

CHAPTER-II

FINANCIAL OUTLAYS & OUTCOME BUDGET 2016-17

Table (1) gives a summary statement of plan and non-plan allocation in respect of Department of Health and Family Welfare, grouping it under the flagship programme National Health Mission (NHM), Rastriya Swasthya Bima Yojana (RSBY) and Schemes/ Programmes in Health segment.

Tables (2) highlights the objectives/outcomes, quantifiable deliverables and outlay for 2016-17 under NHM, RSBY and Health (Non NHM & RSBY) respectively. It provides an overview of the critical organizational structure and infrastructure that have been created/ strengthened for preparing the ground to enable the Mission to move towards its objective of accountable and affordable health and more effective healthcare delivery. Wherever possible, a one-to-one correspondence has been attempted between financial and outcome budget as the outcomes cut across different schemes. In respect of the disease control programmes covered under the Mission, the relationship between financial outlay and physical targets has been indicated.

TABLE-1

OUTCOME BUDGET 2016-17 FOR DEPARTMENT OF HEALTH AND FAMILY WELFARE

(Rs. in crore)

Name of Scheme	Approved Outlay (2016-17)		
	Department of Health and Family Welfare		
	Plan	Non-Plan	Total
NHM	19000.00	37.00	19037.00
RSBY	1500.00	0.00	1500.00
Health	10800.00	5724.55	16524.55
Total	31300.00	5761.55	37061.55

TABLE-2

**OUTCOME BUDGET 2016-17 (SCHEME WISE OBJECTIVES /OUTCOMES/ QUANTIFIABLE DELIVERABLES
UNDER NHM, RSBY & HEALTH**

Sl. No.	Name of Scheme	Approved Outlay (2016-17) (Rs. in crore)			Objectives/Outcomes	Quantifiable Deliverables/ Projected Outcomes (2016-17)
	<u>NHM, RSBY & HEALTH SCHEMES</u>	Plan	Non-Plan	Total		
I (a)	NATIONAL HEALTH MISSION					
A.	NRHM - RCH FLEXIBLE POOL	11159.00	0.00	11,196.00		
(a)	NRHM Mission Flexible Pool (Health System Strengthening under NRHM)	5226.00	0.00	5226.00	Mission Flexi Pool seeks to strengthen the institutional structure and provide an effective link between the community and health care facilities at the grass root level. Selection and training of Accredited social Health activists (ASHA) acting as a link is critical. Focus will be on augmentation of Human Resources by encouraging states to engage health personnel including doctors, nurses and paramedics, strengthening health infrastructure by providing support to the states for new construction /up gradation renovation of health care facilities strengthening First Referral Units and operationalization of more 24X7 facilities, decentralized planning through Village Health Sanitation and Nutrition committees and Rogi Kalyan Samitis, preparation of District Health Action plan with convergence from all health related sectors, provisioning for health services delivery especially in un-served and underserved areas through Medical Mobile Units providing financial assistance to states for selection and training of Accredited Social Health Activists (ASHA) who act as a link between community and healthcare facilities establishing Emergency Transport and patient Transport System.	<div><div>1.</div><div>30,000 ASHAs to be provided training in 6th and 7th modules.</div></div> <div><div>2.</div><div>1000 Health facilities including Sub-Centre to be completed during 2016-17.</div></div> <div><div>3.</div><div>100 new health facilities to be strengthened and operationalized as First Referral Units.</div></div> <div><div>4.</div><div>400 Doctors/Specialists to be recruited on contract basis.</div></div> <div><div>5.</div><div>600 Staff Nurses to be recruited on contract basis.</div></div> <div><div>6.</div><div>500 Paramedical Staffs to be recruited on contract basis.</div></div> <div><div>7.</div><div>100% Health facilities to be given Untied grants funding for local health action during 2016-17.</div></div> <div><div>8.</div><div>30 new Mobile Medical Units (MMUs) to be operationalized.</div></div> <div><div>9.</div><div>200 Ambulances to be operationalized in the States/UTs.</div></div> <div><div>10.</div><div>District Health Action Plan to be prepared for 676 districts.</div></div> <div><div>11.</div><div>60 lakhs Village and Health Nutrition days to be completed.</div></div> <div><div>12.</div><div>Implementation of Kayakalp Award in respect of DH and CHC in all States.</div></div> <div><div>13.</div><div>50 DHs should be National Quality Assurance Certified.</div></div>

