

**MINISTRY OF HEALTH
AND
FAMILY WELFARE**

Major Schemes and Programmes



सत्यमेव जयते

**Government of India
New Delhi**

**November, 2000
(Revised Edition)**

Website : <http://mohfw.nic.in>

FOREWORD



Dissemination of information is the first and foremost tool of transparent functioning. Realising the long felt need of providing information to the general public on the Major Schemes/Programmes of the Ministry of Health and Family Welfare which consists of the Department of Health, Department of Family Welfare and the Department of ISM&H, my Ministry had brought out a Brochure giving details of schemes and programmes in the month of August, 2000.

This Brochure has been further improved in the contents by updating the information and including detailed application forms etc. which can be made use of by the general public.

I hope this will prove to be a more useful reference document in keeping the public and all interested, including the Hon'ble Members of Parliament, informed about the programmes/activities of this Ministry, be it in the field of Family Welfare, Health care delivery system or Indian Systems of Medicine and Homoeopathy.

(Dr. C. P. Thakur)

Union Minister for Health & Family Welfare, India

New Delhi
20th November, 2000

INDEX

S.No.	Name of Programme	Page No.
I. DEPARTMENT OF HEALTH		
1.	National Aids Control Programme	3
2.	National Leprosy Eradication Programme	8
3.	Vector Borne Disease Control Programme	12
4.	National T.B. Control Programme	15
5.	National Programme for Control of Blindness	19
6.	National Cancer Control Programme	36
7.	National Iodine Deficiency Disorder Control Programme	52
8.	Diseases Surveillance Programme for Communicable Diseases	54
9.	Mental Health Programme	56
10.	Drug De-addiction Programme	59
11.	National Illness Assistance Fund	61
12.	Pilot Project for Hospital Waste Management in Govt. Hospitals	68
13.	Financial assistance to the selected Government hospitals of various States for Emergency Care Centre in towns / cities on National Highways.	71
14.	Central Govt. Health Scheme	73
15.	National Cardio-Vascular Disease Control Programme	87
16.	Scheme for Improvement of Medical Services	88
17.	Health Minister's Discretionary Grant	102

S.No.	Name of Programme	Page No.
18.	Health Promotion & Education Programme	107
19.	Medical Care for Remote and Marginalised Tribal and Nomadic Communities	110
20.	National Programme for Control and Treatment of Occupational Diseases	111
21.	Oral Health Care Scheme	112
22.	Scheme for Medical Education	113
23.	Prevention of Food Adulteration Programme	118
24.	Centred Drug Standard Control Organisation (CDSCO)	123
25.	Vallabhbhai Patel Chest Institute	129
26.	National Institute of Biologicals	131
27.	Nursing Programme	133
28.	International Cooperation	135
II. DEPARTMENT OF FAMILY WELFARE		
29.	National Family Welfare Programme	139
III. DEPARTMENT OF INDIAN SYSTEM OF MEDICINE & HOMOEOPATHY		
30.	Scheme for upgradation of Deptt. of ISM&H in selected ISM Colleges for Post Graduate Training	182
31.	International Exchange Programme/Seminar/Conference/Workshop on Indian Systems of Medicine and Homoeopathy	187
32.	Scheme for Re-orientation Training Programme (ROTP) of ISM & H Personnel	192

S.No.	Name of Programme	Page No.
33.	Grant-in-aid under the scheme for strengthening of the existing undergraduate colleges of Indian Systems of Medicine & Homoeopathy during Ninth Five Year Plan	203
34.	Implementation of Information Education Communication (IEC)Scheme of Indian Systems of Medicine & Homoeopathy (ISM&H) through Non-Governmental Organisations (NGOs)	211
35.	Scheme of Extra Mural Research on ISM&H	218
36.	Scheme of Accreditation of Organisations with Ministry of Health & Family Welfare for Research And Development in the filed of ISM&H	227
37.	Scheme for Standardisation of ASU Drugs	232
38.	Scheme for Providing Central Assistance for Development and Cultivation of Medicinal Plants used in the Ayurveda, Siddha, Unani & Homoeopathy	238
39.	Scheme for Providing Central Assistance for Development of Agro Techniques of Medicinal Plants used in Ayurveda, Siddha, Unani and Homoeopathy	245
40.	Reproductive and Child Health Programme	252
41.	Scheme for Central Assistance for strengthening of State Pharmacies and Laboratories.	257
42.	Medicinal Plants Board	258

DEPARTMENT OF HEALTH

NATIONAL AIDS CONTROL PROGRAMME

HIV infection today affects about 3.5 million Indians, with no State free from the virus. HIV/AIDS continues to show itself to be one of India's most complex epidemics - a challenge that goes beyond public health, raising fundamental issues of human rights and threatening development achievements in many areas. The need to prevent the progression of the epidemic and provide care and support for those infected or affected is calling for an unprecedented response from all sections of society.

The National AIDS Control Organization, Ministry of Health & Family Welfare has launched the National AIDS Control Programme - II, from December, 1999 with a total budget of Rs. 1425 crores.

The new national programme in implementation sees the country on the threshold of a new approach - marked by focusing on encouraging and enabling the States themselves to take on the responsibility of responding to the epidemic. It is also leading to growing partnerships between government, NGOs and civil society.

National AIDS Control Programme - II has two key objectives namely :

1. To reduce spread of HIV infection in India; and
2. Strengthen India's capacity to respond to HIV/AIDS on a long term basis.

Reflecting the extreme urgency with which HIV prevention and control need to be pursued in India, the AIDS - II project of the National AIDS Control Programme will be across all States and Union Territories and a Centrally Sponsored Scheme with 100% financial assistance from Government of India direct to State AIDS Control Societies and selected Municipal Corporations/AIDS Control Societies.

NATIONAL AIDS CONTROL PROGRAMME-PHASE-II SCHEMES OF NACO

NGOs are critical partners in the National AIDS Control Programme-II, which seeks to develop a multisectoral response to the prevention and control of HIV/AIDS in the country.

The National AIDS Control Programme has undertaken various schemes to address specific areas for the prevention and control of HIV/AIDS in the country in which NGOs are being involved. NGO guidelines have been formulated to provide for an open and transparent system of selection of NGOs. NGOs must be registered as a Society/ Public Trust for at least three years, must have a credible track record and should not be blacklisted by any Government agency to be eligible for funding under the National AIDS Control Programme-Phase II.

The funding of NGOs (except for setting up of Community Care Centres) has been completely decentralized to the State AIDS Control Societies.

- These schemes are :
- Targetted Interventions
- School AIDS Education
- Community Care & Support
- National AIDS Helpline and Telecounselling

Targetted Interventions

With the purpose of reducing the rate of transmission among the high-risk behaviour communities, NACO has introduced Targetted Intervention programmes. These programmes are focused to each specific target group and bring about a change in high-risk behaviour through behaviour change communication, STD services, Condom Promotion, and

creation of an enabling environment.

Targeted interventions are being implemented through NGOs who have the required experience in working with vulnerable and marginalized sections of society such as sex workers, injecting drug users, street children, men who have sex with men, truck drivers etc.

NACO has developed a standardized costing pattern for Targeted interventions to ensure a cost effective and comprehensive approach. These costs cover the minimum requirements for Targeted interventions while at the same time, allowing for flexibility at the state level keeping in mind the local conditions and variations.

Community Care And Support Centres's for People living with HIV/AIDS (PLWHA)

With the growing number of HIV/AIDS in the country an urgent need to offer palliative care and outreach services for people living with HIV/AIDS has become imperative. NACO has initiated the setting up of such care and support centres on a pilot basis.

In India in the absence of free access to anti retroviral treatment in the public health system, there is need to develop and establish alternative low cost models of care and outreach that are able to reduce the burden on public health hospitals and at the same time provide appropriate medical and palliative care.

These centres provide shelter, nutritional, nursing care, recreational facilities, spiritual discourses, referral services and relevant training of families and community based organisations in care of HIV/AIDS patients.

They meet specific needs of People Living with HIV/AIDS such as treatment of opportunistic infections, psycho-social support and outreach services to sensitize and trains family members to look after people living with HIV/AIDS. They also provide referral services and have linkages with other welfare organizations. These centres sometimes also take care of the last rites of those who die of AIDS.

Guidelines have been developed for establishment of these centres and a clear criterion for admitting the patients has been developed to give preference to the economically backward and the destitute.

School AIDS Education

Young people are among the most vulnerable to the HIV infection. A number of schemes for young people are being implemented among which the School AIDS Education Programme is important. Students are being reached through both the curricular and non-curricular initiatives. A comprehensive training package for adolescents' education that lays emphasis on training of teachers and peer educators has been developed.

The scheme is being taking up in classes IX and XI. The teachers and students organize a number of extracurricular activities in schools, which aim at raising awareness among the students. The issue of HIV/AIDS is not dealt with in isolation but as a part of the larger issue of family life education.

A national scheme has therefore been developed which aims at integrating HIV/AIDS education in the life skills education programmes in the schools in a sustainable and cost effective manner. HIV/AIDS education has also been introduced in the curriculum of secondary schools.

The Scheme advocates a co-curricular approach. The salient features of the plan are :

- Advocacy for HIV/AIDS Education among community leaders, media professionals, religious leaders, policy makers, government officials, parents, principals, teachers, etc.
- Training of teachers for successful integration of HIV/AIDS education in schools.
- Training of peer educators, students who have leadership qualities and communication skills.

- To create an environment where free and frank discussions between teachers, peer educators and students can take place.

This scheme is being implemented through trained NGOs.

National AIDS Helpline and Telecounseling

Telephone counseling has proved to be one of the most effective strategies in raising awareness levels among people, dispelling myths and ignorance, and helping to create a supportive environment for access to services. Telephone counseling is specially popular in countries such as India where conservative social norms do not allow for open discussion on issues of sex and sexuality. It also provides complete confidentiality and privacy to persons who do not wish to reveal their identity.

NACO began a pilot project in 1997 with a toll free number 1097 for computerized information and counseling on telephone. This project has subsequently been replicated all over the country.

Trained NGOs are being actively involved in providing the counselling services in this project. These projects are being funded by the State AIDS Control Societies.

For more detailed information please contact :

The Joint Director (Technical)
NACO

9th Floor, Chandernagore Bldg., 36 Janpath, New Delhi-110001

Tel. : 3325337

NATIONAL LEPROSY ERADICATION PROGRAMME

History

- Leprosy is the oldest disease known to mankind. The first evidence of a leprosy like disease was recorded in Egypt in 1400 BC. There is a clear description of leprosy in the Susrutha Samhita of the 6th Century BC.

The Myths & The Facts

- Two common beliefs about leprosy - that it is hereditary and that it is spread by touch - are unfounded myths. It is neither hereditary nor contagious.
- Leprosy is the least infectious of all the communicable diseases. It can take years of living of close proximity to an untreated leprosy patient to develop the disease. Like tuberculosis to which the disease is related, droplets in the air spread leprosy germs.
- 95% people are naturally immune to the leprosy germ.
- The ulcer and sores that are seen on advanced or deformed cases of leprosy are not signs of the disease. They result from damage done to intensive hands, feet and eyes and from a lack of proper care.
- Early treatment of symptoms - like desensitized skin patches - prevents any deformity and patients can resume a totally normal life.
- The word leper should no longer be used in any context. It signifies an old-fashioned and discriminatory approach to leprosy when the modern approach is to treat people in the community so that they continue to lead a normal life.

Leprosy Today

- In 1985, there were 122 leprosy endemic countries world-wide. In 1999, that figure was down to 24. Ninety percent of world leprosy is now confined to 11 countries. However, India has a sizable number of the world's recorded leprosy patients.
- Other countries still to eliminate leprosy include Brazil, Indonesia, Nepal, Myanmar, Niger, Mozambique, Madagascar, Democratic Republic of Congo, Guinea and Ethiopia.
- The major leprosy elimination challenge is in five States which continued 71% of total country case load. Recorded cases in March 2000 were as follows:

Bihar	-	149220
Uttar Pradesh	-	100169
West Bengal	-	42440
Madhya Pradesh	-	36021
Orissa	-	40717

Hidden cases are also likely to be high in these States.

- With leprosy elimination defined as less than 1 per 10,000, these five States recorded the following prevalence rates by March 2000 :

Bihar	-	15.20
Orissa	-	11.46
West Bengal	-	5.44
Uttar Pradesh	-	6.02
Madhya Pradesh	-	4.60

The Treatment

- Since the early 1980s MDT (Multi Drug Therapy) has revolutionized the treatment of leprosy. It is a combination of the drugs Rifampicin, Clofazimine, and Diapason and is a virtually guaranteed cure.
- Laboratory evidence indicates that a single dose of MDT kills 99.9% of leprosy germs.
- There are no significant, side effects to MDT within prescribed doses and a leprosy patient ceases to be infectious within a few days of starting the course of treatment.
- MDT is now available free of charge at all Primary Health Centres. The cost has so far been borne by the Sasakawa Memorial Health Foundation from Japan and from this year it will be borne by the pharmaceutical company Novartis.
- Since the introduction of MDT following 9 States of Tripura, Sikkim, Meghalaya, Nagaland, Haryana, Punjab, Himachal Pradesh, Mizoram and Jammu & Kashmir, have eliminated leprosy.
- Assam, Gujarat, Kerala, Manipur, Arunachal Pradesh, Rajasthan and Lakshadweep are very close to elimination.
- Thanks to the widespread availability of MDT, almost ever "Leprosy Beggar" at traffic lights or outside places of worship is in fact a cured and non-infectious leprosy patient.

Highlights of programme activities in India :

- i) National Leprosy Control Programme has been in operation since 1955. With the availability of highly effective treatment of leprosy, the programme was redesignated as National Leprosy Eradication Programme in 1983 with the objective to achieve elimination of leprosy by the end of the century in the country, thereby reducing the case load to 1 or less/ 10000 population.

VECTOR BORNE DISEASE CONTROL PROGRAMME

Malaria :

- Malaria is one of the major public health problems. The disease is distributed in all parts of India, except areas lying above 1800 meters altitude. Two species of the malaria causing parasite are found in India, namely *P. vivax* and *P. falciparum*. The latter parasite may lead in some proportion of cases to a disease condition, called cerebral malaria. *P. Falciparum* is dominant in the North-east India and tribal predominant areas of peninsular states.
- An organized programme for control of malaria in the country has been in operation since 1953, as a cent percent centrally sponsored scheme till 1979, and as a category-II centrally sponsored scheme (with 50:50 cost sharing with states) thereafter. This programme is now termed as the National Anti Malaria Programme (NAMP). North Eastern states are covered under 100 percent Central assistance w.e.f. December 1994. An Enhanced Malaria Control Project (EMCP) is in operation with assistance from the World bank in 100 hard core tribal districts of the seven peninsular states viz. Andhra Pradesh, Bihar, Gujarat, Madhya Pradesh, Maharashtra, Orissa and Rajasthan from September 1997.
- Dramatic success was achieved in the implementation of the anti-Malaria programme in the past. From an estimated 75 million cases and 0.8 million deaths annually in 1952 the annual incidence was brought down to only 0.1 million cases with no deaths in 1965. An era of resurgence followed with a peak in 1976, when 6.47 million cases and 59 deaths were reported. The challenge was met with a change in the malaria control strategy

- ii) The programme received further boost in 1993-1994 with sanction of World Bank assistance of Rs.302 crore for a period of 6 years. The whole country was brought under MDT. This assistance was used for extension of MDT services in uncovered areas, strengthening of existing services, health education and training activities. Manpower development, disability and ulcer care including reconstructive surgery. The phase I of World Bank assistance has ended on 30th Sept 2000. World Bank has agreed for supporting a 3 year NLEP second project in principle and the project implementation plan is being appraised by them at present.
- iii) Free MDT services are now available in all the districts of the country. Any person having suspected signs of leprosy should consult nearest health worker or PHC or leprosy clinic. Confirmation of disease is done at the PHC level by medical officer or at the field clinic during their visit and free MDT is started immediately for patients needing treatment. In case of any doubt or clarification concerning person may visit to district leprosy officer or State Leprosy Officer of the concerning District / State.

For more detailed information please contact :

Deputy Director General (Lep.)
DGHS, Nirman Bhavan
New Delhi-110011
Tel. : 3012401

and a Modified Plan of Operation (MPO) was initiated from 1977 onwards. The annual incidence came down to about 2 million cases in 1983. Since then the malaria cases have been contained to around 2-3 million cases annually.

Programme strategy

The programme was reviewed in depth by an Expert Committee during 1995. Necessary adjustments have been made in the malaria control strategy according to the recommendations of this Expert Committee, with emphasis on 1) early case detection and prompt treatment, 2) Selective vector control, 3) promotion of personal protection methods, 4) early detection and containment of epidemics, 5) IEC (Information Education and communication) and 6) Management capacity building.

Urban Malaria Scheme (UMS)

Malaria in urban areas is an important and widespread public health problem in India. To assist the states in control of Urban malaria, an UMS was launched in India during 1971-72. At present the scheme is functioning in 132 towns. Under the scheme malaria treatment is provided through agencies like hospitals, dispensaries and malaria clinics. Recurrent anti larval measures at weekly intervals with approved larvicides are undertaken to control vector mosquitoes. The centre provides larvicides and pyrethrum extract and anti malarials to the UMS towns. Nineteen towns are under the EMCP where provision of enhanced inputs like microscopes and IEC material etc. are envisaged.

Filaria

Filaria is one of the major public health problems in India. There are an estimated 454 million people at risk of the disease in 18 states and UTs. There are 205 control units and 199 Filaria Clinics functioning in urban areas under the National Filaria Control Programme (NFCP). The measures taken for control of filaria are anti

larval measures at weekly intervals, environmental methods of controlling mosquito breeding, biological control through larvivorous fish and anti parasitic measures through detection and treatment of microfilaria carriers. Thirteen districts in 7 states of the country namely Andhra Pradesh, Bihar, Uttar Pradesh, Kerala, Tamil Nadu, Orissa, and West Bengal have been brought under the ambit of single dose mass administration of DEC since 1997, in accordance with the global plan for elimination of filariasis through this measure of mass drug administration.

Kala-azar

Kala-azar is a visceral disease caused by the protozoan parasite *Leishmania donovani* and transmitted by the *Phlebotomus argentipes* and is prevalent in the states of Bihar, West Bengal and eastern Uttar Pradesh. Kala-azar control strategy envisages free treatment with Sodium Stibo Gluconate (SSG) and treatment of unresponsive cases with Pentamidine isethionate. DDT spraying is undertaken in the Kala-azar affected villages, to interrupt Kala-azar transmission.

Dengue

Dengue fever is a disease transmitted by the bite of the *Aedes aegypti* mosquito. Since 1956 outbreaks have been reported in different parts of India. In recent years the states of Delhi, Haryana, Punjab, Uttar Pradesh, Karnataka, Maharashtra and Tamil Nadu have been reporting Dengue/DHF cases. The Dengue situation in the country is regularly monitored by the NAMP. Symptomatic treatment of Dengue/DHF cases, vector surveillance and control and health education are important components of dengue control in India.

For more detailed information contact :

The Director
National Anti Malaria Programme
22, Sham Nath Marg, Delhi-110054
Tel.: 3918576

NATIONAL TB CONTROL PROGRAMME

- Tuberculosis (TB) is an infectious disease caused by a bacterium, *Mycobacterium tuberculosis*. It is spread through the air by a person suffering from TB. A single patient can infect 10 or more people in a year.
- It primarily affects people in their most productive years of life and commonly associated with poverty, overcrowding, and malnutrition.
- India contributes about 1/3rd of the global burden of tuberculosis. Every year, there are approximately 22 lakh new cases in the country, of which approximately 10 lakh are new smear-positive and therefore highly infectious.
- Around 1.2 million TB cases are detected every years under the programme of which about 20-25% are sputum-positive and rest are sputum negative patients. It is estimated that almost an equal number of TB cases are detected and treated by Non-Governmental Organisations and Private Practitioners. Trend of the TB cases in the country reported under the programme over last few years has been more or less static.
- National Tuberculosis Control Programme (NTCP) has been under implementation since 1962 on a 50:50 sharing basis between Center and State. The objective of the programme is to detect as many cases as possible and effectively treat them so as to render infectious cases as non-infectious. Since its inception the programme is integrated with the primary health care infrastructure in the states.
- Diagnosis of TB cases is made through quality sputum microscopy, by examining three sputum sample of the chest symptomatic. Facilities for sputum microscopy are available free of cost in all

District TB Centres, Block PHCs, Taluk Hospitals, Primary Health Centres and other Govt. Health Institution.

- TB is completely curable if full course of treatment is taken by the patient Treatment facilities are available free of cost for TB cases in all District TB centres, Block PHCs, Taluk Hospitals, Primary Health Centres and other Govt. Health Institution.
- Though the programme has been in operation since 1962, it had not made any significant epidemiological impact on problem of TB. The Programme was reviewed by an Expert Committee in 1992. Based on the findings and recommendations of the Review, the Government of India evolved a revised Program based on Directly Observed Treatment Short course (DOTS) *strategy* with the objective of curing at least 85% of new sputum positive patients and detecting at least 70% of such patients.
- Under the DOTS Strategy, patients swallow the drugs under direct observation of the health worker viz the DOT *provider*. The selection of the DOT provider is not restricted to medical personnel. Any responsible person of the locality/community except a family member can function as DOTS provider. The patient is required to visit the designated DOTS centre and consume the medicine in the presence of the DOT provider. In case the patient drops out/fails to attend the health facility in the scheduled day, then it is the responsibility of the DOT provider to retrieve the patient to the system and ensure completion of the treatment regimen.
- One of the unique features of this programme is the fact that patient wise treatment boxes are available with the DOT *provider* with the full regimen of drugs needed to complete the treatment. This facility ensures uninterrupted supply of medicines to any patient.
- The RNTCP is implemented through TB societies at the State and district levels. There is a State TB Officer and District TB Officer

who is responsible for the effective implementation of the programme in the States and districts respectively. The District TB Societies are headed by the District Collectors while the state level society is headed by the State Health Secretary.

- This revised strategy was initially pilot tested in 1993 in a population of 2.35 million and it showed remarkable success. The RNTCP was then extended to a population of 13.85 million to assess its operational feasibility.
- RNTCP has been expanding rapidly. As on date, the coverage is about 252 million. It is anticipated that at least 500 million population will be covered by 2002. The possibility of covering the entire country with RNTCP by 2005 is under consideration of the Government.

Involvement of NGOs

- Involvement of NGOs and Private practitioners in the National Tuberculosis Control Programme is of vital importance as a good proportion of patients seeks treatment from them. The Programme encourages participation of NGOs/PPs in Programme implementation. An NGO policy has been formulated and widely disseminated. Five different schemes for involvement of NGOs have been envisaged and NGOs are encouraged to apply for collaborating in the scheme with a view to foster effective community participation in the RNTCP. Depending on the capacity of the NGOs, their possible area of involvement can be
 1. Health education and community outreach.
 2. Provision of directly observed treatment.
 3. In-hospital care for tuberculosis disease.
 4. Microscopy and treatment centre.
 5. TB Unit Model.

TB-HIV Dual Infection

An individual, suffering from AIDS, has 10 times increased risk of developing TB disease. Around 60% of the AIDS cases reported in India have *evidence* of active TB.

Multi Drug Resistance

Studies undertaken by TRC Chennai indicate a gradual increase of MDR TB and presently primary drug resistance is 2-3%. Drug-resistant tuberculosis is a symptom of poor programme performance. Drug resistance arises because of improper/irregular/inadequate treatment. Drug resistant tuberculosis is the symptom rather than the cause of poor tuberculosis control. To improve tuberculosis control, it is essential to improve treatment of patients so that drug-resistant tuberculosis is not created. Among the few patients who are not cured, the overwhelming reason is failure to ensure that the drugs are taken as prescribed, rather than failure of the drugs to work properly.

Programme Review

Government of India and WHO joint review of the programme was undertaken in February **2000**. The review found that implementation of the RNTCP is successful. Patients are accurately diagnosed, drug supply is regular and uninterrupted, and there has been a striking increase in the proportion of patients cured.

For more detailed information contact :

Deputy Director General (TB)

D.G.H.S.

Nirman Bhawan, New Delhi-110011

Tel. : 3018126

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

National Programme for Control of Blindness was launched in the year 1976 as a 100% centrally sponsored programme.

I Goal: To reduce the prevalence of blindness from 1.4% to 0.3%.

II Programme Objectives:

- a) Develop Eye Care infrastructure throughout the country;
- b) Increase institutional capacity for eye care;
- c) Expand coverage to underserved areas;
- d) Decentralization to district level;
- e) Human Resource Development for Eye Care at all levels;
- f) Improvement in quality of eye care for better visual outcome;
- g) Secure participation of non-government and private sector.

III Components:

- a) Construction of dedicated eye wards and operation theaters to provide primary eye care;
- b) Supply of ophthalmic equipments and consumables;
- c) Training of surgeons in IOL implantation and training of other support personnel;
- d) GIA to NGOs for augmenting provision of eye care services, development of Eye Banks in Govt. & voluntary sector;
- e) School eye screening programme for detection and correction of refractive errors; and
- f) IEC for public awareness on general eye care.

IV Achievements:

a) Development of Infrastructure:

- | | |
|---|------|
| b) Regional Institutes of Ophthalmology | 11 |
| c) Upgraded Medical Colleges | 82 |
| d) Paramedical Ophthalmic Assistants Training Centres | 39 |
| e) Eye Banks | 166 |
| f) District Hospitals equipped | 445 |
| g) District Blindness Control Society | 520 |
| h) Central Mobile Units | 80 |
| i) District Mobile Units | 341 |
| j) Primary Health Centres upgraded | 5633 |
| k) Para Medical Ophthalmic Assistants posted | 4881 |
| l) Increase in Cataract Operations performed: | |

Cataract operations performed since 1994-59 are given below: -

Year	Cataract Operations (In Lakhs)
1994-1995	21.64
1995-1996	24.69
1996-1997	27.30
1997-1998	30.33
1998-1999	33.20
1999-2000	35.00

There has been significant increase in IOL implantation in the Project States.

a) Other Achievements:

- b) Construction of 309 Eye Wards and dedicated Eye OTs under the World Bank Project;

- c) Training of over 600 Eye Surgeons in IOL technology;
- d) Supply of equipments required for IOL surgery in over 300 hospitals.

V Revised Strategies:

- e) To make NPCB more comprehensive by strengthening services for other causes of blindness like corneal blindness (requiring transplantation of donated eyes), refractive errors in school going children, improving follow-up services of cataract operated persons and treating other causes of blindness like glaucoma;
- f) To shift from the eye camp approach to a fixed facility surgical approach and from conventional surgery to IOL implantation for better quality of post operative vision in operated patients;
- g) To expand the World Bank project activities like construction of dedicated eye operation theaters, eye wards at district level, training of eye surgeons in modern cataract surgery and other eye surgeries and supply of ophthalmic equipments etc. to the whole country;
- h) To strengthen participation of Voluntary Organizations in the programme and to earmark geographic areas to NGOs and Government Hospital to avoid duplication of effort and improve the performance of Government Units like Medical College, District Hospitals, Sub Divisional Hospitals, community Health Centres, Primary Health Centres etc.;
- i) To enhance the coverage of eye care services in tribal and other under served areas through identification of bilateral blind patients, preparation of village wise blind register and giving preference to bilateral blind patients for cataract surgery.

VI District Blindness Control Societies (DBCSs):

- j) The implementation of the programme is undertaken by District Blindness Control Societies under the chairmanship of the District Collector;
- k) The Society is a forum where Government, Non-government and private sectors are presented and they plan, implement and monitor blindness control activities in the district as per the guidelines by Government of India;
- l) The societies are given Grant-in-aid by Government of India to carry out assigned functions including assistance to NGOs for performing free cataract surgeries.

VII Financial Assistance to Non-Government Organizations:

- a) Grant-in-aid to NGOs for performance of free cataract operations on blind persons in NGO base hospitals from assigned geographical area through reach-in-approach (Rs.400 for Conventional/Rs.600 for IOL surgery);
- b) Grant-in-aid to NGOs for assistance in clearing backlog of cataract blind persons through screening of at risk population, preparation of blind registers, motivation, transportation, free cataract surgery in assigned Govt. base hospitals and follow up services (Rs.125 per case);
- c) Grant-in-aid to NGOs for organizing eye camps including free cataract surgery in identified underserved areas (For Conventional upto Rs.400 per surgery);
- d) Non-recurring grant-in-aid to NGOs for expansion or upgradation of eye care units in tribal, underserved or backward rural areas (Maximum Rs.17.75 lakhs);

- e) Grant-in-aid to NGOs for setting up/strengthening of Eye Banks
(Non-recurring Rs.5 lakhs, and Recurring upto Rs.500 per case)

Note: Application Forms for assistance for scheme (d) & (e) are at annexure I&II respectively. For scheme (a), (b) & (c), the NGOs need to contact local DBCSs.

For more detailed information contact :
Deputy Director General (Ophthalmology)
Directorate General of Health Services
Nirman Bhawan, New Delhi-110011.
Tel/Fax: 3014594
E-Mail: ddgo@nb.nic.in

GOVERNMENT OF INDIA NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

**SCHEME FOR
EXPANSION OR UPGRADATION OF EYE CARE UNITS IN
TRIBAL AND RURAL AREAS WHICH HAVE NO EYE CARE
FACILITIES EITHER IN PUBLIC OR VALUNTARY SECTOR
WITHIN A RADIUS OF 40 KILQMETERS**

PART-I : ORGANISATION PROFILE :

1. Name : _____
2. Address : _____

- State _____ Pin Code : _____
- Tel. No. _____ Fax No. _____

3. Legal Status

S.No.	Particulars	Registration No.
(i)	Public Charitable Trust	
(ii)	Society under Societies Registration Act	
(iii)	Non-profit company under Indian Companies Act	
(iv)	Registration under Foreign Contribution Act	
(v)	Income-tax Registration - under Section 12A - undr Section 80 G - under Section 35 CCA - any other Section	

4. Financial Status

4.1 Details of Bank Account :

Name of the bank _____ Branch _____

Address _____

Type of Account : Saving/Current Account No. _____

5. Details of Existing Health Facility :

5.1 Infrastructure Area in Sq. ft.

No. of Eye Wards _____

No. of Eye Beds _____

No. of OTs _____

No. of Operation Tables _____

5.2 Manpower

Personnel	Nos		Qualifications
Eye Surgeons			
Other doctors			
Nursing staff			
Ophthalmic Assistants or equivalent			
Administrator			
Community Coordinator			
Clerks			
Driver			
Others (specify)			

5.3 Equipment Status :

S.No.	Name of the Equipment	Available	Number required
1.	Trial Lens Set		
2.	Trial frame Child		
3.	Trial frame Adult		
4.	Near Vision Charts		
5.	Distant Vision Charts		
6.	Rotating Test Drum		
7.	Ishihara Colour Charts		
8.	Tonometer		
9.	Direct Ophthalmoscope		
10.	Binomags		
11.	Corneal Loupe		
12.	Slit Lamp		
13.	Applation Tonometer		
14.	Streak Retinoscope		
15.	Indirect Ophththalmoscope		
16.	Cataract Set		
17.	Cryo Unit with 3 probes		
18.	Ambu set with on cylinder		
19.	Operation Microscope		
20.	Ultrasound A-Scan		
21.	Ultrasound B0Scan		
22.	Laser : Argon		
23.	Laser Argon-Krypton		
24.	Laser Yag		
25.	Auto Refractometer		
26.	Anterior Vitrectomy Unit		
27.	Kerotometer		

Any Other Equipment, Please Specify :

28. _____

Signed _____

Date _____

6.1 Details of Trustees of the project :

Name	Designation	Address	Tel. No.

6.2 Past experience in (a) Health Care delivery services

6.3 Past experience in (b) eye care delivery services

PART-II : Project Proposal

7. Needs Assessment :

- (i) Location and address _____

- (ii) Villages allocated to serve _____

(b) Outreach

Year	Screening camps conducted			
	No. of Camps	No. of Outpatients	No. of patients referred to base hospital	Actual No. Reported to base hospital

10. Details of construction Planned. :

- (i) Total Plot Size : _____ Sq. ft.
- (ii) Existing built-up area : _____ Sq. ft.
- (iii) Total built-up area proposed for support : _____ Sq. ft.
- (iv) Certificate of Town Planning/Municipal authorities submitted with proposal :
 Yes _____ No _____
- (v) Construction Plan :
 Eye Ward _____ Sq. ft.
 Eye O.T. _____ Sq. ft.
 OPD _____ Sq. ft.
- (vi) Estimated Cost : Rs. _____

11. Details of equipment & Vehicle required :

List of major items with full particulars including estimated cost :

Items	Estimated cost (Rs.)
Total on procurement	

12. Estimated Project Budget :

	Non-Recurring expenses		Recurring Expenses		Total Project outlay
	Particulars	Amount.	Particulars	Amount	
1.	Civil Works				
2.	Equipments				
3.	Vehicle				
4.	Fixtures & furniture				
Total					

13. Details of Source of Funding :

Sources	Amount (Rs.)
(a) Donations in kind :	
(i) Availability of land by _____	_____
(ii) Availability of equipment by _____	_____
(iii) Any other _____	_____
(b) Management's contribution in cash	_____
(c) Local Community's contribution	_____
(d) Government Grants	_____
(e) Any other Agency (specify) _____	_____
Total	

14. Time Table - (Yearwise) - Project Completion :

Year	Work to be completed	Estimated cost (Rs.)

15. Financial sustainability

16. Resolution of the Board of Trustees of NGo-along with Authorization to 2 Signatories to sign the Memorandum of Understanding (MOU) :

	Name and Address	Signature
(i)	_____	_____

(ii)	_____	_____

17. Resolution of DBCS:

- (a) DBCS agreeing to support/recommend the NGO certifying its bonafide credibility & general standing within community.
- (b) The geographical area & target cases allocated to be signed by District Collector.

