHM:** For NE and Hilly States, the fund sharing pattern under NHM is in the ratio of 90:10 between the Central and State Government which is 60:40 for rest of the States
- **Budgetary provisions:** All Ministries/ Departments are mandated to make provision of at least 10% of the Central Plan allocation for projects/schemes in the NE Region
- **ASHAs:** Accredited Social Health Activists may be selected for every village with a population of 1000. NE States have been given the flexibility to relax the population norms as well as the educational qualifications on a case-to-case basis, depending on the local conditions without compromising on quality through capacity building.

➢ **Achievements under NHM in respect of NE Region**

- **Health Facilities & Human Resources:** As per the Management Information System (MIS) Report for June 2021, 309 CHCs, 691 PHCs and 138 Centres working as First Referral Units (FRUs) were operationalised on 24x7 under NHM. The facilities under AYUSH are available in 387 Health Centres, including DHs, CHCs, other than CHC at or above Block level but below District level, PHCs and other health facilities above SCs but below Block level. Further, 171 Specialists, 1331 Medical Officers, 1498 Ayush Doctors, 4828 Paramedics, 7240 Staff Nurses and 7460 ANMs have been augmented under NHM. Additionally more than 59326 ASHAs have been selected under NHM.
- **Facility Based Newborn Care**: 59 Special New Born Care Units (SNCU), 258 New Born Stabilisation Units (NBSU) and 1780 New Born

Care Corners (NBCCs) were commissioned till 30.06.2021 to provide facility based care to sick children. The State of Assam has 8 PICUs and 12 HDUs.

- **Referral Mechanisms:** This facility is an integrated and comprehensive health care management in the States providing high-end ambulatory transportation for appropriate care in hospitals and Mobile Medical Units (MMUs) in remote areas. The system ensures provision of Quality Patient Transport Care within the shortest possible time and ensure access to the chain of services across the State with a proper management system. There are 179 MMUs, 1570 [384 are 102 type ambulances, 948are 108 type ambulances and 238 are other type ambulances] are operational in NE States. Apart from these, Assam has seven Boat ambulances to cover riverine areas and 235 Adarani vehicles for providing Drop Back Services to Janani Shishu Suraksha Karyakaram (JSSK) beneficiaries.

- **Comprehensive Primary Health Care**: NE States have initiated the upgrading ofexisting health facilities into Health & Wellness Centres (HWCs). As on 01.10.2021 a total of 2433 SHC-HWCs, 997 PHC-HWCs and 101 UPHC-HWCs have been made functional.

- **Boat Clinics as Floating Health & Wellness Centres:** Starting in the year 2008, Assam started the services 15 Boat Clinics (now16) that cater to the communities of 13 districts residing in remote riverine islands (char/saporis) along side the Brahmaputra river. These are now being envisaged to provide CPHC in riverine areas and are staffed by appropriate trained health care staff.

- **Bio- Medical Equipment Maintenance & Management Programme (BEMMP):** This program has been implemented in all eight NE States.

- **Free Diagnostic Services (Pathology**): This program has been implemented in Arunachal Pradesh, Assam, Manipur, Meghalaya and Tripura through a mixed in-house and outsourced model. On the other hand, in-house model has been adopted by Mizoram,Nagaland and Sikkim.

- **Free CT Scan Services**: This is being implemented under the support of NHM through PPP mode in Assam and Tripura.

- **Tele Radiology Services**: This function has been outsourced to private service providers through PPP mode in Assam, Meghalaya and Tripura.

- **Dialysis Services:** The PMNDP Services have been launched in 37 District Hospitals. Services are outsourced through PPP mode in Arunchal Pradesh, Assam andTripura. In the 16 District Hospitals of the remaining four States (other than Meghalaya), they are being implemented through an in-house mode.

9.3 NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES (NEIGRIHMS), SHILLONG, MEGHALAYA

NEIGRIHMS is a super specialty teaching Institute established in 1987 in Shillong under the Meghalaya Regulation of Societies Act 1983 with an objective to provide advanced and specialized medical facilities of the highest level in selected specialties, and to serve as a regional referral service centre for comprehensive health care of people in North Eastern States. It has been designed as a Postgraduate Medical Institute in the lineage of AIIMS, New Delhi and PGIMER, Chandigarh.

The Institute is presently having 28 fully functional departments and 594 bed capacity. It is offering super specialty services in Cardiology, CTVS, Neurology, Neurosurgery, Surgical Oncology and Urology, besides specialty services in General surgery, General Medicine, Paediatrics, Obstetrics & Gynaecology, ENT, Orthopaedics, Dentistry, Psychiatry, Radiotherapy, TB & Respiratory Diseases, Dermatology and Ophthalmology. These departments

are very well supported by the departments of Radiology, Anaesthesiology, Pathology, Microbiology, Forensic Medicine, Biochemistry, Anatomy, Community Medicine, Pharmacology, Hospital Administration and Physiology. It is well equipped with all basic as well as advanced equipment like CT scan, 1.5 Tesla MRI, Digital Mammography system, Fully automated High Vacuum Double Door Steam Sterilizer Unit and Washer Disinfector, etc.

The Institute is conducting both **Post-Graduate** and **Under Graduate** Courses in Medical Sciences.

➢ **Allocation of MBBS seats**

The Institute has started MBBS course from 2008-2009 with annual intake of 50 seats and is recognized by Medical Council of India / Govt. of India vide Notification dated 07.11.2013.The distribution of MBBS seats is as under:

S. No	Name of the State	Number of seats
1	Meghalaya	09
2	Nagaland	08
3	Arunachal Pradesh	04
4	Mizoram	03
5	Central Pool (15% of total seats)	08
6	Open for all NE states	18
	Total Seats	**50**

➢ **Post-Graduate, Post-Doctoral and Nursing seats:**

NEIGRIHMS started conducting Post-Graduate (PG) Courses since 2009 in 4 departments namely Anaesthesiology, Pathology, Microbiology and Obstetrics & Gynaecology. Increase of seats from existing 2 to 4 seats in the department of Anaesthesiology was from the session 2010 and started PG course in the department of Anatomy from 2013. PG Courses were started from the session 2013-14 in the 3 departments viz. Radio-dDiagnosis and Imaging and General Surgery and General Medicine. Increase of seats in the departments of Pathology and Microbiology was started from the session 2014. The Post Graduate (MD/MS) courses in the department of Oto-Rihno-Laryngology, Dermatology with annual intake of 2 seats each and MD Forensic Medicine with annual intake of 3 seats was started from the session 2019-2020.

Presently the PG courses in the departments of Microbiology, Pathology, Obst& Gynaecology, Radio-diagnosis and General Medicine along with the DM Cardiology course are recognized by MCI. For MD Anaesthesiology Course out of 4 seats, 2 seats were de-recognised and 2 seats are pending recognition and in MD Anatomy 2 seats are permitted.

The Institute has obtained the approval for starting of additional PG Courses in Ophthalmology, Pharmacology and Biochemistry from 2020-21 Session.

Post-Doctoral DM Cardiology Course was started from the session 2012-13 with an annual intake of 2 seats. Proposal submitted for starting DM (Neurology) and MS (Orthopaedics) courses.

The B.Sc Nursing programme, the first technical graduate programme in the state of Meghalaya with an Annual intake of 50 students, was started on July, 2006. It is affiliated to the Central University, North Eastern Hill University, Shillong.

The M. Sc. Nursing Course started from the session 2016 with annual intake of 10 students. Institute has 94 faculty for both Specialty and Super-specialty courses and 1137 Non-faculty staff including Group A, B and C officials.

➢ **Academic Achievements:**

- Till date 13 batches of MBBS students have been admitted and 9 batches passed out.
- Number of PG Students admitted is 169 and 118 PGs in various specialties have completed their course.

- Number of DM Cardiology admitted is 18 while 7 batches of DM (Cardiology) have completed the course, so far.
- NEIGRIHMS is conducting Weekly Clinical Grand Rounds & Mortality meetings.
- National and International Conferences, symposia, workshops, teleconferences and tele-medicine workshops are held in collaboration with other institutes in the country, involving various other funding agencies for research, especially ICMR, HRD, DST etc. It has been in the forefront with its research publications of appreciable impact on need-based, indigenous projects.

➢ **Creation of additional posts for MBBS Course, Nursing Courses and Cancer Centre:**

Post	Course/Centre/Department			
	MBBS	Nursing	Regional Cancer Centre	Department of Anaesthesiology
Faculty	81	Faculty and Tutor 16	Professor–10 Assoc.Professor-9 Asstt.Professor-22	Professor-3 Assoc.Professor-3 Asstt.Professor-9
Sr.Resident Doctors	25	-	25	15
Jr.Resident Doctors	22	-	20	-
Supporting Staff	193	-	697	-
Ancillary Posts	127	-		-
Admn.(Non-Teaching)	-	5		-

➢ **Management of The Institute**

The Institute is under the administrative control of the Ministry of Health & Family Welfare, Government of India. The Governing Council of the Institute is headed by the Union Health Minister as its President with 27 other members. The Executive Committee is chaired by the Secretary, Ministry of Health & Family Welfare, Government of India. The other committees have also been constituted such as Standing Finance Committee, Standing Selection Committees and Academic Committees etc.

➢ **Major High end equipment, instruments for hospital services and research:**

Major high- end equipment that has been in place for the hospital includes MRI-1.5 Tesla, CT Scan-128 Slice, Cath- lab, high end ultra sound machine, lithotripsy machine, high– end echocardiography machine, digital radiography fluoroscopy, color Doppler, ultrasound machines with 4 D and digital subtraction angiography, Stereotactic Navigational System for Neuro surgery, Trans Cranial Doppler, Holmium LASER, Virtual Dissection Table etc., besides Color Doppler/ USG with 4D, Digital Fluoroscopy, Digital Radiography 1000mA, Digital Radiography 800mA, Single Plane DSA, Trans Esophageal. Anesthesia Workstations with Electronic Charting & TCI, ECMO, Cavitron Ultrasonic Surgical Aspirator (CUSA) for the surgical patients in the General Surgery Department of the Hospital, Urodynamic System with accessories for the patients in the Urology Department, Microwave Equipment for Disinfectation of Bio- Medical Waste, Gas Manifold and Pipe Line System for smooth running of patient

care at the hospital, High End Ultrasound Machine for Department of Obstetrics & Gynaecology of the Institute.

In addition, Chemi-luminescence Immunoassay System in the department of Bio-Chemistry, 7 nos of ICU Ventilator with Humidifier, 2 nos of Air Decontamination Unit, 26 nos of high end ICU Beds in ICU. One set of Sialendoscopy, one set of High End Surgical Operating Microscope for the department of ENT. One set of Gas Chromatography Mass Spectrometry for the department of Forensic Medicine & Toxicology. Three nos of 4 -Body Mortuary Chamber, One set of Operative Hysteroscopy System with Complete Visualization Tower, one set of 4K Laparascopic System for Obstetrics & Gynaecology. One set of Mediastinoscopy Set with related Accessories for the department of Surgical Oncology and eight units of Diathermy Unit with Smoke Evacuator for the hospital.

➢ **Operation theatres:**

The Institute is presently running seven (7) Operation Theatres (OTs) and on approval of Ministry of Health & Family Welfare construction of additional eight (8) high-end modular operation theatres with integration in five (5) OT's are in progress and shall be completed as per schedule.

➢ **Outsourced Services:**

Institute has outsourced manpower services; cleaning services; security services and vehicles for additional support in its hospital clinical services, academic and research activities.

➢ **Hospital Statistics during the year**

Patients availing OPD & IPD services		Operation Conducted		Patient availing OPD, IPD services from Meghalaya		Patient from N.E.India excluding Meghalaya		Patient from outside the country	
OPD	IPD	Major	Minor	OPD	IPD	OPD	IPD	OPD	IPD
105443	7248	1351	610	89848	5745	25114	1463	1522	40

Investigations and Diagnostic Procedures:

Pathology	Microbiology	Biochemistry	Radiology
365247	288340	561751	47825

Procedures

General Medicine	ENT	Dermatology	Neurology	Urology
8367	739	277	578	1087

Orthopaedics	Gynaecology	Cardiology	CTVS	Blood Bank
674	2429	15069	108	3170

➢ Major Expansion Projects of NEIGRIHMS

S. No.	Building Name	Physical Progress (% Completed)	Financial Progress (in Crores)	Actual Date of Start of works	Tentative Date of Completion
1	UG Medical College – 90 Crs	80%	57.00	24.03.2017	December 2021
2	Regional Cancer Center – 104 Crs.	65%	53.00	24.03.2017	March 2022
3	Nursing College & Hostels – 64 Crs	99%	62.00	24.03.2017	December 2021
4	Guest House – 7 Crs	100%	7.00	24.03.2017	Completed
5	UG Hostel – 52 Crs	75%	43.00	24.03.2017	December 2021
6	Ancillary developer – 34 Crs	50%	18.00	24.03.2017	December 2021

➢ Grant-in-aid and Budget

Besides receiving grants-in-aid from the Ministry the Institute receives grants for implementation of various projects such as GFATM, Cancer Atlas and other research projects from ICMR, DBT etc. and grants from schemes like RANS, JSY etc.

Budget Estimate for 2021-22	Allocation for 2021-22	Funds Released by MoHFW as on November 2021
350.00 Crs.	350.00 Crs	213.00 Crs.

➢ Acquiring adjacent land for future expansion:

The 39th Standing Finance Committee (SFC) held on 31.08.2017 considered a proposal for acquiring the new land adjacent to the Institute for future expansion. This land measured around 80949.36 sqms (20 acres) and was located within 2 kms from the main campus at an estimated cost of Rs.34,83,71,054.00 as per an assessment carried out by the Revenue Department, Government of Meghalaya for construction of additional dwelling units. These units were envisaged for faculty, employees, Resident Doctors, Postgraduate and non-postgraduate residents, with facilities like shopping complexes, public amenities etc.

MoHFW conveyed the administrative approval of the Competent Authority for acquisition of 20 acres of land at a total cost of Rs.34,83,71,054.00. The Deputy Commissioner, East Khasi Hills District, Shillong issued a Notification dated 07.06.2019 for acquisition of the additional land.

A Joint inspection between Megistrates and Officers from the o/o Deputy Commissioner's office, local durbar, land owners and NEIGRIHMS was held on 09.07.2019. Further, the demarcation of land is scheduled on 27.09.2019. The Deputy Commissioner, Revenue formally handed over the land to the Institute on 23.11.2020.

➢ Future Plans:

In the next phase, plans are on the anvil for developing a Regional Trauma Centre, creating an additional 500 beds, setting up a Dental College, offering paramedical college and courses, coming up with Dharamshalas; constructing additional quarters for faculty & non-faculty having a school and a crèche for children of the faculty and staff, having an Air Ambulance and building additional dwelling units for faculty, Group A, Group B, Group C, RMO Hostels for Sr. Resident Doctors and Jr. Resident Doctors.

9.4 REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL MANIPUR

Regional Institute of Medical Sciences was set up in 1972 and has been functioning under the Ministry of Health and Family welfare since 1st April, 2007. RIMS is an Institute of regional importance catering to the needs of the North Eastern Region in the field of medical education by providing undergraduate and post-graduate courses. RIMS is a 1,200 bedded teaching Hospital equipped with modern state of the art equipment and teaching facilities. The Hospital provides services to a large number of patients both out-door as well as indoor patients and admit over forty thousand patients in a year. The institute has so far produced 3560 medical graduates and 1988 specialists.

The courses being run along with intake capacity in the institute are as follows:

S. No.	Name of Course	Number of seats	Quotas
1	MBBS	125 seats per annum	15% All India Quota
2	MD/MS/DCP	148 seats per annum	50% All India Quota
3	M. Ch./D.M.	05 seats per annum	100% All India Quota
4	M. Phil.	06 seats per annum	Open Beneficiary States of RIMS
5	B. Sc. Nursing	50 seats per annum	All Beneficiary States of RIMS
6	BDS	50 seats per annum	15% All India Quota
7	BASLP	10 seats per annum	All Beneficiary States of RIMS
8	M.Sc. (Nursing)	8 seats per annum	All Beneficiary States of RIMS& 1 seat earmarked for children of RIMS employees

➢ **Allocation of Seats for undergraduate courses:**

The number of annual admissions to MBBS course is 125 students. The detail of these seats is as under:-

S. No.	Name of State	MBBS	BDS	B.Sc. Nursing
1	All India Quota	19	7	-
2	Arunachal Pradesh	7	4	5
3	Meghalaya	13	7	5
4	Mizoram	7	4	5
5	Manipur	30	13	20*
6	Sikkim	5	3	5
7	Tripura	13	7	5
8	Nagaland	10	5	5
9.	NE Open- All Beneficiary states of RIMS (except Assam)	10	-	-
10.	EWS	11	-	-
Grand Total		**125**	**50**	**50**

** including 4 seats earmarked for children of RIMS employees.*

➢ **Distribution of P.G. seats : 50% (73-74) seat distribution of Beneficiary States of RIMS,**

Course	State	No. of seats		
		Sponsored	Open	Total seats
Postgraduate (MD/MS/ DCP)	Arunachal Pradesh	8	2	10
	Manipur	8	2	10
	Meghalaya	8	2	10
	Mizoram	7	2	9
	Nagaland	7	2	9
	Sikkim	7	2	9
	Tripura	8	2	10
	RIMS AIQ Graduate		2	2
	NON-RIMS Graduates of beneficiary States (except Assam)		5	5
	TOTAL			**74**

➢ **Academic Achievements**

The objective of this premier institute is to impart quality medical education and has produced a number of medical doctors/specialists and health care providers. On the basis of the record maintained by the institute number of the students passed out so far as on 31.10.2021 is as under:

a) Total no. of MBBS doctors passed out - 3560

b) Total no. of MD/MS/DCP passed out - 1968

c) Total no, of M.Ch. students passed out - 20

d) Total no. of M.Phil. (Clinical psychology) - 67

e) Total no. of B.Sc. (Nursing) Passed out - 282

f) Total no. f B.D.S. passed out - 143

➢ **Management of The Institute**

The Institute and its teaching hospital is under the administrative control of the Director, RIMS, Imphal. The Board of Governors of the Institute is headed by the Union Health Minister as its President.