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(b)	RCH Flexible Pool	5933.00	0.00	5933.00	<p>The main objective of Reproductive Child Health Programme is to bring improvements in the critical indicators: Maternal Mortality Ratio, Infant Mortality Rate (IMR) and Total Fertility Rate (TFR) as per the target laid in 12th Five Year Plan and also Strengthen the strategic approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A).</p> <p>To improve the health status of Infant, Women and Children, funds are provided to States/UTs to sustain and increase interventions through:</p> <ul style="list-style-type: none"> ✓ Janani Suraksha Yojana(JSY)-Expected beneficiaries - under Home Deliveries 2 lakhs and 110 lakhs under Institutional Deliveries ✓ Operationalizing Special Newborn Care Units (SNCUs)-At least one per district (As per PIP proposal) ✓ Operationalizing Newborn Stabilization Units (NBSUs)-At all FRUs (As per PIP proposal) ✓ Operationalizing Newborn Care Corners (NBCCs)- At all delivery points ✓ Establishment / functional of Nutritional Rehabilitation Centers (NRCs)-At least one high burden / priority district as per PIP Proposal ✓ Percentage of Institutional deliveries against reported deliveries-88.2% ✓ Rastriya Bal Swasthyaya Karyakram (RBSK) -Dedicated RBSK Mobile Health Teams-12500- Two teams per block. Operationalize District Early Intervention Centre (DEIC) at District Hospital-300. ✓ Establishment of Collaborating Centres for Newborn- One National Collaborating Centre (NCC)- Four Regional Collaborating Centres (RCC) ✓ Intensified Diarrhea Control Fortnight- Intensified Diarrhea Control Fortnight to be observed in July-August, 2016 ✓ Promotion of post-partum IUCD services- At least 10% increase in PPIUCD insertions 	
(i)	Routine Immunization				<p>Routine Immunization of Children against eight vaccine preventable diseases (VPDs) at national level and Japanese Encephalitis at sub national level. Reduction in Morbidity and Mortality rate due to VPDs across the country.</p>	<p>Full immunization coverage to be increased to 85%.</p> <p>Under the Universal Immunization Programme, Government of India is providing vaccination to protect against nine vaccine preventable disease. I.e. Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio Measles, Hepatitis B, Meningitis/ pneumonia due to haemophilic influenza type B across the country and Japanese Encephalitis in selected districts. Haemophilic Influenza type B (Hib) (containing Pentavalent vaccine was introduced initially in 8 States viz. Kerala, Tamil Nadu, Goa, Gujarat, Haryana, Jammu and Kashmir, Karnataka and Puducherry, and</p>

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	<u>NHM, RSBY & HEALTH SCHEMES</u>	Plan	Non-Plan	Total		
						extended to 12 more and thereafter covered all the remaining States of the country.
(ii)	Pulse Polio Immunization				To maintain the status of Polio Free India.	Polio drops will be administered to approx., 172 million children during each National Immunization Round (NID) and 86 million children per Sub National Immunization Round (SNID) respectively.
(iii)	National Iodine Deficiency Disorder Control Programme (NIDDP)				To control and prevent iodine deficiency disorders in the country	<ul style="list-style-type: none"> • Production & distribution of iodised salt 61.00 lakh MT • Training to district health functionaries and State Prog. & Technical officers at State/UT level. • Procurement and Supply of salt testing kits by State/UTs for endemic districts i.e. 303 • Analysis of salt samples to estimate iodine content in the iodised salt (volumetric). • Analysis of salt samples to assess the quality of iodised salt at community level (STK method). • Analysis of urine samples for urinary iodine excretion. • District IDD Surveys/ Re-surveys • Monitoring of implementation of NIDDCP through sensitization meetings/workshops State/UTs visits etc.
B	NATIONAL URBAN HEALTH MISSION- FLEXIBLE POOL	950.00	0.00	950.00	To address healthcare needs of the urban population with focus on urban poor and vulnerable sections of society. National Urban Health Mission a centrally sponsored scheme has been launched as a sub-mission of National Health Mission.	<ul style="list-style-type: none"> • All the cities/ towns where NUHM approvals have been conveyed till 2015-16 are taking action for implementing the approved activities. • PIP 2016-17 to be received from the States/UTs and will be discussed in NPCC meetings by July, 2016.
C	FLEXIBLE POOL FOR COMMUNICABLE DISEASES	1260.00	13.00	1273.00		

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	<u>NHM, RSBY & HEALTH SCHEMES</u>	Plan	Non-Plan	Total		
1.	National Vector Borne Disease Control Programme				<u>Malaria</u> ABER over 10% & API 1.3 or less	<ul style="list-style-type: none"> • ABER > 10% of target population under surveillance • Saturation with Long lasting Insecticidal Nets (LLIN) coverage in Eligible population in seven north eastern state. • 80% coverage of the targeted population under Indoor Residual Spray (IRS).
					<u>Elimination of Lymphatic Filariasis</u> 80% coverage of targeted population. Endemic Districts (250) achieving Micro Filaria rate of <1%	<ul style="list-style-type: none"> • Mass Drug Administration (MDA) with anti-filaria tablets is expected to be carried out in about 50-70 based on the impact achieved in 2015 and thereafter validation test. • Initiating process of validation in phased manner for the districts reportedly achieving elimination (microfilaria rate less than 1%).
					<u>Kala-azar</u> To achieve less than one Kala azar case per 10,000 population at Block/PHC level by 2017	<ul style="list-style-type: none"> • Focused active case search, door to door search in villages. • Making available anti Kala-azar drugs in all block level PHCs & district hospitals. • 90% coverage of targeted population with DDT 50% insecticide.
					<u>National Programme for Prevention and Control of JE/AES:</u> <ul style="list-style-type: none"> • To strengthen and expand JE vaccination in affected districts. • To strengthen surveillance, Vector Control Case Management. • To increase the access to safe drinking water and sanitation facilities to the target population in affected rural and urban areas. • To estimate disability burden due to JE/AES and to provide for adequate facilities for physical, medical, neurological and social rehabilitation. • To improve nutritional status of children at risk of JE/AES. • To carry out/ intensify IEC/BCC activities 	<ul style="list-style-type: none"> • Additional 8 districts were identified for to be covered under JE vaccination making a total of 179 districts. • To increase the number of Sentinel Sites from 104 to 120. • Establishing 60 Pediatric Intensive Care Units (PICUs) in 60 high priority districts. • Establishing 10 physical medicine rehabilitation departments in 5 high endemic states. • To provide training to Medical Officers of 5 high priority states on critical care of management.

