

V-17020/4/2014-ME-II/75165

Government of India
Ministry of Health & Family Welfare
(ME-II Section)

29/1803
23 JAN 2014

Nirman Bhavan, New Delhi

Dated the 20th January, 2014

To,

- I. The Director, Post Graduate Institute of Medical Education and Research, Sector - 12, Chandigarh - 160012.
- II. The Principal Director, Govt. Medical College & Hospital, Sector 32-B, Chandigarh 160030.
- III. The Additional Director, National Board of Examination, Medical Enclave, Ansari Nagar, Ring Road, New Delhi - 110029.
- IV. The Secretary, National Academy of Medical Sciences, Ansari Nagar, Mahatma Gandhi Marg, New Delhi - 110029.

Subject: (i) Quarterly Report sent to the Delivery Monitoring Unit (DMU) of PMO, on the progress of Health Sector (for the period October - December, 2013) Circulation reg. &
(ii) Material for preparation of DMU report for the quarter January-March, 2014 - request reg.

Sir,

I am directed to enclose herewith a letter No. Z-16014/1/2013-14 received from Sh. P.C. Cyrine, DDG (State) dated 13.01.2014 on the subject noted above.

2. You are requested to provide necessary comments to this Ministry at earliest.

Yours Faithfully,

(S.N. Sharma)

Under Secretary to the Govt. of India

Tel: 23061883

Encl: as above

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH

(Hospital Building), Sector 32-B, Chandigarh-160030 (Ph: 0172-2665253-59, Fax: 0172-2608488)

(ESTABLISHMENT BRANCH-IV)

05073-1

- 4 FEB 2014

Endst. No. GMCH-E-IV-EA-1(24/2)-2014/

Dated, Chandigarh the

A copy alongwith its enclosures is forwarded to the Computer Programmer, GMCH, Chandigarh for e-circulation among all the HODs/Br. Incharges of this Institute for information & necessary action with a request to furnish your comments to enable this office to proceed further in the matter pl.

Agarwal 3.2.14
Superintendent (Est.-IV)

Φ

- Subject: (i) Quarterly Report sent to the Delivery Monitoring Unit (DMU) of PMO, on the progress of Health Sector (for the period October - December, 2013) circulation reg. &
(ii) Material for preparation of DMU report for the quarter January-March, 2014
- request reg.

Kindly find enclosed the Quarterly Report sent to the Delivery Monitoring Unit (DMU) of PMO on the key developments and progress in the health sector in respect of National Rural Health Mission (NRHM) and the National Commission for Human Resources in Health (NCHRH) for the period October- December, 2013. The Report has been prepared by the Statistics Division on the basis of the information received from various Divisions and is to reflect the important developments / events attributable to different Divisions of MoHFW.

2. It is requested that monthly abstract of the achievements and notable developments having taken place in your Divisions / Organisations under your charge may be sent in hard copy and soft copy to Statistics Division, *on a monthly basis, by the 5th of following month, to facilitate timely consolidation and submission of the Report for the period January, 2014 to March, 2014 to the PMO.*

3. It is requested further that a brief description of important meetings / workshops, decisions taken and outcomes thereof etc. may be provided. Expanded forms of acronyms / abbreviations may invariably be provided. This will help us in following the below-mentioned instruction received from PMO (reference Statistics Division communication No. Z-16014/2/2009-Stats dated 29th November, 2011):

"for a meaningful monitoring under the DMU mechanism, provide a more detailed feedback in future, in the DO letter from the Secretary to the Principal Secretary to PM."

4. It has been observed that some field units of some Programmes / Divisions are sending information to Statistics Division also. Information received from field units may kindly be consolidated by the concerned Programmes / Divisions and then be sent to the Statistics Division. While forwarding the information, the contact details of the concerned officer may also be provided so as to enable us to seek further clarifications, if needed.

5. The soft copy of the information may also be e-mailed to Shri Alok Kumar Verma, Director (Stats) at the e-mail ID alokkumar.verma@nic.in and Shri Ankit Mishra, Assistant Director (Stats) at the e-mail ID ankit.mishra@nic.in. In case there is no information to be furnished to PMO, "NIL" information may be communicated.

Encl: As above (1 no.)