The Executive Council is chaired by the Secretary, Ministry of Health & Family Welfare, Govt. of India. The other committees have also been constituted such as Standing Finance Committee, Academic Sub-Committee etc.

The Medical Superintendent is the overall in-charge of the hospital, who looks after the day to day functioning of the hospital. The functioning of the different departments is directly under the respective heads of department. Key areas such as the Casualty, CSSD, Stores, Hospital Waste Management, etc are looked after by designated officers (medical doctors) under the supervision of the Medical Superintendent.

➢ **Staff Strength in RIMS**

Sanctioned Posts	Filled
1936	1437

➢ **Newly Procured Equipment/Instruments**

The list of newly procured major equipment for RIMS Imphal for the year 2020-2021(as on 30th Oct., 2021) are as follows:-

i. 64 Slice CT Scan Machine.
ii. 32 Slice CT Scan Machine.
iii. PSA Plant 200 D-type Cylinder.
iv. 3 Nos. of Dialysis Machine.
v. 60 Nos. of Oxygen Concentrator.
vi. 4 Nos. of Modular OT.
vii. 2 Nos. of LMO tank 10000 KL Capacity
viii. 850 Nos. of D-type Cylinder
ix. 500 KVA DG Set
x. -80 Deep freezer
xi. 1 set of Conventional Radiotherapy Simulator
xii. 1 set of 8 channel EMG/NCS/EP system
xiii. 2 set of 64 channel video EEG machine.

➢ **Other Achievements**

1. The number of MBBS seats at RIMS, Imphal increased from 100 to 125 per annum. Out of the 25 seats increased 11, 10 and 4 seats are reserved for Economically Weaker Section (EWS), NE open and All India Quota (AIQ) respectively.
2. Super-specialty DM (Nephrology) course has been started from the academic session 2019-20 with an intake of 2 seats annually.
3. MD COUSE in Sports Medicine has been started from the academic session 2020-2021 with of 1 seat annually.
4. M.Sc Nursing course started in the College of Nursing, RIMS, Imphal from the academic session 2019 with an intake of 8 seats annually.
5. 51 numbers of beds have been increased in the Radiotherapy Ward.
6. 31st meeting of the Standing Finance Committee (SFC) of RIMS, Imphal was held on 8th May, 2019 at RIMS, Imphal under the Chairmanship of Dr. D. S. Gangwar, IAS, Additional Secretary and Financial Advisor, Ministry of Health & Family Welfare, Govt. of India
7. 48th meeting of the Executive Council (EC), Society of RIMS, Imphal was held on 15th May, 2019 under the Chairpersonship of Secretary (H&FW) at Nirman Bhawan, Ministry of Health & Family Welfare, Govt. of India
8. 13th meeting of Board of Governors, RIMS, Imphal chaired by the Hon'ble Union Minister, Ministry of Health & Family Welfare, Govt. of India, Dr. Harsh Vardhan was held on 14th Sept., 2019 at RIMS, Imphal.
9. Level 1 Trauma Centre at RIMS, Imphal was inaugurated during the year under report.
10. 2 Separate OTs for Obstetrics and Gynaecology Department was commissioned and became functional during the year under report.
11. New Dialysis Centre with 10 new Haemodialysis Machines was inaugurated and became functional.
12. The institute hospital has witnessed heightened activity during the year under report. The OPD attendance increased to7.80 lakh patients. 1.44 lakh patients were treated in the Casualty. Number of in-patients admitted was 0.99 lakh. The increased hospital footfall may be because of many diagnostic tests made available free of cost, implementation of CMHT, PMJAY, increased health consciousness & awareness of the populace. Number of tests and investigations have also increased greatly. In Biochemistry Department 8.65 lakh investigations were done. In the Radiodiagnosis Department nearly14,000 CT Scans and more than 1 lakh X-Rays were done. Similarly, investigations in the Microbiology and Pathology Department increased significantly.
13. Inauguration of New MRI Block with 3-Tesla MRI Machine, New PG Ladies Hostel- 100 Capacity (G+3), New Neuro ICU Block and College of Nursing New Block by Hon'ble Union Minister of H&FW GoI.

➢ **Awards**

1. Regional Institute of Medical Sciences (RIMS), Imphal is the only Medical College in the entire North East to figure amongst the top 40 Medical Institutions of India for the year 2020.

RIMS is in the 28th Position in NIRF ranking 2019, released by the Ministry of Human Resource Development, Government of India.

2. RIMS, Hospital, Imphal was recognized as the best performance Hospital in PMJAY service in the state (2019-20) for which a Certificate of appreciation was also issued by the State Health Agency, Manipur.

3. RIMS in Top 50 Best Medical Institute in India. - RIMS, Imphal is the only Medical Institute from entire North-East to figure among Top 50 Medical Institute of India in last 3 consecutive NIRF Ranking.

➢ **BUDGET**

(Rs. in crore)

Sl. No.	Financial Year	Allocation BE	Release 2020-2021
1	2020-21	437.32	421.60

9.5 REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCE (RIPANS), AIZAWL, MIZORAM

Regional Institute of Paramedical and Nursing Science (RIPANS), Aizawl was set up by the Ministry of Home Affairs, Government of India in 1995-96 to provide Nursing, Pharmacy and Paramedical education to the people of North East including Sikkim and to maintain the pace of Nursing education and Nursing services with other developments in medical and technological services. The institute was transferred to Ministry of Health and Family Welfare w.e.f. 01.04.2007.

➢ **At present, the institute is conducting the following Courses:**

S. No.	Name of Course	Duration
1.	B.Sc.Nursing	4 years
2.	B.Sc. MLT (Medical) Laboratory Technology	4 years
3.	B. Pharm	4 years
4.	B.Sc.RIT (Radio Imaging Technology)	4 years
5.	B.Optom (Optometry)	4 years
6.	M.Pharm	2 years
7.	M.Sc MLT	2 years

➢ **Achievements during the year 2020-21 & 2021-2022 (UPTO November, 2021):**

Total strength of students in various Courses, students newly admitted and number of passed out students is shown as under:

Sl. No.	Name of Course	Total strength of students	No. of students newly admitted in 2020-21	No. of students passed out in 2020
1.	B.Sc. Nursing	181	40	35
2.	B.Sc. MLT (Medical Laboratory Technology)	151	35	39
3.	B. Pharm	180	39	24
4.	B.Sc. RIT (Radio Imaging Technology)	151	34	24
5.	B. Optom (Optometry)	159	30	34
6.	M. Pharm	36	20	16
7	M.Sc MLT	8	8	Nil
	Total	**866**	**206**	**172**

About 99% of passed out students are getting placement in various Central/State Government Institutes/Departments and private establishments such as CSIR Laboratories, AIIMS, Safdurjang Hospital, NEIGRIHMS, RIMS, NIPER, GNRC, AMRI Hospital, Apollo Hospitals, Birla Heart Institute, Fortis Hospital, TATA Hospital, NIT, Mizoram University, Assam Downtown University, Assam Technical University, NATCO Pharma Ltd., Torrent Pharmaceuticals Ltd., CIPLA, etc. and abroad such as Australia, USA, Canada, Ireland, England, Norway, Singapore etc.

In addition, many students qualified for the All India GPAT examination conducted by National Testing Agency (NTA)

Classrooms have been upgraded and equipped with latest technology for conducting online class room teaching and online examinations. This has been achieved by using the existing resources and manpower without engaging private agencies.

The new course of M.Sc MLT was started w.e.f. 13th September, 2021.

➢ **Project of Development of RIPANS:**

- Approval for the Project of Development of RIPANS at an estimated cost of Rs. 480.12 crores was conveyed by the Ministry on 27.02.2019.
- E-Tender for Civil Works of the Project of Development of RIPANS was published on 01.09.2019 (amounting to Rs.229.46 crores).
- Approval to award the work to the lowest bidder was conveyed by the Ministry on 04.01.2021.
- The main components of the project are as under:

I. Construction of-

(i) 100 bedded Hospital

(ii) Medical Superintendent's Quarter

(iii) Resident Doctor's Quarter

(iv) Staff/Nurse Quarters

(v) Academic Block-IV

(vi) Guest House

(vii) General Hostel Block

(viii) Indoor Sports Complex and Auditorium

II. Opening of 7 new Courses

III. Creation of 154 posts.

1. **Financial Position during the year 2020-21:**

(Rs. In Crores)

S. N.	Particulars	B.E.	Unspent Balance of the previous year	Amount released by the Ministry	Internal Resources Generated	Expenditure as on 31.03.2021	Unspent balance as on 31.03.2021
1	GIA General	14.00	2.68	14.00	-	8.90	7.78
2	Grants for Creation of Capital Assets	9.46	0.0064	17.00	-	16.91	.091
3	GIA Salaries	12.00	2.65	12.00	0.54	10.08	5.12
	Total	**35.46**	**5.34**	**43.00**	**0.54**	**35.89**	**12.99**

2. **Financial Position during the year 2021-22 (upto 25.11.2021):**

(Rs. in Crores)

S. N.	Particulars	B.E.	Unspent Balance of the previous year	Amount released by the Ministry	Internal Resources Generated	Expenditure as on 25.11.2021	Unspent balance as on 25.11.2021
1	GIA General	16.50	7.78	3.00	-	6.48	4.30
2	Grants for Creation of Capital Assets	58.87	0.91	47.71	-	35.82	11.98
3	GIA Salaries	13.50	5.12	6.00	0.31	7.13	4.30
	Total	**88.87**	**12.99**	**56.71**	0.31	**49.43**	**20.58**

9.6 LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH), TEZPUR, ASSAM

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur (Assam), is a premier Mental Health Institute in India. It is one of the oldest Institutes of the country. It was established in Sonitpur district of Assam in 1876. The Institute was taken over by the Government of India in 1999 from the Government of Assam. LGBRIMH has received wide recognition for providing mental health services to meet the needs of quality mental health care, especially in the North-Eastern Region. During the year 2021-22, till September, 2021, a total number of 31,707 patients were registered in the Institute out of which 5,973 were new cases and 25,734 were old cases. During the period, the Institute witnessed 632 admissions and 639 discharges in the IPD out of which 450 and 461 were new cases and 182 and 178 were old cases respectively.

During the year 2021-22, till September, 2021, a total number of 97729 diagnostic test were conducted in Central Laboratory. In Rehabilitation Services total number of patients attended Physiotherapy Services were 1444; Vocational Therapy sessions were 402 and Speech Therapy sessions were 170. During the year 2021-22, till September, 2021 a total 17 participants are enrolled in certificate course title Youth Mental Health & Peer Counseling for Psychologists and 32 in Basic Course on Mental Health for Social Work.

A Department of Addiction Medicine was established on 1st of June, 2021. The department offers both IPD and OPD services. There is a 24 bedded in-patients ward. The outpatient service is functional 4 days a week was initiated. The department also has two special clinics namely Behavioral Addiction Clinic and Tobacco Cessation Clinic. The department has Psychiatrists, Clinical Psychologists, Psychiatric Social Workers and Psychiatric Nurses. Department of Geriatric Mental Health became operational from the 1st of September 2021. This too has a 24 bedded in-Patient facility with 4 days a week outpatient services.

9.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCBVI)

National Programme for Control of Blindness was launched in the year 1976. Primary and secondary eye care services under the programme are provided within the NHM framework with 60:40 cost sharing between Centre and State (90:10 in NE States and other hilly

States). Under the National Health Policy (NHP), the target is to reduce the prevalence of blindness to 0.25% by 2025. The National Blindness Survey (2015-19) has shown reduction in the prevalence of blindness from 1% (2007) to 0.36% (2019).

The programme is being implemented in a decentralized manner through respective State/District Health Societies. Benefits of the scheme are meant for all needy population including tribal population. NE States including Sikkim being tribal predominant and having peculiar geographical conditions and inadequate eye-care infrastructure, is a priority area under NPCB. With the aim to improve eye-care services in these states, following new initiatives have been introduced under NPCB:

1. Assistance for construction of dedicated Eye Wards & Eye OTs in District Hospitals.
2. Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) in States on contractual basis.
3. In addition to Cataract, provision of Grant-in-aid to NGOs for management of other Eye diseases other than Cataract like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreo-retinal Surgery, Treatment of childhood blindness etc.
4. Development of Mobile Ophthalmic Units in NE States, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
5. Involvement of Private Practitioners in Sub District, Block and Village level.

Achievement of cataract surgeries and distribution of Spectacles to School Children in NE States including Sikkim during the 2020-21 and 2021-22 is as under:

S. No.	State	Cataract Surgery		Distribution of Spectacles to School Children	
		2020-21	2021-22*	2020-21	2021-22*
1	Arunachal Pradesh	1043	1087	83	116
2	Assam	37738	9311	5621	985
3	Manipur	855	235	0	2
4	Meghalaya	1616	0	215	0
5	Mizoram	1806	291	4246	139
6	Nagaland	652	181	167	19
7	Sikkim	146	74	0	0
8	Tripura	5637	1322	157	0
	TOTAL	49493	12501	10489	1261

Progress report for the year 2021-22 is upto August, 2021

9.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

The North-Eastern region is prone to Malaria transmission mainly due to

- Topography and climatic conditions that largely facilitate perennial malaria transmission
- Prevalence of highly efficient malaria vectors
- Pre-dominance of Pf as well as prevalence of Chloroquine resistant to Pf -malaria

➢ **Malaria**

The North-Eastern States viz. Arunachal Pradesh, Assam, Meghalaya, Mizoram, Manipur, Nagaland and Tripura together contribute about 4% of the country's population. In 2021 (provisional till August), there is reduction of 28.1% in Malaria cases, 31.1% in Pf cases and 28.6% in deaths compared to 2020. The epidemiological and malaria-metric indices are given below:

Malaria Situation in the NE States during 1996-2021

Year	Cases (in million)		API	Deaths
		Total	Pf.	
1996	3.04	0.14	87.37	142
1997	0.23	0.12	6.51	93
1998	0.19	0.09	5.12	100
1999	0.24	0.13	6.40	221
2000	0.17	0.08	4.49	93
2001	0.21	0.11	5.29	211
2002	0.18	0.09	4.59	162
2003	0.16	0.08	3.93	169
2004	0.14	0.08	3.36	180
2005	0.15	0.09	3.65	251
2006	0.24	0.15	5.69	901
2007	0.19	0.13	4.60	581
2008	0.19	0.13	4.39	349
2009	0.23	0.18	5.21	487
2010	0.17	0.13	3.82	290
2011	0.11	0.09	2.49	162
2012	0.08	0.06	1.80	113
2013	0.07	0.06	1.53	119
2014	0.14	0.12	2.86	222
2015	0.13	0.11	2.74	135
2016	0.07	0.05	1.36	76
2017	0.04	0.03	0.75	23
2018	0.03	0.03	0.58	24
2019	0.02	0.02	0.51	17
2020	0.01	0.01	1.13	16
2021*	0.00	0.00	—	2

* till July, 2021

State-wise situation of Malaria in NE States 2020

SN	STATE/ U.T	Pop. (in 000's)	B.S.E.+ RDT	P.f. Cases	Total Malaria Cases	Pf%	ABER (%)	API	SPR (%)	AFI	SFR (%)	Deaths
1	Arunachal Pradesh	1656	108749	7	33	21.21	6.57	0.02	0.06	0.00	0.01	0
2	Assam	33686	3246745	266	484	54.96	9.64	0.01	0.03	0.01	0.02	2
3	Manipur	2838	192060	21	36	58.33	6.77	0.01	0.07	0.01	0.04	2
4	Meghalaya	3650	394213	1766	2018	87.51	10.80	0.55	1.05	0.48	0.92	4
5	Mizoram	1210	392300	6492	7781	83.43	24.16	6.43	8.44	5.37	7.04	6
6	Nagaland	1979	139909	10	12	83.33	7.07	0.01	0.02	0.01	0.01	0
7	Tripura	3933	667137	3100	3395	91.31	16.96	0.86	0.86	0.79	0.79	2
	Grand Total	**48952**	**5141113**	**11662**	**13759**	**84.7**	**11.71**	**1.13**	**1.50**	**0.95**	**1.26**	**16**
	India Total	1349006	97177024	119088	186532	63.02	7.08	0.14	0.25	0.09	0.16	93

State-wise situation of Malaria in NE States 2021*

SN	State/U.T	Pop. (in 000's)	B.S.E.	PF Cases	Total Malaria Cases	PF%	SPR (%)	SFR (%)	Deaths
1	Arunachal Pradesh	1656	26444	1	4	25	0.02	0.00	0
2	Assam	33686	1178385	23	62	37.10	0.01	0.00	0
3	Manipur	2838	14491	6	10	60	0.07	0.00	0
4	Meghalaya	3650	208667	171	209	81.81	0.10	0.08	1
5	Mizoram	1210	162829	2198	2859	76.88	1.76	1.35	0
6	Nagaland	1979	41602	2	6	33.34	0.01	0.00	0
7	Tripura	3933	297760	2942	3260	90.25	1.09	0.99	1
	Grand Total	48952	1930178	5343	6410	57.76	0.43	0.00	2
	India Total	1349006	57535236	44391	64520	68.80	0.11	0.08	35

The table shows that Mizoram and Tripura are having API more than 1 in the current year.