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					regarding JE/AES management and timely referral of serious and complicated cases.	
					Dengue/ Chikungunya 90% of identified sentinel surveillance hospitals maintaining line listing of cases	<ul style="list-style-type: none"> Regular entomological surveillance in endemic areas for vector species (Aedes aegypti and Ae.albopictus) Regular fever surveillance in endemic areas to detect an unusual trend. Adequate infrastructure for management of Dengue cases in district hospitals in endemic areas.
2.	Revised National T.B Control Programme				To reduce overall disease burden for control of Tuberculosis of the society	To achieve New sputum positive success rate =<88% and MDR TB cases notified put on treatment =<85%
3	National Leprosy Eradication Programme				<ul style="list-style-type: none"> Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country. 	<ul style="list-style-type: none"> To achieve elimination of leprosy in 669 districts by March, 2017. To achieve elimination in 100 Districts by end of March, 2017.
4	Integrated Disease Surveillance Programme				<ul style="list-style-type: none"> To strengthen/ maintain a decentralized laboratory based IT-enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and response to outbreaks in early rising phase through trained rapid response teams. To establish a functional mechanism for intersectoral coordination to tackle the Zoonotic diseases. 	<ul style="list-style-type: none"> >95% districts will report weekly data on epidemic prone disease through portal. Outbreaks will be investigated and responded to by sending clinical samples to the laboratories in more 85% of outbreaks. A network of 190 medical college labs will be established and linked to districts to support diagnosis of epidemic prone diseases, especially during outbreaks. 300 Districts Public Health Labs will be strengthening for diagnosis/ testing epidemic prone diseases. All States/UTs will have functional mechanism for inter-sectoral coordination in place for Zoonotic diseases by placing a dedicated contractual Veterinary Consultant at each State Surveillance Unit.

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D	FLEXIBLE POOL FOR NON-COMMUNICABLE DISEASES, INJURY & TRAUMA	555.00	0.00	555.00		
1	National Programme for Control of Blindness				Reduction of prevalence of blindness to 0.3% by 2020.	<ul style="list-style-type: none"> Target for Cataract Surgery : 66 lakh surgeries. Target for treatment/management of other eye diseases:72,000 cases. Target for no. of spectacles to school children: 9 lakh spectacles under School Eye Screening Programme. Spectacles for near work for old person: 2 lakh. Target for collection of Eye Donation: : 50,000 Strengthening/ development of Eye care infrastructure, <ul style="list-style-type: none"> Medical Colleges: 32 District Hospitals: 150 Sub- District Hospitals:14, PHC(Vision Centers) 1134 Eye Banks: 1 Eye Donation Centre:20 Development of dedicated Eye Units in District Hospitals: 5 Multipurpose District Mobile Ophthalmic Units:110 Fixed Tele-ophthalmology network units in Govt.Setup/internet based ophthalmic consultation units: 6
2	National Mental Health Programme				<ul style="list-style-type: none"> To ensure availability of minimum mental health care for all in the foreseeable future particularly the most vulnerable and under privileged section of the population To encourage application of mental health knowledge in general care and social development To promote community participation in developing mental health services and to stimulate efforts towards self-help in the country 	
3	National Programme for Health Care for				<ul style="list-style-type: none"> The basic aim of the NPHCE programme is to provide separate and specialized 	<ul style="list-style-type: none"> Continuation of Geriatric Department at 8 existing Regional Geriatric Centres,

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	Elderly(NPHCE)				<p>comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services.</p> <ul style="list-style-type: none"> Preventive & promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE. 	<p>establishment of 12 new Geriatric Centers in the selected Medical Colleges. In addition to this, establishment of 2 national Centres of Ageing at AIIMS, New Delhi and MMC, Chennai.</p> <ul style="list-style-type: none"> To cover as many districts as possible under NPHCE during the year 2016-17. Continuation of Sub-District level activities at CHCs, PHC and Sub-Centres in the existing Districts.
4	National programme for prevention & control of Deafness				<ul style="list-style-type: none"> Prevention and Control of Deafness through Early detection and management of deafness and causes leading to it. Strengthening of Health Care delivery system to deliver the hearing/ear care services. Health Education 	Service delivery to be started in 50 new districts.
5	National Tobacco Control Programme				<ul style="list-style-type: none"> To achieve progressive reduction of Tobacco consumption To target non-user for not taking up the habit and motivating the user to quit. To create awareness amongst the masses about the harmful effects of tobacco consumption. 	<ul style="list-style-type: none"> Operationalizing Quitline services Managing Tobacco Violation Helpline services Building capacity of Districts/ States to implement the flagship NTCP and to cover more districts under the programme. Scaling up IEC activities Establishing Three Tobacco Testing Labs
6	National Oral Health Programme				<ul style="list-style-type: none"> Improvement in the determinants of oral health and to reduce disparity in oral health accessibility in rural & urban population. Reduce morbidity from oral diseases by strengthening oral health services at Sub district/district hospital to start with. Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral health 	<ul style="list-style-type: none"> To support 70 Dental care units with HR Equipment and Consumables. Dissemination of IEC materials. Operational research for Oral cancer screening and prevention of Dental Caries. Improved oral health care delivery services in public health facilities. Trained manpower for oral health promotion activity at each level of health care delivery.