18. Declaration :

This is to certify that the information furnished in this application is true and correct to the best of our knowledge and belief. We are agreeable to sign an Agreement with Government of India, and abide by the rules and regulations of the same if a grant is given to us.

Name_____	Name_____
Signature_____	Signature_____
Designation : President/Chairman	Designation : President/Chairman
Telephone No._____	Telephone No. _____
Place_____	Place_____
Date_____	Date_____

19. Enclosures to be added with the Application:

- (i) Constitution of the organization Memorandum of Association
- (ii) Previous 3 years' audited statement of accounts and balance sheets
- (iii) Annual Reports of previous 3 years including camps, if any
- (iv) Information sheet on details of the organization
- (v) Certificate of land ownership from competent Revenue authorities
- (vi) Building permission from local Town Planning/Municipal authorities
- (vii) Certificate of land registration
- (viii) Blue-print of the approved building plan
- (ix) Estimated cost of phases of constructions certified by architects
- (x) Registration Certificate under Public Charities/Societies' Act
- (xi) registration Certificate under Foreign Contribution Act, if applicable
- (xii) List of the members of the Executive Committee
- (xiii) Resolution of Board of Trustees of seek grant & authorisation of 2 persons to sign 'Bond'
- (xiv) Resolution of DBCS
- (xv) Endorsement from State Government

S. No. Item

- 1. Refrigerator
- 2. Eenucleation Set
- 3. Containers for corneal sets
- 4. Corneal Sets
- 5. Autoclave
- 6. Film Projector with slides/strips (portable) or any other Electronic media for Health Education activities

(b) Recurring Assistance

Recurring assistance @Rs. 250 per eye collected may be incurred on the following items.

- 1. Preservation material (like MK Media) for Preserving donor eyes.
- 2. Payment of Honorarium to Surgeon, technician, social worker, etc.
- 3. Expenditure on transportation/POL, maintenance of vehicles etc. when used or collection of eyes.
- 4. Rent of telephones
- 5. Other expenses such as laying of wreaths, garlands, stone eyes etc.

Annexure-II

**APPLICATION FORM FOR STRENGTHENING OF
AN EYE BANK/EYE DONATION CENTRE IN
VOLUNTARY SECTOR**

(To be filled in by the Voluntry Organisation applying for grant from the Govt. of India under National Programme for Control of Blindness for strengthening of eye banks).

1. Name of the eye Bank/Organisation:
Year of establishment
Act under which registered
2. Total No. of Persons registered/pledges for eye donations :-
3. No. of eyes (not pairs) Collected/Utilised during the last 4 years.

Year	Collected	Utilised

4. No. of eyes distributed

Sl. No.	Name of organisation	No. of eyes
(a)		
(b)		
(c)		

5. Existing infrastructure :

S. No.	Item	Availability (Yes/No)	Items on which grant to be utilised
1.	Building/room		
2.	Refrigerator		
3.	Preservation Media		
4.	Autoclave facilities		
5.	Enucleation sets		
6.	Containers for corneal set		
7.	Transport (vehicle)		
8.	Corneal sets		
9.	Autoclaves		
10.	ICE Material		
11.	Audio-visual Equipment (specify)		
12.	Slit lamp Microscope		
13.	Laminer Flow		
14.	Operating Microscope		

Is the account operated jointly ? Yes/No

Name and Designation of the Signatories to the account :

Name	Designation

4.2 Financial profile of the applicant organisation (last 3 years)

Year	Total Receipts	Audited Statement A/C for last 3 years

4.3 Grants received from other Sources : Government and Non Government Organisations in the last 3 years of inception whichever is earlier

S. No.	Government Organisations	Details of Grant	Amount	Year
1				
2				
3				

S. No.	Government Organisations	Details of Grant	Amount	Year
1				
2				
3				

NATIONAL CANCER CONTROL PROGRAMME

There are various schemes under National Cancer Control Programme for which central assistance is provided to the State Governments/Institutions. The schemes are as under:

a) Development of Oncology Wing

This scheme is available only for Government Medical Colleges to fill up the geographical gaps in the detection and treatment of cancer in the country. It has been observed that there is a wide geographical gap in the North and North-Eastern States. Financial assistance up to Rs.2.00 crores can be provided to an institute under the scheme. Salient features of the scheme are enclosed. This is a one-time grant.

b) Setting up of Cobalt Therapy Unit (Teletherapy Unit)

Financial assistance up to Rs.1.50 crore is provided to State Government for setting up of Cobalt Therapy Unit in Government institutions. Special building to house the unit has to be constructed out of their own fund with specifications prescribed by BARC, Bombay. The special building should be ready before the release of any assistance for the Cobalt Therapy Unit. This is a one-time grant.

An amount of Rs.1.00 crore is also provided for Cobalt Therapy Unit to the Non-governmental Organization on the specific recommendations of the State Government as per proforma enclosed. This is a one time grant.

The Mammography equipment has also been included under the scheme for setting up of Cobalt Therapy Unit. A Central assistance up to Rs.30.00 lakhs can be provided to those Institutions/Organizations who have the facilities for treatment of cancer patients and has well-equipped Radiotherapy Department. This is also a one-time grant.

Voluntary Organisations Scheme

The scheme is for financial assistance up to Rs. 5.00 lakhs to the Voluntary Organisations for undertaking health education and early detection activities in cancer on the specific recommendations of the State Government as per proforma enclosed. The organisation must prove to the effect that they are engaged in cancer control activities for the last 3 years.

The schemes is for Non-Governmental Organizations (NGOs) are governed by the provision of GFR 148 to 151. The NGOs should be registered under the Societies Registration Act, 1860 and are charitable organizations. As per GFR 148, the institution must be registered under the relevant Act and have a registration certificate. It is to be ensured before forwarding their applications to this Ministry for grant-in-aid. Further, the institutions seeking grant-in-aid will be required to submit an application as per prescribed proforma which should enclose along with the Registration Certificate, Articles of Association, Bye-laws, Audited Statement of Accounts, source and pattern of income and expenditure and the Annual Reports for the last three years. The prescribed proforma for application is given at Annexure II.

The Utilization Certificate in respect of each scheme where grant-in-aid was released earlier, is required to be submitted. State Government/ Institutions are to ensure that the Utilization Certificate along with the copies of the relevant audited accounts may please be enclosed for ready reference in each case.

INFORMATION TO BE SUBMITTED TO THE STANDING COMMITTEE FOR TELETHERAPY UNITS IN INDIA

Instructions:-

1. Information called for in part I of the attached Proforma should be submitted by institutions who already have a teletherapy unit installed and in operation of their institute.
2. Information called for in part I and part II of Proforma should be submitted by institutions desirous of setting up new/additional teletherapy units.
3. Information should be sent in 3 sets to:-

The Member Secretary,
Standing Committee on Cancer Research and Teletherapy Units,
Directorate General of Health services,
Nirman Bhawan,
New Delhi - 110 011.

STANDING COMMITTEE FOR TELETHERAPY UNITS IN INDIA

1. Details of minimum staff required to be employed by the institution before the commissioning of the teletherapy unit:-
 - a. Radiotherapist/Professor or Reader of Radiotherapy.
Post-graduate qualifications preferably M.D. (Radiotherapy or alternatively M.D. (Radiology with 3 years experience in Radiotherapy).

b. B.Sc. (Physics)/M.Sc. (Physics) with 1 year training in hospital physics or 3 years practical experience in Radiation Therapy. M.Sc. (Physics would be preferred).

c. Technician.

Diploma in Radiography, preferably with some experience.

2. The institution/hospital desirous of setting up teletherapy unit should fulfill the following requirements before commissioning the unit:-

- i. Have appropriate personnel indicated above.
- ii. Have appropriate health physics/dosimetry instruments as recommended by Division of Radiological Protection, BARC.
- iii. The design and construction of the room housing the teletherapy unit should be approved by Division of Radiological Protection, BARC.
- iv. Have associated infrastructure and facilities necessary for operation of the teletherapy unit.

**PROFORMA OF THE APPLICATION FOR
FINANCIAL ASSISTANCE TO REGISTERED
VOLUNTARY ORGANIZATIONS UNDER
NATIONAL CANCER CONTROL PROGRAMME.**

1. Name of the Institution
2. Registered address
3. Statute under which the Institute is registered (attested copy of certificate of the Registration of the Institute to be enclosed).
4. Date of establishment and aims and objects of the Institution (attested copy to be enclosed)
5. Details of activities in the field of Cancer, giving data (copy of last annual report of the Institution to be furnished) during last three years, year-wise.
6. The present composition of the body responsible for the maintenance of the Institution, giving details.
7. Whether any grants have been sanctioned by any other Department of Government of India or the State Government for the purpose for which the financial assistance is sought for, if so, the details thereof?
8. Whether the Institution is involved in any proceedings. If not, furnish a certificate to the effect that the Institution is not involved in any proceedings relating to grant or conduct of its office bearers.
9. Details of existing/available facilities in terms of equipments and trained personnels.

**CERTIFICATE AND RECOMMENDATIONS OF THE
STATE GOVERNMENT/U.T. ADMINISTRATION.**

No..... Station and date.....

Government of.....

Department of.....

1. This Institution (Name and Address).....
has been visited by the Director of Medical services/District Medical
Officer/Civil Surgeon.....(Place)
2. The Institution is an All India Organization of State level importance
undertaking pioneer and innovative work in cancer.
3. The State Government has examined the audited accounts of the
institution and are satisfied that their financial position is sound
and that all previous grants received by them from various sources,
have been spent for the purpose for which the same were sanctioned.
4. The State Government have satisfied themselves about the soundness
of the project and that the organization is proven capability for
undertaking the project.
5. There is nothing against the organization or its office bearers/
staff which should disqualify them for receiving financial assistance
from Government. The institution is not involved in any corrupt
practices.
6. The information furnished by the Institution regarding areas to be
covered under the project and their population etc. At sub-para 10(b)
is correct.

10. (a) Details of project for which financial assistance is necessary/
sought with full justification and break-up of proposed
expenditure (item-wise).
- (b) Areas with their population proposed to be covered under the
project.
- (c) Distribution of the manner in which the project will be
implemented.
- (d) Period of time for completion of the project.
11. The amount which the Institution will provide towards its proposed
project.
12. (a) Total income and expenditure during the last financial year.
- (b) Sources of income (Donations, Hospital fee, Bank interest and
grants etc. Received during the last financial year be indicated
source-wise).
13. Whether the accounts of the Institution are audited by a Chartered
Accountant or Government Auditor. If so, the true copy of the
annual accounts for the last financial year duly certified by the
Auditor may be enclosed.
14. Grant received from the Central/State Government during the last
3 years and whether these have been utilised for the purpose for
which these were sanctioned. A certificate from the auditors to this
effect may be furnished.
15. Any other relevant information.

It is certified that the information given above is correct. It is also
certified that this is a charitable institute and serves the general
public without any distinction of caste, creed, colour or religion.

Signature of authorised office
bearers of the Institution with seal.

7. The State Government recommends the project estimated to cost Rs.....

Signature, Name & Designation
(To be signed by an officer of the
State Government not below the
rank of Deputy Secretary).

To
The Secretary (Health)
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan,
New Delhi - 110 011.

APPLICATION FOR OBTAINING CLEARANCE FROM THE STANDING COMMITTEE FOR THE RADIOTHERAPY DEVELOPMENT PROGRAMME FOR THE PROPOSED RADIOTHERAPY FACILITY

PART - I

1. Name and address of the institution :
2. Name of the medical college to which the institution is attached:
3. Whether the institution is Government/Under Government institution or Charitable Organization i.e. Status :
4. (a) Total number of beds :
(b) Number of beds exclusively for cancer patients :
5. Facilities available for treating cancer patients. :
 - 5.1 Beam Therapy
 - 5.1.1 Teletherapy Units : Make Model Date installed
Co - 60 :
Cs - 137 :
 - 5.1.2 Number of superficial therapy Machines available : Make Model Date installed
 - 5.1.3 Number of deep X-ray therapy machines available : KV Make Model Date installed
 - 5.1.4 High Energy Equipment Available (accelerators) : KV Model Date installed Make

5.1.3. Brachytherapy

5.2.1 Manual after loading/preloaded applicators : Caesium - 137 Manual after loading sources supplied by BARC.

Quantity of Caesium - 137 available
Details of tubes & needles :

Quantity of Cobalt - 60 available
Details of tubes and needles : Cobalt - 60 tubes

Other sources available such as Strontium, Indium etc. : Radium sources

5.2.2 Remote After loading (Selection, criterion etc.) : Make Model Date installed

5.2 Radiotherapy accessories available

5.3.1 X-ray machines for tumor location : KV Model Date installed Make

(Simulator/X-ray Maches)

Simulator

Diagnostic X-ray

Machine 500 mA

Mobile IITV X-ray

5.3.2 Treatment Planning System : MKV Model Date installed

5.3 Radiation Measuring Instruments and Accessories Available

5.3.1. Therapy level (ionisation/other) Instruments

Secondary Standard Consimeter (SSD) BARC Make :

Other makes of SSD

Other instruments

5.4.2 Protection Level Instruments Radiation Survey meters

Gama Zone Monitor

Other instruments

6. Staff available

6.1 Radiotherapy

Name Qualification & Designation No. Of years experience.

Radiotherapist(s)

6.2 Radiodiagnostic Facility

Name Qualification No. of years experience

7. Teaching Programme

7.1 Radiotherapy.

7.1.1 Post Graduate teaching programme in Radiotherapy year of commencement of training : Affiliated to:

7.1.2 Duration of Training:

7.1.3 No. Of candidates admitted per year

7.2 Medical Physics

7.2.1 Teaching Programme in.....year of commencement of training.....affiliated to.....University.

7.2.2 No. of candidates admitted per year:

7.3 Radiotherapy technologist's training

7.3.1 Teaching programme in CRA. Year of commencement of training affiliated to :

7.3.2. Duration of training :

7.3.3 No. of candidates admitted per year :

7.3.4 Particulars of Central Grant received after :

7.3.5 Details of Utilization Certificate of the Earlier grant :

PART-II

New Centre/additional unit/new unit in the existing teletherapy room

8. Teletherapy equipment :
- 8.1 Make & model of the unit :
- 8.2 Supplier's name & address :
- 8.3 Capacity of source head (RMM/Curies) :
- 8.4 Whether rotational or stationary :
- 8.5 Type of radionuclide : Co-60/Cs-137
- 8.6 Activity (RMM/Curie) and Active Diameter of the source to procure :
- (Telecobalt source should be procured from Board of Radiation and Isotope Technology (brt), V.N. Purav Marg, Deonar, Bombay - 400 094)
- 8.7 Estimated cost of Unit :
- 8.8 Estimate cost of the source :
- 8.9 Whether the plan of the telegramme facility approved by BARC : Yes/No
- 8.10 Whether the facility ready/under Construction as per the approved plan : Yes/No
9. High energy equipment (accelerators)
- 9.1 Make & Model of Units :
- 9.2 Max energy of photon/electron :
- 9.3 Supplier's name & address :
- 9.4 Estimated cost of the equipment :
- 9.5 Whether the plan of the high energy Facility approved by BARC :
- 9.6 Whether the facility ready/under Construction as per the approved plan :
10. Manual after loading applicator envisaged : Yes/No

- 10.1 Intracavity :
- 10.1.1 Type of radionuclide : Co-60/Cs-137
- 10.1.2 Total quantity of radionuclide (Mention No. of tubes) :
- 10.1.3 Supplier's name & address :
- (Manual afterloading intracavitary kit incorporating Cs-137 sources are supplied by BRIGT, Bombay - 400 094).
- 10.1.4 Number of kits to be procured :
- 10.1.5 Estimated cost :
- 10.2 Interstitial :
- 10.2.1 Type of Radionuclide : Co-60/Ir-191/
- 10.2.2 Total quantity of Radionuclide (Mention No. of sources)
- 10.2.3 Supplier's name & address :
- (Co-60 needles and Ir-192 sources are supplied by BRIT, Bombay-400 094).
- 10.2.4 Estimated cost
- 10.3 Whether plan of the manual after Loading facility approved by BARC :
- 10.4 Whether the facility ready/under Construction as per the approved plan :
11. Remote after loading applicator envisaged if year, make and model of unit :
- 11.1 Type of radionuclide : Co-60/Cs-137/Ir-192
- 11.2 Supplier's name & address :
- 11.3 Total quantity of radionuclide :

- 11.4 Estimated cost of the unit :
- 11.5 Whether the plan of remote afterloading Facility approved by BARC : Yes / No
- 11.6 Whether the facility ready/under construction as per the approved plan : Yes/No.

Signature of authorised office bearers of the Institution with seal.

**CERTIFICATE AND RECOMMENDATIONS OF
THE STATE GOVERNMENT/U.T.
ADMINISTRATION.**

No..... Station and date.....

Government of.....

Department of.....

1. This Institution (Name and Address)..... has been visited by the Director of Medical Services/District Medical Officer/Civil Surgeon.....(Place)
2. The Institution is an All India Organization of State level importance undertaking pioneer and innovative work in cancer.
3. The State Government has examined the audited accounts of the institution and are satisfied that their financial position is sound and that all previous grants received by them from various sources, have been spent for the purpose for which the same were sanctioned.
4. The State Government have satisfied themselves about the soundness of the project and that the organization is proven capability for undertaking the project.
5. There is nothing against the organization or its office bearers/staff which should disqualify them for receiving financial assistance from Government. The institution is not involved in any corrupt practices.
6. The information furnished by the Institution regarding areas to be covered under the project and their population etc. at sub-para 10(b) is correct.

7. The State Government recommends the project estimated to cost Rs.....

Signature, Name & Designation
(to be signed by an officer of the
State Government not below the
rank of Deputy Secretary).

To

The Secretary (Health)
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan,
New Delhi - 110 011.

NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME

- National Iodine Deficiency Disorders control programme aims at bringing down the prevalence of Iodine Deficiency Disorders (IDD) to below 10 percent in all the districts of the country.
- Iodine is an essential micronutrient. The required intake of 100-150 micrograms daily is essential for normal human growth and development.
- Iodine deficiency results in abortion, still birth, mental retardation, deaf-mutism, squint, dwarfism, goitre, neuromotor defects etc.
- More than 1.5 billion population of the World are at the risk from Iodine Deficiency Disorders (IDD) out of which about 200 million people are in India.
- Sample surveys conducted in 25 States and 5 Union Territories have revealed that out of 282 districts, Iodine Deficiency Disorders (IDD) is a major public health problem in 241 districts where the prevalence is more than 10%.
- The Government had launched a 100 percent centrally assisted National Goitre Control Programme (NGCP) in 1962 with the following objectives:-
 - (i) Surveys to assess the magnitude of the Iodine Deficiency Disorders.
 - (ii) Supply of iodated salt in place of common salt.
 - (iii) Resurveys to assess iodine deficiency disorders and the impact of iodated salt after every 5 years.
 - (iv) Laboratory monitoring of iodated salt and urinary iodine excretion.
 - (v) Health Education & Publicity.
- The National Goitre control programme (NGCP) was renamed as National Iodine Deficiency Disorders Control Programme (NIDCCP)

in August, 1992 with a view of wide spectrum of Iodine Deficiency Disorders.

- Under the programme :
 - I. Iodisation plants have been donated to 40 small-scale Manufacturers Associations/Co-operative societies;
 - II. The Salt Department also offers
 - (a) Grant of loans for the development of salt works to licensed manufacturers. Planning, execution of development works in the salt factories by the various regional Advisory on the recommendation of the Central Advisory Board;
 - (b) To assess damage to salt works affected due to natural calamities and to work out the ex-gratia relief and loans to be extended;
 - (c) Promotion of co-operative societies in the Salt Industry and promotion of labour welfare activities of the Salt works.
- 848 private manufacturers have been licensed by Salt Commissioner out of which nearly 532 units have commenced production so far.
- The annual production of iodated salt has been raised from 5 lakh metric tons in 1985-86 to 44 lakh metric tons in 1999-2000.
- For testing, kits for on the spot qualitative testing have been developed.
- The IEC activities has been intensified by way of video films, posters/danglers and radio/TV spots.

For more detailed information contact :

Deputy Secretary (Public Health)
Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi-110011
Tel.: 3019642

NATIONAL SURVEILLANCE PROGRAMME FOR COMMUNICABLE DISEASES

- Ministry of Health and Family Welfare has launched the National Surveillance Programme for Communicable Diseases for detection of early warning signals of outbreaks and rapid response for prevention and control of these outbreaks and diseases.
- Outbreak of plague (1994), malaria (1995) and dengue haemorrhagic fever (1996) highlighted the urgency for strengthening disease surveillance system so that early warning signals are recognized and appropriate follow-up action initiated.
- In 1997, a model district surveillance plan was drafted. Subsequently, in 1998 a concept plan was developed by the National Apical Advisory Committee under Secretary (Health).
- The programme strategies are :-
 - Training;
 - Modernisation of laboratories and office;
 - Strengthening of linkages for disease surveillance from peripheral to central levels;
 - Networking with State/Regional and National institutions;
 - IEC activities;
 - Electronic means of communication and data processing.
- The programme is being implemented by the State Health authorities through the existing health infrastructure.
- The surveillance system is strengthened through training of medical and paramedical personnel, upgradation of laboratories, communication and data processing system.

NATIONAL MENTAL HEALTH PROGRAMME

- Community participation is promoted through IEC activities.
- A total of 100 districts from all the States/Union Territories are proposed to be covered during 9th Plan period.
- An outlay of Rs. 25 crores has been made during the 9th Plan period for covering 100 districts.
- In 1997, the training activities and provision of laboratory equipment for the State and District level for 5 districts in 5 States were funded under WHO inter-country budget. NICD imparted training to members from these five districts.
- In February, 1998 SFC approved taking up pilot projects in 20 districts. Rs. 2.90 crores were released to the State authorities at the end of March 1998 out of this, Rs. 7.50 lakhs were for the 5 districts taken up during 1997 at the rate of Rs. 1.5 lakh per district. Thus, during 1997-98 the pilot project was under implementation in 25 districts.
- During 1998-99, this programme was extended to 20 more districts and a sum of Rs. 3.75 crores was released.
- During 1999-2000 to continue the programme in the existing districts, Rs. 2.72 crores were released.
- During 2000-2001, a provision of Rs. 7.5 crores has been made to continue the programme in the existing 45 districts and also to extend it to 35 more districts. For continuing the programme in the existing districts a sum of Rs. 2.72 crore have been released.

For more detailed information contact :

Deputy Secretary (Public Health)
Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi-110011
Tel.: 3019642

- To mitigate the hardship of mentally ill patients the National Mental Health Programme was started in 1982.
- As decided in the meeting of the Central Council of Health in 1995 and as recommended by the workshop of all the Health Administrators of the Country held in February, 1996, the District Mental Health Programme was launched in 1996-97 in four districts, one each in Andhra Pradesh, Assam, Rajasthan and Tamil Nadu.
- The programmes envisages a Community based approach to the problem, which includes:-
 - i) Training of the mental health team at the identified nodal institutes within the State;
 - ii) Increase awareness about mental health problems;
 - iii) provide services for early detection and treatment of mental illness in the community itself with both OPD and indoor treatment and follow-up of discharge cases; and
 - iv) provide valuable data and experience at the level of community in the State and Centre for future planning, improvement in service and research.
- Funds are provided by the Government of India to the State Governments and the Nodal Institutes to meet expenditure on staff, equipment, vehicles, medicines, stationery, contingencies, Training and IEC activities etc. for the initial period of five years on the undertaking of the state Governments to continue the programme on their own after the committed period of central assistance is over.
- The training to the trainers at the State level is being provided regularly by the National Institute of Mental Health and Neuro Sciences, Bangalore under the National Mental Health Programme.

- The District Mental Health Programme was extended to seven districts in 1997-98, five districts in 1998 and six districts in 1999-2000. Thus this programme is under implementation in 22 districts in 20 States as indicated below:

STATE/NODAL INSTITUTES

Andhra Pradesh (Medak)-Instt. of Mental Health, Hyderabad	
Assam (Nagaon) - Guwahati Medical College	NE
Assam (Goalpara) - Guwahati Medical College	NE
Rajasthan (Seekar) - SMS Medical College, Jaipur	
Tamil Nadu (Trichy) - Instt. of Mental Health, Chennai	
Arunachal Pradesh (Naharlagun), - Govt. Hospital, Naharlagun	NE
Haryana (Kurukshetra) - Pt. BD Sharma PGIMS, Rohtak	
Himachal Pradesh (Bilaspur) - I.G. Medical College, Shimla	
Punjab (Muktsar) - Medical College, Amritsar	
Madhya Pradesh (Durg) - Manasik Arogyashala, Gwalior	
Maharashtra (Raigad) - Instt. of Mental Health, Pune	
Uttar Pradesh (Kanpur) - KG Medical College, Lucknow	
Kerala - Thiruvananthapuram / Mental Health Centre, Trivandrum	
Thrissur - Mental Health Centre, Thrissur, Kerala	
West Bengal (Bankura) - State Mental Health Authority	
Gujarat (Navsari) - Civil Hospital, Navsari	
Goa (South Goa)	
Daman & Diu (UT)	
Mizoram (Aizawl) - Distt. Hospital, Aizawl (DHS)	NE
Chandigarh (UT) - Distt. Hospital (DHS)	
Manipur (Imphal East) - State Mental Health Authority	NE
Delhi (Chhatarpur Vill. BJRH Jehangir) - IHBAS	
The programme continues in these districts during 2000-2001.	

- A budgetary allocation of Rs. 28.00 crores has been made during the Ninth Five year Plan for the National Mental Health Programme.

For more detailed information contact :

Deputy Secretary (Public Health)
Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi-110011
Tele.: 3019642

DRUG DE-ADDICTION PROGRAMME

- Drug addiction as a social problem has been in existence in the country and during the earlier periods (1961-1976) it was mainly alcohol abuse. However, in the post 1980 period, apart from traditional drugs like opium, cannabis etc. synthetic drugs and psychotropic substances are also being abused. Because of multifarious facets of the problem, a couple of ministries in the Government of India are involved in tackling drug abuse and related issues. The Ministry of Health & Family Welfare is mainly involved in providing treatment services to the addicts whereas the Ministry of Social Justice & Empowerment deals with other aspects of the problem like awareness creation, counselling and rehabilitation.
- The Drug De-addiction Programme was started in 1987-88 with the establishment of 5 De-addiction Centres in central Institutions viz. AIIMS, New Delhi; Dr. RML Hospital, New Delhi, Lady Harding Medical College & Hospital, New Delhi; JIPMER, Pondicherry and PGI, Chandigarh. The Centre at NIMHANS, Bangalore was established later as the 6th Centre.
- From 1992-93, the scope of the scheme was enlarged to include assistance to State Governments/Union Territories for developing De-addiction Centres in identified medical colleges/district-level hospitals. Under the scheme, construction grant of Rs. 8 lakhs is provided to medical colleges/district-level hospitals on the undertaking from the state government that land would be provided for the establishment of the centre and the recurring cost including staff for running the centres would be met by them. In respect of North Eastern States additionally Rs. 2.00 lakhs per year is provided to each centre for medicines, linen, diet etc. 104 Drug De-addiction Centres have

been established (including 6 in Central Institutions./Hospitals) so far in the country under the programme.

For Further information, please contact :
Director, Drug-De-addiction Programme
Department of Health
Nirman Bhawan, New Delhi-110011
Tel. : 3019744

NATIONAL ILLNESS ASSISTANCE FUND

The Department related Parliamentary Standing Committee on Human Resource Development in their 31st Report on the functioning of the Central Government Hospitals under the Deptt. of Health, had expressed concern about inadequate facilities for the treatment of poor patients for major illness. The committee felt that it was essential to explore all appropriate sources of funds to assist poor patients coming to AIIMS or other Central Govt. Hospitals for their treatment of specific life threatening illness.

In view of the recommendations of the above Committee, it was decided to set up a National Illness Assistance Fund under the Department of Health, Ministry of Health & Family Welfare. The proposal for setting up of the fund was approved by the Committee on non-Plan Expenditure in its meeting held on 17th October 1996. Accordingly the National Illness Assistance Fund has been set up vide Resolution No. F-7-2/96-Fin-II dated 13/1/97 as published in the Gazette of India (Extraordinary) and has been registered under the Society Registration Act, 1860, as an autonomous Society. This was set up with an initial contribution of Rs. 5 crores from Ministry of Health & Family welfare. The Fund could also be subscribed by individuals in India or abroad with the approval of FCRA, Corporate bodies in private or public sector, philanthropic organisations and all contribution made to this fund are exempt from payment of Income-Tax under section 80-G of Income-Tax Act, 1961.

The Fund will provide financial assistance to patients, living below poverty line who are suffering from major life threatening diseases, to receive medical treatment at any of the super speciality Hospitals/Institutes or other Government hospitals. The financial assistance to such patients would be released in the form of 'one-time grant', which will be released to the Medical Supdt. of the Hospital in which the treatment has been is being received. In a bid to speed up the assistance to the needy patients,

the Scheme has been modified in Jan '98 and an advance of Rs. 10 lakhs has been kept with the Medical Supdts. of AIIMS, New Delhi, Dr. RML Hospital, Safdarjung Hospital LPMC & Smt. S.K. Hospital, New Delhi, and PGIMER, Chandigarh, JIPMER Pondichery, to enable sanction of an amount upto Rs. 25,000/- in each deserving case reporting for treatment in the respective Hospital/Institute. The advance amount would be replenished as and when the reports of its utilisation are received from the Hospital/Institute. NIMHANS, Bangalore and CNCI, Calcutta have also been included subsequently in this scheme.

All State Govts./UT Administrations have been advised vide Ministry of Health & Family Welfare letter dated 11/11/96 to set up an Illness Assistance Fund in their respective States/UTs. It has been decided that grant-in-aid from Central Government would be released to each of these States/UTs (with Legislature) where such Funds are set up. The Grant-in-aid to States/UTs would be to the extent of 50% of the contributions made by the State Govts./UTs to the State Fund/Society subject to a maximum of Rs. 5 crores to States with larger number and percentage of population below poverty line viz. Andhra Pradesh, Bihar, Madhya Pradesh, Karnataka, Maharashtra, Orissa, Rajasthan, Tamil nadu, Uttar Pradesh and West Bengal and Rs. 2 crores to other States/UTs. The State/UT level Funds could also receive contributions/donations from donors, as mentioned for NIAF. The Illness Assistance Fund at the State/UT level would release financial assistance to patients living in their respective States/UT upto Rs. 1.5 lakhs in an individual case and forward all such cases to NIAF, where the quantum of financial assistance is likely to exceed Rs. 1.5 lakhs.

The following States/UTs (with Legislature) have set up Illness Assistance Fund:- Karnataka, Madhya Pradesh, Tripura, Andhra Pradesh, Tamil nadu, Himachal Pradesh, Jammu & Kashmir, Maharashtra, West Bengal, Kerala, Mizoram, Rajasthan, Goa, Gujarat, Sikkim, Bihar and the NCT of Delhi. The grant-in-aid released to these States/UT, is indicated in Annexure 'A'.

Pondicherry (UT) has informed that Illness Assistance Fund has been recently set up.

The following States/UTs have not yet set up the States Illness Assistance Fund in spite of repeated reminders.

- | | |
|----------------------|-------------|
| 1. Assam | 6. Orissa |
| 2. Haryana | 7. Punjab |
| 3. Manipur | 8. U.P. |
| 4. Arunachal Pradesh | 9. Nagaland |
| 5. Meghalaya | |

National Illness Assistance Fund is managed by a Management Committee, consisting of the following members:-

- | | | |
|---|---|------------------|
| 1. Health Minister | - | Chairman |
| 2. Secretary (Health/Min. of Health & FW) | - | Member |
| 3. DGHS | - | Member |
| 4. JS(FA), M/o Health & F.W. | - | Member Secretary |
| 5. C.C.A., M/o Health & F.W. | - | Treasurer |

There is also a provision of two non-official members to be co-opted from amongst the prominent donors to the fund.

There is a Technical Committee to advise the managing Committee on technical matters, such as nature of illness to be covered for assistance under the Scheme and other ancillary issues.

The Technical Committee comprises of the following:-

1. DGHS
2. JS(FA)
3. Medical Superintendent, Dr. RML Hospital
4. HOD, Cardiology, AIIMS, New Delhi.

It has also been provided in the scheme that Union Territories (which do not have a legislature) will be sanctioned a budget outlay out of the NIAF, as and when the UT administration have set up an Illness Assistance Society/Committee. It was decided in the first meeting of the Managing Committee held on 21-10-98 that each UT will be sanctioned a budget outlay of Rs. 50 lakhs. Accordingly the following UTs have been sanctioned a budget outlay of Rs.50 Lakhs each, during the year 1998-99.

- | | |
|-------------------------|------------------------------|
| 1. Lakshdweep | 4. Andaman & Nicobar Islands |
| 2. Daman & Diu | 5. Chandigarh |
| 3. Dadra & Nagar Haveli | |

An illustrative list of categories of treatment to be provided from the Fund is given in the Annexure 'B'.

For more detailed information contact :

Director (IF)
Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi-110011
Tele.: 3019744

Annexure 'A'

Year	B.E. (Rs. in crores)	R.E. (Rs. in crores)	State/UT (to which Grant was released)	Amount (Rs. in crores)
1996-97	25.00	25.00	Karnataka	5.00
			Madhya Pradesh	5.00
			Tripura	2.00
			NCT of Delhi	0.50
1997-98	25.00	12.00	Andhra Pradesh	5.00
			Tamil Nadu	5.00
			Himachal Pradesh	0.25
			Jammu & Kashmir	0.25
			NCT of Delhi	0.25
			(II installment)	
1998-99	25.00	8.00	Maharashtra	2.00
			West Bengal	0.50
			Kerala	1.00
			Mizoram	0.50
			Rajasthan	1.00
			NCT Delhi	0.50
			(III installment)	
1999-00	25.00	6.50	Govt. of Goa	0.15
			Govt. of Gujarat	1.00
			Rajasthan	1.00
			(II installment)	
2000-01	6.50		Sikkim	0.25
			Bihar	1.25

Annexure - B

An illustrative list of categories of treatine to be provided from the fund is as follows : (This list could be modified by the Technical Committee):

1. Cardiology & Cardiac Surgery

Pacemakers disposable for interventional procedure including TMT, Echocardiography Coronary Angiography, Angioplasty Aheretomy, Heat-surgery for Congenital and Acquired conditions including C.A.B.G., Vascular Surgery stents and Cardiac Transplantation, etc.