GFATM project supported activities are 100% centrally assisted for programme implementation with no financial obligations on States/Centre. Under the project (April 2021 to March 2024) additional support is being planned for 7 NE States, Chhattisgarh, Jharkhand and Odisha.

The additional support under Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) is provided to all the 155 districts of 10 States (7 NE States, Odisha, Chhattisgarh and Jharkhand) for implementation of the Global Fund supported "Intensified Malaria Elimination Project" for the grant period, January 2018-March 2021.To strengthen the surveillance and proper implementation of anti-malaria interventions in difficult areas in high endemic districts of Mizoram and Meghalaya, 2 NGO Sub recipients (SRs) are included.

Goal: To reduce malaria morbidity at least 50% and mortality by at least 75% in project areas by 2023 compared to baseline 2018

Objectives:

a) Achieve near universal coverage of population at risk of malaria with an appropriate vector control intervention (LLIN).

b) Achieve universal coverage of case detection and treatment services (in project areas) to ensure 100% parasitological diagnosis of suspected malaria cases and complete treatment of all confirmed cases.

c) Strengthen the surveillance to detect, notify, investigate, classify and respond to all cases and foci in all districts (in project areas) to move towards malaria elimination.

d) Achieve near universal coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behavior regarding effective preventive and curative interventions.

e) Ensure effective programme management and coordination to deliver a combination of interventions for malaria elimination.

For strengthening early case detection and complete treatment at community level, ASHAs have been trained and involved in high malaria endemic areas along with Fever Treatment Depots (FTDs) and Malaria clinics. This is in addition to the treatment facilities available at the health.

➢ **Japanese Encephalitis**

Japanese Encephalitis is endemic in all North-Eastern States except in Mizoram and Sikkim. The details of AES/ JE cases are as follows:

Sl. No	Affected States	2020				2021 (19.9.2021)			
		AES		JE		AES		JE	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	595	96	320	51	417	77	212	38
2	Manipur	29	4	29	4	20	0	7	0
3	Nagaland	5	0	0	0	8	0	0	0
4	Arunachal Pradesh	43	0	0	0	0	0	0	0
5	Meghalaya	230	1	38	1	38	1	2	1
6	Tripura	244	0	19	0	109	0	21	0

For Control of JE. Govt. of India has established 40 Sentinel Surveillance Hospitals in North- Eastern States of India for diagnosis of J.E. cases, of which 28 Sentinel sites in Assam, 5 in Meghalaya, 2 each in Arunachal Pradesh and Manipur and 1 each in Nagaland, Mizoram and Tripura. 1 Apex Referral laboratory at Regional Medical Research Centre (ICMR) at Dibrugarh, Assam has also been established.

Total 76 districts have been identified under J.E. vaccination programme in children aged 1-15 yrs. in these States. 76 districts have been covered under JE vaccination campaign: 33 districts in Assam, 4 in Arunachal Pradesh, 13 in Manipur, 8 in Tripura, 7 in Nagaland and 11 in Meghalaya. In addition, adult (>15-65 yrs) JE vaccination has been completed in 18 districts of Assam.

➢ **Dengue**:

In recent past Dengue has spread to various parts of NE States. The State-wise details of Dengue cases from 2020 to 2021 (Provisional till 30th September) are as follows:

Sl. No.	Affected States	2020		2021 (Prov. till 30th September)	
		Cases	Deaths	Cases	Deaths
1	Assam	33	0	32	0
2	Arunachal Pradesh	925	0	2463	0
3	Manipur	37	0	4	0
4	Meghalaya	4	0	11	0
5	Mizoram	67	0	10	0
6	Nagaland	1	0	0	0
7	Sikkim	11	0	131	0
8	Tripura	24	0	14	0

➢ **Chikungunya**:

The clinically suspected Chikungunya cases reported from Assam, Arunachal Pradesh, Meghalaya, Manipur, Mizoram and Sikkim from 2020 to 2021 (Prov. till 30th September) are asfollows:

Sl. No.	Affected States	2020	2021 (Provisional till 30th September)
1	Assam	0	2
2	Arunachal Pradesh	0	0
3	Manipur	0	0
4	Meghalaya	3	0
5	Mizoram	0	0
6	Sikkim	253	157

➢ **Lymphatic Filariasis**:

Lymphatic Filariasis is endemic in 7 districts of Assam, whereas other States in NE region are non-endemic for Filaria. These 7 districts of Assam were covered under the strategy of Annual Mass Drug Administration (MDA) of Di-ethyl-carbamazine citrate (DEC) since 2004. However, since 2009, Albendazole was co-administered with DEC. All these 7 endemic districts of Assam have successfully completed 1st Transmission Assessment Survey (TAS) and stopped MDA. Out of these 7 districts, 6 have successfully cleared 2nd TAS also and are due to conduct TAS 3 this year. Dibrugarh district had failed in 2nd TAS during 2018 and had to undertake two rounds of MDA; last round was done in the district in December2020.

9.9 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)

The National Iodine Deficiency Disorders Control Programme (NIDDCP) is being implemented in all the North Eastern States. State level IDD Control Cell and IDD Monitoring Laboratory have been set up in

each of the NE States. NE States have been conducting laboratory monitoring of salt and urine to estimate iodine content and urinary iodine excretion (UIE) and also quality of iodated salt at household/ community level. In the NE States during FY 2020-21, salt and urine samples test results showed that 95% salt samples were found to be conforming to the standard (iodine content > 15 ppm), 98% children tested having optimal iodine i.e. urinary Iodine above 100 µg/L (cut off level for urinary iodine being >100 µg/L) and the presence of Iodine (adequate) in iodated salt at community/household level was found in 98% samples tested. The test results of FY 2021-22 (upto December, 2021) have indicated 98% salt samples were up to the standard (iodine content > 15 ppm), 98% children were having optimal iodine i.e urinary Iodine above 100 µg/L and the presence of Iodine (adequate) in iodated salt at community/household level was 99%.

9.10. DEVELOPMENT OF MEDICAL EDUCATION IN NORTH EAST

Under the CSS for establishment of new medical colleges attached with existing district/referral hospitals, the details of districts selected and fund released is as under:-

S.No.	State	Districts	Funds released
		PHASE-I	
1.	Arunachal Pradesh	Naharlagun	Rs.170.10 crore
2.	Assam	Dhubri	Rs.680.40 crore
		Nagaon	
		North Lakhimpur	
		Diphu	
3.	Mizoram	Falkawn	Rs.170.10 crore
4.	Nagaland	Kohima	Rs.170.10 crore
5.	Meghalaya	West Garo Hills (Tura)	Rs.170.10 crore
		PHASE-II	
1.	Sikkim	Gangtok	Rs.225.00 crore
		PHASE-III	
1.	Assam	Kokrajhar	Rs.242.50 crore
2.	Manipur	Churachandpur	Rs.242.50 crore
3.	Nagaland	Mon	Rs.242.50 crore

9.11 DEVELOPMENT OF NURSING SERVICES IN NORTH EAST

An amount of Rs. 15,99,500/- has been released under the Scheme of Development of Nursing Services for the year 2021-22 for Training of Nurses for conducting seven (07) short term courses for nursing personnel to Manipur Nursing Council, Manipur.

9.12 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)

In order to address the gaps in the food safety eco-system of States/UTs and to promote the culture of safe and wholesome food through pooling of technical knowledge and best practices, as a shared responsibility, a scheme was introduced in 2020-21

whereby funds are released upon signing of Memorandum of Understanding (MoU) between FSSAI and States/UTs for undertaking specific activities aimed at strengthening of enforcement and compliance system; strengthening of food testing system and implementation of various initiatives under the Eat Right India movement in a focused manner and undertaking any other matter consequential to ensuring food safety. Under the MoU framework, funds (1st tranche) has been released during 2021-22 to North Eastern States as under:

1) Andaman & Nicobar Islands - Rs. 83.89 lakhs
2) Manipur - Rs. 81.53 lakhs
3) Tripura - Rs. 27.47 lakhs.

Under the Sample Management System being implemented across the country under which cold chain facilities for storage and transportation of food samples are being provided to States/UTs , 5 Compact Cabinets (Sikkim-4, Mizoram- 1), 5 Vehicle Mounted Mobile Freezer Boxes (Sikkim-4, Mizoram-1), 9 Portable Chill Boxes (Sikkim-4, Mizoram-5) and 9 Backpack style Bags (Sikkim-4 , Mizoram-5) have been provided for being used by FSOs/DOs for management of samples.

➢ **Physical Progress of North East Region:**

(As per Progress Report- April to June, 2021)

S. No.	Name of the States		Operational			Lab services	CHCs in Sanctioned	Operational Biweekly OPD Clinic	PHCs Sanctioned	Operational Weekly OPD Clinic
		Districts Sanctioned	OPD Clinic	In-door wards	Physio Unit					
1	Arunachal Pradesh	25	20	20	20	20	0	0	0	0
2	Assam	33	27	27	14	27	192	107	946	346
3	Manipur	16	7	7	7	7	18	2	85	0
4	Meghayalaya	11	8	8	8	8	28	28	113	113
5	Mizoram	9	9	9	9	9	0	0	0	0
6	Nagaland	11	11	0	0	0	0	0	0	0
7	Sikkim	4	4	4	4	4	2	0	24	0
8	Tripura	8	7	7	7	7	22	22	113	113
	Total	117	93	82	69	82	262	159	1281	572

9.13 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF)

In the North Eastern Region, National Programme for Prevention and Control of Flourosis (NPPCF) is implemented only in the State of Assam in 7 districts i.e. Nagaon, Kamrup, Karbi Anglong, Dhubri, Nalbari, Karimganj and Udalguri.

The sanctioned contractual staff i.e. District Consultant engaged in all districts except Dhubri, Nalbari and Karimganj. Fluorosis Laboratory established along with Ion meters in all the 7 districts and Lab Technicians are in position in all 7 districts. NPPCF is being implemented as per programme objectives and strategies.

9.14 NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY (NPHCE):

In the North-Eastern Region, the NPHCE programme activities have been sanctioned in 117 districts of 08 North-eastern States. The status of the NPHCE activities in North-Eastern States are as follows:-

As per Progress Report- April to June, 20-21, In North Eastern States Overall 32,118 elderly people have been provided OPD care, 1303 elderly admitted to indoor wards, 1295 elderly provided Rehabilitation sessions and 9133 elderly received Lab. Services through the various institutions operationalized for geriatric care services.

International Day for Older Persons on 1st October 2021 was commemorated as month of elderly in October 2021 in North Eastern States.

Various Awareness Programmes on Healthy Ageing, Health Screening, Demonstration of Physical exercise/ Yoga, Distribution of Print IEC material, webinars etc. were conducted on this occasion.

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

NPCDCS is being implemented in all the North Eastern States. The funds are being provided to the States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 90:10 for North-Eastern States.

Achievements

The cumulative number of facilities under NPCDCS at all levels in the North-Eastern States established till March 2021 is as under:

Scheme for Tertiary Care Cancer Centres

Under Tertiary Care Cancer Centre (TCCC) Scheme of NPCDCS, Government of India is assisting States to set up / establish State Cancer Institute (SCI) and TCCC in different parts of the country. The maximum assistance inclusive of State Share for SCI is Rs. 120 Crores and for TCCC is Rs. 45 Crores. The cost

STATE	State NCD Cell	District NCD Cells	District NCD Clinics	District Cardiac Care Units	CHC NCD Clinics	District Day Care Centres
Arunachal Pradesh	1	23	23	0	51	0
Assam	1	24	24	2	147	0
Manipur	1	16	16	1	18	9
Meghalaya	1	8	8	1	16	2
Mizoram	1	8	8	2	10	2
Nagaland	1	11	11	1	10	0
Sikkim	1	4	4	2	2	1
Tripura	1	8	7	2	22	0
Total	**8**	**102**	**101**	**11**	**276**	**14**

sharing ratio between Centre and State is 90:10 for North East States.

So far Two SCIs at Cancer Hospital (RCC), Agartala, Tripura and Gauhati Medical College & Hospital, Guwahati and Three TCCCs at Civil Hospital, Aizawl, Mizoram and District Hospital, Kohima, Nagaland & Multispecialty Hospital at Sochygang (Sichey), near Gangtok, Sikkim are being supported as per details as under:-

S. N.	Name of State	Name of Institute	SCI/ TCCC	Amount Released (Rs. in crores)
1.	Tripura	Cancer Hospital (RCC), Agartala	SCI	71.4
2.	Mizoram	Civil Hospital, Aizawl	TCCC	24.64
3.	Nagaland	District Hospital, Kohima	TCCC	13.23
4	Assam	Gauhati Medical College & Hospital, Guwahati	SCI	80.9325
5.	Sikkim	Multispecialty Hospital at Sochygang (Sichey), near Gangtok, Sikkim	TCCC	38.691

9.16 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

Over the last few years, a strong network of TB diagnostic and treatment services have been established across the North Eastern States through the general health system to cover the entire population. As this region has significant tribal, hilly, and hard-to-reach areas, the norms for establishing Microscopy Centers have been revised to 50,000 per lakh population and TB Units for every 0.75 to 1.25lakh population. Additionally, 149 rapid molecular test machines (CBNAAT and TrueNat),have been installed across the NE Region.

Total case notification, number of patients initiated on treatment and the treatment success rate of the region fourth year 2021 (Jan- Sep) is mentioned in the table below:

State	Total TB cases notified (Jan-Sept 2020)	Number & % of Paediatric TB cases notified	% TB initiated on treatment	% TB notified patients with known HIV status	% TB patients with UDST done (Total)	Treatment Success rate	% of eligible children given TB Preventive therapy
Arunachal Pradesh	2,117	215 (10%)	94%	94%	58%	81%	9%
Assam	27,362	880 (3%)	95%	87%	68%	83%	42%
Manipur	1,339	43 (3%)	93%	84%	66%	79%	52%
Meghalaya	3,058	203 (7%)	94%	86%	71%	78%	75%
Mizoram	1,355	66 (5%)	99%	99%	71%	86%	29%
Nagaland	2,718	153 (6%)	98%	92%	63%	81%	16%
Sikkim	1,058	45 (4%)	97%	95%	80%	82%	50%
Tripura	1849	29 (2%)	96%	94%	84%	81%	93%
India	**15,82,700**	**88,446 (6%)**	**95%**	**94%**	**55%**	**81%**	**39%**

The NE States have notified a total of **40,856** TB patients in the year 2021 (Jan-Sep) with maximum patients notified in the State of Assam. Among the TB patients notified in the NE States, 4% of total cases are Paediatric TB cases except for Arunachal Pradesh where it was 10%. 95% of patients were initiated on treatment as per the Standard TB Care in India. The State of Mizoram reported the highest treatment success rate of 86% followed by Assam at 83%.

NTEP has also collaborated with various private and public sector health institutions in the region. More than 200 NGOs and Private Partners have been engaged proactively including establishment of a Zonal Task Force for collaborating with the Medical Colleges in the region.

All the States in the region have already initiated Programmatic Management of Drug Resistant TB (PMDT) services. Daily regimen for all TB patients has also been initiated in the NE states since October 2017. Universal DST coverage is achieved in NE States with 72 True-nat and 97 CBNAAT machines.

The Programme has intensified its Active Case Finding activities through systematic active TB screening among clinically and socially vulnerable populations with special focus on Tribal districts and door to door case finding efforts.

In addition to the routine performance monitoring, there is enhanced focus on monitoring of the NE States. The NTEP regularly monitors the activity through analysis of quarterly performance reports from the districts and feedback is given for any corrective action, if required.