To
All Joint Secretaries, CD (Stats), CCA (with the request to provide expenditure figures), Economic Adviser, DDG (Admin - DGHS)

Copy for information to:

PS/PPS to Secretary (HFW), AS (H/A), DGHS, Spl. DG (ME), AS & DG (CGHS), AS & FA and AS & MD (NHM), DDG (Stats), DDG (Genl.)

(P.C. Cyndie)
DDG (Stats)

Tel. No. 011-2306 1238

केशव देसिराजु
SHAY DESIRAJU
Secretary

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स्वास्थ्य एवं परिवार कल्याण विभाग
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Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi- 110011

D.O.No.Z-16014/1/2013-Stats

10th January 2014

Dear Sir,

Please find enclosed the Delivery Monitoring Unit Report for the quarter October to December 2013 for the National Rural Health Mission (NRHM).

2. With regard to the National Commission for Human Resources for Health (NCHRH), there has not been significant progress since that reported in the last quarter. However, the matter has assumed considerable urgency in the light of the reconstitution of the Medical Council of India by an elected body as per the terms of the Indian Medical Council Act, 1956. It will be recalled that the Medical Council of India has been superseded over the period May 2010 to November 2013. Its functioning was carried out by a nominated Board of Governors. Considerable improvements were brought out over the period of the Board of Governors especially in the matter of inspection of colleges, approval of new colleges, new courses in existing colleges, increase in the number of seats, etc. It was also possible for the Government to implement several salutary reform measures during this period. There is some apprehension that conditions in the Medical Council will deteriorate following its reconstitution. This makes it imperative that Government takes the NCHRH Bill back to the Parliament after redressing all the issues and doubts raised by the Parliamentary Standing Committee on the Bill earlier moved in Parliament.

Regards

Yours sincerely

Keshav Desiraju

(Keshav Desiraju)

10 Jan

Shri Pulok Chatterji
Principal Secretary to the Prime Minister
Prime Minister's Office
South Block
New Delhi-110 001

October - December, 2013

The progress on the NRHM as on 31st December, 2013 has been uploaded on the website of the Ministry at <http://www.mohfw.nic.in> and a copy is placed at Annexure-I. The current level of key indicators such as Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR) and Total Fertility Rate (TFR) along with Mission targets is given at Annexure-II.

2. Under the various components of National Health Mission (NHM), an expenditure of ₹ 14,135.28 Crore (provisional) has been incurred up to 3rd January, 2014 which constitutes 67.31% of the Plan allocation (BE 2013-14) of ₹ 20,999.00 Crore under NHM.

3. Review Meetings on Progress and Performance of National Health Mission (NHM)

3.1. The Seventh Common Review Mission (CRM) of NHM was undertaken from 8th to 15th November, 2013 in 14 States namely Andhra Pradesh, Arunachal Pradesh, Bihar, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Maharashtra, Meghalaya, Nagaland, Odisha and Uttar Pradesh. Teams comprising Government Officials, Public Health Experts, representatives of the Development Partners and Civil Society Organizations visited these States. The objective of the CRM is to get an understanding of the strategies which were successful and those which warranted mid-course adjustments.

3.2. 1st meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) under the Chairmanship of the Secretary (HFW) was held on 20th November, 2013 in New Delhi.

3.3. 1st meeting of Mission Steering Group (MSG) of National Health Mission (NHM) was held on 6th December, 2013 in All India Institute of Medical Sciences (AIIMS), New Delhi under the Chairmanship of Hon'ble Union Minister of Health and Family Welfare.

A two day National Family Planning Summit for improved Reproductive Maternal Newborn Child Adolescent Health Plus (RMNCH+A) outcomes was convened under theegis of MoHFW, Government of India and in collaboration with John Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIGO) on the 3rd and 4th of October, 2013. More than 300 participants, including officials of the Ministry, Mission Directors from several States, Development Partners, Civil Society Organisations, program champions and providers from 33 States and Union Territories attended this national summit. The objective of the National Family Planning Summit was to assess the status of implementation and progress made in the different interventions under the Family Planning (FP) programme in the country, to share the programme experiences from the States and to understand the challenges and success stories of the various champions and counsellors from the States as well as strategize mechanisms to further strengthen the programme to provide and enable increased access to quality of FP services to millions of women, men and adolescents in the country.