2. Cancer

Radiation treatment of all kinds.

Anti-Cancer Chemotherapy

3. Urology/Nephrology

Dialysis alongwith consumable goods (coils and dialysis solution etc.). Vascular shunts for Dialysis, P.C.N. & P.C.N.L. Kits, Lithotripsy (for stones)-disposable and stents for endoscopic surgical procedure in Urology and Gastroenterology, Renal & Hepatee transplantation.

4. Orthopaedics

Artificial prosthesis for limbs, implants and total hip and knee replacement external fixaters, AO implants used in the treatment of bone disease and fractures.

5. Miscellaneous

Intra-ocular lens implants, hearing aids and shunts for hydro-cephalus.

6. Investigations

Ultra-sound, doppler shidres, Radioneuleolide scans, CT Scan, Mammography, angiography for all organs, M.R.I., E.E.G., E.M.G., Urodynamic studies.

7. Drugs

Immuno-supressive drugs, Anti TB drugs, Anti D, Anti Haemophilic globulin Erythropoiten, Blood & Blood products/Plasma for patients of burn.

8. Other major illness considered appropriate for assistance by Medical Supdtt./Committee of Doctors could be added to the List.

PILOT PROJECT FOR HOSPITAL WASTE MANAGEMENT IN GOVERNMENT HOSPITALS

- The Ministry of Environment & Forests notified the "Bio-Medical Waste (Management & Handling) rules, 1998" in July, 1998.
- In accordance with the rules (Rule 4), it is the duty of every "Occupier", i.e. a person who has the control over the institution and or its premises, to take all steps to ensure that the waste generated is handled without any adverse effect to human health and environment. The Rules further state that every Occupier, where required, shall set up requisite bio-medical waste treatment facilities like incinerator, autoclave, microwave system for the treatment of waste, or ensure requisite treatment of waste at a common treatment facility or any other treatment facility. No untreated bio-medical waste shall be kept stored beyond a period of 48 hours. (Rules 5 & 6)
- The hospitals, nursing homes, clinic, dispensary, animal house, pathological lab. etc. are, therefore, required to set in place the biological waste treatment facilities. It is, however, not incumbent that every institution has to have its own waste treatment facilities. The rules also envisage that common facility or any other facilities can be used for waste treatment. However, it is incumbent on the occupier to ensure that the waste is treated within a period of 48 hours. Schedule VI of the rules also provides the time limits by which the waste treatment facilities are required to be in place.
- In connection with the implementation of the Rules, it has been decided to take up pilot projects in selected Govt. hospitals -Central & State.

● The aim of the scheme is to implement pilot projects to have a demonstration effect by providing financial assistance to identified hospitals/institutions under Central / State Governments for :

1. Purchase of equipments such as :
 - a) Incinerator
 - b) Microwave
 - c) Autoclave
 - d) Shredder
2. Other equipments including colour coded bags and puncture proof containers, protective gears, etc.
3. Civil and electrical works to house and operate the waste treatment facilities.
4. Training.
5. I.E.C. activities.

The various options for treatment of waste can be selected according to feasibility and type of waste.

The various options are :

1. Incineration:
2. Autoclaving / Microwaving.
3. Shredder
4. Needle and syringe destroyer
5. Transportation of Waste

The assistance will be given for purchase of equipments for waste treatment facilities/installation of equipment and civil/electrical works to house the waste treatment facilities, training I.E.C. activities including preparation and publication of literature, posters, pamphlets, etc. The financial assistance will be limited to Rs. 85 lakhs per hospital or Rs. 1.50 crore per State/U.T. The estimated costs are as under :

1. Incinerator or Microwave	=	Rs. 35.00 lakhs
2. Shredder (Approx. 100kg to 360kg/hour)	=	Rs. 10.00 lakhs
3. Autoclave (Approx Cap. Vol. 1015 ltrs.)	=	Rs. 30.00 lakhs
4. Waste transportation : Onsite-wheel barrow/ wheeled container or similar carriage	=	Upto max. of Rs. 50,000.00
5. Civil and Electrical works	=	Rs. 2.50 lakhs
6. Literature/IEC/Training of Staff	=	Rs. 2.00 lakhs
7. Procurement of equipments like Needle Shredder, Puncture proof containers for Sharps, colour coded bags, trolleys, Protective gears for staff etc. for disposal of hospital wastes.	=	Rs. 5.00 lakhs

The State /UTs will have the option to choose any equipment (s) from the list above to cover as many hospitals as possible. However, the financial assistance per State will be provided upto a maximum amount of Rs. 1.5 crore.

For Further information, please contact :

The Dy. Secretary (Hospital)
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110011
Tel.: 3014203

FINANCIAL ASSISTANCE TO THE SELECTED GOVERNMENT HOSPITALS OF VARIOUS STATES FOR EMERGENCY CARE CENTRES IN TOWNS/CITIES ON NATIONAL HIGHWAYS.

The aim of the scheme is to augment the Accident & Emergency service by release of grants in aid to the state Governments for :

- i) Purchase of well-equipped Ambulance and basic essential equipment required for Accident & Trauma services;
- ii) Communication System,
- iii) Infrastructure (blood Bank, Examination Room, Resuscitation, ICU & Burn Beds (7) , X-ray room, reception, control, Minor OT)
- iv) Beds & Equipment.

The grants will be given for the purchase of equipment which are considered essential for providing accident and trauma services. The grants-in-aid will also be given for execution of civil/electrical works for making adequate space for providing sufficient space, for smooth functioning of the accident & trauma services at a cost not exceeding Rs. 60.00 lakhs.

The following eligibility conditions have to be fulfilled for availing of the financial assistance:-

- i) The application for grants-in-aid should be forwarded to this Ministry through the State Government/UT Administration concerned.
- ii) The State PWD will prepare a preliminary estimate for execution of capital works including renovation, addition, alteration of the existing structure.
- iii) The cost of equipment to be purchased should be indicated. The equipment will be purchased as per prescribed procedure. These will be entered into in an Assets Register to be maintained by the hospital.

- v) The scheme will be implemented by the state Government.
- vi) The funds sanctioned will be utilised for the purpose for which it is sanctioned.

The grants-in-aid will be limited to Rs. 150.00 lakhs or the actual requirement of the hospital, whichever is less. Additional expenditure to execute the scheme, and on account of salary of staff, training etc. after the centre is established, would be borne by the State Government. In other words, Central Government's commitment is limited to Rs. 150.00 lakhs for a project in a particular State in one year.

For Further information, please contact :

The Dy. Secretary (Hospital)
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3014203

CENTRAL GOVERNMENT HEALTH SCHEME

1. The Central Government Health Scheme (CGHS) was started in 1954 with the objective of providing :

- (a) Comprehensive medical care facilities to the central Government employees and their family members.
- (b) To avoid cumbersome system of medical reimbursement

2. Besides central government employees, the scheme also provides services to:

1. Members and Ex-members of Parliament
2. Judges of Supreme Court and High Court, sitting and retired.
3. Freedom Fighters.
4. Central Government Pensioners.
5. Employees of Autonomous bodies/Semi Govt. organisation.
6. Accredited Journalists.
7. Ex-Governors and Ex-Vice Presidents of India.

3. Cities covered under CGHS are as under :

- | | |
|-------------------|----------------|
| 1. Allahabad | 2. Ahmedabad |
| 3. Bangalore | 4. Bombay |
| 5. Calcutta | 6. Hyderabad |
| 7. Jaipur | 8. Luknow |
| 9. Jabalpur | 10. Chennai |
| 11. Meerut | 12. Nagpur |
| 13. Patna | 14. Pune |
| 15. Kanpur | 16. Trivandrum |
| 17. Guwahati | 18. Delhi. |
| 19. Bhubaneshwar* | 20. Ranchi* |

* These dispensaries are solely for employees and pensioners of the Accountant General's Office.

● PRESENT STATUS AND OVERVIEW OF CGHS

1. Date of Commencement	1.7.1954	
2. No. of Cities	20	
3. No. of card Holders	9,83,243	(Details at Annexure-I)
4. No. of Beneficiaries	43,27,014	
5. Total No of Dispensaries	319	
6. Allopathic Dispensaries	240	
7. Ayurvedic Disp/Units	31	
8. Homoeopathic Disp/Units	34	
9. Unani disp. Units	09	
10. Siddha Disp./Units	02	
11. Yoga Centres	03	
12. Polyclinics	19	
	(including one being set up at Kanpur)	
13. Laboratories	65	
14. Dental Units	17	

● FACILITIES PROVIDED UNDER CGHS

The following facilities are being provided to the beneficiaries through dispensaries, polyclinics and Govt./recognised hospitals.

- i) Out patient care facilities in all systems.
- ii) Emergency Services in Allopathic system.
- iii) Free supply of necessary drugs.
- iv) Lab and Radiological investigations.
- v) Domicilliary visits to seriously ill patients.
- vi) Specialist consultation both at the dispensary and hospital level.

**NUMBER OF CARDS AND BENEFICIARIES
AVAILING C.G.H.S. FACILITY
ON AUGUST - 2000**

S. No.	Name of city	Cards	Beneficiaries
1.	Ahmedabad	9,690	40,225
2.	Allahabad	32,348	1,66,888
3.	Bangalore	59,809	2,33,053
4.	Bombay	1,12,791	4,51,406
5.	Calcutta	49,557	1,61,436
6.	Delhi	4,06,183	17,95,370
7.	Hyderabad	80,741	4,53,754
8.	Jabalpur	15,520	76,122
9.	Jaipur	23,464	1,09,160
10.	Kanpur	25,525	1,28,169
11.	Lucknow	15,121	77,401
12.	Chennai	43,498	1,70,617
13.	Meerut	10,894	58,362
14.	Nagpur	29,262	1,25,942
15.	Pune	36,507	1,29,933
16.	Patna	14,856	74,389
17.	Guwahati	7,565	34,274
18.	Trivandrum	4,573	16,350
19.	Ranchi	3,214	12,542
20.	Bhubaneshwar	2,125	11,621
	Total	9,83,243	43,27,014

- vii) Family welfare services.
- viii) Specialised treatment in both Govt. and Private recognised hospitals.
- ix) 90% advance for undergoing specialised procedures on admission in hospitals when required.

● **SPECIAL FACILITIES FOR PENSIONERS**

- i) Option to join CGHS. Registration & issue of card is done by the concerned CGHS city.
- ii) Option of obtaining a whole life CGHS Card by paying ten years subscription.
- iii) Card valid in any CGHS covered city.
- iv) Those living in non-CGHS areas can have a CGHS card in the nearest CGHS covered city.
- v) Separate queue for senior citizens in CGHS Dispensaries.
- vi) Facility to obtain medicines for chronic ailments upto three months at a stretch.
- vii) Reimbursement of medical expenses if the pensioner falls ill during a visit to an area not covered under CGHS.
- viii) 90% medical advance of package deal rate or the estimate submitted by Govt. Hosp, whichever is less, is sanctioned.

Application form for CGHS Pensioners' Card is given at Annexure II.

Application form for making reimbursement claim for treatment expenses is given at Annexure III

For more information contact :

The Director (CGHS)
DGHS. Nirman Bhawan
New Delhi-110001
Tel.: 3012800

Annexure II

ONLY FOR CENTRAL GOVT. PENSIONERS

To,
The Additional Director
GGHS,
Room No. 526 'C' Wing, 5th Floor,
Nirman Bhavan, New Delhi.

Sub.: Application for Central Government Health Scheme, Pensioner Card.
Sir,

I along with the members of my family whose particulars are given at sl. No. 10 may please be admitted to Central Government Health Scheme on payment of subscription on the basis of last pay drawn, pension, are given below:

1. Name of the Pensioner : _____
2. Date of Retirement/Death : _____
3. Residential Address : _____
4. Tel No., if any : _____
5. Ministry/Department
From which retired : _____
6. Basic Pension : _____
7. Whether in receipt of Family pension,
Yes/No. : _____
8. Pension Payment order No.: _____
9. Last Basic Pay drawn before retirement : _____

10. Details of family according to the term family :

S. No.	Name	Date of Birth	Relationship

I shall abide by the rules and regulations and modification of the service which may be issued from time to time.

I will deposit my contribution from the month of issue of ending period of June/December installment/for 10 years time to get "WHOLE LIFE" CGHS Card.

I, _____, solemnly affirm that I and my dependents whose names are given on pre-page are residing at (address) _____.

(Signature of Applicant)

Signature to be attested by 'NOTARY PUBLIC' or Gazetted Officer.

I hereby undertake to contribute on the basis of my pension/Last Pay Drawn to avail CGHS facilities and will request for change in future.

(Signature of Applicant)

Documents Required :

Annexure III

1. Pension papers and last pay certificate (Photocopy attested).
2. Group Photo in triplicate (whose names are to be entered in the CGHS pensioner card) (without attested).
3. Dependent children unmarried & unemployed irrespective of age.
4. All type of enquiries i.e. Depositing/taking of cards only between 9.30 A.M. to 12.30 P.M. on all working days.
5. Payment should be made by bank draft (Only Nationalized Bank) or Indian Postal Order in favour of PAY & ACCOUNTS OFFICER, CGHS, NEW DELHI.
6. Surrender Certificate of CGHS card in service.
7. Photocopy of Ration Card.

केन्द्रीय सरकार स्वास्थ्य योजना (के० स. स्वा० यो०), दिल्ली
CENTRAL GOVERNMENT HEALTH SCHEME (CGHS), DELHI

Application Form for Medical Reimbursement

(Modified Med-97 Form applicable for CGHS Beneficiaries only)

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Govt. Servants and their families-for medical attendance/treatment taken both from an Authorised Medical Attendant (A.M.A.) & Hospital.

Please ensure the presence of all the relevant items as indicated in the checklist attached.

Please fill up all information compulsorily from Sl. No. 1 to 14.

Use Capital Letters only

For Official use only

Computer No.

Desk

C.G.H.S. Token Number

Name of Govt Servant/Pensioner Surname Middle Name First Name

Designation (In case of Pensioner please write "Pensioner")

Bank Pay/Pension per month

Office in which employed (Full Address, only if currently employed)

Place of Duty	City	Pin code	Married	Unmarried	Diverced	Widower	Widow
Patient's Name	Surname	Middle Name	First Name	If married place where wife/husband is employed.			
(a) Relation with Govt. Servant				Place at which the patient fell ill.			
(b) In case of children-Age	Yrs.				Details of the amount claimed		
Total amount claimed	Rs.				Medical attendance		
Category (Pl. Tick)	Working Govt. Servant	C.G.H.S. Employee	Pensioner	(a) Fee for consultation (Including Injections)	Rs.		
Legal Heir	Autonomous Body employee			(b) Charges for pathological, Bacteriological, Radiological and/or other similar tests.	Rs.		
Auto-Body Pensioner	M.P.			(c) Cost of medicines purchased from market (cash memo ECB should be attached)	Rs.		
Ex. MP	Ex. Governor			(d) Cost of surgical sundries	Rs.		
Rtd. Supreme Court of High Court Judge	Freedom Figther			(II) Hospital treatment			
No. of enclosure/vouchers				(a) Name of Hospital	City		
Treatment Taken from (Pl. Tick)				(b) Hospitalization charges indicating separately			
(a) The Private Hospital K.M.				*			
(b) The nearest Govt. Hospital	K.M.			* Accommodation	Rs.		
Dates	(a) Of falling sick	DD	MM	YY 20.....	* Whether it was according to the Pay of the Govt. servant (Pl. Tich)		
	(b) Of admission into Hospital				Yes/No.		
	(c) Of discharge from Hospital						
Marital status of the Govt. Servant (Pl. Tick.)				(In case of where the accommodation) is higher than the status of govt. servant, a certificate should be attached to the effect that accommodation to which entitled was not available.)			

*		
* Diet		Rs.
*		
* Surgical operation or medios or medical treatment or confinement		Rs.
*		
* Pathological, Bacteriological, Radiological and/or other test		Rs.
*		
* Medician		Rs.
*		
* Special Medicines (Cash means & SCH to be attached)		Rs.
*		
* Ordinary/Special Nursing		Rs.

was not available in any nearest hospital should be furnished.

Amount of Advance received	Rs.
Source from where advance is received (Pl. Tick)	C.G.H.S. Employee's Deptt.
Date on which advance is recieved	
Net amount claimed (Sl. No. 10-Sl. No. 19)	Rs.

DECLARATION

I horeby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is holly dependent upon me. I am a CGHS beneficiary and my GGHS token No. is

Date
Signature of the card Holder

To be filled by the forwarding authority.

The claim is approved and forwarded to R&H Section. C.G.H.S. Nirman Bhawan for farther action.

Date
Signature Head of the Deptt. with Official Seal

(In case of special nursing i.e. nurses specially exgaged for the pationt please attach a certificate from the M.O./I/C of the case and countersigned by the M.S. of hospital.)

*		
* Ambulance charges		Rs.
*		
* Any other charges		Rs.

NOTES :

(i) If the treatment was received by the Govt. servant at his residence under rule 7 of the CSMA Rules, 1944, give particulars of such treatment & attach a certificate from the AMA as per rules.

(ii) If the treatment was received at a hospital other than a Govt. hospital necessary details and the certificates of authorised attenant that the requisite treatment

CRTIFICATE 'B'

(To be completed in the case of patients(to be submitted alongwith form no. 97) who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss wife/son/ daughter of Mr employed in the.....

PART A

(To be signed by the medical officer in charge of the case of the hospital).

I. Dr hereby certify-

- (a) that the patient was admitted to hospital in the advice of name of the medical officer) on my advice.
- (b) that the patient has been under treatment a and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospitals) for supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available for preparations which are primarily foods, toilets or disinfectants.

Name of medicines	Prices
1.
2.
3.
4.
5.

- (c) that the injections administred were/were not for immunising of prophylactic purposes.

- (d) that the patient is/was suffering from and is/was under treatment from to
- (e) that the X-ray, laboratory tests, etc., for which an expenditure of Rs..... was incurred were undertaken on my advice at (name of hospital or laboratory).
- (f) that I called on Dr..... for specialist consultation and that the necessary approval of the (Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the

PART B

I certify that the patient has been under treatment at thehospital and that the service of the special nurses for which an expenditure of Rs. was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deteriorosation in the condition of the patient.

Signature of the Medical Officer In-charge of the case at the hospital

COUNTERSIGNED

Medical Superintendent

..... Hospital

* I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place

Medical superintendent

..... Hospital

Note : Cerificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical officer in all cases.

NATIONAL CARDIO-VASCULAR DISEASE CONTROL PROGRAMME

- Current statistics on Cardiovascular Diseases (CVD) and Stroke are incomplete. Estimated deaths due to Rheumatic Disease are 1,41,000 annually. Prevalence rate of Rheumatic Heart Diseases, as estimated by some surveys is 1.0 to 5.4 cases per 1000 population.
- Awareness of public regarding avoidance of risk factors e.g. smoking, obesity, hypertension, stress etc. of CVD will be done using mass media. More medical colleges will be encouraged to develop Cardiovascular Surgery facilities for simple procedures like mitral valvotomy etc.
- AIIMS being the nodal agency was given 49.5 lakhs for CVD activities in the organized sectors e.g. railways, CGHS etc. (Year 1998-99).
- The budget for National CVD Control Programme in the current year has been given to AIIMs to carry out the CVD activities in the current financial year, i.e., 2000-2001.

For more information contact :
Under Secretary (ME(PG))
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3022200 / Extn. 2555

SCHEME FOR IMPROVEMENT OF MEDICAL SERVICES

- The purpose of the scheme is to encourage voluntary organisations to provide improved medical services to rural and high density slum population in the country.
- Financial assistance under this scheme would be available to voluntary organisations which are running hospitals in rural areas, or in urban areas and catering to high density urban slums, only for expansion and improvement of existing hospital facilities. Therefore, assistance under this scheme will NOT be admissible for the following :-
 1. Setting up of new hospitals.
 2. Setting up of private nursing homes/clinics.
 3. Recurring expenditure for running a hospital.
 4. Setting up or expansion of a Research Centre in any field of medicine.
 5. For undertaking an activity for which financial assistance is admissible under separate grant-in-aid schemes of Government of India and State Governments.
 6. For supplementing per-capita grants given by a State Government in discharge of a Statutory responsibility.
 7. The individuals are not eligible for grant.
- The assistance will be given for purchase of costly essential equipment such as X-Ray Plant, ambulance, operation theatre equipment, strilizer, hospital cots, bedside lockers, surgical instruments, laboratory equipment etc. The Directorate General

of Health Services shall be the final authority in deciding whether an item of equipment is essential or not.

- The essential hospital equipment shall not include fixtures, furniture and consumable stores.
- For additional construction and for expansion of hospital facilities for the indigent construction of operation theatre, X-Ray laboratory blocks and wards for the poor, the extent of assistance shall be as follow :-
 - i) Cent percent where the institution is engaged exclusively in treatment of Leprosy, eye diseases and blindness; and
 - ii) Fifty percent in the case of others.
 - iii) Where assistance from the Government of India is limited to fifty percent of the expenditure, the balance fifty percent shall be met by the Institution.
- No assistance will be admissible to cover reimbursement of expenditure already incurred by the institution.
- The total amount that will be released to an institution for equipment and/or construction shall not exceed Rs. 4.00 lakhs in a year.
- To take care of any cost escalation, the Joint Secretary and the Financial Adviser, Ministry of Health & Family Welfare, shall be competent to increase the amount of grant as recommended by the Grants Committee by upto ten percent, subject to the ceiling of Rs. 4.00 lakhs referred to in (e).
- Assistance shall ordinarily be given to an institution once in three years.
- No article involving foreign exchange expenditure should be purchased and no assistance for the import of any articles will be provided by the Government of India.

- A copy of the application form for seeking financial assistance under the scheme can be obtained from the Grants (Health) Section in the Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi. The institution shall send three copies of the application accompanied with the required documents to the concerned State Government. One copy shall also be forwarded to the Secretary to the Government of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi for advance scrutiny. Out of the three copies received by it, the State Government shall, if it recommends the application, send one copy to the Ministry of Health & Family Welfare along with the prescribed recommendation certificate. Detailed application form is given at Annexure I.

For more information contact :

Deputy Secretary (Budget)
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3018068

Annexure I

SCHEME FOR IMPROVEMENT OF MEDICAL SERVICES PROFORMA OF APPLICATION

Note : (Any suppression of facts, Mis-statement or false information furnished to the Government will besides such other action as may be deemed appropriate, render the institution ineligible for further grants and make it liable to refund the grant secured on such basis).

1. Name of the institution.
2. Registered address.
3. Whether registered under an act or a statute? If so, the name of the act or the statute.
4. Name of the hospital/dispensary for which assistance is sought.
5. Address of the hospital/dispensary.
6. Date of setting up of the hospital.
7. Population of the city/town/village where the hospital/dispensary is situated.
8. Does the hospital cater to high density urban slum area? If so, the name/names of the slum colony/colonies and its/their population.
9. What are the aims and objects of the institution ? (an upto-date copy duly attested by a Gazetted Officer of the documents showing the aims and objects of the institution to be attached).
10. Nature of activities in the field of medical care (a copy of the latest annual report of the institution to be furnished).
11. Organisation or body responsible for the maintenance of the institution and its composition (a copy duly attested by a Gazetted

Officer of the documented showing the constitution of the present Governing. Body or Managing Committee responsible for its maintenance alongwith the names and designations of the two office bearers who are authorised to operate upon and bind its funds to be enclosed.).

12. Has the institution done any family planning work, if so, details thereof?
13. a) Bed strength of the hospital,
b) The number of beds which are free as per the definition of the free bed/free medical care given at the end of this application form.
14. Whether the institution agrees to reserve 1/5th of the total bed strength as free beds as per definition of free bed/free medical care referred to at 13(b) above?
15. Particulars of the staff employed viz. their names, qualifications, designations and scales of pay.
16. The annual expenditure incurred by the institution on free beds.
17. Year-wise number of indoor/outdoor patients treated during the last three years.
18. a) Whether any grants have been sanctioned by any other department of Government of India or the State Government for the purpose for which the financial assistance is now sought? If so, the details thereof. If not, furnish a certificate duly attested by the auditors.
b) Recurring or non-recurring grants received, if any, from the central/state Governments during the last 5 years for the purpose other than those which have been indicated at 18 (a) above. Where such grants were received, a certificate to the effect that

all the grants have been utilised for the purpose for which they were sanctioned to be attached, duly certified by the Auditors.

19. Whether the institution is involved in any proceedings. If not, furnish a certificate to the effect that the institution is not involved in any proceedings relating to the account or conduct of its office bearers.
20. a) Financial resources :-
 - a) Total income during the last financial year Rs.
 - b) Total expenditure during the last financial year Rs.
 - c) Assets at the end of last financial year Rs.
21. a) Sources of income (donations, hospital fee, bank interest & grant, etc., received during the last financial year should be indicated here, source-wise).
 - b) Particulars of donations received from such donors as have claimed exemption on paying income tax on the said donations.
22. Whether the accounts of the institution are audited by a Chartered Accountant or a Government auditor? If so the statements in original of its annual audited accounts, viz, income & expenditure accounts, receipt and payment accounts and balance sheets for the last 3 years duly certified by the said auditors to be enclosed.
23. Purpose for which financial assistance is sought.

A-Equipment

24. a) Amount of grant asked for the purchase of costly hospital equipments (a detailed list of costly items of equipment indicating the quantity required, specifications and cost of each individual items to be attached).
 - b) Whether equipment proposed to be purchased is readily available (a letter from a reputable firm showing that the items of equipments proposed to be purchased are immediately available

from indigenous source and that no import licence is required should be enclosed).

- c) Whether the institution has already got similar equipment in use in the institution for which the new grant has been asked for. If so, the justification for the additional quantity required and the manner in which the existing stock will be utilised or disposed of.
- d) Whether necessary accommodation, staff and facilities for the installation of the equipment proposed to be purchased are available, so that the equipment can be put to immediate use.

B-CONSTRUCTION

25. a) Amount of grant asked for Construction (extension);
 - b) Whether land is available (a certificate to the effect that the land for the construction of the building for which the grant has been applied for is available and the institution agrees to spend an equal amount wherever applicable on the construction from its own resources at the rates which will not be more than the prevailing state PWD schedule of rates for similar work the funds to the extent agreed upon have been collected, the blue print of the plan, reasonableness of the estimate of the building to be constructed duly certified by a qualified engineer/architect and a certificate from the local municipal or other appropriate authority that the construction of the building has been permitted, to be attached)
26. Schedule of charge recover able from paying patients.
27. Whether the project or scheme can be taken up in case the Central assistance is less than the amount asked for. If so, how?
28. Details of assistance received from foreign sources during last three years.

29. Name of the Scheduled bank or post office where accounts of the institution/organisation are maintained and operated upon by its two authorised office bearers.
30. Any other information justifying the request for grant.

It is certified that the information given above is correct.

It is also certified that this is a charitable institution and serves the general public without any distinction of caste, creed, colour or religion.

Signature of the authorised
Office bearer of the institution

Designation and name of the institution
(Seal)

Details of Enclosures :-

- a) Certified copy of Registration of the Institution (sr. No. 3 above).
- b) An uptodate copy of the documents duly attested by a Gazetted Officer showing the aims and object of the institution (Sr. No. 9 above).
- c) The latest annual report of the institution (Sr. No. 10 above).
- d) Documents showing constitution of the present Governing Body/ Managing Committee (Sr. No. 11 above).
- e) Certificate regarding non-receipt of financial assistance for the same purpose & utilisation of earlier grants (Sr. No. 18 (A) & 18 (B) above).
- f) A certificate to the effect that the institution is not involved in any proceedings relating to the accounts or conduct of its office bearers (Sr. No. 19 above).
- g) Audited accounts for the last three years (sr. No. 22)
- h) List of essential and costly equipments (Sr. No. 24 above).
- i) A letter from reputable firm about the availability of equipments from indigenous sources (Sr. No. 24 (b) above).
- j) Certificate regarding availability of land for construction of building (Sr. No. 2 (b) above).
- k) Blue prints of the construction plan (Sr. No. 25 (b) above).
- l) Detailed estimates for construction work & reasionableness of rates for construction (Sr. No. 25 (b) above).
- m) Certificate regarding permission for construction of building (Sr. No. 2 (b) above).
- n) Schedule of charges recoverable form paying patients (Sr. No. 26 above).

In case any of the above documents are in a language other than in English or Hindi, a translated copy thereof in English of Hindi should be attached.

DEFINITION OF FREE BED/FREE MEDICAL CARE

Free medical care shall mean free accommodation, medical attendance and treatment including diet (which is ordinarily provided to in-patients in Genreal Ward of a hospital.)

1. Accommodation/bed should include provision of cot, lines, mattress, pillow etc.
2. Medical care should cover all the facilities such as supply of medicines (Ordinary medicine as supplied in hospital, dressings and life saving drugs) investigations like laboratory tests, X-Ray and other investigations, operations, medical attendance and nursing care as ordinarily provided to in-patients in General Ward.
3. Diet.

CERTIFICATE AND RECOMMENDATIONS OF THE STATE GOVT.

Govt. of _____ Department _____

Station _____ No. _____

Dated the _____

FORWARDED

This institution has been visited by the Director of Medical Service/
District Medical Officer/Civil Surgeon _____ (place).

The State Govt. recommend a grant of Rs. _____

(Rupees _____ (For purpose) _____

which is/are considered essential for the development and efficient working of the institution.

Is is also certified that :-

1. The State Govt. have examined the audited statement of accounts of _____ for the last three years and are satisfied that the grant-inaid asked for by them is justified by their financial position and that all previous grants received by them from various sources have been spent for the purpose for which the grants were sanctioned.
2. The State Govt. are satisfied that the institution has the experience and managerial ability to carry out the purposes for which the grant of financial assistance has been asked for.
3. There is nothing against the organisation or its office bearers/staff which should disqualify them from receiving the financial assistance from the Govt. of India. It is also certified that the institution is not involved in any corrupt practices.

4. The institution is not of a local character.
5. The information provided by the institution in paras 7 & 8 of its application for grant is correct.

Signature and Designation
(To be signed by an Officer not
below the rank of Deputy Secretary)

To

The Secretary to the Govt. of India,
Ministry of Health and F.W.,
(Department of Health)
New Delhi-110 001.

FROM G.F.R. 19

**ASSETS ACQUIRED WHOLLY OR SUBSTANTIALLY OUT OF GOVERNMENT
GRANTS-REGISTER MAINTAINED BY GRANTEE INSTITUTIONS**

Block Account maintained Sanctioning Authorities

Name of sanctioning authority _____

Sl. No.	Name of the Grantee Institution	No. & Date of sanction	Amount of sanctioned Grant	Brief purpose of the	Whether any condition regarding the right of ownership of Govt. in Grant the property or other assets acquired out of the grant was incorporated in the grants-in-aid sanction.	Particulars of assets actually created or acquired
1	2	3	4	5	6	7

The assets acquired wholly
or substantially out of the
grant shall not be disposed
off, encumbered or utilised
for a purpose other than the
one for which the grant was
sanctioned, about prior
approval.

Value of the assets as on	Purpose for which utilised at present	Encumbered or not	Reasons if encumbered	Disposed of or not	Reasons and authority, if any, for disposal	Amount realised on disposal	Remarks
8	9	10	11	12	13	14	15

Signature of the Incharge of the institution

Certified as correct

Signature of Chartered Accountant

HEALTH MINISTER'S DISCRETIONARY GRANT

There is a scheme in this Ministry entitled Health Minister's Discretionary Grant. Financial assistance upto Rs. 20,000/- in each case is available to the poor and needy patients for specialised treatment and surgical interventions. All grants under the scheme shall be of a non-recurring nature and no recurring liability shall be undertaken.

A copy of the application form is given at Annexure I.

For more information contact :
Deputy Secretary (Budget)
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3018068

**APPLICATION FOR FINANCIAL ASSISTANCE
OUT OF HEALTH MINISTER'S
DISCRETIONARY GRANT**

1. Name of the patient : _____
(in block letters)
2. Age : _____
3. a) permanent address : _____

- b) Address for correspondence : _____

4. Father's / husband's name : _____
5. Whether the applicant or the person on whom he/she depends is an employee of the central/state Govt. : _____
6. Occupation and monthly income of the applicant and his family, with full address of the employer. A certificate from the BDO/Tehsildar or if the applicant is employed. Certificate from the employer regarding income must be attached in Original : _____
7. Source of livelihood if information in column no. 6 is nil. : _____

8. Quantum of financial assistance required. : _____
9. Whether financial assistance has been received from pr denied by the M/o Health & F. W. in the past, if so, give full details. : _____
10. Item-wise breakup of nexpnditure for which financial assistance has been applied for alongwith justification. : _____
11. Whether financial assistance for the same purpose (i) has been received from (ii)a request has been /is being made to some Deptt./agency/authority other than the M/o health & F. W., if so, give full particulars. : _____
12. Any other information. : _____

DECLARATION

I declare that the information given above is correct and complete in all respect and that I am in no position at all to arrange for/provide funds for the purpose stated above. I also declare that neither I nor my parents are employees of the Central /State Government or a local body.