9.17 NACO ACTIVITIES IN NORTH-EASTERN STATES

HIV Epidemic Scenario: The North-Eastern States of India include Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. Estimated number of People Living with HIV and Adult (15–49 yrs) HIV Prevalence (%) is given in below table:

State-wise HIV Epidemic Status (India HIV Estimation-2020)

State	Adult (15–49 yrs) HIV Prevalence (%)	Estimated number of PLHIV (thousand)
Arunachal Pradesh	0.07	0.71
Assam	0.08	21.24
Manipur	1.15	28.38
Meghalaya	0.53	11.16
Mizoram	2.37	20.73
Nagaland	1.44	22.77
Sikkim	0.07	0.37
Tripura	0.1	3.04

➢ **Targeted Interventions (TI):**

There are currently 221 functional NGOs and 93 Opioid Substitution therapy (OST) centres and 101 Satellite OST in the North Eastern States implementing NACO's targeted Interventions (TI) programme. NACO is concerned about the rising HIV incidence among the People Who Inject Drugs (PWID). As such, it is of the view that merely sustaining the present efforts will not be enough to achieve epidemic control and stop new infections and mortality from AIDS in the next few years. In this regard, PEPFAR/CDC India Project SUNSHINE was launched in February 2016 to complement and support the NE State AIDS Control Societies (SACS) to demonstrate innovations across the prevention to care and treatment continuum to halt the spread of the epidemic.

Specifically, key innovations introduced and scaled by Project Sunrise, some of which have been taken up into the national program through the revamped TI strategy, include low threshold opioid substitution therapy (OST) strategies (satellite OST, OST take home dosing, flexi-timings, index and social network model for testing hard to reach KP; prison and HIV/TB/OST interventions and post release linkage to OST and ART services. To continue the progress of Project Sunrise to reduce new infections in the next phase, 'Project SUNSHINE" (October 2020- September

2025) is being launched with the goal to implement innovative operational strategies to Integrate and Scale Up Prevention and Treatment Interventions towards achieving HIV Epidemic Control in the States of Manipur, Mizoram and Nagaland. Project SUNSHINE is being implemented in collaboration with NACO, State AIDS Control Societies (SACS), NGOs, community networks and other key stakeholders to accelerate the response to HIV in NE region. Details of Typology-wise TIs supported by NACO in North Eastern States is given below.

State-wise and Typology-wise distribution of Targeted Interventions (TIs) supported by NACO as on September 2021

States	FSW	MSM	IDU	TG	CC	MIGRANT*	TRUCKERS	Total
Arunachal Pradesh	5	1	0		8	5	0	19
Assam	12	1	1		20	3	2	39
Manipur	1	0	37		14	2		54
Meghalaya	3	0	4		4			11
Mizoram	1	1	20		8	4		34
Nagaland	2	2	21		16	1	1	43
Sikkim	3		3					6
Tripura			3		9	2	1	15
Total	**27**	**5**	**89**	**0**	**79**	**18**	**4**	**221**

State-wise and Typology-wise Coverage of High-Risk Groups under the Targeted Interventions programme during the January to September 2021

State		Core Group			Bridge Population	
	FSW	MSM	IDU	TG	Migrant	Truckers
Arunachal Pradesh	4,825	609	2,413		16,600	
Assam	12,876	4,259	2,163	405	4,906	15,000
Manipur	6,445	1,680	24,671	140	4,019	
Meghalaya	1,922	208	1,175			
Mizoram	833	763	1,4048		4,271	
Nagaland	3,655	2,016	23,398	65	3,028	10,000
Sikkim	1,010		1,591			
Tripura	4,585	530	3,445		2,106	5000
Total	36,151	10,065	72,904	610	34,930	30,000

Number of Opioid Substitution Therapy (OST) Centers for IDUs under the Targeted Interventions programme as on September 2021

States	No. of OST Centres	Satellite OST Centre	Coverage
Arunachal Pradesh	3	0	291
Assam	3	1	608
Manipur	26	26	4,328
Meghalaya	5		1,043
Mizoram	17	61	3,020
Nagaland	31	13	6,144
Sikkim	4		1,205
Tripura	4		781
Total	93	101	17420

➢ **Management of STI/RTI:**

Control and management of STI is one of the most cost effective means of preventing new HIIV infection in all the North Eastern States. STI clinics have been established at all the existing District Hospitals, Medical Colleges and selected sub divisional hospitals. Free STI drugs, syphilis test kits and one counselor are provided at each of these health facilities and there is one Regional STI Laboratory at Guwahati.

key physical indicators have been provided in the table below.

STI/RTI Testing and sero-prevalence at DSRCs till September 2021

Indicator	North East States
Number of Individual availed RPR/VRDRL Service	68,046
Number of Individual Reactive	1021
Percentage of individual reactive	1.5%
Number of Individual referred to ICTC for HIV test	34,246
Number of Individual Found HIV positive	342
Percentage of individual Found HIV Positive	0.9%
Total ANC registration reported in STI/RTI centre	11,30,62
Number of PW tested for Syphilis	95,751

Percentage of PW tested for Syphilis	89%*
Number of PW found Syphilis reactive	332
Percentage of PW found Syphilis Reactive	0.3%
Number of PW Treated for Syphilis	285
Percentage of PW treated for Syphilis	86%

*(Source: SIMS DSRC data), * out of total registration at DSRCs*

➢ **Integrated Counseling and Testing Centres (ICTC):** The Integrated Counseling and Testing programme offering Counseling and Testing services for HIV includes three main components – Integrated Counseling and Testing Centres (ICTC), Prevention of Parent to Child Transmission (PPTCT) and HIV-TB collaborative activities.

State-wise progress has been provided below.

State-wise performance of the ICTC programme during January 2021 to September 2021

States/UTs	Total HCTS Established	Gen. Individuals		Pregnant Women ANC+ DiL+PNC)*	
		Tested for HIV*	Diagnosed HIV Positive*	Tested for HIV *	Diagnosed HIV positive (new Cases)
Arunachal Pradesh	147	11,876	33	8,404	3
Assam	435	1,75,064	1,421	2,81,608	82
Manipur	226	54,052	517	24,525	22
Meghalaya	214	34,318	518	49,731	113
Mizoram	161	46,312	1,350	15,417	150
Nagaland	269	72,955	994	14,650	103
Sikkim	45	14,894	32	4,162	2
Tripura	187	71,785	661	31,525	18
Total	1,684	4,81,256	5,526	4,30,022	493

➢ CARE, SUPPORT AND TREATMENT

Care, Support and Treatment: The major aim for CST services under NACP is to *improve the survival and quality of life of Person Living with HIV (PLHIV) with Universal access to Comprehensive HIV care.* The terrain and geographical conditions of North Eastern Region results in need of specific focus and interventions.

The services which include free universal access to lifelong standardized Anti Retro Viral Therapy (ART), free Lab Diagnostic and Monitoring services (baseline tests, CD4 testing, targeted viral load), facilitation of long term retention in care, prevention-diagnosis-management of opportunistic infections and linkages to social protection scheme are being provided through facilities like ART Centers, Link ART Centers and Care & Support Centers. The summary of facilities and beneficiaries in North Eastern Region is as below:

State wise progress under the Care, Support, and Treatment Programme during the FY 2021-22 (till September 2021)

States	No. of ART Centers	No of Link ARTCs	Number of CSC	Total - PLHIV*
Arunachal Pradesh	1	4	0	201
Assam	7	10	3	8,566
Manipur	13	15	4	14,037
Meghalaya	4	2	1	3,293
Mizoram	12	4	3	12,134
Nagaland	12	8	3	10,862
Sikkim	1	1	0	244
Tripura	3	3	1	2,485

** Inclusive of Private Sector Data*

Health on Bike, an initiative of Nagaland SACS to reach the unreached population at Noklak district was roll out from August 2021. With one Bike and two Bike Outreach Coordinators (BOC), services on harm reduction, ART and HIV / STI / TB screening are provided in places which are difficult to reached by the conventional HIV program due to difficult terrain and absence of motor able roads

➢ Laboratory Services

In North East, NACO has installed a viral load machine at RIMS Imphal Manipur. The co-located ART Centre sends sample to this laboratory for VL testing. And for rest of the ART Centres, the private laboratory is responsible for sample collection, sample transportation, testing and reporting the results back to the ARTCs.

From January 2021 to August 2021, 1,945 tests have been done by RIMS Imphal with a viral suppression of 89%. And Private laboratory has done 5042 tests with a viral suppression of 95%.

For rest of the states, the testing has been outsourced to a private laboratory through public private partnership and the testing data from January 2021 to August 2021 is as follows:

➢ State wise Viral Load Tests done and

S. N.	Name of the State	VL tests done	VL suppression (%)
1	Arunachal Pradesh	162	88
2	Assam	2264	87
3	Manipur	5042	95
4	Meghalaya	1082	88
5	Mizoram	7889	89
6	Nagaland	7285	78
7	Sikkim	297	91
8	Tripura	1438	79

9.18 NATIONAL PROGRAMME FOR PREVENTION CONTROL OF DEAFNESS (NPPCD)

The status of NPPCD activities in the North-Eastern States are as follows:-

I. Physical progress of North East Region:

Sl. No.	State	Cases Examined With Deafness (January- August 2021)	Hearing Aids Fitted (January- August 2021)	Referred for Rehabilitation (January- August 2021)	ENT Surgery (January- August 2021)
1	Arunachal Pradesh	1954	1	2	8
2	Assam	6596	123	325	333
3	Manipur	858	9	3	3
4	Meghalaya	77	1	3	0
5	Mizoram	5962	1	306	19
6	Nagaland	849	29	19	1
7	Tripura	0	0	0	0
Total	**16296**	**164**	**658**	**364**	

(As per Progress Report from January to August 2021)

II. As per Progress Report from January to August 2021, In the North Eastern States overall 16296 cases with Deafness were examined. 164 Hearing aids fitted and 364 ENT surgeries were conducted. 658 cases were referred for rehabilitation from the North Eastern region from January to August 2021.

III. The State NPPCD Cell along with other districts of Arunachal Pradesh observed **INTERNATIONAL WEEK OF DEAF** in the last week of September 2021. Various programmes such as IEC activities, free ear screening camps including information about sign language were given to the public during this **"International week of Deaf."**

OBSERVATION OF INTERNATIONAL DEAF DAY –2021

The NPPCD is an all inclusive program irrespective of division of Gender or region/area

CHAPTER -

10

Gender Issues

10.1 IMPLEMENTATION OF PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUE ACT, 1994

➢ **Sex Ratio at Birth**

With consistent efforts and effective implementation of law, the States are beginning to show a positive result which is evident, as per the latest Sample Registration Survey (SRS) report 2018. The overall Sex Ratio at Birth (SRB) data has recorded 3 points improvement from 896 in 2015-17 to 899 in 2016-18. Further, 15 States out of 22 surveyed States, have shown improvement with maximum of 15 points recorded in Rajasthan followed by Himachal Pradesh (12 points), Gujarat (11 points), Haryana, Assam, and Jammu & Kashmir by 10 points. However, other States have to strive to improve their SRB by expediting the efforts in this regard. State-wise details are in **Table 10.1:**

- NFHS-5 (2019-2021) has also recorded improvement of 10 points in the sex ratio at birth at the national level i.e. from 919 in NFHS-4 to 929 in NHFS-5. 23 States/UTs have shown improvement in sex ratio whereas 13 States/ UTshave shown decline.

➢ **Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) PC&PNDT Act, 1994**

To check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Act has since been amended to make it more comprehensive. The amended Act came into force with effect from 14.02.2003 and it has been renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" (PC&PNDT Act) to make it more stringent.

The technique of pre-conception of sex selection has been brought within the ambit of this Act so as to pre-empt the use of such technologies, which significantly contribute to the declining Sex Ratio at birth. Use of ultrasound machines has also been brought within the purview of this Act, more explicitly, so as to curb their misuse for detection and disclosure of sex of the foetus, lest it leads to female foeticide. More stringent punishments are prescribed under the Act, so as to serve as a deterrent against violations of the Act. The Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing of the machines, equipment and records of the violators of law including sealing of premises and commissioning of witnesses.

➢ **Implementation of PC&PNDT Act in States/ UTs**

As per Quarterly Progress Report (QPR) of June, 2021 submitted by the States/UTs, 72,965 diagnostic facilities including Genetic Counseling Centres, Genetic Laboratories, Genetic Clinics, Ultrasound Clinics and Imaging Centres have been registered under the PC& PNDT Act. So far, a total of 2589 machines have been sealed and seized for violations of the law. A total of 3201 court cases have been filed by the District Appropriate Authorities under the Act and 640 convictions have so far been secured. Following conviction, the medical licenses of 143 doctors have

been suspended/cancelled **(Details in Table-10.2).**

➢ **Amendment to the 'Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996**

Online payment mode was introduced for Registration/ Renewal under PC&PNDT Act, 1994 for ease of doing business vide amendment notified number vide G.S.R. 345 (E) dated 25.05.2021

➢ **Monitoring and review of the implementation scaled up**

i. 28th meeting of Central Supervisory Board (CSB) under PC & PNDT Act, 1994 was held on 2nd December, 2020. Due to the pandemic COVID-19, the same was held on virtual platform.

ii. Ultrasound equipment was notified as a drug under Drugs and Cosmetic Act, 1945. The licenses from Drug Controller of India is mandatory for selling / import/ R&D of Ultrasound Machines.

iii. National Inspection and Monitoring Committee (NIMC) constituted as per the directions of Supreme Court, in 2020-21 conducted one inspection visit to NCR Delhifurther, in 2021-22 one NIMC visit was conducted in Jharkhand.

iv. During 2020-21, Capacity Building workshops for District Appropriate Authorities and PNDT nodal officers were conducted in 5 States including Chhattisgarh, Punjab, Delhi, Madhya Pradesh and Bihar by the Ministry with the technical support of UNFPA through Virtual Mode. In 2021-22, training were conducted in the State of Telangana and Maharashtra

v. State Inspection and Monitoring Committees (SIMC) constituted in the States/ UTs are conducting regular inspections on the ground. A total of 41,622 inspections have been conducted by SIMC during 2020-21 around the country as per the QPR received from the State/UTs.

vi. This Ministry through its Nodal Agency is monitoring online sex-selection advertisements and seeking further compliance from the Search Engines by removing such content. In 2020-21, total of 38 complaints of violation were sent to the concerned Search Engines for their compliance. In 2021-22, 8 complaints of violation and 1400 URL were sent to the concerned Search Engines for their compliance.

vii. In 2020-21, 3 regional review meetings in virtual mode were conducted for 15 States including Odisha, West Bengal, Jharkhand, Chhattisgarh, Himachal Pradesh, Punjab, Chandigarh, Haryana, Delhi, Uttar Pradesh, West Bengal, Gujarat, Maharashtra, Goa and Madhya Pradesh. Further, in 2021-22, 7 review meetings were conducted in virtual mode in which the implementation of PC&PNDT Act was reviewed in all States/UTs.

viii. Total 71 Court cases pertaining to PNDT are being defended in different courts (34 are pending in various High Courts and 37 cases in Hon'ble Supreme Court) of the country.

ix. The Central Government renders financial support to strengthen implementation structures under NHM with dedicated PNDT Cells, capacity building, monitoring and advocacy campaigns etc.

x. The orientation and sensitization for Judicial Officers and Public Prosecutors conducted through National Judicial Academy and State Judicial Academies in partnership with respective Health Departments.

xi. BBBP (Beti Bachao Beti Padhao) is a convergent scheme of the Ministry of Women and Child Development, Ministry of Health & Family Welfare and Ministry of Education. A multi-sectoral convergent action has been initiated with identified roles and responsibilities of concerned Ministries/Departments at the Central/State and District level. The Ministry actively participated in the 6thNational Task Force meeting under BBBP held on 27.07.2020 under the chairpersonship of Secretary, M/o WCD and further ensured participation in all other related convergence meetings.

Table-10.1

Sex Ratio (Female per 1000 male) at birth by residence, India and bigger States, (SRS 2014-16 to 2016-2018)

S. No	India and bigger States/period	2014-16	2015-17	Change	2015-17	2016-18	Change
	India	**898**	**896**	**-2**	**896**	**899**	3
1.	Andhra Pradesh	913	916	3	916	920	4
2.	Assam	896	915	19	915	925	10
3.	Bihar	908	900	-8	900	895	-5
4.	Chhattisgarh	963	961	-2	961	958	-3
5.	Delhi	857	850	-7	850	844	-6
6.	Gujarat	848	855	7	855	866	11
7.	Haryana	832	833	1	833	843	10
8.	Himachal Pradesh	917	918	1	918	930	12
9.	Jammu & Kashmir	906	917	11	917	927	10
10.	Jharkhand	918	916	-2	916	923	7
11.	Karnataka	935	929	-6	929	924	-5
12.	Kerala	959	948	-11	948	957	9
13.	Madhya Pradesh	922	916	-6	916	925	9
14.	Maharashtra	876	881	5	881	880	-1
15.	Orissa	948	938	-10	938	933	-5
16.	Punjab	893	886	-7	886	890	4
17.	Rajasthan	857	856	-1	856	871	15
18.	Tamil Nadu	915	907	-8	907	908	1
19.	Telangana	901	897	-4	897	901	4
20.	Uttar Pradesh	882	878	-4	878	880	2
21.	Uttarakhand	850	841	-9	841	840	-1
22.	West Bengal	937	939	2	939	941	2

➢ **SRS 2018 (**Table No.10.2**):**

- Overall Sex Ratio at Birth of India has improved by 3 points from 896 in 2015-17 to 899 in 2016-18.
- 15 States improved with maximum Improvement of 15 points recorded in Rajasthan followed by Gujarat (11 points), Himachal Pradesh (12 points), Haryana, Assam, and Jammu & Kashmir by 10 points.
- Decline in 7 States with maximum decline of 6 points in Delhi followed by Odisha, Karnataka, and Bihar by 5 points and Uttarakhand by 1 point.
- Chhattisgarh and Uttarakhand recorded the highest and lowest SRB of 957 and 840 respectively during 2016-18.