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7	Assistance to States for Capacity Building (Burns)				<ul style="list-style-type: none"> To reduce incidence, mortality, morbidity and disability due to Burn Injuries. To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers. To establish adequate infrastructural facility for burn management and rehabilitation. To carry out Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based programme planning for Burn Injuries, monitoring and subsequent evaluation. 	
8	National programme for Prevention and control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS)				<ul style="list-style-type: none"> Prevent and control common NCDs through behavior and life style changes, Provide early diagnosis and management of common NCDs, Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs. Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and Up gradation of Medical Colleges under Tertiary Care Cancer Centre (TCCC) scheme 	<ul style="list-style-type: none"> Behavior change in the community to adopt healthy life styles including promoting healthy diet, enhanced physical activity and reduced intake of tobacco and alcohol resulting in overall reduction in the risk factors of common NCDs in the community. Screening of adult population (30 years and above) for diabetes and hypertension. Early diagnosis of NCDs and treatment in early stages, thereby reducing mortality on account of these diseases and enhancing quality life. Health personnel would be trained at various levels to provide opportunistic and targeted screening, diagnosis and management of NCDs. 181 District NCD cells and 181 District NCD Clinics would be established. 95 CCU would be set-up. 100 District Day Care Centres for Chemotherapy would be set-up. CHC NCD Clinics as projected by the States in their PIP would be set-up.
9	Other New Initiatives under Non-Communicable Diseases/ National Programme for Palliative Care				<ul style="list-style-type: none"> To provide palliative care services at district & sub-district levels; To ensure access & availability of opioids for medical & scientific use; To incorporate principles of palliative care in the educational curricula of medical, nursing, pharmacy & social work courses; and To promote community awareness regarding pain relief & palliative care. 	

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E	INFRASTRUCTURE MAINTENANCE	4973.00	24.00	4997.00	Under this scheme, assistance would be given under the National Health Mission for Infrastructure Maintenance to States through Treasury route. Schemes under this head are (i) direction & administration (Maintenance of State & District Family Welfare Bureaus), (ii) Sub-Centers (ANM/LHVs), (iii) Urban FW Centers, (iv) Urban Revamping Scheme (Health Posts), (v) Training of ANM/LHVs, (vi) Maintenance of Health & FW Training Centers, and (vii) Training of MPWs (Male). The support is limited to salary component of regular staff of State/UT Government only.	
F	FORWARD LINKAGES TO NHM (Financed from likely savings from other Health Schemes of NE Region)	25.00	0.00	25.00	Financial support to improving the Tertiary, Secondary level health infrastructure in the North East region in addition to NHM interventions.	<ul style="list-style-type: none"> • Up gradation and establishment of super specialty wing at Guwahati Medical College (GMC). • Up-gradation/strengthening of State Civil Hospital, Naharlagun. • Up-gradation of Mon District hospital from 50 bedded to 100 bedded, Nagaland. • Up-gradation of Dimapur District Hospital from 150 bedded to 200 bedded hospital, Nagaland. • Construction of Civil hospital at Aizwal, Mizoram
G	OTHER HEALTH SCHEMES (PILOT)	38.00	0.00	38.00		
(i)	National Programme of Sports Injury/ Medicine	14.98	0.00	14.98	To provide comprehensive Surgical, Rehabilitative and Diagnostic services under one roof for specialized treatment of Sports and related Joint disorders to the Sports persons, a Sports Injury Centre has been established at Safdarjung Hospital. The Centre is now functioning as an independent full-fledged department. The Centre handles more than 5000 Patients on OPD basis in a month and more than 125 Arthroscopic & joint Replacement Surgical Procedures are performed monthly.	
(ii)	National Programme for Deafness	1.87	0.00	1.87	Prevention and Control of Deafness through Early detection and management of deafness and causes leading to it. Strengthening of Health Care delivery system to deliver the hearing/ear care services.	
(iii)	Leptospirosis Control	0.65	0.00	0.65	To prevent morbidity and mortality due to Leptospirosis To follow the strategy as in the XIth five year plan and to include both the human & animal component in phased manner throughout the country in the XIIth five year plan	
(iv)	Control of Human Rabies	8.24	0.00	8.24	To prevent mortality due to rabies To follow the strategy as in the XIth five year plan and to include both the human & animal component in phased manner throughout the country in the XIIth five year plan	