4.2. A Regional Review workshop on FP for six high focus States - Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh - was held at Bhopal on 6th November, 2013.

5. Activities related to Immunization

5.1. Japanese Encephalitis (JE) campaign is presently in progress in Bankura district of West Bengal (coverage 49.25%); Karur (coverage 79.38%) and Pudukottai (coverage 73.68%) districts of Tamil Nadu; and Chitradurga (coverage 91.53%) and Davanagere (coverage 98.21%) districts of Karnataka.

5.2. The Sub National Immunization Day (SNID) Pulse Polio was held on 24th November, 2013 targeting 7,58,19,294 children. We continue to maintain our zero polio status since January, 2011.

5.3. The Phase IV of Measles SIA have been completed in 30 districts in Madhya Pradesh, 18 districts in Bihar, 23 districts in Rajasthan, 72 districts in Uttar Pradesh and 24

6. Activities related to Maternal Health

6.1. A meeting of Expert Group was held under the chairpersonship of Additional Secretary and Mission Director (NHM) on 4th October, 2013 to discuss proposed Amendments in the Medical Termination of Pregnancy (MTP) Act at New Delhi. This meeting was followed by a meeting of the Sub Group on 19th October, 2013 for technical discussions.

6.2. Field visits to health facilities were undertaken by officials of MoHFW as part of NRHM team for review in 24 South Parganas, Birbhum and Hooghly districts of West Bengal, Nalgoda and Khammam districts of Andhra Pradesh from 22nd to 26th October, 2013 and in Madhya Pradesh from 28th to 31st October, 2013.

6.3. State Consultative meetings on Reproductive Maternal Newborn Child Adolescent Health Plus (RMNCH+A) were held in Shimla and Delhi on 28th and 30th October, 2013 respectively. Similar consultations for the State of Tamil Nadu and Puducherry were held at Chennai on 22nd November, 2013.

6.4. National Orientation on Moving beyond Numbers towards quality of care for improved RMNCH+A outcome was held in New Delhi on 25th and 26th November, 2013 in partnership with JHPIEGO.

6.5. International workshop on Improving Access to Medical Abortion in India, organised by Gynuity Health project on 22nd November, 2013, was attended by Ministry officials. State Level Comprehensive Abortions Care (CAC) and Maternal Death Review Workshop, held at Odisha on 20th November, 2013, was also attended by MoHFW officials

6.6. MoHFW officials participated in discussions on Inequities in Maternal and Child Health – Situation and Solution held in Ahmedabad on 30th November and 1st December, 2013.

Implementation Workshop organized in collaboration with Government of India
and Maternal & Child Health Integrated Program (MCHIP) support from 11th to 13th
December, 2013.

6.8. MoHFW officials attended the 14th State Conference of Indian Association of Preventive and Social Medicine (IAPSM) held in Pachmarhi on 13th and 14th December, 2013.

6.9. MoHFW officials attended National expert consultation for developing strategy towards elimination of congenital syphilis, held at National Aids Control Organisation (NACO), New Delhi on 19th and 20th December, 2013.

6.10. MoHFW officials visited Nagpur on 29th December, 2013 for assessment of progress of development of Skill Lab at PHI Nagpur.

7. Activities related to Adolescent Reproductive and Sexual Health (ARSH)

7.1. A Core group meeting was held on 1st October, 2013 to discuss the agenda of conference on National Adolescent Health Strategy, which was attended by representatives of United Nations Framework for Population Activities (UNFPA), World Health Organisation (WHO), United Nations International Children's Emergency Fund (UNICEF), International Center for Research on Women (ICRW) and Mamta Health Institute for Mother and Child. The agenda was finalised at a meeting held on 29th October, 2013.

7.2. Two meetings were held on 10th & 11th October, 2013 for sharing of strategic framework and pre-test findings of Menstrual Hygiene creative. The latter was chaired by Additional Secretary and Mission Director (NHM). Subsequently a meeting for sharing of creative material and finalising radio scripts and TVC shoot of Menstrual Hygiene campaign was held on 23rd October, 2013.