Table-10.2

State wise status of implementation of PC&PNDT Act upto June, 2021

S. No.	States/ UTs	No of registered bodies	No. of ongoing Court / Police Cases	No. of Machines Seized / Sealed	Convictions*	Medical licenses cancelled/ suspended*
1	Andhra Pradesh	2990	19	18	0	0
2	Arunachal Pradesh	123	0	-	0	0
3	Assam	1203	12	4	2	1
4	Bihar	3482	143	219	6	0
5	Chhattisgarh	784	14	0	0	0
6	Goa	187	1	1	0	0
7	Gujarat	7319	300	2	28	9
8	Haryana	2548	367	703	94	22
9	Himachal Pradesh	542	4	1	1	0
10	Jammu & Kashmir	585	3	13	1	0
11	Jharkhand	839	40	0	2	0
12	Karnataka	5203	86	58	41	0
13	Kerala	1737	-	-	0	0
14	Madhya Pradesh	2090	52	20	7	3
15	Maharashtra	10175	607	471	113	76
16	Manipur	168	0	-	0	0
17	Meghalaya	81	0	-	0	0
18	Mizoram	64	0	-	0	0
19	Nagaland	60	0	0	0	0

20	Odisha	1213	70	-	6	0
21	Punjab	1747	171	50	33	1
22	Rajasthan	3748	759	531	155	22
23	Sikkim	32	0	0	0	0
24	Tamil Nadu	7626	147	-	109	2
25	Telengana	4478	31	122	4	0
26	Tripura	143	1	-	0	0
27	Uttarakhand	671	48	13	4	0
28	Uttar Pradesh	7215	184	61	23	1
29	West Bengal	3950	24	29	0	0
30	A & N. Island	20	-	-	0	0
31	Chandigarh	94	1	-	0	0
32	D. & N. Haveli	21	0	0	0	0
33	Daman & Diu	10	-	0	0	0
34	Delhi	1657	117	273	11	6
35	Lakshadweep	9	-	-	0	0
36	Puducherry	151	0	-	0	0
	TOTAL	72965	3201	2589	640	143

*5 more licenses have been suspended since last year. However, Telangana in their latest update has made correction in the earlier figure of 8.

10.2 ASPIRATIONAL DISTRICTS PROGRAMME

Keeping in view the Prime Minister's vision of 'Transforming India by 2022', the Ministry of Health & Family Welfare is committed to achieve the desired Health outcomes across all the 112 Aspirational Districts (List of Districts is Table No.1).

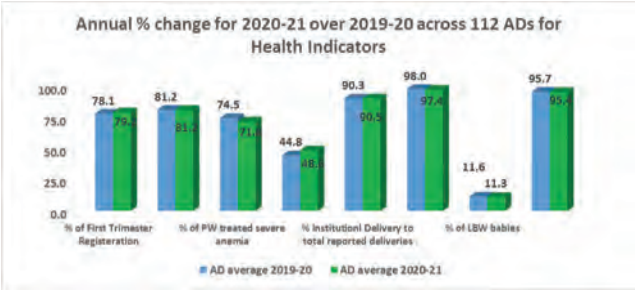
- MoHFW is committed to achieve the desired goals and objectives for Health under the 'Aspirational District Program'. Focused and context specific strategies such as operationalization of HWCs, Institutionalizing AB - School Health Program, Special Newborn Care Unit (SNCU Nutrition Rehabilitation Centre (NRC), LaQshya, Home Based Young Child Care (HBYC), National Tuberculosis Elimination Program (NTEP) etc. are been prioritized across all the ADs to bring about a significant contribution in the overall development of the District.

➢ **Annual percentage change across Aspirational Districts for key Health Indicators:**

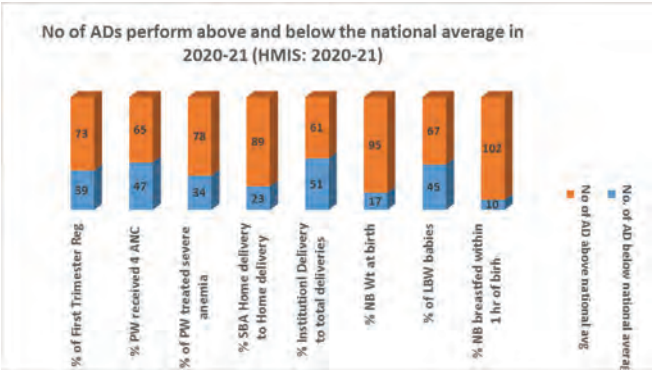
It is observed that the performance for most of the key Health indicators in FY 2020-21 has improved with respect to FY 2019-20.

Few indicators have reported marginal decline in performance during FY 2020-21 are % PW treated

Severe Anemia, % Newborn Weight at birth and % Newborns breastfed within one hour of birth.



Aspirational Districts Performance with respect to the National average (FY 2019-20):



Status of key Health program across Aspirational Districts

➢ **Transformation of all SCs and PHCs into Ayushman Bharat – HWCs-** A total of 11,334 (54%) AB-HWCs have been made functional till September 2021 against the total five-year target (till 2022) of 21,111 facilities (SCs+PHCs+UPHCs) across 112 Aspirational Districts.

➢ **Institutionalizing AB - School Health Ambassadors in all schools**

- 68 ADs across 17 States have started School Health Ambassadors trainings till September 2021.
- 62% Govt./Govt. aided schools (29007 out of 46,789) have been covered with SHA training in these 17 States.

➢ **Sick New-born Care Unit (SNCU)**

- In FY 2021-22, till September 2021, total 102 out of 112 ADs have fully functional SNCUs.
- Proposed SNCUs in remaining 10 ADs are either under construction/construction completed but not functional yet.

➢ **Nutrition Rehabilitation Centre (NRC)**

- 16 out of 112 ADs don't have the functional NRC unit.
- A total of 258 functional NRCs are present in the rest 96 ADs.

➢ **Labour Room Quality Improvement Initiative (LaQshya)**

- All 112 Aspirational Districts have completed State orientation and training for LaQshya.
- 100% baseline assessment has been completed for all the 371 facilities which have been selected for LaQshya certification across 112 ADs.
- Till September 2021, 76 Labour rooms and 53 OTs have been certified under LaQshya at National Level.

➢ **Home Based New Born Care (HBNC)**

- Out of 1.76 lakh ASHAs across all 112 ADs, 1.58 lakh (90%) are trained in HBNC
- In FY 2020-21, total 22.39 lakh (71.38%) new-borns have received all scheduled HBNC visits by ASHAs.
- Total of 74 thousand (3.30%) identified sick new-borns out of total visited have been referred to the nearest Health facility in 2020-21.

➢ **Home Based Young Children (HBYC)**

- Out of 112 total ADs selected in FY 2020-21, 103 ADs have started training of ANM/ASHA/ ASHA facilitators. Total of 127525 (62.84%) ANM/ASHA/ASHA facilitators have been trained in these 103 ADs out of total target of 202928 across all 112 ADs.

➢ **National Tuberculosis Elimination**

Programme (NTEP)-Under Aspirational District Program, Tuberculosis (TB) case notification rate and TB treatment success rate are 2 indicators which are being assessed along with other program indicators to measure overall performance across these 112 Districts.

- All 112 ADs have DRTB centres and functional CBNAAT machine and are conducting regular tests.
- 2.14 Lakh TB patients have been notified in public and private sector across these 112 ADs.
- More than 8600 TB patients have received nutritional support both in public and private sector in Aspirational Districts.
- 63 out of 112 ADs have ≥85% TB treatment success rate in public sector while 55 ADs in private sector.

Table No.1

List of Aspirational Districts

S. No.	Name of State	Total Aspirational Districts	Name of Aspirational Districts for Rapid Transformation
1	Andhra Pradesh	3	Vishakhapatnam
			Y.S.R.(Cuddapah)
			Vizianagaram
2	Arunachal Pradesh	1	Namsai
3	Assam	7	Darrang
			Dhubri
			Barpeta
			Goalpara
			Baksa
			Udalgiri
			Hailakandi
4	Bihar	13	Katihar
			Begusarai
			Sheikhpura
			Araria
			Sitamarhi
			Khagaria
			Purnia
			Aurangabad
			Banka
			Gaya
			Jamui

			Muzaffapur
			Nawada
5	Chhattisgarh	10	Korba
			Mahasamund
			Bastar
			Bijapur
			Dantewada
			Kanker
			Kondagaon
			Narayanpur
			Rajnandgaon
			Sukma
6	Gujarat	2	Narmada
			Dahod
7	Haryana	1	Mewat
8	Himachal Pradesh	1	Chamba
9	Jammu & Kashmir	2	Kupwara
			Baramula
10	Jharkhand	19	Sahebganj
			Pakur
			Godda
			Latehar
			Lohardaga
			Palamu
			PurbiSinghbhum
			Ramgarh
			Ranchi
			Simdega
			West Singhbhum
			Bokaro
			Chatra
			Dumka
			Garhwa
			Giridh

			Gumla
			Hazaribagh
			Khunti
11	Karnataka	2	Yadgir
			Raichur
12	Kerala	1	Wayanad
13	Madhya Pradesh	8	Damoh
			Singrauli
			Barwani
			Vidisha
			Khandwa
			Chhatarpur
			Rajgarh
			Guna
14	Maharashtra	4	Nandurbar
			Washim
			Osmanabad
			Gadchiroli
15	Manipur	1	Chandel
16	Meghalaya	1	Ribhoi
17	Mizoram	1	Mamit
18	Nagaland	1	Kiphire
19	Odisha	10	Rayagada
			Kalahandi
			Kandhamal
			Gajapati
			Dhenkanal
			Balangir
			Koraput
			Malkangiri
			Nabarangpur
			Nuapada
20	Punjab	2	Firozpur
			Moga

21	Rajasthan	5	Baran
			Jaisalmer
			Dholpur
			Karauli
			Sirohi
22	Sikkim	1	West Sikkim
23	Tamil Nadu	2	Ramanathapuram
			Virudhunagar
24	Telangana	3	Bhoopalpalli
			Asifabad
			Khammam
25	Tripura	1	Dhalai
26	Uttar Pradesh	8	Chitrakoot
			Balrampur
			Bharaich
			Sonbhadra
			Chandauli
			Siddharthnagar
			Fatehpur
			Shrawasti
27	Uttarakhand	2	Haridwar
			Udham Singh Nagar
28	West Bengal	5	Murshidabad
			Maldah
			Birbhum
			Nadia
			DakshinDinajpur
	TOTAL	**117**	

*At this stage, 5 Districts of West Bengal have not joined the programme.

10.3 NATIONAL AMBULANCE SERVICES (NAS)

National Health Mission (NHM) provides technical and financial support for emergency medical services in States/UTs through a functional National Ambulance Service (NAS) network linked with centralized toll-free number 108/102. 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. Over the years with the advent of 102/108 services (NAS) the EMS in India has expanded exponentially and geographically, shifting focus from being "transport vehicle concept" to "life saving emergency medical transportation"; injury centric to covering all emergencies; and urban-centric to being Pan-India.

As on June 2021, 35 States/UTs have the facility where people can dial 108 or 102 telephone number for calling an ambulance. Presently 11,879 Dial-108 and 10,716 (Dial-102/104) Emergency Response Service Vehicles are supported under NHM, besides 5,124 empaneled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

10.4 KILKARI AND MOBILE ACADEMY

Kilkari, which means "a baby's gurgle", delivers free, weekly, time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is one year old. Kilkari has been rolled out in 17 States: Andaman &Nicobar islands, Assam, Bihar, Chhattisgarh, Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tripura, Uttar Pradesh, West Bengal and Uttarakhand. A total of 39.49 crore successful calls (average duration of content played in each call approximately 1 minute) were made under Kilkari till 27th Dec, 2021.

Mobile Academy is a free audio training course designed to expand and refresh the knowledge base of Accredited Social Health Activists (ASHAs) and improve their communication skills. Mobile Academy offers ASHAs a training opportunity via their mobile phones which is both cost-effective and efficient. It is an anytime, anywhere training course that can train thousands of ASHAs simultaneously via mobile phone. Mobile Academy is presently operational in 16 States/ UT: Andaman &Nicobar islands, Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tripura, Uttar Pradesh, Uttarakhand and West Bengal. A total of 1.62 Lac ASHAs registered in RCH portal have completed the Mobile Academy course as on 27th Dec, 2021.

Kilkari and Mobile Academy were launched by Union Health Minister on 15th January, 2016. Together, Kilkari and Mobile Academy are improving family health including family planning, reproductive, maternal and child health, nutrition, sanitation and hygiene – by generating demand for healthy practices by empowerment and capacity building at the individual and community level and by creating an enabling environment.

10.5 DRUGS AND VACCINES DISTRIBUTION AND MANAGEMENT SYSTEM (DVDMS)

Provision of free generic drugs through public health facilities is one of the most cost effective ways to reduce Out Of Pocket Expenditure (OOPE), particularly for poor and vulnerable groups. Accordingly, MoHFW approved the roll-out of "National Health Mission – Free Drugs Service Initiative (FDSI)" under which the States / UTs are being supported to provide free generic drugs to patients coming to public health facilities. An IT backed drugs supply chain and logistics system is one of the prerequisites for effectively operationalizing this initiative.

DVDMS is a web based supply chain management system developed by CDAC that deals with the purchase, inventory management & distribution of various drugs, sutures and surgical items across all government health facilities and Drug Distribution Counters (DDCs) within the State/UT.

DVDMS or similar IT application facilitates the implementation of FDSI and improves supply chain of the drugs, sutures and surgical items. DVDMS Application has been implemented in 23 States/UTs i.e. Andhra Pradesh, Arunachal Pradesh, Bihar, Dadar & Nagar Haveli, Gujarat, Haryana, Himachal Pradesh,

Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Puducherry, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Odisha, Punjab, Rajasthan, Telangana, Uttar Pradesh and Uttarakhand. 4 States/ UTs i.e. Lakshadweep, Chandigarh, Assam and Sikkim are in process of implementing DVDMS. 7 States/ UTs i.e. Chhattisgarh, Goa, Haryana, Karnataka, Kerala, Odisha are implemented similar IT based supply chain management system.

5 Union Territories (UTs) i.e. Andaman & Nicobar, Chandigarh, Delhi, Ladakh, and Lakshadweep are in process of pursuing DVDMS or similar IT initiative.

For effective monitoring of Free Drugs Service Initiative (FDSI), MoHFW has also implemented a DVDMS Central Dashboard by incorporating suitable aggregation tools, triangulation systems and Business Intelligence tool for conceptualizing an actionable system with a provision of real time analytics. The advanced analytical tool captures the key performance indicators related to stock out %, consumption pattern, demand & supply trend, storage and procurement, quality control, logistics etc. Presently, DVDMS Central Dashboard is fetching data from 22 States i.e. Andhra Pradesh, Arunachal Pradesh, Bihar, Dadar & Nagar Haveli, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Odisha, Punjab, Rajasthan, Telangana, Uttar Pradesh and Uttarakhand for monitoring and evaluation. Puduchrrey is in process to integrate with Central Dashboard portal.

Family Planning Division of MoHFW, Directorate of TB and Central Medical Services Society (CMSS) under MoHFW have also implemented IT based Supply Chain Management application for managing and monitoring their supplies.

10.6 COMPLAINT COMMITTEE ON SEXUAL HARASSMENT OF WOMEN EMPLOYEES AT WORK PLACES

In so far as, the Complaint Committee on Sexual Harassment of Women at Work Places, Department of Health and Family Welfare, MoHFW is concerned, four complaints were examined during the year 2021-22. The committee met 3 times during the year.

10.7 DEVELOPMENT OF NURSING SERVICES

Nursing Personnel are the largest workforce in a hospital. They play an important role in the health care delivery system. Training of Nursing Personnel in identified domains/topics is done as one of the major activities under the Scheme of Development of Nursing Services This will enable the nursing personnel to update their knowledge and skills in various nursing specialties. Nursing personnel are better equipped through this programme to provide quality patient care in the hospitals and in other settings also. As per the available statistics, majority of the beneficiaries are women only and therefore, the programme will have significant impact on women empowerment.

CHAPTER -

11

Swasthya Nagrik Abhiyaan

11.1 INTRODUCTION

The main objective of Swasthya Nagrik Abhiyaan (SNA) is to conduct campaign which will lead to generation of demand for health services and promote health seeking behaviour. The SNA strategy aims to disseminate information and create awareness to improve the health seeking behaviour, and also share information about the benefits available under various schemes / programmes of the Ministry. Towards this different modes of communication have been leveraged to reach out to rural & urban masses.

11.2 STRATEGIC INFORMATION EDUCATION COMMUNICATION (IEC) PLAN

The Ministry has designed a strategic framework for targeted IEC activities using 360 Degree Communication Approach. All possible means of media including mass media, mid-media, inter-personal activities and social media are used to disseminate information about various health schemes. The year-long IEC/Communication Plan has been conceptualized to focus on health-days and health-themes. While some activities were taken up to coincide with specific dates observed as 'Health Days', others were week and month-long plans for focussed multi-media campaigns on schemes of the Ministry.