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(v)	Medical Rehabilitation	8.99	0.00	8.99	To provide need based Medical Rehabilitation Services including provision of Prosthetic & Orthotic appliances for persons with neuro-musculo-skeletal (locomotors) disorders.	
(vi)	Oral Health	1.01	0.00	1.01	To Improve in the determinants of Oral Health To reduce morbidity or oral diseases up to primary and secondary level.	
(vii)	Fluorosis	2.26	0.00	2.26	To prevent and control of Fluorosis in the country. The programme has been expended to cover 128 Districts phased manner and the contractual staff-district consultant, lab tech. would be engage under the programme.	
H	Human Resources for Health	40.00	0.00	40.00	Financial assistance to States.	
I	STRENGTHENING OF STATE DRUG REGULATORY SYSTEM	0.00	0.00	0.00	For Strengthening the States Drug Regulatory Mechanism, a new centrally sponsored scheme under National Health Mission (NHM) Umbrella has been approved by the Cabinet Committee on Economic Affairs (CCEA) on 12.08.2015, with an outlay of Rs.850 crore on sharing pattern for providing financial and human resource support to the States/Union Territories. The sharing pattern between Centre and State will be 90:10 for the States of Jammu and Kashmir, Himachal Pradesh, Uttarakhand, Sikkim, and seven North-Eastern States and for the rest of the States it will be on 75:25 pattern. The component of expenses relates to up-gradation of State Labs, expansion of existing offices, manpower accommodation and creation of new labs or mobile labs. The States/UTs have been requested to assess their requirement for release of central share of the grant-in-aid.	
I(b)	Rastriya Swasthya Bima Yojana (RSBY)	1500.00	0.00	1500.00	RSBY was initially designed to target only the Below Poverty Line (BPL) households, but it has been presently expanded to cover other 11 defined categories of unorganised workers, viz. Building and other construction workers registered with the Welfare Boards, Licensed Railway Porters, Street Vendors, MNREGA Workers Beedi Workers, Domestic Workers, Sanitation Workers, Mine Workers, Rickshaw pullers, Rag pickers & Auto/Taxi Driver. RSBY is being administered and implemented through a decentralised implementation structure at the State Level. Since, 1 st April, 2015, RSBY has been transferred to Ministry of Health & Family Welfare on “as and where in” basis from Ministry of Labour & Employment.	
	TOTAL (NHM & RSBY)	20500.00	37.00	20537.00		

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	HEALTH SCHEMES					
A.	CENTRAL SECTOR SCHEMES					
A(1a)	Ongoing Schemes					
1	Oversight Committee	75.00	0.00	75.00	To implement 27% reservation for OBCs, a time bound action plan has been chalked out covering medical, non-medical and nursing courses. Task Forces are set up in the identified institutions for monitoring and implementing all activities relating to expansion of infrastructure, filling up vacancies and enhancing the number of seats.	
2	Strengthening of Institutes for Control of Communicable Diseases	198.00	101.90	299.90	Funding of public institutions for control of communicable diseases is considered under this category. The list includes funding for NCDC, Delhi (for programmes), National Tuberculosis Institute, Bangalore, vaccine institutes such as B.C.G. Vaccine Laboratory, Guindy, Chennai, Pasteur Institute of India, Coonoor, Integrated Vaccine Complex, Chengalpattu & Medi Park, Lala Ram Swarup Institute of T.B. and Allied Diseases, Mehrauli, Delhi, Central Leprosy Training & Research Institute Chengalpattu (Tamil Nadu) and Regional Institutes of Training Research & Treatment under Leprosy Control Programme.	
3.	Strengthening of Hospitals & Dispensaries	442.00	1279.75	1721.75	Strengthening of Government hospitals and dispensaries are covered under this broad category. The list inter alia includes funding for CGHS, Central Institute of Psychiatry, Ranchi, All India Institute of Physical Medicine & Rehabilitation, Mumbai, Dr. R.M.L. Hospital & PGIMER, New Delhi, All India Institute of Speech & Hearing, Mysore etc,	
4	Strengthening of Institutions for Medical Education, Training & Research	573.34	258.85	832.19	Strengthening of Institutions for Medical Education, Training & Research are covered under this broad category. The list inter alia includes funding for Institute of Public Health (PHFI), AIHH & PH, Kolkata, Serologist & Chemical Examiner, Kolkata, Indira Gandhi Institute of Health & Medical Sciences for NE Region, Shillong, NIMHANS, Bangalore, Kasturba Health Society, Wardha, National Medical Library, New Delhi, National Board of Examinations, New Delhi, Development of Nursing services, RAK college of Nursing, Lady Reading Nursing college, Membership for International Organization, Indian Nursing Council, VP Chest Institute, Delhi, National Academy of Medical Sciences (NAMS), New Delhi. Funds are given for strengthening activities under Medical Council of India.	
5	System Strengthening including Emergency Medical Relief/Disaster Management	345.66	270.62	616.28	Under this broad category, funding for System Strengthening including Emergency Medical Relief/Disaster Management is taken up. The activities include funds for Health Education, Health Intelligence & Health Accounts, Emergency Medical Relief with sub scheme such as Health Sector Disaster Preparedness and Management and Emergency Medical Relief including Avian Flu. Funding to other activities under this category includes Central Research Institute, Kasauli, National Institute of Biologicals, Noida. Also funds are provided for strengthening of the Departments under the Ministry and DGHS; and Central Drug Standard & Control Organization (CDSCO), Food Safety & Standards Authority of India, National Pharmacovigilance Programme, Indian Pharmacopeia	