Dated:

Signature of the applicant/patient

**TO BE FILLED IN BY THE M.O. INCHARGE OF THE
CASE/HOSPITAL ETC. WHERE THE PATIENT IS
RECEIVING THE TREATMENT**

1. Patient's name & hospital registration number : _____
2. A short note on the present clinical condition of the patient : _____
3. List of report of important investigation done : _____
4. **DIAGNOSIS:**
 - a) Basic illness : _____
 - b) Complication : _____
 - c) Associated illness : _____
5. Is the patient hospitalised ? If so, where? : _____
6. If the patient has been operated , the date of operation. : _____
7. Name of the hospital and Consultant /Doctors who have treated the patient. : _____
 - a)
 - b)
 - c)

8. The amount of money recommended : _____
 9. Itemwise break-up of expenditure of amount recommended at column No. 8
- Name of the consumables/medicines required for operation/ treatment
- Cost in Rupees
- a)
 - b)
 - c)

Signature of the M.O. Incharge of the
Hospital/ Med. Institution with Office Seal.

Certified that the patient's particulars given above are true to the best of my knowledge and belief.

Signature of the M.O. Incharge of the

HEALTH PROMOTION & EDUCATION PROGRAMME

Introduction:

Central Health Education Bureau (CHEB) is a national institution under the Directorate General of Health Services (Ministry of Health & F.W.) Govt. of India looking after the health promotion and health education activity in the country. The institution was created in 1956.

- The Institute imparts both long and short term training courses:-
- For health professionals (doctors and paramedical of Allopathic as well as of Indian System of medicine & Homeopathy),
- For teachers
- Courses for WHO for the participants from SEARO countries.
- Two year Post Graduate Diploma in Health Education (DHE) under Delhi University.
- Tailor made courses for different organizations of different Diseases and Programmes (e.g. IEC on Cancer for CGHS doctors)
- Orientation courses for the students of different medical colleges, nursing colleges and schools.
- CHEB is also actively involved in development of Health education materials both for print and electronic media and dissemination of health information to the masses. The T.V. video spots on health issues produced by CHEB are telecast through Doordarshan for public awareness. Copies can be made available to State Govt. & other organizations working in health care or health education. The title of the spots are :

- i) Say No to Tobacco.
- ii) Say No to Alcohol.
- iii) Tobacco and Society.
- iv) Alcohol and Society.
- v) Passive Smoking and Society.
- vi) Passive Smoking and Pregnancy.
- vii) Oral Health (Dental Care).
- viii) Oral Health (Mouth, Teeth).
- ix) Oral Health (Cancer).
- x) Anaemia.
- xi) Healthy Life Style.
- Xii) Safe Drinking Water.
- Xiii) Washing Hands.
- Xiv) Mental Tension.

Health Education material is also available on the following topics :-

- i) Handbill on Hepatitis - B
- ii) Poster on 'Our Children need clean habits'.
- iii) Posters on Locomotor Disability with the caption -
 - a) 'See The Difference'
 - b) 'Both the children need your equal love and affection'.
 - c) 'Surgical Intervention, Exercise & Appliances can help Rehabilitation'.
- iv) Handbill on Clean Habits'.
- v) Folders on Dengue Fever.
- vi) Booklet on Malaria for School children in both Hindi & English.

MEDICAL CARE FOR REMOTE AND MARGINALISED TRIBAL & NOMADIC COMMUNITIES.

A new Scheme entitled “Medical Care for Remote and Marginalised Tribal and Nomadic Communities” has been launched during IXth Five Year plan. An approval outlay of Rs. 10.00 Crores exists under the IX th plan period for the scheme. The scheme could be launched from 1998-99, as necessary plan provision for launching the scheme was provided from 1998-99 onwards. Under this scheme following projects have been taken up by ICMR.

S.No.	Name of Project
1.	Prevention & Control of Hepatitis ‘B’ infection among primitive Tribes of Andaman & Nicobar Islands.
2.	Intervention for hereditary common hemolytic disorders among major Tribals of Sundergarh Distt.
3.	Intervention programme for Cholera and Intestinal; Parasitism, Vitamin A deficiency disorders among some primitive Tribal population Orissa.
4.	Intervention Programme for Nutritional Anaemia and Hemoglobinopathies amongst primitive Tribal Population in India.

For more information contact :
Under Secretary (Research)
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3022200 / Extn. 2761

- The School Health Division of this Bureau plans, strengthens and revises health and population education curriculum; provides consultative and advisory service in school health to various organizations. It also coordinates Plans and programmes in the field of School Health carried out in the states & UTs to produce model instructional material for strengthening health education component of formal and informal education.

The institute has also taken up projects in the Kalahandi and Nuapada districts of Orissa under the SCP and STP programme.

- CHEB has taken up awareness programme in ill effects of tobacco through Panchayat leaders in the states of U.P, Bihar, Orissa, M.P., and Rajasthan (under WHO funded Tobacco Free Initiative).
- CHEB has also taken up awareness programme on ill effects of tobacco through school teachers and school children in the states of Andhra Pradesh, Rajasthan, Bihar and West Bengal (under WHO funded Tobacco Free Initiative).
- Organised Exhibitions in the Health Melas at Mathura and Kargil and also to be held at Patna from 19th to 21st November 2000.

For more information contact :
Director
Central Health Education Bureau
Kotla Road, Temple Line, New Delhi.
Tel. : 3239943

‘NATIONAL PROGRAMME FOR CONTROL AND TREATMENT OF OCCUPATIONAL DISEASES’

A New national programme entitled ‘National Programme for Control and Treatment of Occupational Diseases has been launched during the IXth Five Year Plan. An outlay of Rs. 25.00 crores has been proposed for the programme during the entire plan period.

The Scheme was started in 1998-99. Under this Scheme following projects have been under-taken by NIOH, Ahmedabad (ICMR)

S.NO.	Name of the Project
1.	Prevention control & treatment of silica Tuberculosis in Agate Industry & Occupational Health Problems of Tobacco Harvesters and their prevention.
2.	Evaluation of Occupational Health Problems Evaluation and Control.
3.	Child Labour Occupational Health Problems, Evaluation and Control.
4.	Capacity Building to promote Research Education & Training.
5.	Prevention & Control of Occupational Health hazards among salt workers in remote desert areas of Gujarat & Rajasthan.
6.	Health risk assessment and development of intervention programme in Cottage Industries with high risk silicosis.
7.	Hazardous process of Chemicals, Database generation, Documentation and Information Dissemination.

For more information contact :

Under Secretary (Research)
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3022200 / Extn. 2761

ORAL HEALTH CARE

- Oral diseases such as dental caries, periodontal diseases, malocclusion and Oral Cancers constitute an important public health Problems in India today.
- Almost 85% of our children and 95 to 100% of our adult population is suffering from periodontal diseases which is initially painless, chronic, self destructive leading to gradual tooth loss.
- 35% of all body cancers are oral cancers. About 30-35% of children suffer from maligned teeth and jaws affecting proper function.
- At present there are about 35,000 registered dentists serving the entire population of 100 crore with majority of them living in the urban areas.
- A comprehensive Oral Health Care Project on a pilot basis was launched by the Directorate General of Health Services, Government of India in July, 1995 for three years in one district each of five States, namely, Himachal Pradesh, Haryana, Punjab, Delhi and Rajasthan.
- At present, there is no National Oral Health Programme under implementation. However, a pilot project on Oral Health was initiated in 1999 and All India Institute of Medical Sciences, New Delhi has been the nodal agency for developing a Project.
- Five regional workshops were held at New Delhi, Mumbai, Thiruvananthapuram, Guwahati and Chandigarh. The 6th workshop to formulate the recommendations for prevention of common dental diseases was held at New Delhi in March, 2000. Separately, a nationwide survey on common dental problems is being undertaken by the Dental Council of India.

For more information contact :

Under Secretary (MEPG)
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3022200

SCHEMES AND PROGRAMMES IN MEDICAL EDUCATION

The Central Government lays down the policy on medical education and has set up regulatory bodies like, Medical Council and Dental Council of India for monitoring the standards of medical/dental education in India. For this purpose the Councils have framed various 'Regulations' with the approval of the Central Government. Besides, the Health Ministry has also a Scheme to assist the States/UTs without medical/dental colleges and also certain other deserving categories by allotting them MBBS/BDS seats from the central pool.

1. **Establishment of Medical College Regulations, 1999 (Published in the Part III, Section 4 of the Gazette of India dated 28.8.1999)** : These 'Regulations' contain the procedure to be followed by any eligible person desirous of opening a new medical college.
 2. **Scheme on Continuing Medical Education** : Under this Scheme services of Indian doctors residing in USA, U.K. and Canada are utilised for 'Continuing Medical Education & patient care services in India. Medical Council of India is the nodal agency to coordinate this programme. Grant upto Rs. 1.00 lakh is provided to Medical Colleges/hospitals/Institutions for holding CME programmes with NRI participation. MCI also provides assistance upto Rs. 50,000/- for holding CME programmes with Indian faculty participation.
- For more information contact** : The Secretary, medical Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi. Tel. : 3232618, 3235178, 3236081 Fax : 011-3236604.
3. **Diplomate of National Board** : MBBS doctors who have qualified in the Preliminary Examination conducted by the National Board of Examination, an autonomous body under the M/o Health, and have undergone three years of training in any one of the accredited

institutions recognised by the Board can appear in the final examination held in the months of January and July every year. For application form and other details contact the executive director, National Board of Examination, M.G. Marg, Ansari Nagar, New Delhi. Tele. No. 6560517, Fax : 6512886, Website : www.natboard.org

4. **Central Pool of MBBS and BDS seats** : Every year some of the state govts. and Institutions contribute voluntarily few MBBS and BDS seats to the central pool maintained by the Ministry of Health and Family Welfare. The seats in the central pool are in turn allocated by the M/o Health & FW before the commencement of each academic year to the concerned authorities for allotment to the under mentioned categories of students.
5. **Opening of Higher Courses of Study and Increase of Admission Capacity in Medical Colleges Regulations, 2000** : The opening of New or Higher Courses of Study or Training (including Post-graduate Course of Study of Training) and Increase of Admission Capacity in any course of Study or Training (including postgraduate course of study or Training) Regulations, 2000 has been published in the Part-III, Section 4 of the Gazette of India on 7th October, 2000 with the approval of this Ministry. These regulations contain the entire process medical courses and increase of seats in undergraduate and postgraduate course in medical colleges and institutions, upto issue of letter of permission by Government to applicant.

Eligible Category

Authority concerned

- | | |
|--|---|
| (1) Students belonging to States/Union Territories with no Medical/Dental College. | Health Secretary,
State/Union Territory
Government concerned. |
| (2) Wards of defence Personnel | Liaison Officer,
Kendriya Sainik Board,
Ministry of Defence, |

	West block-IV, Wing No. 5, R.K. Puram, New Delhi-66
(3) Children of para-military Personnel : (BSF/CRPF/IB etc.)	Ministry of Home Affairs, FR-I Section, North Block, New Delhi-110001.
(4) Wards of Cabinet Sectt. Personnel: (R&AW/SSB/SFF/ARC)	Cabinet Secretariat, EA-II section, Bikaner House (Annexe), Shahjahan Road, New Delhi-110011.
(5) Children of Indian Staff Serving in Indian Missions abroad	Ministry of External Affairs, Welfare Cell, Akbar Bhawan, Chanakyapuri, New Delhi-21
(6) For meeting diplomatic/ bilateral commitments	Ministry of External Affairs, Students Cell, Akbar Bhawan, Chanakyapuri, New Delhi-21
(7) Tibetan Refugees	Ministry of Human Resource Development, Department of Education, UT-2 Section, A-2/W-4, Curzon Road Barracks New Delhi-110001
(8) National Bravery Award Winning Children	Indian Council for Child Welfare, 4-Deen Dayal Upadhyay Marg, New Delhi-110002

In addition to the category of students mentioned above, few MBBS seats are also allotted to Jammu & Kashmir on an adhoc basis due to the disturbed conditions in the state for allotment to students who have been affected by terrorism.

The eligible candidates are required to contact the authorities concerned indicated above for consideration of their candidature and for more information on the scheme.

5. **Central Pool of MDS seats :** There are four MDS seats in the central pool contributed by the Govt. of Uttar Pradesh each year in King George Medical College, Lucknow, one each in the specialities of Orthodontics, Oral Surgery, Operative Dentistry and prosthodontics. The in-service BDS doctors working under the Govts. of the State/ UT of Arunachal Pradesh, Mizoram, Andaman & Nicobar Islands, Dadra & N.H., Daman & Diu, Manipur, Meghalaya, Lakshadweep, Sikkim, Nagaland, Jammu & Kashmir, Himachal Pradesh and Tripura where MDS teaching facility is not available at present are eligible for nomination against these four MDS seats.
6. The M/o Health & F.W. provides for quality medical education in undergraduate and postgraduate courses and research in the field of medicine through the central institutions of All India Institute of Medical Sciences, New Delhi, Post Graduate Institute of Medical Education & Research, Chandigarh, JIPMER, Pondicherry, Lady Hardinge Medical College, New Delhi.
7. **Medical Education/training facilities for foreign students :**
 1. Foreign students can seek admission in under graduate medical/dental courses in India against the MBBS/BDS seats allotted to M/o External Affairs from the central pool for self financial foreign students as per bilateral agreements. For more details contact the Under, Secretary, Students Cell, M/o External Affairs, Akbar Bhavan, Chanakyapuri, New Delhi.
 2. There are five post graduate medical seats in the Institute of Medical Sciences, Benares Hindu University, Varanasi, in one calendar year reserved for foreign students from the countries of Mauritius, Nepal and Maldives. The M/o Health and FW nominates the foreign students for these seats on the recommendation of the M/o External Affairs.

3. The foreign students can also take admission in MBBS and BDS courses in the private recognised institutions in India against 15% of seats reserved for NRI/foreign students. After getting admission in any of such institutions, the foreign students should obtain the 'No Objection Certificate' of the M/o Health & family Welfare for which they should apply through the Principal of the College. The foreign students admitted in Govt. Colleges against seats allotted to M/o External Affairs by the Ministry of Health & FW are not required to obtain NOC.
4. Foreign students coming to India for undergoing elective training in medical/dental institutions generally for a period of less than three months should approach the Head of the Institution in which they wish to undergo the training. The Institution concerned will obtain the clearance of MCI/DCI and the M/o Health & Family Welfare before permitting the foreign students to join the training course.

For more information contact :

Director (ME)

Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi-110011

Tel. : 3019579 Fax: 3019579

PREVENTION OF FOOD ADULTERATION PROGRAMME

Ministry of Health and Family Welfare is responsible for ensuring the quality and safety of food consumed in this country be it manufactured / produced indigenously or imported. This is ensured through the statutory provisions of the Prevention of Food Adulteration Act 1954 and the Rules made thereunder.

The objective is to ensure pure and wholesome food to the consumers and also to prevent fraud or deception. The Act has been amended thrice, in 1964, 1976 and in 1986 with the objective of plugging the loopholes and making the punishments more stringent and empowering Consumers and Voluntary Organisations to play a more effective role in its implementation.

The subject of the Prevention of Food Adulteration is in the concurrent list of the Constitution. However, the enforcement of the Act is done mainly by the State/U.T. Governments. The Central Government primarily plays an advisory and co-ordinating role in its implementation, besides carrying out various statutory functions/ duties assigned to it under the various provisions of the Act. These include formulation of guidelines and standards for food products from the point of view of food safety, examination and approval of the labels of infant foods; ensuring quality of food imported into India, under the provision of the Act; coordinating with the State Govts. on important issues arising out of the administration of the PFA Act and liaising with National and International Organisations like Codex Alimentarius Commission, FAO , WHO etc. Ministry of Health and F.W. is the National focal point for all work relating to the Codex Alimentarius Commission.

The work relating to PFA is looked after at the Central Level by the PFA Division in the Dte. GHS and the officer responsible for this programme is the Assistant Director General (PFA).

In the States the work is managed through their respective State Food Health Authorities, generally the Director of Health Services of the State. However in certain States / UTs, separate Departments have been established for enforcement of the PFA Act under the control of Commissioners / Controllers / Directors of the Food / Food and Drug Administration.

The State Food Health Authorities are assisted by the local Health Authorities, Food Inspectors and Public Analysts. Samples of various articles of food are lifted by the Food Inspectors of the State Govt. for getting them analysed in respect of their quality standards, as laid down under the provisions of the PFA Rules, addition of any foreign matter or injurious substances in the food product and ensuring compliance with the labelling provisions stipulated under the law.

The rule making power under the Prevention of Food Adulteration Act, 1954 (PFA Act) Act is exercised by Central Govt. in consultation with the Central Committee for Food Standards, (CCFS) a Statutory Advisory Committee under the PFA Act, which comprises representatives from all the State Govts., eminent experts representatives of consumer and industry associations, including the hotel industry, as well as representatives from all Ministries / Departments and agencies in Govt., who have a stake in the food sector.

A proposal for consideration of the CCFS is required to be sent to ADG (PFA) in the Dte. GHS, along with adequate technical data justifying the proposal. After assessing the adequacy of the data, in consultation with some of the eminent institutions like NIN, CFTRI etc., the proposal is placed before the Sub Committee of the CCFS on the concerned subject. There are 9 Technical Sub-Committees of the CCFS set up for different subjects. If the proposal is recommended for acceptance, then it is placed before the CCFS.

Based on the recommendation of the CCFS, Govt. takes a view on the proposal and issues the preliminary notification calling for comments from the public indicating the intention to amend the existing provisions. These comments from the public, are duly considered before the final notification is published. A Press Note explaining the objective of the amendment is also being published to create consumer awareness.

Products imported into the country are required to comply with all domestic rules and regulations. For this purpose, the Department assists the Customs Authorities in testing any product, which, to the former, appears to violate the domestic regulations.

The PFA Authorities in the States are also empowered to routinely test imported products available for sale in the domestic market. Unlike Drug products, currently no license under the PFA Act is necessary for import of any food products.

Every manufacturer, distributor or dealer of an article of food is required to obtain a licence from the Licensing Authority appointed by the concerned State Government for the respective local area. Every licensee is required to follow and comply with the licensing conditions / regulations laid down under the respective State Prevention of Food Adulteration Rules. The State Prevention of Food Adulteration Rules are framed by the State / UT Governments after Consultation with the Central Committee for Food Standards and with prior notification in the State Gazette.

Although standards of quality have been prescribed for a large number of food articles under the Appendix B of the Prevention of Food Adulteration Rules, 1955, the provisions under the Prevention of Food Adulteration Act/ Rules also permit manufacture / sale of various proprietary foods for which no statutory standards / specifications have been laid down under the Appendix-B of the PFA Rules. However the manufacturer / packers of such food articles have to ensure that the food

item is free from any harmful and non-permitted ingredients and all necessary information about the product and the ingredients are provided on the labels of the food packages, as per the rules laid down in this regard under the Prevention of Food Adulteration Rules 1955.

One of the important initiatives currently underway is the issue of harmonising the standards under PFA Act and Rules with related standards under the various Orders under the Essential Commodity Act, the BIS and Agmark specifications etc. This is important to avoid duplication of standards for the same products and also because certification of a number of food products such as condensed milk products, infant milk food, fat spread etc. are being done by agencies such as BIS and Agmark as per the provisions of the PFA Rules.

Effort is also being made to harmonise national standards with international standards laid down by the Codex Alimentarius Commission, in terms of upgrading safety parameters and hygiene standards, updating standards of food products to accommodate modern developments in food technology and to provide more information to the consumers, with a view to helping them to make “informed” choices, keeping in view health and quality concerns, as well as cultural and religious practises.

Recent notifications which have been finally notified include; mentioning details of “Best Before” date on packages of all food articles; providing for printing a specific symbol on the packages of food containing non-vegetarian ingredients etc.

There are 82 Food Laboratories under the administrative control of various State /Union Territory Governments and Local Bodies for analysis of samples drawn by the Food Inspectors under the provisions of the PFA Act 1954.

Four Central Food Laboratories have been established under the Act, which work as appellate laboratories for the purpose of analysis of appeal samples of food lifted by the Food Inspectors of the States/U.Ts. and Local Bodies. The two laboratories viz. (i) Food Research and Standardization Laboratory, Ghaziabad and (ii) Central Food Laboratory, Calcutta are under the administrative control of the Directorate General of Health Services and the other two viz. Central Food Laboratory, Pune and Central Food Laboratory, Mysore are under the administrative control of the Government of Maharashtra and Council of Scientific and Industrial Research, Govt. of India respectively.

The Act has a provision that a vendor whose sample has been drawn by a Food Inspector and found adulterated, can make a submission before the Court for getting his sample retested at the Central Food Laboratory. The findings of the Central Food Laboratory shall supercede the report of Public Analyst.

For more information contact :

Director (SK)

Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi-110011

Tel. : 3019317

CENTRAL DRUG STANDARD CONTROL ORGANIZATION (CDSCO)

- The Central Drugs Stand Control Organsiation (CDSCO) in the Dte G.H.S. along with Drug Control Transition in the State are responsible for safety, efficacy and quality of drugs, their import, manufacture, distribution, sale and standards. This is regulated under the Drugs & Cosmetics Act, 1940 and the Rules, 1945 made thereunder.
- Drugs Control can be broadly defined as controlling the standard of the drugs marketed in India on the basis of the regulatory norms provided in the Drugs and Cosmetics (D&C) Act and Rules thereunder. Since 1988, all units manufacturing drugs and formulation have to mandatorily comply with the requirements of Good Manufacturing Practices, which are spelt out in the Drugs & Cosmetics *(D&C) Rules.
- The CDSCO is headed by the Drugs Controller (India) in the Dte. GHS under the ministry of Health & F.W. while the Drug Control Organization in the States are generally headed by the State Drug Controllers under the Director of Health Services.
- The main functions of the CSDCO include control of the quality of drugs imported into the country, co-ordination of the activities of the States/UTs drug Control authorities, approval of new drugs proposed to be imported or manufactured in the country, laying down standards and regulatory measures and acting as the Central License Approving Authority (CLAA) in respect of whole human blood and its products, Large Volume Parenterals (IV Fluids), Sera and Vaccines Quality of cosmetics manufactured and marketed in the country are also regulated under the D&C Act. The I.P. Committee under the CDSCO brings out the Indian

Pharmacopoeia which lays down the National standards for drugs and formulations.

- The CDSCO has a network of four Zonal Offices located at Mumbai, Ghaziabad, Calcutta and Chennai, three Sub-Zonal Offices at Hyderabad, Lucknow and Patna and seven port offices responsible for ensuring quality of imports. The Zonal Officers inspect the Drug Manufacturing Units, Blood Banks and Approved drug testing laboratories, either jointly with State Drug Control Authorities or independently, and deficiencies observed during these inspections are invariably brought to the notice of State Drug Control Authorities.
- Import of Drugs is directly controlled by the Ministry of Health through the Drug Controller (I). To bring only efficacious drugs and to prevent unnecessary dumping of drugs of poor quality, Ministry is in the process of formulating a scheme for registration of each drug to be imported into the country, which will also, interalia, spell out the requirement of residual shelf life of such products.
- At present licences in Form 10 are issued by the Drug Controller of India and the port offices, for importing Schedule C and C(1) drugs i.e. biological and other special products. There is provision for renewal of such licences also.
- The provisions contained in the drugs & Cosmetics Act and Rules made thereunder also regulate collection, storage, testing and distribution of blood and its products. These provisions also ban the collection of blood from professional donors.
- While license for import of drugs are normally given only for drugs approved by the Drug Controller for manufacture and sale in the country, there is a provision for patients requiring medicine manufactured by the Pharmaceutical company in the world, but not available in India, to import such drugs by obtaining import

approval from the Drugs Controller (India), Nirman Bhavan, New Delhi-110011. The requirement for such import approval is just an application from the patient with a valid prescription from the doctor treating the patient. No fee is required to be deposited for such an application and license for such import is normally issued within a day of receipt of the application.

- Similarly any new drug manufactured or marketed in India has to be cleared by the Drug Controller (India). The approval for permission for clinical trial of new drugs in India is therefore granted by the Drug Controller (India) under the Drugs and Cosmetics Act and Rules made thereunder. The clearance process involves acute and long term toxicity studies in different species of animals, special toxicity studies including re-productive studies, mutagenicity and carcinogenicity, clinical trial report etc. It also includes examination of the package insert, label claims, promotional literature etc. and testing of the bulk drugs at the Central Drug Laboratory, Calcutta. Even after approval, licences for such drugs in the first four years continue to be given by the Drug Controller (India) subject to submission of data on bio-availability and bio-equivalence of the drugs manufactured. The procedure seeks to ensure the safety and efficacy of drugs introduced in the country.
- In so far as regulating the quality of cosmetics is concerned, the main control is on manufacture, not on sale. The raw materials, colour and perfume, alcohol contents etc. are controlled under the D&C Rules through specific standards prescribed, in consonance with those formulated by the BIS. For purposes of monitoring the quality, samples of cosmetics are randomly taken by the Drug Control machinery in the State for testing.
- The rule making power under the D&C Act and Rules is vested only with the Central Govt. through the Ministry of Health & Family Welfare. There is a Drug Technical advisory Board

(DTAB) constituted under the Drugs and Cosmetics Act, 1940 to advise the Central Govt. and the State Govts. on technical matters arising out of the administration of the Drugs and Cosmetics Act and to carry out other functions assigned to it by this Act. The Board, comprising experts of various related disciplines and representatives of the Pharmaceutical industry, is chaired by the Director General of Health Services, Govt. of India. There is also a Drugs Consultative Committee (DCC), set up under the Drugs & Cosmetics Act, 1940 to advise the central Government, State Govts. and the DTAB on any matter, with a view to securing uniformity of guideline throughout India in the administration of the Drugs & Cosmetics Act, 1940.

- The initiation of Rule making is through both, States and central Drug Control Authorities. The proposals including technical justification of the proposal is made through the DCC which consists of all State Drug Controllers with Drugs Controllers (India), as Chairman Recommendations made by DCC are deliberated and approved by DTAB. Any recommendation from DTAB is considered by the Ministry of Health and, after due approval, is notified, calling for public comments. After the public suggestions and objections are examined, the final notification is issued in the Gazette indicating date of implementation.
- Central Govt. through Drug Controller (India) is also responsible for prohibiting manufacture, sale or distribution of any Drug or cosmetic, the use of which is likely to involve any risk to human beings or animals or any drug that does not have the therapeutic value claimed or contains ingredients and in such quantity for which there is no therapeutic justification. This is done by notification in the Official Gazette. Such prohibition is undertaken in consultation with the experts in the field.
- The Drug Control Organization in the States are primarily responsible for monitoring and enforcing quality standards through

a system of licensing, inspection, sampling and testing. Licences are granted in different forms for manufacture and sale of biological and non-biological drugs and formulation, respectively. The State Drug Control Organizations also undertake, licensing of private drug testing laboratories, recall of substandard drugs etc.

- The Drug Control Organization in the States also exercise strict vigilance on the movement of spurious drugs and those of doubtful quality through surveillance interaction with the public.
- There are 4 Central Drug Laboratories (CDL) in the country at Calcutta, Mumbai, Ghaziabad & Chennai, in addition to the 21 State labs. the CDL, Calcutta functions as the appellate laboratory. The CDLs also carry out tests of imported samples of specific classes for drugs. The Government has also taken over the existing State Drug Testing Laboratory at Guwahati at Assam to develop it as a Regional Drug Testing Laboratory under the CDSCO. This laboratory will cater to the needs of all States in North-Eastern Region in matters relating to testing of drugs and related investigations. The CDSCO has also accredited about 150 private testing laboratories in the country to facilitate the testing of drugs.
- It is also proposed to develop the NIB at NOIDA as the National Laboratory for testing biological products and diagnostic. The experimental work relating to standards of drugs included in the Indian Pharmacopoeia is carried out in the Central Indian Pharmacopoeia Laboratory, Ghaziabad.
- In consultation with the Drug Controller of India, the Ministry of Health & Family Welfare also issued WHO GMP Certification to any manufacturer who seek such quality certification for products for domestic sale or export. Certification will be subject to the satisfactory outcome of a joint inspection done by the State and central Drug Control Officers. Such certification will be available for any product covered under the D & C Act and Rules, including

medical devices such as disposable perfusion sets, disposable syringes and disposable needles, for which standards are included in the D&C Rules.

- There is specific provision in the D&C Rules, which allows a purchaser/consumer of a drug to test any drug he has purchased and to launch prosecution, if felt necessary. Rule 26 of the D & C Rules empowers a consumers to test his purchased drug from a Govt. testing lab after paying requisite fee (Schedule B) and if aggrieved he may prosecute the person (dealer/supplier of the drug) under Drugs and Cosmetics Rules (Rule 32).

For more information contact :

Director (SK)

Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi-110011

Tel. : 3019317

**VALLABHABHAI PATEL CHEST INSTITUTE
UNIVERSITY OF DELHI
DELHI - 1100007**

Phone Nos.7257667, 7257102 FAX: 7257420 E Mail: vpci(a)delnet,rennic,in

BACKGROUND PROFILE

- An unique Post Graduate Research and Teaching Institute with its clinical research and patient care services devoted mainly to the study and treatment of chest diseases in India.
- Established in 1946. Discovery of lung deflation receptors by Prof. A.S. Paintal in 1955-a historical landmark in understanding the functioning of lungs and its diseases.

POST GRADUATE RESEARCH, TEACHING/TRAINING SERVICES

- Ph.D. programme (Medical Sciences) in Allergy & Immunology, Bacteriology, respiratory Medicine.
- Mycology. Pharmacology, Physiology and virology etc.
- M.D. Courses in tuberculosis and respiratory diseases and specialties.
- DTDC (Diploma in Tuberculosis and Chest diseases)
- Other PG Courses: M.Sc. in Medical Microbiology/Medical Biochemistry, Diploma in Microbiology.

DEPARTMENT/LABORATORIES

- Departments of Respiratory Medicine, Deptt. of Microbiology, Deptt of Biochemistry, Deptt of Medical Mycology. Deptt of Respiratory Virology, Deptt of Pathology, Deptt of Physiology, Deptt of Pharmacology, Deptt of Cardiorespiratory Physiology,

Deptt of Respiratory Allergy and Immunology and Deptt of Radiodiagnosis and Imaging.

REFERRAL PATIENT CARE SERVICES AT CLINICAL RESEARCH CENTRE

- Provides OPD) services from 9 AM to 1 PM (on all working days (registration between 8.30 AM to 10.30 AM)
- Registration, Consultation, Investigation, supply of medicines free of charges.
- Free Indoor services through a 60 bedded well equipped ward with free food for patients.
- Free Respiratory Emergency treatment services.
- Free Investigation including allergen tests, sleep lab tests, lung function tests, Bronchoscopy, Radiological tests and other investigations at laboratories/depts.
- Free Ambulance services.

Recent Addition:

- Whole Body CT Scanner installation on its final stages: likely to be available by the end of year 2000.

For more details contact:

Dr. V.K. Vijayan

Director,

Phone Nos:7256180(Office)(Home)

Dr. Binod Kumar Singh

Dy. Registrar

Phone Nos.7257993 (Office)
3988791 (Home)

NATIONAL INSTITUTE OF BIOLOGICALS (NIB)

3

- The National Institute of Biological (NIB) was set up as an autonomous body under the Ministry of Health & Family Welfare, registered under the Societies Registration Act, 1860.
- It is envisaged to function as a National Control Laboratory to assure quality of Biologicals, such as vaccine, blood products, anti-sera, anti-toxins, recombinant DNA products and immuno-diagnostic kits produced indigenously, to be used within the country or for export as well as those imported into the country.
- NIB also imparts training to various categories of professionals in quality control of biologicals.
- The NIB is located at Institutional Area Phase-II, NOIDA (UP). The designing of NIB has been done in consultation with National Institute of Health, USA. It, inter-alia, aims at serving as a data repository and source of information on quality assurance of biologicals and establishing, producing, monitoring and distributing National Reference Standards.
- Its functions also include support to the Drug control administration with expert services including quality control of biologicals and reliable and verifiable test data and inspection of various biologicals manufacturing units in the country alongwith representatives of CDSCO under the provisions of the Drugs & Cosmetics Act, 1954.
- The NIB has the facility consisting of 4 main laboratories i.e. Immuno-diagnostic kit Lab, Blood reagent Lab, Blood products Lab and Virology Lab. The activities in these laboratories include quality assurance and evaluation of various immuno-diagnostic kits, anti-HIV-1/2 HBAGs, anti-HCV etc., quality assurance and

evaluation of various blood grouping reagents and products, anti-human globulin and Bovine serum albumin etc. and quality assurance and evaluation of various vaccines from various indigenous and foreign manufacturers referred by drug Controller General (India).

- The NIB ensures availability of quality diagnostic reagents, therapeutical agents or biologicals and thus provides indirect support to various National Health Programmes specially the National Mission on Immunization and the National AIDS Control Organization.

For more information contact :

Director (SK)

Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi-110011

Tel. : 3019317

NURSING PROGRAMME

1. TRAINING OF NURSES:

Due to advancement of science and technology in Health Sector there is a need to update the knowledge and skills of Nursing Personnel to provide qualitative Nursing Care to the patients. A sum of Rs.100 lakhs has been allocated for the year 2000-2001. The same has been sanctioned to conduct 200 courses at various centres in the country and to train about 6000 in-service nurses. In one course 30 participants will be trained for a duration of 10 days. It is proposed to provide 10 days continuing education in the area of education technology for Nursing Teachers, Management Technique for the Nursing Administrators and clinical specialisation for the Staff Nurses. It is proposed to retain Rs.100 lakhs in R.E. also.

2. SETTING UP OF NEW NURSING SCHOOLS TOWARDS PROVIDING RECURRING EXPENDITURE

In order to train additional Nurses to meet the shortage of Nurses in the country sanction was issued to open new Nursing Schools. It has been proposed to open 10 new nursing schools during the year 2000-2001. As per the pattern of assistance approved by the PIC, State Government institutions and other Voluntary Organizations are given financial assistance for opening the schools. Financial assistance is given for the five years. From 6th year onward institutions or State Govt. has to bear the expenditure. Proposals from Voluntary Organization may be routed through the State Governments.