These activities centered around topics such as Ayushman Bharat, Immunization, TB Management, Anaemia Mukt Bharat, Integrated Diarrhoea Control Fortnight (IDCF), Breastfeeding Week, Tobacco Control, etc. Targeted campaigns were carried out for seasonal ailments such as Dengue, H1N1 etc. In fact realizing the potential of Social Media for real time and free of cost amplification of messages, SNA Division has actively engaged on various social media platforms (Twitter, Facebook, YouTube, Instagram) which were specially leveraged for spreading awareness on all aspects of Covid-19 for the benefit of the people.

11.3 PRINT

The SNA Division has been regularly publishing advertisements on health issues in all the leading newspapers of India, including regional languages. The aim of such advertisements is not only to encourage people to adopt healthy behaviour but also to raise awareness and disseminate information regarding availability and access to quality healthcare provided by the Government. In 2021-22 print advertisements were released on PNDT, Polio Immunization and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)

11.4 TELEVISION

The SNA Division has leveraged this medium extensively to generate public discourse on health related themes and spread positive health messages. During **2021-22**, several messages pertaining to various aspects of the pandemic were telecast on Doordarshan News. Several panel discussions and live phone-in programmes were also telecast on DD News and Lok Sabha TV, bringing the latest updates on the evolving Covid-19 scenario to the viewers. The Ministry co-coordinated the production and telecast of a one hour programme "Healthy India" through Lok Sabha Channel once a week. Likewise, a one hour

live special programme on Covid-19, "Arogya Bharat" is being telecast on DD News, every Saturday. Senior officers of the Ministry along with doctors / health experts from Government hospitals participated in these programmes.

Other campaigns telecast on Doordarshan included Family Planning, Dengue, Malaria, Chikungunia, Leprosy, Polio SNID, etc.

11.5 RADIO

Several campaigns were run on AIR and Private FM/ Community Radio Stations apart from Covid-19. These included Tobacco Control, Dengue, Malaria, Chikungunia, Family Planning and Polio SNID.

Bureau of Outreach and Communication (BOC), Ministry of Information and Broadcasting (MoIB)

BOC, MoIB has supported MoHFW by making media plans for telecast/broadcast of the spots through satellite channels/Private FM and Community Radio Stations as well as for print advertisements.

11.6 SOCIAL MEDIA

Social Media is being leveraged by the Ministry for coverage of events as well as for dissemination of health messages. MoHFW uses four popular social media handles viz : Facebook, Twitter, YouTube and Instagram. The YouTube channel of the Ministry has a wide array of videos including short films, video updates and speeches of the Hon'ble Prime Minister and Hon'ble Union Health Minister. It has more than 168 million views. The YouTube platform is also leveraged for live relay of important events. During the Covid-19 pandemic, it was widely leveraged to disseminate Covid-19 related information in the form of short videos.

Public engagement on the Ministry's Social Media platforms has been extremely positive. The Facebook page that was started in September, 2014, has now gained around 6 million followers. Similarly, the likes of our Facebook page which were around 1.7 million at the beginning of the financial year have reached almost 2.3 million at the end of September, 2021. In respect of Twitter, the followership increased from 22 lakh in April, 2021 to around 26 lakh in September, 2021. Instagram account of the Ministry was created in March, 2020 and it has reached a followership exceeding 4 lakhs in September, 2021. The Youtube subscribers that were around 2.9 lakh at the beginning of the financial year have now crossed 5 lakhs.

11.7 Dissemination of information on Covid-19

The Government intended to strike quick and far with factual information based on impactful messaging to sensitize the public towards Covid-19. This translated into roll out of a pre-caller tune on Covid-19 information across all States and Union Territories, with support of five National telecom companies (BSNL / MTNL / IDEA-VODAFNE/ AIRTEL/ Reliance Jio). The pre caller tune amplified the DOs and Dont's pertaining to Covid-19 across 117.2 crore mobile telephone connections and disseminated key messages via SMS. With the focus on real time and pro-bono dissemination of messages, MOHFW actively engaged on various social media platforms (Twitter, Facebook, YouTube, Instagram) which have been leveraged optimally for spreading awareness on all aspects of Covid-19 for the benefit of the people. Creative messages on Dos and Don'ts, Covid Appropriate Behaviors, stigma and discrimination, national helpline number, thank you corona warriors, mental health, dos and don'ts for elderly, homemade re-usable face covers etc. were amplified through various Social Media platforms.

The Jan Andolan Campaign was launched on 8th October, 2020 by Hon'ble Prime Minister to encourage people to follow key Covid Appropriate Behaviors. Various activities were undertaken during the Jan Andolan included Pledging by various sections of the society to adhere to the Covid Appropriate Behaviors and display & dissemination of related IEC material. The Jan Andolan was anchored by Ministry

of Information and Broadcasting and all Central Ministries pooled in their efforts to spread the message far and wide. MoHFW developed customized messages which were shared across all Central Government Institutes under MoHFW/States/UTs.

The Covid-19 management SOPs issued from time to time and all the information material as well as Press releases, Tweets, Facebook posts etc., were seamlessly shared with the national and regional media through the extensive networks of PIB, DD and AIR.

With the launch of COVID-19 vaccination on 16.01.2021, the Ministry set up a dedicated National Media Rapid Response Cell (NMRRC) to support the vaccination drive. The NMRRC had two wings viz Electronic, which covered Radio and TV and the Digital wing. The NMRRC helped keep a steady flow of messaging across the country to push not only the vaccination drive but also messaging pertaining to Covid Appropriate Behaviour. Several campaigns were launched including 100 crore vaccination landmark followed by "Har Ghar Dastak'' during November, 2021. Several creative products were conceptualized like Covid Ground Zero, Zara Sochiye, Sentinels of the Soil, Covid Charcha, Vaccination Varta, etc.

While much of the messaging around the preventive measures & Covid Appropriate Behaviours, vaccinations, etc. emanated from MoHFW, we reached out to 21 Central Line Ministries to also facilitate dissemination of messages through their field level networks. M/o Information & Broadcasting, MeITY, Deptt. of Drinking Water & Sanitation, NITI Aayog, M/o Rural Development, Ministry of Panchayati Raj, Ministry of Housing and Urban Affairs, M/o Women & Child Development etc. amplified the efforts in an attempt to ensure maximum outreach at zero cost.

CHAPTER -

12

Progressive use of Hindi in Official Work

12.1 PROGRESSIVE USE OF HINDI

The Ministry of Health and Family Welfare continued its commitment to promoting Hindi in line with the Annual Programme issued by the Department of Official Language, Ministry of Home Affairs and Official Language Policy of the Union. At present, the matter pertaining to progressive use of Hindi in the Ministry is supervised by the Additional Secretary. There is an Official Language Division in the Ministry headed by a Director.

A number of measures have been taken for encouraging use of Hindi in the official work. They are summarized below:

12.2 IMPLEMENTATION OF OFFICIAL LANGUAGE POLICY

In pursuance of the official language policy of the Government of India, all documents covered under Section 3(3) of the Official Languages Act, 1963 are being issued both in English and Hindi. Action plan based on the checkpoints identified in the Ministry has been prepared to ensure compliance of the Official Language Policy. Annual Programme and other orders/ instructions issued by the Department of Official Language were forwarded to all the sections of the Ministry and its subordinate/attached offices/ autonomous organizations for information and directives were issued for their compliance.

12.3 OFFICIAL LANGUAGE IMPLEMENTATION COMMITTEE (OLIC)

An Official Language Implementation Committee (OLIC) has been constituted in the Ministry under the Chairmanship of Additional Secretary in-charge of the Official Language and its meetings are held regularly in each quarter. This Committee chalks out strategies to implement the constitutional provisions and Official Language Policy of the Union in the Ministry and its subordinate/attached offices/autonomous organizations with a view to achieve the targets prescribed in the Annual Programme issued by the Department of Official Language, Ministry of Home Affairs. The Committee periodically reviews the progress made in the use of Official Language (Hindi) and suggests and recommends measures to be taken for the effective implementation of the Official Language Policy. The subordinate/attached offices/autonomous organizations of the Ministry have also been instructed for convening their OLIC meetings regularly.

12.4 HINDI FORTNIGHT

In order to encourage the use of Hindi in official work amongst officers/employees of the Ministry, the Hindi Fortnight (Hindi Pakhwara) was organized in the Ministry during 14-28 September, 2021. During the Hindi Fortnight, eight competitions viz., Hindi Essay Writing, Hindi Noting and Drafting, Official Language Quiz for gazetted as well as non-gazetted employees, Hindi Ashu Bhasan for all the employees and Hindi Dictation for MTS were organized. The winners of these competitions were awarded cash prizes.

12.5 OFFICIAL LANGUAGE CONFERENCE/SEMINAR

The two representatives from the Ministry took part in the first All India Official Language Conference held

in Varanasi, Uttar Pradesh on 13-14 October, 2021 under the Chairmanship of Union Home Minister during the period under review.

12.6 PRATI DIN EK SHABD

The Scheme named 'Prati Din Ek Shabd', is being run in the Ministry, that continued this year also. Under this scheme, one word/phrase in Hindi and its English equivalent was being displayed on the Electronic Board installed on the first and third floor of 'A' Wing, Nirman Bhavan. These words/phrases are generally of administrative and technical nature, which are used in day-to-day official work.

12.7 ORGANISING OF HINDI WORKSHOP

Full-Day Hindi Workshops were organized for the employees of the Ministry as well as for the employees of the Attached/Subordinate/Autonomous Offices of the Ministry in each quarter during the period under review.

12.8 INSPECTIONS REGARDING PROGRESSIVE USE OF HINDI

In order to achieve the targets laid down in the Annual Programme issued by the Department of Official Language, officers of this Ministry conducted inspections of its five attached/subordinate/autonomous offices during the period under review.

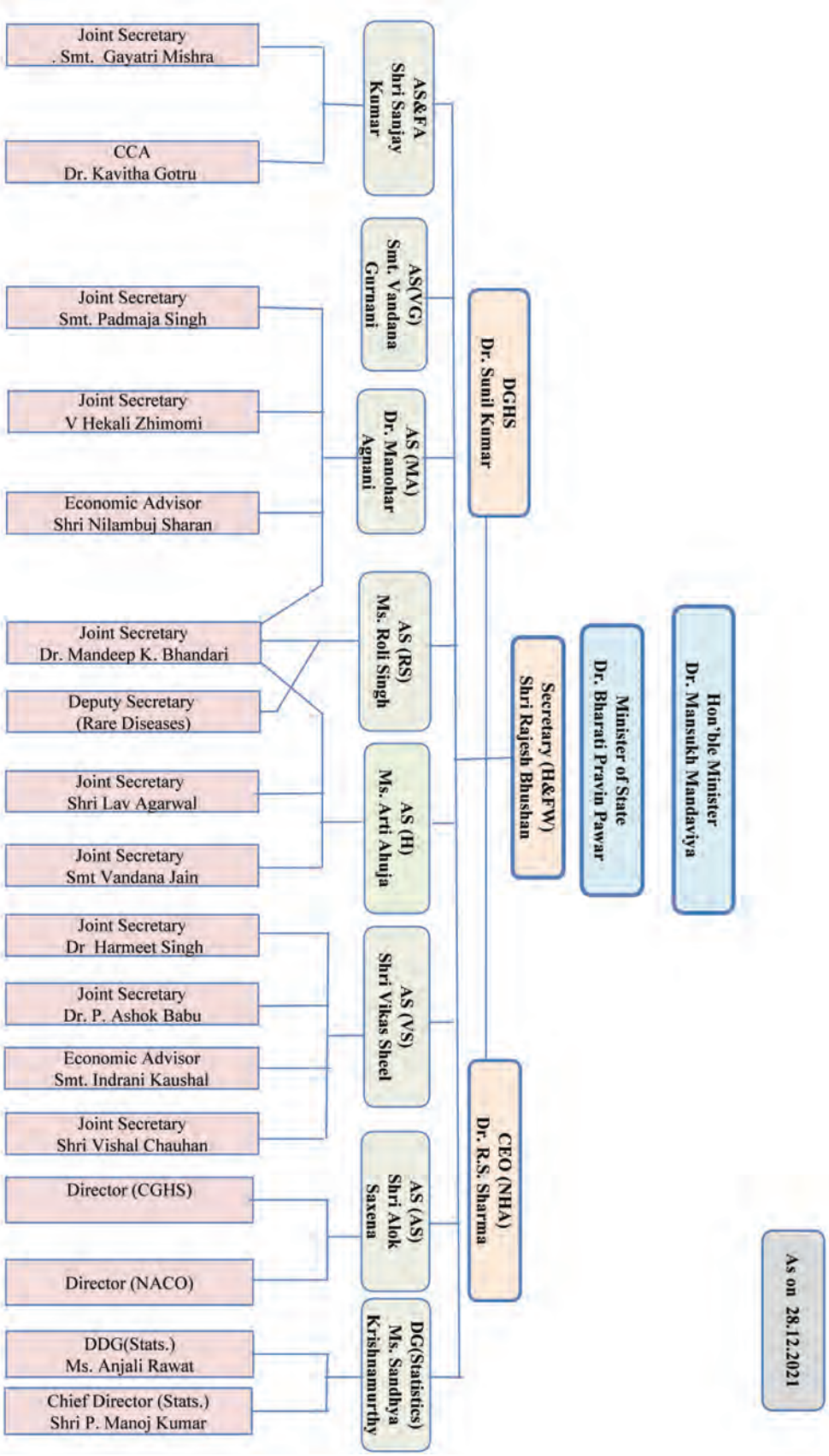
12.9 HINDI ADVISORY COMMITTEE

After the constitution of 17th Lok Sabha, HINDI ADVISORY COMMITTEE of the Ministry has been reconstituted vide Ministry's Bilingual Resolution No. E - 11016/03/2018 - Hindi (Impl.), dated 06.09.2021.

CHAPTER -

13

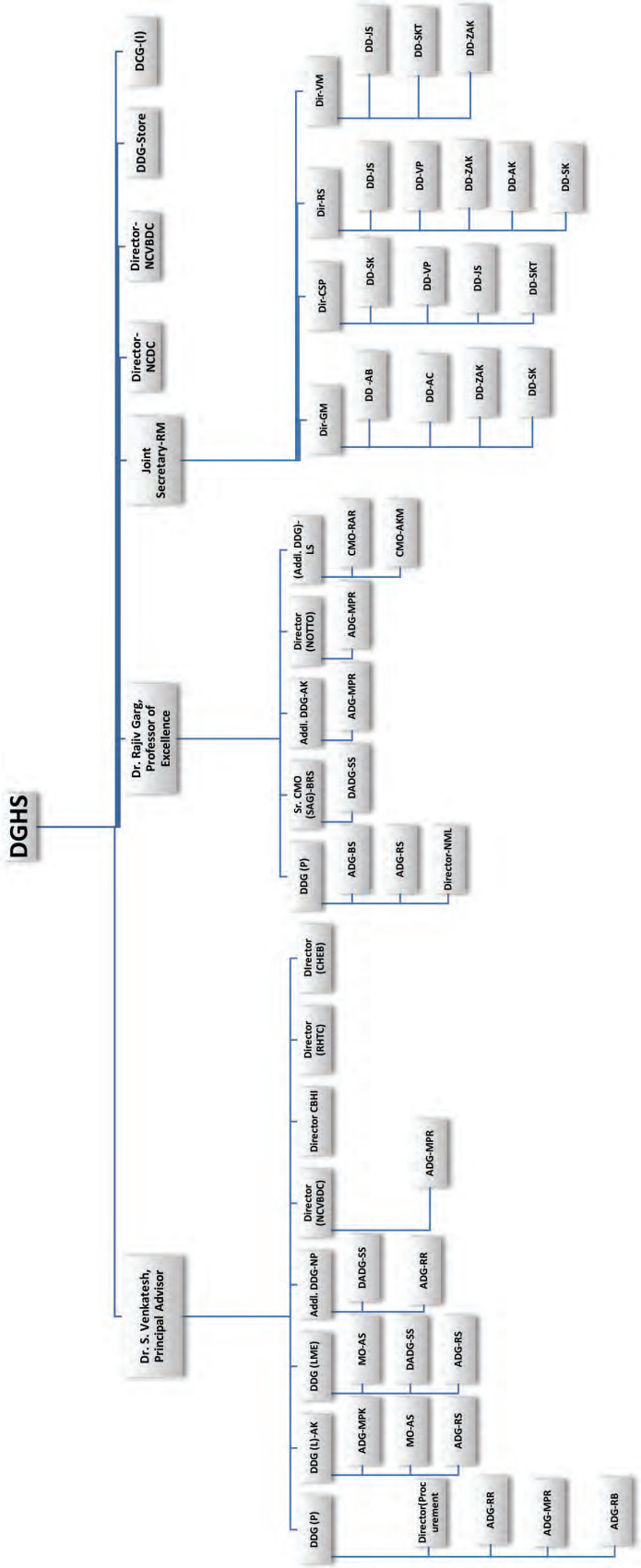
Organization Chart of Department of Health & Family Welfare