7.3. Adolescent Health Programme Review – cum - Workshop was organised on 2nd and 3rd December, 2013 in New Delhi in which State Nodal Officers from 32 States / UTs

8. Activities under Integrated Disease Surveillance Project (IDSP)

8.1. As per the data received during October - December, 2013 a total of 387 outbreaks were reported and responded to by the States / UTs. The outbreaks were mainly related to Acute Diarrhoeal Disease, Viral Fever and Food Poisoning. In the 24X7 call centre, which receives disease alerts from across the country on a toll free number 1075, a total of 11,073 calls were received during October - December, 2013 out of which 160 calls were related to HINI.

8.2. IDSP has reported and verified 161 health alerts during October - December, 2013 through Media Scanning and Verification Cell which plays a vital role in detecting and verifying unusual health events through media.

9. Activities under National Leprosy Eradication Programme (NLEP)

9.1. As against the target of 3,000 Annual Reconstructive Surgery (ARS), a total of 1,354 (upto November, 2013) ARS have been performed and as against the target of 10 Annual New Case Detection Rate (ANCDR) per 1 lakh population, ANCDR of 10.78 per 1 lakh population has been achieved during 2012-2013, as per the latest available information.

10. Activities related to National Programme for Control of Blindness (NPCB)

10.1. NPCB is one of the centrally sponsored schemes in implementation since 1976 with the goal of reducing the prevalence of blindness to 0.3% by 2020. As against the annual target of 66 lakh cataract surgeries for the financial year 2013-14, around 26.00 lakh cataract surgeries have been performed in States / UTs upto December, 2013 under NPCB. Around 1.68 lakh free spectacles have been provided to School children upto December, 2013 against annual target of 9 lakh. Around 24,046 donated eyes have been collected upto December, 2013 against the annual target of 50,000.

Proposal for implementation of National Mental Health Programme during the 12th Five Year Plan at district and sub-district level at a total cost of ₹ 1,577.46 Crore has been approved by the Empowered Programme Committee (EPC).

11.2. The draft note for EPC on the proposal for implementation of National Mental Health Programme at tertiary level institutions and the activities to be undertaken at the Central level has been circulated.

11.3. The 'Mental Health Care (MHC) Bill, 2013' has been introduced in the Rajya Sabha and the Department related Parliamentary Standing Committee on Health & Family Welfare has examined the Bill and given its report. A draft Cabinet note for moving Official Amendments to the MHC Bill, 2013 has been drafted and has been forwarded to the Ministry of Law and Justice for their concurrence.

12. Activities related to National Vector Borne Disease Control Programme (NVBDCP)

12.1. Four workshops on Transmission Assessment Survey (TAS) were organised for elimination of Lymphatic Filariasis. State and district level officers were among the trainees.

12.2. For dissemination of knowledge and awareness generation on prevention and control of vector borne diseases, Directorate of NVBDCP participated in MTNL Perfect Health Mela organised by Heart Care foundation, in New Delhi during 23rd to 27th October, 2013, Border Security Force Annual Mela during 8th to 10th November, 2013 and India International Trade Fair from 14th to 28th November, 2013.

12.3. Progress of Global Fund supported Malaria control project in seven North Eastern States was reviewed by officials of MoHFW and the concerned States. An Action Plan for 2014-15 was also discussed during 11th to 14th November, 2013 at Shillong, Meghalaya.

Performance of vector borne disease control activities was reviewed in World Bank Periodic Dates and Annual Action Plan 2014-15 was discussed in a meeting held at Kolkata from 25th to 27th November, 2013.

13. Health Management Information System (HMIS) and Mother & Child Tracking System (MCTS)

13.1. Health Management Information System (HMIS) is an elaborate Monitoring system that has been put in place by MoHFW to monitor its programmes and to provide key inputs for policy formulation and interventions. It was initiated in October, 2008 and the data is presently being made available to various stakeholders in the form of standard & customized reports, factsheets, score-cards etc. Initially, States / UTs were reporting district wise data on HMIS portal. To make HMIS more relevant for local level monitoring, all States / UTs were requested to shift to "facility based reporting" in April, 2011. At present, around 570 districts (across 33 States / UTs) are reporting facility wise data while rest are uploading District Consolidated figures on the HMIS web portal. The formats of HMIS have been revised recently to include some more indicators.