A sum of Rs.450.00 lakhs has been allocated for the year 2000-2001. The same amount of Rs.450.00 lakhs may be kept in RE stage in order to provide recurring expenditure for the Schools which have been sanctioned earlier.

3. STRENGTHENING OF EXISTING SCHOOLS/COLLEGES OF NURSING:

In order to improve the quality of training imparted in the existing Nursing Educational institutions, a sum of Rs.3 lakhs per institution assistance given towards AV Aids, library Books, Furniture, Laboratory equipment and Transport etc.

A sum of Rs.200.00 lakhs has been provided for the year 2000-2001. The same amount is kept at RE stage also. It is anticipated to strength about 66 nursing institutions in the country.

4. DELHI NURSES COLONY:

To mitigate the acute housing problem faced by the nurses in the capital, a proposal to construct about 413 dwelling units has been launched. Construction of Nurses Housing Complex has been started by HSCC. In the 1st phase 236 units are under construction. The target date of completion of 1st phase is December, 2001. Another 177 units will be taken up in 2nd phase. A RCE meeting was held to consider the revised cost estimate. The Revised Cost Estimate will be Rs.36.19 lakhs. The same has been approved and the proposal is being sent to Ministry of Finance for approval. After the approval of Ministry of Finance sanction will be issued to HSCC to take up 2nd phase. The target of completion of 2nd phase will be August, 2003.

A sum of Rs.1000.00 lakh has been allocated for the year 2000-2001. Now the activity is going on as per schedule. Therefore a sum of Rs.1000.00 lakh has been proposed under RE 2000-2001 also.

For more information contact :

Director (PMS)
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011
Tel. : 3017288.

INTERNATIONAL COOPERATION

The I-C-Section issues NOC and NORI Certificates to medical officers for pursuing higher studies abroad.

1. No Objection Certificate (NOC)

NOCs are granted to private/individual doctors after doing MBBS, MD to pursue their higher studies/residency training in super-specialisation field abroad particularly in USA. It is granted maximum up to 7 years for staying abroad on J-I Visa. For obtaining NOC, the applicants are required to produce an offer letter from the Institute/College indicating the specialty and period of training. They are also required to produce a bond of Rs.50,000/- in the (enclosed format at Annexure I) as an assurance to return to India after completion of training abroad. The bond should be signed by the candidate himself and two sureties who are either Govt. servants or income tax payees in India. In case sureties are Income Tax payees, the necessary proofs from income tax Dept are required. The witness should be made alongwith name and full address against for each signatory person i.e. doctor + both sureties in the bond format.

2. No Obligation to Return to India (NORI) Certificate

As per US Law, the doctors are required to obtain No Obligation to Return to India (NORI) Certificates to settle permanently abroad on H-1 visa to avoid family separation. NORI certificate are issued by this Ministry to doctors after meeting any one criteria of the following:-

- i) Where the spouse of the applicant is a foreigner or Green Card holder.
- ii) Where the applicant has received his/her entire education including medical education abroad.

- iii) Where the applicant has spent more than 20 years abroad.
- iv) Where the applicant has worked for more than 15 years in India and is over 55 years of age.
- v) Whether the candidate is engaged in basic science research in medical science and related areas.

In case he falls in nay of the above categories, he is required to furnish the requisite documentary evidence indicating details of his education qualification with names of institutions/University and places of his stay during the last 20 years/Family details etc.

In case, he falls category No.5 above, he is required to furnish the following documents to this Ministry:-

- i) Detailed bio-data
- ii) Details of basic research project in which he is currently involved.
- iii) List of publications with authors name.
- iv) Prints/Reprints of Publication.
- v) Letter from the employer that he is not involved in patient care.
- vi) Proof of continuity of his basic research through his Programme Director.

For more information contact :

Shri Anil K. Jha,
Deputy secretary (IC),
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011
Phone No3014495

Annexure-I

**BOND FOR INDIAN DOCTORS SEEKING NO
OBJECTION CERTIFICATE FOR HIGHER
STUDIES ABROAD**

Know all men by these presents that I/We, Dr. _____
_____ (bounden) son/daughter/wife of _____
_____ resident of _____
District _____ at present employee as _____ in
the ministry/Office of _____
and _____ (surety No.1) son/daughter/
wife of _____ resident of _____
District _____ at present employed
as _____ in the Ministry/Office of _____
and _____ (surety No.2) son/daughter/
wife of _____ resident of _____
District _____ at present employed as _____
in the Ministry/Office of _____ do
hereby bind ourselves and our respective executors and administrators
to pay to the President of India (hereinafter called "The Government")
on demand the sum of Rs.50,000/- (Rupees fifty thousand only) on
account of 'No Objection Certificate' issued by the Government of
India vide No.L.20019/ / / .F, dated the _____ for
higher studies abroad in respect of Dr. _____
(name of the person and name of course and discipline and institution
and the country of study) for the period from _____ to _____
together with interest thereon from the date of demand at Government
rates for the time being in force on Government loans or if payment
is made in a country other than India, the equivalent of the said
amount in the currency of that country converted at the official rate of
exchange between that country and India.

On this _____ day of _____ Two thousand
and _____ whereas the above bounden Dr. _____ is
permitted for higher studies abroad.

Now the condition of the above written obligation is such that if
in the event of the above bounden not returning to India after the
expiry or termination of the period of training in _____
he/she shall forthwith refund to the Government on demand the said
sum of Rs.50,000/- (Rupees fifty thousand only) on account of his/her
having been permitted to have his/her higher studies abroad as
aforesaid together with the interest thereon from the date of demand
at Government rates for the time being in force on Government loans.

And upon the above bounden Dr. _____ making
such refund the above written obligation shall be void and of no effect,
otherwise it shall be and remain in full force and virtue.

It is hereby mutually agreed and declared that the liability of the
sureties shall not be discharged or be affected by an extension of time
indulgence given by the Government to the bounden.

The Government of India have agreed to bear the stamp duty
payable on this Bond.

In witness whereof, these presents have been signed by a duly
authorised officer on behalf of the President and by the other persons/
party thereto.

Signed and delivered by _____
the above named Dr. _____
in the presence of _____

Signed and delivered by _____
the Surety No.1 above named _____
in the presence of _____

Signed and delivered by _____
the Surety No.2 above named _____
in the presence of _____

For and on behalf of the President of India _____

NATIONAL FAMILY WELFARE PROGRAMME

The turning point

With the adoption of the National Population Policy, 2000, population and development have begun to once again occupy centre-stage in the nation's agenda for social development . A series of bold initiatives by the Government in recent months have catapulted population related issues to high priority.

Following announcement of the country's population policy in February , 2000 , the National Commission on Population was constituted followed by the first meeting of National Population Commission under the chairmanship of the Prime Minister on July 22, 2000, in which State Chief Ministers, Health Ministers, Experts, dignitaries and well known personages took part.

This meeting decided to have a National Population Stabilisation Fund with a seed money of Rs.100 crore from the Central Government, with support from the corporate Sector, NGOs etc. and an Empowered Action Group, attached to the Ministry of Health & Family Welfare, to give focussed attention to the five States of Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar and Orissa.

The Empowered Action Group will be charged with the responsibility of preparing area-specific programmes, with special emphasis on States that have been lagging behind in containing population growth to manageable limits and will account for nearly half the country's population in the next two decades.

The Group will also concentrate on involving voluntary associations, community organisations and Panchayati Raj Institutions in this national effort. It will explore the possibility of expanding the scope of 'Social Marketing' of contraceptives in a manner that makes them easily accessible even while raising awareness levels.

DEPARTMENT OF FAMILY WELFARE

The National Population Stabilisation Fund, which will provide a window for canalising monies from national voluntary sources, is being set up to specifically aid projects designed to contribute to population stabilisation. Corporate sector, trade organisations, and individuals have been appealed to generously contribute to this fund.

After a series of consultation conferences with Medical professionals, Associations, NGOs, Corporate Sector and Media people, a concrete Action Plan to implement many of the programmes suggested in the National Population Policy has already been prepared by the Department of Family Welfare for the year August, 2000 to August, 2001.

With the country's population crossing 100 crore mark in May 2000, the urgency to stabilize our population is self evident. Recent media efforts to highlight the population issues over and above other issues mirror this urgency.

Preamble

The Family Welfare Programme was officially launched in India in 1952 with the objective of reducing the birth rate to the extent necessary to stabilise the population at a level consistent with the requirement of the national economy. In keeping with the democratic tradition of the country, the family welfare programme seeks to promote responsible and Planned Parenthood through voluntary and informed choice of family planning methods best suited to individual acceptors. As a result, birth rate, death rate and infant mortality rate have declined over the periods. The achievements of the Family Welfare Programme has been quite significant as may be seen from the indicators given below:

Indicator	1951	1971	1981	1991	1999
1. Birth rate	40.8	36.9	33.9	29.5	26.1
2. Death Rate	25.1	14.9	12.5	9.8	8.7
3. Infant Mortality Rate	148.0	129	110	80	70
4. Child (0-4) Mortality rate	NA	51.9	41.2	26.5	23.9(1996)
5. Total Fertility Rate	6.0	5.2	4.5	3.6	3.3(1997)
6. Expectation of Life at Birth					
(M)	37.1	46.4	54.1	60.6	62.36
(F)	36.2	44.7	54.7	61.7	63.39
		(1961-71)		(1991-96)	(1996-2001)

Maternal Mortality Ratio (per 1000 live births) : 4.37 (1992-93)(NFHS-I)
4.08 (1997) (SRS)
4.07 (1998) (SRS)

India's population numbered 238 million in 1901, doubled in 60 years to 439 million in 1961, doubled again, this time in only 30 years to reach 846 million by 1991. India's population has crossed 100 crores on 11th May, 2000. Population is increasing currently by about 16 million each year in the country.

Performance:

The performance of Family Planning Methods during the last four years is given hereunder:-
(Figures in Millions)

Year	Sterilisation	IUD	Condom Users	Oral Pills Users
1995-96	4.42	6.86	17.30	5.00
1996-97	3.87	5.68	17.21	5.25
1997-98*	4.24	6.17	16.80	6.39
1998-99*	4.18	6.07	17.31	6.87
1999-2000	4.44	6.08	18.70	6.87
2000-2001 (up to August)	1.15	2.14	11.50	5.77

* Figures Provisional

Of the 171 million eligible couples in the country as on 31.3.2000, 29.1% have been protected due to sterilisation and 15% on account of spacing methods, as per the program data.

REPRODUCTIVE AND CHILD HEALTH PROGRAMME:

On the recommendations of the International Conference on Population and development held in 1994 at Cairo (Egypt), the Government of India launched the Reproductive and Child Health (RCH) Programme on 15.10.1997 for implementation during 9th Plan period by integrating and strengthening all the existing interventions under the Child Survival and Safe Motherhood (CSSM) interventions of fertility regulation and adding the component of Reproductive Tract Infection (RTI) and Sexually Transmitted Infections (STI). The concept of RCH Programme is to provide need based, client centres, demand driven, high quality and integrated RCH services to the beneficiaries. The programme is being implemented in a differential approach basis and in a phased manner. All the districts of the country have been covered under the programme during 1999-2000.

The main highlight of the RCH Programme are:

- (a) The Programme integrates all interventions of fertility regulation, maternal and child health with reproductive health of both men and women.
- (b) The services to be provided will be client centered, demand driven, high quality and based.
- (c) The programme envisages upgradation of the level of facilities for providing various interventions and quality of care. The First Referral Units (FRUs) being set up at sub-district level will provide comprehensive emergency obstetric and newborn care. Similarly RCH facilities in PHCs will be substantially upgraded.
- (d) It is proposed to improve facilities for obstetric care, MTP and IUD insertion in the PHCs. Also for IUD insertion in Sub-Centres.

- (e) The Programme aims at improving the outreach of services primarily for the vulnerable groups of population who have till now been effectively left out of the planning process including involvement of NGOs and Voluntary Organisations.

MATERNAL HEALTH

As per the estimates of Registrar General of India in 1976, for every 100,000 live births, 407 mothers die every year due to pregnancy related causes (this is known as Maternal mortality rate). This implies that more than one lakh women in India die every year due to causes related to pregnancy and child birth. The major causes of these deaths have been identified as anaemia, haemorrhage (both ante and post partum), toxemia (hypertension during pregnancy), obstructed labour, puerperal sepsis (infections after delivery) and unsafe abortions.

The new initiatives taken in respect of Maternal Health issues are :

Contractual appointment of staff

Additional ANM

Essential Obstetric Care includes those items of obstetric care, which any pregnant woman requires during normal pregnancy. Many of these inputs are provided by ANM. In Category 'C' districts where the status of RCH is poor and the infrastructure, roads and electricity is also generally weak, the task of the ANMs is more difficult. Therefore, in all C category districts of eight states (UP, Bihar, Orissa, MP, Haryana, Assam, Nagaland and Rajasthan), in 30% of sub-centers, which qualify to be categorized as remote sub-centers, one additional ANM, on contractual appointment, is provided under the RCH programme. The input is also available for appointment of 140 ANMs in Delhi for extending their services in slum areas. The scheme has been expanded to all North Eastern States with effect from 1999-2000.

PHN/Staff Nurses

On the same rationale, the PHCs/CHCs with adequate infrastructure for conducting deliveries will be able to engage PHN/Staff Nurse on contract basis during the project period or till the State Government is able to make a regular arrangement.

Hiring of Private Anesthetist:

Emergency Obstetric Care is an important intervention for preventing maternal mortality and morbidity. One of the deficiencies identified for providing emergency obstetric care at FRU is non-availability of Anesthetist for surgical interventions. To tide over the immediate needs, the States have been permitted to engage the Anesthetist from the private sector on a payment of Rs.1,000 per case and this facility is available at sub-district and CHC level but only for emergency obstetric care.

24 hours delivery services at PHCs/CHCs

Institutional deliveries have beneficial impact on maternal mortality and morbidity as also on the health and well being of the new born. One of the reasons de-motivating people from seeking deliveries in the health institution is non-availability of medical/para-medical/cleanliness staffs especially beyond normal working hours. Therefore, the RCH programme has made provision to provide honorarium to the PHC/CHC doctors, nurses and cleaners @ of Rs.200, 100 and 50 respectively, per delivery, conducted by him/her between 8 PM to 7 PM provided they are not on night shift duty. The program will attempt to set up 24 hours delivery services in CHCs/PHCs in as many districts as becomes feasible. The project will be monitored on the basis of implementation report for individual districts.

Referral Transport to indigent families through panchayats:

One of the causes of high maternal mortality and morbidity in the weakly performing eight states, particularly in 'C' Category districts of these States is weak communication infrastructure and low economic status

of many families. Because of this, even if there is a complication identified during pregnancy or delivery, the women have the delivery conducted in the village and frequently by untrained dais.

Safe Motherhood Consultant

To supplement the regular arrangement, provision have been made for engaging doctors trained in MTP as SM Consultant who will visit to the PHC (including CHCs in NE States) once a week or at least once in a fortnight on a fixed day for performing MPT and other Maternal Health care services. These doctors will be paid @Rs.500/- per day visit. For this purpose Rs.0.98 crores have been released to 19 States/UTs.

Dai Training

Reduction in Maternal Mortality and Morbidity is one of the main goals of National Population Policy, 2000. Unsafe deliveries conducted at home by relatives and dais are an important cause of maternal mortality and morbidity and most of these dais are illiterate, poor and do not have adequate skills in conducting safe deliveries or in identifying high risk among pregnant women during the ante-natal period. It was, therefore, decided that district with safe deliveries less than 30% will be included in the scheme for rendering training to said. A scheme to this effect has already been formulated and funds released to the States.

The RCH Out Reach Services

The RCH house hold surveys conducted in 252 districts have shown that only 53.5 percent of all children are fully immunised with a range of 16.8 percent in Bihar to 89.5 percent in Tamil Nadu. The situation in the eight large northern and eastern States has been a cause of concern with the coverage for fully immunised children in most of these States being below the national average. Coverage levels for other services also followed similar pattern.

For improving the Maternal and Child Health coverage in these States, it has been decided to strengthen outreach services by providing

inputs to increase coverage and improve quality of Immunisation, child health interventions and maternal health services by addressing gaps in service delivery and improving outreach and creating demand through IEC and social mobilisation both in urban and rural areas within the districts. In the current financial year the scheme will be implemented in 50 districts in the States of Assam, Bihar, Gujarat, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal, which will be extended to 150 district during the next financial year.

CHILD HEALTH

Improvement in Child Health and Survival are important aspects of the Family Welfare programme. Low birth weight, diarrhoeal diseases acute respiratory infections, vaccine preventable diseases and inadequate maternal and newborn care have been identified as major causes of high infant and child mortality rates in the country.

Under the RCH programme, interventions like antenatal care, improving safe deliveries, essential new born care, immunisation against six vaccine preventable diseases, control of deaths diarrhoea and acute respiratory infections are being implemented. As a result of these interventions deaths due to vaccine preventable diseases have come down significantly. In 1985, 247519 deaths had been reported due to measles. These have now come down to 38950 in 1998, which is a reduction of more than 84%. Similarly with the implementation of Oral Rehydration Programme for preventing deaths due to diarrhoea, the number of deaths have come down from an estimated 10-15 lakhs in 1985 to about 6-7 lakhs in 1996-97.

Pulse polio immunisation programme for eradication of polio was launched in 1996. As a result of its implementation, the number of cases have come down from 4315 cases in 1998 to 2817 cases during 1999. In order to accelerate the efforts for polio eradication the PPIs have been intensified during 1999-2000, instead of 2 nation wide rounds of PPI, 2 additional rounds will be conducted in 8 States of Assam,

Bihar, Gujarat, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal. Four national rounds have been completed. The effort during these rounds is to reach every child even if he/she is living in remote/inaccessible areas. Panchayats, NGOs and community are being fully involved in this effort. The reported coverage during these rounds has been above 100%. The additional rounds are on 27.2.2000 and 26.3.2000.

Immunization

The Universal Immunisation Programme(UIP) aimed at reduction in mortality and morbidity among infants, younger children and pregnant mothers was started in 1985-86. Under this programme, Vaccines are administered to Infants and Pregnant women for prevention of Vaccine preventable diseases among infants and reduction in Neo-natal tetanus and other diseases among pregnant women. The impact of the programme is reflected in significant drop in the infant mortality rate from 129 in 1976 to 71 in 1998 per 1000 live births. Child mortality (0-4) rate has declined from 26.5 in 1991 to 23.9 in 1996.

The immunisation coverage (% of targets) is given below:

Year	DPT (%)	OPV (%)	BCG (%)	Measles (%)	TT(PW) (%)
1997-98	92.9	93.7	99.5	85.6	82.4
1998-99	92.8	94.3	97.0	87.3	82.9
1999-2000	93.6	94.1	99.5	87.8	80.2
2000-2001 (up to August)	85.6	85.8	94.2	81.5	78.4

STATUS OF POLIO ERADICATION IN INDIA

The global initiative to eradicate poliomyelitis by the end of the year 2000 is the largest international disease control effort ever. Remarkable progress has been made since the initiative began in 1988. The number of global polio cases declined from an estimated >350,000

cases to just over 7000 in 1999. The polio virus transmission is interrupted from Europe (including Russia), Western Hemisphere, Western Pacific region (including China) and most of the Middle East and large part of Southern & Northern Africa. As a result, poliovirus transmission is now limited to few foci in 10 countries located in South Asia and Central/Western Africa.

Situation in India:

In India, vaccination against polio was initiated in 1978 under Expanded Programme on Immunization (EPI) and the coverage achieved by 1984 was around 40% of all infants with 3 doses of Oral Polio Vaccine (OPV). In 1985 the Universal Immunization Programme (UIP) was launched and implemented in phased manner to cover all districts in the country by 1989-90. During 1986 the UIP was accorded the status of a Technology Mission under the banner of the Technology Mission on Immunization. This resulted in significant increase in coverage to over 95% during 1990-91 and is being sustained over 90% since then. The number of reported cases of polio declined from 28757 during 1987 to 3265 in 1995.

At this stage, in pursuance to the World Health Assembly Resolution of 1988, in addition to administration of routine OPV through the Universal Immunization Program, the Pulse Polio Immunization (PPI) Programme was launched in 1995-96 to cover all children below the age of 3 years. In order to accelerate the pace of polio eradication, the target age group was increased from 1996-97 to all children under the age of 5 years. This resulted in further decline in number of polio cases to 1005 reported during 1996.

Although, there had been steep decline in reported number of polio cases, however, it was estimated that only around 10% of cases were actually being reported. In order to ensure full reporting, the National Polio Surveillance Project (NPSP) was launched in October 1997 with financial support from DANIDA and technical collaboration with WHO.

This resulted in increase in detection of confirmed polio cases to 2276 during 1997, 4315 during 1998 and 2817 during 1999. The NPSP within 1 1/2 years of its existence was able to achieve the WHO bench marks. It is now able to detect and take, follow up action on almost every polio case reported in the country. The success of India's Polio Surveillance measures, in a record time, has drawn the acclaim of WHO and all multilateral and bilateral partners

In order to reach the global goal of reaching zero incidence of polio by 2000 AD, a strategy to intensify PPI was adopted in 1999-2000, after consulting national and international experts. The strategy consisted of four nation-wide PPI rounds in the months of October, November, December 2000 and January 2001; followed by two sub-national rounds in 8 States of Assam, Bihar, Gujarat, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal and routine immunization, especially in the poor performing States.

SUPPLY AND SOCIAL MARKETING

The items procured in the Department of Family Welfare can be classified into two groups (i) for which the entire procurement process is being undertaken in the Supply Division in the Department of Family Welfare and (ii) for which the procurement consultant (HSCC) is employed. For the items procured in the Department of Family Welfare the funds are provided in the budgetary allocation and the Department has to follow the norms laid down by the Government of India, while in the later category the funds are provided by under the RCH Project (earlier it was provided under the CSSM Project except for the year 1998-99).

PROCUREMENT UNDER RCH:

These can be categorised into following groups:

- i) Vaccines:
 - a) Tetanus Toxide (TT)
 - b) Diphtheria Tetanus(DT)

- c) Diphtheria Pertusis Toxide(DPT)
- d) Oral Polio (OPV)
- e) Measles
- f) B.C.G.
- ii) Contraceptives
 - a) Condoms
 - b) Copper-T (Cu.T)
 - c) Tubal Rings
 - d) Non-Scalpal Vasectomy(NSV)
 - e) Oral Contraceptive Pills(OCP)

The work on the procurement starting right from tendering stage is undertaken by the Supply Division of the Department of Family Welfare. The stages involved are issuing tenders, finalising rate contracts, and placing orders for quantities required during the year and monitoring the supply.

Social Marketing:

In view of the inherent weaknesses of the free distribution of contraceptives, the National Family Welfare Programme initiated the Social Marketing Programme of condoms in 1968 and that of Oral pills in 1987. Under the Social Marketing Programme, both condoms and oral pills are made available to the beneficiaries at highly subsidised rates, through diverse outlets.

Recognizing that social marketing in India has potential for improvement and growth and is at a stage where some changes would be in order, to help strengthen the programme, during 1999-2000, the Department of Family Welfare has constituted a Working Group on Social Marketing comprising of NGOs, donors and technical agencies. The working group gave recommendations on six areas-supplies, IEC, costing, expanding the market, procedures and increasing contraceptive choice. A

guidelines manual on social marketing based on recommendations of Working Group is under preparation.

Recanalisation Services (Centres of Excellence)

This scheme was initiated in 1987 as an UNFPA and AVSC assisted project with Government of India contribution. Under the scheme training is conducted in Standards for Male and Female Sterilisation and in Micro-surgical Recanalisation. A total of 16 Centres of Excellence were set up in Medical Colleges in different parts of the country.

Supply of Laparoscopes and Tubal Rings:

In order to ensure quality of Laparoscopes and Tubal Rings, this Ministry under the Laparoscopic Sterilisation Programme of Government of India procures and supplies these items to the States/UTs. On an average 2.50-3.00 million pairs of Tubal Rings are required annually at an estimated cost of Rs. 600.00 lakhs.

Similarly, Laparoscopes are provided to States/UTs @ 1.5 Laparoscopes per trained team for the Laparoscopic Sterilisation Programme. These are also provided to the State Government for replacement of Laparoscopes which are unserviceable due to normal wear and tear.

Testing facility at IIT, New Delhi:

In order to ensure that quality equipments are utilised in the programme, a National Centre for testing of IUD and Tubal Rings was set up at the Bio-medical Engineering Wing at IIT, New Delhi in 1986-87 with financial assistance of UNFPA. With effect from April 1992 onwards the centre is being funded entirely by Government of India.

PROCUREMENT OF DRUGS AND EQUIPMENT UNDER RCH PROGRAMME

Procurement and supply of Drugs and Equipment is a part of RCH programme. A number of Drugs and Equipment are to be procured and

supplied to all the Districts in States/UTs. The procurement of drugs and equipment is being undertaken as per the guidelines of the World Bank. As per the agreement with the World Bank, a National Procurement Support Agency (NPSA) is required to be installed to look after the procurement of drugs, pharmaceuticals, medical equipments, goods and consultancy services. The States were also asked for establishing their own State Procurement Agencies (SPA). For the first year of RCH the World Bank has allowed to use the services of M/s Rail India Technical and Economic Services Ltd (RITES), Government of India Undertaking as the procurement agency for this Department for procuring and arranging supplies of the drugs to all destinations. The RITES had met the requirement as per agreement and M/s. Hospital Services Consultancy Corporation (India) Ltd. (HSCC) was engaged for procurement of goods and services presently for year-2 of RCH programme. For year 3, HSCC will procure Kit 'A' and Kit 'B'. The other items would be procured by HLL for year 3.

NON SCALPAL VASECTOMY

Non-Scalpal Vasectomy is one of the most effective contraceptive methods available for males. It is more effective than the oral pill or the injectable contraceptive. It is an improvement on the conventional vasectomy with practically no side effects or complications. This new method is now being offered to men who have completed their families, as a special project, on a voluntary basis under the Family Welfare Programme.

The Non-Scalpal Vasectomy project is being implemented in the country to help men adopt male sterilisation and thus promote male participation in the Family Welfare programme. Under the project, 1500 medical personnel all over the country are to be trained in the technique of No-Scalpel Vasectomy. Ensuring the availability of this new technique up to the peripheral level will help increase the acceptance of male sterilisation in the country. The project is being funded by the UNFPA. The total contribution by UNFPA for the project is Rs. 9.15 crores. The

contribution of the Government of India will be in kind such as providing centres for training and making available the necessary infrastructure at the training sites.

The training sessions are for 3-4 days held at district hospitals. At each training session 2-4 surgeons or medical officers involved in Family Welfare services are given training. To ensure proper quality in training each trainee is required to assist in 5 NSV operations and conduct 5 NSV operations independently before he or she is qualified as certified NSV provider. This ensures that each trainee picks up the right technique.

Each training session is preceded by IEC publicity on Radio, TV and news print media to attract large number of NSV acceptors.

The training sessions are organised on the request of the States. Funds for each training session is released to the State through Regional Director of HFW.

INVOLVEMENT OF NGOS IN THE FAMILY WELFARE PROGRAMME:

The NGO Division of the Department of Family Welfare is looking after the Mother NGO proposals (received from all over the country) and the innovative projects undertaken by the National NGOs. Apart from these proposals on Gender Issue Projects are also being processed which are funded by UNFPA. Presently there are 67 MNGOs all over the country spread over 311 districts of 22 States/ UTs. It has been planned to cover 450 districts out of 568 (total) by the end of 2000-2001. Under the RCH scheme, out of 57 MNGOs, 24 of them had completed more than a year and their performances have been evaluated by other National NGOs. The GIA Committee Meeting was held on 29/08/00 considered them for further grants.

Under the SGI Projects which is implemented in collaboration with UNFPA, 11 proposals were screened and approved by the Committee and a workshop was held in December 1999 to orient the implementing

and monitoring NGOs. Now that the funds have been released for this projects, implementing NGOs have been asked to initiate their programme since January 2000. Other proposals received so far on Gender Issues are being processed and put up in the sub-committee for screening.

An amount of Rs.8.75 crores has been released by Government of India to the Mother NGOs in several States out of which Rs.5.92 crores have been reported so far for the year 1999-2000. Under the innovative projects, Government of India has released Rs.76.00 lakhs for the six projects out of which Rs.26.21 lakhs have been reported so far. Provision for projected schemes for 2000-2001 :

MNGO Scheme	:	Rs.18.00 Crores
Innovative Projects	:	Rs. 5.00 Crores
Gender Issues Project	:	Rs. 8.00 Crores
T o t a l	:	Rs.31.00 Crores

- Guidelines for sanction/conditions regulating assistance and Format for proposals placed at Annexure-II.

INFORMATION, EDUCATION AND COMMUNICATION

The Information, Education and Communication (IEC) component of the National Family Welfare Programme is basically for generating demand for the range of Family Welfare and Reproductive Health care services available for healthy living.

New Initiative and Thrusts

During the year, IEC activities were organised on priority basis in weak districts. Greater emphasis was laid on a more judicious media-mix based on local specific media forms and need based inter-personal communication schemes. More stress was given on grass-root level communication for the audience segments unreached by conventional mass media channels. The IEC strategy is now being focused on the 'C'

category districts (socio-economically backward districts) as well as the weaker States.

As part of the new strategy to utilise the services of eminent filmmakers, the Ministry assigned Shri Amol Palekar, Shri Shyam Benegal and Ms. Kalpana Lazmi for feature films on Reproductive Health issues. A documentary feature 'Kal Ka Admi' also directed by Shri Amol Palekar, feature films, 'Daman' by Ms. Kalpana Lazmi, and 'Bitiya' by Shri Ashok Chakradhar, are under production.

A professional agency has been assigned the job of conducting interactive panel discussions on crucial RCH issues. Telecasting of this programme will start soon.

A folk-music based radio programme, 'Lok Jhankar', produced through a professional agency, is broadcast twice a week from 22 Stations of Vividh Bharati to enlighten audiences in the Hindi speaking areas on RCH and Family Welfare issues.

Hoardings are being installed through a professional agency at prominent places in six big cities of Northern India with messages on RCH and Family Welfare issues.

To make local-specific IEC activities more effective, Zila Saksharta Samities (District Literacy Committee, in-charge of the literacy campaign programme) are being involved in chalking out local-specific IEC campaign on vital RCH issues for every district. In this way, Family Welfare is being integrated with education at the district level and below.

Social Mobilisation for the Intensified Pulse Polio Immunisation (IPPI) Programme.

During the year 1999-2000 a total of six rounds of the IPPI programme are being organised - four nation-wide rounds, once a month from October 1999 to January 2000, and two more sub-national rounds in eight States: Gujarat, Rajasthan, Madhya Pradesh, Bihar, Uttar Pradesh, Orissa, Assam and West Bengal. It is a recognised fact that success in

awareness generation with a focused IEC campaign is the key to the success of Intensified Pulse Polio Immunisation programme.

Production of Audio-Visual Materials

A number of audio-visual programmes were produced during the year through professional agencies. These programmes were in Hindi and in other regional languages. Video spots were telecast on the national network (Doordarshan).

World Population Day: Like every year, the World Population Day was observed on 11th July by arranging Population Race at 33 centres all over the country. In addition, number of functions and activities were organised by various governmental and non-governmental organisations all over the country.

Exhibition in India International Trade Fair: The Department of Family Welfare participated in the India International Trade Fair, New Delhi, and arranged a display at the Family Welfare Pavilion.

RCH-IEC Activities through Zila Saksharta Samitis:

The Department of Family Welfare in co-ordination with the Department of Education, Ministry of Human Resource Development, has operationalised the initiative to have district level IEC, relating to RCH and Population Control through Zila Saksharta Samitis(ZSS). The Literacy programme has substantially succeeded in mobilising masses and this strategy of integrating Family Welfare with Literacy Programme is expected to be effective.

RURAL FAMILY WELFARE INFRASTRUCTURE:

Sub-Centres

It is the most peripheral contact point between the Primary Health Care System and the Community. It has mainly promotive and educative functions and provides basic drugs for minor ailments. 97757 Sub-Centres

are funded by the Department of Family Welfare, out of a total number of 137271 Centres functioning in the Country at the end of June, 2000 for which a budget provision of Rs. 56500 lakh have been provided during 2000-2001.

Rural Family Welfare Centres

There are 5435 RFWCs functioning in the country at present. It is manned by one Assistant Surgeon supported by 11 paramedical and other staff. Rs. 35000 lakh have been provided under the Scheme during 1999-2000.

Minor Civil Works

An amount of Rs. 10 lakh per district has been released to all the States for minor repair and maintenance of buildings especially for Operation Theatres, Labour Rooms and for improvements in Water and electric supply. An amount of Rs. 49 Crores has been released to the states and UT Admn. in last two years.

Major Civil Works

An amount of Rs. 10 lakh /CHC/District Hospital is being released to all States to Improve facilities for essential and emergency obstetrics services. An amount of Rs. 34 Crores has been released during last two years. Till September, 2000, Rs.27.7 crore has been released. This is so far funded from our own budget.

Basic Training of Female Health Workers(MLPW/ANMs)

It is a 100% centrally sponsored scheme under Family Welfare programme. There are 478 ANM/MPW(F) Training Centres functioning in the country with an annual admission capacity of 16455 candidates.

Female Health Assistant(LHV)

There are 42 LHV Promotional Training Centres with an admission capacity of 2596 are functioning in the country.

Rs. 4200 lakh have been provided for these two schemes during the year 2000-2001.

Multi-purpose worker(Male) Training

The scheme of basis training for MPW(Male) was initiated during the 7th Plan period because of the shortage of MPW(Male) at Sub-Centres level. At present there are 30 HFWTCs and 28 New Basic MP' W(M) Schools, providing training to MPWs(M). A provision of Rs. 900 lakh has been for the schemes during 2000-2001.