Hon'ble Minister
Dr. Mansukh Mandaviya
Minister of State
Dr. Bharati Pravin Pawar
Secretary (H&FW)
Shri Rajesh Bhushan
DGHS
Dr. Sunil Kumar
CEO (NHA)
Dr. R.S. Sharma
AS&FA
Shri Sanjay Kumar
Joint Secretary
. Smt. Gayatri Mishra
CCA
Dr. Kavitha Gotru
AS(VG)
Smt. Vandana Gurnani
Joint Secretary
Smt. Padmaja Singh
AS (MA)
Dr. Manohar Agnani
Joint Secretary
V Hekali Zhimomi
Economic Advisor
Shri Nilambuj Sharan
AS (RS)
Ms. Roli Singh
Joint Secretary
Dr. Mandeep K. Bhandari
Deputy Secretary
(Rare Diseases)
AS (H)
Ms. Arti Ahuja
Joint Secretary
Shri Lav Agarwal
Joint Secretary
Smt Vandana Jain
AS (VS)
Shri Vikas Sheel
Joint Secretary
Dr Harmeet Singh
Joint Secretary
Dr. P. Ashok Babu
Economic Advisor
Smt. Indrani Kaushal
Joint Secretary
Shri Vishal Chauhan
AS (AS)
Shri Alok Saxena
Director (CGHS)
Director (NACO)
DG(Statistics)
Ms. Sandhya Krishnamurthy
DDG(Stats.)
Ms. Anjali Rawat
Chief Director (Stats.)
Shri P. Manoj Kumar
As on 28.12.2021

CHAPTER -

14

Organization Chart of Directorate General of Health Services


DGHS
Joint Secretary-RM
Director-NCDC
Director-NCVBDC
DDG-Store
DCG-(I)
Dir-GM
DD -AB
DD-AC
DD-ZAK
DD-SK
Dir-CSP
DD-SK
DD-VP
DD-JS
DD-SKT
Dir-RS
DD-JS
DD-VP
DD-ZAK
DD-AK
DD-SK
Dir-VM
DD-JS
DD-SKT
DD-ZAK
Dr. Rajiv Garg, Professor of Excellence
DDG (P)
ADG-BS
ADG-RS
Director-NML
Sr. CMO (SAG)-BRS
DADG-SS
Addl. DDG-AK
ADG-MPR
Director (NOTTO)
ADG-MPR
(Addl. DDG)-LS
CMO-RAR
CMO-AKM
Dr. S. Venkatesh, Principal Advisor
DDG (P)
Director(Procurement
ADG-RR
ADG-MPR
ADG-RB
DDG (L)-AK
ADG-MPK
MO-AS
ADG-RS
DDG (LME)
MO-AS
DADG-SS
ADG-RS
Addl. DDG-NP
DADG-SS
ADG-RR
Director (NCVBDC)
ADG-MPR
Director CBHI
Director (RHTC)
DIrector (CHEB)

CHAPTER -

15

Budget & Audit

Department of Health & Family Welfare - Demand No. 42/44
Statement giving scheme-wise BE, RE & Actuals Expenditure

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	Major Head	2020-21			2021-22		
			BE	RE	AE	BE	RE	AE up to 17/01/22
1	Establishment Expenditure of the Centre							
1.01	**Secretariat - Social Services**	Revenue	205.00	202.49	192.87	228.87	229.38	163.63
1.02	**Direction & Admn.**							
	Direction & Admn. (Dte. G.H.S)	Revenue	60.60	62.34	55.96	68.61	63.78	46.95
	Direction & Admn. (Dte.C.G.H.S)	Revenue	1.02	0.08	0.01	0.10		0.00
		Total	***61.62***	***62.42***	***55.97***	***68.71***	***63.78***	***46.95***
1.03	***Central Government Health Scheme***							
	Setting up of Dispensaries/Hospitals	Revenue	1247.52	1482.47	1431.26	1715.00	1651.89	1112.71
		NER	30.00	31.89	0.00	33.03	37.23	0.00
		Capital	20.00	25.26	11.49	21.92	23.88	1.90
		Total	***1297.52***	***1539.62***	***1442.75***	***1769.95***	***1713.00***	***1114.61***
1.04	Safdarjang Hospital, New Delhi	Revenue	1243.50	1471.42	1426.63	1413.17	1415.96	1059.04
		Capital	54.86	191.26	171.97	110.14	110.14	63.85
		Total	***1298.36***	***1662.68***	***1598.60***	***1523.31***	***1526.10***	***1122.89***
	Vardhman Mahaveer Medical College, New Delhi	Revenue	20.50	20.50	19.50	22.47	19.68	15.01
1.05	Dr. Ram Manohar Lohia Hospital, New Delhi	Revenue	700.10	618.35	569.58	698.10	614.93	470.21
		Capital	50.60	68.60	57.34	100.00	65.00	24.38
		Total	***750.70***	***686.95***	***626.92***	***798.10***	***679.93***	***494.59***
	Dr. RML PGIMER, New Delhi	Revenue	94.90	131.40	123.63	110.00	143.10	105.77
		Capital	40.00	50.00	42.29	42.00	28.50	16.28
		Total	***134.90***	***181.40***	***165.92***	***152.00***	***171.60***	***122.05***
1.06	Lady Hardinge Medical College & Smt. Sucheta Kripalani Hospital New Delhi	Revenue	486.00	509.90	501.07	532.77	525.43	409.86
		Capital	16.44	146.60	99.51	68.02	115.50	38.92
		Total	***502.44***	***656.50***	***600.58***	***600.79***	***640.93***	***448.78***
1.07	Kalawati Saran Children's Hospital, New Delhi	Revenue	127.55	132.92	122.29	139.83	126.45	102.11
		Capital	9.20	9.20	5.68	10.09	9.54	4.39
		Total	***136.75***	***142.12***	***127.97***	***149.92***	***135.99***	***106.50***

1.08	Other Hospitals/Institutions							
	National Medical Library	Revenue	35.00	27.83	30.36	35.00	35.59	22.80
		Capital	0.46	0.00	0.00	0.50	0.30	0.00
		Total	***35.46***	***27.83***	***30.36***	***35.50***	***45.29***	***22.80***
	Medical Stores Organization	Revenue	58.40	58.40	50.48	63.77	49.87	40.13
		Capital	1.00	0.50	0.00	1.10	0.13	0.02
		Total	***59.40***	***58.90***	***50.48***	***64.87***	***62.78***	***40.15***
	Central Institute of Psychiatry, Ranchi	Revenue	91.96	91.96	91.21	100.81	86.39	69.73
		Capital	9.29	9.29	9.29	15.18	14.01	11.88
		Total	***101.25***	***101.25***	***100.50***	***115.99***	***119.35***	***81.61***
	All India Institute of Physical Medicine and Rehabilitation, Mumbai	Revenue	24.05	23.31	22.26	25.27	24.17	17.71
		Capital	1.96	0.96	0.39	7.15	0.15	0.03
		Total	***26.01***	***24.27***	***22.65***	***32.42***	***26.29***	***17.74***
	RAK College of Nursing, New Delhi	Revenue	16.54	15.69	14.15	16.48	16.29	10.62
		Capital	7.00	3.00	0.00	17.67	13.71	0.00
		Total	***23.54***	***18.69***	***14.15***	***34.15***	***40.67***	***10.62***
	Lady Reading Health School	Revenue	4.11	3.70	3.33	4.15	4.07	3.04
		Capital	0.35	0.35	0.30	0.38	0.38	0.00
		Total	***4.46***	***4.05***	***3.63***	***4.53***	***4.45***	***3.04***
	Port Health Estt. Including APHO	Revenue	48.12	44.84	41.15	52.75	50.50	33.69
		Capital	2.66	1.60	1.57	2.92	1.50	1.48
		Total	***50.78***	***46.44***	***42.72***	***55.67***	***52.38***	***35.17***
	Port Health Office, JN Port, Nhava Sheva	Revenue	0.00	0.00	0.00	0.00	0.00	0.00
	National TB Training Institute, Bangalore	Revenue	13.39	13.39	13.84	14.68	14.43	11.69
		Capital	0.98	0.50	0.85	1.07	0.82	0.25
		Total	***14.37***	***13.89***	***14.69***	***15.75***	***15.80***	***11.94***
	CLTRI, Chengalpattu	Revenue	18.31	18.31	16.48	20.07	15.67	13.21
		Capital	1.81	0.50	0.17	1.67	1.22	0.10
		Total	***20.12***	***18.81***	***16.65***	***21.74***	***18.26***	***13.31***
	RLTRI, Aska	Revenue	4.61	4.25	3.43	5.05	3.85	3.07
		Capital	1.60	1.60	1.54	1.75	1.75	0.00
		Total	***6.21***	***5.85***	***4.97***	***6.80***	***5.60***	***3.07***
	RLTRI, Raipur	Revenue	5.76	5.76	4.14	5.89	5.07	3.12
		Capital	0.98	0.50	0.03	0.65	0.90	0.23
		Total	***6.74***	***6.26***	***4.17***	***6.54***	***5.97***	***3.35***
	RLTRI, Gauripur	Revenue	5.02	5.02	4.45	4.83	4.83	3.55
		Capital	1.30	0.50	0.71	1.43	1.43	0.00
		Total	***6.32***	***5.52***	***5.16***	***6.26***	***6.26***	***3.55***
	N.I.C.D., New Delhi (Main Institution)	Revenue	57.89	65.00	58.79	65.00	70.00	48.96
	Food Research and Standardisation Lab.	Revenue	0.00	0.00	0.00	0.00	0.00	0.00
		Capital	0.00	0.00	0.00	0.00	0.00	0.00
		Total	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***

	Central Drugs Standard Control Org.	Revenue	125.00	121.50	113.85	137.03	125.00	91.70
		Capital	7.99	7.00	5.37	25.00	27.00	1.31
		Total	***132.99***	***128.50***	***119.22***	***162.03***	***158.64***	***93.01***
	BCG Vaccine Laboratory, Guindy, Chennai	Revenue	20.14	20.66	17.91	22.08	22.95	16.50
		Capital	0.89	0.40	0.09	0.98	0.54	0.07
		Total	***21.03***	***21.06***	***18.00***	***23.06***	***24.81***	***16.57***
	CRI, Kasauli	Revenue	50.77	47.01	40.29	55.66	49.91	36.82
		Capital	1.35	7.82	0.60	26.48	5.03	0.81
		Total	***52.12***	***54.83***	***40.89***	***82.14***	***62.85***	***37.63***
	Institute of Serology, Kolkata	Revenue	7.25	7.00	6.55	7.95	7.15	5.88
	AIIH & PH, Kolkata	Revenue	37.24	35.68	33.26	37.60	33.59	25.52
		Capital	2.28	2.23	1.65	1.72	1.41	0.74
		Total	***39.52***	***37.91***	***34.91***	***39.32***	***40.19***	***26.26***
	CCTC Singur	Revenue	22.13	21.75	21.11	22.73	21.51	18.29
	Central Health Education Bureau, New Delhi,	Revenue	5.43	5.43	4.00	5.95	5.50	3.14
	Regional Health Offices	Revenue	44.33	36.43	40.96	43.60	38.94	34.77
		NER	6.21	5.63	0.00	6.15	6.06	0.00
		Capital	0.00	0.00	0.00	0.00	0.00	0.00
		Total	***50.54***	***42.06***	***40.96***	***49.75***	***45.96***	***34.77***
	F.W. Training and Res. Centre, Bombay	Revenue	9.77	9.90	7.05	10.71	8.04	5.78
		Capital	9.80	6.95	3.99	10.00	6.96	0.68
		Total	***19.57***	***16.85***	***11.04***	***20.71***	***20.71***	***6.46***
	Rural Health Training Centre, Najafgarh	Revenue	26.62	22.59	18.57	29.18	20.00	13.74
		Capital	0.20	0.20	0.00	0.22	0.00	0.00
		Total	**26.82**	**22.79**	**18.57**	**29.40**	**25.10**	**13.74**
	Strengthening of HIMS	Revenue	20.35	38.99	31.43	22.31	22.48	16.40
	National Advisory Board for Standards	Revenue	0.92	0.92	0.62	1.01	0.88	0.22
	Project Feasibility Testing Scheme	Revenue	0.20	0.05	0.00	0.10	0.10	0.00
	Total - Other Hospitals/Institutions	Revenue	**753.31**	**745.37**	**689.67**	**809.66**	**736.78**	**550.08**
		NER	**6.21**	**5.63**	**0.00**	**6.15**	**6.06**	**0.00**
		Capital	**51.90**	**43.90**	**26.55**	**115.87**	**77.24**	**17.60**
		Total	811.42	794.90	716.22	931.68	820.08	567.68
	Total - Establishment Expenditure of the Centre		5219.21	5949.58	5547.30	6245.80	6000.47	4202.69
2	Central Sector Schemes/Projects							
2.01	**Pradhan Mantri Swasthya Suraksha**	Revenue	5352.10	5069.35	4409.44	5153.13	4668.33	3548.39
	Yojana	NER	0.00	0.00	0.00	0.00	0.00	0.00
		Capital	667.90	2447.90	2430.36	1846.87	2731.67	1719.12
		Total	***6020.00***	***7517.25***	***6839.80***	***7000.00***	***7400.00***	***5267.51***
2.02	**Family Welfare Scheme**							
	Mass Education - IEC (Information, Education and Communication)	Revenue	220.00	60.00	51.28	60.00	33.76	21.23

	Population Research Centres	Revenue	25.50	20.50	18.33	27.95	21.90	16.62
		NER	1.00	1.25	0.00	1.10	1.10	0.00
		Total	***26.50***	***21.75***	***18.33***	***29.05***	***23.00***	***16.62***
	Management Information System (MIS)	Revenue	73.47	73.26	68.69	35.22	20.00	14.90
	Social Marketing of Contraceptives	Revenue	90.00	62.00	44.68	70.00	52.75	41.28
		NER	0.00	0.00	0.00	0.00	0.00	0.00
		Total	***90.00***	***62.00***	***44.68***	***70.00***	***52.75***	***41.28***
	Free Distribution of Contraceptives	Revenue	150.00	150.00	150.00	150.00	133.75	117.08
		NER	0.00	0.00	0.00	0.00	0.00	0.00
		Total	***150.00***	***150.00***	***150.00***	***150.00***	***133.75***	***117.08***
	NPSF/National Commission on Population	Revenue	0.01	0.01	0.00	0.01	0.01	0.00
	Role of Men in Planned Parenthood (Male Participation)	Revenue	0.00	0.00	0.00	0.00	0.00	0.00
	FW Programme in Other Ministries	Revenue	0.01	0.07	0.07	0.01	0.01	0.00
	NGO (PPP)	Revenue	0.01	0.01	0.00	0.01	0.00	0.00
		Total	***0.01***	***0.01***	***0.00***	***0.01***	***0.00***	***0.00***
	WHO supported National Polio Surveillance Project (NPS)	Revenue	***40.00***	***128.59***	***128.59***	***42.85***	***42.85***	***0.00***
	Total - Family Welfare Scheme	Revenue	***599.00***	***494.44***	***461.64***	***386.05***	***305.03***	***211.11***
		NER	***1.00***	***1.25***	***0.00***	***1.10***	***1.10***	***0.00***
		Total	600.00	495.69	461.64	387.15	306.13	211.11
2.03	**National AIDS and STD Control Programme**							
	DBS	Revenue	*2550.26*	*2748.34*	*2810.67*	*2593.89*	*2117.32*	*1847.44*
	DBS	NER	*295.90*	*97.82*	*0.00*	*284.61*	*230.41*	*0.00*
		Capital	*53.84*	*53.84*	*4.78*	*21.50*	*2.00*	*0.35*
		Total	**2900.00**	**2900.00**	**2815.45**	**2900.00**	**2349.73**	**1847.79**
2.08	National Pharmacovigilance Prog.	Revenue	10.00	8.01	7.78	10.00	10.00	6.44
2.09	Development of Nursing Services	Revenue	16.00	14.68	14.04	17.54	12.72	10.41
	Health Sector Disaster Preparedness & Response	Revenue	21.73	9.40	948.83	13.13	39.00	3.24
		Capital	44.22	0.55	0.03	52.82	0.00	0.00
		Total	65.95	9.95	948.86	65.95	39.00	3.24
	Human Resources Development for Emergency Medical Services	Revenue	64.05	27.43	17.32	64.05	0.00	15.54
	Total - Health Sector Disaster Preparedness & Management including EMR (including Avian Flu) & Emergency Medical Services	***Revenue***	***85.78***	***36.83***	***966.15***	***77.18***	***39.00***	***18.78***
		Capital	44.22	0.55	0.03	52.82	0.00	0.00
		Total	130.00	37.38	966.18	130.00	39.00	18.78
2.12	National Organ Transplant Programme	Revenue	31.65	6.00	4.81	29.15	6.39	2.50
		Capital	1.35	0.00	0.00	1.35	0.00	0.00
		Total	***33.00***	***6.00***	***4.81***	***30.50***	***6.39***	***2.50***
2.13	***Impacting Research Innovation and Technology (Imprint) Scheme (New)***	Revenue	*0.00*	*0.00*	*0.00*	*0.00*	*0.00*	***0.00***