13.2. Mother and Child Tracking System (MCTS) is an online system developed by National Informatics Centre (NIC) which aims at tracking every pregnant woman and child for ensuring proper ante natal care (ANC), institutional delivery and post natal care (PNC) of pregnant women and full dose of immunisation for children. This will help improve the maternal and child mortality situation in accordance with MDG Goals 4 and 5. A total of 1,27,56,035 pregnant women were registered in MCTS during 2012-13, which indicates a registration of 67% for the financial year (FY) 2012-13. The registration of pregnant women during the current year has reached 1,50,14,282 as on 2nd January, 2014. A total of 1,73,06,019 children have been registered in MCTS during 2012-13, which indicates a registration of 64.56% for the FY 2012-13. 1,14,35,658 children have been registered as on 2nd January, 2014.

13.3. The data available from HMIS and MCTS are being used in decision making and reviewing programme interventions.

NIHFW is undertaking Annual Health Survey (AHS) through the Office of Registrar General of India (ORGI) in 284 districts of 9 States namely Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand. The first round of AHS was conducted during 2010-11 and the preliminary results covering key indicators and the detailed State wise factsheets based on first round of AHS have been brought out. State-wise Bulletin of 1st updation round of AHS was released in 1st week of May, 2013 and State wise factsheet based on 1st updation round has been released on 20th December, 2013. Field work of 2nd updation round of AHS has been completed and the field work of Survey on measurement of height, weight, blood pressure, blood glucose, haemoglobin etc. is under progress.

14.2. The District Level Household Survey (DLHS-4) is being conducted in 26 States / UTs where Annual Health Survey is not being conducted. The work has been taken up in two phases covering 14 States / UTs in Phase - I and 12 States / UTs in Phase - II. The fieldwork of DLHS-4 has been completed in 11 States / UTs viz Goa, Himachal Pradesh, Karnataka, Maharashtra, Manipur, Mizoram, Punjab, Tripura, West Bengal, Chandigarh and Delhi, so far. It is expected that State/ district-wise factsheets on key indicators will start becoming available from January, 2014 in a phased manner.

14.3. Preparatory work for the next round of National Family Health Survey (NFHS-4) to be initiated in 2014 is in progress. Sample design and Questionnaires have been firmed up in a series of meetings of the Technical Advisory Committee and its sub- committees comprising various stakeholders. IIPS, Mumbai, an autonomous organization of the Ministry has been designated as the nodal agency. The proposal has been approved by the Steering Committee of NFHS-4 and the Empowered Programme Committee (EPC) of NHM. The Survey instruments and protocols have been pre-tested during 24th November to 13th December, 2013.

15. Activities related to Central Health Education Bureau (CHEB)

15.1. Five orientation programmes comprising 145 medical and nursing students including 5 international students of Post Graduate (PG) Diploma in Public Health & Management from National Institute of Health and Family Welfare (NIHFW) and 9 Post

October, 2013. Three orientation programmes comprising 164 nursing students to nursing institutes located at Delhi and Mangalore were conducted in November. Seven orientation programmes comprising 239 nursing students from different nursing institutes located at Delhi, Mangalore and Pune were conducted in December, 2013.

15.2. Academic sessions / presentation and subsequent feedback regarding field work pertaining to Comprehensive Field Training (CFT) continued for the second year students of Post Graduate Diploma in Health Education affiliated to Delhi University and being organized by CHEB. Academic inputs on the subject were also provided.

15.3. CHEB participated in India International Trade Fair (IITF) - 2013 during 14th - 27th November, 2013 through "Health Pavilion" of MoHFW at Pragati Maidan, New Delhi for creating awareness among general public / visitors regarding healthy lifestyle and related health issues such as non-communicable diseases with a focus on diseases on account of consumption of tobacco in any form; health with equity; organ donation and transplant; tobacco related issues; and women's issues concerning health. A training programme for Volunteers from Nehru Yuva Kendra, New Delhi was separately organised before IITF regarding their role and responsibilities to ensure their contribution in various activities carried out by CHEB.

15.4. MoHFW officials participated and delivered lectures on "How to identify various IEC/BCC issues under NRHM" to two batches of officials of Central District of Government of Delhi at LNJP Hospital, New Delhi during 16th - 17th December, 2013 and 18th - 19th December, 2013.