Health and Family Welfare Training Centres

These provides in service training to Health personnel in the rural health sector and are set-up with 100% Central Assistance. In addition they also provide in service training under various vaertical National programmes, Reproductive and Child Health Programmes and to MPWs(M). A provision of Rs.1100 lakh has been for the Scheme during 2000-2001.

Family Welfare Training & Research Centre, Mumbai

FWTR&C, Mumbai is a Central Training Institute, responsible for in service training in the key Health areas, for different categories of health personnel all over the country. Rs. 100 lakh have been provided for the Institute during 2000-2001(B.E).

Village Health Guide Schemes

The Scheme was started in 1977 as the 100% Centrally sponsored Scheme with the basic objective of providing Primary Health Care at the doorsteps of the people. At present about 3.23 lakh VHGs are reported to be working under the schemes and they are being paid an honorarium of Rs. 50 per month. The scheme has recently reviewed by an Expert Committee and is pending a final decision. Rs. 500 Lakh has been provided in the Scheme during the year 2000-2001.

URBAN FAMILY WELFARE INFRASTRUCTURE:

Post Partum Programme:

At present Post Partum Programme is being implemented in 550 District level and 1012 Sub District level institutions in the country. It functions at referral centre for Peripheral Institutions. It ensures effective obstetric services leading to decline in infant and maternal mortality and better acceptance of family planning methods. The Post Partum Programme both at district and Sub-district level are underplan scheme and 100% centrally funded. This assistance is provided to States for implementation of the Programme i.e. for funding expenditure like salary of staff, maintenance of Post Partum Ward and Operation Theatre, POL etc.

Strengthening of Post Partum Centre under WHO/UNFPA assisted Project by supply of Ambulance/Equipments:

To strengthen maternity based services to the beneficiaries in Tribal districts, Government of India has supplied 25 Ambulances to the selected institutions in the State of Andhra Pradesh, Bihar, Gujarat, Madhya Pradesh, Orissa and Rajasthan and 20 ambulances in North-Eastern States. In addition 150 institutions have been supplied equipments viz. Hydraulic operation table, Vertical sterilizer, shadowless lamp and Obst. Labour table under WHO/UNFPA assisted projects. All the four medical colleges in North Eastern States have been supplied Ultra sound machines.

Urban Revamping Scheme and Urban Family Welfare Centre:

The Urban Family Welfare Centre and Health Posts provide comprehensive RCH Services with focus on outreach services. The referral support for these centres are provided by the nearest hospital/post partum centres. These centres are envisaged to functioning close coordination with ICDS (Anganwadis) and Urban Basic Centres in their respective areas.

Sterilisation Bed Scheme:

A Scheme for reservation of sterilisation beds in hospitals run by Government, Lok Bodies and Voluntary Organisation was introduced in 1964 in order to provide immediate facilities for tubectomy operations in hospitals where such cases could not be admitted due to lack of availability of beds etc. At present beds are being sanctioned to hospitals run by Local Bodies and Voluntary Organisation. These organisations are provided grant-in-aid as per approved pattern of assistance. The Department of Family Welfare has been increasing the involvement of NGOs over the years and currently about 6000 NGOs are being assisted for various programmes.

Community Needs Assessment Approach (CNAA)

The Family Welfare Programme is now being implemented on the basis of Community Needs Assessment Approach(CNAA) with effect from April 1996. Under this approach, the practice of fixing targets from above was given up. Now, all the States and Union Territories in the beginning of the year will prepare the District/State level Family Welfare & Health care plans by assessing the service needs of the community for planning qualitative services. This ensures community's involvement in the programme. All the States/Union Territories are to send monthly performance reports from district level to State and National level through NICNET network. During 1999-2000, State Annual Action Plans and District Annual Action Plans have been received from 21 States and 329 Districts respectively. The monthly performance statistics reports are being received in respect of about 330 districts and it is further improving.

Population Research Centres:

The Union Ministry of Health and Family Welfare have established a network of 18 Population Research Centres (PRCs) in various Universities (12), other Institutions (6) of national repute, scattered over 17 major States of India on the basis of facilities and other infrastructure available. These Centres are responsible for carrying out research on

various topics of Population Stabilisation, Demographic and Socio-Demographic Surveys and Communication aspects of Population and Family Welfare Programme. 17 area specific studies relating to RCH programme have been completed by 11 PRCs during 1999. In all, 110 studies have been completed during 1999-2000.

SURVEYS:

Rapid Household (District level) Surveys

In order to make critical assessment of the health services provided by the State Governments under RCH programme, important survey called Rapid Household Survey(RHS) is being conducted since 1998 in 50% districts of each State/UT. The first phase of the RHS was conducted within a very short time from October, 98 to December,98 in 50% districts of each of the 32 States/UTs. Second phase of RHS covering the remaining 50% districts have also been completed in 1999.

Facility Survey

To assess availability and utilisation of facility in various health institutions all over the country, district-wise facility survey was conducted during 1998-99. Although it was proposed to start these surveys from July 1998, all agencies except SERC, New Delhi started survey in one State or the other in December,1998. Facility survey reports from about 340 districts/sub-divisions/blocks have been received so far.

National Family Health Survey-II (NFHS-II)

Keeping in view the vast utility of the valuable data for population management collected in the first round of the survey (NFHS-I 1992-93), decision has been taken to conduct the second round of NFHS from November, 1998 with the financial assistance of the USAID. IIPS, Mumbai is the nodal agency for NFHS-II. In this second round, 26 States and about 10 lakh million ever-married women in the age group of 15-49 will be covered. The main objective of the survey is to give information on evaluation and acceptance of family welfare measure

alongwith demographic indicators needed for policy formulation. In addition to States and all India, estimates of various parameters will be prepared at Regional level alongwith separate estimates for Mumbai, Calcutta, Chennai and Delhi. All India report on NFHS-II has been released.

EXTERNALLY AIDED PROJECTS:

Area Projects:

Area Development Projects are being implemented with the financial assistance from World Bank and other donor agencies for strengthening health and family welfare infrastructure in the States and morbidity and birth rate and to increase the couple protection rate. These projects also have components for upgrading the skills of concerned manpower through training and for better programme management with the aim of reducing Maternal and Child Mortality. Currently, 7 Area Projects are being implemented in 15 states and NCT of Delhi at a total cost of Rs.1127.36 crores, with financial assistance from World Bank, United Nations Fund for Population Activities (UNFPA), Department For International Development (U.K), Danish International Development Assistance and German Government.

Funding Pattern:

The total cost of the project is shared between the Government of India and the State Governments in the ratio of 90:10. The funds are provided to the State Governments as grant-in-aid under the centrally-sponsored Family Welfare Programme. Reimbursement is claimed from the external donor agencies on the basis of expenditure reported by the State Governments. The assistance in the case of UNFPA, DANIDA and DFID (U.K) is in the form of grant amounting to 100%, 85% and 75% respectively of the total project cost, while the assistance in respect of World Bank projects is in the form of interest-free loan.

United Nations Population Fund (UNFPA):

In the Country Programme-V for 5 years beginning January, 1997, an assistance for US \$ 100 million is proposed by UNFPA including \$ 20 million in 'multi-bi assistance'. Details of projects to be taken up during CP-V cycle, have been finalised in consultation with different Ministries/Departments, State Governments and UNFPA. As there was delay in starting the projects in 1997, the period of the project has been extended by one year that is upto 2002 at no extra cost basis. The major programmes include Integrated Population Development Projects in Madhya Pradesh, Rajasthan, Maharashtra, Orissa, Gujarat and Kerala, strengthening of logistics, enhancing mobility of the health staff by providing ambulances and interest free loans to ANMs assistance to NGOs for gender issues and supply of raw materials for oral pills.

IFPS Project:

Apart from these, there is a large project in Uttar Pradesh, which is assisted by USAID. It has an outlay of US\$ 225 million, over a 10 year period 1992-2002. It aims at reducing Total Fertility Rate from 5.4 to 4.0 and increasing Couple Protection Rate from 35% to 50% over the project period. So far an amount of US\$ 35.7 million has been released to the project implementation agency. Mid-term Appraisal of the project was conducted in the middle of 1997 by USAID. The appraisal shows that though the project started two years late and initially the pace of implementation was slow, the pace of implementation has picked up now and the broad directions are correct.

NATIONAL POPULATION POLICY

A new National Population Policy has been approved by the Cabinet in its meeting held on 15th February, 2000. The Policy aims at the following objectives:-

Short term:

The immediate objective of the National Population Policy is to address the unmet needs of contraception, health infrastructure, health

personnel and to provide integrated service delivery for basic reproductive and child health care.

Medium term:

The medium term objective is to bring the total fertility rates to replacement level by 2010, through vigorous implementation of inter-sectoral operational strategies.

Long term:

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 policy states the following National Socio-Demographic Goals to be achieved by 2010:-

- (i) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
- (ii) Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary levels to below 20 percent for both boys and girls.
- (iii) Reduce infant mortality rate to below 30 per 1000.
- (iv) Reduce maternal mortality ratio to below 100 per 100,000 live births.
- (v) Achieve universal immunisation of children against all vaccine preventable diseases.
- (vi) Promote delayed marriage for girls , not earlier than age 18 and preferably after 20 years of age.
- (vii) Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.
- (viii) Achieve universal access to information / counselling, and services for fertility regulation and contraception with a wide basket of choices.

- (ix) Achieve 100 percent registration of births, deaths, marriage and pregnancy.
- (x) Contain the spread of Acquired Immunodeficiency Syndrome, and promote greater integration between the management of reproductive tract infections (RTI), and sexually transmitted infections(STI) and the National AIDS Control Organisation.
- (xi) Prevent and control communicable diseases.
- (xii) Integrate Indian System of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to house holds.
- (xiii) Promote vigorously the small family norm to achieve replacement levels of TFR.
- (xiv) Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centred programme.

For achieving these goals the following strategies have been formulated:

- 1) Panchayats and Zila Parishads will be rewarded and honoured for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates, and promoting literacy with completion of primary schooling.
- 2) The Balika Samridhi Yojana run by the Department of Women and Child Development, to promote survival and care of the girl child, will continue. A cash incentive of Rs.500 is awarded at the birth of the girl child of birth order 1 or 2.
- 3) Maternity Benefit Scheme run by the Department of Rural Development will continue. A cash incentive of Rs.500 is awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award

will in future be linked to compliance with antenatal check up, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.

- 4) A Family Welfare-linked Health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation with not more than two living children, would become eligible (along with children) for health insurance (for hospitalisation) not exceeding Rs.5000, and a personal accident insurance cover for the spouse undergoing sterilisation.
- 5) Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21, accept the small family norm, and adopt a terminal method after birth of the second child, will be rewarded.
- 6) A revolving fund will be set up for income-generating activities by village-level self help groups, who provide community-level health care services.
- 7) Creches and childcare centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.
- 8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent.
- 9) Facilities for safe abortion will be strengthened and expanded.
- 10) Products and services will be made affordable through innovative social marketing schemes.
- 11) Local entrepreneurs at village levels will be provided soft loans and encouraged to run ambulance services to supplement the existing arrangements for referral transportation.

- 12) Increased vocational training schemes for girls, leading to self-employment will be encouraged.
- 13) Strict enforcement of Child Marriage Restraint Act, 1976.
- 14) Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1994.
- 15) Soft loans to ensure mobility of the ANMs will be increased.
- 16) The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 Census levels. The freeze is currently valid until 2001, and has served as an incentive for State Governments to fearlessly pursue the agenda for population stabilisation. The freeze needs to be extended until 2026.

Non-Governmental Organisations (NGOs)

The work through the NGOs is not by way of alternative to work through a Government system, it is actually complementary in nature. Both sectors have their own strong points which cannot be ignored and therefore, both the Government Sector and the NGOs should be used in complementary manner for optimum effect. The NGOs have the advantage of flexibility in procedures, rapport with local population and credibility. They are therefore, better placed to try innovations which the Government system is not in a position to even attempt. The Department of Family welfare has been increasing the involvement of NGOs over the years and currently about 600 NGOs are being assisted for various Programmes. The main thrust of the NGO Programme in the 9th Plan will be to involve NGOs essentially in innovative programmes and not to use them for implementing routine Government Programmes. Also the NGO Programme will be so directed as to not burden the Department of Family Welfare with all the NGO cases of the country which obviously the Department cannot deal with efficiently.

Inputs

In view of the above mentioned policy thrusts, the following NGO Programmes would be implemented in the 9th Plan.

Small NGOs

- i. At the village, Panchayat and Block levels, small NGOs will be involved basically for advocacy of RCH and Family Welfare Practices and for counselling to explain the facts and consequences of using or not using RCH/Family Welfare Practices. However, the individual NGOs at this level will be allowed to propose innovative programmes also and these will be considered for sanction if they are found practicable by Mother NGO.
- ii These small NGOs have small resources and they should not in fairness be asked to send their proposals all the way upto Central

Government or to come to Delhi. Therefore, assistance to such small NGOs will be organised through Mother NGOs each for 5-10 districts.

Mother NGOs

- iii Mother NGOs with substantial resources and proved competence will be approved. They will be given grants by the Department directly once in a year at the beginning of the year. In subsequent years the annual grant will be given after taking into consideration the performance report for the previous year and utilisation certificate for the grants given earlier.
- iv The Mother NGO will have one nominee of the State Government and one of the Government of India on its Executive Committee. They will screen the credentials of the applicant small NGO, obtain proposal from it, consider it for sanction, release money to it, monitor its work and obtain utilisation certificate from the small NGO. The nominee of the State/Central Governments must be present while sanctioning the Projects otherwise such sanctions may not be valid.
- v. The Mother NGO will also provide training to the staff of the small NGOs for both management of the NGO and for management of the Programmes.
- vi The Mother NGO will furnish Annual Report and its audited accounts to the Department every year mentioning the work done by each NGO during the year and the result of periodic verification done by the Mother NGO in the field of the work of small NGOs while claiming grant for the next year.
- vii In order to facilitate easy working, it has been decided that there will be no insistence on any share being contributed for implementation of the Programme by the small NGO or the Mother NGO. Also the annual grant to all NGOs will be released in one annual installment because the system of two installments in the year has been found to be impracticable.

- viii While sanction to small NGO by the Mother NGO will be for the needs of the Programme, the sanction to the Mother NGO by the Department of Family Welfare will be to the extent of financing done by the Mother NGO to the small NGO plus 20% of such financing by way of institutional overheads of the Mother NGO and for providing support services to the small NGOs.
- ix No mother NGO would be expected to sanction a project to itself for implementation. This applies to any branch or affiliated office of the Mother NGO as well. However, in few cases, if some branch of the National or Mother NGO submit the project for implementation, the same would be got verified from other National/Mother NGO and the project will be sanctioned if all necessary conditions are fulfilled by that branch independently for being a suitable NGO.
- x. Annual funds required by a Mother NGOs will be released on quarterly/six-monthly basis and will be based on their performance.

National NGOs

- xi A limited number of national level NGOs will be assisted by the Department on project basis for innovative Programmes. Again, the attempt will be to not involve the NGOs in repeating the Government Programmes. In addition to above mentioned general categories or NGO Programmes, the Department proposes to involve NGOs for some specific areas wherever involvement is expected to yield good results. For example, for introducing Baby-friendly practices in hospitals it is proposed to give projects for individual hospitals in cities to individual NGOs. Similarly for helping in enforcement of Pre-natal Diagnostic Technique Act by detecting offending sex determination clinics and collecting evidences for making specific complaints against them to the designated authorities in the States, it is proposed to involve a number of NGOs in different parts of the country.
- xii. A limited number of NGOs may be assisted for mobile clinics having

equipped vans offering RCH and spacing methods services including IUD insertions. These clinics will operate in identified areas and visit villages on fixed days of the week or fortnight. The cost of vans, drugs, a lady medical officer and a paramedical worker will be funded under the programme. Initially these clinics will be operationalised at 10 places in the country and extended later based on the experience gained from the projects.

- xiii. A large number of hospitals and clinics have come up and are coming up in urban areas which unfortunately are so far not setting adequately involved in offering facility for contraceptive/terminal methods and for counselling both in regard to RCH and population control measures. The desirability of involving the hospitals/clinics in non-government sector in these activities is obvious. It is proposed to motivate such hospitals/clinics for setting up the above mentioned units by offering them a token one time start-up assistance of not more than Rs. 2 lakh after which they will be expected to maintain these services in any case for not less than 5 years.
- xiv. A small number (6 to 8) of national level NGOs/Institutions will be selected to make verification of credentials of Mother NGOs. Apart from the verification of Mother NGOs, National level NGOs may also be assigned the work of the assessing the performance of some of the Mother NGOs on a regular basis.

Procedure for sanction/conditions regulating assistance

- i The following conditions will apply to small NGOs and Mother NGOs:
 - NGO should have the character of a registered society or trust or non-profit making company.
 - NGO should have been in existence preferably for at least 3 year but this can be considered for being waived in areas which are weak in NGO coverage.

NGO must have office premises either its own or rented. There should be at least minimum necessary furniture and office equipment.

NGO should have at least one full time or part-time specialist relating to field of activity and at least one full time/part-time person for administration/financial management. The Government Body of NGO must have at least 35% members with background in the field of activity.

National and Mother NGOs must have at least Rs. 1 lakh in fixed/cash assets to ensure that it is an organisation of substance. For field level small NGOs this would be to the extent of Rs. 25,000/-.

Before the first project is assigned to the NGO its credentials and assets must be verified by an independent agency to establish its bona fides.

An NGO blacklisted by any Ministry/Department of GOI would not be sanctioned a project by the Department for next 5 years.

The NGO should have already existing premises/office in the state where it wishes to work.

- ii. It will be the responsibility of the Mother NGOs to verify fulfilment of these conditions and to keep a record of the verification made for being made available to the Department of Family on demand.
- iii. In the case of Mother NGOs, the Department of Family Welfare will have their antecedents and credentials verified through a national level NGO before according it the status of Mother NGO and before sanctioning any project to it.
- iv. For this purpose, the Department of Family Welfare will enter into an arrangement with one or more national level NGOs like SOSVA or Voluntary Health Association of India or Family Planning Association of India etc., by agreeing to pay to those national level NGOs for every verification report. Therefore, at the time of first

application the sanction to the Mother NGO is likely to take three months after the application is received in the Department.

- v. A limited number of national level NGOs will be assisted by the Department on project basis for innovative programmes. Again, the attempt will be to not involve the NGOs in repeating the Government programmes.

The conditions specified for small and Mother NGOs will apply to the national level NGOs also. Although many of the national level NGOs have established credentials but the NGOs which have not earlier worked for the Department may be subjected to verification through an identified national level NGO before a project is sanctioned to it.

All such sanctions to national level NGOs will be on project basis which will be generally for 3-4 years. Each project will be for a well defined area with stated objectives to be attained at the end of the project. While the sanction under the individual projects will vary depending on the nature of the project but generally an upper limit of Rs. 50 lakh for a 3 year project will be observed.

- vi. All NGO cases at the central level will be considered for sanction by a committee headed by the Secretary, Department of Family Welfare and will include in addition to the Programme Joint Secretary and Financial Advisor of the Department, two NGO representatives, three RCH specialists and representative of the Planning Commission. The Committee will meet at least every quarter and will consider cases which have been received up to that stage.
- vii. The effectiveness of the NGO projects in the area of counselling and advocacy will be assessed on the basis of the improvement in increased CPR, sterilisations and other project related goals. Similarly, while evaluating the performance of National level NGOs and Mother NGOs, their effectiveness will be judged on the same criterion.

- viii. All ongoing NGO projects will continue as per the conditions of sanction in each case and will be valid till the date of completion of such projects.

FORMAT FOR PROPOSALS TO BE SUBMITTED BY THE NGOS UNDER RCH SCHEME

Part-I

1. Full name of the NGO, its headquarters and postal address.
2. Year from which the NGO is functioning (annex copy of the registration certificate)
3. Name of the President, Vice-President and Secretary of the NGO and the date from which they are holding their respective position.
4. Total number of members of the NGO and the year of last election in which the present office bearers were elected.
5. Number of full time and part time employees of the NGO (annex list of employees, their qualification and their present monthly salary).
6. Assets of the NGO (cash and immovable assets and copy of the latest balance sheet of the NGO as audited by its Chartered Accountant).
7. Brief Resume of the work done by the NGO including the projects implemented in last three years and assistance, if any, obtained by the NGO in each of the last three years alongwith particulars of the source of assistance.

Part-II

1. Description of geographical area and duration in which project is proposed.
2. Description of the project along with strategy and methodology. Financial requirement should be mentioned for each component and expected outcomes of each year of the project should be mentioned.
3. Criteria for evaluation at annual, mid-term and at the end of the project should be suggested by the NGO.

Sl. No.	State/UT	Population (in '000) 1991	Annual Exponential Growth Rate % 1981-91	Literacy Rate % Female (7Yrs & above) 1991	Sex Ratio (females per 1000 males) 1991	C.B.R. (Crude Birth Rate) 1999*	C.D.R. (Crude Death Rate) 1999*	Natural Increase (CBR- CDR) 1999*	I.M.R. (Infant Mortality Rate) 1999*	T.F.R. 1997	Mean age at effective Marriage (females) 1997	CPR(in % 31.3.2000 (Prov.) By all Meth.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	INDIA	846,303	2.14	39.3	927	26.1	8.7	17.4	70	3.3	19.5	46.2
I. MAJOR STATES												
1	Andhra Pradesh	66,508	2.17	32.72	972	21.7	8.2	13.5	66	2.5	17.8	52.8
2	Assam	22,414	2.17	43.03	923	27.0	9.7	17.3	76	3.2	20.5	15.2
3	Bihar	86,374	2.11	22.89	911	30.4	9.1	21.3	66	4.4	18.9	21.2
4	Gujarat	41,310	1.92	48.64	934	25.4	7.9	17.5	63	3.0	20.3	52.8
5	Haryana	16,464	2.42	40.47	865	26.8	7.7	19.1	68	3.4	19.3	49.4
6	Karnataka	44,977	1.92	44.34	960	22.3	7.7	14.6	58	2.5	19.3	56.3
7	Kerala	29,098	1.34	86.17	1036	18.0	6.4	11.6	14	1.8	22.0	39.6
8	Madhya Pradesh	66,181	2.38	28.85	931	30.7	10.6	20.1	91	4.0	19.1	45.9
9	Maharashtra	78,937	2.29	52.32	934	21.1	7.5	13.6	48	2.7	19.2	49.3
10	Orissa	31,660	1.83	34.68	971	24.1	10.6	13.5	97	3.0	19.8	37.6
11	Punjab	20,282	1.89	50.41	882	21.5	7.4	14.1	53	2.7	20.9	65.5
12	Rajasthan	44,006	2.50	20.44	910	31.1	8.4	22.7	81	4.2	19.1	36.1
13	Tamil Nadu	55,859	1.43	51.33	974	19.3	8.0	11.3	52	2.0	20.6	50.4
14	Uttar Pradesh	139,112	2.27	25.31	879	32.1	10.5	21.6	84	4.8	19.6	38.0
15	West Bengal	68,078	2.21	46.56	917	20.7	7.1	13.6	52	2.6	19.2	32.2
II. SMALLER STATES												
1	Arunachal Pradesh	865	3.14	29.69	859	22.3	6.0	16.3	43	2.8	NA	14.0
2	Delhi	9,421	4.15	66.99	827	19.4	4.8	14.6	31	1.6	NA	27.0

Sl. No.	State/UT	Population (in '000) 1991	Annual Exponential Growth Rate % 1981-91	Literacy Rate % Female (7Yrs & above) 1991	Sex Ratio (females per 1000 males) 1991	C.B.R. (Crude Birth Rate) 1999*	C.D.R. (Crude Death Rate) 1999*	Natural Increase (CBR-CDR) 1999*	I.M.R. (Infant Mortality Rate) 1999*	T.F.R. 1997	Mean age at effective Marriage (females) 1997	CPR(in %) 31.3.2000 (Prov.) By all Meth.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
3	Goa	1,170	1.49	67.09	967	14.3	7.2	7.1	21	1.0	Na	23.9
4	Himachal Pradesh	5,171	1.89	52.13	976	23.8	7.3	16.5	62	2.5	20.6	46.9
5	J & K	7,719	2.54	NA	NA	NA	NA	0.0	NA	NA	NA	14.4
6	Manipu	1,837	2.57	47.60	958	18.6	5.4	13.2	25	2.4	NA	17.8
7	Meghalaya	1,775	2.84	44.85	955	28.7	9.1	19.6	56	4.0	NA	4.7
8	Mizoram	690	3.34	78.60	921	17.0	5.5	11.5	19	NA	NA	34.3
9	Nagaland	1,209	4.45	54.75	886	NA	NA	NA	NA	1.5	NA	8.2
10	Sikkim	406	2.51	46.69	878	21.6	5.8	15.8	49	2.5	NA	21.5
11	Tripura	2,757	2.95	49.65	945	17.0	5.7	11.3	42	3.9	NA	23.4
III	UNION TERRITORIES											
1.	A&N Islands	281	3.97	65.46	818	18.1	5.5	12.6	25	1.9	NA	38.4
2.	Chandigarh	642	3.52	72.34	790	17.9	3.9	14.0	28	2.1	NA	33.5
3.	D&N Haveli	138	2.89	26.98	952	32.4	5.9	26.5	56	3.5	NA	27.5
4.	Daman & Diu	102	2.52	59.40	969	26.9	7.1	19.8	35	2.5	NA	29.3
5.	Lakshadweep	52	2.51	72.89	943	25.1	4.7	20.4	32	2.8	NA	7.2
6.	Pondicherry	808	2.90	65.63	979	17.7	6.9	10.8	22	1.8	NA	58.4

Source 1: Col. 2 to 5 - 1991 Census
#: Excludes J&K and Nagaland

2: Col. 6-11 = SRS Estimates
NA: Not Available

3: Col. 12 = Deptt. of Family Welfare

Note: 1. TRF for smaller States and UTs are three year moving average, 1995-97
2. Infant mortality rates for Smaller States and Union Territories are for the period 1997-99.

**DEPARTMENT
OF
INDIAN SYSTEMS OF MEDICINE
& HOMOEOPATHY**

DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE & HOMOEOPATHY

The Department of Indian Systems of Medicine & Homoeopathy was established as a separate Department in the Ministry of Health & Family Welfare in March, 1995.

Details of various schemes and programmes being implemented by the Department alongwith applications for grant are given in the following pages:

Scheme for upgradation of Post Graduate Departments of ISM & Homoeopathy

ISM

Under this scheme being continued in the current plan it is proposed to upgrade some Departments. in selected ISM Colleges for Post Graduate training in Ayurveda/Unani/Siddha. The Departments, which were being assisted under the scheme in the earlier plan, will not be eligible to receive any further assistance for their maintenance during the current plan. The pattern of assistance for this scheme is as under in future:-

A) Expenditure on maintenance of following posts:-

1. Professor/Reader/Associate Professor	1
2. Assistant Prof./Lecturer	1
3. Technician	1
4. Technical Assistant	1
5. Laboratory Attendant	1
6. Junior Clerk/Typist	1
Total:	6

B) Stipends and other facilities to students:-

- (i) The rate of stipend payable to students is equal to the rate being paid to Post Graduate students in other upgraded Departments. prevalent in the State but in any case not more than Rs. 2500/- per month for first and second year and Rs. 2800/- per month for third year students.
- (ii) Contingent grant per student for purchase of chemical etc. will also be similarly admissible at the prevalent rate in the State concerned but in any case not exceeding Rs. 1000/- per annum per student.

C) Non-recurring expenditure:-

Non-recurring expenditure is provided based on scrutiny of actual requirements.

The scale of pay etc. of the above posts will be according to State scales of pay etc. for similar posts. The staff proposed in para (A) on pre-page is the maximum; sanction for actual staff shall be made after examining the position of the existing staff in the Deptt., which is to be upgraded.

2. Application for assistance will be considered subject to fulfillment of certain conditions as specified in the scheme.

HOMOEOPATHY

The pattern of assistance under the scheme is as under:

(One Deptt.)(Rs. in lakhs)

RECURRING	
Salary*	0.83
Stipend	2.60
Contingency grant	1.60
Total	5.03

- * Additional post each of Teacher and Lab. Assistant can be financed by grant in aid. The scale of pay etc. of this post will be according to the scale of pay for similar post in the State concerned.

NON-RECURRING:	
For purchase of X-ray machine, ECG machine, Computer system, Photocopier etc.	12.50
Book-grant	0.50
Total	13.00

Grand Total for one Department. (Rs. 5.03+13.00) = Rs. 18.03 lakhs.

Conditions similar to ISM colleges apply for grant in aid to Homoeopathic colleges as well.

If a State Government wish to recommend the case of non-Government institution, that will be decided on merit.

1. The Central Government will review annually the progress of work done on the basis of which the necessary Central assistance will be released. After the administrative approval to upgrading of Department in such institution is given, the State government may incur the expenditure themselves and get it reimbursed later under the scheme.

The Scheme is under revision. However, applications can be made for assistance under the existing scheme.

APPLICATION FOR GRANT TO HOMOEOPATHY COLLEGES

1. Name of the voluntary organisation/State/U.T. Administration which runs the institution with full postal address.
2. Name of the Homoeopathic institution with postal address.
3. Name of the University with which the institution is affiliated.
4. Year of establishment of the college/institution.
5. Whether the college is following the syllabus prescribed by the Central Council of Homoeopathy and if so, since when.
6. Which course (s) were followed before adopting Central Council of Homoeopathy (CCH) course.
7. Details of the infrastructural facilities already available with the institution and how do they compare with the requirements/norms laid down by CCH for Graduate/Post Graduate courses.
8. Source of income of the college/organisation. Whether grant-in-aid is received from State Govt. and if so, the details thereof.

9. Whether the college/institution has received any Central assistance in the past? If so, the details thereof with particular reference to whether the utilization documents have been dispatched or not.
10. How many departments are maintained in the college presently and whether it has the basic requirements for starting the Post-Graduate course(s) and if so, full details should be furnished.
11. Number of teaching staff and other staff department-wise together with their educational and professional qualification/experience in the field.
12. The subjects in which Post-graduate course is sought to be introduced and the number of students to be admitted for each course.
13. Whether the college is maintaining a Library and if so, the number of books subject-wise and list of periodicals received regularly.
14. Whether the institution/organisation agrees to adopt CCH standards and what are the plans for this purpose.
15. Whether the college has its own land and buildings and if so, certified copies of the lease-deed or other instruments establishment properly rights on the institution/society running the institution to be attached.
16. Details of equipment already available with the institution and the equipment from out of the last under list Scheme that are essential for the institution.
17. Whether the college has attached hospital? If so, the number of beds available.
18. Annual expenditure of the college during the last three years together with Audited Income and Expenditure Account, Receipts and Payments Account and Balance Sheet for the preceding three years.
19. Purpose for which grant-in-aid required with specified amount and justification thereof.

20. Whether the College/Organisation is registered under the Societies Registration Act, 1860 or any other statute/registered public or Charitable Trusts and if so, a certified copy of the Memorandum and Articles of Association and Bye-laws made up to date and the registration certificate to be attached.
21. Whether the institution is regularly inspected by the CCH. Please attach a copy each of the inspection report of CCH for the previous three years.
22. Whether the deficiencies, if any, pointed out by CCH have been rectified/complied with, and if so, the details.
23. Whether the University to which the institution has been affiliated has approved the introduction of Post Graduate course in the institution.
24. Whether the institution agrees to maintain all-India character to the Post Graduate department(s) and whether 75% seats would be kept reserved for students from outside, if forth-coming.
25. Whether the voluntary Organisation/State/UT Admn. agree to treat the expenditure on running the Post Graduate departments as part of its own budget from the financial year 1995-96 onwards when no funds are likely to be available from the Central Govt. under the scheme.

Signature
(with rubber stamp)

Date :

International Exchange Programme/Seminar/Conference/Workshop on Indian Systems of Medicine and Homoeopathy

Objectives of the Scheme

The Scheme aims at achieving the following objectives:-

- a) Promotion and development of Indian Systems of Medicine and Homoeopathy;
- b) Dissemination of proven result of R&D work in ISM & H; and
- c) Provide a forum where horizontal and vertical interaction between stake holders of ISM & H can take place through International Cooperation, Conference and Seminars (International, National & Regional).

Institutions/Bodies eligible for assistance:-

1. Deptt. Of Indian Systems of Medicine and Homoeopathy
2. Autonomous bodies functioning under the Deptt. of ISM & H
3. Central/State Governments institutions involved in the promotion of the cause of ISM & H
4. Reputed NGOs and individuals (Indian and foreign) involved in the dissemination of proven results of ISM & H, promotion and development of ISM & H and having at least 3 years experience in the field.

Pattern of assistance

Funds will be provided to eligible organizations for meeting expenses on airfare, boarding and lodging, local transport and other contingencies of the delegates invited from abroad to attend the International Conference on ISM & H.

1. National conference/Workshops/Seminar organized by Department of Indian Systems of Medicine and Homoeopathy (3) @ Rs. 3 lakhs - Rs. 9 lakhs.

2. National Seminars organized by NGO's (5) @ Rs. 1 lakh - Rs. 5 lakhs.
3. National Seminar or workshops/Conference by State Govt./ University (-5) @ Rs. 2 lakhs - Rs. 10 lakhs.
4. Delegates from the Deptt. Including non-official members to foreign countries - not more than Rs. 15 lakhs (as per expenditure involved).
5. International Conference (1) not more than Rs. 10 lakh.

Procedure for Grant-in-aid

Proposals for Grant-in-aid received from eligible organizations will be screened by a Screening Committee headed by Secretary (ISM&H).

The Grant-in-aid to the organization will be released on the basis of recommendations of the Committee, subject to the availability of funds under the scheme.

APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE FOR ORGANIZING SEMINARS/SYMPOSIA/ WORKSHOPS UNDER INTERNATIONAL EXCHANGE PROGRAMMES/ SEMINARS/ WORKSHOPS ON ISM&H.