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					Commission, and Port Health Authority.	
6	National Centre for Disease Control	28.20	0.00	28.20	Funds for up gradation of NCDC, New Delhi. The activities of NCDC have been expanded to evolve an integrated approach for early warning signals and surveillance of diseases of major public health importance. Pivotal role in disease investigation, surveillance and disease control activities. Assists central and state health authorities during public health emergencies, epidemics and outbreaks.	
7	National Advisory Board For Standards (Clinical Establishments-CEA)	1.80	0.00	1.80	To provide for the registration and regulation of Clinical establishments, to prescribe minimum standards of facilities and services. CEA 2010 was enacted by the Parliament to create an enabling environment to achieve the objectives. The Act has taken effect in the four states namely; Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories and the states of Uttar Pradesh, Rajasthan Bihar and Jharkhand have adopted this Central Act under clause (1) of Article 252 of the Constitution. The objective are to compile and publish a National Register of clinical establishments within two years from the date of the commencement of this Act; to classify the clinical establishments into different categories; to develop the minimum standards and their periodic review and determine the first set of standards for ensuring proper healthcare by the clinical establishments and, to collect the statistics in respect of clinical establishments.	
8	Redevelopment of Hospitals / Institutions	2951.00	2453.55	5404.55	Under this broad category, funds for Redevelopment of Hospitals / Institutions are taken up. The list includes expansion and strengthening of All India Institute of Medical Sciences & its Allied Departments, New Delhi ,P.G.I.M.E.R., Chandigarh, J.I.P.M.E.R., Puducherry, Lady Harding Medical College & Smt. S.K. Hospital, New Delhi, Kalawati Saran Children's Hospital, New Delhi, RIMS, Imphal, Manipur, LGBRIMH, Tezpur, Assam, RIPANS, Aizawl, Mizoram and Safdarjung Hospital & VMCC College, New Delhi	
9	Pradhan Mantri Swasthya Suraksha Yojana	2450.00	0.00	2450.00	<p>AIIMS like Institutions: Creation of capacity in medical education, research and clinical care and to reduce the imbalances in availability of affordable/ reliable tertiary level healthcare in the country in general and in the underserved areas of the Country.</p> <p>Upgradation of medical colleges: Improving health infrastructure through construction of Super Specialty Block/Trauma Centre etc. and procurement of medical equipment for existing as well as new facilities.</p>	<p>Take forward on going activities/ works and the work initiated during the current financial year:</p> <ul style="list-style-type: none"> Setting up of AIIMS (Phase-I): The work for Setting up of 6 new AIIMS like Institutions Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, and Rishikesh is being taken up in packages- Construction of Medical College Complex (Package-I), Construction of Hospital Complex and HVAC Works (Package-II), Electrical Services (Package-III), Estate Services (Package-IV), Residential Complex.

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	<u>NHM, RSBY & HEALTH SCHEMES</u>	Plan	Non-Plan	Total		
						<ul style="list-style-type: none"> • Setting up of 2 AIIMS institutions in phase-II of PMSSY: West Bengal and Rae Bareli, UP • Upgradation work of 13 existing State Govt. Medical Colleges in Phase-I of PMSSY: Bangalore Medical College, Trivandrum Medical College, Salem Medical College, NIMS, Hyderabad, SGPGIMS, Lucknow, Jammu Medical College, RIMS, Ranchi. IMS, BHU, Varanasi Kolkata Medical College, Srinagar Medical College, Grants Medical College, Mumbai, SVIMS, Tirupati, BJ Medical College, Ahmedabad • Upgradation work of 6 existing State Govt. Medical Colleges in Phase-II of PMSSY: Amritsar Medical College, Aligarh Medical College, Tanda Medical College, Rohtak Medical College, Madurai Medical College, Nagpur Medical College • Upgradation work of 39 existing State Govt. Medical Colleges under PMSSY Phase-III • Setting up of 4 AIIMS each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal (U.P.) under Phase-IV of PMSSY and up-gradation: 12 existing SGMCs • Setting up of 6 new AIIMS one each in Assam, Himachal Pradesh, Jammu & Kashmir, Punjab, Tamil Nadu and Bihar which were announced during Budget Speech 2015-16

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10	Strengthening of existing branches & establishment of 27 branches of NCDC	5.86	0.00	5.86	Strengthening of existing branches/ establishment of 27 new branches of NCDC for better coordination with states for control of communicable diseases.	
11	Strengthening intersectoral coordination of prevention and control of Zoonotic diseases	4.93	0.00	4.93	To establish intersectoral coordination mechanism and control priority zoonotic diseases.	
12	Viral hepatitis	2.62	0.00	2.62	Surveillance of Viral Hepatitis	
13	Anti-Micro.Resistance	1.58	0.00	1.58	Establishing Anti-Micro Resistance (AMR) surveillance in the country.	
14	Central Government Employees and Pensioners Health Insurance Scheme (CGEIPS)	0.01	0.00	0.01	Establishing a Health Insurance Scheme for the Central Government employees and pensioners during the 12 th Plan period with special focus on non – CGHS areas. It is envisaged as a supplementary scheme for CGHS. It is mainly intended to provide quality healthcare facilities to the employees.	
15	Emergency Medical Services (New Scheme)	10.00	0.00	10.00	Pre-hospital services and strengthening of emergency department integrated with a GIS/GPS	<ul style="list-style-type: none"> • Evolve EMS policy: techno legal, regulations, rules, standards, guidelines and financing norms. • Set up Institutional mechanism for EMS at National/ State/ Districts and strengthen administrative units of the departments.
16	Organ Transplant	15.00	0.00	15.00	<ul style="list-style-type: none"> • To organize a system of organ procurement & distribution for deserving cases for transplantation • To promote deceased organ donation • To train required manpower • To protect vulnerable poor from organ trafficking • To monitor organ transplant services and bring about policy and programme corrections/ changes whenever needed. 	
17	Medical Stores Organization	3.00	0.00	3.00	Funds to MSOs	
18	National AIDS Control Organization	1700.00	0.00	1700.00	Goal: Accelerate Reversal and Integrate Response. Objective: <ul style="list-style-type: none"> ✓ Reduce new infections by 50% (2007 Baseline of NACP III) ✓ Provide comprehensive care and support to all persons living with HIV/ AIDS and treatment services for all those who require it. 	