15.5. An exhibition was organized on "Healthy Lifestyle" by MoHFW at the two day Indian Public Health Association (IPHA) Conference, Delhi State Branch at V. M. Medical College, Safdarjung Hospital, New Delhi on 21st and 22nd December, 2013.

The National Programme for the Health Care of Elderly (NPHCE) is a programme started in 2010-11 in order to address health related problems of elderly people. The basic aim of the NPHCE is to provide separate and specialised comprehensive health care to the senior citizens at various levels of state health care delivery system including outreach services, Preventive and promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation and therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.

16.2. Presently, the programme is being implemented in 100 selected districts of 21 States. 8 Regional Geriatric Centres (RGCs) have also been selected and funded for the development of dedicated Geriatric Departments.

16.3. A meeting of the EFC, under the chairmanship of Finance Secretary & Secretary (Expenditure) on the Memorandum seeking approval for continuation of the National Programme for the Health Care of Elderly (NPHCE) in the 12th Five Year Plan with a project cost of ₹ 562.57 Crore at the tertiary level was convened on 8th October, 2013. The EFC approved the Memorandum with directions to reduce the cost structure on components like construction of building, human resources etc. The directions of EFC are being complied with and a CCEA note thereon is under finalisation.

17. Activities related to Food Safety and Standards Authority of India (FSSAI)

17.1. Implementation of FSS Act, 2006, Rules and Regulations thereunder are in progress in all States and Union Territories. Provisions are made for granting Licenses and Registrations online with technical support from National Institute of Smart Government (NISG). Various steps have been taken to make the online licensing process user friendly. A total of 1,065 Central Licenses, 2,52,116 State Licenses and 9,48,275 State Registrations have been granted to Food Business Operators from July, 2013 to September, 2013.

1. Screening of persons with diabetes and hypertension has been taken up in 100 districts and 4 metro cities. 5,29,48,963 and 5,00,28,846 persons have been screened so far for Diabetes and Hypertension respectively, out of which 5.15% (32,56,963 persons) are suspected with diabetes and 5.42% (27,09,910 persons) are detected with hypertension. Besides, Non-Communicable Diseases (NCD) Cells have been set-up at States / UTs and district levels.

18.2. A total of 70,85,963 and 88,47,987 persons were screened for diabetes and hypertension respectively during the period of October and November (till 26th November, 2013), out of which 5.18% (3,66,709 persons) suspected with diabetes and 3.72% (3,29,473 persons) are detected with hypertension.

18.3. A sum of ₹ 75.67 crore has been released to 22 States under NCD Flexipool for implementation of the programme.

18.4. A review meeting was organised at New Delhi on NPCDCS on 1st October, 2013. Key issues identified and decision points thereon during the review meeting were – ownership of the Programme, follow-up of Screening Programme, utilisation of unspent funds, issues related to human resources, procurement of goods, tertiary care, expansion of NPCDCS, reporting of information, State Programme Implementation Plans (PIPs) and National Action Plan and Monitoring Framework.

19. Activities related to Central Bureau of Health Intelligence (CBHI)

19.1. In an endeavour to develop trained manpower, CBHI organised various courses such as Orientation Training Course on Health Information Management (HIM) in Bengaluru during 18th to 22nd November, 2013; Orientation Training Course on Family of International Classification (FIC) [International Statistical Classification of Diseases and Related Health Problem - version-10 (ICD-10) & International Classification of Functioning Disability and Health (ICF)] for non-medical personnel in Lucknow during 18th to 22nd November, 2013 and Orientation Training Course on FIC (ICD-10 & ICF) for non-medical

to promote the use of ICD-10 in tertiary Care Hospitals, a one-day workshop was hosted by Medical Record Department (MRD), Jawaharlal Nehru Institute of Post Graduate Medical Education and Research (JIPMER), Puducherry on behalf of CBHI on 2nd November, 2013.

20. Activities related to Non Government Organisation (NGO)

20.1. The proposal for Revision of Guidelines for NGO involvement in NRHM during 12th Five year Plan was placed before the Empowered Programme Committee (EPC) in its first meeting held under the Chairmanship of Secretary (Health & Family Welfare) on 20th November, 2013. The proposal was considered and approved. The major changes stipulated in the proposed guidelines are to give the States a greater role, discretion to choose the NGOs and exercise oversight. This would be supported within the NRHM framework provision of up to 5% outlay for voluntary sector involvement.