All applications for grant of financial assistance should be furnished, completed in all respects with all details in the prescribed proforma (in seven copies) at least four months before the date of commencement of the Seminar/Symposium/Workshop.

1. Name of Scientific Association/Body/Society/NGO/Institution seeking financial assistance.
2. Full postal address:
3. Please indicate whether it is the main Society or Chapter/Unit/Branch of the main Association/Body/Society and status of the organization which is applying.

4. Topic and subject of Seminar/Symposium/Workshops (please be specific)
5. Date(s) and place of holding Seminar/Symposium/Workshop.
6. (a) Scientific details of the Seminar/Symposium/Workshop (including various technical sessions). A tentative programme of activities may be supplied.
- (b) Relevance and importance of the topic in the context of priority areas of national health needs.
- (c) Explain briefly as to how the subject of the Seminar/Symposium/Workshop is directly related to dissemination of proven results of ISM&H.
- (d) In what way is the Seminar/Symposium/Workshop expected to contribute to the existing knowledge in the field?
- (e) In case the topic of the Seminar/Symposium/Workshop is the same as in previous years, what is your justification for the same?
- (f) Has any Chapter/Unit/Branch of the Association/Body/Society/NGO received any grant from the Central Government i.e. Ministry of Health & Family Welfare, Department of ISM&H during the last three years for organizing Seminar/Symposium/Workshop? If so, give details year-wise and quote the relevant reference (letter No. and date), in tabular form under the following heads alongwith a report of work done/summary of:-

Name of Body (indicating if it is a Branch/Chapter/Unit etc.	Year	Amount	Letter No. & Date	Purpose	Name of Seminar/Symposium/Workshop
--	------	--------	-------------------	---------	------------------------------------

- (g) If the application is from an Institute/Department, give details regarding collaboration, if any, with particular Institute/Department/Representative national scientific bodies.
7. (a) How many delegates are expected to participate? (Indicate the number of national and international delegates separately.
- (b) How many of the delegates are expected to present papers? (Please give their names, designations and topics). If abstracts have been received, please send copies.
- (c) To how many delegates is TA/DA offered?
- (d) Please indicate the proportion of expenditure which is to be incurred on the faculty members and on young active scientists for participation in the Seminar/ Symposium/Workshop.
- (e) Do you propose to publish the proceedings of the Seminar/ Symposium/ Workshop? If so, how do you propose to meet the expenses?
8. What is the total expenditure anticipated? Please give details under various heads:-
- (a) What is the amount requested for from the Central Government.
- (b) What will be the contribution of the organization?
9. Details of grants requested/received from other agencies like UGC, INSA, DST, CSIR and ICAR for the proposed Seminar/Symposium/ Workshop:-
- | Name of Agency | Grant requested | Grant received | Items for which grant has been asked for |
|----------------|--|----------------|--|
| 10. (a) | Income from participants by way of Registration fee etc. | | Rs. |
| (b) | Income from other sources. | | Rs. |

11. (a) Whether report and Utilization Certificate for the grant, if any, received earlier, from the Central Government have been submitted.
- (b) Name of the authority who will be responsible for submitting the audited statement of accounts/utilization certificate and proceedings/report of the Seminar/Symposium/Workshop.
12. Are the organizers ready to furnish:-
- (a) A brief summary report on the Seminar/Symposium/Workshop and its impact on participants.
- (b) One copy of the proceedings, as and when published.
13. Any other information relevant to the context.

Signature of the Head of the Institution

Dated, the

SCHEME FOR RE-ORIENTATION TRAINING PROGRAMME (ROTP) OF ISM & H PERSONNEL.

The scheme was circulated to Health Secretaries of all States/UTs, Directors of all States/UTs, Principals of all colleges of ISM & H, Directors of Central Councils, Institutes etc. in July 1998 , the salient features of which are as under :-

As a part of continuing medical education to upgrade the knowledge of ISM & H personnel (Teachers/Government doctors/physicians, practitioners, research workers, drug inspectors, etc.) with regard to latest development in their field this scheme had been taken up in the Eighth Plan period as fully Central Scheme.

The Government/private/NGO institutions are eligible to avail of financial assistance for organizing training program for physicians/teachers, Government/private physicians, and private practitioners having minimum Graduate level qualification in the ISM & Homoeopathy. However, the preference will be given to Government colleges, teachers and physicians.

The duration of the Re-orientation Training Program is as under: -

1. Teachers and physicians training 4 weeks for 20 Participants.
2. Training in specialized fields 2 months
like Ksharsutra, Panchkarma
therapy and dental programs
and Yoga

For organising one month Re-orientation Training Programme for Teachers & Physicians grant-in-aid of Rs.1,26,960/- is admissible, the training should be imparted to 20 participants.

For organising two months Re-orientation Training Programme for Panch Karma therapy, Kshar-Sutra Therapy and Dental practices, grant in aid of 1,52,030/- is admissible for imparting training to 10 participants.

For organizing 2 months Re-orientation Training Programme for Yoga, grant in aid of Rs.2,44,145/- is admissible for imparting training to 20 participants.

Government/private/N.G.O. Institutions are eligible to take up this training programme. Teachers, Government/private Physicians, Private Practitioners with minimum Degree Graduates in the ISM & H are eligible for this training. However, the preference will be given to Government Colleges teachers and Physicians.

The Scheme is under revision to make it more rational, financially attractive so that more institutions come forward to avail of the scheme. However, interested institutions can make applications under the existing scheme for assistance.

for the development activity regarding training infrastructure.

Grant total of expenditure mentioned against Sl. Nos.3, 5(I),(II), 6,7,8,9 and 10.

Rs.1,26,960/=

ANNEXURE-II

ONE MONTH RE-ORIENTATION TRAINING PROGRAMME FOR PANCHKARMA, KSHAR-SUTRA THERAPY AND DENTAL PRACTICES OF ISM&H PERSONNEL.

1. Number of Trainees 10 (Ten) but the minimum number could be 8. However, to make it cost-effective, the maximum number of trainees should be arranged.
2. Number of Training Courses As per the capacity of the Institute/ College and sanction of the Govt. of India. Number of training courses could be maximum 4 in a year.
3. Expenditure on boarding and Lodging
 - (i) The institution will arrange for hostel accommodation at a reasonable rate.
@ Rs.50 x 10 Nos. x 60 days = Rs.30,000/=
 - (ii) Food @Rs.75 x 10 Nos. x 60 days = Rs.45,000/-
Total Rs.75,000/=
4. Duration of Training 6 hours per day for 5 working days
2 hours lectures
2 hours practical
2 hours discussion
Total: 50 daysX6 hours = 300 hours for whole course.
5. (i) Number of trainers from the faculty: 4 of 5 trainers @ Rs.150/- per hour for 170 hours in 2 months.

- (ii) Number of trainers from the faculty:
- @ Rs.150 per hour x 170 hours = Rs.25,500/=
- One expert from outside the faculty per week for whom Rail fare upto IInd A.C. will be paid and one local expert for whom only honorarium and local conveyance will be paid.
- (a) Rail fare (upto IInd A.C.) for External expenses @ Rs.1000/- each
Total: Rs.1,000 x 8=Rs.8,000/-
- (b) Honorarium to be paid to Guest Speaker @ Rs.300/- per day
Total : Rs.300 x 8=Rs.2,400/-
- (c) Boarding and Lodging for external experts @ Rs.150/- per day 8 outsiders in 8 weeks (Rs.150 x 8) = Rs.1,200/-
- (d) Honorarium to local/outside experts @ Rs.300/- per day & Rs.100/- as Conveyance. 8 local in 8 weeks (Rs.400 x 8) = Rs.3200/-
Total of 5(I) +5(II) = Rs.39,200/-
6. Number of technical/administrative support staff, and amount of honorarium to be paid. @ Rs.500/- per week.
Total Rs.4000/- for two months-
7. Cost of Consumables Rs.1000/- per trainee per course
Total : Rs.1000 x 10
Nos.=Rs.10,000/-

8. Cost of stationery etc. (Manuals/Books, etc. for trainees.) Rs.200/- per trainee
Total : Rs.200 x 2 months x 10 Nos. =Rs.4,000/-
9. Contingencies 5% of the above expenditure i.e. Rs. 1,32,200/- = Rs.6,610/-
10. Institute support charges for providing infrastructure facilities, etc. to the trainees institution. The institution is free to utilize this amount for the development activity regarding training infrastructure. 10% of the above expenditure i.e. Rs. 1,32,200/- = Rs.13,220/-
- Grant total of expenditure mentioned against Sl. Nos.3, 5(I),(II), 6,7,8,9 and 10. Rs.1,52,030/=

ANNEXURE-III

TWO MONTHS RE-ORIENTATION TRAINING PROGRAMME FOR YOGA OF ISM & H PRSONNEL

- | | |
|--|---|
| 1. Number of Trainees | 20 (Twenty) but the minimum number could be 15. However, to make it cost-effective, it is necessary that full strength of participants is mobilized to reach upto 20. |
| 2. Number of training courses | As per the capacity of the Institute College and sanction of the Govt. of India. Number of training course could be maximum 4 in a year. |
| 3. Expenditure on boarding and lodging | <p>(i) the institution will arrange for hostel accommodation at a reasonable rate.
@ Rs. 50 x 20 Nos. x 60 days = Rs. 60,000/-</p> <p>(ii) Food = @ Rs. 75 x 20 Nos. x 60 days =Rs. 90,000/-
Total Rs. 1,50,000/-</p> |
| 4. Duration of Training | <p>6 hours training per day for 5 working days.
2 hours lecture
2 hours practical
2 hours discussions
Total: 50 days x 6 hours =300 hours for whole course.</p> <p>4 to 5 trainers @ Rs. 150/- per hour for 170 hours =Rs. 25,500/-</p> |

- | | |
|--|---|
| 5. (i) Number of trainers from the faculty | One expert from outside the faculty per week for whom rail fare up to IInd A.C. will be paid and one local expert. |
| (ii) Number of trainers from outside the faculty | <p>For whom only honorarium and local Conveyance will be paid.</p> <p>(a) Rail fare (upto IInd A.C.) for External expenses @ Rs.1000/- each.
Total: Rs. 1000 x 8 = Rs. 8,000/-</p> <p>(b) Honorarium to be paid to Guest Speakers @ Rs. 300/- per day.
Total = Rs. 300 x 8 = Rs. 2,400/-</p> <p>(c) Boarding and lodging for external Experts @ Rs. 150/- per day.
8 outsiders in 8 weeks
(Rs. 150 x 8) =Rs. 1200/-</p> <p>(d) Honorarium to local/outside experts @ Rs. 300/- per day + Rs. 100 as conveyance
8 local in 8 weeks x Rs. 400 x 8 =Rs. 3200/-
Total of 5 (i) + 5 (ii) = Rs. 40,300/-
@ Rs. 500/- per week.
Total=Rs. 4000/- for two months
@ Rs.500/- per trainee per course
Total=Rs. 200 x 2 months x 20 Nos. =Rs. 8000/-</p> |

- | | | |
|-----|--|--|
| 6. | Number of technical/ Administrative support, Staff and amount of Honorarium to be paid | Rs. 200/-per trainee per month
Total=Rs. 200 x 2 months x 20 Nos.=Rs. 8000/-. |
| 7. | Cost of consumables etc. Medicines/material of Training | 5% of the above expenditure i.e. Rs. 2,12,300/- Rs. 10615/- |
| 8. | Cost of stationery, etc. (manuals/books, etc. for trainees) | @ 10% of the expenditure i.e. Rs. 2,12,300/- =Rs. 21,230/- |
| 9. | Contingencies | |
| 10. | Institute support charges for providing infrastructure facilities etc. to the trainee institution. The institution is free to utilise this amount for the development activity regarding training infrastructure | |
| 11. | Grand total of expenditure mentioned against Sl. Nos. 3,5(i) (ii), 6,7,8,9 & 10 | Rs. 2,44,145/- |

Assessment proforma of Training Programme (Feed Back)

(To be filled by the participant at the end of the Training Programme)

Name of the Institution:

Title of the Training Programme with dates:

Please tick mark the column of your choice

- | | | | | |
|----|--|-------------|----------|------------|
| 1. | Usefulness of the programme | Very useful | Useful | Not useful |
| 2. | About the teaching faculty member | | | |
| | (a) Observation about the local teachers from the Training Institute | Very Good | Not Good | |
| | | No..... | No..... | |
| 3. | What input do you suggest to be incorporated in the future training programme: | | | |
| 4. | Best thing you observed in the training programme. | | | |
| 5. | Worst thing you observed in the training programme. | | | |

Name and Address of the Trainee:

Grant-in-aid under the scheme for strengthening of the existing undergraduate colleges of Indian System of Medicine and Homoeopathy during Ninth Five Year Plan

Pattern of assistance

The Scheme was revised and circulated in December, 1999 to all the State Governments/UTs, Directors of ISM&H, and all the Principals of the ISM&H Colleges. The pattern of assistance for ISM&H Medical Colleges would be Rs. 30.00 lakhs for Capital Works, Rs. 10.00 lakhs for equipments, Rs. 5.00 lakhs for Corpus Fund and Rs. 2.00 lakhs for Library etc. subject to the conditions mentioned in the revised Scheme. The salient features of the revised Scheme are as under :-

Construction works

The Capital works will include works such as strengthening/addition of the existing college building, hospital building, library and hostel facilities, Pharmacy Department etc. Private colleges will not be eligible for assistance for capital work.

Add on Component of Pharmacy College

Assistance will be provided to the existing Govt./Govt. aided ISM & H Colleges in the country, who fulfill the minimum standards of infrastructure as prescribed by the respective Councils especially Dravyaguna-Rasshastra, Pharmacy, Materia Medica .and which require additional infrastructure for conducting Pharmacy Courses.

The Government aided institutions will have to provide 50% matching grant for the capital works. There will be no such condition for Government institutions. The private institutions will not be eligible for grant for capital works

Equipment

Department will approve the list of equipment, keeping in view the essential Minimum Standards of Education. The Institute will give priority for the purchase of essential equipment directly related to the education and clinical services. In the case of Pharmacy Colleges/ Pharmacy Wings, the institute will give priority for purchase of essential machinery equipment for drug preparation and laboratories. A maximum of Rs.10.00 Lakhs will be provided for the purpose.

Library

Colleges which are having adequate space and having qualified librarian and full time staff of Library Assistant/Attendants shall be considered for the release of a non-recurring grant of Rs.2.00 Lakhs for the Plan Period. The Non-recurring grant will be used for the purchase of books relating to ISM & H degree courses. As far as possible, not more than five copies of the usual text books prescribed for the students should be purchased, so as to encourage the students to procure the same on their own.

Financial Support

	(Rs. in Lakhs)
1. Non-recurring	
(a) Capital works for strengthening/augmentation of existing college building as well as construction of new college, hospital, hostel buildings and capital works for setting up of Pharmacy and Raw Drug Museum.	30.00
(b) Equipment	10.00
(c) Library	2.00
(d) *Corpus fund (one time assistance)	5.00
Total:	47.00

“No objection Certificate, from the State Government/UT Administration is required to be furnished alongwith the application circulated with the Scheme.

APPLICATION FOR GRANT-IN-AID

- Name of the college with full postal address
- Status of the college/teaching institution
 - (1) Govt.
 - (2) Govt. aided
 - (3) Private
 - (a) Degree
 - (b) Post-graduate
 - Whether registered under Society's Act XXI of 1860 or Public Trust Act.
- Name of the University with which the college/teaching institution is affiliated (Year of affiliation)

4. Year and month of establishment of the college and whether the college has completed 5 years and a batch of students passed out.
 5. Whether the college is following the syllabus prescribed by the CCH/CCIM and if so, since when.
 6. Which course(s) were followed before adopting CCH/CCIM courses.
 7. Whether the institution/college has been visited/inspected by CCIM/CCH, if so, a copy of their latest report may be attached.
 8. Deficiencies pointed out in the last report of CCIM/CCH may also be mentioned. A reply from college to the report may also be attached.
 9. The purpose for which the grant is required:
 - (A) Capital works
 - (a) (i) Construction of college building;
 - (ii) Hospital building;
 - (iii) Library;
 - (iv) Hostel facilities.
 - (b) Pharmacy college of ISM & H.
 - (B) Equipment.
 - (C) Books for Library.
10. Give full details with justification if required for expansion of hospital building, college building and hostel building etc. in that case land available for expansion, their

plan with estimates of construction duly approved by Architect may be provided along with application and NOC from Municipal Corporation.

11. Whether the college/organisation has received any Central Assistance in the past? If so, the details thereof (year-wise) and photocopies of the utilisation certificate and other related documents in respect of previous grant.
12. How many departments are maintained in the college presently. (Reasons)
13. Whether the college is having pathological and physiological laboratories? Please furnish details of staff, equipment and space available in case the grant is required for purchase of laboratory equipment.
14. (a) Whether the college has attached own hospital and bed Nos. (IPD)? If so, the No. of beds available.

If more beds are required, No. of beds required may be stated with full justification and also mention whether space for these extra beds is available in the hospital or not?

(b) Average bed occupancy during the year.
15. Whether the college has attached hostel facility? If required to be expanded, space available with the college and the amount

required for this purpose may be stated with full justification.

16. Annual expenditure of the college during the last three years (year-wise) statements in this connection duly approved by the audit authority/Chartered Accountant may kindly be added.

17. Purpose for which grant-in-aid is required with specified amount and justification thereof, the following purposes may be included:

PURPOSE

AMOUNT REQUIRED

(A) Capital works

- (a) (i) Construction of college building;
- (ii) Hospital building;
- (iii) Library;
- (iv) Hostel facilities.

(b) Pharmacy college of ISM & H.

(B) Equipment.

(C) Books for Library.

Teaching staff (attach extra page)

18. Please indicate the details of the teaching staff of each teaching Department

Sl. No.	Name	Qualification	Speciality	Designation	Pay-scale
(1)	(2)	(3)	(4)	(5)	(6)

Full Time
Yes/No
(7)

19. In case grant-in-aid is required for equipment, the institution/State Government may certify that these are absolutely essential and are in accordance with the norms prescribed by the CCIM/CCH. Particular requirement of a college will depend upon what essentials are not available in the college.

Signature
(with rubber stamp)

Date

NO OBJECTION CERTIFICATE

Sub: Grant-in-aid under scheme strengthening of the existing undergraduate colleges of Indian Systems of Medicine & Homoeopathy.

This institution has been visited by the
..... The proposal for sanction of financial assistance has been scrutinized by the Office of the

5. The State Government recommends a grant of Rs.....
(Rupees) for the purpose of which is/are considered essential for development and efficient working of the institutional. The grant applied for is for purposes which are in accordance with the norms prescribed by the Central Council of Indian Medicine/ Central Council of Homoeopathy.

6. It is also certified that:-

- (i) The college has completed 5 years of existence and one batch of students has passed out of the college.
- (ii) The State Government have examined the audited statement of accounts of..... For the last 3 years and are satisfied that the grant-in-aid asked for by them is justified by their financial position and that all previous grants received by them from various sources have been utilised for the purposes for which the grants were sanctioned.
- (iii) The State Government are satisfied that the institution has the experience and managerial ability to carry out the purposes for which the grant of financial assistance has been asked for.
- (iv) There is nothing against the organisation or its office bearers/staff which should disqualify them from receiving the financial assistance from the Government of India. It is also certified that the institution or and of its office bearers is not involved in any corrupt practices and court proceedings.
- (v) The institution is not of a local character.
- (vi) The information provided by the institution in paras of its application for grant is true and complete in all respect.
- (vii) The college has furnished utilization certificates and related documents in respect of the previous grant.

To,
 The Under Secretary,
 Deptt. of ISM&H
 Ministry of Health & F.W.,
 Red Cross Building,
 New Delhi-110001

NAME
 SEAL

 Director (ISM&H)
 State Govt.

IMPLEMENTATION OF INFORMATION EDUCATION COMMUNICATION(IEC) SCHEME OF INDIAN SYSTEM OF MEDICINE & HOMOEOPATHY(ISM&H) THROUGH NON-GOVERNMENTAL ORGANISATIONS (NGOs)

BACKGROUND

- The Ayurveda, Siddha, Unani, Homoeopathy, Yoga & Naturopathy all have their own strength and in some cases these are more effective than the modern systems of medicines. Though a large segment of population particularly among educated persons in urban areas and people in rural areas believe in these systems, yet the spread of the systems in the country is quite inadequate mainly because of lack of awareness among the general public about the remedies which the systems can give more effectively while sitting at home and which are most cost-effective and are commonly available at their door-steps. Keeping this in view a Scheme for IEC for ISM&H has been evolved.

OBJECTIVE

- The main objective of the Scheme is to create awareness among the community about the efficacy of ISM&H, their cost-effectiveness, the availability of herbs used for prevention and treatment of common ailments which are readily available and the techniques for growing such herbs and other medicinal plants and to make treatment available at their door-steps to achieve the objective of Health for All.

IMPLEMENTATION OF THE SCHEME

- While the scheme will be implemented at the national level directly by the Department of ISM&H, the involvement of NGOs has been sought to create awareness about the strength of ISM&H at the grass-root level i.e. mainly in the rural areas.
- The participation of the NGOs will be at 3 levels

- The National level NGOs i.e. NGO which has its presence in more than one state.
- Mother NGOs.
- Field level or small NGOs.
- For the Department of ISM&H, the National level and Mother NGOs will be those NGOs which have been identified by the Department of ISM&H as National level NGOs/Mother NGOs provided they are interested to take up the activities of the Department of ISM&H.
- In the rural areas which are not covered either by National level NGOs or Mother NGOs, applications will be called directly from the field level or smaller NGOs. However, the applications will have to be submitted through the State Govt. National level NGOs/ Mother NGOs will be responsible for selection of smaller NGOs in the area of their operation subject to the condition that before entrusting the work to the smaller NGO, they will seek the clearance from the Deptt. of ISM&H.
- The smaller NGO selected will :-
- Motivate the ISM & H practitioners to practise the particular system of the ISM & H in which they have been registered viz. Ayurveda, Unani, Homoeopathy, Yoga & Naturopathy and Siddha by way of organising training workshops;
- Organise Health Melas to create awareness among the general public about the efficacy of the ISM & H drugs, their cost-effectiveness and easy availability of herbs and plants commonly available at home and in the area like Tulsi, Haladi, Neem etc. and growing techniques of medicinal plants.
- Organise community awareness meetings with Mahila Mandals, Yuvak Sangs, farmers cooperatives etc. already existing at the village level and also invite the practitioners to address them. Involve Panchayats and Anganwadis.

● **PATTERN FOR FINANCIAL ASSISTANCE**

- For organising Training Workshops
 - TA/DA for 20 participants - Rs.2000/-
 - Support to the NGO for organising training @ Rs.10 per participant (for stationery etc.) - Rs. 200/-
 - Organising Health Melas
 - One Health Mela - Rs.10,000/-
 - Community Awareness Meetings - Rs. 1000/- per meeting
 - Support for the Organisation
 - Covering a population of 10,000 for engaging staff etc. - Rs.10,000/-

-
- **The National level/Mother NGO will be provided a lumpsum amount of 20% of the amount provided for release to smaller NGOs in a particular financial year as administrative expenses for implementing the scheme through smaller NGOs and submission of consolidated accounts, reports returns etc. to the Deptt. of ISM&H. NGO who will submit the consolidated accounts.**

This scheme is under revision for making it broad-based in terms of eligibility of NGOs, institutes and expanded activities that can be undertaken including raising of assistance to meet genuine expenditure. However, applications can be made for grants under the existing schemes pending revision of the scheme.

Application form for Implementation of IEC Scheme(ISM&H) through Non Governmental Organisations.

1. Name of the Agency/ Organisation
2. Registered Address
3. Address for correspondence
4. Registration No. and date
(with Act, Status under which registered)
5. Financial status of the Organisation
 - a) Total income year-wise during the last 3 years.
 - b) Total expenditure year-wise during the last 3 years.
 - c) Total assets year-wise during the last 3 years.
6. Whether the Organisation has its own building If yes, give details of infrastructure available alongwith the information relating to training equipment, aid, vehicle etc.

4. Personnel employed

Sl.No.	Name & Designation	Whether on full time or Part time basis.
--------	--------------------	--

-
5. (i) Whether the NGO is registered with the Department of Family Welfare, G.O.I. as Mother NGO OR with CAPART
 - (ii) if yes, attach a copy of the letter from the Department of F.W./CAPART

and indicate the following details for the last three years.

Sl. No.	Nature of activities	Year	Place where undertaken with duration	Grant-in-aid received
---------	----------------------	------	--------------------------------------	-----------------------

-
6. (i) Whether grant-in-aid has been received from Deptt. of ISM&H earlier, if so, the details thereof.
 - (ii) Whether the audited accounts and the Utilisation certificate has been furnished If not, the reasons therefor
 7. a) Whether any grant-in-aid is being received from any other source including Central/State Government.
 - b) If yes, details thereof including the activities undertaken.
 8. Project area proposed
 - a) Name of the State
 - b) Name of the District(s)
 - c) Name of the Block(s)
 9. Activities proposed to be undertaken
 - (i)
 - (ii)
 - (iii)
 - (iv)
 - (v)

13. Amount of grant-in-aid required(item-wise) under the scheme (A working sheet for the grant be enclosed)
14. Name and Address of the ISM&H College proposed to be associated for undertaking activities.

Name and signature of the General Secretary/President/Chief
Executive/Proprietor Organisation With Seal of Office

Recommendations

- I. For registered Societies other than Medical colleges of ISM&H and Charitable Missionary Hospitals.
 1. District Coordinator of the Nehru Yuva Kendras Sangathan

Signatures with seal

2. Countersigned

District Collector
Signatures with seal

- II. For Medical Colleges of ISM&H and Charitable/Missionary Hospitals registered as Societies.
 1. Director (Medical Education)/Director (ISM&H)/Director (Health)

Signatures with seal

Undertaking

I/We, on behalf of _____ (Name of the NGO) hereby undertake that within a period of one month from the date of acceptance of our application for grant-in-aid under the IEC scheme of the Department of ISM & H in the Ministry of Health & Family Welfare, Govt. of India, would engage/employ an experienced and qualified practitioner in the field of _____ (Name of the system) and would give details of such engagement to the Government failing which the condition substance of para a(v) of condition of eligibility as indicated in this scheme would automatically come into force.

Signature_____
 (Name in capital letters)

Status in the Organisation_____

Name of the NGO_____
 (with seal)

SCHEME OF EXTRA MURAL RESEARCH ON ISM&H

General:

- The Ministry of Health and Family welfare will provide financial assistance to accredited institutions for undertaking research work in the fields of various Indian Systems of Medicine (namely Ayurveda, Siddha, Unani) and Homoeopathy including the science of yoga and the drugless therapy of naturopathy;
- The assistance will be provided by way of grants to University Departments, Medical and ISM & H colleges, Research Institutions of both in public and private sectors having requisite infrastructural facilities, Council of Scientific and Industrial Research (CSIR) etc.;
- Research Project may be undertaken by an individual person, or a group of persons associated with one or more reputed institution(s);
- Priority will be given to collaborative projects involving inter-organisational cooperation.
- **Basic Facilities for Research:** All facilities for the conduct of the research, such as basic equipment and ordinary laboratory chemicals, glassware, furniture and the resistance as may be required for the smooth working of the research project shall be provided by the institution. Financial support for carrying our research is provided to investigator(s) to supplement the resources put at their disposal by the institution in which they are working. The grant should not be regarded as a subvention towards the normal work of the institution but should be exclusively utilised for the research project for which it has been sanctioned.
- **Financial support:** The Ministry of Health and Family Welfare will provide financial support for the items like equipment, books and journals, Research Personnel, Hiring Services, contingency, chemicals and consumables, Travel and Field work, Special needs etc.

- **Personnel for the Project:** Research Associates (RA) and Senior Research Fellows (SRF) may be sanctioned for carrying out a research project.
- **Research Associate:**
- **Qualification:** Doctorate Degree in Medicine in any System of Medicine or Ph.D. in any field or ME/M.Tech.
- **Stipend:** Rs.10,000/- p.m. (Consolidated)
Senior Research Fellows:
Qualification: MA/MSc/M.Pharm/BE/B.Tech degree holders; and BAMS/BUMS/BSMS/BHMS/MBBS/BDS/ MVsc.degree holders.
- Stipend to SRFs:
 - SRF(ISM &H/ Medical) - Rs 8000/-p.m (consolidated)
 - SRF (Non Medical) - Rs 6000/-p.m. (consolidated)
- Apart from fellowships, no posts of scientists will normally be sanctioned. The other non- scientific temporary posts sanctioned, if any will also be on consolidated salary.
- Contingency Grant: A contingent grant is given to meet petty expenditure on the purchase of stationery, postage, computational work, printing of questionnaire, Reprographic work etc.
- **Equipment:**
- In addition to scientific equipment, grant can be used for the purchase of personnel computer and software for technical data analysis, if required;
- All items are to be purchased according to the rules and procedures of the institution where the research to be carried out;

- All the assets in the form of equipment or other items will become the property of host institutions on completion of the research project;
- Books purchased out of the grant may be retained by the principle investigator after the completion of the project.
- **Travel and Field work:** Travel grant will be provided for fieldwork, attending group monitoring meetings and seminars /conferences and all such expenditure is to be met within the funds originally allowed under the scheme. Foreign visits are not allowed under the scheme.
- **Level of Assistance:** The maximum level of assistance for individual Research Projects will be Rs.25 lakhs.
- **Duration of Schemes:** Research Projects will be approved for a maximum period of 3(three) years.
- **Operation Features:**
- The investigator who wishes to receive financial support under this scheme should submit 10 copies of the research project in the prescribed proforma to this Ministry;
- The research projects so received in this Ministry will be scrutinised by Project Evaluation Committees;
- The recommendations of the respective Project Evaluation Committees will be submitted to the Screening Committee headed by Secretary (ISM&H);
- Keeping in view the recommendations of the Project Evaluation Committees and the availability of funds for the scheme, the Screening Committee will finalise the research projects to be taken for execution.
- **Date of implementation:** The date of implementation of the research project shall be any date between the approval of the project by the Ministry of Health and Family Welfare and the receipt of first instalment of grant by the institution.

- **Release of Funds:** The amount sanctioned for the research project under the scheme would be released in full for books and equipment along with 50% for support for the remaining items. The remaining amount would be released after receiving the following documents in the prescribed proforma:-
- Annual Progress Report;
- Statement of expenditure and Utilisation Certificate; and
- Mid-appraisal by the respective Project Evaluation Committee.
- **Report of Work Done:** Reports on the progress of work done under the research scheme will be submitted to the Ministry of Health and Family Welfare as and when called for.
- **Patents:**
- The Ministry of Health and Family Welfare shall have the right to take out patents in respect of inventions/discoveries made in research schemes financed by the Ministry of Health and Family Welfare;
- The investigator or the staff employed on the research schemes shall not apply or obtain patents for any invention/discovery made by them without prior approval of the Ministry of Health and Family Welfare.
- **Maintenance of Accounts:**
- The grant will be released to the Head of the Institution in instalments;
- A separate account for the grant received and expenditure incurred shall be maintained. The account will be subject to audit by the authorized auditors of the Institution;
- Latest by the end of December following the financial year for which the grant is paid, an audit certificate from the auditors to the effect that the accounts have been audited and the money was actually

spent on the objects for which it was sanctioned shall be submitted to the Ministry of Health and Family Welfare;

- Expenditure should be on no account exceed the allotment sanctioned for the research project;
- The grant paid by the Ministry of Health and Family Welfare shall be refunded in full by the institution as and when the Investigator discontinues a project midway or does not follow the detailed technical programs laid down and approved;
- The grant may be revoked in whole or in part at any time by the Ministry of Health and Family Welfare without assigning any reason.

**APPLICATION FOR GRANT-IN-AID OF
EXTRAMURAL RESEARCH PROJECT ON ISM & H
(Please furnish 10 copies)**

**Section A
GENERAL**

1. Title of the Research Project :
2. Name and Designation of :
 - i) Principal Investigator :
 - ii) Co- Investigation (s) :
3. Duration of Research Project :
 - i) Period which may be needed for collecting the data:
 - ii) Period that may be required for analysing the data :
4. Amount of grant in aid asked for :
(details are to be furnished in Section B)

	1st year	2nd Year	3rd Year	Total
Staff :				
Contingencies :	_____	_____	_____	_____
Total :				

5. Institution responsible for the research project

- Name :
- Postal address :
- Telephone :
- Telegraphic address :
- Fax : Telex No.

6. Is radio tagged material proposed to be used in the project either for clinical trials or experimental purposes. If so, certificate from the Nuclear Medicine Committee, Bhaba Atomic Research Centre, Bombay, indicating their clearance for use of the material should be attached along with application form.

DECLARATION AND ATTESTATION

7. i) I/We have read the terms and conditions of the Ministry of Health & Family Welfare Research Grant. Necessary Institutional facilities will be provided if the research project is approved for financial assistance.
- ii) I/ we agree to submit within one month from the date of termination the project the final report and a list of articles, both expendable and non expendable left, on the closure of the project.
- iii) I/ we agree to submit audited statement of accounts duly audited by the auditors of the Institute.

Signature of the:

- a) Principal Investigator _____
- b) Co-Investigator(s) _____
- c) Head of the Department _____
- d) Head of the Institute _____

Seal of the Head of the Institution.

Dated :

Section-B

DETAILS OF THE RESEARCH PROJECT

Adequate information must be furnished in brief, but self-contained manner to enable the Ministry to assess the project.