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	<u>NHM, RSBY & HEALTH SCHEMES</u>	Plan	Non-Plan	Total		
					<ul style="list-style-type: none"> • New Targeted Interventions established 194** • STI/RTI patients managed as per national protocol 61.1 lakh episodes • Blood Collection in NACO supported Blood Banks 52.8 lakh • Districts covered under Link Worker Scheme (cumulative) 163 • Clients Tested for HIV (General Clients) 103 lakh • Pregnant Women tested for HIV 103 lakh • Proportion of HIV+ Pregnant Women and Babies who are initiated on Multidrug Antiretroviral (ARV) regimen 90% • New ART Centres established 40 • No. of PLHIV on ART (cumulative) 10.35 lakh • Opportunistic Infections treated 2.64 lakh • Accreditation of laboratories 60 • Campaigns released on Mass Media - TV/Radio 7 • New Red Ribbon Clubs formed in Colleges 484 • Persons trained under Mainstreaming training programmes 2.86 lakh • Proportion of all Blood units collected by Voluntary blood donation in NACO Supported Blood Banks 75% • Free distribution of Condoms 42.14 crore pieces • Social Marketing of condom by NACO contracted Social Marketing Organisations 124.5 crore pieces <p>** In lieu of revision in BE for 2015-16 only MSM/TG transition TIs from Pehchan Project and few replacement TIs are considered under New Targeted Interventions.</p>	
A(1b)	Central Sector-Family Welfare-Schemes of NHM					
1	Social Marketing Area Projects	0.00	0.00	0.00		
2	Social Marketing of Contraceptives	91.00	0.00	91.00	<p>To make available Condoms & Oral pills to the eligible couples through Social Marketing network of the Social Marketing Organization (SMOs) for increased coverage of eligible couples under contraception.</p>	<ul style="list-style-type: none"> • The requirements have been projected for procurement & Supply of 454 M.Pcs. of condoms & 123.00 lakh cycles of oral pills to eligible couples through SMOs • Payment of promotional incentive to SMOs for sale of Condoms & OCPs, reimbursement of packing material cost and also promotional & product subsidy of Saheli/Novex weekly OCPs & Condoms. • To undertake advertising and publicity of

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						Govt. Brand OCPs i.e. Mala 'D' under Social Marketing.
3	Funding to Institutions including training Institutions	45.00	78.60	123.60	Under the above head, funding will be provided to institutions such as Population Research centers, NIHFWS, New Delhi, IIPS Mumbai, National Commission on Population (NCP) for meeting their activities. Also, funds will be released to training institutions such as Family welfare training and research centre, Mumbai, Rural health training centre Najafgarh etc.	
4	Central Procurement Agency	0.00	0.00	0.00		
5	International Co-operation	5.00	30.76	35.76	It includes provision for membership of International Organizations.	
6	FW Linked Health Insurance Plan	0.00	0.00	0.00		
7	Free distribution of contraceptives	150.00	0.00	150.00	To provide Condoms, Oral Pills, IUDs, Tubal Ring and Emergency Contraceptive Pills to the States/ UTs for distribution to eligible couples free of cost through sub-Centers, hospitals and other Health care Institutions of the states for increased coverage of eligible couples under contraception. To supply Pregnancy test kits for timely and early detection of pregnancy.	The requirements were projected by the Programme Division for Supply of 791.58 M.Pcs. of condoms, 610.49 lakh cycles of Oral Pills, 97.76 lakh pieces of IUDs, 26.28 lakh pairs of Tubal Rings, 91.57 lakh packs of ECPs & 250.28 Lakh Pregnancy Test Kits to states for distribution and use in health care institutions.
8	Procurement of Supplies & Materials	0.00	0.00	0.00		
9	IEC (Information, Education and Communication)	175.00	11.00	186.00	IEC activity to disseminate healthcare information for encouraging health-seeking behavior through multimedia tools such as TV & Radio etc. and to introduce Behavior Change Communication at the grass root level.	
10	Area Projects	0.00	0.00	0.00		
11	Strengthening National Programme Management of the NHM	31.00	0.00	31.00	Strengthening National Programme Management of NRHM/ NHM	
12	National Drug De-Addiction Control Programme	30.00	0.00	30.00	Providing treatment services including preventive health and after care to drug de-addiction.	
13	Other Central Sector Activities	90.00	16.70	106.70	Other Central Sector activities on family welfare include funds for research projects under family welfare activities, assistance to Gandhigram Institute, Indian Medical Association, Expenditure at HQs/Research & Study/ Training for RCH activities, strengthening activities of regional offices of	