21. Activities related to Revised National Tuberculosis Control Programme (RNTCP)

21.1. A meeting with the Rotary India National Leadership of all care providers in Quality Tuberculosis (TB) care in India was held at New Delhi on 4th October, 2013.

21.2. Zonal Task Force Workshop for Involvement of Medical Colleges in RNTCP for East Zone was held at Raipur during 18th – 19th October, 2013. Similar workshop for North East Zone was held at Dibrugarh during 24th – 25th October, 2013.

21.3. A review of the activities of the Sub recipient of Global Fund Project – Catholic Bishops Conference of India (CBCI) CARD Project was undertaken at the National State Tuberculosis Programme Coordinator (STPC) review meeting held at Vaishali, Ghaziabad, Uttar Pradesh on 22nd October, 2013.

5. RNTCP modular training was organised at National Tuberculosis Institute (NTI), Bangalore during 11th – 23rd November, 2013. Another similar training was organized at National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi during 18th – 30th November, 2013. A Zonal capacity building workshop was organized in Guwahati on 25th and 26th November, 2013.

21.6. Central Internal Evaluations of Baba Ambedkar Hospital Chest Clinic and Shastri Park Chest Clinic were conducted at New Delhi during 11th – 15th November, 2013. Similar evaluations in two districts of West Bengal viz, East Medinipur and Nadia were conducted during 9th – 13th December, 2013.

21.7. Media management workshop of State Advocacy Communication and Social Mobilisation (ACSM) officers and ACSM consultants, was organized in New Delhi during 19th - 20th November, 2013.

21.8. MoHFW officials participated in State RNTCP review of Haryana on 20th December, 2013.

21.9. Training of stakeholders of pharmaco vigilance for South Zone was conducted at Hyderabad during 9th – 10th December, 2013. A similar training for West Zone was held during 12th – 13th December, 2013 at Ahmedabad.

Government of India
Ministry of Health & Family Welfare
National Rural Health Mission
Delivery Monitoring Unit (DMU) Report
Period Ending Date: 31-12-2013

1	ASHA (Accredited Social Health Activist) as on 30-09- 2013	Total Number of ASHA in position	High Focus states	5,72,966
			Other than High Focus states	3,17,854
		Total Number of ASHA selected and trained upto IV module	High Focus states	4,94,155
			Other Than High Focus states	2,89,923
		Number of VHSCs	Constituted	5,11,832
2	Upgradation of Sub Centres	Number of SCs	As in RHS 2012	1,48,366
		Sub Centres which are functional (as on 30-09-2013)	with two ANMs	75,799
3	Upgradation of PHCs	Number of PHCs	As in RHS 2012	24,049
		PHCs and equivalent where three staff nurses have been positioned (as on 30-09-2013)		6,486
4	Upgradation of CHCs	Number of CHCs	As in RHS 2012	4,833
		Number of CHCs/SDH & equivalent which have been upgraded to FRU status	as on date (30-09-2013)	2,051
5	Upgradation of DH	Number of DH & equivalent which have been upgraded to FRU status	as on date (30-09-2013)	602
6	Number of Institutional deliveries upto November, 2013 (% to total reported deliveries) *			1,10,42,104 (84.79%)
7	Number of Children (9 to 11 months) Fully Immunized upto November, 2013 (% to need assessed for 0-1 year children immunization) *			1,49,79,608 (58.15%)
8	Number of male & female sterilisations conducted upto November, 2013 (% to estimated unsterilised couples) *			19,64,599 (1.50%)

Note: Figures are provisional.

RHS: Rural Health Statistics

* Source: HMIS portal (Figures updated as on 3.1.2014 and provisional).

Government of India
Ministry of Health & Family Welfare
National Rural Health Mission
Delivery Monitoring Unit (DMU) Report
Key Performance Indicators

SL. No.	Targets	Current Estimated Level	Reference Year/Period
1	Infant Mortality Rate (IMR) to be reduced to 30/1000 live births by 2012	42	2012
2	Maternal Morality Ratio (MMR) to be reduced to 100/1,00,000 live births by 2012	178	2010-12
3	Total Fertility Rate (TFR) to be reduced to 2.1 by 2012	2.4	2012