1. Title of the Research Project:
2. Objectives:
3. Summary of the proposed research (up to 150 words) indicating overall aims of the research, importance of the objectives and application of the work in the context of national priorities of medical research.
4. Present knowledge and relevant bibliography including full titles of the articles relating to the problem.
5. Preliminary work already done by the investigator on this problem, e.g. selection of subjects, standardization of methods and giving results, if any.
6. Link with other Ministry of Health & Family Welfare projects.
7. List of important publications of last 5 years of the Investigator in this field (enclose reprints, if available)
8. Detailed research plan.
(give here the design of study, indicating the total number of cases/ samples to be studied, as well as the mode of selection of subjects especially in experiments involving human beings, equipment and other materials to be used, the techniques to be employed for evaluating the results including statistical methods etc.)
9. Facilities in terms of equipment, etc available in the sponsoring institution for the proposed investigation.
10. Budget requirements (with detailed break-up and full justification)
 - i) Personnel
 - ii) Contingencies
 - a) Recurring
 - b) Non recurring

Section -C
BIO-DATA OF THE INVESTIGATOR (S)

1. Name (Dr/Kum/Smt/Shri.) :
First name(s)
Surname
2. Designation :
3. Complete Postal Addresses & PIN, Telephone Number. :
4. Date of Birth :
5. Educational qualification (Degrees obtained beginning with Bachelor's Degree) :

Degree	Institute	Fields(s)	Year
--------	-----------	-----------	------

6. Research or Training Experience :
- | Duration | Institution | Particulars of work done |
|----------|-------------|--------------------------|
|----------|-------------|--------------------------|

7. Research specialization (Major scientific fields of interest)
8. Recent publications (last 5 years with titles and references), also papers in press.
9. Financial support received
- | | |
|--|---|
| a) From the Ministry
Past
Present
Pending | b) From other sources
Past
Present
Pending |
|--|---|

SCHEME OF ACCREDITATION OF ORGANIZATIONS WITH THE MINISTRY OF HEALTH AND FAMILY WELFARE FOR RESEARCH AND DEVELOPMENT IN THE FIELD OF ISM&H

- **General:** In order to become eligible for getting financial assistance under the scheme of Extra Mural Research on ISM&H, the Ministry of Health and Family Welfare is having a system of accreditation of Organizations.
- **Organisations eligible for accreditation:** The following types of organizations are eligible for accreditation: -
- R&D Organizations recognized as R&D organization by the Ministry of Science and Technology, Government of India;
- Government /semi-Government /autonomous R&D Institutions under the Government of India /state Governments/union Territories;
- Private R&D institutions registered under any State/Central Act as Research organisations.
- **Documents required for examination of the case:** The applicants seeking accreditation are required to submit 5 copies of application enclosing therewith the following documents:-
- A copy of the Memorandum of Association, Rules and Regulations of the organisation under which it has been established ;
- A copy of certificate issued to them under the relevant Act wherein it has been registered;
- The area of research in which the organisation is engaged (in key words);
- Annual Report along with audited statement of accounts for the last year.

◆ **Terms and conditions for accreditation:**

- Separate accounts shall be maintained for research and development activities and the same will be reflected in the Annual Report and Audited Statement of Accounts of the organisation ;
- Brief summary of the achievements of the organisation shall be submitted to the Ministry of Health and Family Welfare every year. This should include papers published, patents obtained and process developed, new products introduced, awards and prizes received etc.
- The organisation will also conform to such other conditions for accreditation stipulated in the guidelines or as may be specifically provided in the accreditation letter;
- The accreditation would be valid for a period of 3 years only;
- Application shall be submitted in the prescribed proforma;
- Request for renewal of accreditation shall be made on prescribed proforma three months before the expiry of the valid accreditation. Late receipt of application will not be entertained;
- This Ministry reserves the right to accord accreditation or to revoke such accreditation without assigning any reason;
- Soon after receipt of accreditation letter, the organization should acknowledge by stating that they abide by the above terms and conditions.

Application for accreditation with the Ministry of Health and Family Welfare for Research and Development in the fields of ISM&H

(Please send 5 copies)

1. Name and location of the Organization:
 - (i) Postal Address
 - (ii) Telephone
 - (iii) Fax Number
2. Nature of the Organization:
(Whether Government, semi-Government, autonomous, NGO etc.)
3. Financial status of the Organization:
 - (i) whether the Organization has its own building?
 - (ii) total income during the last three years (year-wise)
 - (iii) total expenditure during the last three years (year-wise)
4. Experience in the field of Indian Systems of Medicine (viz. Ayurveda, Siddha, Unani), Homoeopathy, Yoga and Naturopathy.
5. Fields of interest:
(Indicate whether Basic Research/Drug Proving/Quality Control/Clinical/Medicinal Plants/Literary/Survey/Standardization)
6. Details of registration, if any, as a Research Organization:
(Indicate the Registration No., name of issuing authority, date, validity etc along with a copy of the registration)
7. Details of the Technical personnel working in the organization:
(Attach a copy of the academic qualification of the technical personnel only)

8. Details of equipment available:
(Mention only the major equipment)
9. Details of publication, if any, in the field of research/subject concerned:
10. Details of award, if any, in the field:
11. Details of past research work:
12. Details of Project Coordinator:
 - (i) Academic qualification
 - (ii) Experience in the field of research
 - (iii) Papers published
 - (iv) Award received for any Research work
 - (v) Persons working under the Project Coordinator
13. Other documents required to be submitted:
 - (i) Memorandum of Association, Rules and Regulations of the Organisations along with a copy of registration certificate, if any;
 - (ii) Annual Report along with audited statement of accounts for the last year
14. The reasons for applying for accreditation with the Ministry of Health and Family Welfare (not more than 200 words)

Station:

Dated:

Signature

Recommendation of the Senior-most technical Officer of concerned system of medicine in the State Government.

I, _____ have examined the application of _____ (Name and address of the applicant) and recommended/not recommended for accreditation with the Ministry of Health and Family Welfare.

Station:

Dated:

Signature with official seal of the Officer

SCHEME FOR STANDARDISATION OF ASU DRUGS

With widespread production and practice of Indian systems of Drugs in the country, the need for standardisation of drugs to maintain quality, safety and efficacy has been strongly felt. Pharmacopoeial standards for Indian systems of Medicine drugs have not been evolved and prescribed in majority of the drugs. The Pharmacopoeial Laboratory for Indian medicine had been established with the sole objective of standardisation of Ayurved, Siddha and Unani drugs. Three pharmacopoeial committees (Ayurvedic Pharmacopoeia Committee, Siddha Pharmacopoeial Committee and Unani Pharmacopoeia Committee) have been constituted by the Govt. for developing pharmacopoeial standards for the drugs of the respective systems. Eventhough these committees were constituted long back, the pace of developing pharmacopoeial standards was remained very slow. Keeping in view the importance of the standardisation of single and compound drugs of Ayurveda, Unani and Siddha systems, the Department had formulated a Grant-in-aid scheme and has been in implementation since 1997 to engage various laboratories for pharmacopoeial work. The objective of the scheme is to make available the standards at the earliest.

Under this scheme proposals submitted by reputed institutions/ universities are screened and approved by the Screening Committee headed by Secretary ISM&H. The Screening Committee consists of Financial Adviser, Planning Commission representative, Joint Secretary (ISM&H) Adviser of Ay., Siddha and Unani are members besides two scientists to be nominated by the Chairman.

The financial assistance provided under this scheme is for a maximum of Rs. 19.30 lakhs per institution for a period of 3 years.

Components of Financial Assistance admissible under APC Scheme:

S.No.	Items	Amount of Assistance (Rs. in Lakhs)
1	Two Researchers (M.Sc. or Ph.D. Scholars or Ph.D. Degree holders in relevant subject) (Consolidated) Ph.D./M.D. (Ay./S./U.) 1st year - Rs. 8,000/- 2nd year - Rs. 8,800/- 3rd year - Rs. 10,500/- M.Sc. Rs. 5,600/-	2.11 per year (Based on average salary)
2	Two Technical Assistants i) SRF-MSc./BAMS/BUMS/BSMS ii) JRF-B.Sc./Botany/Chemistry	-Rs. 5600/- -Rs. 5000/- 1.32 per year (Based on average salary)
3	Minor equipments and working expenditure	1.50 per year
4	Charges for host institutions or extending infrastructure support to the project	1.00 per year
5	Cost of samples/preparation of monographs	0.50 per year
Total		Rs. 6.43 per year.

Total assistance for 3 year Rs. 19.30 lakhs (Minor variations will be there on actual payment of salary).

This is estimated assistance. Actual assistance will be calculated as per actual salary admissible as per qualifications.

A total number of 387 single drugs and 340 compound formulations have been allocated to the 32 Laboratories/ Institutions/Universities. About 250 draft monographs have been received from the Institution which are under scrutiny by the experts.

Expenditure incurred under the scheme since 1996-97 is as follows.

S. No.	Year	B.E.	Expenditure incurred
1	1996-97		60.00 lakhs
2	1997-98	127.50	132.50 lakhs
3	1998-99	188.00	69.32 lakhs
4	1999-2000	140.00	72.86 lakhs
5	2000-2001	134.40	

CENTRAL SCHEME FOR FUNCTIONING OF AYURVEDA/SIDDHA/UNANI PHARMACOPOEIA COMMITTEE TO DEVELOP PHARMACOPOEIAL STANDARDS FOR I.S.M. DRUGS.

PROFORMA OF APPLICATION

- 1 a) Name and address of the applicant
Institute
- b) Name and designation of the Project
Officer/In-charge of the scheme.
- 2 a) Status of the Institute (Govt. Semi-
Govt., Autonomous)
- 3 Organisation or Body for the
maintenance of the Institute and its
composition

(Please enclose the Memorandum of
Association incase of a registered
Society.
- 4 Present activities of the Institute.
- 5 Details regarding existing infrastructure
proposed to be utilised for this scheme.
- 6 List of experts alongwith the
qualification specially in the field of
Botany, Pharmacognosy/ Chemistry/
Phyto-chemistry/ Medicinal Sciences/
Pharmacy of ISM.
- 7 Financial resources.

- 8 Total income during the last financial year.
- a) Total expenditure during the last financial year.
 - b) Detail of prior experience regarding Ayurveda, Siddha, Unani drugs (Herbal, Mineral, Metal, Marine/ Animal drugs.
 - c) Experience regarding analysis/ testing/research relating to Ayurveda, Siddha, Unani drugs.
- 9 Details of item/component for which assistance is sought and estimated value of each. (As per the provision of the scheme).
- 10 Whether any grant has been sanctioned by other Deptt. of Central Govt. of State or UT or international agency for the same purpose for which the financial assistance is now sought.
- If yes, details thereof:
- 11 Whether account of the Institute are audited by a Chartered Accountant or Govt. Auditor.
- 12 Name of the scheduled bank where accounts of the institute are maintained and in which the account of this scheme will be maintained.

- 13 Any other relevant information justifying the request for Govt. grant.
- 14 Recommendation and comments of head of the institute/Registrar/ Sate Govt.

- 1. Signature and designation of the Project Officer responsible to implement the scheme alongwith seal

- 2. Signature and designation & seal of the Director/Head of the Deptt.

SCHEME FOR PROVIDING CENTRAL ASSISTANCE FOR DEVELOPMENT AND CULTIVATION OF MEDICINAL PLANTS USED IN THE AYURVEDA, SIDDHA, UNANI & HOMOEOPATHY.

The scheme viz “Central Scheme for Development and Cultivation of Medicinal Plants” is being implemented since the year 1990-91.

The objective of the scheme is to augment the production of crude drugs of plant origin which are in greater demand and mainly used in preparation of drugs of ISM & Homoeopathy by providing central assistance for cultivation and development of medicinal plants for this purpose. Central assistance is provided to the organisations under central/.state/UT governments, autonomous bodies and statutory organisations etc., which are directly controlled by the government, for establishment of herbal farms for cultivation of scarce and identified medicinal plants/trees required by the drug industry of ISM & Homoeopathy which are in a great demand but are short in supply. It will also augment the efforts of growing those medicinal plants which are at present imported but have the potential for cultivating indigenously.

These herbal farms would also serve as demonstration farms to motivate other private formers for taking up cultivation of such medicinal plants and also to create general awareness amongst the people about their therapeutic value and importance for conservation and propagation.

Institution/Bodies Eligible for Assistance :

- i) Government/semi-government organisations in states/UTs such as government pharmacies and colleges of ISM & Homoeopathy and public sector undertakings (PSUs) etc.
- ii) Registered autonomous bodies, statutory organisations (directly controlled by government) like research councils, agriculture/ayurveda/medical universities etc.

- iii) Registered Institutions under central/state/Ut govts.

Commencement of the Scheme and its Implementation :

Under the scheme, the eligible institutions which have the basic infrastructure i.e., minimum 5 acres of cultivable land, technical know-how and preferably some experience in cultivation of medicinal plants and who are prepared to meet the entire recurring expenditure themselves will be eligible for financial assistance to meet the non-recurring expenditure on selected items for cultivation of identified medicinal plants/trees as per pattern. The list for cultivation of identified medicinal plants/trees which is subject to amendments from time-to-time is also enclosed herewith. Sites for plantation under this scheme will have to be chosen carefully, taking into account the agro-climatic requirements of each individual species and the available package of agro-technology for each plant/tree. It will also have to be ensured that this planting effort would be complementary to and not harmful to the natural indigenous growth.

Central assistance shall be released on the recommendation of a Committee consisting of Joint Secretary, Incharge of ISM ; Dy. Secretary (Internal Finance) and Advisor (Ayurveda)/ Advisor (Homoeopathy). Applicant institutions will be required to furnish the requisite information in the prescribed proforma.

Central assistance under this scheme would be provided for the following purposes :

- (a) fencing and land shaping ;
- (b) purchase of essential machinery/equipments/implements etc ;
- (c) to create/improve irrigation facilities, e.g. for construction of well, tubewells, tanks etc.
- (d) construction of ordinary sheds for procurement, storage, drying etc. and
- (e) miscellaneous expenditure on items like obtaining technological know-how and literature etc.

Quantum of Assistance : One time central assistance for cultivation of identified annual/biennial/perennial medicinal plants/trees upto a maximum of Rs. 30,000/- per acre for fencing/land shaping ; Rs. 30,000/- per acre for irrigation and Rs. 5.00 lakh for equipment /shed and Rs. 30,000/- for miscellaneous items.

**CENTRAL SCHEME FOR DEVELOPMENT AND
CULTIVATION OF MEDICINAL PLANTS**

PROFORMA OF APPLICATION

- 1 Name and address of the applicant institution :
2. (a) Status of the Institution
(b) Registration date, if any
3. Organisation or body responsible for the Maintenance of the institution and its composition.(copy duly attested by a Gazetted Officer of the documents showing the constitution of the present governing or managing committee responsible for its maintenance alongwith the names and designations of two office bearers who are authorised to operate upon and bind its funds to be enclosed)
4. Present activities of the institution
5. Details regarding existing infrastructure proposed to be utilised for the scheme (Enclose necessary documents)
6. Financial resources:
 - (a) Total expenditure during the last financial year
 - (b) Total expenditure during the last financial year

- (c) Assets at the end of the last financial year.
7. Details of prior experience in cultivation of medicinal plants.
 8. Total land available with the institution area-wise and where located. Details of agro- products on the land during the last three years.
 9. Details of medicinal plants proposed to be cultivated under the scheme
 10. Details of items/components for which assistance is sought and the estimated value of each
 11. Number of supplying proposed to be planted (per acre) as per the prescribed agro-techniques and the quantity of estimated yield
 12. Details of the source for seed/supplying availability of agro-techniques for cultivation of proposed medicinal plants
 13. Area of land proposed to be utilised and its status (whether cultivable or not) and location
 14. Whether any grant has been sanctioned by any other Deptt. of Central of State/ UT Govt. for the same purpose for which the financial assistance is no sought ? If yes, details thereof? If not, furnish a certificate duly attested by the auditors

15. Source of income (donations, fee, bank interest and grant etc. received during the last financial year should be indicated here, source-wise.
16. Whether accounts of the institution are audited by a Chartered Accountant or a Govt. Auditor? If so, statement in original of its annual audited accounts viz., Income & Expenditure Accounts, Receipts & Payment Account and balance sheets for the last three year duly certified by the said auditors to be enclosed
17. Recurring or non-recurring grants received, if any, from the Central or State govts. During the last five years for the purpose other than that which has been indicated at 14 above. In case such grants were received, a certificate to the effect that all the grants have been utilised for the purpose for which they were sanctioned to be attached duly certified by auditors.
18. Name of the scheduled bank where accounts of the institution are maintained and operated jointly by its two authorised office bearers.
19. Any other relevant information justifying the request for government grants.

20. Recommendation and comments, if any, of State/UT Health Department.

Signature of the authorised Office bearers of the Institution

Designation and name of the Institution (SEAL)

Signature and Designation

Signature of the authorised Office bearers of the Institution

SCHEME FOR PROVIDING CENTRAL ASSISTANCE FOR DEVELOPMENT OF AGRO TECHNIQUES OF MEDICINAL PLANTS USED IN AYURVEDA, SIDDHA, UNANI AND HOMOEOPATHY.

The herbs and medicinal plants have since been traditionally obtained from forests, therefore, no systematic effort has been made in the past for developing the package of practices for cultivation of medicinal plants and herbs. However, because of shortage of medicinal plants in forests and availability of vast tracts of waste-land coupled with increasing practice of commercial cultivation on private land due to attractive price for many medicinal plants, large scale plantations are expected to develop in coming years in the 9th plan. Investment in such plantations would be largely wasted unless the package of practices for plantations and cultivation are evolved and standardized.

In view of above the Deptt. of ISM&H have implemented this scheme since the year 1997-98. Under this Scheme, central assistance will be provided to specialized organizations in Govt./ Semi Govt. Sectors, engaged in the Research and Education in the field of Agriculture, Horticulture, Forestry, Natural Sciences, Medical Sciences and Medicinal Plants etc., for development of Agro-techniques of identified Medicinal Plants used in Ayurveda, Unani, Siddha and Homoeopathy on Project basis, which are to run normally for three years.

INSTITUTIONS/BODIES ELIGIBLE FOR ASSISTANCE:

Autonomous bodies, statutory organizations (directly funded by Government) like Central Research Councils, Agriculture/ Forestry/ Ayurveda/ Medical Universities and Research Councils will be eligible for assistance under this scheme. Under the scheme the eligible institutions which have basic infra-structure, expertise, experienced staff and minimum of 5 acres land will be eligible for Central Assistance.

SUBMISSION OF PROJECTS:

Eligible Institutions will apply for assistance on the basis of project proposals. The project proposal will specify the plants for which package of practices will be developed. It will also specify the time period of the project, milestones to be monitored, the recurring and non-recurring inputs required year-wise and management system. Each project will cover at least 4 medicinal plants. The objectives of the Project shall be to develop complete package of practices of Agro-technology for cultivation of these plants. It should provide information on the following aspects in addition to those felt essential by the Project Organization:

- a) Best method of raising the plants.
- b) Best soil for the plants.
- c) Seasonal practices including time of sowing the seeds, determination of growth behavior, harvesting period.
- d) Number of plants appropriate for plantation per acre; cropping/inter cropping system.
- e) Nutrient requirement.
- f) Water management and weed control.
- g) Maturity and best harvesting period.
- h) Best harvest techniques and storage/packing methods.
- i) Best period of harvesting, keeping in view the active chemical ingredients.
- j) Commercial viability keeping in view the per-acre outputs.

COMPONENTS OF ASSISTANCE:

Central Assistance shall be provided for the following:

D) PROJECT STAFF:

Assistance will be provided for appointment of Project Staff having the qualifications in the field of Botany/ Pharmacognosy/ Plant Chemistry/ Pharmacology/ Agriculture/ Horticulture/ Forestry in the

designations viz., Research Associates, Sr. Research Fellows and Jr. Research Fellows. The Associates and Research Fellows shall be paid remuneration as per the norms of ICAR Scheme, adopted for this Scheme, and as revised from time to time.

Norms for payment of emoluments of Project staff shall be as under:

1. (a) Research Associates (with Ph.D) - Rs.10,500/- p.m.(consolidated)
1. (b) Research Associates (non Ph.D) - Rs.8,800/-p.m. (consolidated)
(Total 2 Nos. of either category)
2. Sr. Research Fellow (1 No.) - Rs.5,000/-pm in 1st & 2nd year and Rs.5,600/-p.m. in 3rd year
(consolidated)
3. Jr. Research Fellow (2 Nos.) - Rs.3,600/-p.m.(consolidated)

II. RECURRING/NON-RECURRING CONTINGENCIES:

For the convenience of Project Coordinators, the following norms are being prescribed for incurring expenditure allocated under working expenses, secretarial assistance, stationary/contingencies, basic facilities etc.,

RECURRING CONTINGENCIES:

- I) Rs.0.50 Lakh per year for engaging 2 (two) labourers for working in the field.
- II) Rs.0.25 Lakh per year to meet the travelling expenditure in connection with the review meeting/workshops/journeys for procurements of seed material (Medicinal Plants) and information related to the project.
- III) Rs.0.25 Lakh per year for stationery, chemicals, glass wares, minor furniture and plantation material.

NON-RECURRING CONTINGENCIES:

- I) Rs.1.40 Lakhs per year for purchase of selected/essential and specialized items of laboratory/field equipment and other implements as required for the Project.

The total expenditure on above contingencies should not exceed to Rs.2.40 Lakh per year or Rs.7.20 Lakh for three years.

- II) Rs.0.50 Lakhs per Hect. (for entire project period) for creation of basic facilities like fencing of the Project area/creation of irrigation facilities/ construction of sheds for the procurement, storage of material etc.

PROFORMA OF APPLICATION CENTRAL SCHEME FOR DEVELOPMENT OF AGRO-TECHNIQUES AND CULTIVATION OF MEDICINAL PLANTS

1. Name and Address of the Organisation
(Along with Tel./Fax Nos.)
2. Status of Organization
(Govt./Semi-Govt./Autonomous/Statutory body)
Particulars of Project-Coordinator/
Associates
3. Name of controlling Office responsible for
administration/maintenance (Telephone/Fax
Nos.)
4. Present activities of the organisation
5. Details of prior experience in cultivation
of medicinal Plants
6. Present activities on development &
cultivation of Medicinal Plants
7. Whether undertaken activities/Projects
earlier on development of Agro-techniques
of medicinal Plants/Economic Crops, if so,
please specify. Also specify the Agro-
techniques already developed by the
Institute.
8. Total land and infrastructure availability
with the Organisation (location/area-wise)
9. Name of medicinal plants to be taken up

for development of Agro-techniques under the project

10. Area of land(in acres) to be utilized for the project and its location (whether in or outside of Campus)
11. Information available or procured on each species of medicinal plants proposed to be taken up, regarding utility, availability status, distribution, Research etc.
12. Source for procurement of Seed/Saplings etc.
13. Details of items/Components for which the assistance is sought under the scheme (Details regarding each items of infrastructure equipment, Project/staff, Chemicals, etc., including the Project-plan as per para-10 of scheme should be furnished)
14. Total cost of assistance sought (As per provisions of the scheme)
15. Whether received funds earlier under the scheme “Central Scheme for Development and Cultivation of Medicinal Plants” from the Department of ISM & H., GOI. If so please specify how the infrastructure created shall be used for the present project
16. Whether any grant has been received from any other department of Central/State/UT Govt. for similar projects. If so, please specify. If not, please attach a Certificate.

17. How Organisation propose to propagate and utilise the project-findings(Agro-techniques)
18. How the Organisation propose to utilise the produce of cultivation-site
19. How are the accounts of Organisation being audited
20. Name of the Scheduled Bank where accounts of Organisation are maintained
21. Name of two office-bearers responsible for jointly monitoring the accounts
22. Any other relevant information justifying the request for grant of project (Signature, Names & Designation of Project Officer of Organisation)

(Signature, Name & Designation of the Head of the Organisation with office Seal)

23. Recommendation and comments, if any of ISM & H Department of State/UT or the Controlling Office for the Organisation.

REPRODUCTIVE AND CHILD HEALTH PROGRAMME

Scheme relating to Indian Systems of Medicine & Homoeopathy

INDIAN SYSTEMS OF MEDICINE & HOMOEOPATHY

Considering that about half of the population according to some estimates depends on the Indian Systems of Medicine for health care, the Reproductive and Child Health for the whole population of the country cannot be assured without involving the Indian Systems in a large and meaningful manner. The Ayurveda and Unani Systems in this regard are particularly important. About 5 lakhs practitioners of these disciplines mostly in the non-governmental sector are spread out in different parts of the country. These systems have the advantage that a large proportion of their practitioners are located in the rural areas. The Indian systems are known to have many efficacious practices and remedies for a number of conditions of women and children. These systems generally do not have side-effects also.

There are three specific programmes on ISM which will be implemented under the RCH Programme.

Training of ISM Practitioners

- The RCH Programme does not seek any posts or construction of building. The RCH Programme will confine itself to tapping large resources of ISM practitioners in the non-governmental sector. These persons need to be oriented in RCH concept and framework. Their skills also need to be revised through training relevant to RCH.

Inputs

Short-term training of 2-4 weeks will be provided to ISM practitioners, both in the Government and non-government sector through ISM Medical Colleges. These Colleges will be provided financial

assistance for imparting these training courses.

Improving awareness and availability of ISM remedies

- The Indian Systems have relied over generations on medicinal plants available in the neighbourhood and knowledge about use passed on from generation to generation. Because of pressure of population the cultivation of food grains and commercial crops have progressively practically eliminated locally growing medicinal plants and because of the vast changes in the social system, the family traditions have also become weak.

Inputs

- i. The NGOs will be assisted for raising nurseries of medicinal plants which are known to grow in that particular area. They will distribute the medicinal plants free of charge to desirous families and village level ISM practitioners.
- ii. These practitioners will be encouraged to grow these plants about 1-2 acres.
- iii. The NGOs will be assisted to educate local population about the uses of locally available plants for preventive and curative purposes.
- iv. NGOs will be asked to take up this work on a project basis for a district only. Few of the NGOs with proven larger capability will be assigned more than one district.

Procedure for sanction/conditions regulating assistance

- i. It is not possible to lay down norms for assistance for each district will be different. The NGO may also differ from project to project.
- ii. Value of a district project of one year will not be more than Rs.15 lakh.
- iii. These projects will be sanctioned by an Expert Committee.

- iv. NGOs. effectiveness will be adjudged on their motivation among the people for maintaining these plants.

Research in ISM

- Deficiency of the ISM is that objective data has not been generated to prove the extent of efficacy of individual prescriptions. As a result a large variety of cures are prescribed leading to varying results. It will be beneficial if the cures mentioned in the texts are systematically taken up so that their efficacy is established. This will allow the most effective cures to be identified.

Inputs

- i. Research projects through ISM research institutions will be supported financially.

Procedure for sanction/conditions regulating assistance

- i. To consider the project proposal of the research projects, an expert committee will be constituted.
- ii. Each project will be required to associate a researcher familiar with modern research to ensure objectivity.
- iii. Each project will be required to volunteer milestones at the end of each year the Expert Committee will monitor progress and release of grants.
- iv. A project will envisage assistance for immediate technical project staff but no sanction will be considered for regular posts or buildings. Assistance will also be provided for equipment, consumable, contingencies and expenses on patients in case of clinical trials.

Vanaspati Van

- The forests have been the traditional source of medicinal plants but there has been over-exploitation of this resource and the forests themselves are shrinking. Therefore, increasing demand of Indian

System, the requirement for medicinal plants is growing fast. More than 150 out of about 1200 medicinal plants are already on the endangered list.

Inputs

It is necessary to augment availability of medicinal plants in a meaningful manner. It is proposed to do this on a limited scale by taking up one or more plantations of medicinal plants in the form of the 'Vanaspati Van' over wastelands or denuded forest land of 3000-5000 hectares of contiguous area which is available in large measure in most States.

Procedure for sanction/conditions regulating assistance

- i. Since the forest land cannot be transferred or sold, it is proposed that the State which agrees to take such development of Vanaspati Van will constitute a state level autonomous body in the form of a society registered under the Societies Registration Act.

II. The society:

- will be headed by a Forest Officer to ensure cooperation from the State Forest Department. The Society will have one nominee of the Department of Family Welfare and one nominee of the Department of Indian Systems of Medicine and Homoeopathy on its Executive Committee.
- It will have a small compliment of staff consisting of Forest, Agriculture, Botany, Ayurveda and Unani professionals. This will generally not be more than 15.
- iii The State will have to identify almost a continuous patch of land over 3000-5000 hectares of denuded or degraded forest land including wastelands. The project will envisage identification of 100 or more medicinal plants which grow naturally in that agro-climatic condition.

SCHEME FOR CENTRAL ASSISTANCE FOR STRENGTHENING OF STATE PHARMACIES AND LABORATORIES

A Central scheme for assistance for strengthening of State pharmacies and laboratories has been approved. The projected assistance is of the order of Rs. 1 crore each for pharmacy and laboratory. Details of components of assistance etc. are being finalised and would be circulated soon.

For more detailed information contact:

Director (RMG)
Deptt. of ISM&H
Red Cross Building
New Delhi
Tel: 3731755

vi Each Vanaspati Van:

- will be assisted by an Advisory Committee of 1 expert of Ayurveda, 1 of Botany and 1 of Agriculture/Forestry who will visit the Vanaspati Van at least every quarter and provide guidance and supervision.
 - Each Vanaspati Van will also require a small compliment of staff headed by a Manager of the rank of a District Officer assisted by about 6 persons of agriculture, management, marketing, accounts and stores.
 - In addition, it will have to engage some workers for raising plants and looking after the plantations.
 - The Vanaspati van may require protection by way of fencing along its parameters.
- vi. All these inputs will be worked out in the form of a project report which may be prepared by the State Government. It is envisaged that one Vanaspati Van may require upto Rs.1 crore per year by way of assistance through its 5 year period. Each project proposal will be considered by the Expert Committee constituted for research projects in ISM.

While the primary responsibility for development of Indian Systems of Medicine is of the Department of ISM & H, that Department does not presently have access to resources. Accordingly, it is not able to take up meaningful programmes for harnessing ISM for RCH. Therefore, after the Department of ISM & H is able to develop the full range of programmes, which may be by the end of 9th plan, some of the foregoing programmes through the Department of Family Welfare can be transferred to the Department of ISM & H in the subsequent Plans.

MEDICINAL PLANTS BOARD

The medicinal Plants are the basic raw materials for preparation of medicines of Indian System of Medicines & Homoeopathy. The effectiveness of these systems thus mainly depend upon the use and sustained availability of genuine raw materials.

At present various activities and programmes related to diverse issues concerning medicinal plants are being pursued independently by numerous departments and organizations. The Ministry of Environment and Forests, Ministry of Agriculture, Department of Commerce, Department of Bio-Technology, CSIR, ICAR, TRIFED, Department of Industrial Policy and Promotion, Department of Family Welfare, Department of ISM & H are dealing with various issues such as conservation, cultivation, harvesting, marketing, research, standardisation, exports etc. but there is inadequate coordination and an absence of a focussed approach. There is little or no investment being made to support a better understanding and improved use of medicinal plants. Policy intervention is urgently needed to encourage conservation of certain species being extracted from the forests and for supporting the commercial exploitation of medicinal plants which can grow in abundance through cultivation, and adoption of good agricultural practices. There is also a need for formulating a clearly defined policy for medicinal plants. It is felt that this would be possible only if a National Level nodal body is established to advance the cause of medicinal plants.

The objective of establishing a Medicinal Plant Board is to have an agency which would be responsible to co-ordinate all matters related to medicinal plants, including drawing up policies and strategies for conservation, proper harvesting, cost-effective cultivation, research and development, processing, marketing of raw material in order to protect, sustain and develop this sector.

Board is being set up as a non-statutory body with a Resolution of the Government. The Board will have its headquarters at New Delhi and

remain under the administrative control of the Department of ISM & H, Ministry of Health & Family Welfare.

The Board will be headed by the Minister (HFW) with MOS (HFW) as Vice-Chairperson and will have members representing various Departments/Organizations and functionaries. The non-statutory Board will subsequently take up the issue of setting up a statutory body under an Act of Parliament.

The functions of Medicinal Plants Board will include co-ordination with the Ministries/Departments/Organizations and State/UT Governments for development of medicinal plants in general and specifically in the following fields:-

1. Assessment of the demand/supply position relating to medicinal plants both within the country and abroad.
2. Identification, inventorisation and quantification of medicinal plants according to the broad eco-systems of the country.
3. Promotion of ex-situ/in-situ conservation and cultivation of medicinal plants.
Promotion of co-operative efforts among collectors and growers and assisting them to store, transport and market their produce effectively.
4. Improving availability of raw material of genuine quality in required quantity for the users of medicinal plants.
5. Setting up of data-base system for inventorisation, dissemination of information and facilitating the prevention of patents being obtained for medicinal use of plants which is in the public domain.
6. Matters relating to import/export of raw material, as well as value added products either as medicine, food supplements or as herbal cosmetics including adoption of better techniques for marketing of products to increase their reputation for quality and reliability in the country and abroad.

7. Undertaking and awarding scientific, technological research and cost effectiveness studies.
8. Development of protocols for cultivation and quality control.
9. Encouraging the protection of Patent Rights and IPR.

The Board shall have the following powers:-

- (a) The Board will advise the concerned Ministries/Departments/Organizations/State/UT Governments on policy matters relating to schemes and programmes for development of medicinal plants.
- (b) The Board will provide guidance in the formulation of proposals, schemes and programmes etc. to be taken up by agencies and corporate bodies having access to land for cultivation and infrastructure for collection, storage, transportation of medicinal plants.
- (c) Chairman of the Board will have the authority to invite representatives from organizations engaged in R&D, quality control etc., and of State Governments as special invitees.
- (d) The Board will draw upon the expertise of organizations such as CSIR, Department of Science and Technology, Deptt. of Bio-Technology, Research Councils and ICAR etc. in meeting its objectives.
- (e) The Board will be assisted in Administrative/Technical matters by Consultants to be appointed by a Resolution of the Board. The Board may appoint such number of officers and staff as may be necessary subject to approval of Central Government and Government instructions on the subject.

For more detailed information contact:
Under Secretary
Department of ISM&H
Ministry of Health & Family Welfare
Red Cross Building, Parliament Street,
New Delhi-110001. Tel : 3351720