2.15	**Establishment and strengthening of NCDC Branches and Health Initiatives – Inter Sectoral Co-ordination for preparation and control of Zoonotic Diseases and other neglected tropical diseases, surveillance of Viral Hepatitis, Anti-Microbial Resistance**	Revenue	*37.00*	*26.60*	*10.88*	*40.00*	*31.48*	***22.19***
		Capital	*15.00*	*15.00*	*2.32*	*21.44*	*18.52*	***5.64***
		Total	52.00	41.60	13.20	61.44	50.00	27.83
2.16	**National Institute of Communicable Diseases (National Centre for Disease Control), Delhi - Emergency Epidemic Preparedness and Response - EAP**	Revenue	0.00	52.00	49.57	0.00	34.08	0.00
		Capital	0.00	43.00	22.43	0.00	2.42	2.42
		Total	***0.00***	***95.00***	***72.00***	***0.00***	***36.50***	***2.42***
2.17	**Procurement of Supplies & Material for Emergency Epidemic Preparedness and Response - EAP**	Revenue	0.00	3626.00	1548.70	0.00	118.78	0.00
		Capital	0.00	1098.00	702.14	0.00	481.16	93.42
		Total	***0.00***	***4724.00***	***2250.84***	***0.00***	***599.94***	***93.42***
2.18	**India COVID-19 Emergency Response & Health Systems Preparedness Pachage (Phase-II) (DBS)**	***Revenue***					2131.27	1118.69
		NER					44.60	
		Capital					31.65	2.64
		Total	***0.00***	***0.00***	***0.00***	***0.00***	***2207.52***	***1121.33***
2.19	**Pradhan Mantri Garib Kalyan Project - Insurance Scheme for Health Care Workers fighting COVID-19**	***Revenue***					813.60	713.10
2.20	**Blood Transfusion Service**	***Revenue***					0.00	
		Capital					0.00	
		Total	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***
2.21	**National/State Blood Transfusion Council (GC)**	***Revenue***					0.00	
2.22	**Pradhan Mantri Ayushman Bharat Health Infrasturcture Mission (PMAYBHIM)**	***Revenue***					251.18	
		Capital					63.82	
		Total	0.00	0.00	0.00	0.00	315.00	0.00
2.23	COVID-19 Emergency Response and Health System Preparedness Package	***Revenue***		6937.96	8205.79		1.78	
2.24	National Digitel Health Mission	***Revenue***		30.00	30.00	30.00	75.00	15.00
2.25	Covid 19 vaccination for health care worker and front line workers	***Revenue***		360.00	136.92	0.00	0.00	
	Total - Central Sector Schemes/Projects		***9761.00***	***23167.57***	***21818.45***	***10566.63***	***14223.31***	***9337.64***
3	Other Central Expenditure, including those on CPSEs and Autonomous Bodies							
3.01	Medical Treatment of CGHS Pensioners (PORB)	Revenue	1750.17	2805.00	2794.11	2300.00	2750.00	1977.90
3.02	*Purchase of Material in India and Abroad*	Revenue	310.00	310.00	308.92	300.00	285.00	0.00
	Deduct Recoveries	Revenue	-310.00	-310.00	-428.02	-300.00	-285.00	0.00
	Net	***Total***	*0.00*	*0.00*	*-119.10*	*0.00*	*0.00*	*0.00*
3.03	**International Cooperation/ International Health**							
	(i) Contribution to IRCS	Revenue	0.00	0.00	0.00	0.00	0.00	0.00

	(ii) Contribution to WHO	Revenue	28.00	33.00	64.56	30.69	32.00	0.00
	(iii) Delegation to International Conference	Revenue	5.00	4.50	2.71	5.00	1.50	0.13
	(IV) Int. Conf. on Med. & Public Health	Revenue	9.00	0.06	0.07	9.00	3.00	0.50
	(v) Codex Trust Fund (CTF)	Revenue	0.00	0.00	0.00	0.00	0.00	0.00
	(vi) Membership for International Org.	Revenue	8.00	13.00	6.65	8.00	13.50	6.62
	(vii) International Co-operation (FW)	Revenue	20.00	19.43	19.22	20.00	15.50	11.18
	(viii) Redevlopment of WHO-SERO Building	Capital	29.39	29.39	0.00	32.22	25.00	25.00
	(ix) Procurement of Thermal Scanners	Revenue					21.86	
		Total	***99.39***	***99.38***	***93.21***	***104.91***	***112.36***	***43.43***
3.04	Other Miscellaneous Expenditure Oversight Committee							
		Revenue	0.00	0.00	0.00	0.00	0.00	0.00
		Capital	0.00	0.00	0.00	0.00	0.00	0.00
		Total	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***
	National Centre for Disease Control Programme	Revenue	0.71	0.64	0.18	0.63	3.13	0.00
		Capital	10.00	11.00	10.10	59.50	22.00	15.92
		Total	***10.71***	***11.64***	***10.28***	***60.13***	***25.13***	***15.92***
	Public Health Foundation of India (PHFI)	Revenue	0.00	0.00	0.00	0.00	0.00	0.00
	Discretionary Grant	Revenue	6.00	3.00	1.32	5.00	5.00	1.08
	Haj Pilgrims	Revenue	7.00	8.50	8.47	7.67	0.00	0.00
	Rashtriya Arogya Nidhi	Revenue	177.32	70.00	44.37	105.00	97.13	17.68
	Award of Prizes in Hindi	Revenue	0.10	0.10	0.06	0.10	0.10	0.06
	Award of Prizes to Govt. Hospitals/ Institutions under Kaya Kalp Scheme	Revenue	10.00	20.04	10.00	10.04	18.54	0.00
	Counselling for UG/PG seats in Government Colleges	Revenue	2.17	1.61	0.70	1.46	1.13	0.22
	Deduct Recoveries	Revenue	-2.17	-1.61	0.00	0.00	0.00	0.00
	Net	***Total***	***0.00***	***0.00***	***0.70***	***1.46***	***1.13***	***0.22***
	Establishment of Stem Cell Donor Registry (New)	Revenue	*2.66*	*1.00*	*0.00*	*2.66*	*0.00*	*0.00*
	Compensation to the vicctims or to their families on account of accidents, injury or death at public places	Revenue	*0.10*	*0.01*	*0.00*	*0.10*	*0.06*	*0.00*
	Total - Other Miscellaneous Expenditure	Revenue	***203.89***	***103.29***	***65.10***	***132.66***	***125.09***	***19.04***
		Capital	***10.00***	***11.00***	***10.10***	***59.50***	***22.00***	***15.92***
		Total	**213.89**	**114.29**	**75.20**	**192.16**	**147.09**	**34.96**
3.05	Autonomous Bodies and PSUs Statutory Bodies							
1	All India Institute of Medical Sciences (AIIMS), New Delhi	Revenue	3489.96	3489.96	3229.31	3800.00	3658.00	3245.81
2	Post Graduate Institute of Medical Education & Research, Chandigarh	Revenue	1426.53	1861.53	1686.53	1613.82	1803.00	1302.50
3	Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry	Revenue	1000.00	900.00	817.89	1000.00	988.66	759.46

4	National Institute of Mental Health & Neuro-Sciences, Bangaluru	Revenue	434.43	474.43	474.43	500.44	528.49	361.07
5	NEIGRIHMS, Shillong	NER	310.31	310.31	309.95	350.00	560.45	232.79
6	RIMS, Imphal	NER	354.64	421.60	421.60	438.77	435.03	340.03
7	RIPANS, Aizawl	NER	35.46	43.00	43.00	88.87	78.72	56.71
8	LGBRIMH, Tejpur	NER	53.20	46.00	52.00	57.00	67.16	40.20
9	**Other Autonomous Bodies**							
	Lala Ram Swarup Institute of T.B. and Allied Diseases, New Delhi	Revenue	77.03	82.03	86.98	84.44	104.53	78.39
	Vallabh Bhai Patel Chest Institute, Delhi University	Revenue	61.69	61.69	61.69	67.63	61.09	55.71
	Kasturba Health Society, Wardha	Revenue	66.58	90.00	89.99	72.99	87.88	70.45
	Cancer Control (CNCI, Kolkata)	Revenue	126.67	66.16	42.91	90.00	82.79	55.15
	All India Institute of Speech & Hearing, Mysore	Revenue	129.40	100.00	44.10	130.00	45.23	25.12
	NIBS & Quality Control, Noida	Revenue	43.70	46.65	43.97	47.91	48.90	36.39
	Pasteur Institute of India, Conoor	Revenue	61.79	55.79	39.00	67.74	80.88	43.22
	New Delhi TB Centre	Revenue	5.12	5.12	5.12	5.61	5.61	4.21
	Indian Red Cross Society	Revenue	0.35	0.35	0.35	0.38	0.38	0.38
	St. Johns Ambulance	Revenue	0.04	0.04	0.04	0.04	0.04	0.04
	Institute of Human Behavior & Allied Sciences	Revenue	0.00	0.00	0.00	0.00	0.00	0.00
	NIHFW, New Delhi	Revenue	64.28	69.84	64.25	70.47	64.66	45.47
	IIPS, Mumbai	Revenue	79.15	60.10	52.27	80.00	73.07	56.99
	National Commission for Allied & Health Care Professionals	Revenue						
	Total - Other Autonomous Bodies	Revenue	***715.80***	***637.77***	***530.67***	***717.21***	***663.26***	***471.52***
	Regulatory Bodies							
10	Food Safety & SAI	Revenue	283.71	239.12	208.65	288.35	286.29	210.36
11	Indian Pharmacopeia Commission	Revenue	21.85	20.35	14.71	23.95	23.95	12.90
12	Medical Council of India	Revenue	0.89	0.50	0.00	0.98	0.98	0.00
13	Dental Council of India	Revenue	0.38	0.38	0.38	0.38	0.27	0.10
14	Pharmacy Council of India	Revenue	0.18	0.18	0.18	0.20	0.20	0.20
15	Indian Nursing Council	Revenue	0.19	0.19	0.19	0.19	0.19	0.00
16	National Academy of Medical Sciences	Revenue	1.60	1.60	1.60	1.60	1.62	1.22
17	National Board of Examination	Revenue	0.01	0.01	0.00	0.01	0.01	0.00
	Total - Regulatory Bodies		***308.81***	***262.33***	***225.71***	***315.66***	***313.51***	***224.78***
	Total - Autonomous Bodies		8129.14	8446.93	7791.09	8881.77	9096.28	7034.87
	PSUs							
18	HLL Life Care Limited	Capital	0.00	0.00	0.00	0.00	0.00	0.00
	Total - Autonomous Bodies and PSUs		**8129.14**	**8446.93**	**7791.09**	**8881.77**	**9096.28**	**7034.87**
	Total - Other Central Expenditure, including those on CPSEs and Autonomous Bodies		10192.59	11465.60	10634.51	11478.84	12105.73	9091.16
	Total		**25172.80**	**40582.75**	**38000.26**	**28291.27**	**32329.51**	**22631.49**
	Grand Total - Net		***25172.80***	***40582.75***	***38000.26***	***28291.27***	***32329.51***	***22631.49***

Demand No. 42/44 - Department of Health and Family Welfare
Statement giving Details of Centrally Sponsored Scheme (BE, RE & Actual Expenditure)

(Rs. in crore)

Sl. No.	Name of Schemes	2020-21 BE	RE	Actuals 2020-21	2021-22 BE	RE (Proposed)	Actuals upto 17/01/22
1	2	3	4	5	6	7	8
1	Centrally Sponsored Schemes						
	National Health Mission						
a.	National Rural Health Mission	27039.00	28366.75	30328.97	30100.00	27850.00	20404.15
	(i) NRHM –RCH Flexible Pool	*17639.09*	*19339.11*	*20257.48*	*20691.59*	*18631.00*	*13258.31*
	a. RCH Flexible Pool including Routine Immunisation Programme, Pulse Polio Immunisation Programme, National Iodine Deficiency Disordes Control Programme	5703.02	6241.02	6734.41	6273.32	5650.00	4313.96
	b. Health System Strengthening under NRHM	11936.07	13098.09	13523.07	14418.27	12981.00	8944.35
	(ii) Flexible Pool for Communicable Diseases	2178.00	2110.14	3211.09	2178.00	1750.00	1170.10
	(iii) Flexible Pool for Non-communicable Diseases, Injury & Trauma	717.00	403.51	365.21	717.00	367.00	293.73
	(iv) Infrastructure Maintenance	6343.41	6343.41	6333.29	6343.41	6950.00	5568.25
	(v) Prime Minister Development Plan for J&K/H.R.H.						
	(vi) Pilot Projects:	25.00	25.00	19.87	20.00	12.00	13.12
	(vii) Strengthening of National Programme Management of the NHM	125.00	125.00	121.59	150.00	140.00	100.64
	(viii) Janasankhya Sthirtha Kosh (JSK)	11.50	20.58	20.44			
b.	National Urban Health Mission	950.00	950.00	949.87	1000.00	500.00	389.23
c.	Strengthening of Drug Regulatory System	175.00	130.00	114.67	175.00	65.00	18.00
d.	Tertiary Care Programs						
	National Mental Health Programme	40.00	27.36	20.46	40.00	29.00	11.54
	Capacity Building for Trauma Centres	100.00	20.00	20.34	60.00	40.41	26.08
	National Programme for prevention and control of Cancer, Diabetes, Cardio-vascular Disease and Stroke	175.00	133.86	139.16	175.00	146.88	117.95
	National Programme for Health Care for the Elderly	105.00	15.00	14.35	105.00	97.12	76.07
	National Programme for Control of Blindness	20.00	5.00	4.91	10.50	4.09	1.36
	Telemedicine	45.00	45.28	44.71	45.00	45.00	34.56
	Tobacco Control Programme & DDAP	65.00	65.00	56.59	65.00	68.64	47.91
	Total- Tertiary Care Programs	***550.00***	***311.50***	***300.52***	***500.50***	***431.14***	***315.47***
e.	Human Resources for Health and Medical Education						

	Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges	4686.00	5386.00	5386.00	4800.00	5600.00	4155.00
	Total- Human Resources for Health and Medical Education	***4686.00***	***5386.00***	***5386.00***	***4800.00***	***5600.00***	***4155.00***
	Total-National Health Mission	33400.00	35144.25	37080.03	36575.50	34446.14	25281.85
f.	National Health Protection Scheme (RSBY)	29.00	29.00	0.46	1.00	1.00	
g.	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	6400.00	3100.00	2680.57	6400.00	3199.00	3285.01
	Total - RSBY/AB-PMJAY	***6429.00***	***3129.00***	***2681.03***	***6401.00***	***3200.00***	***3285.01***
h.	Senior Citizens Health Insurance Scheme	10.00	10.00		1.00	1.00	
i.	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)					585.00	
j	India COVID-19 Emergency Responseand Health System Preparedness Package (Phase-II) (DBS)					12359.00	6708.29
	Deduct Recoveries			-191.90			
	Total-Centrally Sponsored Schemes	**39839.00**	**38283.25**	**39569.16**	**42977.50**	**50591.14**	**35275.15**

Annexure C

Status of Action Taken Notes on Audit Observations included in C&AG's Reports against Deptt. of HFW (F.Y. 2021-22)

Sl. No.	Report No. (Date of Laying of the Report)	Para No.	Brief Subject of Paras	Status of Action taken Note (ATN)
1.	**18 of 2015 (08.05.2015)**	7.1 (CH.-VII)	**Central Government Health Scheme - Overpayment of Transport Allowance under Central Government Health Scheme (CGHS) –** The Doctors of Central Government Health Scheme (CGHS) in the Super Time Administrative Grade (SAG) scale were incorrectly being paid Transport Allowance at the rate of ₹ 7000 per month at par with the officers at the level of Joint Secretaries of the Central Government Departments. However, they were entitled to transport allowance of ₹ 3200 per month only in terms of the Office Memorandums issued by the Ministry of Finance. The incorrect application of rules by the CGHS led to overpayment of Transport Allowance of ₹ 5.74 crore to the Doctors between November, 2008 and March, 2014.	Action on submission of Revised Final ATN is in process.
2.	**6 of 2020 (23.09.2020)**	9.1 (CH.-IX)	**JIPMER, Puducherry - Irregular payment of Ad-hoc Bonus to the employees of (₹ 4.56 crore) - -** Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry paid Ad-hoc bonus to the employees for the year 2015-16 and 2016-17 without receiving the orders from the Ministry of Finance resulted in irregular payment of Ad-hoc bonus of ₹ 4.56 crore.	Action on submission of Revised ATN is in process.
3.	**6 of 2020 (23.09.2020)**	11.2 (CH.-XI)	**National Institute of Siddha, Chennai, National Institute of Health & Family Welfare (NIHFW), New Delhi - Irregular payment of Service Tax -** Educational Institutions made payment of service tax aggregating to ₹ 5.34 crore on outsourced services (housekeeping and security), although these services were exempted from payment of such tax..	Para has been settled on 04.01.2022.
4.	**2 of 2021 (24.03.2021)**	6.1 (CH. - VI)	Irregular payment of ₹3.26 crore to National Payments Corporation of India	Action on submission of Revised ATN is in process.

सत्यमेव जयते

Department of Health & Family Welfare
Ministry of Health & Family Welfare
Goverment of India

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