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					Health and Family Welfare, Govt. of India , Information technology, assistance to NGOs and funding for strengthening Management Information System (MIS).	
B	CSS Human Resource for Health & Medical Education					
(i)	Upgradation and Strengthening of Nursing Services (ANM/ GNM schools)	25.00	0.00	25.00	To provide financial assistance to the State Government for establishment of ANM/ GNM Schools.	
(ii)	Strengthening and Upgradation of Pharmacy Schools/ Colleges	5.00	0.00	5.00	Providing financial assistance in the form of one time grant-in-aid for Strengthening /Upgradation of Pharmacy institutions and for conducting education programme for faculty in pharmacy institutions and practicing pharmacists.	
(iii)	Strengthening/ Creation of Paramedical Institutions (RIPS/NIPS)	0.00	0.00	0.00		
(iv)	District Hospitals- Upgradation of State Government Medical Colleges (PG seats)	10.00	0.00	10.00	To provide financial assistance to the State Government Medical Colleges to upgrade the facilities for starting new Post Graduate (PG) disciplines and increasing PG seats.	
(v)	Upgradation of State Government Medical Colleges (UG seats)	110.00	0.00	110.00	The objective is to provide financial assistance to the state Government medical colleges to upgrade their infrastructural facilities to increase their intake capacity of MBBS thereby increasing the total undergraduate seats in the Government Sector in the country.	
(vi)	Establishing New medical colleges (upgrading district hospitals)	445.00	0.00	445.00	The objective is to provide financial assistance to the state Governments for establishment of new Government medical colleges attached with existing District/ referral Hospital in underserved Districts in the country.	
(vii)	Setting up of State institutions of paramedical sciences in States and Setting up of college of paramedical education	5.00	0.00	5.00	Augmenting the supply of skilled paramedical manpower and promoting quality of paramedical training through standardization of such education/courses across the country. It can be achieved by implementing the scheme.	
(viii)	Setting up of college of pharmacy in Govt. Medical Colleges	0.00	0.00	0.00		

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(ix)	Strengthening of District Hospitals for providing advanced secondary care	0.00	0.00	0.00		
(x)	Innovation based schemes	0.00	0.00	0.00		
(xi)	Tertiary Level Interventions encompassing those of CSS in NHM					
(a)	Cancer Control	75.00	20.00	95.00	Recognition of new Regional Cancer Centers (RCCs); Strengthening of existing RCCs; Development of oncology wings in medical colleges; Financial support for activities of the Chittaranjan National Cancer Institute, Kolkata	
(b)	National Mental Health Programme	35.00	0.00	35.00	<ul style="list-style-type: none"> To ensure availability of minimum mental health care for all in the foreseeable future particularly the most vulnerable and under privileged section of the population To encourage application of mental health knowledge in general care and social development To promote community participation in developing mental health services and to stimulate efforts towards self-help in the country 	
(c)	Assistance to State for Capacity Building (Trauma Care)	200.00	0.00	200.00	<ul style="list-style-type: none"> To Establish a network of trauma centres in order to reduce the incidence of preventable death due to road traffic accidents by observing golden hour principle To develop proper referral and communication network between ambulances and trauma centres and within the trauma centres for optimal utilization of the services available. To develop National Trauma Injury Surveillance and Capacity Building Centre for collection, compilation, analysis of information from the trauma centres for the use of policy formation, preventive interventions. To develop trauma registry centres for improvement of quality control 	
(d)	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke	300.00	0.00	300.00	<ul style="list-style-type: none"> Prevent and control common NCDs through behavior and life style changes, Provide early diagnosis and management of common NCDs, Build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs. Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and Up gradation of Medical Colleges under Tertiary Care Cancer Centre (TCCC) scheme 	
(e)	National Program Health Care for the Elderly	110.00	0.00	110.00	<ul style="list-style-type: none"> The basic aim of the NPHCE programme is to provide separate and specialized comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services. Preventive & promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC are some of the strategies 	

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					envisaged in the NPHCE.	
(f)	National Programme for Control of Blindness	15.00	0.00	15.00	Reduction of prevalence of blindness to 0.3% by 2020.	
(g)	E-Health including Telemedicine	40.00	0.00	40.00	Expand the outreach and quality of health care services on a pilot basis in underserved areas through connectivity of Medical Colleges and District and Sub-district hospitals; use technology to improve access to quality medical education and establishing National Medical College Network (NMCN) for educational needs of medical students, teachers and healthcare professionals.	
	OTHER PLAN/ NON PLAN SCHEMES (HEALTH)	0.00	1202.82	1202.82	Non Plan scheme: (i) Discretionary Grants, (ii) Medical Treatment of CHGS Pensioners, (iii) Dental Council of India, (iv) Pharmacy Council of India, (v) Administration and Prevention of Food Adulteration (PFA), (vi) Project Feasibility Testing Scheme, (vii) Meningitis Vaccine of Haj Pilgrims, (viii) Rastriya Arogya Nidhi, (ix) New Delhi TB Centre, (x) Award of prizes in Hindi, (xi) India Red cross Society, (xii) St. Johns Ambulance, (xiii) MSO Depots.	
	TOTAL (HEALTH SCHEMES)	10800.00	5724.55	16524.55		
	GRAND TOTAL NHM, RSBY& HEALTH SCHEMES	31300.00	5761.55	37061.55		